

## **Dr. Aaron Burry - Infection Control Protocols How Are Dental Offices Dealing with COVID-19**

Chiraz Guessaier: Hello and welcome to CDA Oasis, I am Chiraz Guessaier. We continue to closely monitor and follow the situation with the COVID-19 pandemic, and we have been at CDA working to support our provincial dental associations in their response to their members' needs. So today I am once again joined by Dr. Aaron Burry. He is associate director of professional affairs at CDA and the lead staff on the COVID-19 pandemic. Today he is here to talk about how infection control protocols in the dental office are evolving in light of the recommendation to dentists to only treat emergencies. So, Aaron, it's good to see you again and see that you're doing well.

Dr. Aaron Burry: Nice to see you as well.

Chiraz Guessaier: So, Aaron, can you please tell us what are the main changes happening in the infection control protocols and is it still safe to go to the dentist?

Dr. Aaron Burry: So, as most of you know, the infection control, and certainly at least the level of infection control practice in Canada is one of the highest in the world. I mean, we have very strict protocols around this. However, what is changing is we're now in the middle of a pandemic of which it's not just what's associated with the, basically what's happening in the dental office, it's really this whole thing of social distancing and preventing the transmission of a virus that largely sticks to surfaces, in particular hard surfaces, and that can be relatively easily transmitted. That's what we've learned. This particular virus is easily transmitted, and people can walk around with no symptoms and still pass it on. So that's a whole game changer in terms of this. So, it's not related to infection control specifically to the dental office, it's related to how everything is evolving around social distancing.

Dr. Aaron Burry: So, one of the first things that you've seen this week is in order to meet that mandate of largely having people stay at home and not be out engaged is elective dentistry isn't something that we absolutely have to do today. So, therefore, we're not doing elective dentistry and at the same time patients still have to be able to access emergency care. And so, what you're seeing is an evolution, and fairly rapidly in terms of trying to balance two things. One is maintaining infection control within the operator, which is the appropriate personal protection equipment, but then also being cognizant that there's this potential that an aerosol – in particular for someone who carries the virus – that that aerosol may be in the air and stay in the operator and therefore given something that is relatively easily passed on, a next patient to be able to pick it up off of their hands or some other way.

Dr. Aaron Burry: So, what you're seeing is those combination, those two things coming together, which are making things stricter than they have been. So, the whole notion right now in terms of maintaining social distancing and so on, the notion of a waiting room no longer exists. You're typically [transferring] patients directly from the exterior to an operatory – if it's an emergency situation – using the full protective equipment that's being recommended. Covering all surfaces. Doing the treatment. And then exiting that patient directly out of the operatory or out of the office, in fact, and then having them avoid touching anything in between. So, this is a different kind of world that we're now living in. If someone is actively sick and/or you're planning to use aerosols, this is why they've moved to the whole notion of an N 95 mask. That is to protect yourself. Because the virus, it is aerosolized, you have the potential to breathe something in. And they're really, we don't want dentists or anybody in the office to now all of a sudden have contracted it and then potentially pass it to someone. Particularly now that we know that this is something that you may not have any symptoms as a younger person.

Chiraz Guessaier: The other thing that a lot of dentists have asked about, and we were also debating is the notion of what constitutes an emergency versus what is not an emergency? Do you know how far we've come into that conversation?

Dr. Aaron Burry: There's different things that are coming out. But essentially, you know, it's part of the conversation, there are things in which there's pain, infection, and where it is strictly something where the person cannot manage whatever dental pain or dental infection they have and they need to be seen, or they need to have some kind of intervention. So, I think at the first level is through a telephone conversation, through telephone conversations, through a telephone intervention is what is the source of the pain? Is this something that we could manage in the short term or medium term with antibiotics and pain medications and get those prescriptions? Or is this something that we absolutely have to be able to see? I think this is going to require, and it does require, some degree of discretion depending on the circumstance.

Dr. Aaron Burry: So, if I look at Mondays, for myself, with these protocols coming into effect is what were the things that were truly emergencies and what were the type of things which we said no, we don't need to see this patient at this particular moment in time. One of the cases of which we received a request from the hospital to see was a lady who was seven months pregnant. And the physician's concern was she had an excruciating tooth ache. A general dentist had tried a week before to do something and wasn't able to be successful because she was difficult to freeze, etcetera. But she's now in excruciating pain and the physician's concerned with the welfare of the fetus in this particular case, and that this would result in a premature delivery if we didn't get the pain under control. So, this is pretty much something where the welfare of the mother, the welfare of a child is at stake.

