



Date: 10 May 2020
Document Code:15-01
Version: 01

Guidelines

Guidelines for safe conduction of Senate sessions during COVID-19 outbreak

Objective

To assure safe and healthful working conditions for senate members during senate sessions by authorizing enforcement of the guidelines to reduce the impact of COVID-19 outbreak

Rationale

The Senate shares the task of making and shaping laws and checking and challenging the work of the government. High level meetings holding national level importance regarding COVID-19 and other imperative issues cannot be ignored. Senate members while attending senate sessions put them at risk of infection with COVID-19 outbreak. These protocols have been designed in order to minimize the potential for contracting COVID-19 and subsequently reducing its spread including specific measures needed to protect their safety and health

General Preventive Measures at Senate Secretariat

- Ensure Secretariat is always clean and hygienic
- Ensure cleaning of spaces (meeting rooms, restrooms, hallways) and shared items with disinfectants (door handles/knobs, elevator buttons, stair bannisters, tabletops remotes, light switches) three times daily. Surfaces (e.g. desks and tables) and objects (e.g. telephones, mikes, microphones, papers, pens) need to be wiped with disinfectant regularly
- Place sanitizer at entryways and provide senate members with disinfecting wipes
- Put sanitizing hand rub dispensers in prominent places. Ensure these dispensers are regularly refilled
- Display posters promoting hand-washing and maintaining good respiratory hygiene (cough etiquette advice)
- Ducts of air-conditioning systems must be properly disinfected and cleaned at all times



- Ensure screening of all senate members by measuring body temperature should be done at entry points by dedicated person(s) of the senate house along with other symptoms including dry cough, flu, and muscular pains etc.

Safety Measurements during Session

Pre-Session Preparations

- Pre-order sufficient supplies and materials, including tissues and hand sanitizer for all senate members
- Availability of surgical/medical masks available to offer anyone who develops respiratory symptoms
- Advise senate members in advance that if they have any symptoms or feel unwell, they should not attend
- Ensure record of contact details of all organizers, senate members and visitors at the e.g. mobile number, email and address where they are staying
- Develop and agree a response preparedness plan in case someone at the meeting becomes ill with symptoms of COVID-19 (dry cough, fever, malaise). This plan should include at least:
 - Identify a room or area where someone who is feeling unwell or has symptoms can be safely isolated
 - Have a plan for how they can be safely transferred from there to a health facility
 - Know what to do if a member tests positive for COVID-19 during or just after the meeting
 - Agree and finalize the plan in advance with healthcare provider or health department

During the Session

- Provide information or a briefing on latest updates of COVID-19 situation and the measures that organizers are taking to make this event safe for members
- Ensure that members should practice alternate greetings such as waving or bowing
- Encourage regular hand-washing or use of an alcohol rub by all members at the session
- Encourage members to cover their face with the bend of their elbow or a tissue if they cough or sneeze and ensure availability of tissues and closed bins to dispose of them in
- Provide contact details or a health hotline number that members can call for advice
- Display dispensers of alcohol-based hand rub prominently around the venue
- Arrange seats of the members at least one meter apart
- Open windows and doors whenever possible to make sure the room is well ventilated
- If anyone starts to feel unwell, follow preparedness plan
 - Depending on the situation, place the person in the isolation room
 - Ensure availability of N95 / Surgical/medical mask of that person



- Make arrangements to send him to assessment health facility

Post Session

- Retain the names and contact details of all members for at least one month. This will help public health authorities trace people who may have been exposed to COVID-19 if one or more members become ill shortly after the event
- If someone at the meeting or event was isolated as a suspected COVID-19 case, the organizer should let all members know this
- They should be advised to monitor themselves for symptoms for 14 days and take their temperature twice a day
- If they develop even a mild cough or low-grade fever (i.e. a temperature of 37.3 C or more) they should stay at home and self-isolate. This means avoiding close contact (1 meter or nearer) with other people, including family members
- They should also telephone their healthcare provider or the local public health department, giving them details of their recent travel and symptoms

Note: The above recommendations are being regularly reviewed by the Ministry of National Health Services, Regulations & Coordination and will be updated based on the international recommendations and best practices.

The Ministry acknowledges the contribution of Dr. Saira Kanwal and HSA/ HPSIU/ NIH team to compile these guidelines.



References

1. Transmission routes of 2019-nCoV and controls in dental practice [Xian Peng, Xin Xu, Yuqing Li, Lei Cheng, Xuedong Zhou & Biao Ren](#)
2. CDC Guidance for Providing Dental Care During COVID-19
3. Covid-19 Outbreak: Guidance For Oral Health Professionals
4. To, K. K.-W. et al. Consistent detection of 2019 novel coronavirus in saliva. Clin. Infect. Diseases <https://doi.org/10.1093/cid/ciaa149> (2020).
5. National Health Services – NHS (Link: <https://www.england.nhs.uk/coronavirus/publication/preparedness-letters-for-dental-care>)

ANNEXURE A

A. Dental Emergency Procedures

- Uncontrolled bleeding



- Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient's airway
- Trauma involving facial bones, potentially compromising the patient's airway
- Severe dental pain from pulpal inflammation
- Surgical post-operative osteitis, dry socket dressing changes
- Pericoronitis or third-molar pain
- Abscess, or localized bacterial infection resulting in localized pain and swelling
- Tooth fracture resulting in pain or causing soft tissue trauma
- Dental trauma with avulsion/luxation
- Dental treatment required prior to critical medical procedures
- Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation
- Biopsy of abnormal tissue
- Extensive dental caries or defective restorations causing pain
- Suture removal
- Denture adjustment on radiation/
- Denture adjustments or repairs when function impeded
- Replacing temporary filling on endo access openings in patients experiencing pain
- Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa

Routine or Non-urgent Dental Procedures

- Initial or periodic oral examinations and recall visits, including routine radiographs
- Routine dental cleaning and preventive therapies
- Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma) or other issues critically necessary to prevent harm to the patient
- Extraction of asymptomatic teeth
- Restorative dentistry including treatment of asymptomatic carious lesions

For more information, please contact: