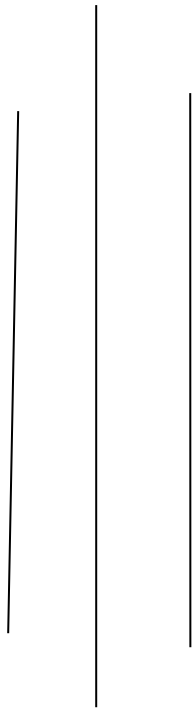
INTERIM GUIDANCE FOR DENTAL PRACTICES DURING COVID 19 GLOBAL EMERGENCY IN NEPAL 2020



Approved by
Ministry of Health and Population
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Prepared by
NEPAL DENTAL ASSOCIATION

Endorsed by
NEPAL MEDICAL COUNCIL
2077/02/20

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(नेपाल मेडिकल काउन्सिल ऐन २०२० अन्तर्गत स्थापित)

Nepal Medical Council

(Under Nepal Medical Council Act 1964)

BANSBARI, KATHMANDU, NEPAL

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मिति : २०७७ जेठ ३०

श्री अध्यक्षज्यू
नेपाल डेण्टल एसोसिएसन
काठमाडौं ।

विषय : निर्देशिका अनुमोदन बारे ।

उपरोक्त विषयमा मिति २०७७ जेठ २० गते मंगलबार बसेको नेपाल मेडिकल काउन्सिलको पूर्णबैठकको निर्णयानुसार त्यस एसोसिएसनबाट निर्माण भई यस काउन्सिलमा प्रस्तुत भएको Interim guidance for dental practices during COVID- 19 global emergency in Nepal 2020 लाई प्रस्तुत गरिएको ढाँचा र उल्लेखित विवरण बमोजिम अनुमोदन गरिएको जानकारी गराउँदछु ।

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डा. कृष्णप्रसाद अधिकारी
रजिष्ट्रार

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1. INTRODUCTION

On January 30, 2020, the World Health Organization (WHO) announced that COVID-19 outbreak had constituted a public health emergency of international concern. The novel coronavirus was initially named 2019-nCoV and officially as severe acute respiratory syndrome coronavirus 2 (SARS- CoV-2). Since the declaration of public health emergency by the WHO, Government of Nepal too has undertaken necessary actions to prevent the spread of Covid19 in the country and enforced lockdown in the country from 24 March 2020 onwards.

Dental staff and dental practitioners (Dental health care providers) are considered to be at highest risk of acquiring the infection because of prolonged face to face exposure to patients, exposure to respiratory secretions and aerosols produced during procedures like ultrasonic scaling and cavity/access preparation using a high speed air rotor with water jet cooling systems. Dental procedures causing splatters, fomites and aerosols can propel a high viral load in the procedure room there by increasing the risk of cross infection between dental practitioners, patients, in-between consecutive patients as well as dental auxiliary staffs.

Recent observations have proven that salivary glands act as the reservoirvirus for Active and live virus have been isolated from saliva of patients who were asymptomatic or were considered free of the disease suggesting that COVID-19 transmitted by asymptomatic infection may originate from infected saliva.

Many countries and dental communities have advised to stop general dental procedures and only provide essential emergency dental care. There are no clear consensus on continuation, resumption and extent of dental practice in coming days following this pandemictdown.Shu of dental treatment will definitely reduce the risk of transmission cluster from dental offices but in long term, this willlead to accumulation of cases and conversion of a easily treatable case into an emergency or non-salvageable case. This case burden will definitely strain the dental community in near future therefore resumption of dental treatments with very clear case prioritization, infection control, transmission reduction andfsafetystaf protocols are the need of the day. As the graph of COVID-19 infection lowers down and flattens DHCPs shouldbe ready to resume our services with universal standards of care based on multiple evidence and international guidelines tailored to suit our national resource availability and community characteristics.

This interim guidance is based on evidences, guidelines and researches and is being published to introduce the essential knowledge to protect and preventOVIDC-19 in dental set up and nosocomial infection in dental settings. It is an attempt to provide recommended managementprotocols for dental practitioners and specialists working at different levels of dental care providing set ups (dental colleges, postgraduate institutes, dental hospitals, dental departments at government hospitals, private clinics) with strict and effective infection control mechanism in place. This interim guidanceis dynamic document and subject to editing, changes and further recommendations as and when new validated evidences, researches evolves.

2. OBJECTIVES OF THE GUIDELINES

This interim guidance provides a guideline for dental patients' management during and after the COVID-19 pandemic. These will safeguard dental health care providers from acquiring COVID-19 infections and prevent cross transmission among patients.

- Screening every asymptomatic patient meticulously.
- Considering every patient aspotential asymptomatic COVID-19 carrier.
- Isolation and transfer of suspected patients to the local health authority for testing and keeping contact of every patient for contact tracing if required
- Considering recently recoveredpatients as potential virus carriers for at least 30 days after the recovery confirmation by a laboratory test
- Identifying the urgent need of the patient and focusing on managing it with minimally invasive procedures.
- Categorisingdental treatment accordingto the urgency of the required treatment and the risk and benefit associated with each treatment.
- Identifying the required dental treatment for each patient and the risks and benefits associated with that treatment.
- Categorization of personal protective equipment(PPE) for different procedure.
- Preparing clinics / hospitals / institutions with COVID-19 safety standards
- Preparation and training of reception staff, dental hygienists,chairsideassistants and cleaners for maintaining safe practice
- Preparing checklist based PPE donning and doffing protocol based on level of exposure and procedure
- Preparation of operatory and maintenance of high standards of disinfection in operatory
- Protocol for instrumentsterilization and waste management from Dental settings
- Accidental exposure management recommendations
- Optimization of resources like PPE, Facemasks, respirators and Eyewear during scarcity

The overall aim of thisinterim guidance is to allow dental practice to be resumed at all levels with highest standards of safety to the patients, to ensure safety of staff and dental professionals involved in the treatment and prevent transmission of COVID-19.

3. BEFORE DENTAL TREATMENT

3 i. Safety and training of the Dental Health Care Providers (DHCP)

Category of DHCP and logistic staffs

a. Consultants, Specialists, Residents, GenerPractitioners,l Interns and Students

b. Oral Hygienists, Dental nurses, Chair side dental assistants, Dental technicians, Attenders, Cleaners and Sweepers

