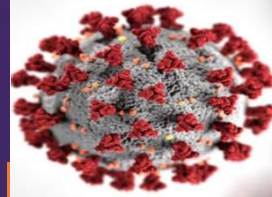




**RAMAIAH
UNIVERSITY**
OF APPLIED SCIENCES

Faculty of
Dental Sciences



COVID-19
CORONAVIRUS DISEASE 2019

Guideline document for preparedness and response to Post-lockdown Covid 19

Faculty of Dental Sciences



GUIDELINE DOCUMENT FOR
PREPAREDNESS AND RESPONSE TO
POSTLOCKDOWN COVID 19 – FACULTY OF
DENTAL SCIENCES

COVID - FDS

ABSTRACT:

THE DOCUMENT AIMS TO
PROVIDE GUIDELINES POST
LOCKDOWN COVID 19 FOR THE
INSTITUTION TO PREPARE AND
RESPOND FROM THE
PERSPECTIVES OF OPERATING
ADMINISTRATIVELY,
ACADEMICALLY AND PATIENT
SERVICES SEAMLESSLY

Dr. Sundaresh D. C. PVC-Health
Sciences

Dr. BV Srinivasamurthy

Dr. K Pushpanjali

Dr. Prakashchandra

COVID- FDS

Guideline document on preparedness and responses for operations post lockdown
phase at FDS

The COVID -19 pandemic is anticipated to stay with us for the next few months. Experts opine that the lock down helps only in stopping the transmission and not complete elimination. As per the epidemiologists view we need to attain at least 50% herd immunity to fight the corona virus. With question on lives or livelihood, the government is expected to lift the lock down in a calibrated fashion. In principle it is expected to follow certain basic measure to prevent the disease transmission. Therefore, a guideline document has been developed to help the DHCP for resuming routine operations yet ensuring the utmost care in preventing the disease transmission.

This guideline document will help the DHCP to understand how to help prevent the transmission of COVID-19 among students, faculty, staff, patients and visitors. The guidance includes considerations to plan for the continuity of academic activities, clinical activities and administrative activities while addressing the concerns related to COVID-19 associated stigma. The guideline is developed with **basic assumption that “ all patients visiting dental hospital are asymptomatic patients”** .

Day 1 of post lock down:

Section 1

Administrative activity:

- a) The first day will have only limited staff members and the priority will be for high washing of all critical areas using .5% Naocl and disinfecting of hard surfaces and dental units.
- b) Reorganizing the seating arrangements in the patient area, academic, administrative and clinical areas to comply with social distancing
- c) Posting notification ensuring 50 % of the staff posting for smooth operations of the activities

- d) Availability of hand washing facilities/ hand sanitization for staff/ visitors/ patients at the entrance
- e) Minimum of DHCP to be reporting daily to avoid clustering
- f) Ensuring availability of resources for ICP protocols
- g) Designating areas as- Orange zone, blue zone and green zone

Orange zone: Triaging of patient

Blue zone: Comprehensive clinic for providing emergency care, tentatively the designated area is the dept. of Periodontia

Green zone: Non- clinical area; limited to academic, administrative and research activities.

This type of designation helps in limiting the movement of patients who are considered as asymptomatic carriers and also enable judicious use of resources for ICP.

- h) Education and Training: DHCP are encouraged to attend online session on ICP protocol for CIVID-19 @ FDS
- i) Visual alerts at the entrance for visitors and patients- mouth mask, cough etiquette, hand washing etc
- j) Plan for orientation and demonstration session on ICP for DHCP before getting into routine operations
- k) Work practice controls: any DHCP with positive response to 'Annexure 2' will be requested to stay at home. Policy regarding the same will be decided by Head of the Institution based on the situation

Academic activities: (applicable only after inter-state travel advisory is permitted)

A) Undergraduates

- a) Continuing online sessions for introducing basic and fundamentals of specific topics
- b) Face to face interactive sessions in the class room setting for achieving applied aspects

- c) Reorganizing class rooms to comply with social distancing
- d) Delivery of sessions in batches to ensure limited number of students in each batch
- e) Recommended to allow maximum of two batches per day only (combination of 1st and 4th years and 2nd and 3rd years to avoid clustering in the clinical areas)
- f) Students are encouraged to get their own water bottles and food
- g) To avoid clustering near the eateries
- h) Faculty are encouraged to be prepared to engage students to cover up for the lost clinical experience (HPE to coordinate the activities)
- i) Assessment: Term Test: Theory examination will be conducted as usual and for the clinical and practical examinations faculty are encouraged to adopt to OSCE/OSPE, Mini CEX and case-based discussions.
- j) Year End Examination: Decision to be take based on the situation as the examination is scheduled in the month of June

B) Interns: Interns are encouraged to register for online sessions related to clinical skills and practice management (to be identified). Assignments to be given either in the form of seminar presentation, case presentations or preparing health education/training materials. Extensive training on clinical skills using virtual mode (possibilities of using skill lab to be explored) and cases scenarios for teaching clinical decision-making skills be planned. Use online platforms for assessment of clinical decision-making skills to be explored

C) Postgraduates:

- a) Reorganizing seminar halls for ensuring social distancing
- b) Reorganizing of clinical area (if need may be)
- c) Differentiated postings in the department based on the actual number of members
- d) Module end examination: Theory will be conducted as per the schedule

Case Based Discussions, Mini CEX, Portfolio, and DOPS

(virtual) for clinical examinations

e) University examination: as per DCI notification

- * Students should be posted to comprehensive clinic to observe the process adopted in terms of ICP and emergency care
- * It is mandatory that 100% of the DHCP reporting to FDS should wear mouth mask 100% of the time in FDS , practice hand hygiene and maintain social distancing.
- * DHCP involved in clinical care will adhere to ICP protocols as specified by the institution
- * Field programs will be postponed until the clearance is given by relevant authorities
- * The guidelines in section 1 is applicable to outreach clinics also
- * To schedule Yoga sessions for DHCP either in the morning and evening
- * DHCP are encouraged to carry home food and water bottle
- * Measures to counsel students who are under psychological distress

Section II:

Annexure1: Description of Zones and ICP protocols

Annexure 2: Screening for COVID 19 signs and symptoms

Annexure 3: Triaging of patients for emergency care

Annexure 4: Guidelines for Teleconsultation

Annexure 5: a) Protocols on PPE for different category of DHCP

b) Protocol on disinfecting the dental unit pre and post patient care

c) Protocol on donning and doffing PPE

d) Protocol on hand hygiene (hand washing and hand sanitization)

