



भारतीय दन्त परिषद

DENTAL COUNCIL OF INDIA

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

BY EMAIL / DCI WEBSITE

No.DE-22-BDS(Academic)-2020/07052020

Dated the 7th May, 2020

ADVISORY

The undersigned is directed to refer to this Council earlier Advisory No.DE-22-BDS(Academic)-2020/16042020 dated 16.04.2020, orders (i) [No.40-3/2020-DM-I\(A\) dated 15.04.2020](#) and (ii) [No.40-3/2020-DM-I\(A\) dated 01.05.2020](#) and to say that the DCI is in receipt of various communications and telephonic queries with regard to starting of practice by the Dentists in the country and to announce to exclusive economic package and to provide quality safety dispossess, exemption from taking Trade license from the local bodies, free health and life insurance package for their families, exemption from GST and reimbursement of their rent for 4 months etc. during the lockdown.

2. The Executive Committee of DCI in its online meeting held on 29.04.2020, considered the issue and invited its attention to the [Order No.40-3/2020-DM-I\(A\) dated 15.04.2020](#) issued by Government of India, Ministry of Home Affairs, North Block. As per this Order, the Government of India to mitigate hardship being faced by the public, has allowed some additional activities w.e.f. 20.04.2020 but these additional activities will be operationalized by the States / Union Territories/ Districts Administrations based on strict compliance to the existing guidelines on lockdown measures. Whereas, the consolidated revised guidelines will not apply in containment zones, as demarcated by States/UTs/District administrations. If any new area is included in the category of a containment zone, the activities allowed in that area till the time of its categorization as a containment zone, will be suspended except for those activities as are specifically permitted under the guidelines of Ministry of Health and Family Welfare (MoHFW), Government of India.

3. As per para 5(1) of the said order dated 15.04.2020, all the hospitals, nursing homes, clinics, telemedicine facilities have been allowed w.e.f. 20.04.2020 but once again these limited exemptions will be operationalized by States/UTs/district administrations based on strict compliance to the existing guidelines. Also before allowing these selected additional activities, States/UTs/District administrations shall ensure that all preparatory arrangements with regard to the Standard Operating Procedures (SOPs) for social distancing in offices, workplaces factories and establishments, as also other sectoral requirements are in place. The consolidated revised guidelines incorporating these select permitted activities have been enumerated in paras 5-20 of the guidelines issued by MHA. COVID-19 pandemic represents an unprecedented global public health crisis. A copy of an Order [No.DE-22-BDS\(Academic\)-2020/16042020 dated 16.04.2020](#) has already been uploaded on the website of this Council.

4. The Executive Committee further observed that if an activity in a dental clinic or by the dentist is undertaken strictly in terms of the order of Ministry of Home Affairs and Ministry of Health & Family Welfare, such person shall have to follow the necessary clinical protocol.

Contd...2/-

5. DENTAL CLINICS PROTOCOL

Dentists are responsible for adopting prevention and infection control measures to avoid or reduce as much as possible the transmission of microorganisms during any procedure in their practice. The dental profession is particularly at risk, due to the possibility of aerosols produced by saliva droplets. These droplets can be inhaled, come into contact with skin or mucous membranes, and/or lodge on the surfaces of the dental office or other materials used during the dental appointment where hands can then be contaminated. Hence efforts need to be taken at all levels so that dentists are not caught in the centre of transmission. The guiding principles mentioned below will change as the challenges change with the disease progression and needs to update from time to time.

The document is further divided into:

- General Instructions and Instructions to patients followed prior to visit to Dental Clinics
- Instructions dental staff to be followed prior to visit to Dental Clinics
- Patient waiting area
- Patient management in Dental Clinics
- Patient exit and turn around
- Dental practice closure instructions and dental staff protocol

