

VYDEHI INSTITUTE OF DENTAL SCIENCES

STANDARD OPERATING PROTOCOL FOR DENTAL TREATMENT IN VIDS & RC

The following are the guidelines for starting dental treatment in Vydehi Institute of Dental Sciences. The treatment will be initially restricted to Departments of Oral & Maxillofacial Surgery, Dept of Paediatric Dentistry and Dept of Conservative dentistry presently. On normalisation of the situation, other departments will also be involved in the same. This SOP will be strictly complied with by all faculty, para dental staff, nursing staff and other personnel involved in running the services.

Patient waiting area:

1. The patient waiting area will be located outside the dental college gate in the covered area. All seating arrangements for patients will be made in this area.
2. Signposting giving instructions for mandatory masks, (Visual Alerts in local language) regarding hand hygiene and respiratory hygiene (cough etiquette), charges for consultation and no entry of attenders inside the college complex will be displayed in the waiting area.
3. Rupees 50.00 will be charged from each patient every time the patient visits for consultation and ongoing treatment.

Registration of patients:

1. All patients will be screened by infrared scanner for signs of infection at the dental college gate by nominated personnel.
2. Only 3 patients will be allowed at one time to enter the registration area.
3. All patient details will be authenticated by Govt ID in MRD.
4. All payments will be digital as far as possible.
5. Patients will report to MRD and OP number with card will be generated.
6. They will then be screened orally by a dedicated staff in the first window of MRD to segregate patients who are deemed not requiring emergency treatment. Those whose treatment can be deferred will be given the OP numbers and the cards will be filled up and signed by the staff present and retained in MRD for future visits.
7. The OP cards will be filled by MRD and sent to Room number 1 without the patient touching the OP card.
8. The patient details will also be filled up in the self declaration form, seen and signed by the patient and put in a drop box.

Diagnosis in Dept of Oral Medicine & radiodiagnosis:

1. Patients will be allowed 2 at a time inside after a further oral consultation by staff.
2. They will have to wash their hand and rinse their mouths with mouthwash (betadine) mandatorily before being examined.
3. The staff performing the examination will have PPE depending on the risks involved as given in Appendix 1.
4. After examination the area will be sanitized by the attender before the next patient is seated.

5. Any history of illness / travel indicating the probability of infection will entail postponing any treatment.
6. All masks, face shields and goggles for the faculty will be arranged by them.
7. Examination gloves will be provided by the department.
8. At the end of the day, the attenders will disinfect the area and fumigate the department.
9. The radiographer will be given triple ply mask and examination gloves for all extraoral radiological procedures.

Oral & Maxillofacial Surgery:

1. All patients screened and referred from Oral Medicine will be seen, 1 patient at a time using chairs 1 & 4 on the Ortho side of UG clinic with a spacing of 2 unused chairs between patients.
2. Staff / PGs will man the OPD with basic protective equipment like masks, head cap, gloves, face shield and scrubs.
3. Patient will enter with mouth mask and complete mandatory hand washing, be seated & do an oral rinse with betadine.
4. Brief medical history and dental history will be elicited before examination
5. Any history of respiratory symptoms or signs of Covid 19 infection will entail sending the patient to the hospital for further investigations.
6. If history is uneventful, an examination will be done and a diagnosis arrived at.
7. If treatment includes surgery and it can be postponed, treatment will be deferred.
8. If surgery is required, for routine extractions, all procedures will be done in 2 earmarked cubicles of PG clinic. Only these 2 cubicles can be used for extractions

Surgical procedures

1. The consent form for procedures will include the waiver of legal liability of the surgeon/ institution if the patient is infected with corona virus infection
2. The procedure will be carried out by the surgeon donning PPE kit and protective accessories, following which the treatment area will be sanitised by the attender and instruments washed, treated with sod hypochlorite disinfectant, treated in ultrasonic cleaner and autoclaved.
3. One PG will be solely responsible for online data entry.
4. All patient details will be recorded in a register and there will be a telephonic communication after 48 hours, 1 week and 2 weeks to check on the health status of the patient by the attending doctor. This register will be put up to HOD every day for signature.
5. The 2 cubicles will be alternatively used.
6. If surgical procedures involve aerosol generation, the expenses would include expenses for full PPE kit for the surgeon and assistant before proceeding. All such procedures will be done in the minor OT and not more than 2 cases per day will be done with sanitisation of the area performed after each procedure.
7. All other procedures including suture removal, biopsies, check up of ward patients, etc will be done in the UG section in the chairs adjoining Oral Medicine dept.

Biodisposal

1. All disposable PPE will be immersed in a bucket with sod hypochlorite solution in the sterilisation section before disposal the next day.

