



J&K DENTAL COUNCIL



**C/O PRINCIPAL OFFICE,
INDIRA GANDHI GOVT. DENTAL COLLEGE,
REHARI CHUNGI, SARWAL ROAD JAMMU TAWI, 180005.**

PHONE NO. 09419143373 FAX: 0191-2565588

EMAIL: JKSDC@REDIFFMAIL.COM

NO: J&KDC/186/2020

Dated: 30.04.2020

Subject: Guidelines for operation of Dental Clinics in view of COVID-19 Pandemic.

The J&K Dental Council is the Regulatory and Registering Authority for Dental Clinics in Union Territory of J&K has decided that DCI guidelines issued under endorsement No.: DE-22-BDS (Academics)-2020, dated 16-04-2020 to be adopted by dentist for operation of Dental Clinics with respect to COVID -19. These guidelines are in coherence to the direction issued by Hon'ble Supreme Court of India in writ petition (CIVIL) Dairy No(s). 10795/2020.

**(Copy of the Hon'ble Supreme Court judgement and DCI Guidelines enclosed
for ready reference)**

Sd/-

**Dr. Ritesh Gupta
Registrar
J&K Dental Council**



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/

Dated the 16th April, 2020

ADVISORY

COVID-19 GUIDELINES FOR DENTAL COLLEGES, DENTAL STUDENTS AND DENTAL PROFESSIONALS BY DENTAL COUNCIL OF INDIA.

The mission of the Dental Council of India (DCI) is to ensure quality dental education and standard of dental care across the country. The Council is hereby issuing the following guidelines on COVID-19 for dental colleges, dental students and dental professionals.

ACADEMIC ADVISORY FOR UG, INTERNS AND POST GRADUATES

UNDER GRADUATES AND INTERNS

1. All Dental Colleges should abide to current situation and work from home, which is based on various Office orders or notifications of the Government of India, State Governments, Statutory Bodies and District administration. Professional Educational Institutions have been asked to close completely or asked to suspend classes and offer teaching learning using technology and working from home.
2. Similarly several guidelines have been given by the Government of India and its autonomous bodies to use various learning resources, technology platforms and innovative teaching approaches. The students have been advised to study from home, maintain social distancing and restrict their movements from their present place of stay.
3. The Principals / Heads of the Institutions of Dental Colleges are hereby advised to take essential steps and put up the necessary schedule and structure in place so that the faculty are able to engage in online teaching to the dental students and complete the curriculum through remote teaching for as long as the Institutions have been asked to remain closed by the Government and the District authorities in different parts of the country.
4. The Principals / Heads of the Institutions of Dental Colleges may share the learning resources in advance through their website, email to students and other learning apps / platforms that are available in this regard. The Institutions / Faculty may document the details of classes taken, the students engaged, the percentage of attendance, assignments given and their assessment.
5. The Principals / Heads of the Institutions of Dental Colleges may develop standardised video demonstration materials using various virtual platforms for all dental students.
6. The examining authorities are also advised to take cognizance of the same towards fulfilment of academic requirements for allowing a student to take up examination.
7. The Principals / Heads of the Institutions of Dental Colleges may direct all departments to maintain attendance and record of assignments given to the students.
8. Dental Colleges should encourage students to engage in self-learning, make full use of online resources and learn about the latest academic developments.
9. The Principals / Heads of the Institutions of Dental Colleges should facilitate and provide access to E-library facility to all dental students.
10. During this period, it is easy for students to be affected by disease associated fear and pressure, dental colleges should be prepared to provide professional psychological services to those who need them.

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11. The Principals and the Head of the Institutions are required to submit the details of the efforts taken by them in extending teaching modules which have been utilised during this time in an objective manner.

INTERNS RELATED POSTINGS

1. All Interns may not have the opportunity to complete their compulsory rotary one year internship in compliance with regulations due to the prevailing health emergency conditions and decisions may be taken in accordance to various Office orders or notifications of the Government of India, State Governments, Statutory Bodies and District administration.
2. This recommendation is proposed with the objective of letting the passing out graduates to pursue career ambitions without loss of time and delay in obtaining the academic qualifications.
3. During this period, all interns are assessed for disease associated fear and pressure. Dental colleges should be prepared to provide psychological services to those who need them.
4. Dental Colleges should encourage Interns to engage in self-learning, make full use of online resources like webinars and learn about the latest academic developments.

POST GRADUATE STUDENTS

ACADEMIC ACTIVITIES:

1. All routine academic activities like Seminars, Journal Clubs and other discussions may be carried out using various learning resources, technology platforms and innovative teaching approaches.
2. The Department may document the details of academic activities conducted, the students engaged, the percentage of attendance and assignments given and their assessment.