6. GENERAL INSTRUCTIONS AND AND INSTRUCTIONS TO PATIENTS FOLLOWED PRIOR TO VISIT TO DENTAL CLINICS

1. Opening of Dental practice should be based on directions as per orders of the local administration.
2. Further mention clear timings of the dental practice and do not advertise to draw many patients.
3. Post a sign at the entrance to the dental practice which instructs patients having symptoms of a cough, sore throat, fever, sneezing, or shortness of breath for more than 48 hours to please reschedule their dental appointment and meet their physician.
4. If the following conditions are encountered during triage, advise patients to leave and instruct them to go to the government hospital or designated hospital, and clean and disinfect the pre-screening triage area as soon as possible.
5. Reschedule appointments if your patients have traveled outside India any COVID19 affected country or come in contact with a laboratory confirmed case of COVID-19.
6. Schedule minimum appointments during the day after tele-triaging patients.
7. Telephonically appoint patients and triage them according to their level of dental care; i.e. emergency, urgent and elective care.
8. Patients should be advised that elective treatment options are severely restricted at this time and to call back in 48-72 hours if their dental symptoms have not resolved.
9. In case the patient is identified with any symptoms of COVID-19 then refer the patient or recall after physician clearance after primary care is provided.
10. In case any patient needs aerosol based treatment, then take detailed medical history and contact history. Follow guidelines for sample collection as per ICMR standard guidelines.
11. Do not provide non-emergent or cosmetic treatment to the patients and defer the same.

12. Take temperature readings as part of the routine assessment of patients before initiating any interactions prior to registration for dental procedures. Record the temperature at every visit.
13. Take the contact details and address of all patients treated. Install physical barriers (e.g., glass or plastic windows) at reception areas to limit close contact with any potentially infectious patients.
14. Ask patients to wear the surgical or similar masks at all times, wash hands prior to entry and remove footwear.
15. Ask patients to tie their hair and avoid wearing earrings, rings and carrying bags.
16. Make sure the personal protective equipment being used is appropriate for the procedures being performed.
17. Physical/Social distancing should be maintained in clinical areas and patient appointments should be strictly followed.
18. Pre-procedure rinses like 1% hydrogen peroxide (15mL of the solution for 30 seconds) should take place when the patient is conscious. Do not use a spittoon. Use the same sink that had been used for washing the hands and face.
19. Clean and disinfect public areas frequently, including door handles, chairs and bathrooms.
20. All payments preferably through online mode or wherever cash transaction take appropriate care in handling the cash, as it may be contaminated too.

7. CLASSIFICATION OF DENTAL EMERGENCY

EMERGENCY (Situations which increase the patient's death risk)

- Uncontrolled bleeding.
- Cellulitis or diffuse bacterial infections leading to intra-oral or extra-oral edemas, and potential risk of damage to airways
- Facial bones trauma, which may damage the patient's airways.

URGENT (situations which require priority care but do not increase the patient's death risk)

- Acute dental pain (Pulpitis).
- Pericoronitis.
- Alveolitis.
- Dental or periodontal abscesses.
- Dental care needed for another critical medical procedure.
- Cementation fixed prosthodontics or crowns.
- Biopsies.
- Adjustments of orthosis and prosthesis that cause pain and compromise chewing function.
- Changing intracanal medication.
- Removal of extensive dental caries or restorations that cause pain.
- Mucositis.
- Dental trauma with avulsion or luxation

8. INSTRUCTIONS DENTAL STAFF TO BE FOLLOWED PRIOR TO VISIT TO DENTAL CLINICS

1. **Prepare the waiting area, bathrooms and patient consultation rooms so that proper supplies like:**
 - Tissues
 - Alcohol-based hand rub
 - Soap at sinks
 - Place chairs 6 feet apart, when possible. Use barriers (like screens), if possible.
 - If your clinic has toys, reading materials, remote controls or other communal objects, remove them or clean them regularly.
 - On a regular schedule, wipe all touchable surface areas with an approved surface cleaner.
 - Remember to include tables, chair arms, doorknobs, light switches, hangers, and anything else with which people come in contact.
 - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
2. In case of any dental care, do not forget to do a detailed examination of medical history other than COVID-19. If emergency dental care is medically necessary, complete a systematic assessment at the time of check-in to determine whether a patient should be considered a suspected or confirmed COVID-19 case.
3. Dentists should take strict personal protection measures and avoid or minimize operations that can produce droplets or aerosols. Four-handed technique is beneficial for controlling infection. The use of saliva ejectors can reduce the production of droplets and aerosols.
4. Perform as many tasks as possible in areas away from patients and individuals accompanying patients (e.g. do not remain in a patient care area to perform charting, sterilization, or other tasks).
5. Cover keyboard of computer with disposable, flexible, clear barrier (e.g. plastic wrap) and change between patients.
6. Limit access to the operatory to the patient only when possible. Supply a mask and shield to anyone who accompanies the patient.
7. Workers should avoid touching their faces, including their eyes, noses, and mouths, particularly until after they have thoroughly washed their hands after completing work and/or removing PPE.
8. Limit paperwork in the operatory as much as possible.
9. Keep staff level in operatory to the minimum required.
10. Train and retrain workers on how to follow established protocols.