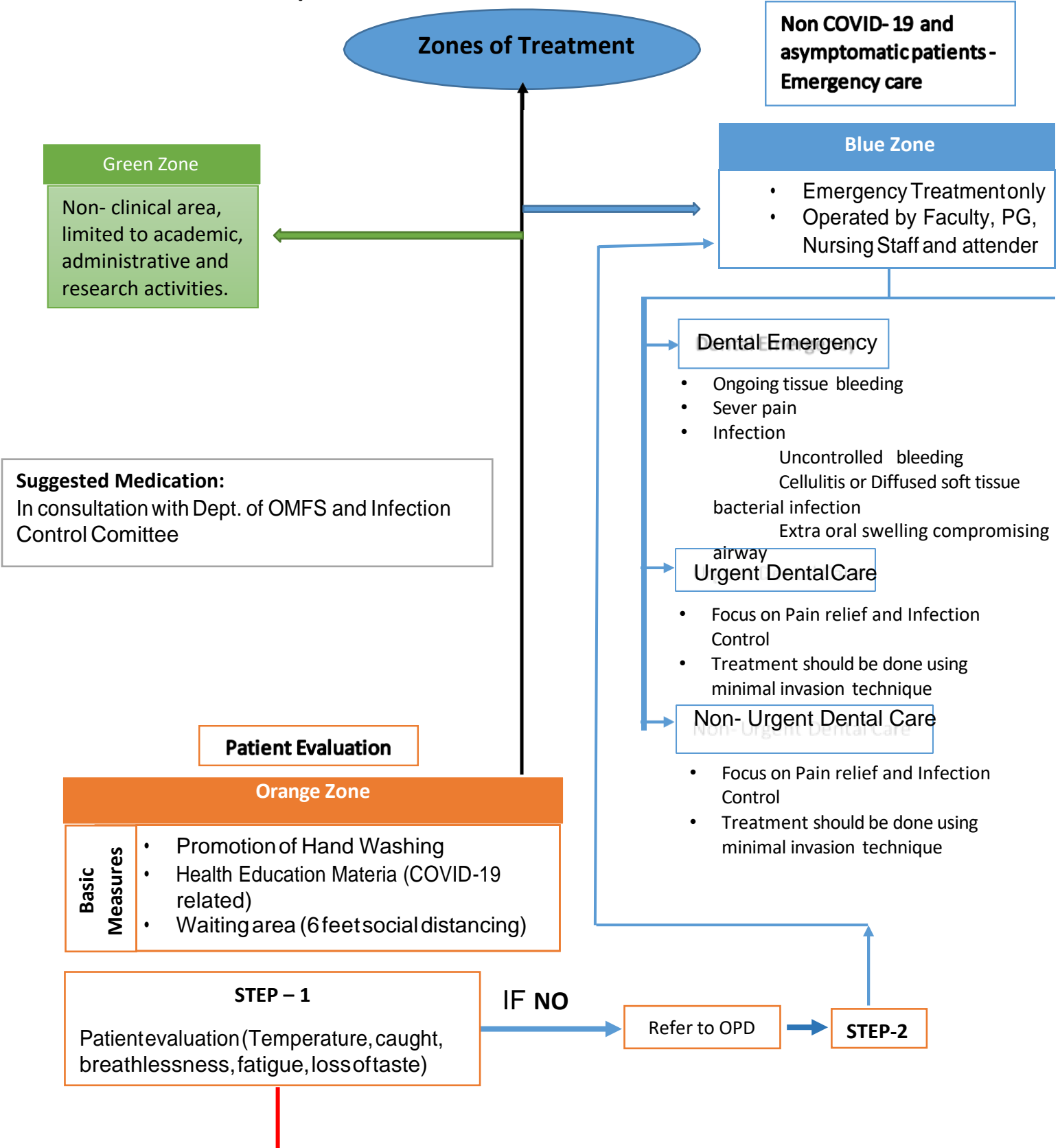
e) Protocol on disinfecting environmental areas

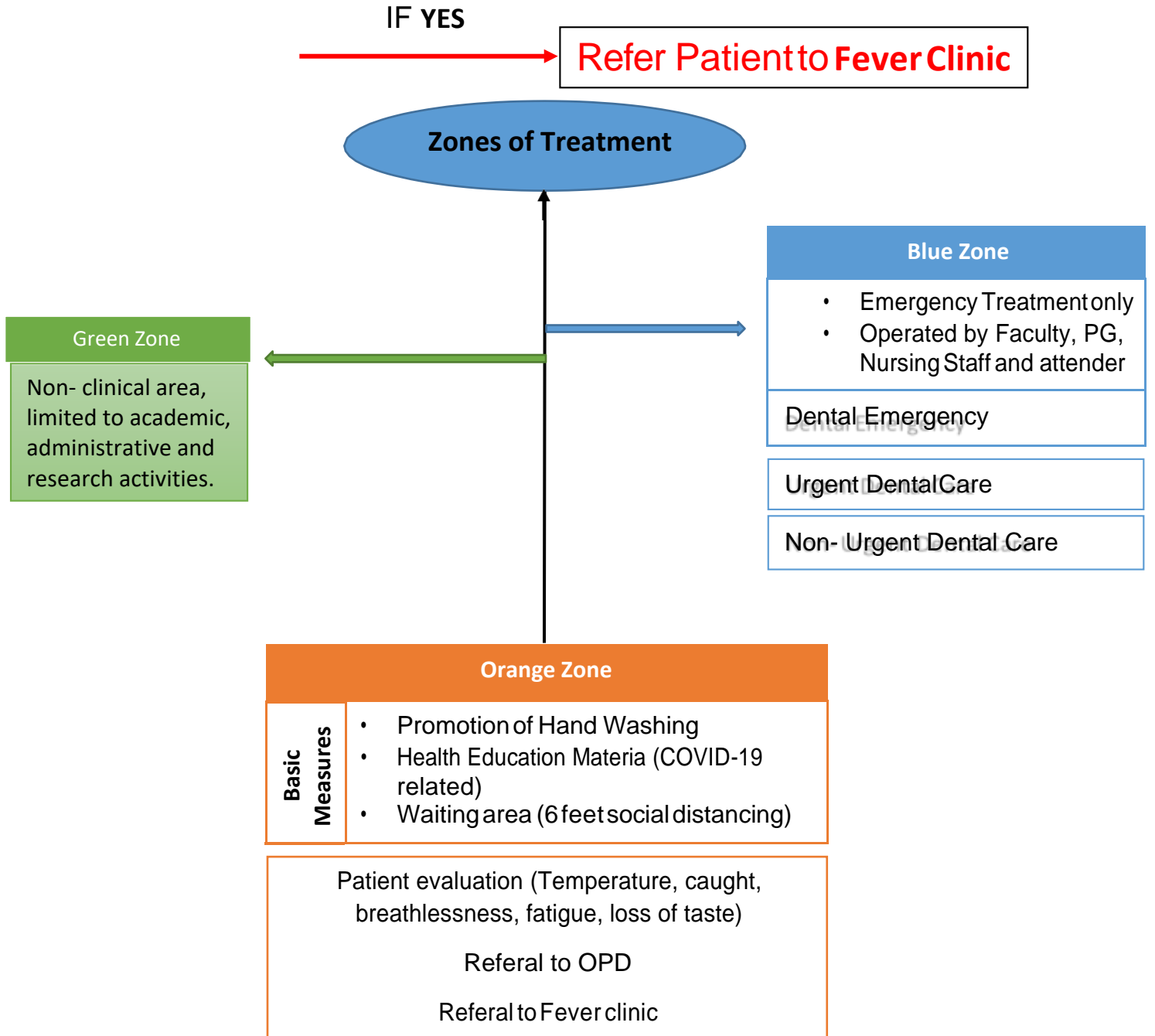
f) Protocol on waste disposal



- g) Protocol to be followed at the entrance
- h) Declaration letter by the patient
- i) Protocol for housekeeping (frequency of cleaning, material to be used PPE to be worn etc)