CLINICAL ACTIVITIES

1. All routine clinical activities of all specialities are deferred and for emergency dental care, follow the guidelines mentioned below.
2. Reappoint previous ongoing patients till further notice and keep a record of the same.

THESIS RELATED WORKS:

Keeping in view that the students who are registered for M.D.S. Course and are in the process of conducting their thesis and may not, be able to submit in time or able to appear for examination before the examiner in person in the present circumstances the Dental Council of India recommends that-

1. The student and the Guide may determine whether the work done for the thesis is in compliance with regulatory requirements and complete the follow up as remotely as possible. Any clinical follow up should be deferred and organised at a more appropriate time. The same should be noted and mentioned in all records.
2. The submission of thesis will be deferred in accordance to the existing situation and the local examining university or authority will decide upon and provide necessary timelines.

All post graduates should be encouraged to work and complete their academic records, documentation, library dissertation, term papers and publications during this time with the help of faculties.

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INSTRUCTIONS FOR DENTAL COLLEGES: GENERAL AND COMPREHENSIVE CLINICAL CARE

Dental Colleges should ensure that patients are managed according to the dental needs; which could be from Emergency dental care to elective dental care.

Every Dental College should have a pre-screening triage area and comprehensive dental clinic functional classified to attend to all patients. Further the Comprehensive Clinic should be classified into further sections to address specific dental problems for better infection control management and **avoid** cross contamination.

All Dental Colleges should provide general as well as specific information to all visiting the Dental Colleges.

GENERAL INFORMATION:

1. Appeal to non-emergency patients to postpone their treatment plans to avoid cross-infection caused by clustering in Dental Colleges.
2. In case of any dental emergency; patients should wear masks for protection and minimize the number of accompanying persons as much as possible.
3. Patients should be encouraged to take appointments or register online or telephonically in all out-patient clinics to reduce gathering of people;
4. Enhance oral health education through the different media like internet, newspapers and social media.
5. The body temperature of all employees must be taken before entering the workplace, and it is forbidden to work with illness.
6. Strengthen training of faculty and staff in infection control, and equip dental teams with sufficient protective equipment which strictly complies with the protection requirements.
7. Display of posters of hand hygiene, infection control and other preventive strategies should be displayed at different and important locations of the dental colleges.
8. In wake of COVID-19 outbreak going on in the country, the Dental Colleges shall not hold any workshops, conferences, dental screening camps etc.

SPECIFIC INFORMATION:

1. Upon arrival, all patients in Pre-screening area, will be screened for signs and symptoms of COVID-19 and current dental complain.
2. Every patient who upon screening further classified as Emergency or Non-emergency. Emergency dental problems can be into severe dental pain, trauma, swelling, excessive bleeding and any other condition that is deemed appropriate.
3. Develop a standard reporting system with
 - a. Patient contact details,
 - b. History of fever, cold/cough and
 - c. Shortness of breath etc to report the same as per standard Government guidelines.
4. Dental Colleges should have a protocol for referral for patients and employees to fever clinic either in the attached Medical College or Affiliated Hospital.
5. Patient classified as emergency and non-emergency/elective procedures have to be managed accordingly.
6. Medical management of patients should be promoted until dental procedures are unwarranted.

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PRE-VIEWING AND TRIAGE AREA

1. Pre-viewing and triage dental team should wear adequate personal protective equipment. (Table No:1)
2. Prepare thermometers/thermal scanners (forehead or ear thermometer) for temperature measurement, and ask patients regarding their epidemiological contact history, fever, and respiratory symptoms.
3. 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.
4. Maintain at least a 1 metre (3 feet) distance between yourself and anyone who is coughing or sneezing.
5. Patients with body temperature $\geq 37.3^{\circ}\text{C}$, with symptoms of a cough, runny nose, fatigue, etc may be referred to fever clinic and follow protocol.
6. A history of travel or local contact with somebody who has a fever may be identified, referred to fever clinic and follow protocol.
7. The patient's living or working area has confirmed cluster cases of SARS-CoV-2 infection may be identified, referred to fever clinic and follow protocol.

