TALES FROM THE TRENCHES

COVID-19 Stories

from AAID Members

In December 2019, an outbreak of the novel coronavirus in Wuhan, China, sparked what became a global pandemic. As the new year progressed in January and February, COVID-19 made its way through Asia and Europe like wildfire. Although we spent those early days glued to news shows, it still came as a surprise to many as the virus took hold in North America in March. Soon, cities across the continent shut down and people quarantined in an effort to stop the disease in its path. Today, we are still feeling the societal implications of COVID: emotionally, economically, and clinically. The effects of this virus have indelibly changed the world.

Dentistry, like many professions, had to pivot quickly to deal with the health and financial consequences of COVID. As practitioners with the mandate to heal, dentists have been particularly challenged by the quest to move forward during these difficult times. With their dual roles as clinicians and business owners, these individuals had to find a balance between treating patients while protecting themselves and their staff and keeping their practices afloat. Interviews with eight members of the American Academy of Impact Dentistry from across the country and Canada uncovered recurring themes on how they have endured COVID and how the pandemic may have permanently changed the way they will provide care.

THE SHUT DOWN

AS A PRACTITIONER AND A BUSINESS OWNER

"When COVID broke out in China in late 2019, I remember thinking that it wouldn't affect me," states Dr. James Miller from Hillsboro, Oregon. Many of his colleagues felt the same, making March's shutdowns even more unsettling. "It wasn't long before Oregon ordered dentists to stop seeing patients at the risk of a Class 3 misdemeanor," continues Dr. Miller. "We were healthcare professionals who were not allowed to treat patients except in the case of an emergency. And the definition of that term was not clear. We had to hold a CE course to discuss what was meant by the term 'emergency'."

Dr. James Miller

While practitioners understood that closing was important to slowing down the virus, these individuals were also business owners who could not ignore the impact this decision would have on their employees. Dr. Frank Caputo from Cudahy, Wisconsin, notes that his office could only support a skeleton crew to triage calls and handle urgent cases. "We had no choice other than to lay off the rest of the staff. We felt bad making that announcement, but what else was there to do? There was no income flowing into the office and the Paycheck Protection Program (PPP) wasn't quite clear at the beginning. Most applied for unemployment."

Dr. Frank Caputo

Dr. Lawrence Nalitt's office in Brooklyn, New York, is located in a low-income area that had high COVID numbers. He was very concerned about his staff. "I thought it was critical to reassure them during this stressful time. We talked about unemployment and furloughs, and that they would still have a job when the office reopened," states Dr. Nalitt. Ironically, he tested positive for COVID on the day the office officially shut down. "On that last day of work, I wasn't feeling well. Any other year, I might think that I had a little bug. Within a few days, my fever was 102 degrees and had a slight cough. Telemed said it might be COVID, but testing materials were scarce at that time, so I just quarantined at home for two weeks. Two months later, I tested positive for the anti-bodies."

Dr. Lawrence Nalitt

Luckily, he had a mild case and was able to help out patients via telemed and referrals. "New York was in bad shape at that time with overflowing emergency rooms. I did not want to send anyone to the ER for a

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Opposite page:
Dr. Lawrence Nalitt at his office in Brooklyn, New York

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Dr. Nalitt acquired necessary PPE including face mask and face shield.

toothache. I kept in constant contact with my staff, practiced telemedicine, and worked with colleagues to help patients."

Dr. Lion Berzin

Dr. Lion Berzin from Toronto, Canada, tells a similar story about shutting down his practice after receiving an email from the Royal College of Dental Surgeons of Ontario. The directive prohibited dentists from providing non-urgent services beginning the following day. "Staff-wise, we laid off 20 employees across our two offices, all of whom were eligible for wage subsidies from the Canadian government," he notes, appreciating those governmental supports.

Dr. Kelly Kaban, who practices with her father in Huntington Beach, California, made the joint decision to close the office completely and refer patients to other dentists during this global pandemic. "Our staff has been with us for many years and are like family. We did not want to put any of our employees in an unsafe position, even though this was not an easy business decision. They are on unemployment and we have stripped down our expenses to the bare bones," says Dr. Kaban. "We were outliers and did not see emergencies. We didn't want to open until we had more information on how to treat patients during this virus."

Dr. Kelly Kaban

REOPENING OFFICES

GETTING THE RIGHT INFORMATION AND PROTOCOLS

By May, most offices began to reopen, and they moved forward with a mix of excitement and trepidation. Each of the dentists interviewed expressed frustration with trying to obtain PPE, navigating access to the governmental safety nets, and deciphering the correct guidelines and protocols.

Dr. Grace Chung

"We reopened on May 12, following some intense training with the team," states Dr. Caputo. "The decision to reopen was filled with mixed emotions—some were excited to get back to the office to start treating patients, while others were filled with anxiety and fear. The weight of trying to navigate these tough decisions was not easy. We were trying to make sure our patients were being treated, trying to ensure our business could operate, and trying to get our team to feel comfortable with working in this environment again."

