In covid-19 the science of uncertainty and the art of probability, clinical dental are at higher risk.

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Family- coronaviridae, ssRNA Genome

Ranges from-Common cold to Middle east respiratory syndrome

Severe acute respiratory syndrome

Incubation period-2-14 days

Age ranges- above 60 years adults, 10-15 year child

ABSTRACT:–

Aim is to create positivity and send a ray of hope to every human being and every creature in the universe and all around u and recommendations for dental practice, dental professionals and the persons who indulge in the profession (lab technician, dental hygienist etc.) are recommended for patient screening, diagnosis, infection control planning and patient management agreement.

Everyone in the world and nation are itself and in a group are praising god to stop this pandemic disease. Which was started from Wuhan (china) to the whole world. The covid19 name given by who which was actually severe acute respiratory syndrome coronavirus (SARS –cov-2) has occurred entire the whole citizens and began covered in their home. In spite of global attempt to contain the disease widespread, the explosion is still on arise and on its high peak level retain to the community widespread pattern of this infection. It is a zoonotic infection that, resembles to other CoV infections, is believed to have been arises in bats and pangolins, and later spread to human being. Once in the human body, this Corona virus (SARS-CoV-2) is extensively observed in nasopharyngeal and salivary secretions of affected patients and its widespread is primarily thought to be respiratory droplet/contact in nature. Dental professionals, including Endodontics, may soon come across patients with presumed or confirmed SARS-CoV-2 infection and will have to act attentively not only to allocating care but at the same time prevent hospital acquired widespread infection.
KEYWORDS:—

MERS, SARS, COV.

CLINICAL STRATEGIES:—

Dental care provider are need to be aware of outbreak of SARS-COV-2. And know to tackle it. Avoiding treatments including routine fillings, root canals and scaling and polishing will be stopped unless in the case of a dental emergency.

INTRODUCTION:—

The spreading transmission of SARS-CoV-2 and reports are as given in every news channels digital media of this the higher increasing rates virus and its wide spread to Health Care Providers, dental professionals are at high risk for hospital induced infection and can become prospective carriers of the disease. Such risks can be travelled to the specific nature of dental interposition, which includes airway transmission, aerosol generation, and handling of sharps and vicinity of the supplier to the patient’s oropharyngeal region. In inclusion, if sufficient defense are not taken, the dental clinics can probably reveal patients to cross-contamination. As the knowledge of this novel disease is extending, dental practices should be better developed to detect a feasible CoV infection.

After gaining well right history introduce patients with expected, assured, or a history of CoV infection to Suitable treatment centers. And I am here to send a collective submission of data and current modulation for diagnosis and managing patients with this huge pandemic disease i.e. COVID-19.

The sudden breaking of CoV disease 2019 (COVID-19) in the area of Wuhan, China has develops fastly into a public health calamity. and it widespread from one part to the other part. It belongs to a family of single-stranded RNA virus. This family of viruses are known as zoonotic or disseminated from animals to human being. These includes SARS-CoV, first detected in 2002 and the MERS-CoV, detected in 2012. There is powerful verification that this novel CoV has comparably to CoV species develops in bats and likely in pangolins.

SYMPTOMS:—

Sometimes may be normal fever, flu, seasonal allergies, viral can lead to the hilarious disease named covid-19. Patients with CoV generally present with clinical symptoms of Pyrexia, cough and malaria. In addition, uncommon chest X-Ray. The major risk patient population display symptoms typical of pneumonia or (ARDS) and the patient with asthma, allergic patient, cardiovascular disease patient or immunosuppressive patient.

FEVER—DRYCOUGH—FATIGUE—SPUTUM PRODUCTION—SHORTNESS OF BREADTH—SORE THROAT—HEADACHE—CHILLS—NAUSEA/VOMITTING—NASAL CONGESTION—DIARRHOEA—HEMOPTYSIS—CONJUNCTIVAL CONGESTION

SARS-COV2 is highly transmissible when the patient is most symptomatic.

Imaging—

Ct-chest

Ground glass opacification with or without consolidation

Bilateral peripheral involvement especially lowe lobe.

Spreading / Mode of Transmission—

1 Aerosol splatter- 3 to 8 Hours
2 Copper – 5 Hours

3 Stainless steel – 12 hours

4 Cardboard/plastic/Paper – up to 24 hours.

5 Fomites - objects or materials which are likely to carry infection, such as clothes, utensils, and furniture

EXPOSURE OF THE TRANSMISSION IN THE ORAL CAVITY:

- Direct or in direct transmission -
  It can be transmitted though person to person like dat it spreads in the droplet form in the invisible molecular pattern or by direct contact of fomites like furniture’s or equipments
- DIRECT CONTACT like dat cough, sneeze, droplet inhalation
- Contact transmission like oronasal, eye mucous membrane
- Face to face communication
- Frequent exposure to saliva

PRECAUTIONS AND PROTOCOLS:

- AVOIDATION of use of Scaler and Airotor because it’s a droplet infection and aerosol related treatments.
- FREE TELECOMMUNICATION AND TELCLING
- PATIENT EVALUATION AND PHARMOCOLOGICAL MANAGEMENT for shifting of treatment
- Use of disposable (single use) instruments such as mouth mirror, syringes and blood pressure cuff to stop cross-contamination.
- RADIOGRAPHIC FEATURES: Extra oral imaging such as OPG or CBCT should be keep away from the gag reflex or cough that may take place during intraoral imaging. When intraoral imaging is commanded, sensors must be double fenced to stop rupture and cross-contamination
- Indication sign at the entrance of dental practice and instruct the patient having respiratory symptoms like cough sneeze etc.
- Reschedule appointment and take full travel history like if the patient is coming from the outside the affected country like china, US etc
- Temperature reading evaluation
- Install barrier in the dental office ie glass or window (not to close contact with patient its approx min 1m distance)
- Use of rubber dam.
- Autoclave and rinse with every 1% hydrogen peroxide after every appointment
- Cleaning of every areas every hour
For self protection-
• Dental professional should be always alert and identification of the patient with acute respiratory illness and refer to the nearby treatment center. And give surgical facemask to wear
• Avoidation of contaminated with saliva and dental treatment if in case it’s not in emergency condition
• Carefully using of sharp instruments.
• Avoid touching of anything without unwashed hands. I.e. eyes nose mouth etc
• Wearing of proper PPE(personal protection kit) kit and gown
• Washing hand properly and wearing of facemask and head cap
• Dental personnel should use N95 respirators or respirators that offer a more level of protection rather of a facemask when implementing or present for an aerosol-creating mechanism.
• Ensure safe waste management
• Educate others

MANAGEMENT AND PROTOCOL GIVEN BY MINISTRY:

• STAY HOME STAY SAFE
• Do not go outside all the useful equipment and things are avail on their home
• A distance of 1m is necessary to safety of all people
• Wash hand and use sanitizer
• Given lockdown two times for the protection and control rates
On March22’2020 -1day trial lockdown
On March23’2020-21days lockdown till April 14th ‘2020.

CONCLUSION:–

In culmination, healthcare professionals have the responsibility to save the public, and preserve high quality of care and contamination control. This new appearance SARS-CoV-2 threat could become a less pathogenic and more recurrent contamination in the worldwide population. In spite of, it is presumed to continue in our population as a less venomous infection with lenient symptoms.

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