c. Receptionists and Attenders

d. Accountants and Store keeper

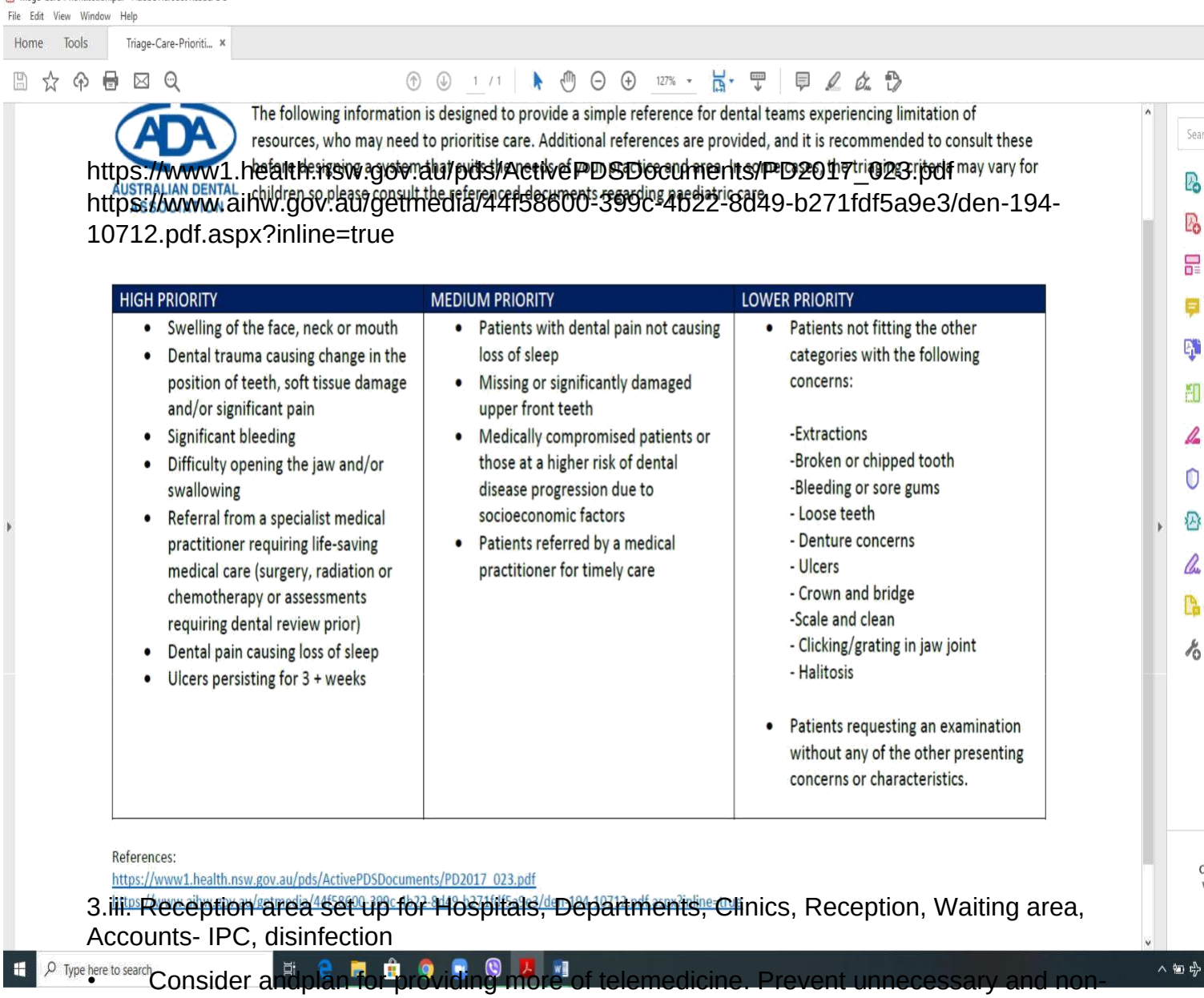
Guidelines

- DHCP who are of older age, have a pre-existing, medically compromised condition, pregnant, etc., are perceived to be at a higher risk of contracting COVID-19 from contact with known or suspected COVID-19 patients.
- Dental offices “... should consider and address the level(s) of risksociatedas with various worksites and job tasks workers perform at those sites.” It is suggested that providers who do not fall into these categories (older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy)." should be prioritized to provide care.
- All DHCP should self-monitor by remaining alert to any respiratory symptoms (e.g., cough, shortness of breath, sore throat) and ctheirck temperature twice a day, regardless of the presence of other symptoms consistent with a COVID-19 infection. Send workers home if symptoms develop at work
- DHCP experiencing influenza-likelness-il (ILI) (fever with either cough or sore throat, muscle aches) should not report to work.
- Dental offices should create a plan for whom to contact if an employee develops fever or respiratory symptoms to determine whether medical evaluation is necessary.
- To prevent transmission to DHCP or other patients, contact your healthlocal department immediately if you suspect a patient has COVID-19. You can also contact your state health department (NPHL, ECDC numbers should be readily available at the work place.
- Daily monitoring of the individuals
- Ensure that the DHCP are trained about the right methods to donning and doffing the PPE safely
- Use of scrub dress in the operatory is preferable

3.ii Pre-Appointment Screening

Patients should be encouraged to call prior to coming to the clinic. If they arriveth toclinic without prior call, they need to be kept separately, symptoms and risk categorization completed before proceeding. Insome cases, the triaging criteria may vary for children so please consult the referenced documents regarding pediatric care.

Further readings-



The following information is designed to provide a simple reference for dental teams experiencing limitation of resources, who may need to prioritise care. Additional references are provided, and it is recommended to consult these before designing a system that suits the needs of your practice and area. Age ranges and triage criteria may vary for children so please consult the referenced documents regarding paediatric care.

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_023.pdf
https://www.aihw.gov.au/getmedia/44f58600-399c-4b22-8d49-b271fdf5a9e3/den-194-10712.pdf.aspx?inline=true

HIGH PRIORITY	MEDIUM PRIORITY	LOWER PRIORITY
• Swelling of the face, neck or mouth • Dental trauma causing change in the position of teeth, soft tissue damage and/or significant pain • Significant bleeding • Difficulty opening the jaw and/or swallowing • Referral from a specialist medical practitioner requiring life-saving medical care (surgery, radiation or chemotherapy or assessments requiring dental review prior) • Dental pain causing loss of sleep • Ulcers persisting for 3 + weeks	• Patients with dental pain not causing loss of sleep • Missing or significantly damaged upper front teeth • Medically compromised patients or those at a higher risk of dental disease progression due to socioeconomic factors • Patients referred by a medical practitioner for timely care	• Patients not fitting the other categories with the following concerns: -Extractions -Broken or chipped tooth -Bleeding or sore gums - Loose teeth - Denture concerns - Ulcers - Crown and bridge -Scale and clean - Clicking/grating in jaw joint - Halitosis • Patients requesting an examination without any of the other presenting concerns or characteristics.

References:
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_023.pdf

3.iii. Reception area set up for Hospitals, Departments, Clinics, Reception, Waiting area, Accounts- IPC, disinfection

- Consider andplan for providing more of telemedicine. Prevent unnecessary and non-urgent appointments. Schedule appointments apart enough to minimize possible contact with other patients in the waiting room.
- Reception area needs to be clutter free,
- Remove magazines,reading materials, toys and other objects that may be touched by others and which are not easily disinfected
- Reception area should be segregated from operating area and properly sealed with no possibility of air flow between the treatment area and reception area
- Should be well ventilated and avoidair conditioning if possible
- Print and place signage in the dental office for instructing patients on standard recommendations for respiratory hygiene/cough etiquette and social distancing. Place chairs 3-6 feet apart when possible, designate seatingwithareasigns, use barriers if possible,
- Provide supplies-tissues, alcohol based hand rub, soap at sink, trash cans (Foot control trash cans preferable)
- Identify which of your patients are at higher risk of adverse outcome from COVID 19
- Prevent patients from bringing companions to their appointment, except for instances where the patient requires assistance (e.g., pediatric patients, people with special needs, elderly patients, etc.). If companions areallowed for patients receiving treatment, they should also be screened for signs and symptoms of COVID-19 during patient check-in and should not be allowed entry into the facility if signs and symptoms are present (e.g., fever, cough, shortness of breath, sore throat)Companions. should not be allowed

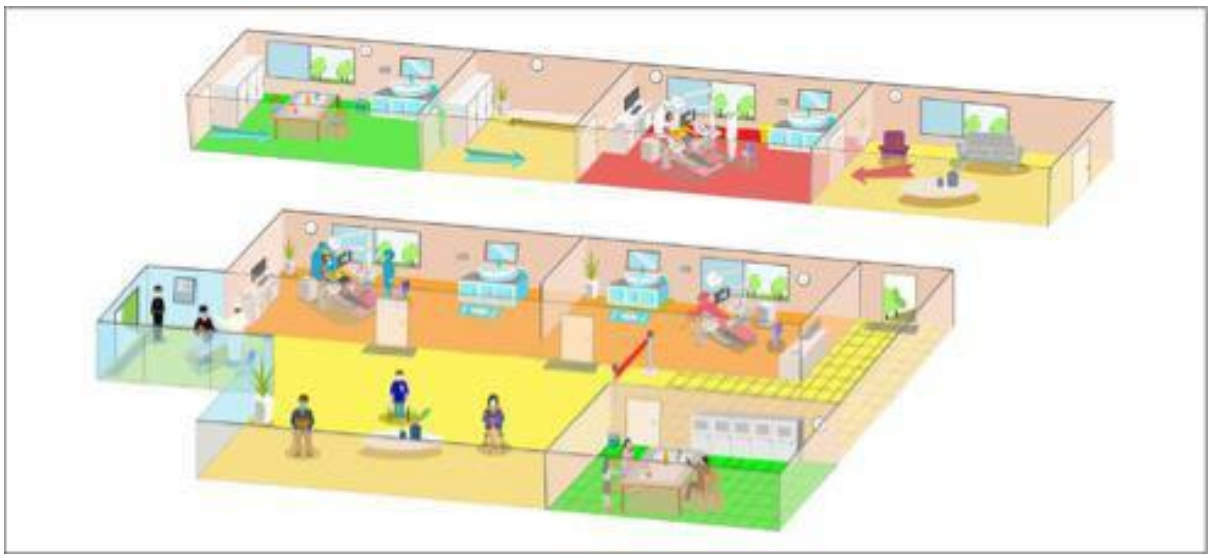
in the dental office if perceived to be athigha risk of contracting COVID-19 (e.g., having a pre-existing medically compromised condition). Any person accompanying a patient should be prohibited in the dental operatory.

(Every dental colleges,clinics, hospitals must have emergency phone number of EDCD and central lab)

3 iv. Patient Arrival

Screening and Triaging

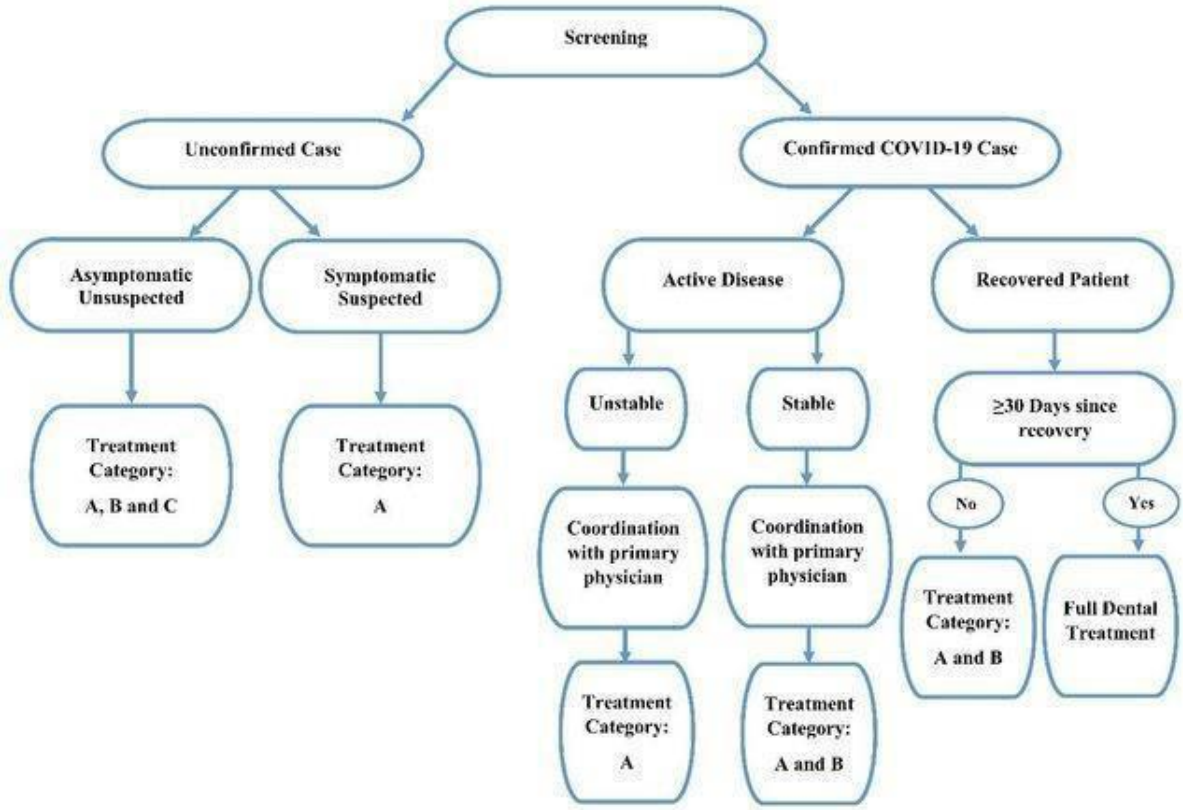
- Reception and registration staff at the entrance by asking patients about their symptoms and medicalcomorbidities for triaging and identification suspected patients along with the history of fever and associated sign and symptoms.
- A screening form is filled at the reception by the reception staff by asking designated questions (Annexed)
- There should not be more than2patients at the reception at a time and they should maintain physical distancing of 6 feet.
- Their temperature needs to be checked.
- They should be given a hand sanitizer and a surgical mask if they are not wearing one.
- They should not be accompanied by anyone.
- Reception area should be segregated from operating area and properlysealed.
- Practice staffs are to be made aware of this interim guidance, institutional or practice SOP,case definitions and to be able to carry out an initial risk assessment of patient's travel/contact history with regards COVID-19.
- A possible case of COVID-19 needs to meet both the clinical symptoms AND have a travel history, including travel to, or transit through (for any length of time), the identified risk countries OR contact with a confirmed case of coronavirusIfpatient. is presenting with symptoms after 14 days, they do not meet the case definition and can be handled as normal.
- Sample floor map fordental clinic , hospital units and Institutions based on Dental and oral emergency care area at the Dental Schools and Hospitals