Annexure1: Description of Zones





Orange Zone-

Basic measures-

- Promotion of hand washing: staff, patients and visitors (Security to facilitate this)
- Non availability of washing area, then alcohol-based hand rubs (70% alcohol)
- Health Education materials: respiratory etiquette, hand sanitization, hand washing-
Placing Visual Alerts for both patients and doctors
- Patients and visitors: mandatory wearing of mouth masks
- Waiting area: spaced out seating arrangement (6 feet as per evidence)
- Placing dust bins

Step 1

- DHCP : one staff/ one PG/ one nursing staff
- What is expected: Patient evaluation for COVID-19 signs and symptoms
- What to ask? **Annexure 2**
- a) Temperature, cough, cold, breathlessness, fatigue, **loss of taste and smell**
- b) Assess temperature: using thermal thermometer: > 37 degree C
- c) travel history to risk areas, area of residence, history any positive cases in the area of residence, in residence
- Separate desk: step 1 managed by PG/ nursing staff
- **If yes for any of the above, refer patient to 'Fever Clinics'**

Step 2

- If "No" : Patient is referred to the OPD unit
- Faculty or PG: Elicit patient chief complaint to decide if the patient requires "emergency care"
- What is emergency care? (*ADA_ COVID_ dental emergencies*)
- Emphasis is on :

Advising patients **on the risk** of undergoing any treatment in a dental setting and adopting conservative line of treatment by prescribing analgesics and antibiotics

Dental Emergencies- DE

- Are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, and include:
- Uncontrolled bleeding
- Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient's airway
- Trauma involving facial bones, potentially compromising the patient's airway

Urgent Dental Care – UDC

- Focuses on the management of conditions that require immediate attention to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments.
- These should be treated as minimally invasively as possible.
- Severe dental pain from pulpal inflammation
- Pericoronitis or third-molar pain
- Surgical post-operative osteitis, dry socket dressing changes
- Abscess, or localized bacterial infection resulting in localized pain and swelling
- Tooth fracture resulting in pain or causing soft tissue trauma
- Dental trauma with avulsion/luxation
- Dental treatment required prior to critical medical procedures
- Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation
- Biopsy of abnormal tissue

Other urgent dental care- OUDC

- Extensive dental caries or defective restorations causing pain
- Manage with interim restorative techniques when possible (silver diamine fluoride, glass ionomers)
- Suture removal
- Denture adjustment on radiation/ oncology patients
- Denture adjustments or repairs when function impeded
- Replacing temporary filling on endo access openings in patients experiencing pain

- Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa

Dental Non Emergency Procedures-DNEP

- Routine or non-urgent dental procedures includes but are not limited to:
 - Initial or periodic oral examinations and recall visits, including routine radiographs
 - Routine dental cleaning and preventive therapies
 - Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma) or other issues critically necessary to prevent harm to the patient
 - Extraction of asymptomatic teeth
 - Restorative dentistry including treatment of asymptomatic carious lesions
 - Aesthetic dental procedures

ICP protocol- Orange zone

- PPE's required: Mouth mask, gloves, protective eye wear, protective clothing, hand sanitizer
- Do we need to record patient details: 'yes' for step 1 and 2
- For patients: hand sanitization first and wearing of mouth mask compulsory
- For DHCP: Mouth mask (2/3 layered), gloves, protective eye wear, protective clothing
- Disinfection of all the surfaces touched by patient using alcoholwipes
- Floor cleaning to be done by wet mopping. Broom not advised. Preferably with surgical floor cleaners or .5%hypochlorite solution
- Floor cleaning is recommended atleast once in 2 hours depending on the patient load

Blue Zone: Emergency Treatment

- Designated area : Dept. of Periodontia
- Operations: routine/ on call/ scheduled (to be decided)
- DHCP: Faculty, PG, nursing staff, attender
- ICP: N 95 mask
- Face mask

- Protective eye wear
- Surgical gloves
- Protective clothing
- Hand sanitizer
- Liquid soap
- Surface disinfectant
- Shoe covers, head caps
- Pre procedural mouth rinse
- Yellow covers

Operatory Management

- The clinical Team to wear Gloves, Masks, head cap and shoe covers at all times
- Patient to wear mask to enter operatory and remove at the time of oral exam or procedure (Attending Person to wear mask full time)
- Multichain clinics without cabins should treat single patient at a time in case of aerosol procedure
- Chair wrapped in barrier film to be changed after every patient or use of alcohol wipes
- All contact surfaces like arm rest, light handle, tray handle etc. wrapped in barrier film or disinfect after every patient
- Patient to gargle with 0.2 povidone iodine a full minute. To reduce microbial load in saliva
- Preferably no aerosol procedure. If required then used continuous high-volume suction to reduce aerosol spread.
- Air purifiers with HEPA filters can used to control aerosol spread, but caution at the time of Filter change.
- HEPA Filters available for AC but usage of AC is not advisable.

