



D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412105

Affiliated to Maharashtra University of Health Sciences, Nashik

Recognized by Dental Council of India



SELF STUDY REPORT (CYCLE 1) 2018-2023

Criteria 8: Part- B- Health Science Disciplines

Key Indicator: 8.2: B 2 Dental College

Metric: 8.1.3: Institution Follows Infection Control Protocols During Clinical Teaching During Preceding Academic Year.

PATIENT SAFETY CURRICULUM

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PATIENT SAFETY SOP

**DEPARTMENT OF
ORAL MEDICINE
AND RADIOLOGY**

SOP (STANDARD OPERATIVE PROCEDURES)
FOR O.P.D
(ORAL DIAGNOSIS AND MEDICINE DEPARTMENT)

Every new patient, with a complaint come to the department of oral medicine and radiology with the case paper. The patients are made to sit on the dental chairs.

Here (final year, third year) students and interns do the checkup (Short history, medical history and complete examination) with the help of diagnostic instruments (mouth mirror and probe) under the observation/guidance of departmental staff (Tutor/reader/professor).

Personal protective barriers (mask, gloves, apron-head cap) are mandatory for everyone (Students, interns, doctors) who examines the patient. If the patient is having any infectious disease (HIV/ AIDS, tuberculosis etc.), he/she is examined with the separate set of diagnostic instruments. After that all the details of history and examination are entered in the case paper along with its management plan (investigation if required and treatment). If any radiograph is required for the diagnosis or treatment plan, along with the type of radiograph the amount to be paid by the patient at the cash counter for the investigation/radiograph is written on the back side of the case paper as radiology department is a part of OPD. The case is then counter examined, and counter signed by any of the departmental staff (Tutor/reader/professor). Patient is then instructed to go to the table of computer operator/staff nurse where entry of their case paper is done. The computer operator/staff nurse has a new case register. She makes entry into the registers accordingly.

If the patient is advised any investigations (e.g. Radiographs) that can be done in the hospital premises, patient must report to that department (e.g. Dental and Maxillofacial Radiology) and must follow the protocol/SOP of that department for the investigation to be carried out properly. When patient comes back to the OPD (Oral diagnosis and medicine department) department all the reports were analysed and accordingly the treatment is planned.

If the patient is advised any investigations that cannot be carried out in the hospital premises or the patient is asked to bring his/her reports of the underlying medical conditions, patient has to submit the case paper at the case counter before leaving the hospital.

Counselling and non- surgical management (Medicinal management) of any condition/pathology is possible in the department but if the patient requires any specific dental treatment (e.g. Extraction, scaling, root canal, denture etc), patient is referred to that department. Full mouth treatment plan is suggested to all the patients reporting to the department.

FOR SPECIAL CASES

Patients with. significant oral pathological conditions are allotted as a special case to students (third year, final year, or interns) according to the severity and rarity of the pathology. Detailed record of such cases is taken for the clinical as well as academic purpose and the same is entered by the student in the register named "Special case register", in which countersign of staff member is again taken. Management of such cases includes and medicinal management and (Topical, oral, intra-lesional route), vital staining procedures, tobacco cessation counselling etc. and follow-up.

SOP FOR DENTAL RADIOLOGY DEPARTMENT

Dental radiology department is a part of the oral diagnosis and medicine department and all type of intraoral radiographs (Intraoral periapical, bitewing, occlusal radiographs) and digital extraoral radiographs (OPG and other skull projections) are done here on a regular basis. Patients who require radiographs for the diagnosis or treatment plan are referred to the dental radiology department. Patient must pay the required amount of fees at the cash counter and has to submit the receipt at the radiology department. On the receipt, details such as patient's data, type of radiographs and fees are written and the same is entered in the departmental register (Intraoral radiograph register, extraoral radiograph register). In the department there are two sections (1) Intraoral radiography unit/section (2) Extraoral radiography unit/section. Patients are directed to the respective section according to the type of radiographs.

Radiology technician and students take radiographs and process them in a darkroom. Students also have postings in the radiology department as a part of their curriculum. Students take radiographs, process them, and interpret them under the guidance of departmental staff (Tutor, reader, professor). After processing, radiographs are given to

the patient and patient is referred to the department from which the reference was given.

FOR INSTRUMENTS/EQUIPMENTS

All the diagnostic instruments that are used in the examination procedure are autoclaved and they are arranged/kept/set separately in a large kidney tray and all the used instruments are kept in the small kidney tray. Steel glasses are used for the patient if he/she needs to gargle or drink water during examination procedure.

These autoclaved instruments are periodically checked by the nursing staff.