Get Your Clinic Ready for Coronavirus Disease 2019 (COVID-19)

A new respiratory disease—coronavirus disease 2019 (COVID-19)—may impact your community. Get ready! Steps you take to prepare your clinic for flu can also help protect your patients and workers from COVID-19:

Before Patients Arrive



- **Prepare the clinic.**
 - Know which of your patients are at higher risk of adverse outcomes from COVID-19.
 - Consider and plan for providing more telemedicine appointments.
 - Know how to contact your health department.
 - Stay connected with your health department to know about COVID-19 in your community. Step up precautions when the virus is spreading in your community.
 - Assess and restock supplies now and on a regular schedule.



- **Communicate with patients.**
 - Ask patients about symptoms during reminder calls.
 - Consider rescheduling non-urgent appointments.
 - Post signs at entrances and in waiting areas about prevention actions.



- **Prepare the waiting area and patient rooms.**
 - Provide supplies—tissues, alcohol-based hand rub, soap at sinks, and trash cans.
 - Place chairs 3–6 feet apart, when possible. Use barriers (like screens), if possible.
 - If your office has toys, reading materials, or other communal objects, remove them or clean them regularly.

When Patients Arrive



- **Place staff at the entrance about their symptoms.**
 - Provide symptom tissues or facemasks and nose.
 - Limit non-patient



- **Separate sick patients from well patients.**
 - Allow patients to use their car if they are mechanically sound.
 - Create separate spaces for sick and well patients.
 - Place sick patients in a room quickly as possible.

After Patients are Assessed



- **After patients leave, disinfect touched surfaces using disinfectants—counters, tables, chairs, etc.**
- **Provide at-home care to patients with respiratory symptoms.** Consider telehealth consultations.



- **Notify your health department of patients with COVID-19.**

Train and prepare your staff now

- Ensure that clinical staff know the right ways to put on, use, and take off PPE safely.

- Emphasize hand hygiene and cough etic for everyone.

Contd...6/-

9. POST COVID DENTAL CLINIC CONSIDERATIONS

1. **Avoid as much as you can any aerosol based procedures; until the Local/State Administration or Ministry of Health and Family Welfare, Govt. of India does not issue any advisory with regard to end of community transmission or risk minimization.**
2. During After the outbreak/lockdown of COVID-19, dental clinics are recommended to establish pre-check triages to measure and record the temperature of every staff and patient as routine procedures and elicit relevant medical history.
3. Classify patients into emergency and non-emergency dental care and plan well before initiating any dental procedures.
4. Primary care dental triage should focus on the provision of the three As:
 - a. Advice;
 - b. Analgesia;
 - c. Antimicrobials (where appropriate).
5. All dentists and support staff should wash their hand thoroughly with soap and water and follow up with alcohol based hand sanitizers before and after every patient screening or interaction. Surgical scrubbing of hands is recommended. Disposal of gloves to be done routinely as per protocol.
6. Patients should be scrubbed with Iso Propyl alcohol extra orally prior to any dental procedure.
7. Wearing of least 3 ply masks, suitable head caps and shoe covers at all times when in clinical are. Protective eye wear and face shield are also recommended.
8. Wearing of N95, suitable head caps, protective eye wear, face shield, disposable gowns and shoe cover are recommended during all aerosol (**preferably completely avoid**) and non-aerosol based dental procedures, if carried out.
9. Preoperative oxidizing agent mouth rinse like 1% hydrogen peroxide could reduce the number of microbes in the oral cavity.
10. Pre-operative and Post operative Infection Control protocols should be followed.
11. Rubber dams and high-volume saliva ejectors can help minimize aerosol or spatter in dental procedures.
12. Scheduling of patients is very essential; hence avoid interaction of vulnerable patients (medically compromised or elderly patients) with general patients.
13. Fumigation of clinics periodically is advised.
14. Clean and disinfect public areas frequently, including door handles, chairs and bathrooms.
15. All dental clinics should display health awareness posters regarding COVID-19, Hand and Respiratory hygiene at prominent locations of the clinical area.
16. Alcohol based Hand Rubs should be made accessible in common clinical areas.
17. Avoid crowding of patients and schedule them based on treatment types (emergency or non-emergency)
18. Dental Clinics should have adequate ventilation, as it can reduce the risk of infection through dilution and removal of infectious particles through air exchange. Improved ventilation in Clinics is essential in preventing transmission of airborne infections.
19. Dental Team members should change from personal clothing to scrubs and vice versa before entering and returning home. Upon arriving home, dentists and dental staff should take off shoes, remove and wash clothing separately and immediately shower prior to any contact with family members.
20. All patient details and records should be maintained properly and if need arises should be shared with local health authorities or administration.

Contd...7/-

21. Be aware of the local health authority protocol or testing laboratories and report any patient with relevant history for further necessary medical care.
22. If dental offices are equipped with the capability, use local exhaust ventilation to capture and remove mists or aerosols generated during dental care
23. If possible, use directional airflow, such as from fans, to ensure that air moves through staff work areas before patient treatment areas – not the reverse. A qualified industrial hygienist, ventilation engineer, or other professionals can help ensure that ventilation removes, rather than creates, workplace hazards.

10. PERSONAL PROTECTION FOR DOCTOR AND STAFF:

- a. Hand hygiene is already well emphasised and stated for all concerned by alcohol based hand rub or use of soap and water for washing with standard steps recommended by WHO.
- b. Personal protective equipment is mandatory now and would comprise of the following:
 - Goggles / face shield (Both to be used , fitting goggles with a soft tissue seal)
 - Triple layer surgical mask
 - N95 respirator during routine dental procedures
 - FFP3 – Standard mask should be used during treatment of COVID19 positive patients.
 - Surgical gloves
 - Disposable coverall / gown with hood /waterproof lining (to be changed daily).
 - Coverall / gown outer; maybe improvised but will need to be changed after each patient
 - Shoe covers
- c. PPE should be judiciously used and appropriately disposed as per protocol.
- d. PPE protocol of wearing and removal should be followed and clearly designated rooms should be assigned.
- e. Change the surgical mask after every dental procedure after every dental procedure.
- f. All instruments pertaining to dental procedures to be disinfected, cleaned and sterilized as per standard infection control (CDC, 2003)
- g. All instruments should be mandatorily disinfected, cleaned, packaged in colour changing sterilization autoclave pouches and proper storage to be done.
- h. All biomedical waste pertaining to patient care should be carefully disposed as per the Bio-Medical Waste (Management and Handling) Rules, 1998 amended from time to time through an authorized biomedical disposal agency by the State Pollution Control Board.

11. PATIENT TURN AROUND IN CLINICS

Once the patient treatment is completed and is sent out of the clinic, necessary protocol prior to next patient should be followed. Based on the type of treatment and availability of resources the turnaround time will be decided.

1. After the patient leaves the treatment room, collect all hand instruments immediately, rinse them in running water to remove organic matter and dip in into appropriate disinfectant of appropriate grade for 30 minutes or as per manufacturer guidelines.
2. All 3 in 1 syringes, water outlets, hand piece water pipelines should be flushed with the disinfectant solution.