Disinfection

- Surface disinfection with aldehyde free solutions is recommended eg, Bacillol, Surfasept etc.
- Barrier films can also be used and need to be changed after each patient
- Impressions need to be disinfected with cold sterilization like cidex or can use sprays like Dimenol
- Floor cleaning to be done by wet mopping. Broom not advised. Preferably with surgical floor cleaners or .5%hypochlorite solution
- Floor cleaning is recommended at least once in 2 hours

Step by step protocol- readily available (Blue zone)- emergency clinic

- DHCP- as per the CDC guidelines (donning and doffing of PPE)
- Clinical contact area- wiping all surfaces using disinfectant immediately after patient is relieved
- Non- clinical contact area- mandatory to keep the area dry and avoid humidity
- Mopping of the floor using 1% hypochlorite solution (training of the staff required)
- Nursing staff: Autoclave of the used instruments

Annexure 2: Screening for COVID 19 signs and symptoms

Questions to be asked on arrival of Patients

History of,

- i. cough/cold/breathlessness/fever
- ii. Travel to risky areas in the last 14 to 28 days _____
- iii. Loss of smell (Anosmia) or taste (Dysgeusia)
- iv. Fatigue

Area of Residence _____

(History of any positive cases in their residence and in their area of residence)

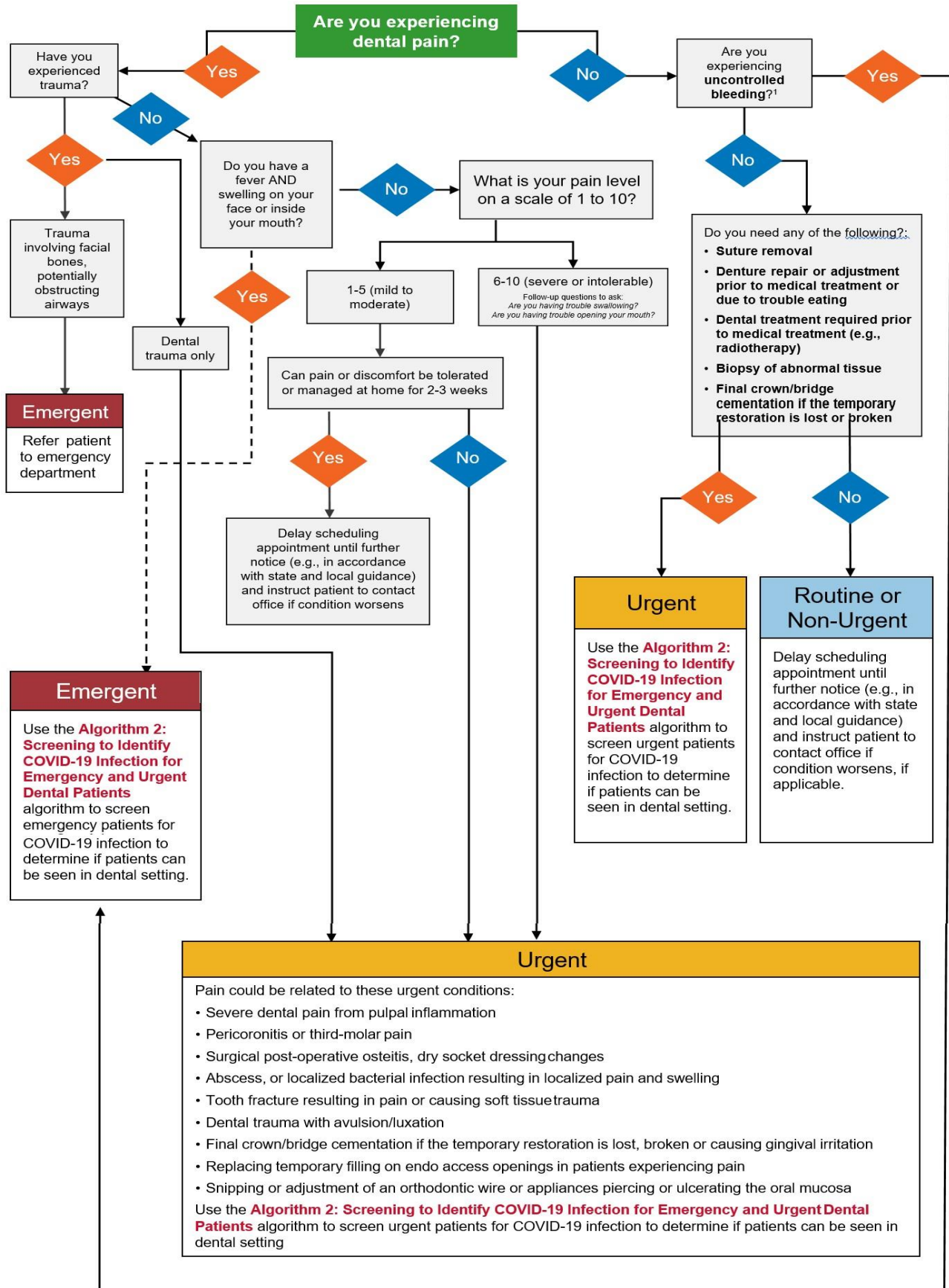
Temperature to be assessed with thermal scanner _____

(check if temperature is $\geq 37.3^{\circ}\text{C}$)

Note:

- i. If any of the above details obtained is suggestive of high risk for COVID 19, kindly refer the patient to Fever clinic
- ii. Do not entertain patients without wearing mask
- iii. Request the patient to use alcohol hand rub as soon as they enter
- iv. Person in-charge : Security personnel

Annexure 3: Triage of patients for emergency care



Annexure 4: Guidelines for Teleconsultation

To be accountable to our profession and responsible during the COVID epoch, FDS has organized for Teleconsultation with the sole purpose of preventing clustering of patients and avoiding unnecessary visit by patients.

In an exceptional circumstance where a patient is seeking urgent care from a dentist but is unable to attend a dental clinic in person, it may be necessary to conduct a consultation by audio or through any of the videoconferencing platforms. Videoconference services are the preferred approach for substituting a face-to-face consultation.

It should be noted that a service may only be provided by teledentistry where it is safe and clinically appropriate to do so.

What steps should I take in conducting a teleconsultation appointment?

Patient consent for the consultation must be attained and the identity of the patient should be confirmed using at least three patient identifiers such as name, age/date of birth and address.

The patient should be made aware of the limitations of teleconsultations and that dentists are providing the best advice possible in the absence of face-to-face consultation.

The patient's current clinical records should be available for reference in case of old patients.

A detailed record of the consultation including confirmation of identity, consent to consultation, updates to medical and medication history, presenting symptoms, recommended treatment should be added to the clinical record.

The designated faculty will provide online consultation based on the condition and if need be consult the expert or organize for teleconference. Only such patients in the category of 'Emergency care' will be asked to visit hospital.