Register of these instruments is maintained by them. Any damaged/broken/not in use instruments are condemned which are then replaced by the newer ones (after being indented from hospital storeroom)

FOR STERILIZATION

All the used instruments and gauze pieces in the kidney trays are collected by attender. Then instruments and gauze pieces are separated. Instruments are then washed by antiseptic solution and brush while gauze pieces and gloves are kept separated. Washed instruments are then sent for autoclave. The department has 2 autoclaves. Before placing the instruments in top loading autoclave, chemical indicator strips are stucked to the inner part of the lid. After sterilization, instruments are transferred by nursing staff as mentioned in SOP of instruments or equipment.

FOR DEPARTMENTAL CLEANING

Department is cleaned daily in the morning before the O.P.D starts. Cleaning of floors is carried out by mopping with the phenyl. All the chairs and tables of the department are dusted and cleaned with wet cloth. Dental chairs are wiped with wet cloth and sinks are cleaned up with liquid detergent daily after completion of all the procedures in the department.

FOR BMW (BIOMEDICAL WASTE)

Each dental chair has a separate dustbin beneath it. Dustbins are covered with plastic bags. All the students, after the examination always throw the waste (gauze pieces or

gloves) in the dustbins only. At the end of the day, each plastic bag from the dustbin is collected by the attender and according to the type of waste, it is thrown into bigger size of dustbin of specific colour (yellow colour - dressing materials, red colour -gloves, IOPA packets).

Needles are collected separately and are destroyed in needle cutter machine.

Finally, all the plastic bags from different colour dustbins are discarded and placed out of the department.

FOR RADIOLOGY WASTE

Depleted developer and fixer solutions, lead foils are collected in separate containers which are later collected by external agency for disposal. This is done once in two months.

Mhete
PROFESSOR & HEAD
Dept. Of Oral Medicine & Radiology
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lonergaon, Pune - 412105.

PATIENT SAFETY SOP

**DEPARTMENT OF
PUBLIC HEALTH
DENTISTRY**

PATIENT SAFETY
SOP
Department Of Public Health Dentistry

Clinical Duties

Clinical posting for student and interns in Public Health Dentistry focus on teaching and training them to record case history, diagnosis and applying the oral diseases preventive measure.

Student's postings starts from 3rd BDS onwards as per MUHS/DCI curriculum. on the first day of posting students are briefed about the governing rules of the department .professionalism ,nature of work ,required armamentarium ,log book and journals.

Discussion and demonstration of recording case history, indices applying pit and fissure sealants and topical fluorides are taken by faculty. Students are instructed to bring patient from OPD followed by entering the details in the department OPD register and students are allotted patient for doing their clinical exercises

During clinical activity students are mandatorily instructed to follow the universal precautionary measure of wearing head cap, scrub, gloves and mouth mask .students use their personal autoclaved diagnostic instruments on each patient. After recording the case history and relevant index patients are referred to the respective department for further dental treatment. Students will enter the findings in log book followed by fair entry into the journal after faculty approval. Formative evaluation of each student is done on the concluding day of clinical posting to each batch. Before appearing for university exam all the assigned academic work is reviewed and given final certification of the journal

Interns are posted and assigned the quota of organizing and leading dental camps, participate in social activities organized by NSS unit, visit to primary health centers and satellite centers affiliated to DYPDS and offer comprehensive dental care at integrated dental clinic adhering to the principles of sterilization and disinfection. Interns actively involved in celebration of NO Tobacco

Day, Oral Hygiene Day ,Environment Day, National Tooth Brushing Day and other programs and days celebrated by NSS and Institution

Academic Duties

Teaching and training 3rd and 4th BDS students involve scheduling and conducting theory classes and applying pit and fissure sealants ,oral health education as per MUHS guidelines

For 1st and 2nd internal exam and 1 preliminary examination faculty sets the question paper, conduct the examination as per timetable followed by correcting on answer scripts and allotting marks accordingly subsequently sending the internal marks to the university

University Practical exam is conducted in the department and external examiner allotted by MUHS in association with internal Examiner do the summative evaluation

Interns are posted in compulsory rotatory internship for period of 3 months which includes posting in the 2 satellite centers

Attendance record is maintained and completion certificate is given after assessing their academic performance and completion of assigned work

Administrative Duties

Scheduling of interns organizing dental camps and satellite center visit is done and maintained

Department is disinfected daily once before the OPD starts and at the end after the OPD closed ,after each patient Dental Chair, Dental Operating area and Dental Stool is Disinfected routinely.

