INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY

GUIDELINES FOR ORAL MEDICINE AND RADIOLOGY PRACTICE IN DENTAL COLLEGES & HOSPITALS, PRIVATE DENTAL CLINICS AND IMAGING CENTRES IN THE WAKE OF COVID-19 PANDEMIC

Version 1.0

The Indian Academy of Oral Medicine and Radiology (IAOMR) on 3rd May 2020 formed a committee to frame guidelines, to be presented to higher authorities, with regard to functioning of the following in the wake of the Covid-19 pandemic:

1. The Departments of Oral Medicine and Radiology in Dental Colleges,
2. Overall patient management in Dental Colleges,
3. Dental Clinics/Hospitals, and
4. Oral Maxillofacial Imaging Centers

The following members were nominated by the EC-2020 of IAOMR to constitute the committee:

1. Dr Vishal Dang, Chairman
2. Dr L. Ashok, Member
3. Dr Anita Balan, Member
4. Dr Anjana Bagewadi, Member
5. Dr D Rama Raju, Member
6. Dr Amit Byatnal, Co Ordinator

The President, Dr. A. Ravi Kiran, and Hon. Gen. Secretary, Dr. Shalu Rai, were the ex-officio members, and Dr. K. Sri Krishna provided the IT support.

The members referred to various advisories / recommendations / guidelines / protocols sourced from different organisations and institutes. The committee did an extensive review of the scientific literature, particularly from peer reviewed journals with high impact factor. The committee submitted their final guidelines to the EC-2020 for approval on 17th May 2020. The submitted guidelines were extensively discussed by the EC-2020 of IAOMR in the online meeting on the same day. This document is the version 1.0 of these guidelines which have been modified after deliberations in the above mentioned online meeting of the EC-2020 of IAOMR.

Disclaimer: The guidelines mentioned in this document are in addition to the already existing guidelines / recommendations / advisories issued by the government and its authorised agencies / departments / organisations. The Academy is of the opinion that all personnel follow the guidelines issued by the government and its authorised agencies / departments / organisations. This document has been created when the entire world is under the grip of a pandemic. There are many aspects of this pandemic which are not yet known to the fullest and directions from the authorities are regularly being updated. Hence, it is recommended that the reader of this document follow due diligence and refer scientific literature for any doubts. The Academy is not liable to any kind of prosecution with regard to the usage of the guidelines mentioned in this document.

INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY (IAOMR) GUIDELINES FOR ORAL MEDICINE AND RADIOLOGY PRACTICE IN DENTAL COLLEGES & HOSPITALS, PRIVATE DENTAL CLINICS AND IMAGING CENTRES IN THE WAKE OF THE COVID 19 PANDEMIC

INTRODUCTION AND BACKGROUND:

Good health is not a condition to be taken for granted. The community at large and the medical profession in particular are frequently tested by new and emerging challenges from transmissible infection. The Covid-19 pandemic, currently prevailing in many countries around the globe, has also had a significant impact on dental practice. The IAOMR constituted a committee comprising 6 members to frame guidelines for the safe practice in the specialty of Oral Medicine and Radiology as applicable to Dental colleges, private clinics and imaging centres.

It is pertinent to note that the highly contagious nature of the Sars CoV2 (Corona) virus causing Covid-19 and its spread through direct contact/air borne droplets is quite different from other viral infections such as HIV infection which spreads through contaminated blood and other body fluids. Hence these guidelines are in addition to and not a substitute for other recommendations for preventing cross infection in a dental setting.

The concise guidelines proposed by the Academy are elucidated under six sub headings as enlisted below:

1. Regulating patient flow to and from the college / Department OPD,
2. Record keeping at the central and department OPD in view of regulatory requirements,
3. Work flow into and out of the Oral Medicine Clinic,
4. Work flow into and out of the Oral Radiology section,
5. Biomedical waste management, and
6. Imaging protocols for a dental practice and imaging centre.

REGULATING PATIENT FLOW TO AND FROM THE COLLEGE / DEPARTMENT OPD & RECORD KEEPING:

1. The Academy is of the considered view that health care facilities must make all out efforts to restrict and regulate the flow of patients so that acceptable social distancing norms can be maintained. Presently it is preferable that the outreach (satellite) centres of various dental colleges are fully operational – these may act as peripheral triage centres to assess the treatment needs of the community.

2. All dental colleges to set up verifiable 'tele consultation' facilities with competent staff assigned to advise patients on their dental problems and deciding on treatment essentiality and priority. Patients be encouraged to seek prior appointments and also be advised to come alone or at most with one accompanying person to the dental college. Signage (in the regional language) to guide patients and clearly display the 'tele consultation' numbers are to be made mandatory.