Dr. Grace Chung from Henderson, Nevada, notes that one of the biggest challenges was sifting through the mountains of information for best practices and guidelines. "Small offices like mine don't necessarily have the resources or people to call at their fingertips when we need advice," she notes. "State leadership did what it could do to help but they were preoccupied with the very conflicting data on how to move forward. In the end, we mostly relied on our dental colleagues for developing a roadmap for protocols – in terms of safety and to help keep our business above water."

Others experienced the same confusion, but were able to find protocols that made sense to them. "Soon, we started to see the American Dental Association (ADA), Occupational Safety and Health Administration (OSHA), and the Centers for Disease Control and Prevention (CDC) develop some type of guidelines as it applies to dentistry," explains Caputo. "The guidelines may not have been perfectly clear, but it gave some direction. Temperatures and screening questions have proved instrumental in lowering risks. Smaller protocols included hand hygiene, face coverings, and a change in PPE. The biggest change for us is that some of our team members decided that the risk was too great to return."

Dr. Nalitt took guidance from the CDC, AAID, ADA, and the New York Dental Society on how best to proceed. "Different

"In addition to expanded safety protocols such as COVID-19 patient screening and enhanced infection control, my staff and I are routinely wearing 3M™ Versaflo™ TR-300+ Powered Air Purifying Respirators."
— Dr. Kelly Kaban

Dr. Kaban utilizes a heavy-duty, hospital-grade air scrubber (Air Rover APS2000) that purifies the air in her office at a rate of 10,000 cubic feet of air in 23 minutes or 2,000 cubic feet per minute. The air is purified through HEPA filters and UV-C lights.

sources came out with different guidelines and suggested equipment for safety.

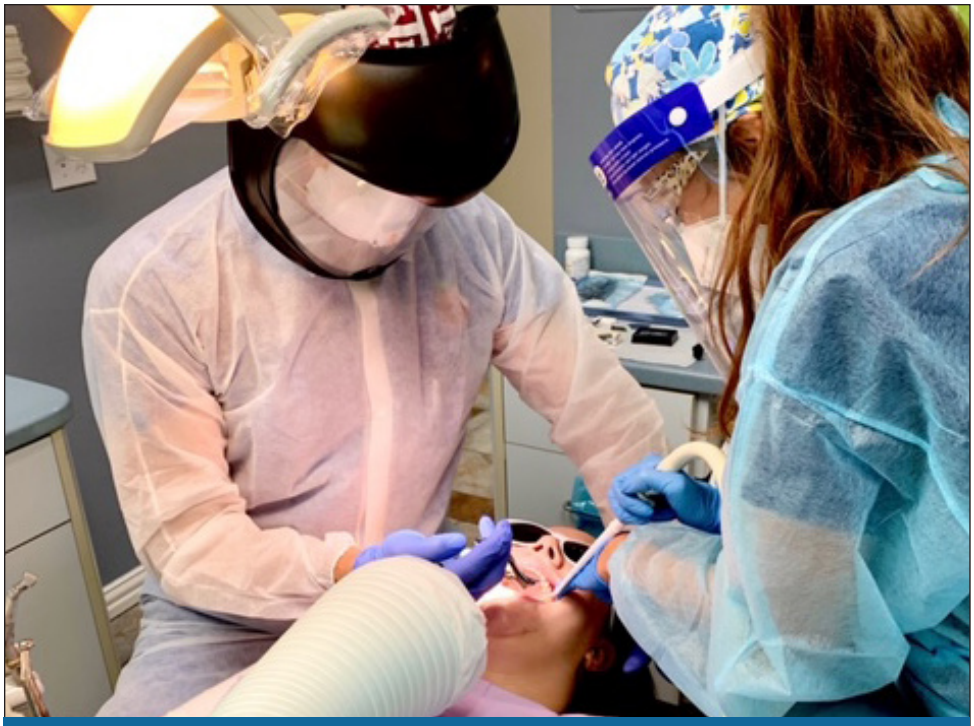
However, I talked regularly with peers to figure out how to navigate during this difficult time – in particular, the district 'happy hours' on Zoom organized by the AAID were great opportunities to strategize and learn more about protocols."

Dr. Miller also relied on other credentialed dentists in his state to develop a plan when he felt that he didn't get any official guidance. "We met on Zoom and asked ourselves questions like: Should we revamp HVAC systems to filter and clean the air? What about using pre-filters, carbon filters, HEPA filters, and UVC light systems to kill viruses?"

Dr. Berzin in Canada also tried to stay abreast of the new information that was being released. "Many practices bought new products and technologies to meet the ever-changing protocols, only to be told that they were no longer being required," he notes. "In fact, I almost 'pulled the trigger' several times to purchase new equipment that quickly was pulled from the revised guidelines. In the end, it turned out that we already followed many of these practices and did not need to change much in our office."

Obtaining PPE was a challenge and working in the equipment has not been easy. According to Dr. Nalitt, dentists were asked to donate their PPE to front-line workers in hospitals at the beginning of the pandemic. Therefore, many practices found themselves without the protective equipment for their own safety when dental offices eventually reopened. States Miller, "We had difficulty in getting PPE – including getting fitted for N95 masks. People don't realize that each N95 mask manufacturer required its own fitting. Eventually, I found KN95 masks, but it turned out that they were fake."