Sterilization

Instruments used in routine dental care are autoclaved daily. These instruments are daily confirmed for autoclaving by physical indicators and records are maintained .Any Broken or nonfunctional instruments are replaced at regular interval

Biomedical waste Management

Beside each dental chair, dust bin covered with cover bags are kept for disposing wastes generated during examination and treatment .At the end of the day all the BMW generated is segregated accordingly by the concerned team

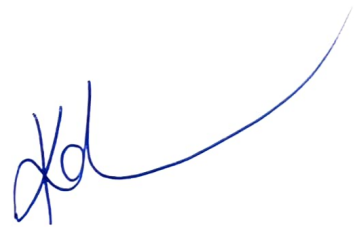
PROTOCOLS FOR COVID -19

For Patients

- Patient case history recorded and ruled out the signs and symptoms of Covid -19
- Hand Sanitizer in place before doing any clinical inspection or palpation
- Mandatory following universal precautionary measures for preventing any cross contamination
- Disinfectant of dental chair and dental stool done after each patient examination and procedures

For dentist/interns

- All doctors are mandatorily to follow the Universal protective measure of wearing head cap, gloves, face shield and Scrub
- Counselling and motivating the patients and care takers to adhere to the social distancing and wearing mask
- Patients are educated and reinforced the message about harmful effects of tobacco products and its implication in covid



PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Cherwell (SI), Via Chhagan, Pune - 412105

PATIENT SAFETY SOP

DEPARTMENT OF ORTHODONTICS & DENTOFACIAL ORTHOPEDICS

PATIENT SAFETY ORIENTATION

**DEPARTMENT OF
ORTHODONTICS**

D.Y.PATIL DENTAL SCHOOL

Department of ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS

Department Orientation Schedule

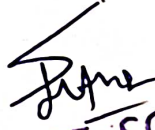
- Department of orthodontics is positioned on first ground within side the dental institution building. Students input the scientific posting as a put up graduate student (MDS).
- Introduction is given through the top of the scientific branch or senior staff members.
- Students are given evaluate of the Department, Explanation of the branch`s structure, facilities, and its function in the collage.
- Tour of the scientific facilities, which include operatories and sterilization regions, is given.
- The college students should provide becoming a member of letter to the Head of the Department.
- Detailed reasons of scientific protocols, hygiene standards, and contamination manipulate measures, and emergency processes are given.
- Overview of appointment scheduling, affected person records, consent bureaucracy and documentation requirements
- Students are defined the function of teamwork and collaboration with different dental department
- Students are tested the way to use the dental system Including LATERAL CEPHALOGRAM, OPG, INTRA-ORAL SCANNER, NEMOCEPH SOFTWARE system.
- Students are educated in powerful communication, acquiring scientific histories radiographic interpretation and discussing remedy planning.
- Ethics concerns in affected person care and professionalisms within side the dental Field are provide an explanation for to patients.

- Clinical mentors are allotted to each student for their all clinical postings.
- Student we instructed to show their work to the respective clinical mentors.
- Demonstration of the clinical exercises is given by the staff members and hands-on training to students under supervision.
- Students are instructed to keep records of work done and gets signed by the staff members.
- Students are encouraged to attend workshops, seminars, and conferences to enhance their clinical skills and stay updated on current trends.

- Various instructions are given to the students:
 1. Students should observe all contamination manipulate protocols and regulations and policies of the branch
 2. Before starting any patient, treatment plan discussed with faculty members and signs are taken.
 3. Attendance should be taken when they enter and leave the department by respective staff member and if a student is absent due to any reason, leave application must be application file given and should be signed by HOD and filed in the leave.
 4. Seminars, journal clubs and case presentations related to patients should be scheduled as per decided
 5. Make sure that the cord of three way syringe, micro motor and suction are placed properly in the proper holders of the dental chair
 6. They have to complete all clinical exercise as per schedule by DCI
 7. They should keep the record of their work done in the department during their posting period. After attending the

patient they have to take sign of the concerned staff member in the department work done register and student's personal record book.

8. Term end exam is conducted at the end of each clinical term and it will be considered as internal practical exam.


PROFESSOR & HEAD
Dept. of Orthodontics
D.Y. Patil Dental School
D.Y. Patil Medical Education City
Lokeshwar, Via Lohagaon, Pune - 411005
Dentofacial Orthopedics
D.Y. Patil Dental School.

PATIENT SAFETY SOP

DEPARTMENT OF PEDIATRIC DENTISTRY

PATIENT SAFETY
SOP
Department Of Pedodontics



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Department of Pedodontics and Preventive Dentistry