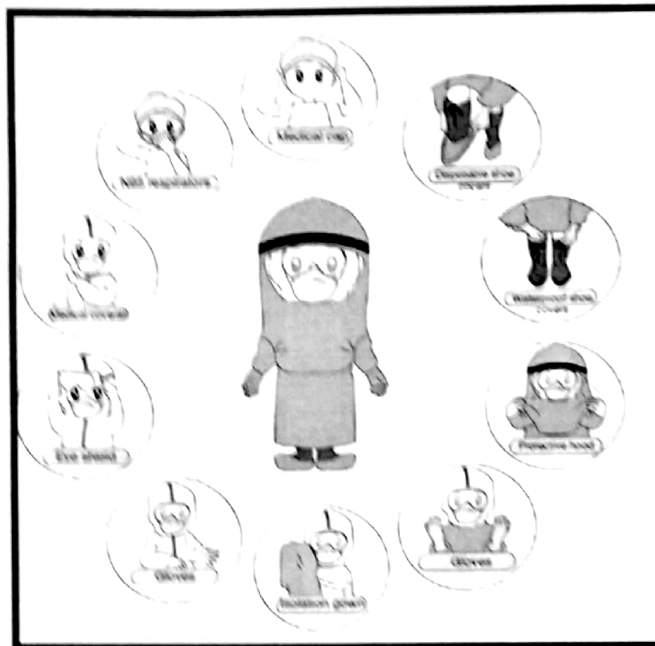
COMPREHENSIVE DENTAL CLINIC: GENERAL CONSIDERATIONS AND DENTAL TREATMENT CONSIDERATION

1. All emergency dental treatment should be carried out after detailed dental and medical history of the patient.
2. All members of the dental team should be trained and minimum exposure of members should be planned.
3. All members of the dental team should follow a rotatory roster to avoid unnecessary exposure.
4. All dental equipments should be in proper condition along with adequate power back up for managing dental procedures.
5. **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

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- c. PPE should be judiciously used and appropriately disposed as per protocol.

List of Personal



Protective Equipment

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The goal of PPE is to keep you safe from the virus in your environment, such as in a room with a patient who is infected with the virus. The sequence for putting on your PPE should be as follows:

1 GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten at back of neck and waist



2 MASK OR RESPIRATOR

- Secure ties or plastic 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

- Remove hands away from face
- Clean and disinfect hands
- Change gloves when torn or heavily contaminated
- Practice hand hygiene



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are 3 ways to safely remove PPE without contaminating your clothing, skin, or the environment with potentially infectious materials. Here is one example: Remove all PPE before exiting the patient room except a respirator. 1. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1 GLOVES

- Grasp at wrist or elbow and remove
- If your hands get contaminated during glove removal, immediately reach into back of one or another gloved hand
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off both gloves
- Roll removed gloves to ground
- With fingers of ungloved hand under remaining glove at wrist and peel off removed glove from first glove
- Discard gloves in a waste container



2 GOGGLES OR FACE SHIELD

- Grasp at temples or headbands and remove
- If your hands get contaminated during removal, immediately reach into back of one or another gloved hand
- Remove goggles or face shield from the back by lifting hand band or ear pieces
- If the face is removable, place in designated receptacle for appropriate cleaning, otherwise discard in a waste container



3 GOWN

- Grasp at wrist or elbow and remove
- If your hands get contaminated during glove removal, immediately reach into back of one or another gloved hand
- Grasp at wrist or elbow and remove
- Roll removed gown to ground
- With fingers of ungloved hand under remaining glove at wrist and peel off removed glove from first glove
- Discard gloves in a waste container



4 MASK OR RESPIRATOR

- Grasp at temples or headbands and remove
- If your hands get contaminated during mask/respirator removal, immediately reach into back of one or another gloved hand
- Grasp at temples or headbands and remove
- Roll removed mask/respirator to ground
- With fingers of ungloved hand under remaining glove at wrist and peel off removed glove from first glove
- Discard gloves in a waste container



5 WASH HANDS OR USE AN ALCOHOL BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



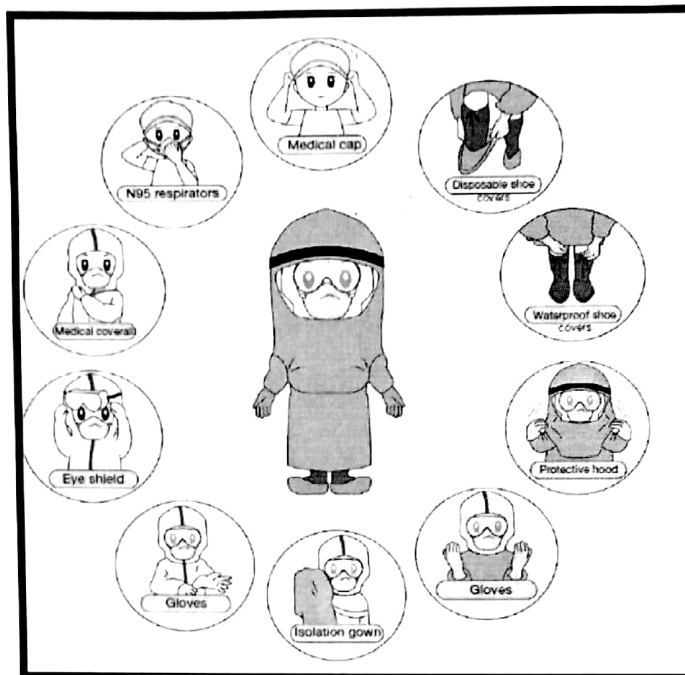
PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



Contd...6/-

- c. PPE should be judiciously used and appropriately disposed as per protocol.