Key:

- Yellow: triage and waiting area. Triage staff in the yellow area wear disposable surgical mask, cap, and work clothes
- Orange: dental clinic. Dental staff is provided with PPE, including disposableN95 masks, gloves, gowns, cap, shoe cover, and goggles or face shield. The area is disinfected once every half day. All the patients should be treated in this area.
- Red: isolation clinic. Designed for patients who are suspected withIDCOV-19, who are recovering from COVID-19 (but <1 month after they are discharged from hospital), or who need urgent dental procedures producing droplets and/or aerosols.
- Green: resting area for staff only. Keepwearing masks in this area.

Treatment decision making after screening of patient on arrival and suggested management of common dental problemsPlease follow the Flow chart



Categorization of the dental treatment needs:

Dental Treatments Categories				
A	B	C	D	E
Emergency	Urgent conditions that can be managed with minimally invasive procedures and without aerosol generation	Urgent conditions that need to be managed with invasive and/or aerosol-generating procedures	Non-urgent	Elective
Unstable maxillofacial fractures that can compromises the patient's airway.*	Severe dental pain (7≤) from pulpal inflammation that requires tooth extraction.**	Severe dental pain (7≤) from pulpal inflammation that need to be managed with aerosol generating procedures.**	Removable dentures adjustments or repairs.	Initial or periodic oral examinations and recall visits.
Diffuse soft tissue bacterial infection with intraoral or extraoral swelling that can compromises the patient's airway.*	Severe dental pain (7≤) from fractured vital tooth that can be managed without aerosol generation.**	Severe dental pain (7≤) from fractured vital tooth that need to be managed with aerosol generating procedures.**	Asymptomatic fractured or defective restoration.	Aesthetic dental procedures.
Uncontrolled postoperative bleeding.*	Dental trauma with avulsion/luxation that can be minimally managed without aerosol generation.	Dental trauma with avulsion/luxation that need invasive/Aerosol Generating Procedures	Asymptomatic fractured or defective fixed prosthesis.	Restorative treatment of asymptomatic teeth.
	Surgical postoperative osteitis or dry socket that can be managed without aerosol generation.*	Debonded fixed prosthesis cleaning and temporary cementation.	Asymptomatic fractured or defective orthodontic appliance.	Extraction of asymptomatic teeth.
	Pericoronitis or third-molar pain that can be managed without aerosol generation.	Removable dentures adjustments for radiation/oncology patients.	Chronic periodontal disease.	Orthodontic procedures other than those in category B/C.
	Stable maxillofacial fractures that requires no intervention.*	Fractured or defective fixed prosthesis causing soft tissue injury.		Routine dental cleaning and preventive therapies.
	Localised dental/periodontal abscess that can be managed without aerosol generation	Acute periodontal disease.		Replacement of missing tooth/teeth with fixed or removable prosthesis.
	Fractured or defective fixed orthodontic appliance causing soft tissue laceration.			Dental implant surgery.

Risk Categorization

- Patients need to fill up the pre-appointment screening forms and send it to the dentist.
- Dentist needs to categorize the patient as per the screening questionnaire as follows:

Test

As the accurate and reliable tests get developed, and willavailable,be it may be prudent to get the patients tested prior to procedures.

Protection for Operating Room Staffs and Dentist

- **Moderate and High Risk** patients need to be treated with Level III Protection. They need to referred to a higher center specialized for COVID-19 patientsdeemedif necessary.

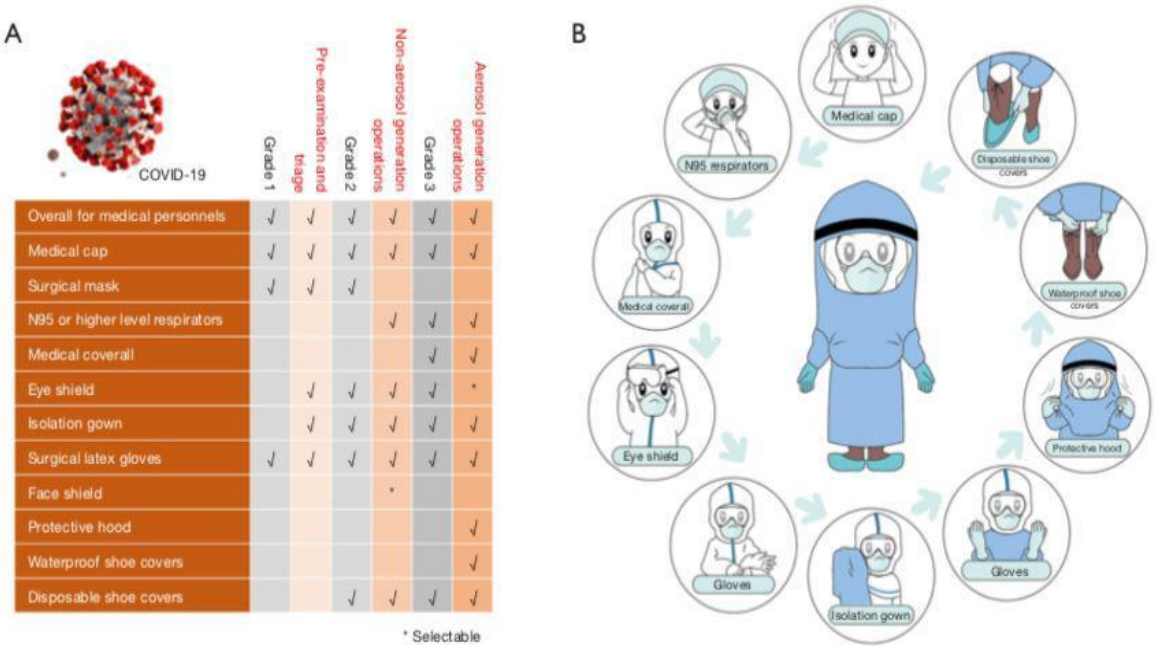
- **Low Risk** may be treated with Level II Protection along with standard universal precautions. (Only non-aerosol producing procedures should be practicedltheunti pandemic is controlled or a new guideline supersedes this one.)

Further readings-

https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf),(https://www.cdc.gov/coronavirus/2019ncov/downloads/stop-the-spread-of-germs.pdf)

(https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html).

4. PERSONAL PROTECTIVE EQUIPMENT CHECKLIST



5. PREPARATION OF OPERATORY

- Operatory should be well ventilated, keep the windows open and adequate air flow should be maintained
- Designate minimum number of dental chairs. If possible single dental unit is to be operated in a room (General practice clinics). If necessary multiple dental chairs should be kept at least six feet apart and if possible separated with a (Multispecialtyscreen hospitals). Dental teaching hospitals should confirm a designated common treatment area with designated chairs with distance in place.
- Preparation of dental office and procedure area reductionwith of all non-essential surfaces and decorations
- Minimization of staff and accompanying persons with strict protocol in place for patients and accompanying persons
- No entry of accompaniment to the operatoryea and clearly demarcated potential transmission zones
- Provision of universal and special safety precautions in place with checklists before, during and after patient contact

- Availability of personal protective equipment for all the staff and treatment providers based on grading of transmission risk
- Wipe and disinfect the object surfaces as well as the floor with a disinfectant containing 2,000 mg/L of effective chlorine at least twice a day, and disinfect as soon as possible if there is contamination.
- Pay special attention to high-frequency contact surfaces (such as vhandles,rious buttons, instrument panels, stair walkways, etc.