Protocol FOR PRE-SCREENING & TRIAGE AREA

Team members: 1 Intern and 1 staff General instructions

- 1) The team will wear adequate personal protective equipment
- 2) The team members will maintain a safe distance of 2 meters between themselves and patients.
- 3) The team members will ask the patient's guardian/parents regarding epidemiological contact history, presence of fever and respiratory symptoms.
- 4) The team members would enquire about history of travel or local contact with known COVID -19 positive.
- 5) The team members would also ensure that the patient does not reside in area of cluster cases of COVID -19 and the same will be signed by parent/guardian in the consent form.
- 6) In case if team members find out that patient has fever or respiratory symptoms, positive travel history or has local contact with known COVID -19 positive or resides in area of cluster cases of COVID - 19 then such patients would be referred to designated fever clinic
- 7) The team members would subject all patients and their parents/guardians to thermal Scanners for measuring body temperature and pulse oximeter for oxygen saturation. Hand sanitization of patient before subjecting to pulse oximeter.
- 8) Disinfection of pulse oximeter after every use. Patient with body temperature of more than 100.4 F will be referred to designated fever clinic.
- 9) Patients with no history and no obvious clinical signs and symptoms of CoViD-19 infection will be allowed to undergo preparation for entering the OPD room.
- 10) The team members would ensure that all the patients and guardians sanitized their hands with 70% alcohol-based sanitizer, wear a mask, foot cover and register themselves before entering the OPD area.
- 11) Waiting area chairs, door, handles, to be cleaned several times with alcohol based disinfectants. Follow social distancing in waiting area



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PROTOCOL FOR OPD

Team members: 1 intern and 1 staff

General instructions

- 1) The team members will be wearing personal protective equipment including N95 masks, double gloves, goggles, head cap, face shield and shoe cover.
- 2) Only one accompanying person is allowed with patient.
- 3) Sterilized mouth mirrors and probes will be used to examine the oral cavity of the patient
- 4) The mask of the patient will be removed for the same and then placed back by the patient himself/herself.
- 5) All the used instruments like diagnostic instruments and procedural instruments are kept in disinfectants. Used instruments are to be cleaned, undergo ultrasonic cleaning and then autoclave them.
- 6) Frequently wet mopping the floor with 1%Na hypochlorite across 3meter area of dental chair.
- 7) Cleaning of dental chairs and spittoon thoroughly with disinfectants.

Following screening, the patient's need for dental treatment will be classified as shown

Elective

Urgent care

Emergency care

Patients with elective care would be counseled that the elective treatment options are strictly restricted and they can come for follow up if their oral health symptoms are not resolved.

Patients with urgent care will be subjected to symptomatic relief by prescribing appropriate antibiotics and analgesics.

Patients with emergency needs will be provided symptomatic relief followed by appointment for appropriate care.



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PROTOCOL FOR EMERGENCY CARE

Team members: 1 intern, 1 chair side assistant, 1 Staff

Team members will utilize PPE suits.

After each patient, the dental chair and its surfaces will be disinfected with 70% alcohol. The floor within a 3-meter radius of the dental treatment area will be mopped with 1% Na hypochlorite solution.

The department will undergo periodic fumigation.

Donning and doffing of PPE will be conducted in separate areas, and discarded PPE will be immediately tied in a trash bag.

Patients will rinse their mouths with 0.2% povidone iodine solution for 1 minute and their facial area with isopropyl alcohol before procedures. Hand sanitization will be performed upon exiting the clinic.

Emergency procedures, such as standard extractions, will be performed aseptically, following pre-operative and post-operative infection control protocols. Aerosol-generating procedures will be avoided as per AAPD guidelines.

In the event of an emergency requiring an aerosol-generating procedure, rubber dams will be applied, high-volume suction ejectors will be used, and the three-way syringe will be avoided.

Guidelines for Dentists and Auxiliary Staff:

Prior to entering the department, check body temperature and sanitize hands.

Dentists and auxiliary staff involved in patient-related activities will wear full protective equipment, including N95 masks, disposable masks, head caps, face shields, eye protection, double gloves, and foot covers.

Avoid touching the face, especially the ears, nose, and mouth. Inform the Head of the Department immediately if experiencing symptoms or contact with a positive case.

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PROFESSOR & HEAD

Dept. of Paediatric & Preventive Dentistry

D Y Patil Dental School

D Y Patil Knowledge City

Charoli (Bk), Via Lohegaon, Pune - 412105.

Head of Department

Department of Pedodontics & Preventive Dentistry

PATIENT SAFETY SOP

DEPARTMENT OF PERIODONTOLOGY

PATIENT SAFETY SOP

Department Of Periodontics

STERILISATION AND DISINFECTION PROTOCOL

1. Procedure for cleaning dental unit:

Surface disinfection with Korsorex 2% 20ml in 1 L of water

- Dental chair unit (Operator and Sitting area)
- Spittoon
- Dental Light
- Instrument Tray

2. Water Line (Suction)

- 1L of 1% sodium hypochlorite after the procedure and kept overnight.
- Rinse the next day with water.

3. Mirror Probe

Immersion in Korsorex solution 2% 20ml in 1 L of water (15-20 mins)

Rinse with water

Autoclave.