List of Personal



Protective Equipment

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



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated
- If your hands get contaminated during goggles or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting hand band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing; otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

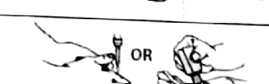


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp by ties or wires of the mask/respirator, then the ears at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



Contd...6/-

SEQUENCE FOR PUTTING ON AND REMOVAL OF PERSONAL PROTECTIVE EQUIPMENT (PPE)
Source: Centre for Disease Control and Prevention

- 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)
6. All instruments should be mandatorily disinfected, cleaned, packaged in colour changing sterilization autoclave pouches and proper storage to be done.
7. 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 authorised biomedical disposal agency by the State Pollution Control Board.

**DETAILED PLAN FOR USE OF PERSONAL PROTECTIVE EQUIPMENT
 IN DENTAL COLLEGES**

Personal Protective Equipment	Level 1	Triage Area	Level 2	Non-aerosol Generation area	Level 3	Aerosol Generation area
Overall for Dental Personnel	√	√	√	√	√	√
Medical/Surgical Cap	√	√	√	√	√	√
Surgical Mask	√	√	√			
N95 or High Level Respirators				√	√	√
Eye Shield		√	√	√	√	√
Surgical Gown		√	√	√	√	√
Surgical Gloves	√	√	√	√	√	√
Face shield			√	√	√	√
Disposable Shoe Cover			√	√	√	√

LEVEL 1: PRE-SCREENING AND TRIAGE AREA

LEVEL 2: NON-AEROSOL GENERATION PROCEDURES

LEVEL 3: AEROSOL GENERATION PROCEDURES

Source: Zhang. W, Jiang. X. Front Oral Maxillofac Med 2020;2:4 | <http://dx.doi.org/10.21037>

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DENTAL TREATMENT CONSIDERATIONS:

1. Carry out only emergency dental treatments in a single treatment room. Preferably designate separate clinical areas for Aerosol and Non-aerosol Control dental treatments.
2. Use 1.5% hydrogen peroxide or 0.2% povidine as a pre-procedural mouth rinse.
3. Wherever warranted, use extraoral dental radiographs such as panoramic radiographs as alternatives to intra oral radiographs during the outbreak of COVID-19, as the latter can stimulate saliva secretion and coughing.
4. Reduce aerosol production as much as possible, as the transmission of COVID-19 occurs via droplets or aerosols, and dentists should prioritize the use of hand instrumentation.
5. Dental teams should use rubber dams if an aerosol-producing procedure is being performed to help minimize aerosol or spatter.
6. Dentist may use a 4-handed technique for controlling infection.
7. Most of the Dental care should be performed with the use of high-volume suction or saliva ejectors mainly aerosol based procedures.
8. Dental care teams should "minimize the use of a 3-in-1 syringe as this may create droplets due to forcible ejection of water/air."
9. Restrict the number of para-dental staff and patients who enter the clinical as well as waiting area of the clinics.
10. Pre-operative and Post operative Infection Control protocols should be followed and regular fumigation of clinics should be carried out.



Source: Biomedical Waste Segregation, BMW Rules, 2016, Punjab Pollution Control Board.

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COVID-19 CLINICAL GUIDELINES FOR DENTAL STUDENTS AND INTERNS

1. Understand the basics of infection control and apply them at all times of clinical care.
2. Take proper patient history with regard to fever, cough and travel prior to initiation of all dental procedures.
3. Report any patient with positive history for further medical attention
4. Disinfect your dental chair, use sterile instruments and maintain hand hygiene at all times as per Institutional protocol.
5. Wash your hand with soap or use hand sanitizers frequently as per WHO guidelines.
6. If one has signs of fever, cough and difficulty in breathing, inform your concerned faculty and seek medical attention and well in advance.
7. In case you, yourself are having a history of Fever, Cough and difficulty in breathing visit your doctor and report the same to your faculty.
8. Maintain proper records and update regularly.
9. Don't Panic rather spread awareness among communities.
10. Interns should complement all dental services in the Institute and assist in all activities after adequate training.
 - a. Recording detailed Case history and Identification of vulnerable age groups
 - b. Participate in capacity building and training for basic COVID-19.

COVID-19 CLINICAL GUIDELINES FOR DENTAL PROFESSIONALS

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.