6. HAND HYGIENE PROTOCOL:

Strictly follow the hand hygiene protocol of WHO

Hand Hygiene for Routine Dental Procedures

Scenario	Soap and Water	Antimicrobial Soap and Water	Alcohol-Based Hand Rub
If hands are visibly soiled (e.g., dirt, blood, body fluids).	YES	YES	NO
If hands are not visibly soiled.	YES	YES	YES

s

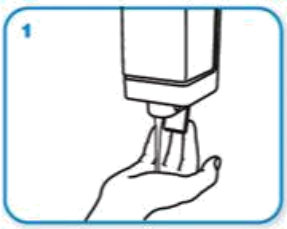
Hand Hygiene for Surgical Procedures

Scenario	Soap and Water Alone	Antimicrobial Soap and Water	Soap and Water Followed by Alcohol-Based Hand Rub
Surgical hand antisepsis before gloving	NO	YES	YES

Further reading

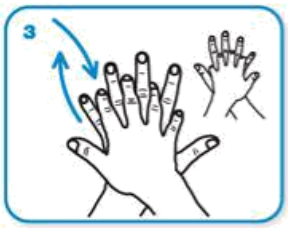
https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf

Wet hands with water



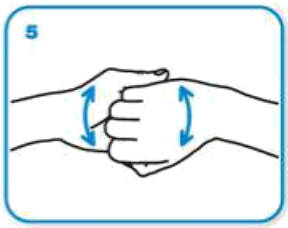
apply enough soap to cover all hand surfaces.

Rub hands palm to palm



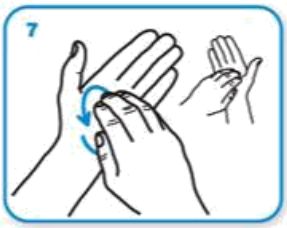
right palm over left dorsum with interlaced fingers and vice versa

palm to palm with fingers interlaced



backs of fingers to opposing palms with fingers interlocked

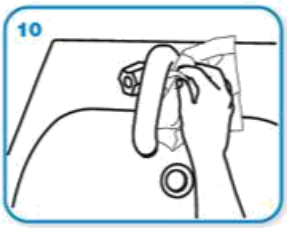
rotational rubbing of left thumb clasped in right palm and vice versa



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

Rinse hands with water

dry thoroughly with a single use towel



use towel to turn off faucet

...and your hands are safe.

7. DONNING OF THE PPE:

PPE Donning Checklist for proper implementation and safety improvement

Trained observer must be engaged for donning and doffing of PPE. The trained observer must read, observe, and check each step performed by the patient caregiver who is donning/doffing PPE.
Caregiver: _____

Trained observer: _____

Date: _____ Time Donning Completed: _____

¥	#	Item	Perform Hand Hygiene ***	Additional Information
	1.	Perform Hand Hygiene.		x Wash hands or use an alcohol-based hand sanitizer immediately before donning all PPE.
	2.	Don Isolation gown.		x Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. x Then fasten in back of neck and waist.
	3.	Don mask.		x Secure ties behind ears or middle of head/back. x Mold flexible band to nose bridge. x Fit snug to face and below chin.
	4.	Don eye or face shield.		x Place eye/face shield over eyes/face and adjust the fit.
	5.	Don gloves.		x Extend to cover wrist of isolation gown.

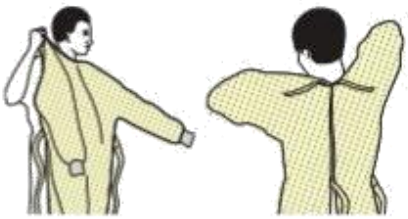
*** A check in this column denotes the HCW is to perform hand hygiene prior to continuing to next step.

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

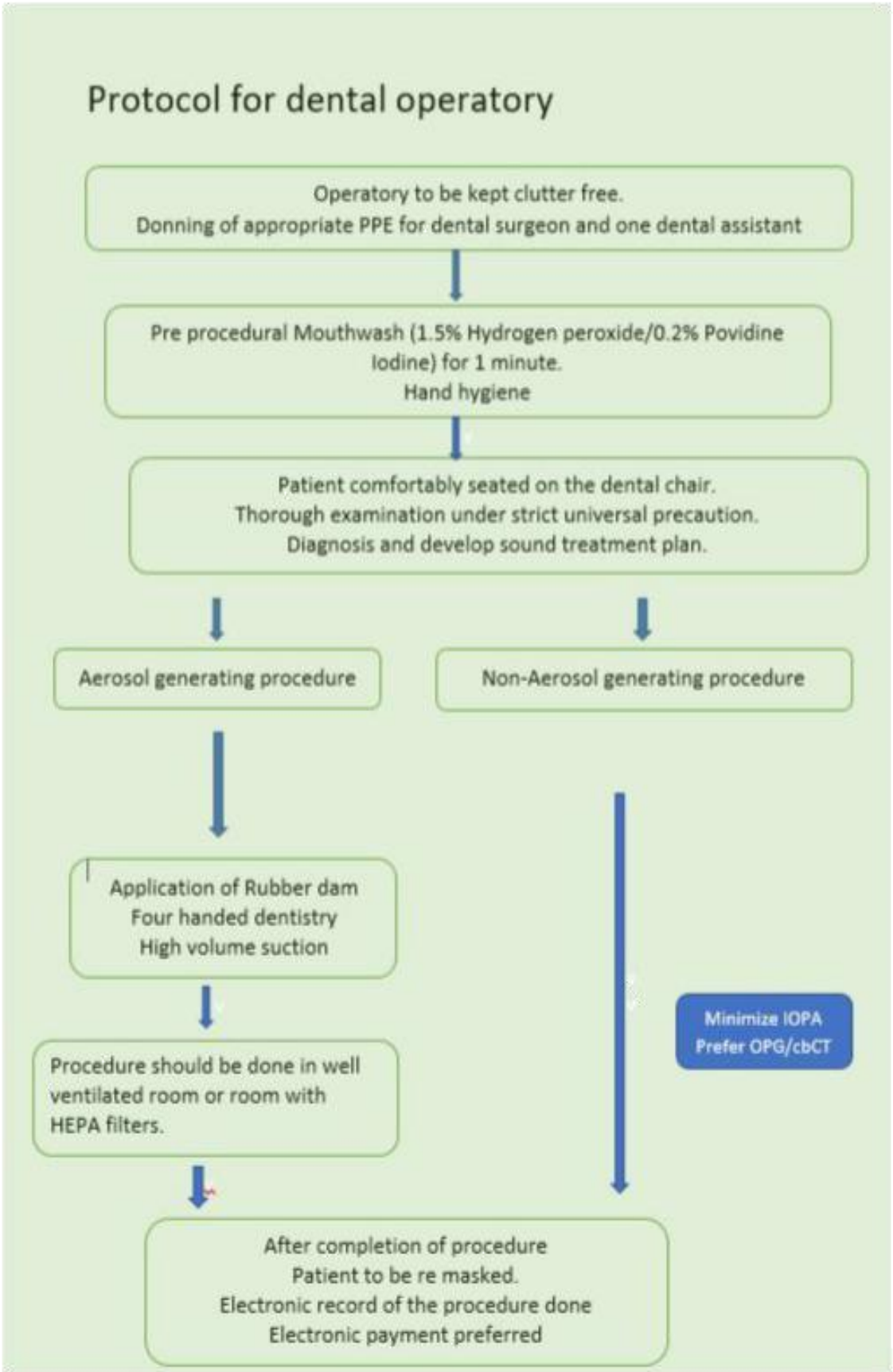
USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

CDC

8. DURING DENTAL TREATMENT

- Preparation of patients with antimicrobial oral rinse (1.5% hydrogen peroxide or 1 % povidone iodine solution) to reduce viral load in respiratory and oral secretions. Commercially availablebetadinemouthwash or gargle has 1-5% concentration and can be effectively used. The minimum rinsing time is 1 minute which effectively reduces viral load by 97%. Traditionally used chlorhexidinebased oral rinse are least effective against novel corona virus and should not be used
- Prefer extraoraldental radiographies, such as panoramic radiography and cone beam CT over intraoral radiographs as alternatives during the outbreak of COVID-19.
- For the treatment of patients with trauma or inflammation without aerosol generation DHCP should use enhanced grade-2 protection.
- Apply and use the rubber dam with high vacuum suction apparatus
- Use of waterless and motor drivenhandpiecesas replacement for air driven high speed water cooledhandpieces
- Chemo mechanical cavity and access preparation and minimizationhadpieceofusage.
- For endodontic procedures, pulp exposure could be made with chemo mechanical caries removal under rubber dam isolation and a high-volume saliva ejectorafterlocal anesthesia; pulpdevitalizationcan be performed to reduce the pain.
- Use of extraoral suction apparatus with barrier mechanism and perform the dental procedure under indirect vision. Clear barriers and suction devicescurrentlyare being used by ENT specialists and Anesthesiologists for procedures that pose risk of exposure to respiratory and oral secretions.
- Special handpieces with anti-retraction mechanism and backflow preventive mechanism can reduce the risk of clogging and harboring microbes causing risk of cross transmission
- Minimal use of ultrasonicscalersfor periodontal procedures and maximizing the use of aerosol freehand instruments
- When using high speed turbo-charginghandpiecesand oral ultrasonicscalers DHCP should use enhanced grade-3 PPE. Keep the aerosol generating procedure to minimum and if absolutely required it should be scheduled as the last procedure so that post procedure the whole operatory can be disinfected and prepared for next patient
- Installation and Use of HEPA air filters in procedure room if feasible
- Use of disinfectants in dental water supply system 0.01% Sodium hypochlorite


Protocol for dental operatory
Operatory to be kept clutter free.
Donning of appropriate PPE for dental surgeon and one dental assistant
Pre procedural Mouthwash (1.5% Hydrogen peroxide/0.2% Povidine Iodine) for 1 minute.
Hand hygiene
Patient comfortably seated on the dental chair.
Thorough examination under strict universal precaution.
Diagnosis and develop sound treatment plan.
Aerosol generating procedure
Non-Aerosol generating procedure
Application of Rubber dam
Four handed dentistry
High volume suction
Procedure should be done in well ventilated room or room with HEPA filters.
Minimize IOPA
Prefer OPG/cbCT
After completion of procedure
Patient to be re masked.
Electronic record of the procedure done
Electronic payment preferred

9. **BETWEEN THE PATIENTS**

- Allow at least 20 minutes of offtime between patients. SARS COV-2 virus has been shown to be present in air for up to 15 minutes. Allow time for the virus to settle on surfaces which can be disinfected.
- Once the oral treatment is completed, each chair used by the patient should be wiped with 75% ethanol or 2,000 mg/L disinfectant containing effective chlorine
- Follow all the IPC protocols
- Use and change disposable barriers for dental chairs, head rests, and frequently touched parts like light handles between patients
- Clean and disinfect the taps, drainage points, splash backs, sinks, **s**,pittoonaspirating units at the end of each session
- Disinfect the PPE between patients with alcohol based sanitizers spray. Keep a separate area for donning and doffing the PPE.
- Visibly soiled PPE when used in Aerosol generating procedure shouldimmediatelybe disinfected and prepared before it can be used again for next patient.