Complete patient details will be recorded and the same added to the OP register while marking **'tele-consultation'**

Annexure 5: a) Protocols on PPE for different category of DHCP

Personal Protective Equipment's:

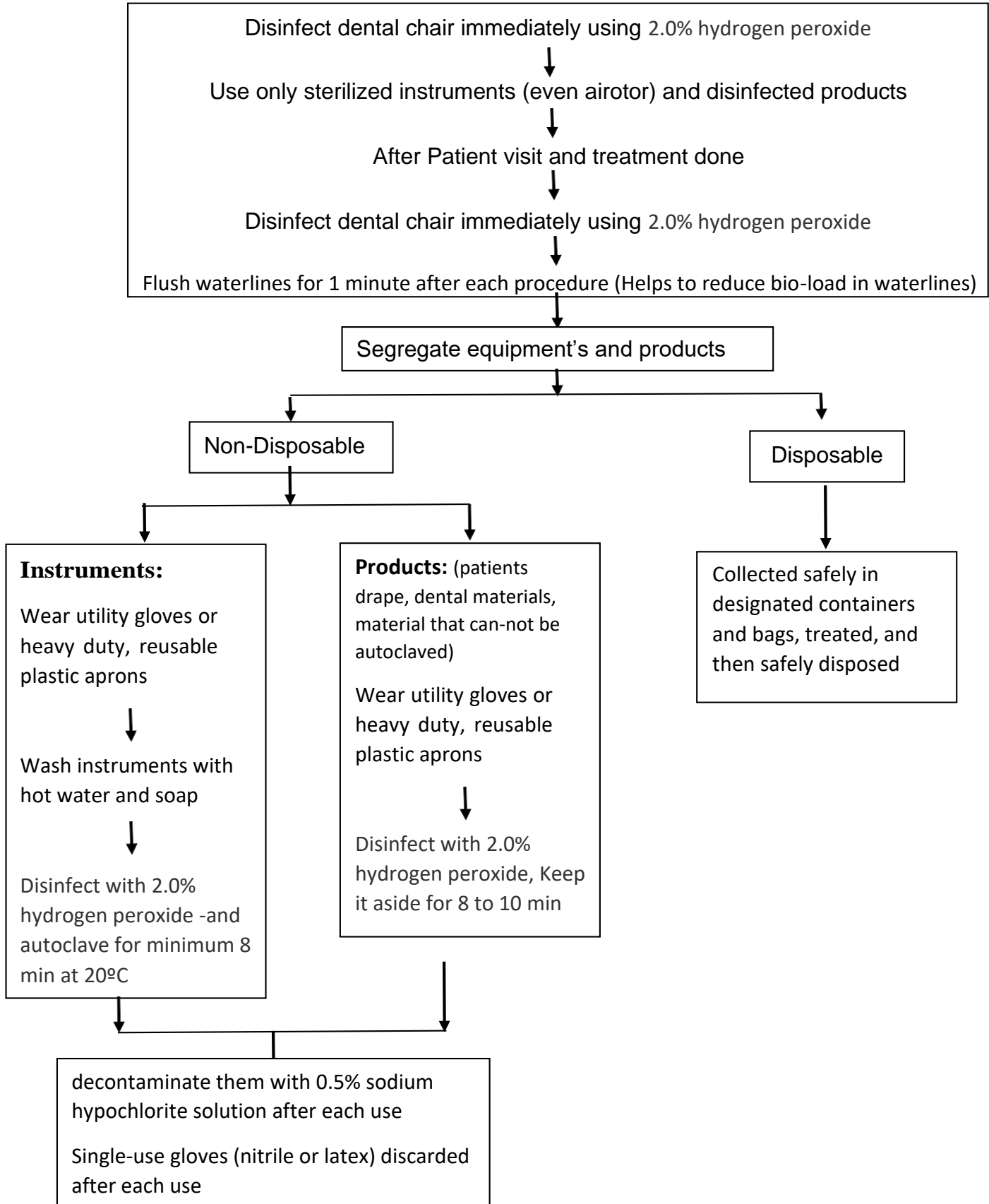
1. Hazmat Suit - required for aerosol procedure else surgical gown or surgical apron may suffice
2. Head caps- surgical head caps or bouffant caps to protect hair. Disposables are preferable
3. Face Masks- Surgical Masks 3 or 4 ply adequate for regular checkup but N95 compulsory for aerosol procedure.
4. Eye wear - sealed eyewear preferable like swimming goggles. In case of aerosol procedures, face shields needed
5. Shoe covers - please avoid being barefoot both for doctor and patient. Shoe covers to be provided for all entering the clinic
6. Gloves - one pair of glove at all times to prevent unnecessary touching of face and mouth and eyes etc. second pair during procedure. Preferably nitrile or surgical gloves when doing procedures

Categories → Equipment's ↓	Pre-examination and triage	Non-aerosol generation operations	Aerosol generation operations
Over-all for medical personnel	√	√	√
Head caps	√	√	√
Surgical mask	√		
N95 or higher-level respirators		√	√
Hazmat Suit			√
Eye shield	√	√	√
Isolation gown	√	√	
Surgical latex gloves	√	√	√
Face shield	√	√	√
Waterproof shoe covers			√
Disposable shoe covers		√	√

Rubber Dam - it helps to shield the airway out. So chances are the viral load in aerosol considerably less.

Disposal of PPE – As infectious waste

Annexure 5: b) Protocol on disinfecting the dental unit pre and post patient care



All clinical areas (Wherever spill care is required)

Use Sodium hypochlorite (1%), Rag piece, Absorbent paper, Unsterile gloves
Spill care kit, Mop, Hot water

- ✓ Wear non-sterile gloves.
- ✓ For large spills, cover with absorbent paper/ rag piece
- ✓ If any broken glass and sharps, using a pair of forceps and gloves, carefully retrieve. Use a large amount of folded absorbent paper to collect small glass splinters.
- ✓ Place the broken items into the puncture proof sharps container.
- ✓ Cover the spill with sodium hypochlorite (1%) for 10–20 minutes contact time.
- ✓ Clean up spill and discard into infectious waste bin, and mop area with soap and hot water.
- ✓ Clean the mop and mop area with 1% sodium hypochlorite.
- ✓ Wash mop with detergent and hot water and allow it to dry.



Fumigation in Clinical Area

- Two types available like Boilers and Foggers
- Foggers are preferable for dental setting
- Formaldehyde solution not advised, however organic fogging solutions can be used .
Around 90 minutes turnaround time

Annexure 5: c) Protocol on donning and doffing PPE

Donning (putting on the gear):

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training).
2. Perform hand hygiene using hand sanitizer.
3. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by another HCP.
4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients
 - »Respirator: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
 - »Facemask: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. Put on face shield or goggles. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. Perform hand hygiene before putting on gloves. Gloves should cover the cuff (wrist) of gown.
7. HCP may now enter patient room.

Doffing (taking off the gear):

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle
3. HCP may now exit patient room.
4. Perform hand hygiene.
5. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. Remove and discard respirator (or facemask if used instead of respirator).* Do not touch the front of the respirator or facemask.
 - »Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
 - »Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse.