1. 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.
2. Classify patients into emergency and non-emergency dental care and plan well before initiating any dental procedures.
3. Primary care dental triage should focus on the provision of the three As:
 - a. Advice;
 - b. Analgesia;
 - c. Antimicrobials (where appropriate).
4. Patients should be advised that elective treatment options are severely restricted and to call back in 48-72 hours if their dental symptoms have not resolved.
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. Staff and doctors should avoid touching their face specially the ear, nose and mouth.
7. Every patient who enters and exits the clinic should be provided hand sanitizers.
8. The waiting room/clinic including the handles and doors as well as dental chairs and other surfaces should be wiped several times in a day with alcohol based disinfectant.
9. Thorough Medical, travel and contact history of each Patient should be recorded before any clinical procedures.
10. Patients should be scrubbed with Iso Propyl alcohol extra orally prior to any dental procedure.

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11. 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.
12. Wearing of N95, suitable head caps, protective eye wear, face shield, disposable gowns and shoe cover are recommended during all aerosol and non-aerosol based dental procedures, if carried out.
13. Preoperative antimicrobial mouth rinse could reduce the number of microbes in the oral cavity.
14. Pre-operative and Post operative Infection Control protocols should be followed.
15. Rubber dams and high-volume saliva ejectors can help minimize aerosol or spatter in dental procedures.
16. Scheduling of patients is very essential; hence avoid interaction of vulnerable patients (medically compromised or elderly patients) with general patients.
17. Fumigation of clinics periodically is advised.
18. Clean and disinfect public areas frequently, including door handles, chairs and bathrooms.
19. All dental clinics should display health awareness posters regarding COVID-19, Hand and Respiratory hygiene at prominent locations of the clinical area.
20. Alcohol based Hand Rubs should be made accessible in common clinical areas.
21. Avoid crowding of patients and schedule them based on treatment types (emergency or non-emergency)
22. 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.
23. 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.
24. All patient details and records should be maintained properly and if need arises should be shared with local health authorities or administration.
25. Be aware of the local health authority protocol or testing laboratories and report any patient with relevant history for further necessary medical care.

As per appeal of President, Dental Council of India wherever any opportunity arises, Dental Faculties, Dental Students and Dental Professionals should volunteer to contribute and serve in this national calling and march in unison with the Government to curb the menace of COVID-19.

REFERENCES:

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Contd... 10/-

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8. Wenjie Zhang, Xinquan Jiang Measures and suggestions for the prevention and control of the novel coronavirus in dental institutions. Front Oral Maxillofac Med 2020;2:4 | <http://dx.doi.org/10.21037>


(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 Principal/Dean of all the Dental Colleges in the country.
4. The Registrar of all the State Dental Council's/Dentists Registration Tribunal's in the country.
5. All the Registrars of the Universities to which any recognised dental college(s) is affiliated.

IN THE SUPREME COURT OF INDIA

CIVIL ORIGINAL JURISDICTION

WRIT PETITION (CIVIL) Diary No(s). 10795/2020

JERRYL BANAIT

Petitioner(s)

VERSUS

UNION OF INDIA & ANR.

Respondent(s)

WITH

W.P. (CIVIL) Diary No(s). 10830/2020

W.P. (CIVIL) Diary No.10852/2020

O R D E R

IA No.48242/2020 - FOR INTERVENTION/IMPLEADMENT

Heard Mr. Jaideep Gupta, learned senior counsel for the intervener. The application for intervention is allowed.

WRIT PETITION (CIVIL) Diary No(s). 10795/2020

The Court convened through Video Conferencing.

A medical professional has filed this writ petition under Article 32 of the Constitution of India as a Public Interest Litigation praying for various directions in reference to pandemic COVID-19.

The World Health Organisation (WHO) has declared COVID-19 as pandemic on 11.03.2020. According to WHO, Coronaviruses are a large family of viruses which can cause illness in humans, known to cause respiratory infections. People can expose themselves to COVID-19 from others who carry the virus. The disease can spread from person

to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. The droplets land on surfaces around the person and other people by touching these objects or surfaces can catch COVID-19. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets.

The Government of India, Ministry of Health and Family Welfare has taken various measures for Infection Prevention and Control in Healthcare facilities. The Coronavirus has already spread in about 200 countries of the World and is gradually spreading in our country-India.

To combat COVID-19 the first line of defence in battling such a pandemic is the Doctors and the medical staff who are the most vulnerable to fall prey to the virus, while protecting others from it. The World Health Organisation has issued guidelines on 27.02.2020 for rational use of personal protective equipment for coronavirus disease 2019 (COVID-19). The guidelines contained recommendations regarding type of personal protective equipment to be used in the context of COVID-19 for health care workers Doctors and others.