10. AFTER DENTAL TREATMENT:

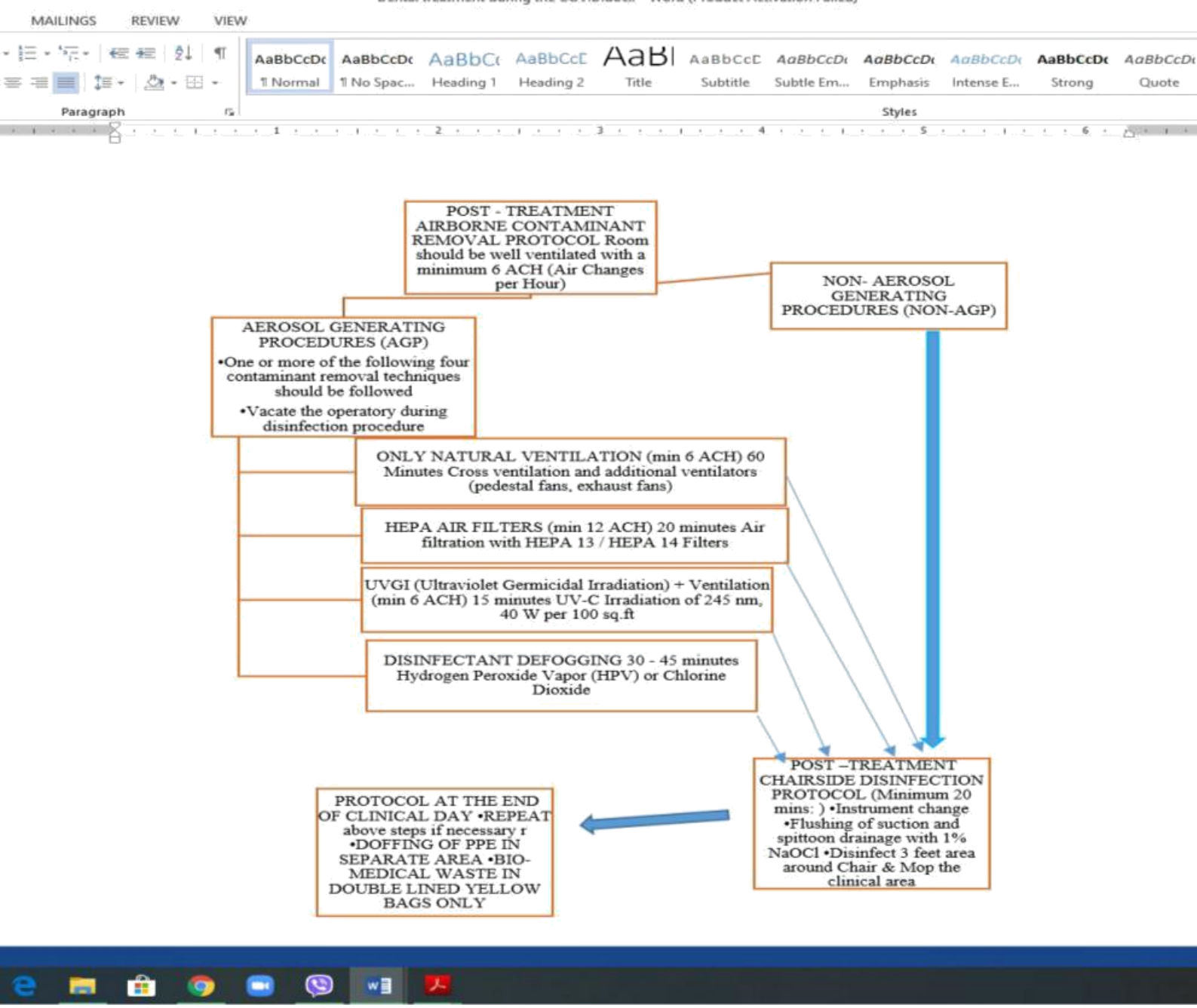
- Post-op instructions should include a reminder to report any signs or symptoms of COVID-19 within next 14 days.
- Patient should use predetermined transport routes to minimize exposure for staff, other patients and visitors,
- Patient using a medical mask and follow the 'No Touch' principle (patient is not permitted to touch anything on the way to out of the treatment center).
- Dental auxiliaries should follow the principle of Decontamination with standard guidelines from manufacturers' for every dental equipment.
- Treating dental personnel (dental surgeon and specialist)gocanfor doffing procedures.
- Any of the free dental health care worker (i.e. dental auxiliaries) can help the patient to proceed forward toward the service fee management area.

11. DECONTAMINATION OF THE PATIENT TREATMENT AREA:

- A time interval of 15 minutes must pass after the patient has left the operating room before cleaning and disinfection can start.
- Waste management must follow well-defined rules.
- Cleaning should be focused on thephysical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. Regular cleaning is accomplished with water,detergents and mechanical action.
- The basic principles of cleaning and disinfecting apply to all patient care areas. Where possible, dedicate cleaning supplies in higher risk areas (e.g., isolation, delivery, and operating rooms).

Spraying of disinfectants is not recommended. If such sprayisused, sufficient time should be allowed to decant the air droplets in to the floor. It is recommended to use disinfectant spray and fumigation at the end of day.

Amount of time required to wait after completion of AGP depeo**n**dsroom ventilation specifications. If you are unsure as to your operatory ventilation specifications, the recommendation is to allow 207 minutes for aerosols to settle before disinfecting theoperatory. (Centers for Disease Control and Prevention 2003



12. BEFORE LEAVING THE OPERATORY

Remove the protective mask/goggles and protective clothing when leaving the clinic; perform personal hygiene after work and have situational awareness whataboutyour hands touch. Frequenthandwashingand use of alcohol based hand sanitizer is absolutely a must

13. DOFFING OF PPE GEAR

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

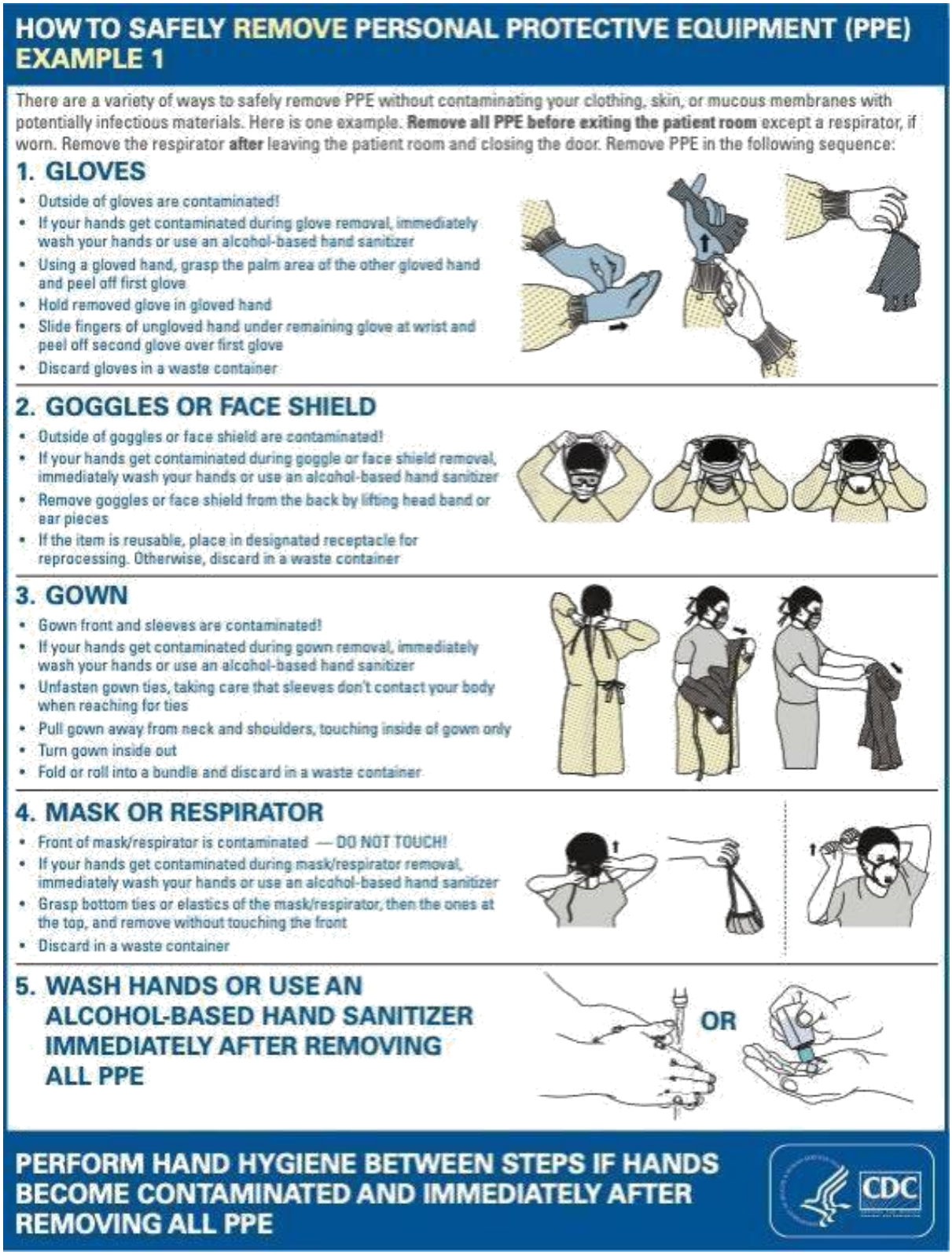
PPE Doffing Checklist for proper implementation and safety improvement