4. Cheek Retractors ----→Disinfect with Korsorex

5. Scalers : Autoclaving.

6. Routine disinfection of door handles and waiting chairs and surface moping

Door handles and waiting chairs – Disinfectant spray

Floor surface moping.

SOP FOR COVID-19

1. GUIDELINES FOR PATIENT

- Patient will only be called on appointment basis.
- N-95 Masks will be mandatory for all the patients or people accompanying them.
- Patients should keep their footwear outside the department.
- Patient signed consent will be taken for history of Covid- 19 with a pen kept separately on the operating table.
- Social distancing should be maintained by all the patients in waiting area (3-4 patients seated separately)
- Before any procedure betadine mouth rinses will be a mandatory protocol.
- Separate drapes will be provided for all patients.
- Mandatory covid-19 test. RT-PCR

2. GUIDELINES FOR INTERNS AND AUXILLARY STAFF:

- Working team/OPD team per day
 - Staff
 - Interns
 - Nursing staff
 - Auxillary staff
 - Dental Hygienist

Personal protection protocol:

SR NO	WORKING/OPD TEAM	
	DOCTOR STAFF/ INTERNS	Nursing/ Auxillary Staff
1.	N-95 Masks	N-95 Masks
2.	Face shield/ Protective eyewear	Face shield/ Protective eyewear
3.	Double gloves/headcap	Double gloves
4.	Footcover	Apron
5.	Surgical PPE kits/ Diagnostic PPE kits	Headcap

3. WORKING PROTOCOL FOR DEPARTMENT OF PERIDONTOLOGY.

1. Pre-checking of stamp and entry

- Patient will submit the case paper in the box kept near Attendant and wait in the waiting area. Attendant will collect and receive the case paper by using gloves also will check for Covid-19 vaccination or test. Then begin the entry of the patient. If covid vaccination is not done or covid test/ rt-pcr/ N-95 mask the patient will not be attended.

2. OPD

- Only diagnostic instruments should be kept on the dental chair and after the Opd should be kept in sodium hypochlorite solution.
- After every screening patient should classified as emergency and non-emergency based on patient history intra-oral and extra-oral findings.
- Treatment protocol will be decided by the staff.
- Hand Hygiene will be mandatory before & after patient.
- Use of mobile phones will be prohibited in the Operating section.
- Priority will be given to senior citizens and Kids.
- OPD will be carried on dental chair no 1 and 2.

3. NON-AEROSOL GENERATED PROCEDURES.

- Total of 4 patients can be seated in the waiting area by maintaining proper social distancing.
- Each patient will be attended by the attendant for Covid-19 test/ Vaccination/ N-95 masks using proper hand hygiene.
- Each patient should wait in the waiting area near the entry or at the computer operator's table and collect the Case paper and get it signed and stamped from the Oral Medicine and diagnosis department. After which the patient will have to sign the department consent.
- Each staff will appoint only 3 patient's for hand scaling or Non-Aerosol generated surgeries in each session at an interval of 1 hour in the morning and afternoon.
- All investigations should be thoroughly checked by the operator before beginning the procedure.
- Patient should be scrubbed properly extra-orally using povidine iodine
- 1 Staff along with 1 Interns will treat 1 patient using PPE kit.
- After each patient gap of 1 hour will kept for Disinfection and Sterilisation.
- Signature of the treating staff is mandatory before leaving the department.
- All protocols will be the same before carrying out any procedure.
- Floor will be mopped 4-5 times during the clinical hours using 1% sodium hypochlorite.
- After each patient PPE kits will be autoclaved and disposable PPE kits will be discarded using proper sterilisation protocol in the yellow bags.
- Faceshield and eyewear should be disinfected after every procedure.
- Separate working area for STAFF and INTERNS.
- Separate seating area for academics and clinical work.
- Implant procedures should be delayed if possible.

GUIDELINES FOR AUXILLARY STAFF

- All are advised to keep their belongings in the locker.
- All staff are advised to disinfect their keys, spectacles or any other extra belongings on arrival and before leaving the department.
- Social distancing to be followed strictly throughout.
- Cleaning, Fumigation, sterilization and disinfection protocol will be given separately & should be done under observation of staff nurse.
- Sanitization of hands immediately after removing the PPE kits.
- Used PPE kits to be discarded immediately using the biohazard bags, which should be sealed and labelled securely.
- Whole staff must be aware of all the symptoms and should report to the department staff and Head's if they develop any symptom.
- Housekeeping staff will do cleaning of all surfaces with a disinfectant at every 2 hour interval.
- The chair will be disinfected by chair side assistant after every patient.
- One sister will be appointed in the autoclave room, one sister will be appointed in the operatory room.

GUIDELINES FOR ACADEMIC AND PRECLINICAL WORK.

- 1 STAFF will be dedicated for discussions.