The Ministry of Health and Family Welfare, Directorate General of Health Services has issued guidelines dated 24.03.2020 on "Rational use of Personal Protective Equipment". The petitioner prays for issuing a direction to the respondent to ensure that guidelines issued by WHO and the guidelines dated 24.03.2020 issued by the Ministry of Health and Family Welfare be implemented and respondents be directed to ensure availability of appropriate

Personal Protective Equipments, including sterile medical/Nitrile gloves, starch apparels, medical masks, goggles, face shield, respirators (i.e. N-95 Respirator Mask or Triple Layer Medical Mask or equivalent), shoe covers, head covers and coveralls/gowns to all Health Workers including Doctors, Nurses, Ward Boys, other medical and paramedical professionals actively attending to, and treating patients suffering from COVID-19 in India, in Metro cities, Tier-2 and Tier-3 cities. A direction has also sought for providing security to Doctors and other paramedical professionals.

This Court on 01.04.2020 requested the learned Solicitor General to examine the petition and to place before the Court the position of the Union Government in regard to the issues which have been highlighted by the petitioner.

We have heard Mr. Mukul Rohtagi, learned senior counsel appearing for the petitioner as also Mr. Tushar Mehta, learned Solicitor General of India who appears for the respondent(s). He submits that the stand of the Union of India is not adversary to any of the relief claimed in the Writ Petition(s). He further submits that the Government of India is taking all necessary steps regarding providing Personal Protection Equipments (PPEs) and other necessities for the doctors. Steps have also been taken for procuring PPEs from the domestic manufacturers. He further submits that with regard to protection by police, security and police personnel to the hospitals and doctors, the Government will go an extra mile to augment the security as existing today. He further submits that appropriate security will be provided to all the Covid-19 hospitals and doctors. He further submits that the

apprehension of Mr. Rohtagi, learned Senior Counsel that the Government is going to deduct certain part of the salary from the Government doctors, to be utilized for procuring protective equipment is incorrect and no part of the salary of the Government doctors will be deducted.

Mr. Tushar Mehta also submits the appropriate instructions shall be issued by the Directorate General of Health Services to the private hospitals not to deduct any salary from the doctors working in the private hospitals and para-medical staff.

It is the first responsibility of the State to protect its citizens from the pandemic. The Ministry of Health and Family Welfare after coming to know the disease COVID-19 which was reported first in Wuhan City, Hubai province, China on 31.12.2019, issued guidelines dated 25.01.2020 for Infection Prevention and Control in Healthcare Facilities which, inter alia, prescribe procedures and practices to be adopted for infection prevention and control.

The Doctors and the medical staff who are the first line of defence of the country to combat with this pandemic have to be protected by providing Personal Protective Equipments as recommended by WHO on 27.02.2020. The Ministry of Health and Family Welfare has already issued necessary guidelines on Rational Use of Personal Protective Equipment which have been brought on the record as Annexure P-6 to the petition. As per Clause 5 of the Guidelines the Personal Protective Equipments are to be used based on the designed to safeguard of the healthcare workers. Para 5.1, 5.2, 5.2.1 and 5.2.2 which are relevant for the present purpose are

extracted below for ready reference:

5. Rational use of PPE

The PPEs are to be used based on the risk profile of the health care worker. The document describes the PPEs to be used in different settings.

Point of

5.1. Entry

S. No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Health Desk	Provide information to travellers	Low risk	Triple layer medical Mask Gloves	Minimum distance of one meter needs to be maintained.
2	Immigration counters, customs and airport security	Provide services to the passengers	Low risk	Triple layer medical Mask Gloves	Minimum distance of one meter needs to be maintained.
3	Temperature recording station	Record Temperature with hand held thermal recorder.	Low risk	Triple layer medical Mask Gloves	
4	Holding area/ Isolation facility of APHO/ PHO	Interview & Clinical examination by doctors/	Moderate Risk	N-95 masks Gloves	

		nurses			
5	Isolation facility of APHO	Clinical management (doctors, nurses)	Moderate Risk	N-95 masks Gloves	
		Attending to severely ill passenger	High risk	Full complement of PPE	When aerosol generating procedures are anticipated
5	Sanitary staff	Cleaning frequently touched surfaces/ Floor/ cleaning linen	Moderate risk	N-95 mask Gloves	
6	Administrative staff	Providing administrative support	No risk	No PPE	No contact with patients of COVID-19. They should not venture into areas where suspect COVID-19 cases are being managed.