Trained observer must be engaged for donning and doffing of PPE. The trained observer must read, observe, and check each step performed by the direct patient caregiver donning/doffing PPE.
Caregiver: _____

Trained observer: _____

Date: _____ Time Doffing Completed: _____

¥	#	Item	Perform Hand Hygiene ***	Additional Information
	1.	Removing PPE: If hands become contaminated during any step of PPE removal, immediately perform hand hygiene. Remove PPE at doorway/anteroom and discard prior to leaving room.		
	2.	Doff gloves.		x Outside of gloves are contaminated! x Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove. x Hold removed glove in gloved hand. x Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove. x Discard gloves in waste container.
	3.	Doff eye or face shield.		x Outside of eye or face shield is contaminated! x Remove eye or face shield from back by lifting head band or ear pieces. x Discard in waste container.
	4.	Doff mask .		x Front of mask is contaminated! x Grasp bottom ties or elastic of the mask, then the ones at the top, and remove without touching the front of mask. x Discard in waste container.
	5.	Doff gown.		x Gown front and sleeves are contaminated! x Unfasten gown ties, taking care that sleeves do not contact your body when reaching for ties. x Pull gown away from neck and shoulders, touching inside of gown only. x Do NOT touch exterior of gown with bare hands. x Turn gown inside out. x Discard into waste container.
	6.	Perform hand hygiene.		x Wash hands or use an alcohol-based hand sanitizer immediately after removing all PPE.



14. ACCIDENTAL EXPOSURE AND FOLLOW UP

1. Recommendations for dental professionalswith high risk performing Aerosol generating procedures or Non aerosol generating procedure on asymptomatic suspected or confirmed COVID-19 patient.

a. Stop all health care interaction with patients for a period of 14 days after the last day of exposure to a confirmed COVID-19 patient;

b. Be tested for COVID-19 virus infection;

c. Quarantine for 14 days in a designated setting.

2. Recommendationsfor dental professionals with low risk performing Non Aerosol generating procedures or procedure on asymptomatic and non-confirmed cases.

a. Reinforce contact and droplet precautions when caring for all patients with acute respiratory illness and standard precautions to take carepatientsofall

b. Reinforce airborne precautions for aerosol generating procedures on all suspect and confirmed COVID-19 patients;

c. Reinforce therational, correct and consistent use of personal protective equipment when exposed to confirmed COVID-19 patients

Apply WHO's "My 5 Moments for Hand Hygiene" before touching a patient, before any clean or aseptic procedure, after exposure to body fluid, after touching a patient, and after touching patient'ssurroundings

Practice respiratory etiquette at all times.

15. SUMMARY OF GUIDELINES

Prior to dental treatment (patients at home)	
Phone triage questionnaire	Provide limitations to dental office access
Organization of patient flux	Book appointments to avoid contemporaneity of patients No accompanying subjects if possible. When this is unfeasible, the accompanying person will be asked not to enter the practice and to wait outside
Prior to dental treatment (patients entering the practice)	
Body temperature measurement	Assess potential presence of fever via contactlessthermometer
Hand hygiene (patient)	Use of hydroalcoholicsolutions for hand disinfection when entering the dental office
Waiting room	Provide adequate ventilation Removal of all objects that could favorcross-infection Avoid long stay in the waiting room Avoid the contemporary presence of!2 patients Respect the distance of 1m between patients Discourage the presence of accompanying people
Environment disinfection	Use of 0.1% sodium hypochlorite or 70%isopropyl alcohol for the disinfection of all surfaces
Nonclinical staff clothing	Application of face masks (filteringfacepiecelevel 2 or 3), glasses
Preparation to dental treatment (dentist and patient)	
Patient preparation	Use of disposable shoe covers 1-min mouth rinse with 0.2% to 1%povidone, 0.05% to 0.1%cetylpyridinium chloride, or 1% hydrogen peroxide
Clinical staff hand washing	Hand washing for at least 60s and then 60%hydroalcoholicsolution application prior to wearing gloves
Clinical staff clothing	Application of face masks (filteringfacepiecelevel 2 or 3), shields, surgical glasses, long-sleeved water-resistant gown, surgical cap, shoe cover
Dental treatment	
Instruments	Preparation of all instruments in advance
Surfaces	Total protection through disposable covers
Minimizing aerosol production	Avoid, when possible, use handpieces/ultrasonicof instruments Use of rubber dam Surgical aspiration system If possible, prefer 4-hands technique
After dental treatment	Limit overalltreatment time if possible
Ventilation	5-min air change strongly advised
Instruments	Removal of disposable protections from the surfaces Disinfection of shields and glasses with 70% isopropyl alcohol
Personal protection	
Hand hygiene (dentist)	Hand washing for at least 60s and then 60%hydroalcoholicsolution application

Adapted from Emergency dental guidelines during COVID-19 followed in Italy

16. STERILIZATION OF THE EQUIPMENT:

- All the used instruments should be cleaned, sterilized and properly stored in accordance with the standard protocol for the disinfection anderilizationst of the dental equipment
- All instruments should be cleaned with soap water and brush by staff wearing Grade II PPE, hard rubber gloves and shoe cover,
- Pretreatment of the instruments with 1% Sodium-hypochlorite is advised.
- Moist heat sterilization should be performed, vacuum autoclave preferable.
- A designated number of instrument set should be ready before starting the procedure

Further readings-

https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

17. WASTE MANAGEMENT:

- The medical waste should be transported to the temporary storage area for disposal as infectious medical waste
- Reusable instruments and items should be segregated and pretreatedsoapwithand water by level I PPE wearing staff and sterilized accordingly
- Burn sharps and store in closed container
- Double layeredyellow colored medical package bags and gooseneck ligation should be applied
- The waste package must be clearly marked and disposed accordingly(the Healthcare Waste Management Guidelines (2014) published by the Ministry of Health and Population Department of Health Services).

Precautions to be followed by all dental care providers at the endheofdayt

- DHCP should change from the scrubs to personal clothing before returning home. Upon arriving home, DHCP should take off shoes, remove and wash clothing and shower immediately

18. अनुगमन समिति

१. स्वास्थ्य तथा जनसंख्या मन्त्रालय - १ जना प्रतिनिधि
२. स्वास्थ्य सेवा विभाग, उपचारात्मक सेवा महाशाखा - १ जना प्रतिनिधि
३. नेपाल मेडिकल काउन्सिल - १ जना प्रतिनिधि

अनुगमनको समय तालिका :
प्रत्येक चौमासिकमा कम्तिमा १ पटक

प्रतिबेदन
अनुगमन प्रतिबेदन स्वास्थ्य तथा जनसंख्या मन्त्रालय र आवश्यकता अनुसार अन्य निकायमा समेत पेश गर्नुपर्ने ।

19. FURTHER REFERENCES AND PROTOCOLS

For Acute dental problems:

http://www.sdcep.org.uk/published-guidance/acute-dental-problems-covid-19/

For dental radiography:

https://www.rcseng.ac.uk/-/media/files/rcs/fds/guidelines/dental-radiography-covid19.pdf

For oral medicine:

https://www.rcseng.ac.uk/-/media/files/rcs/fds/guidelines/oral-medicine-covid19.pdf

For oral surgery:

https://www.rcseng.ac.uk/-/media/files/rcs/fds/guidelines/oral-surgery-covid19.pdf

For orthodontics:

https://www.rcseng.ac.uk/-/media/files/rcs/fds/guidelines/orthodontics-covid19.pdf

For pediatric dentistry:

https://www.rcseng.ac.uk/-/media/files/rcs/fds/guidelines/paediatric-dentistry-covid19.pdf

For restorative dentistry:

https://www.rcseng.ac.uk/-/media/files/rcs/fds/guidelines/recommendations-for-restorative-dentistry-covid19.pdf

For special care dentistry:

https://www.rcseng.ac.uk/-/media/files/rcs/fds/guidelines/special-care-dentistry-covid19.pdf

