**Matter of Perspective on Protocols**

This is an alarming and confusing time in the practice of dentistry. The regulators and dental associations are doing their best to bring together information from all over the world and using the most current science to suggest ways to protect yourselves and your staff from becoming infected by Covid 19.

In the case of this virus, in dental offices the most important step for protection is the screening and if asked the questions and the patient replies negatively to them there is a really high chance – on Prince Edward Island- that they are as healthy as you are. If there is any doubt or you are worried re-book them in 14 days time. There is nothing to be gained by taking on any additional risk plus all the additional protocols for treating this patient.

Physical separation by 6 feet and frequent hand washing are the most important part of the protocol in the office. This is for all people in the office.

Each part of the guideline is formed on its own merits and evaluated as to its effectiveness in keeping us safe. Each step can be quantified and studies will show by how much doing something will cut the odds of becoming infected. Every additional step taken adds another level of protection and the effect is cumulative. Remember that because if something we do is 95% effective in removing the virus or cutting back on some risk then then there is only a 5% remaining. If something else is then done which reduces it another 95% there is only .25% of the original risk remaining. This is on POSITIVE PATIENTS – on healthy folks the reduction in risk really doesn’t matter!

Physical Separation is not possible when providing treatment so PPE’s are added as are changes in operating procedures. The guidelines are written with certain facts considered about the Coronavirus and additional parts added if one wants to further cut the risks. There are some that are of use with certain viral contagions that are not applicable in this case. The guidelines from BC are a good example where they agree with the premise that the Covid virus cannot live in a small aerosolized water particle but needs a larger droplet to be spread. Splatter and salivary contamination are much more serious methods of transmission than aerosol so their protective methods are directed to control these. In a low risk patient all current standard infection control procedures are considered adequate and they don’t even talk about things like AIR CHANGES and negative pressure rooms.

You have to try and read the protocols and see how they are all added together for a combination of safety and protection – almost any one step would be enough to cut the risk to minimal but all added together it probably is overkill – but better safe than sorry.

AGAIN – these change every day when we wrote ours and CDA developed the back to work protocol we adopted – BC hadn’t even sent out a first draft.. These guidelines are from the BC Center for Disease Control under Dr. Bonnie Henry from PEI. I enclose them not to confuse but hopefully to give another perspective and possibly provide some clarification.