- Dr. Aaron Burry: And to me that's an emergency. This is something where we really needed to intervene and to actually do the treatment that was required. One of the other things under the protocols is that generally there's not time to do a lot of others, other than generally some form of an extraction, at this particular point. So again, an extraction that involves aerosols, you're looking at wearing N95s and the full protective equipment that we have available. We happened to have all of that available and be able to do it. So that's one case where you know, you look at, that's an emergency. Similarly, with someone who'd had a history of cellulitis over the weekend, they've now got it under control, but they really want the teeth out of the area and get this infection [inaudible]. And as one of the physicians said, I want this patient out of my emergency room, I want them somewhere else.
- Dr. Aaron Burry: So those are a couple of examples which are very sort of practical. A third case results to, you know, patient who's relatively in good dental health, who broke a mesial-lingual cusp on a lower molar. It's a smooth break. It's not carious. It's a little rough to the tongue, but they can survive it. Okay, well that's not an emergency. That's not something that we really need to bring in today and to do it. It's urgent or it's something that's irritating, but it's not something that we would put at a top end roster to bring in and to be, you know, using that extent of PPE, and so on.
- Chiraz Guessaier: One final question, Aaron. We hear the medical professionals now come out and say everyone should consider everyone else as somebody who is infected with the virus. And dentists should do the same, consider that every patient that they decide to treat may be infected with the virus. However, if they're treating emergencies and we're hearing about the shortage in masks, the shortage in equipment, how can they fulfill the recommended infection control protocols and stay safe?
- Dr. Aaron Burry: So, you know, this is one of the key things why what you're seeing is a transition and we're transitioning through a series of public health mitigation measures. They are trying to mitigate the spread of the infection. So, in the initial days it was very focused on people who had been traveling. So, you heard a lot about the screening at airports, self-quarantine after coming back from travel and so on. Now it's moved into a different phase because there's what they call community spread. What that means is that somebody, potentially, there are people in our community who are carrying the virus who can spread it to someone else. That's a complete game changer from a public health perspective because generally what you see is that it becomes impossible to screen and track all potential contacts, because people just simply have too many contacts in a much of a day and you get, that's what really triggers the epidemic, if you'd like at that point.

Dr. Aaron Burry: So that's what's changed for dental offices in terms of what we're trying to do, which is, not essentially have people social interacting in virtually any way. There's no reason for them to be out, then they're not going to be out. I think when it comes to emergencies, what this means is now, as you've seen from several of the colleges across Canada, are some very stringent guidelines around how you can treat patients. And I think what's happening now at the local level, this is where the provincial dental associations are involved, is trying to figure out how we're going to deliver services in that kind of environment. So, I would suggest you get in touch with your provincial dental association. Be involved. Your office may not be the place, it may be some other place that has to be designated so that they have the appropriate protocols and so on in place. But also the ability to think this through from, not from a dental office perspective but so much from a virus that we know is relatively easy to pass on and therefore is do you have the right office, the right location to be able to, you know, to do that? And in some cases, particularly people who are sick, there will be very few places that will really be appropriate for care to be delivered.

Chiraz Guessaier: Perfect. It definitely is not the usual context or the usual situation of treating patients and doing dentistry, but we want to reiterate that it's still safe. And if dentists decide to take on emergencies, they are really taking all the necessary precautions. And the provincial dental associations are helping as much as they can and there will be more support in the coming days. So, we want to reassure everybody that nothing has changed on the front of the infection control things it's just that they are trying to do their best to deal with the cases that are coming their way. Aaron, as usual, thank you so much for taking the time to speak with me. We will be back again, shortly.

Dr. Aaron Burry: I know, Chiraz, this thing changes day by day and that is something else in terms of nothing at this point is carved in stone. It's all, you know, sort of written in invisible ink. It's there for the moment and then something else disappears. So, it's very much about that. I can also say from some personal experience this week, working under new protocols, that we're kind of trying to get this set up and working under those protocols is challenging. It really is, in terms of thinking all that through and all the extra work and care that goes into just making sure that all the staff are safe, the patients are safe, we are able to get them in and out and to be able to give them care that they really, really needed. And it's not that many people at the end of the day, but when they need it, it's a good thing to be able to be there and to have the equipment and to be able to deliver it.

Chiraz Guessaier: Definitely. Thank you so much, Aaron. See you soon

Dr. Aaron Burry: My pleasure