19. REFERENCES

1. PROTOCOL – COVID 19. Indian Dental Association. 20/04/2020
2. World Health Organization. 2016. Decontamination and reprocessing of medical devices for health-care facilities. World Health OrganizationRetrieved. from : https://www.who.int/infectionprevention/publications/decontamination/en/
3. World Health Organization: Decontamination and reprocessing of medical devices for healthcare facilities. Geneva: World HealthOrganization; 2016.
4. WHO coronavirus (COVID-19) technical guidance documents: https://www.who.int/emergencies/diseases/novel-coronavirus- 2019/technical-guidance
5. WHO Coronavirus InfectionPrevention and Control (IPC) for COVID-19 Virus: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control
6. https://www.who.int/infection-prevention/publications/en/
7. WHO Coronavirus Questions andAnswers:https://www.who.int/news-room/q-a-detail/q-a-coronaviruses
8. Eggers, M.,Koburger-Janssen, T.Eickmann,, M., Zorn, J., 2018. In vitro bactericidal and virucidal efficacy of povidone-iodine gargle/mouthwash against respiratory and oral tract pathogens. Infect. DisTher.. 7, 249–259. https://doi.org/10.1007/s40121-018-0200-7.
9. COVID How to put on and remove PPE for COVID-19 Droplet/contact precautions
10. https://openwho.org/courses/IPC-PPE-ENCOVID AGP: How to put on and remove PPE for COVID-19 Airborne/contact precautions for aerosol generating procedures
11. https://openwho.org/courses/IPC-PPE-EN/items/6o69URMIg5sManZMkdaMQDHow to guide: poster version
12. https://openwho.org/courses/IPC-PPE-EN/items/3aIpyT8H8qa0pj1ldPtzKX
13. The First Affiliated Hospital, Zhejiang University School of Medicine. Handbook of COVID-19 Prevention and Treatment. 2020.
14. WHO. Water, sanitation, hygiene, and waste management for the COVID-19 virus (interim guidance) 19 March, 2020
15. CDC. Return to Work Criteria for HCP with Confirmed or Suspected COVID-19. Accessed March 29, 2020. https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html
16. Government of Nepal Ministry of Health and PopulationHealth. Care Waste Management Guideline. 2014.
17. Nepal Medical Council COVID-19 Ethics Guidelines, 2076Chaitra.
18. WHO. Infection Prevention and Control for the safe management of a dead body in the context of COVID-19. March 24, 2020
19. Alharbi, A. et al., Guidelines for dental care provision during the COVID-19 pandemic. Saudi Dental Journal (2020), https://doi.org/10.1016/j.sdentj.2020.04.001
20. Meng L, Hua F, Bian Z. Coronavirus Disease 2019COVID(-19): Emerging and Future Challenges for Dental and Oral Medicine [published online ahead of print, 2020 Mar 12]. J Dent Res.2020;22034520914246. doi:10.1177/0022034520914246
21. Li ZY, Meng LY. 2020. Prevention andcontrol of new coronavirus infection in department of stomatology. ChinStomatolJ[epubahead of print 14 Feb 2020] in press. doi:10.3760/cma.j.issn.1002-0098.2020.0001.
22. https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html
23. American Nurses Association, 'Coronavirus Disease (COVID-19)', American Nurses Credentialing Center, March 2020, 2020, 1–7 https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/

24. Guo, Yan-Rong, Qing-Dong Cao,Zhong-Si Hong, Yuan-Yang Tan,Shou-Deng Chen, Hong-Jun Jin, and others, 'The Origin, Transmission and Clinical Therapies on Coronavirus Disease 2019 (COVID-19) Outbreak - an Update on the Status.', Military Medical Research, 7.1 (2020), 11 https://doi.org/10.1186/s40779-020-00240-0
25. Hua, ChengGe,- Zhi-Qing Liu, Qing Wang,Zheng Yang, Qing-HongXu, and Jing Zhang, '[Strategy of dental clinics to cope with the epidemic period of infectious diseases based on the experience of corona virus disease outbreHuak]xi.',kou qiang yi xue za zhi = Huaxi kouqiangyixue zazhi = West China journalof stomatology, 38.2 (2020), 117–21 https://doi.org/10.7518/hxkq.2020.02.001
26. NHS Education for Scotland, 'Management of Acute Dental Problems', Scottish Dental Clinical Effectiveness Program, March, 2020, 22–23 http://www.sdcep.org.uk/published-guidance/acute-dental-problems-covid-19/
27. Nicola, Maria,Niamh O'Neill, Catrin Sohrabi, Mehdi Khan, Maliha Agha, andRiaz Agha, 'Evidence Based Management Guideline for the COVID-19 Pandemic - Review Article', International Journal of Surgery (London, England), 2020, S1743-9191(20)30284-3 https://doi.org/10.1016/j.ijsu.2020.04.001
28. PROTOCOL – COVID 19. Indian Dental Association. 20/04/2020
29. World Health Organization. 2016. Decontaminationand reprocessing of medical devices for health-care facilities. World Health Organization. Retrieved from : https://www.who.int/infectionprevention/publications/decontamination/en/
30. World Health Organization: Decontamination and reprocessingofmedical devices for healthcare facilitiesGenveva:. World Health Organization; 2016.
31. WHO coronavirus (COVID-19) technical guidance documents: https://www.who.int/emergencies/diseases/novel-coronavirus- 2019/technical-guidance
32. WHO Coronavirus Infection Prevention and Control (IPC) for COVID-19 Virus: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control
33. https://www.who.int/infection-prevention/publications/en/
34. WHO Coronavirus Questions andAnswers:https://www.who.int/news-room/q-a-detail/q-a-coronaviruses
35. Eggers, M.Koburger,-Janssen, TEickmann,., M., Zorn, J., 2018. In vitro bactericidal and virucidal efficacy of povidone-iodine gargle/mouthwash against respiratory and oral tract pathogens. Infect. DisTher.. 7, 249–259. https://doi.org/10.1007/s40121-018-0200-7.
36. COVID Howto put on and remove PPE for COVID-19 Droplet/contact precautions
37. https://openwho.org/courses/IPC-PPE-ENCOVID AGP: How to put on and remove PPE for COVID-19 Airborne/contact precautions for aerosol generating procedures
38. https://openwho.org/courses/IPC-PPE-EN/items/6o69URMIg5sManZMkdaMQDHow to guide: poster version
39. https://openwho.org/courses/IPC-PPE-EN/items/3aIpyT8H8qa0pj1ldPtzKX
40. The First Affiliated Hospital, Zhejiang University School of Medicine. Handbook of COVID-19 Prevention and Treatment. 2020.
41. WHO. Water, sanitation, hygiene, and waste management forCOVIDthe-19 virus (interim guidance) 19 March, 2020
42. CDC. Return to Work Criteria for HCP with Confirmed or Suspected COVID-19. Accessed March 29, 2020https://www..cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html
43. Government of Nepal Ministry of Health and Population. Health Care Waste Management Guideline. 2014.
44. Nepal Medical Council COVID-19Ethics Guidelines, 2076Chaitra.

45. WHO. Infection Prevention and Control for thefe samanagement of a dead body in the context of COVID-19. March 24, 2020
46. Alharbi, A. et al., Guidelines for dental care provision during the COVID-19 pandemic. Saudi Dental Journal (2**0**2), https://doi.org/10.1016/j.sdentj.2020.04.001
47. Meng L, Hua F, Bian Z. Coronavirus Disease 2019 (COVID-19): Emerging and Future Challenges for Dental and Oral Medicine [published online ahead of print, 2020 Mar 12]. J DentRes.2020;22034520914246. doi:10.1177/0022034520914246
48. Li ZY, Meng LY. 2020. Prevention and control of new coronavirus infection in department of stomatology. ChinStomatolJ[epubahead of print 14 Feb 2020] in press. doi:10.3760/cma.j.issn.1002-0098.2020.0001.
49. https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html
50. American Nurses Association, 'Coronavirus Disease (COVID-19)', American Nurses Credentialing Center, March 2020, 2020, 1–7 https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/
51. Guo, Yan-Rong, Qing-Dong Cao,Zhong-Si Hong, Yuan-Yang Tan,Shou-Deng Chen, Hong-Jun Jin, and others, 'The Origin, Transmission and Clinical Therapies on Coronavirus Disease 2019 (COVID-19) Outbreak - an Update on the Status.', Military Medical Research, 7.1 (2020), 11 https://doi.org/10.1186/s40779-020-00240-0
52. Hua, ChengGe,- Zhi-Qing Liu, Qing Wang,Zheng Yang, Qing-HongXu, and Jing Zhang, '[Strategy of dental clinics to cope with the epidemic period of infectious diseases based on the experience of corona virus disease outbreHuak]xi.',kou qiang yi xue za zhi = Huaxi kouqiangyixue zazhi = West China journal of stomatology, 38.2 (2020), 117–21 https://doi.org/10.7518/hxkq.2020.02.001
53. NHS Education for Scotland, 'Management of Acute Dental Problems', Scottish Dental Clinical Effectiveness Program, March, 2020, 22–23 http://www.sdcep.org.uk/published-guidance/acute-dental-problems-covid-19/
54. Nicola, Maria,Niamh O'Neill, Catrin Sohrabi, Mehdi Khan, Maliha Agha, andRiaz Agha, 'Evidence Based Management Guideline for the COVID-19 Pandemic - Review Article', International Journal ofSurgery (London, England), 2020, S1743-9191(20)30284-3 https://doi.org/10.1016/j.ijsu.2020.04.001

20. ANNEXURES

COVID-19 Pandemic Emergency Dental Treatment Consent Form

Patient name: _____

I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptomsand still be contagious.

I understand that dental procedures create water spray which is one way that the novel coronavirus can spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit theelnovcoronavirus. _____ (Initial)

I understand that due to the frequency of visits of other dental patients, the characteristics of the novel coronavirus, and the characteristics of dental procedures, that I have an elevated risk of contracting the novel coronavirus simply by being in a dental office.
(Initial)

I have been made aware of the Nepal Dental Association and College guidelines that under the current pandemic all non-emergentdental care is not allowed. Dental visits should be limited to emergency dental treatment which includes treatment of oral-facial trauma, significant infection, prolonged bleeding, pain which cannot be managed by over the counter medications, or management of known/high risk malignancy. _____ (Initial)

I confirm I am seeking treatment for a condition that meets these criteria. _____ (Initial) I confirm that I am not presenting any of the following symptoms of COVID-19

- Fever> 38°C
- Cough
- Sore Throat
- Shortness of Breath
- Difficulty Breathing
- Flu-like symptoms
- Runny Nose

I confirm that I am not in a high risk category, including: diabetes, cardiovascular disease, hypertension, lung diseases including moderate to severe asthma, being immunocompromised, having active malignancy, or over age 65. _____

OR

I fall into the following high risk category (_____) and my dentist and I have discussed the risks,and I agree to proceed with treatment. _____ (Initial)

Date:
I confirm that I am not currently positive for the novel coronavirus. _____ (Initial)

I confirm that I am not waiting for the results of a laboratory test for the novel coronavirus. _____ (Initial)

I verify that I have not returned to Nepal from any country outside palofNewhether by car, air, bus or train in the past 21 days. _____ (Initial)

I understand that any travel from any country outside of Nepal, including travel by car, air, bus or train, significantly increases my risk of contracti**n**gd transmitting the novel coronavirus. Government of Nepal, Ministry of Health require self-isolation for 14 days from the date a person has returned to Nepal. _____ (Initial)

I understand that the Nepal Dental Association/ Nepal medical council has asked individuals to maintain physical distancing of at leastmetres2(6 feet) and it is not possible to maintain this distance and receive dental treatment. _____ (Initial)

I verify that I have not been identified as a contact of someone who has tested positive for novel coronavirus or been asked to self-isolate by MOHGoN,- the Communicable Disease Control or any other governmental health agency. _____ (Initial)

_____

_____

LIST of DENTAL TREATMENT

I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have the above listed emergency dental treatment completed during the COVID-19 pandemic.

_____

Signature of patient

Printed Name_____ Date_____

COVID-19 Pandemic Support Staff Daily Consent Form

Staff member: _____

I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus virus has a long incubation period during whichcarriers of the virus may not show symptoms and still be contagious.

I understand that certain dental procedures create aerosols which are one way that the novel coronavirus can spread. The ultra-fine naturetheofaerosol can linger in the air for minutes to sometimes hours, which can transmit the novel coronavirus.

I understand that due to the frequency of visits of other staff, dentists and dental patients, the characteristics of the novel coronavirus, andthe characteristics of dental procedures, that I have an elevated risk of contracting the novel coronavirus simply by being in a dental office. _____ (Initial)

I have been made aware of the Nepal dental association and Nepal medical Council Guidelines that under the current pandemic all non-emergent dental notcareallowedis. Dental visits should be limited to the treatment of emergency patients only. I confirm that I have read and understand the Guidelines on Emergency Treatment. _____ (Initial)

I confirm that I am not presenting any Health Services:

- Fever > 38°C
- Cough
- Sore Throat
- Shortness of Breath
- Difficulty Breathing
- Flu-like symptoms
- Runny Nose

of the following symptoms of COVID-19

I confirm that I have considered if I am in highiskr category (factors include; diabetes, cardiovascular disease, hypertension, lung diseases including moderate to severe asthma, being immunocompromised, having active malignancy, age >65) and have chosen to work. _____ (Initial)

I confirm that I am not currently positive for the novel coronavirus. (Initial)
I confirm that I am not waiting for results of a laboratory test for the novel coronavirus. _____ (Initial)

I verify that I have not returned to Alberta from any country outside of Nepal whether by car, air, bus or train in the past 21 days. _____ (Initial)

I understand that any travel from any country outside of Nepal, including travel by car, air, bus or train, significantly increases my risk of contracting and transmitting the novel coronavirus. MOHGoN- require self- isolation for 14 days from the date a person has returned to Nepal. _____ (Initial)

I understand that MOHGoN- and Nepal Medical Council has asked individuals to maintain physical distancing of at leastmetres2(6 feet) and it is not possible to maintainthis distance and provide or assist with dental treatment._____ (Initial)

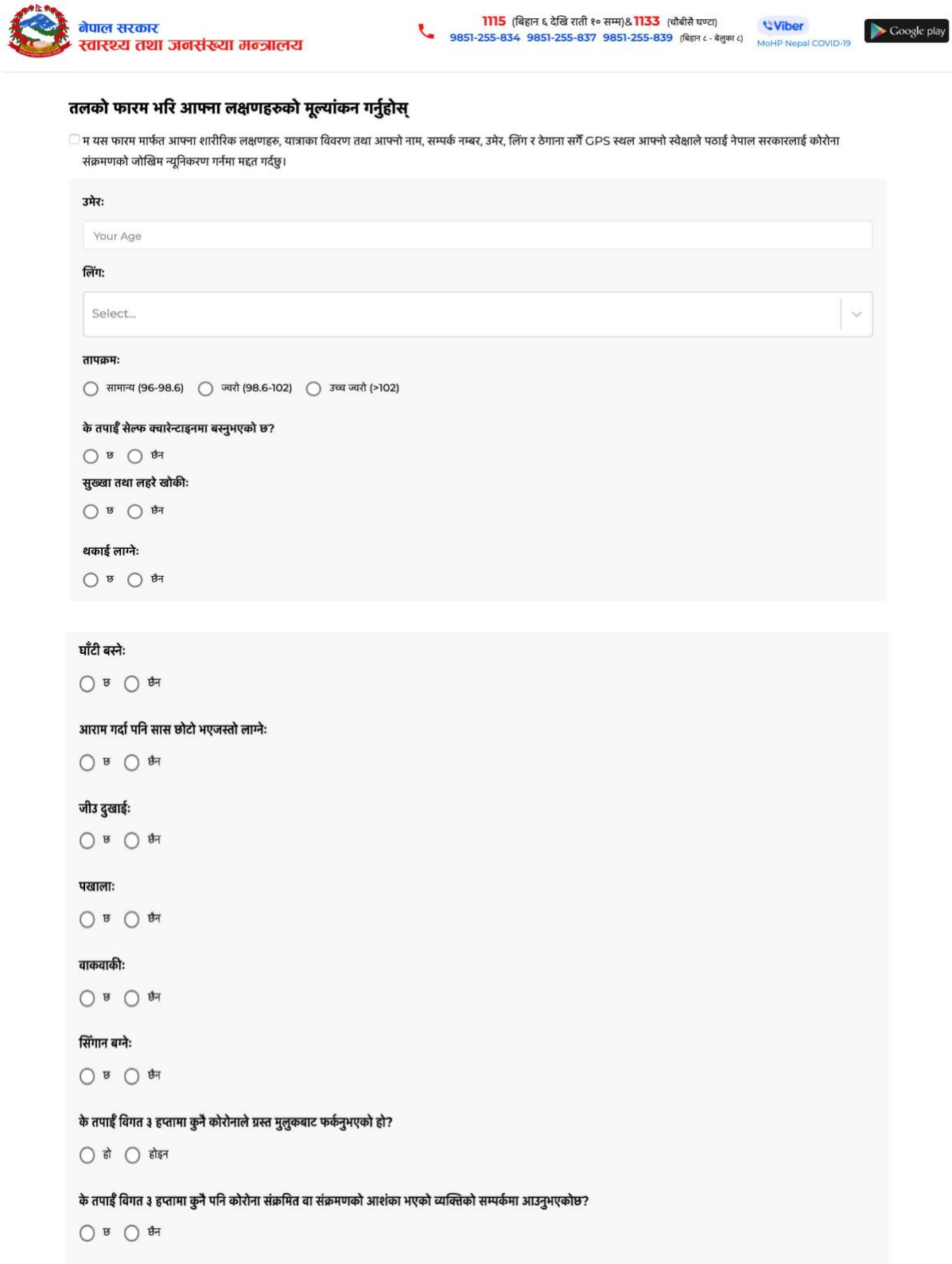
I verify that I have not been identified as a close contact of a confirmed case of someone who has tested positive for novel coronavirus and/or been asked to self-isolateMOHby-GoN or any other governmental health agency. _____ (Initial)

I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to work on emergency dental treatment patients for _____, 2020 (insert date) during the COVID-19 pandemic. I understand that I may revoke this consent to provide dental treatment or assist thewithprovision of dental treatment at any time during the day. This means that I may change my mind.

Signature_____Date_____Printed Name_____Date_____

Date :

Patient screening form



Patient Screening Form

Patient Name:

	PRE-APPOINTMENT	IN-OFFICE
	Date:	Date:
Do you/they have fever or have you/they felt hot or feverish recently (14-21 days)?	☐ Yes ☐ No	☐ Yes ☐ No
Are you/they having shortness of breath or other difficulties breathing?	☐ Yes ☐ No	☐ Yes ☐ No
Do you/they have a cough?	☐ Yes ☐ No	☐ Yes ☐ No
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	☐ Yes ☐ No	☐ Yes ☐ No
Have you/they experienced recent loss of taste or smell?	☐ Yes ☐ No	☐ Yes ☐ No
Are you/they in contact with any confirmed COVID-19 positive patients? *Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.*	☐ Yes ☐ No	☐ Yes ☐ No
Is your/their age over 60?	☐ Yes ☐ No	☐ Yes ☐ No
Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	☐ Yes ☐ No	☐ Yes ☐ No
Have you/they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)	☐ Yes ☐ No	☐ Yes ☐ No

Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.

Daily screening log for staff

DATE	NAME	TEMPERATURE <100.4°F	COUGH	NEW SHORTNESS OF BREATH	ASKED TO GO HOME (Note Time Dismissed)
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes, Time: ☐ No

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