Contd...8/-

3. Remove the Water containers and wash it thoroughly and disinfect with 1% Sodium Hypochlorite using clean cotton/gauge piece and then fill it with fresh 0.01% Sodium Hypochlorite solution and attach back to the dental chair.
4. Disinfect Dental operatories along with all the components of dental chair and paraphernalia within 3 feet of distance using 1% Sodium Hypochlorite and Clean with sterilized cotton running it from inside to outwards and leave it for drying.
5. Back-flush the Suction pipe with 1% Sodium Hypochlorite with the help of disposable cups for at least 30 seconds
6. Follow standard protocol of Infection Control from dipping and rinsing in chemical disinfectant, washing and packing colour coded autoclave able packets after drying.
7. Store instruments without over loading storage areas and designate cabinets.
8. Flush all 3 in 1 syringes, water outlets, handpiece water pipelines, etc with the disinfectant solution for 30-40 seconds.
9. Remove the Visible pollutants completely before disinfection. Only wet mopping is advised.
10. Mop the floor with 1% Sodium Hypochlorite solution through separate mops for clinical area following unidirectional mopping technique from inner to outer area.
11. The room should be ventilated, with additional aids like fans etc should add to proper ventilation.

12. PATIENT EXIT AND TURN AROUND AND DENTAL PRACTICE CLOSURE INSTRUCTIONS AND DENTAL STAFF PROTOCOL

1. Fumigate clinics and other areas at the end of the day as per manufacturer's instructions based on the type and area of the dental clinical room. Fumigation is done on daily basis in clinical or high contact areas and biweekly in non-clinical or low contact areas. The technique to be followed is:
 - a. Seal the area/ room completely using newspaper or adhesive tapes.
 - b. Prepare the fumigation solution by adding 7.5ml of fumigation chemical (Standard as available in market) in 1 litre of water.
 - c. Place the Fumigation machine at one corner of the room after filling the fumigation solution in it and switch on the machine.
 - d. Leave the room for the process for 30 minutes after complete sealing.
 - e. Switch off the machine after the process time and remove the machine.
 - f. The area can be used after this step.
2. Ensure dental unit waterlines (DUWL) are flushed, disinfected using appropriate organic disinfectant and drained as per manufacturer's instructions.
3. Sterilize and oil hand pieces, store upright in a clean dry environment.
4. Remove couplings and air motors from tubing. Clean and lubricate as per manufacturer's instructions.
5. Ensure suction pumps are flushed with chemical cleaning solution as per manufacturer's instructions.
6. Remove and clean all suction and spittoon filters
7. Prepare compressor for a period of inactivity as per manufacturer's instructions. Drain the compressor cylinder until gauge is 0.
8. If the practice has a drinking water dispenser, drain or switch off as per manufacturer's instructions.
9. Check all electrical connections and remove those necessary prior to closure.

10. Prepare a checklist to assess and complete the closure of dental practice at the end of the day.
11. **Once the Dental Staff reaches home:**
 - a. Leave bags, keys, and other personal objects in a box at the entrance of your house
 - b. When going back home, do not touch anything without washing your hands first.
 - c. Take off your shoes
 - d. Sanitize your phones
 - e. Remove your clothes and put them in a bag inside the dirty clothes basket. Bleach.
 - f. Shower and wash the most exposed areas, like hands, fists, neck, and face, really well.

The Executive Committee observed and recommended that if considerable aerosol producing procedures are undertaken in a dental clinic or by the dentist, such person should have to bring the above-mentioned consumable & non-consumable accessories as a measure of abundant precaution.

It is also relevant to state that the Ministry of Home Affairs, Govt. of India, North Block, New Delhi vide its [Order No.40-3/2020-DM-I\(A\) dated 01.05.2020](#) has further issued its [revised guidelines](#), u/s 10(2)(I) of the Disaster Management Act, 2005 for strict compliance by the respective State/UTs and Districts as per their Zones.

It is once again reiterated that the activities in the dentistry will be operationalized only by the State or by the UTs or District Administrations as per the guidelines issued by the Ministry of Home Affairs & Ministry of Health & Family Welfare from time to time.

In view of the above, all the dentists are hereby advised to approach their respective State Government/UTs or District Administrations.



(Dr. Sabyasachi Saha)
Secretary
Dental Council of India

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

1. The Secretary to the Government of India, Ministry of Health and Family Welfare, Dental Education Section, New Delhi.
2. The Principal Secretary (Medical Education) of all State/UT Governments.
3. The Registrar of all the State Dental Council's/Dentists Registration Tribunal's in the country.

CC:

1. The President, Dental Council of India, New Delhi.
2. The Server Section, Dental Council of India, New Delhi – for upload on DCI website and email.