2. All face shields are to be sanitised by the individual doctors themselves.
3. In the evening daily fumigation of the treatment areas will be done.
4. Mopping of the entire floor will be done in the morning, at lunch and in the evening

Major surgical procedures

1. All patients scheduled for a procedure under GA or in the major OT will be screened for Covid 19 in addition to other investigations.
2. The expendable list will also include 4 kits of PPE for the procedure for the surgical team in addition to requirement of the anaesthesiology team.
3. The surgical team will enter the OT 20 minutes after intubation to reduce risk of exposure to air droplet exposure. Only the PG incharge of the case will be inside the OT during intubation.
4. The consent form for procedures will include the waiver of legal liability of the surgeon/ institution if the patient is infected with corona virus infection

Conservative dentistry:

1. 2 dedicated chairs in OMFS UG section will be kept aside for emergency treatment of the dept.
2. Micromotor attachment with accessories and all expendable materials for exclusive use of the specialty will be kept in the dept.
3. An exclusive register with patient details will be maintained by the staff.
4. The biodisposal protocol will be similar to OMFS dept

Pediatric and Preventive Dentistry:

1. Cases requiring emergency treatment will be performed in Room Number 3.
2. Micromotor attachment with accessories and all expendable materials for exclusive use of the specialty will be kept in the dept.
3. An exclusive register with patient details will be maintained by the staff.
4. The biodisposal protocol will be similar to OMFS dept
5. All attenders of patients will be seated outside the department unless required for patient management [Communication and behaviour management]. All children below 6 years of age will be accompanied by one parent.

Other faculty not involved in emergency treatment:

1. The staff will on rotation man the MRD OP area with 2 shifts per day
2. Dept of Oral Pathology will be in charge of the regular replenishment of all disposable materials for infection control.

Disinfection of the treatment area:

1. It is the responsibility of the department heads to ensure complete tricycle mopping of the floors in the morning, at lunch time and on completion of work everyday.
2. The treatment area will be sanitized after every patient by the attender present.
3. Fumigation of the treatment area at the end of the work day.

Disinfection of the common areas

Housekeeping staff will ensure regular mopping of the common areas, disinfection of the chairs placed for patients outside and maintaining hygiene measures in the waiting areas.

Use of PPE :

PPE USE FOR PERSONNEL IN THE DENTAL COLLEGE WILL BE CATEGORISED AS FOLLOWS:

1. Low risk category
2. Moderate risk category
3. High risk category

The type of PPE to be used by the personnel based on the risk is given in **Appendix 1**.

PPE for attenders and nurses:

All attenders and nursing staff will be put on 3 days rotation followed by 3 days off.

All attenders and nursing staff will have PPE consisting of face shield, triple ply mask, gloves, OT gown and a plastic washable over coat. The plastic gown and face shield will be washed and maintained by the individual.

All attenders and nursing staff will be divided into those in the aerosol generating area and those in the non-aerosol generating area without interchanging.

Infrastructure requirements:

1. A ready stock of PPE kits, HIV kits, N95 and three ply masks for procedures can be kept in the college for faster acquisition on payment by the patients / staff preferably in MRD
2. Masks, head caps, examination gloves for use by staff/ PGs, attenders, nursing staff
3. Betadine mouth rinse
4. Sodium hypochlorite solution for disinfection of treatment area, dept floor and corridors.
5. Hand rinse / liquid soaps for use by patients and treating personnel
6. All materials needed by Dept of Pedodontics and Dept of Conservative dentistry for use to be shifted to the working areas along with suction apparatus, micromotors, etc
7. Air rotor can be kept as a standby in minor OT.

SELF DECLARATION FOR THE PATIENT

I, _____, aged ____ years, resident of _____

_____ and contact numbers _____, _____,

_____ and email _____ have come to VIDS

& RC 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 Ö)

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 risks of this disease and if I am an asymptomatic carrier or undiagnosed COVID 19 patient, I suspect I am endangering the clinicians, assistants and other personnel. I may also similarly get the infection from them. In either case it is my responsibility to

take appropriate precautions and adhere to protocols prescribed by us. There may be additional costs to the said protocols. But I will not hold the staff accountable if such infections occur to me or my accompanying persons.

Name: _____

Signature : _____

Date and Time: _____

SELF DECLARATION FOR THE TREATING DOCTOR

I, _____, aged ____ years, resident of _____ (city/country), with my present address _____

_____ and

contact numbers _____, _____, _____ and email

_____ working in _____ Dept of VIDS & RC state that

I **have / do not have** 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 Ö)

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 risks of this disease and if I am an asymptomatic carrier or undiagnosed COVID 19 patient, I suspect I am endangering the fellow professionals and patients. I may also similarly get the infection from them. In either case it is my responsibility to take appropriate precautions and adhere to protocols prescribed by us.

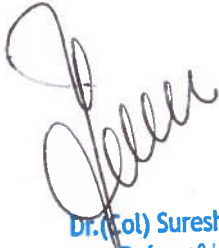
Name: _____


Signature : _____


Date and Time: _____


REFERENCES:

1. American Dental Association
2. Dental Council of India
3. Karnataka State Dental Council
4. American Association of Oral & Maxillofacial Surgeons
5. Association of Oral & Maxillofacial Surgeons of India
6. British Endodontic Society
7. Indian Society of Oral Implantology
8. Centre for Disease Control USA


Dr. (Col) Suresh Menon
Professor & HOD
Department of Oral & Maxillofacial Surgery
VIDS & RC


PROF. & HOD
DEPARTMENT OF ORAL MEDICINE &
RADIOLOGY
VICHEI INSTITUTE OF DENTAL SCIENCES
82, EPIN AREA, WHITEFIELD, B'LORE - 66.


DR. JAYA NAIDU MDS
PROFESSOR & HOD
PAEDODONTICS
KSDC REG. NO. 5736-A
VIDS & RC, BANGALORE


PROFESSOR
DEPARTMENT OF ORAL MEDICINE & RADIOLOGY
KSDC REG. NO. 5736-A
VIDS & RC, BANGALORE