Annexure 5: d) Protocol on hand hygiene (hand washing and hand sanitization)

Figure H.2
How to handwash

Hand Hygiene Technique with Soap and Water

🕒 Duration of the entire procedure: 40-60 seconds

<p>0</p>  <p>Wet hands with water;</p>	<p>1</p>  <p>Apply enough soap to cover all hand surfaces;</p>	<p>2</p>  <p>Rub hands palm to palm;</p>
<p>3</p>  <p>Right palm over left dorsum with interlaced fingers and vice versa;</p>	<p>4</p>  <p>Palm to palm with fingers interlaced;</p>	<p>5</p>  <p>Backs of fingers to opposing palms with fingers interlocked;</p>
<p>6</p>  <p>Rotational rubbing of left thumb clasped in right palm and vice versa;</p>	<p>7</p>  <p>Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;</p>	<p>8</p>  <p>Rinse hands with water;</p>
<p>9</p>  <p>Dry hands thoroughly with a single use towel;</p>	<p>10</p>  <p>Use towel to turn off faucet;</p>	<p>11</p>  <p>Your hands are now safe.</p>

Figure II.1
How to handrub

Hand Hygiene Technique with Alcohol-Based Formulation

⌚ Duration of the entire procedure: 20-30 seconds

1a



Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

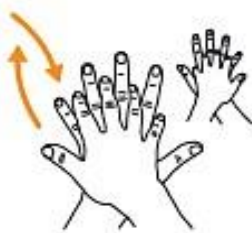


2



Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms with fingers interlocked;

6



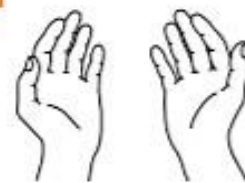
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



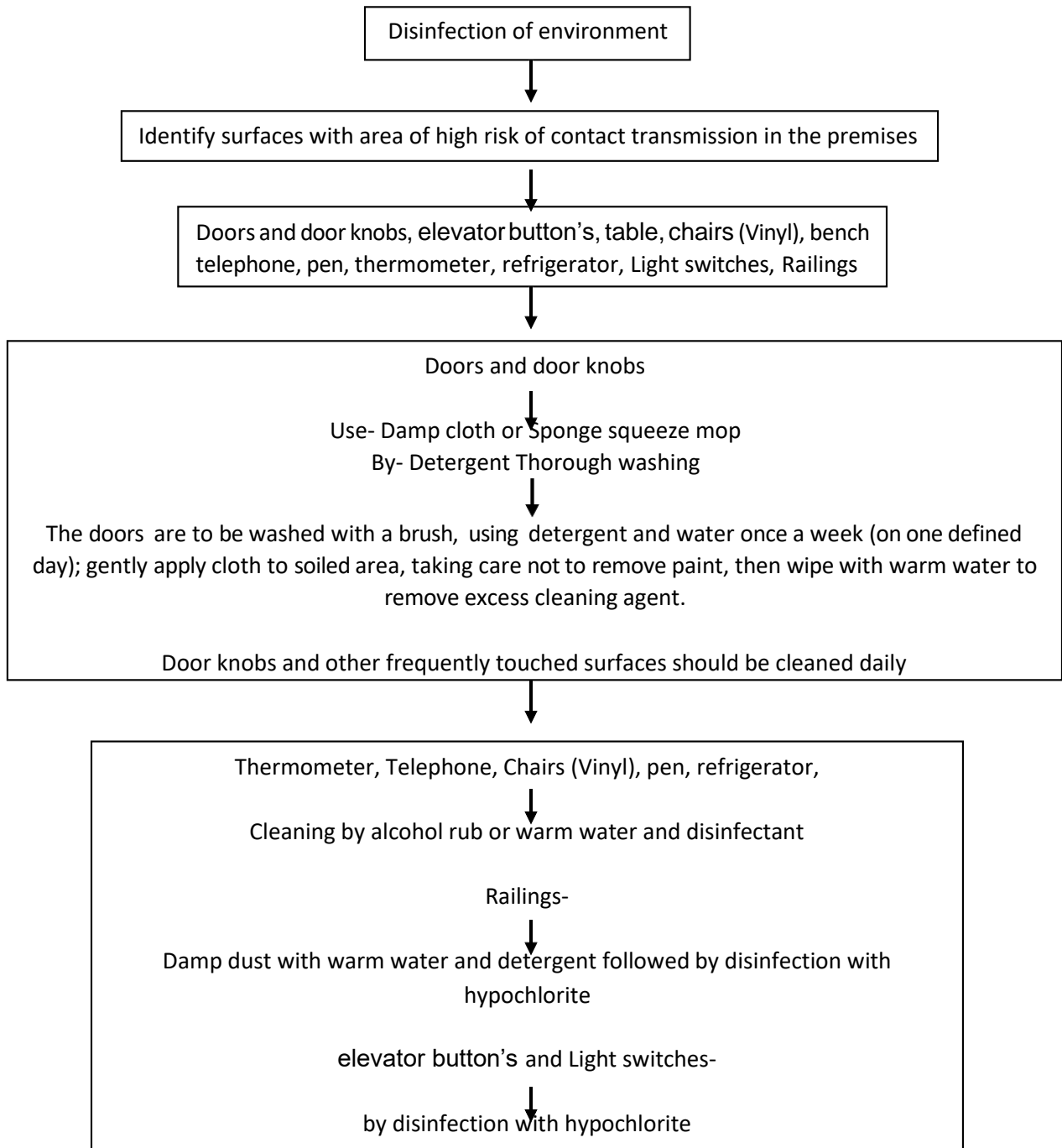
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8

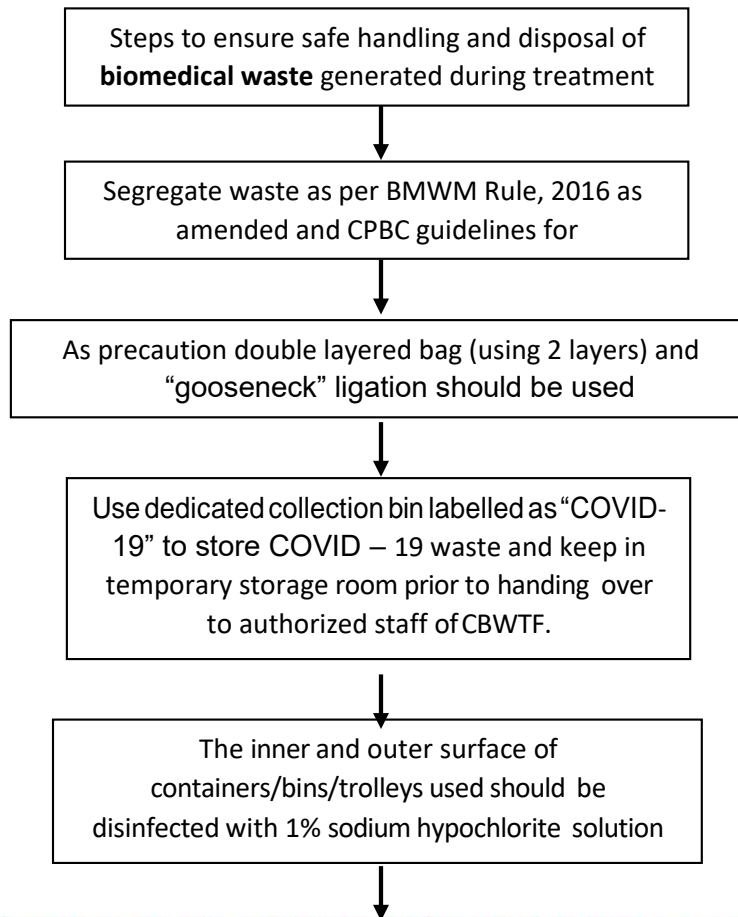


Once dry, your hands are safe.