3. All dental colleges to set up a clearly designated 'Triage Area' headed by faculty of the Oral Medicine and Radiology Department. Along with faculty of Oral Medicine and Radiology in the Triage Area, faculty (preferably atleast a Reader, one each) from the following departments: Oral and Maxillofacial Surgery, Conservative Dentistry and Endodontics and Periodontics to be posted in the Triage Area, for verbal pre-screening of all patients prior to registration at the Central OPD. The decision to post faculty from the other departments, *viz.*, Prosthodontics, Orthodontics and Pedodontics, in the Triage Area can be taken by the HOD of the respective departments.

4. Hand sanitizer to be provided to all patients/visitors/attendants and non-contact thermal screening devices be used to screen all.

5. Patients deemed suitable for further evaluation and treatment to be directed to the Central OPD for registration. All colleges to install a software based program for paperless registration at this point of time (if not done till now). Correct postal addresses of patients and mobile numbers (where available) must be recorded to comply with regulatory requirements and tracing, if needed, at a future date. The software format for patient registration should be DCI approved and verifiable. This opportunity should be used to encourage colleges to reduce use of paper and resultant carbon footprint. All patients identified and suitable for further evaluation and treatment should be explained about the potential risks of acquiring/transmitting infection in a dental setting through appropriate signage. All such patients should sign a Covid-19 specific declaration and

consent form at the time of registration at the Central OPD. This consent should be over and above the earlier consent used by the college/clinic/imaging centre.

6. In view of the changes in dental college functioning and the additional time spent per patient it is recommended that the requirement of 'clinical material' *i.e.*, patient number be reduced by 75% for future DCI inspection purposes across all specialities. The justification for this is further elaborated in the subsequent section of work flow in the clinic. The Council can verify patient records for quality of treatment rendered rather than patient number in future inspections.

7. College canteen/cafeteria should be restricted to essentials such as water/tea/coffee for the patients and patients/staff should refrain from using this facility especially with a common seating plan. All norms of hygiene and social distancing must be observed.

8. Use of common facilities such as rest rooms / hand wash areas should be supervised for maintenance of cleanliness and hygiene. Soap/ sanitizer to be made available.

9. The seating plan in the triage area, Central OPD and that designated for Oral Medicine and Radiology should be as per the standard social distancing norm of 6 feet between two individuals.

10. Entrance and exit to all areas should be wide enough and preferably independent to each other.

11. All areas are to be well ventilated.

WORKFLOW INTO AND OUT OF THE ORAL MEDICINE CLINIC:

1. In a department with 12 chairs designated for the oral medicine clinic (*i.e.*, 100 UG student intake), it is estimated that only 5-6 chairs should be used for patient examination at any given time. The dental chairs/units being used for patient examination should be spaced apart permitting at least 2 meter distancing between patients at all times. It must be ensured that there is no crowding around the seated patient and only the clinician or at most one student/assistant is present with appropriate distancing.

2. Consequently if the routine OPD functions between 9 am and 1 pm, approximately only 25-30 patients can be examined (20 min/patient and change over time of 15-20 min between patients for preparation).

3. Comprehensive care clinic: Where ever possible it is suggested that the faculty clinic in the Department of Oral Medicine and Radiology, be converted into a Comprehensive Care Clinic, where minor dental treatments or those dental treatments deemed

appropriate (by the faculty of the respective non Oral Medicine and Radiology departments) can be done in the Comprehensive Care Clinic setup.

4. PROTECTIVE EQUIPMENT TO BE USED:

a). By Operator For Patient Examination-

i) Bouffant cap

ii) 3-Ply surgical mask

iii) Disposable surgeons gown (Non-woven fabric of fluid impermeable material). To be discarded after use every day and disinfected with surface disinfectant containing 70% ethyl alcohol I.P./ IPA between patients)

iv) Protective eye goggles (with peripheral seal)

v) Disposable latex examination gloves

b). By Operator For Procedures (Such As Biopsy, Toluidine Blue/Lugols Iodine Staining, Exfoliative Cytology, Autofluorescence, Velscope Examination, Chemiluminescence etc.)-

i) Bouffant cap

ii) N-95 Disposable face mask

iii) Disposable face shield

iv) Protective eye goggles (with peripheral seal)

v) Sterile disposable surgeons gown (Single use made of non-woven fabric of fluid impermeable material: 60-90 GSM)

vi) Sterile surgical gloves

vii) Disposable shoe covers

5. All such procedures must be carried out in an independent designated room preferably a minor OT and not in the common clinic area. The CSA to be provided with similar protective gear. Patient to be provided with a disposable head cap, full coverage disposable patient gown (40 GSM), plastic utility gloves and disposable shoe covers.

6. The patient should be instructed to rinse his / her mouth with an oral rinse comprising 1.5 % w/v Hydrogen peroxide or 1 % Povidone Iodine for at least 30 sec prior to examination/procedure.

7. The use of a patient management software in the clinic (permitting a paperless record) is to be encouraged and all dental colleges should adopt this method of working.

Print outs may be taken only when essential or when required for medico-legal purposes.