Another frustrating issue has been accessing governmental benefits such as PPP and unemployment benefits: forms were confusing and phone calls for clarity went unanswered. Dr. Miller shared that one member of his staff that didn't receive his unemployment benefits for more than two and a half months. And Dr. Nalitt still feels the stress experienced with the collapse of the economy while his practice was closed, thus hindering his ability to earn money.



Dr. Jay Elliott's staff wearing PPE while caring for a patient.

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NEW PRACTICES

Dr. William Liang from British Columbia states, "Here are some of the things we learned: Coronavirus is not a hardy pathogen. It can be easily destroyed outside the body. The trick is to manage the workspace, focusing guidelines on sanitizing surfaces and the air quality. Our current aseptic protocols in dentistry far surpass the requirements to kill SARS-COV-2 virus. Dental practices should address the air quality. We are researching and revising air filtration systems for small particles and aerosols. One possibility is a Hypochlorous Acid fogger (HOCL) which fogs the air in the room and destroys the virus on contact. This can be done between patients. It is important to be cautious and willing to adapt when we don't know the pathology of the disease. We cannot easily test for the presence of the virus after thorough disinfection, but we could use devises such as the ATP meter adopted by the food industry do the job. While it is not an exact process, it does show what we are doing is working." [See box for other new equipment and protocols.]

Dr. William Liang

LESSONS LEARNED: THE GOOD, THE BAD AND THE UGLY

Dr. Kaban and her father have reopened their practice. "Ultimately, reopening is about our own risk tolerance and we wanted to have more protections in place before coming back. Some dentists went in as soon as the state allowed. Others were nervous about how quickly offices were opening without new information about risks and protocols. For us, it was about the health of our staff and ourselves. In particular, our dental hygienist was concerned. You can screen patients, but what if they are asymptomatic? If I am not willing to put myself in that position, I won't have my staff or patients in it either. I felt that we needed more information from the CDC, ADA and other sources/journals with evidence to further understand the virus to inform the decision process."

Dr. Jay Elliott

Dr. Jay Elliott from Houston, Texas, feels that this time is reminiscent of the AIDS crisis in the 1980s. "I am the oldest in my office – and was around for the uncertainty that came along with the HIV/AIDS crisis in the 1980s. I was able to impress upon the staff that a lot of people would be afraid and we needed to reassure them. These new protocols will become regular tools in our kit as gloves did following the AIDS crisis."

Dr. Miller concurs, "I think the biggest lesson learned is one I learned from the 1980s AIDS crisis: you cannot let fear take over. I didn't become a dentist to treat well people; I became a dentist to treat the sick. We need to make educated decisions on where to proceed safely."

Others see a silver lining from this difficult situation. Dr. Chung notes that "being away from dentistry made me remember how much I love the profession. Our staff as a team is stronger. And I have brought in my teenage children to help out at the practice – a side benefit I did not expect!"

Dr. Liang, who is also the director of the AAID MaxiCourse® in British Columbia states that this pause in time has allowed him an opportunity to better reflect on matters and to figure out priorities. "I have had several ideas for restructuring and improving the course over the years. But time has always been at a premium and getting the other organizers together to work on the program has been an impossible task. During the quarantine, we were all able to gather via Zoom and enhance the quality of the series. We are ready to move forward with enhanced materials and a wider variety of speakers."

Dr. Elliott also moved the Houston MaxiCourse online beginning in March and went through May. It has been a real challenge for both the course and participants.

"I'm looking to make the experience better for myself, my assistant, and my back office. We realize that the upfront costs may be higher, we believe these strategies will save us money in the long run," Dr. Kelly Kaban says.

Here are some of the protocols / equipment that the group has started to incorporate.

Respiratory and air circulation in operatories and in common space

- Engineering changes to the air controls in the operatories
- Retrofitting the office with an air scrubber to allow for negative pressure
- HEPA filtration units
- Aerosol protection for every operator in the practice
- ULPA filtration -- leave them running all day, whether or not there is a patient in the room
- Ozone generator when leave room that kills everything
- Air purifying respirators (PAPRs)

Infection control

- Spread out time between patients to allow for disinfecting and air decontamination in operatory
- Wrist-to-knee, full-length overgowns and pharmaceutical wipes
- Removing furniture and decorations from office
- Remove clutter like magazines
- Heavily sanitize high touch areas several times a day

Patient logistics

- Pre-screen patients/take temperatures.
- No waiting inside – wait outside until appointment
- Online forms
- Preform all needed work in one appointment vs. spreading out over several
- Meet with whole family/bubble to take care of patients with less downtime

Hygienists

- Use hand tools
- High volume evacuation
- Schedule these appointments for the end of the day so the rooms can be left overnight for decontamination
- Having patients pre-rinse with hydrogen peroxide to minimize risk of germs in their mouths
- Oral suction units