Annexure 5: e) Protocol on disinfecting environmental areas



Annexure 5: f) Protocol on waste disposal



How Properly Tie a Biohazard Bag Using A Gooseneck Knot



Gooseneck Step 1: Gather, Twist End 8"-10"

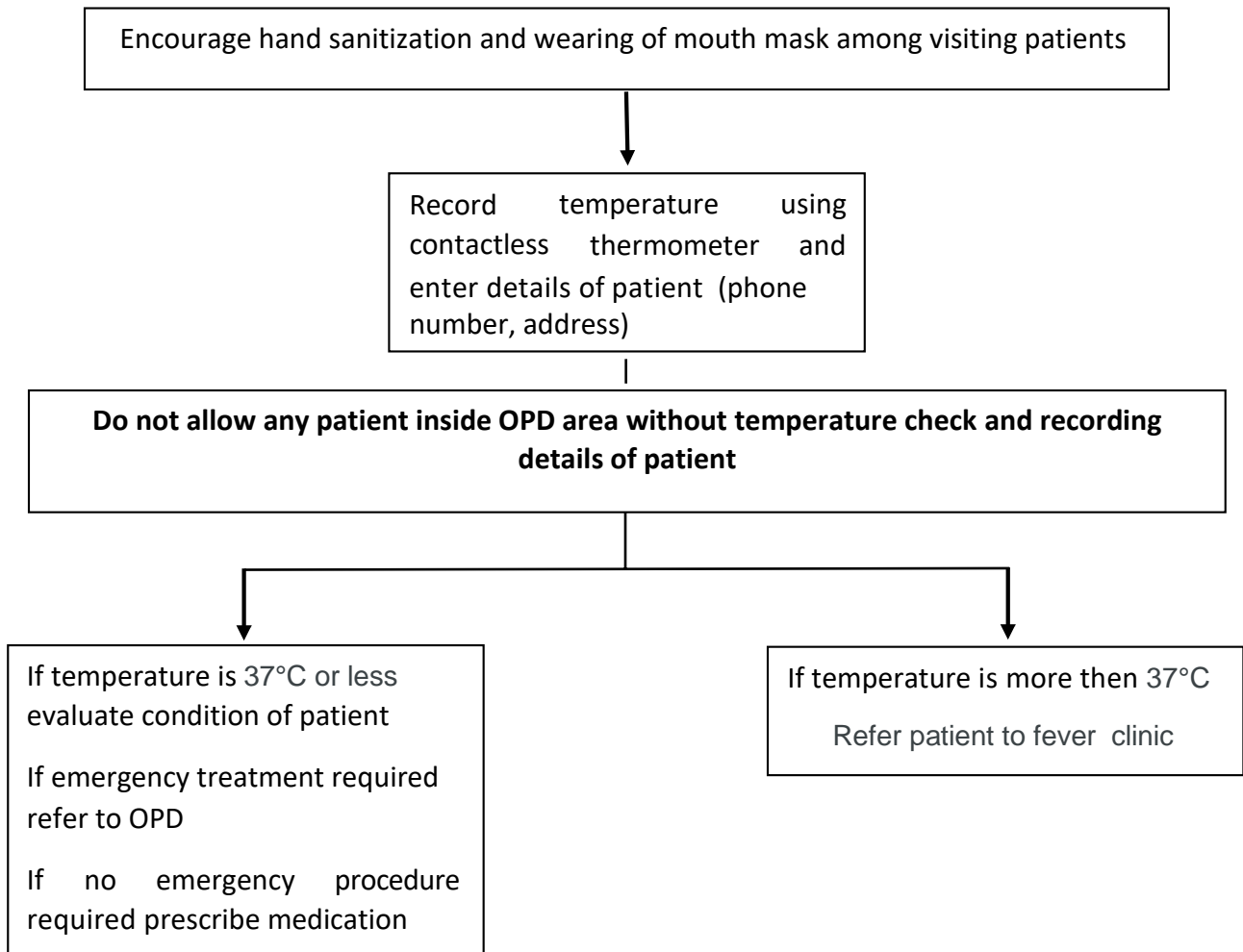


Gooseneck Step 2: Make Loop With the Twisted End



Gooseneck Step 3: Seal Tightly With Either Duck Tape or Plastic Tie

Don't tie your regulated medical waste bag in a bunny ear fashion, like this:

Annexure 5: g) Protocol to be followed at the entrance**WAITING ROOM MANAGEMENT**

1. Seating to be rearranged 6 feet apart (social distancing)
2. Hand sanitizer upon entry and exit
3. Contact surfaces like handles, door knobs etc. to be sanitized regularly as per protocol
4. Eliminate contact areas as much as possible- remove all reading material from waiting area.
5. For **COVID-19 suspected/positive**
 - Give patient mask
 - Send patient home if no emergency
 - Refer to medical fraternity for symptoms
 - Thorough cleaning and disinfection to be performed immediately

Annexure 5: h) Declaration letter by the patient**Self-Declaration for the Patient**

I aged years, resident of
(city/country), with my permanent address.....

.....and
contact numbers.....and
email have come to Faculty of
Dental Sciences, (MS Ramaiah Dental College) M S Ramaiah Nagar, Mathikere, Bengaluru,
Karnataka 560054 with the following complaints.....

.....
I Have/ Have not underlying medical conditions. If yes.....

I am giving an undertaking that I and any of my Family members **have /have not**

- **Travelled to / returned** from any **foreign country/ domestic cities** in last two months.
- **Come in contact** with someone from abroad in last two months

If yes, which countries and cities:

I have the following symptoms (please tick ✓)

Fever/ dry cough/ breathlessness / loose motions/ body aches/ any other symptoms

I have /have not come in close contact with a suspected Covid 19 case/s.

I have / have not been **quarantined/ hospitalized** in last one month.

The above information is true to the best of my knowledge.

I am aware of the epidemiological risk of this disease and if I am asymptomatic carrier or undiagnosed COVID 19 patient, I suspect I am endangering the clinicians, assistants and other personnel. But I will not hold the clinic staff accountable if such infection occurs to me or my accompanying persons.