STERILISATION AND DISINFECTION PROTOCOL

1. Procedure for cleaning dental unit:

Surface disinfection with Korsolex 2% 20ml in 1 L of water

- Dental chair unit (Operator and Sitting area)
- Spittoon
- Dental Light
- Instrument Tray


2. Water Line (Suction)

- 1L of 1% sodium hypochlorite after the procedure and kept overnight.
- Rinse the next day with water.

3. Mirror Probe

- Immersion in Korsolex solution 2% 20ml in 1 L of water (15-20 mins)
- Rinse with water
- Autoclave.

4. Cheek Retractors ----→Disinfect with Korsolex
5. Scalars :Autoclave
6. Surface disinfection with Korsolex.
 - Rinsing with distilled water
 - Removing excess Moisture.
7. Routine disinfection of door handles and waiting chairs and surface moping
 - Door handles and waiting chairs – Disinfectant spray
 - Floor surface moping.


HOD Periodontics

PATIENT SAFETY SOP

DEPARTMENT OF CONSERVATIVE & ENDODONTICS

PATIENT SAFETY SOP

**Department Of
Conservative
Dentistry &
Endodontics**

**STEP BY STEP PROTOCOL OF PATIENT'S MANAGEMENT IN THE
DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS**

1. Sitting arrangement of patients in waiting area outside the department.
2. First triage area:
 - At the entry point a Team of one Intern and one postgraduate student will take detailed history of the patients.
3. At the reception area: Receptionist to note the patients' information in new/old case file.
4. Diagnosis area:
 - A team of one intern and one postgraduate student will be there, supervised by a staff member.
 - Autoclaved instruments in green cloth wrapped will be placed in UV chamber installed near diagnostic area by sister.
 - Used diagnostic instruments will be placed in chemical solution followed by autoclaving.
5. Operative area:

Before Dental Procedure:

 - Record detailed history before the clinical procedure (A serious adverse reactions caused by allergies [latex and lactam antibiotics], endocarditis, bleeding disorders, undetected severe [some fatal infections in immune compromised patients].)
 - Autoclaved instruments stored in UV chamber are used during operative procedures

During Dental Procedure

 - Routine procedures are performed with necessary precautions and instruments.

After Dental Procedure:

 - Exercise extreme caution when prescribing medications.
 - To remove debris from files and reamers before sterilization by soaking the files and reamers in sodium hypochlorite solution before brushing.

- Provide necessary post treatment information to the patient and next appointment if required.

COVID SOP

1. Sitting arrangement of patients in waiting area:
 - At a time only 7 to 10 patients can be seated maintaining a social distancing of 6 feet.
2. First Triage area:
 - At the entry point, a team of one intern and one postgraduate student will take detailed history of the patients.
 - Patient is supposed to keep his or her case paper in designated tray only.
 - Here patients will be asked to sanitize their hands
 - PPE- Face shield, Mask, Gloves, Head Caps.
3. At the reception area:
 - Maintaining a distance of 6 feet (Particular area for the patient will be marked).
 - Their case paper will be kept in tray only.
4. Diagnosis area:
 - Betadine 2% gargle prior to sitting in the OPD chair.
 - A team of one intern and one postgraduate student will be there supervised by a staff member.
 - PPE (PG student)- Disposable or autoclavable gowns, N95 mask, face shield and gloves. (Assisting intern) - should wear mask, gloves, protective eyewear.
 - Autoclave instruments in green cloth wraps will be placed in UV chamber installed near the diagnostic area by sister.
 - After diagnosing each patient, sanitizing of the chair with alcohol and hypochlorite (for respective area).
 - Assistant with disposable gown, head cap, face shield and gloves.
 - Used diagnostic instruments will be placed in chemical solution followed by autoclaving.

5. Operative area:

Before Dental Procedure:

- Record detailed history before the clinical procedure. [A serious adverse reaction caused by allergies (latex and lactam antibiotics), endocarditis, bleeding disorders, undetected severe (some fatal) infections, and immunocompromised patients].
- Autoclaved instruments stored in UV chamber are used during operative procedure.
- As dental treatments fall under high-risk category for airborne and droplet infections, strict measures have to be followed to ensure operator and patient's safety. The use of personal protective equipment, including masks, gloves, gown, protective eye glasses and face shield is recommended to protect skin and mucosa from potentially infected blood or secretions.
- Autoclave drapes, head caps and protective eyeglasses are used for patient.
- Ask patients to rinse the mouth with 1.5% hydrogen peroxide or 0.2% povidone iodine mouthwash for one minute.