5.2. Hospital Setting

5.2.1. Out Patient Department (Respiratory Clinic / Separate screening area)#

S. No	Setting	Activity	Risk	Recommended	Remarks
				PPE	
1	Triage area	Triaging patients Provide triple layer mask to patient.	Moderate risk	N 95 mask Gloves	Patients get masked.
2	Screening area help desk/ Registration counter	Provide information to patients	Moderate risk	N-95 mask Gloves	
3	Temperature recording station	Record temperature with hand held thermal recorder	Moderate Risk	N 95 mask Gloves	
4	Holding area/ waiting area	Nurses / paramedic interacting with patients	Moderate Risk	N 95 mask Gloves	Minimum distance of one meter needs to be maintained.
5	Doctors chamber	Clinical management (doctors, nurses)	Moderate Risk	N 95 mask Gloves	No aerosol generating procedures should be allowed.
6	Sanitary staff	Cleaning frequently touched surfaces/	Moderate risk	N-95 mask Gloves	

		Floor/ cleaning linen			
7	Visitors accompanyi ng young children and elderlies	Support in navigating various service areas	Low risk	Triple layer medical mask	No other visitors should be allowed to accompany patients in OPD settings. The visitors thus allowed should practice hand hygiene

All hospitals should identify a separate triage and holding area for patients with Influenza like illness. If there is no triage area / holding area for patients due to resource constraints, such hospitals will follow the above guidance for general OPD.

5.2.2. In-patient Services

S. No.	Setting	Activity	Risk	Recommended PPE	Remarks
1	Individual isolation rooms/ cohorted isolation rooms	Clinical management	Moderate risk	N 95 mask Gloves	Patient masked. Patients stable. No aerosol generating activity.
2	ICU/ Critical Care	Critical care Management	High risk	Full complement of PPE	Aerosol generating activities performed.
3	ICU /critical care	Dead body packing	High risk	Full complement of PPE	

4	ICU /critical care	Dead body transport to mortuary	Low Risk	Triple Layer medical mask Gloves	
5	Sanitation	Cleaning frequently touched surfaces/ floor/ changing linen	Moderate Risk	N-95 mask Gloves	
6	Other Non-COVID treatment areas of hospital	Attending to infectious and non-infectious patients	Risk as per assessed profile of patients	PPE as per hospital infection prevention control practices.	No possibility of exposure to COVID patients. They should not venture into COVID-19 treatment areas.
7	Caretaker accompanying the admitted patient	Taking care of the admitted patient	Low Risk	Triple layer medical mask	The caretaker thus allowed should practice hand hygiene, maintain a distance of 1 meter

The Ministry of Health and Family Welfare has already taken a decision with regard to Personal Protective Equipments for Doctors and medical staff. The said guidelines shall be implemented to protect the Doctors and medical staff who are exposed to coronavirus to the maximum, as they are supervising and treating coronavirus patients.

We may notice the aspect regarding security of Doctors and

medical staff. An incident which happened on 02.04.2020 in the city of Indore in the locality Tatpatti Bakhal where medical staff with Doctors had gone to screen certain persons regarding coronavirus, were attacked and stones were pelted by certain miscreants, needs to be specially noticed. Certain other incidents have also been reported from other parts of the country including an incident at Ghaziabad where certain patients misbehaved with medical staff, which was reported to the Police also. The petitioner has brought on record details of such incidents which took place in first week of April, 2020 in different parts of the country by I.A. No. 48249 of 2020.

The pandemic which is engulfing the entire country is a national calamity. In wake of calamity of such nature all citizens of the country have to act in a responsible manner to extend helping hand to the Government and medical staff to perform their duties to contain and combat the COVID-19. The incidents as noted above are bound to instill a sense of insecurity in Doctors and medical staff from whom it is expected by the society that they looking to the call of their duties will protect citizenry from disease of COVID-19. It is the duty of the State and the Police Administration to provide necessary security at all places where patients who have been diagnosed coronavirus positive or who have been quarantined are housed. The Police security be also provided to Doctors and medical staff when they visit places for screening the people to find out the symptoms of disease.

We, in view of the above, are satisfied that petitioner has made out a case for issuing following interim directions to the

respondents in this PIL:

- (1) The respondents as per guidelines dated 24.03.2020 of the Ministry of Health and Family Welfare are directed to ensure availability of appropriate Personal Protective Equipments, including sterile medical/Nitrile gloves, starch apparels, medical masks, goggles, face shield, respirators (i.e. N-95 Respirator Mask or Triple Layer Medical Mask or equivalent), shoe covers, head covers and coveralls/gowns to all Health Workers including Doctors, Nurses, Ward Boys, other medical and paramedical professionals actively attending to, and treating patients suffering from COVID-19 in India, in Metro cities, Tier-2 and Tier-3 cities.
- (2) The Government of India, respective States/Union Territories and respective Police authorities are directed to provide the necessary Police security to the Doctors and medical staff in Hospitals and places where patients who have been diagnosed COVID-19 or patients suspected of COVID-19 or those quarantined are housed. Necessary Police security be also extended to Doctors and other medical staff who visit places to conduct screening of people to find out symptoms of disease.
- (3) The State shall also take necessary action against those persons who obstruct and commit any offence in respect to performance of duties by Doctors, medical staff and

other Government Officials deputed to contain COVID-19.

