


B/49773/AG/ECHS/Dental/Policy/2022

 Jan 2022

IHQ of MoD (Navy)/Dir ECHS (N)  
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AMA ECHS, Embassy of India, Nepal  
All Regional Centres

**ADVISORY OF PREVENTIVE MEASURES TO BE ADOPTED AGAINST COVID-19  
FOR DENTAL TREATMENT AT ECHS POLYCLINICS**

1. Further to fwgs :-

- (a) CO ECHS letter No B/49773/AG/ECHS/Treatment Policy dt 18 Mar 2020.
- (b) CO ECHS letter No B/49773/AG/ECHS/Dental/Policy dt 20 Mar 2020.
- (c) CO ECHS letter No B/49773/AG/ECHS/Dental/Policy dt 27 May 2021.

2. This advisory is a reiteration of advisories issued earlier on the subject. Concern about Coronavirus transmission during dental practice is widely recognized the world over. Due to the nature of dental procedures and the proximity of the dental team with the patients the disease can spread rapidly from infected patients to the dental team and vice-versa, if strict infection control measures are not instituted.

3. Due to the continuous evolution of the virus, a constant upgradation of our knowledge of this virus is mandated. Currently the designated variants of concern are as under :-

- (a) Alpha
- (b) Beta
- (c) Gamma
- (d) Delta
- (e) Omicron
- (f) Flurona
- (g) Delmicron
- (j) IHU

4. In recent past there has been an exponential surge in the COVID-19 cases as well as increased detection of Variant of Concern (VoC)-Omicron in the country. The daily No of cases crossed 16,000 mark on 30 Dec 2021 after 64 days. The 07 days running average of cases in the country has registered an unprecedented increase of 181% in the week ending 01 Jan 2022.



5. There have also been reports of increase in the infection of staff associated with patient care in the hospitals across the country, inspite of completing prescribed dosage of vaccination.

6. In view of the foregoing, SARS-CoV-2 precautions promulgated from time to time needs to be adhered to strictly by all HCWs at all the echelons. No laxity is acceptable.

7. All Comdts/CO units must ensure adequate availability of PPE kits, N-95 Masks, sanitizers, fumigators, etc. and at the same time must ensure that all the precautionary measures are in place.

8. **Dental Treatment Protocols to be Followed.**

(a) Patients should be allocated to either of the following priority groups based on the dental emergency with emphasis being provided to those requiring emergency and urgent care. Any invasive procedure which is inadvertent should be carried out after RT PCR test. The priority groups are as under :-

- |       |    |   |                |
|-------|----|---|----------------|
| (i)   | P1 | - | Emergency Care |
| (ii)  | P2 | - | Urgent Care    |
| (iii) | P3 | - | Scheduled Care |

(b) Only patients who have been taken both the doses of vaccine should be taken up for dental treatment unless in case of an emergency. Any patient with Fle/Flu-like symptoms should be given emergency treatment only and routine dental procedure may be postponed.

(c) On the dental chair, the patient should be draped and be made to carry out a pre-procedural mouth rinse with Chlorhexidine/Betadine. The Dental Officer should wipe the face of the patient with a disposable disinfectant face wipe. The dental assistant should ensure that least aerosolization of fluids occur while the Dental Officer carries out treatment. The use of high volume suction is advocated.

(d) The Dental officer will strictly adhere to the principles of universal protection. N-95 masks approved by NIOSH should be used to ensure quality control; out of the two pair of gloves worn, the inner pair should be of a different colour, so as to notice easily any inadvertent tears on the outer pair of gloves.

(e) Preferably external imaging technologies like OPG & CBCT should be resorted to, as intra-oral imaging may result in gag reflex activation resulting in salivary splatters; however in unavoidable situations a double sleeve should be used on the intra-oral sensor. Rubber dams to be encouraged so as to prevent generation of splatters.

(f) After patient gets off the dental chair, the DORA/DH must ensure that all surfaces with which the patient or aerosolized particles may have come in contact are sprayed with surface disinfectant and wiped clean.

(g) The Dental Operatory should be fumigated at the end of the working hours.

9. **General Guidelines.**

(a) While in the dental office, every patient should be considered as potentially infectious at all times, unless proved otherwise.



(b) Army Tele/mobile number of the Polyclinic unit and duty officer should be circulated to the AOR for minimizing physical contact and for tele consultation.

(c) All patients to be encouraged to report COVID like symptoms to the medical auth and to be tested at the earliest. COVID consent and relevant info to be obtained from all patients.

(d) Vaccinations of all the HCWs should be ensured and also the vaccination status of patients being taken up for treatment should be checked.

(e) Teledentistry needs to be resorted to in a big way and also measures for screening patients should be instituted.

(f) Regarding use of Air Conditioners in office and surgeries, the following points needs to be adhered to (Auth : IHQ of MoD (Army) 76910/ Un Occur/coronavirus/DGMS-5B dt 11 May 2020) :-

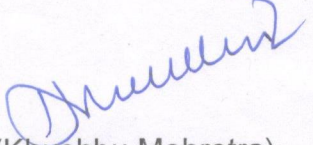
(i) The use of air conditioners must be accompanied by outdoor air intake through slightly open windows and exhaust.

(ii) In offices where more than 2 people work sitting opposite or adjacent to each other at work stations, adequate distance of 6 ft and use of masks should be ensured in such settings.

(iii) Use of central air conditioning should preferably be avoided in current scenario.

10. This advisory has also been uploaded on echs.gov.in.

11. This letter may be circulated to all PCs under your AOR treating dental patients.

  
(Khushbu Mehrotra)  
Lt Col  
Jt Dir (Dental)  
For MD ECHS

**Copy to :-**

O/o DGAFMS }  
O/o DGDS } - for info pl.

**Internal :-**

Ops & Coord }  
Claim Sec }  
P & FC Sec }  
C & L sec } - for info.

Stats & Automations Sec - for uploading the letter on ECHS website.