Name :

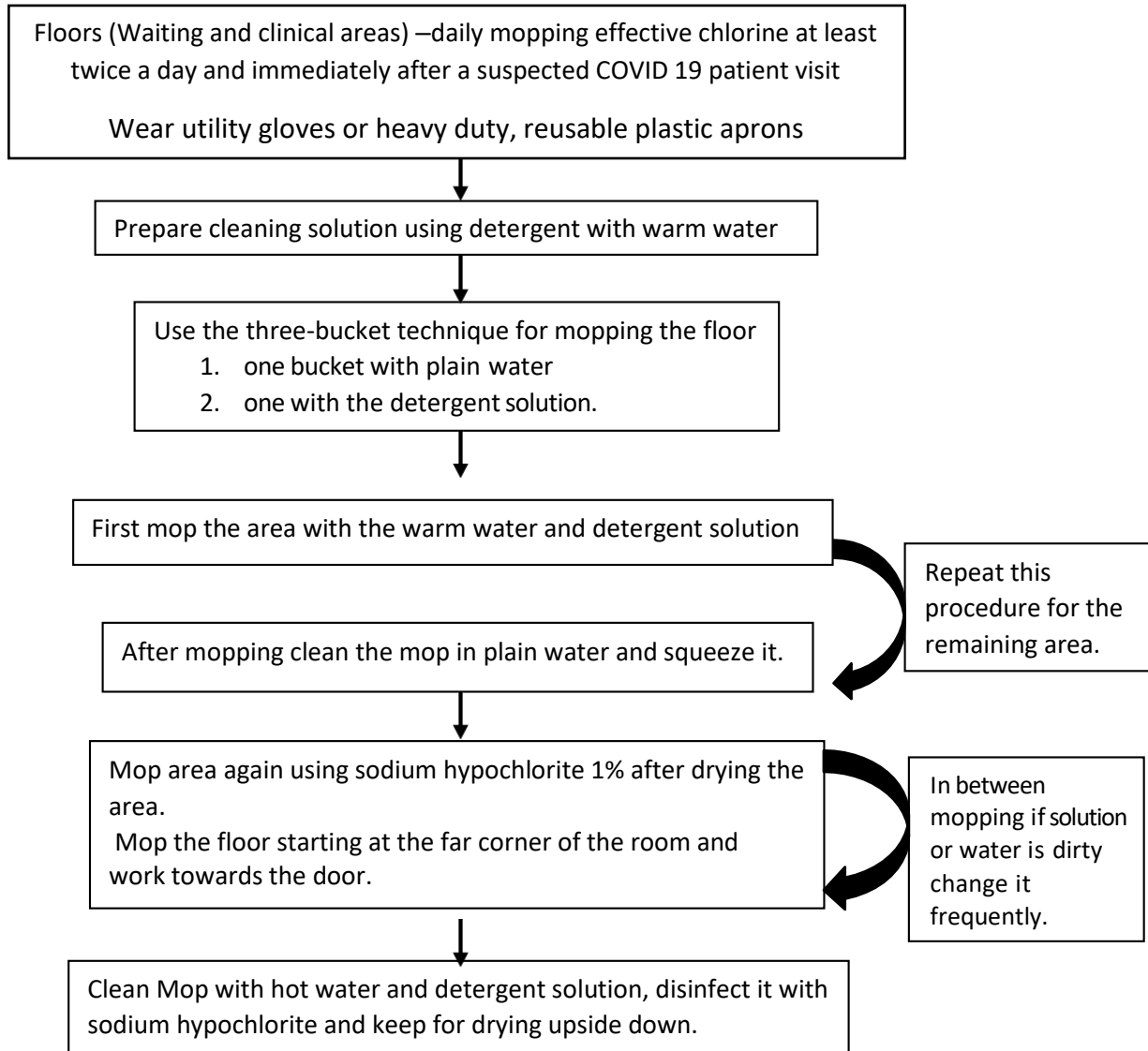
Signature :

Date and Time :

***DIRECTIVES TO PATIENTS**

1. Inform your patients that you are back to work. However pain management would be given priority and also certain rules need to be followed
2. Elective procedures especially Oral Prophylaxis not recommended till further notice
3. Appointments only practice. Don't allow random walk-ins
4. Patient plus one attending person maximum
5. Additional charges applicable to take care of additional precautionary measures for Safety
6. Preferably Digital Payments
7. Face Masks to be worn by patients as well as attending at all times except when ready for oral exam

Annexure 5: i) Protocol for housekeeping (frequency of cleaning, material to be used PPE to be worn etc)



Annexure 5: J. Patient details to be recorded in Orange zone:

Name of the patient

Age

Sex

Address and contact number

COVI-9 screening:

Referred to Fever clinic:

Diagnosis:

Priority of treatment:

Name of the dentist:

Acknowledgment

Dr. Latha Anandakrishna Associate Dean – PG, FDS RUAS

Dr. Kavitha Prasad Associate Dean – UG, FDS RUAS

Dr. Sujatha S. Professor and Head Department of Oral Medicine and Radiology, FDS RUAS

Dr. Ashwini S. Professor and Head Department of Periodontics, FDS RUAS

Dr. Ranganath K. Professor and Head Department of Oral & Maxillofacial Surgery, FDS RUAS

Dr. Swaroop Hegde Professor & Head Department of Conservative Dentistry and Endodontics,
FDS RUAS

Dr. Silju Mathew Professor & Head Department of Orthodontics, FDS RUAS

Dr. Dhananjaya G. Professor and Head Department of Pedodontics and Preventive Dentistry,
FDS RUAS

Dr. Ravishankar K. Professor and Head Department of Prosthodontics, FDS RUAS

Dr. Roopa S Rao, Professor and Head Department of Oral Pathology, FDS, RUAS

References:

- 1) ADA Covid – 19 Infection Control Protocols and Procedures
- 2) CDC Coronavirus Disease 2019- Healthcare Professional Infection Control
- 3) Water, sanitation, hygiene, and waste management for the COVID-19 virus, WHO/2019-nCoV/IPC_WASH/2020.2, WHO
- 4) Guidelines for disinfection of quarantine facility (for COVID-19), National Centre for Diseases Control
- 5) ADA Interim Guidance for Management of Emergency and Urgent Dental Care
- 6) WHO Guidelines on Hand Hygiene in Health Care: a Summary, 2009
- 7) Peng, X., Xu, X., Li, Y., Cheng, L., Zhou, X., Ren, B., 2020. Transmission routes of 2019-nCoV and controls in dental practice. *Int J Oral Sci* 12, 9.
<https://doi.org/10.1038/s41368-020-0075-9>
- 8) Zhang, W., Jiang, X., 2020. Measures and suggestions for the prevention and control of the novel coronavirus in dental institutions. *Frontiers of Oral and Maxillofacial Medicine* 2. <https://doi.org/10.21037/fomm.2020.02.01>
- 9) Infection Prevention and Control Guidance for Long-Term Care Facilities in the Context of COVID-19: interim guidance, WHO/2019-nCoV/IPC_long_term_care/2020.1, WHO