During Dental Procedure:

- Protect the patients' eyes during dental procedure.
- Keep the air conditioning vent facing upwards, use of air purifiers with HEPA filters is recommended.
- Use of rubber dam to reduce aerosol production and to prevent ingestion or ingestion of materials and small instruments.
- Four handed Dentistry with high vacuum suction.
- Anti-retraction handpiece may provide additional protection against cross contamination.
- Autoclave handpiece for every patient. Recommended to keep five to six spare handpieces autoclaved.
- Limit the exposure of patients to ionizing radiation.
- Never reuse packaging materials or substances intended for one clinical use only.
- Sharp instruments are. Handled carefully by operator and assistant.

After Dental Procedure:

- Exercise extreme caution when prescribing medications.
- To remove debris from files and reamers before sterilization by soaking the files and reamers in sodium hypochlorite solution before brushing. Ultrasonic cleaning before sterilization, Sterilization of burs including soaking the burs in commercially available disinfectants followed by manual cleaning, use of ultrasonic baths or autoclaving.
- Areas and items of equipment local to dental chair that need to be cleansed between each patient with 1 % sodium hypochlorite or 70% alcohol; These include: local work surfaces, dental chairs, curing lamps, inspection lights and handles; hand controls including replacement of covers, trolleys or delivery units, platoons, aspirators, X-ray units.
- A gap of 20 to 30 minutes after each patient should be maintained.
- Fogging at the end of the day.

Jan
Patil
PROFESSOR & HEAD
Dept. of Conservative Dentistry
& Endodontics
D Y Patil Dental School
D Y Patil Knowledge City
Cheroff (Bk), Via Lohagaoon, Pune - 412105

PATIENT SAFETY SOP

DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

D Y PATIL DENTAL SCHOOL

Department of Oral Pathology and
Microbiology

PATIENT SAFETY MANUAL



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DEPARTMENT OF ORAL AND MAXILLOFACIAL PATHOLOGY

PATIENT SAFETY CURRICULUM

Standard Operating Procedures

1. For Doctors

- During the process of grossing, it's essential to follow all sterilization protocols when handling the specimen bottle.
- After reporting, it's crucial to maintain hand hygiene.
- The reporting station and microscope should undergo surface disinfection according to routine protocol.

2. For Technician

SOP for RBS

- Employ standard precautions when dealing with clinical specimens, as they all carry the potential for infectious material.
- Standard precautions encompass various measures, such as practicing hand hygiene and wearing laboratory coats or gowns, gloves, and eye protection.
- Adhere to routine practices and procedures for decontaminating work surfaces, which typically involve using 10% sodium hypochlorite followed by water or 70% ethanol to prevent surface corrosion.
- Dispose of used lancets by placing them in a dedicated container containing a 5% sodium hypochlorite solution. Later, transfer them to a sharps container for proper disposal.
- After each use, clean and disinfect the blood glucose meter by wiping it with cotton dipped in 70% isopropyl alcohol, followed by washing with soap and water.
- Maintain hand hygiene between attending to different patients.



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SOP for Histopathology specimen handling and processing.

A. Transportation of samples to laboratory

- Ensure that the sample is fully immersed in a sealed bottle containing 10% formalin, and include a completed history form and patient affidavit.
- Following the receipt of the specimen, the technician should adhere to hand hygiene practices.

B. Handling of sample in the laboratory

- The instruments utilized in grossing should undergo thorough cleaning and sterilization.
- Every instrument used for grossing and processing must undergo sterilization after each use.
- Adhere to standard laboratory practices and protocols for decontaminating work surfaces, which typically involve using 10% sodium hypochlorite followed by water or 70% ethanol to prevent surface corrosion. Additionally, ensure proper management of laboratory waste according to established procedures.
- Handle the staining procedure and stained slides while wearing gloves.

Laboratory disinfection

- Perform regular surface disinfection, especially after any spills, using 10% sodium hypochlorite followed by water or 70% ethanol.
- Clean the floor using a routine disinfectant.
- Maintain a well-ventilated laboratory environment.
- Local environmental decontamination can be conducted using formaldehyde as needed.
- Availability of hand washing in laboratory
- Additional items such as books, watches, and bags are prohibited from being brought into the laboratory.

3. For Patients

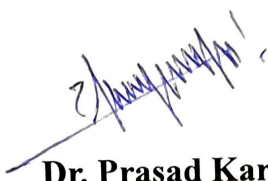



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- The proper disposal of cotton swabs and used glucometer strips should be performed following the provided guidelines.

