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Editorial

We are operating in unpredictable times and I feel it is paramount that we take stock of our situation as primary health care providers. The extremely contagious nature of COVID-19 forces us to look very carefully at our dealings with patients now and into the future.

It is usual for us as clinicians to adopt quickly to problems that arise in our management of patients, but this most recent Pandemic must surely force us onto the front foot and both be inventive in initiative and upgrade techniques for our self-protection.

The virus is peculiarly associated with nasal, oral and upper respiratory epithelium and related secretions. Anecdotal reports from international epicentres indicate clearly that health care workers operating in close proximity to the oro-pharynx are at very high risk of infection from this virus. It is foolhardy to deny the deadly nature of this virus. As surgeons we need only one interaction for it to compromise our health.

In the absence of readily available and rapid detection testing we must assume that all patients are COVID-19 positive. To deny so is at one's peril. The current advice for the suspension of all elective surgery where an aerosol environment can occur is based on this premise. The need for such prohibition of care highlights the situation where we, as clinicians, must avail ourselves of the protective equipment that will probably, in the very near future, become the norm.

I for one can easily recall all exodontia procedures being done without gloves in the pre-hepatitis B years and it is this memory that prompts this message. It is no longer appropriate for us to practice catch-up method. There are so few of us who are primary health responders and hence we must protect ourselves aggressively.

The increasing numbers of infected personnel will, as predicted, taper but the virus will remain infective within the community and just as deadly until a vaccine is available. The current personal protective equipment is inadequate for persons dealing with this disease. We must upgrade immediately or withdraw our surgical care.

Emergency relief of pain and treatment for potentially life-threatening infections ought be our only focus of attention at this stage. All other surgical procedures ought be considered elective and relegated to established or new waiting lists.

In the longer elective term, these patients will have to be tested for the virus so that they can be relegated to high risk protective treatment regimen or treated as before this pandemic.

It is reasonable to assume that most of our hospitals and clinics are not, presently, geared for multiple COVID-19 patients presenting for routine Oral Surgery. Our stance has to be that, in the absence of such personal protective equipment, we must defer treatment. This obviously is



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not in the best interests of our patients but it is a step that prevents the possible decimation of our workforce.

Urgent attention to the provision of operator protection equipment for the treatment of patients is a priority. The need for testing for the presence of the COVID-19 in our patients is a dilemma and an argument for another day.

My recommendation is that we focus **only on urgent cases** and that these patients be treated in high risk protective clothing.

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