- (4) The Government shall explore all alternatives including enabling and augmenting domestic production of protective clothing and gear to medical professional. This includes the exploring of alternative modes of production of such clothing (masks, suits, caps, gloves etc.) and permitting movement of raw materials. Further, the Government may also restrict export of such materials to augment inventory and domestic stock.

W.P. (CIVIL) Diary No(s). 10830/2020 & W.P. (CIVIL) Diary No.10852/2020

Tag with Diary No.10795/2020.

.....J.
[ASHOK BHUSHAN]

.....J.
[S. RAVINDRA BHAT]

NEW DELHI;
APRIL 08, 2020

ITEM NO.5+9+10

VIRTUAL COURT

SECTION PIL-W

S U P R E M E C O U R T O F I N D I A
RECORD OF PROCEEDINGS

Item No.5

WRIT PETITION (CIVIL) Diary No(s). 10795/2020

JERRYL BANAIT

Petitioner(s)

VERSUS

UNION OF INDIA & ANR.

Respondent(s)

IA No. 48243/2020 - CLARIFICATION/DIRECTION

IA No. 48242/2020 - INTERVENTION/IMPLEADMENT

IA No. 48249/2020 - PERMISSION TO FILE ADDITIONAL
DOCUMENTS/FACTS/ANNEXURES)

Item No.9

W.P. (CIVIL) Diary No(s). 10830/2020

TO BE TAKEN UP ALONGWITH ITEM NO. 5 I.E. D.NO. 10795/2020

Item No.10

W.P. (CIVIL) Diary No.10852/2020

Date : 08-04-2020 These matters were called on for hearing today.

CORAM :

HON'BLE MR. JUSTICE ASHOK BHUSHAN

HON'BLE MR. JUSTICE S. RAVINDRA BHAT

Counsel for the parties:-

Mr. Tushar Mehta, SG

Mr. Mukul Rohtagi, Sr. Adv.

Mr. Jaideep Gupta, Sr. Adv.

Mr. Amit Sahni, Adv/petitioner in person

Ms. Astha Sharma, AOR

UPON hearing the counsel the Court made the following
O R D E R

The Court convened through Video Conferencing.

IA No.48242/2020 - FOR INTERVENTION/IMPLEADMENT IN WRIT PETITION
(CIVIL) Diary No(s). 10795/2020

Heard Mr. Jaideep Gupta, learned senior counsel for the

intervener. The application for intervention is allowed.

WRIT PETITION (CIVIL) Diary No(s). 10795/2020

In terms of the signed order, the Court directed as under:

"We, in view of the above, are satisfied that petitioner has made out a case for issuing following interim directions to the respondents in this PIL"

(1) The respondents as per guidelines dated 24.03.2020 of the Ministry of Health and Family Welfare are directed to ensure availability of appropriate Personal Protective Equipments, including sterile medical/Nitrile gloves, starch apparels, medical masks, goggles, face shield, respirators (i.e. N-95 Respirator Mask or Triple Layer Medical Mask or equivalent), shoe covers, head covers and coveralls/gowns to all Health Workers including Doctors, Nurses, Ward Boys, other medical and paramedical professionals actively attending to, and treating patients suffering from COVID-19 in India, in Metro cities, Tier-2 and Tier-3 cities.

(2) The Government of India, respective States/Union Territories and respective Police authorities are directed to provide the necessary Police security to the Doctors and medical staff in Hospitals and places where patients who have been diagnosed COVID-19 or patients suspected of COVID-19 or those quarantined are housed. Necessary Police security be also extended to Doctors and other medical staff who visit places to conduct screening of people to find out symptoms of disease.

(3) The State shall also take necessary action against those persons who obstruct and commit any offence in respect to performance of duties by Doctors, medical staff and other Government Officials deputed to contain

COVID-19.

(4) The Government shall explore all alternatives including enabling and augmenting domestic production of protective clothing and gear to medical professional. This includes the exploring of alternative modes of production of such clothing (masks, suits, caps, gloves etc.) and permitting movement of raw materials. Further, the Government may also restrict export of such materials to augment inventory and domestic stock."

W.P. (CIVIL) Diary No(s). 10830/2020 & W.P. (CIVIL) Diary No.10852/2020

Tag with Diary No.10795/2020.

**(ANITA RANI AHUJA)
COURT MASTER**

**(ASHA SUNDRIYAL)
ASTT. REGISTRAR-cum-PS**

[Signed order is placed on the file]