Dr. Prasad Karande

Professor and Head of Department

Department of Oral Pathology and Microbiology

PATIENT SAFETY SOP

DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY

Patient safety SOP

Department of Oral and Maxillofacial Surgery

Department of Oral and Maxillofacial Surgery

Protocols for Covid-19


1. Only properly screened patients will be allowed in the department
2. No relatives will be allowed inside the department
3. All patients should be wearing masks while entering the department
4. Hand sanitization of all patients entering the department should be done with alcohol based disinfectant.
5. Only emergency procedures will be carried out and non-emergency procedures would be postponed.
6. Before starting the procedure all patients would be asked to rinse their mouth using either betadine or chlorhexidene based mouth rinse.
7. All dental chairs to be sanitized using alcohol based sanitized after every procedure.
8. Fumigation of the clinical area to be done at the end of the OPD hours every day.
9. The personnel doing the procedure as well as those assisting them should wear surgical gowns with all due precautions
10. All the used instruments should be washed, dried, disinfected and sterilized as per guidelines.
11. Floor cleaning, twice a day using 3 bucket system. 1st bucket containing soap solution with warm water, second with plain water and third mopping with 1% hypochlorite solution (as per AOMSI guidelines).
12. All interns and staff to be provided with PPEs for OPD and procedures.


PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surgery
D Y Patil Dental School
D Y Patil Knowledge City
Waranoli (BK), Via Lohegaon, Pune - 411004

Department of Oral and Maxillofacial Surgery

Non Covid Protocols

1. Detailed case history of patients will be taken and they will be sent for relevant investigations if needed.
2. Procedures will be performed only after the investigations are found to be satisfactory
3. In case the investigation mandate so or as per the requirement of the medical history patient will be referred for valid consent from the concerned physician.
4. No relatives will be allowed inside the department except in case where the patient is physically or mentally challenged or has difficulty to understand the either English, Hindi or the native language.
5. All students and interns to wear head caps and masks on entering the department.
6. All dental chairs to be sanitized using alcohol based sanitized after every procedure.
7. Fumigation of the clinical area to be done at the end of the OPD hours every day.
8. Consent for the surgical procedure to be taken from the patient
9. The personnel doing surgical procedure as well as those assisting them should wear surgical gowns with all due precautions
10. All surfaces to be cleaned with disinfecting solution after every interval.
11. All the used instruments should be washed, dried, disinfected and sterilized as per guidelines.
12. All patients to be given post-operative instructions after the procedure is over


PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surgery
D Y Patil Dental School
D Y Patil Knowledge City
L. Naroli (BK), Via Lohegaon, Pune - 411010

PATIENT SAFETY SOP

DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE

DEPARTMENT OF PROSTHODONTICS

GUIDELINES AND PROTOCOLS (SOP) 2020

Level 1: Pre-Screening and Triage Area

- Minimal staff preferred or rotation of existing staff.
- Team: Assistant, 1 staff, 1 intern.
- Patients must have OD department stamp.
- Thermal screening at OD department.
- No COVID-19 symptoms.
- Digital entry of patient data.
- Team wears N95 mask, disposable mask, face shield, gloves.
- Maintain 6 feet distance.
- Patients wear masks and shoe covers.
- Hand sanitization outside department.
- Patients sit on designated chair, mouthwash with Betadine for 1 min.
- Chair and spittoon sanitized after each patient.
- Diagnostic instruments kept separate, sanitized in sodium hypochlorite.

Level 2: Non-Aerosol Generation Procedures (CS Section)

- Team: Assistant /intern, 1 staff.
- 2-layer PPE required.
- Only one patient at a time.
- Instruments arranged before donning PPE.
- Pre-procedural mouth rinse for patients.
- Full-length drape for patients.

Head of Department of Prosthodontics
DY PATIL DENTAL SCHOOL
DY Patil Knowledge City, Chhatrapati
Lohegaon, Pune - 411 004
Kamaljeer

- High vacuum suction used.
- Thorough disinfection of impressions before sending to lab.
- Proper handling of dental prosthesis from lab.
- Second gloves changed after each patient.
- Standard doffing of PPE.

Chair Side Assistant Instructions-

- Clear used instruments with gloved hand.
- Instruments soaked in disinfectant for 20-30 mins, then autoclaved.
- Clean dental chairs, instrument trays with appropriate disinfectant.
- Disinfect exposed tubing after each patient.
- Fumigation daily.
- Follow standard infection control protocol for disposal of PPE kits.

Laboratory Protocol-

- All lab personnel wear PPE.
- Maintain social distancing.
- Thoroughly disinfect dental impressions, casts, and prosthesis.
- Wash impressions under running water, scrub with liquid detergent.
- Immerse in 5.25% Sodium Hypochlorite solution.
- Change Hypochlorite solution daily.
- Alginate and polyether are sprayed with disinfectant.
- Use 5% phenol and 2% glutaraldehyde for disinfection.

These condensed guidelines cover the key points for each level of operation.

K. Kulkarni
 Head of Department of Prosthodontics
 DY PATIL DENTAL SCHOOL
 DY Patil Knowledge City, Charholi
 Lohgaon, Pune - 412105