8. The Academy proposes that an insurance coverage be created for the personnel, particularly for personnel working in the Oral & Maxillofacial Imageology Department.

WORK FLOW INTO AND OUT OF THE ORAL RADIOLOGY SECTION OF THE DEPARTMENT:

1. The prescription of a radiograph should be made after a careful assessment of risk (of transmission of infection) *versus* benefit. The choice of technique (intra oral or extra oral) should also be governed by such considerations. If the information or yield obtained through an extra oral radiograph is adequate (or comparable to an intra oral radiograph) for diagnosis, treatment planning or intra operative assessment it should be preferred over intra oral radiography. The protective gear for the operator should include a full coverage disposable surgical gown of non-woven spun bond material of at least 40 GSM disposable surgical head cap, disposable face shield, N 95 mask, latex examination gloves and disposable shoe covers. The latex gloves should be discarded after use on each patient. The surgical gown may be suitably disinfected (e.g. 70 % Iso propyl alcohol spray/Ethyl alcohol) between uses without removal. Patient to be provided with a disposable head cap, full coverage disposable patient gown (40 GSM), plastic utility gloves and disposable shoe covers. The biomedical waste generated after each examination should be immediately placed in the bin assigned for this purpose (foot operated red bin with bag and lid).

2. Intra oral radiography requires the placement of an imaging receptor (x ray film or a sensor) inside the oral cavity. This procedure will necessarily involve contact of oral fluids with the protective barrier covering over the imaging receptor. It is therefore recommended that –

i) All intra oral image receptors be covered with a suitable double sheath of plastic. This would be comparable to the double gloving technique used for examination of high risk patients (e.g. HIV positive cases).

ii) Digital imaging techniques should be preferred over conventional X ray films. Print outs / x ray plates should be avoided and soft copy of the images be sent through LAN or email along with the radiology report.

iii) Use of disposable intra oral film bite blocks where needed.

iv) The patient should be instructed to rinse his / her mouth with an oral rinse comprising 1.5 % w/v Hydrogen peroxide or 1 % Povidone Iodine for at least 30 sec prior to procedure.

v) All sensor cables, X ray equipment, dental chair and other accessories should be disinfected with a surface disinfectant containing at least 70 % iso propyl alcohol between uses.

vi) Computer screen and keyboard should be covered with a double sheath of transparent plastic material and disinfected between patients. These should preferably be handled by an assistant to the operator.

vii) Thyroid collar and lead aprons should also be disinfected after every use (with 70 % IPA spray).

3. Panoramic / Other Extra oral imaging and Cone Beam Computed Tomography-

i) Broad principles of infection control remain the same as those for intra oral imaging.

ii) Technique specific modifications such as – patient 'mask on' for panoramic x rays (avoiding the use of bite blocks) should be made where possible.

iii) Care must be taken to disinfect all equipment / PSP cassettes / X ray cassettes / x ray table / cephalostat's etc. between patients.

4. A time of 15-20 min be allowed between patients for preparation and changeover.

5. The decision on justification for the radiograph, choice of radiographic procedure, number of radiographs to be taken in the radiology section per day and requirement for protective equipment's to be the sole prerogative of the Head / Dept. in-charge.

BIOMEDICAL WASTE MANAGEMENT:

1. It is evident that patient care during the Covid-19 pandemic and even thereafter will result in a larger quantity of BM waste being generated. All departments are advised to undertake training of faculty and auxiliary personnel in BM waste segregation and management.

2. Each department must devise and operationalize a clear set of SOP's for BM waste management and 2 designated faculty be made to take responsibility for this exercise on a daily basis.

3. All disposable protective equipment's should be made non-reusable prior to discard to prevent their misuse.

4. The log of BM waste should be checked and countersigned by the Head / in-charge on a daily basis.

IMAGING PROTOCOLS FOR A DENTAL PRACTICE AND IMAGING CENTRE:

1. The imaging protocols to be followed in a dental clinic setting are similar to those outlined for an institution (Please refer "WORK FLOW INTO AND OUT OF THE ORAL RADIOLOGY SECTION OF THE DEPARTMENT") with the fundamental difference being that in a private clinic the imaging and treatment are carried out at a single 'point of care.' This is desirable and should be favoured in an institutional setting also (in the form of a comprehensive care clinic). The advantage of such an approach are evident in that there will be a single 'point of responsibility' and over-head expenses can be minimised (including expenses related to use of protective equipment's / disinfection).
2. Imaging centres are advised to entertain patients only with prior appointment and prescription for the particular imaging procedure including its justification by the prescribing dentist (mandatory).
3. The patient should also be made to sign a declaration and consent applicable to the imaging investigation being performed.
4. The centre should also preserve the image / raw data from the imaging procedure for at-least 6 months.

Dr. A. Ravi Kiran
President
IAOMR

Dr. Shalu Rai
Hon. General Secretary
IAOMR

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