PERSONAL ACCOUNT

'Wearing ear-loop blue surgical masks is a fight to win'

By Imania Khan, DCT, Manchester, UK

It all happened all of a sudden really. Cancel this list, postpone that clinic, rearrange those patients.

'Did you see the news last night? Numbers are going up, aren't they?'

'Have you heard they're fit testing on the ward? Imania you should go and get yourself tested and get a mask.'

I asked as confused as the next person... 'What's fit testing?'

This year has been unequivocally the most unpredictable year in anyone's lifetime. With the COVID-19 pandemic dictating how we should live our lives and go about our daily activities, many people have found this new norm a struggle to get used to.

The adjustment needed to be made by dentists was one we were all taken aback by to say the least. Moving from being closed down completely, to emergency hubs being created to allow the provision of urgent treatment, to opening of practices with no warning, and the introduction of fallow time and excessive but necessary PPE, we've all been through the mill.

As a dental core trainee, working as an OMFS SHO during the peak of the pandemic, I for one could not believe what was happening around me. As a newly qualified dentist, the worst you expect to be doing in a job like mine is maybe taking bloods, placing cannulas or doing discharges and prescribing medication that's not in the *Dental Practitioners' Formulary* (DPF). But when almost all elective surgery was halted, our skills had to be put to good use elsewhere and for me that was in A&E dealing with dental emergency after dental emergency.

With dental practices being closed, the essential triage of these patients was non-existent and so I would regularly get beeped to review a patient with toothache or a very mild dental swelling. However, dental abscesses, which were sometimes life threatening, became a very common presentation to our Emergency Department (ED) during the pandemic. If these patients needed admission and listing for emergency theatre, had their COVID status been confirmed as negative? With COVID swabs being difficult to source, both staff and patients were left in limbo and had to make decisions and overcome hurdles that were non-existent just a few months before.

During the peak, our ED was full to the brim with positive COVID cases, and ED minors was confined to maybe one or two bays, the rest being converted to majors, with query COVID cases occupying almost every bay. There was no way of avoiding it if you were venturing to A&E to review a dental patient. As a singly-qualified dental professional working in hospital, when all dentists around me were furloughed at home, I really felt like I was out of my depth.

Many DCTs were redeployed to help on other medical or surgical wards, and DFTs redeployed to Nightingale Hospitals, and quite frankly it was a question of 'Is this safe? Is it right to put a singly-qualified non-medical member of staff on the front line in charge of medically compromised patients?' Not to mention how it affects our dental core training, or lack of it so to speak.

Furthermore, many of these dental professionals are of the BAME (Black, Asian and Minority Ethnic) community, and many of them have underlying health conditions or live with people that are shielding. Is it wise to expose them to a virus that has no cure, while there is also a national shortage of PPE, and therefore no PPE available to protect them? Many of our colleagues were forced to live in hotels and stay away from their loved ones just so they could work through the pandemic. Fast forward to July and August time, large shipments were made and plenty of PPE was ordered for staff and patients alike. In August the donning of surgical masks became compulsory in hospital corridors and wards, and COVID swabbing prior to elective surgery became a must.

In the current climate there is a grey area surrounding aerosol-generating procedures (AGPs) and non-AGPs, with different trusts classing procedures in different categories. As a clinician who

“ has to don PPE to perform an AGP I can assure you that only if it is a necessity, do I want to wear it. As a headscarf wearer, with the suffocation you experience from the FFP3 masks plus a visor, and the warmth from the gowns and tight gloves, on top of the large operating theatre lights shining directly down on you, by the end of a 10–15-hour surgery you’re ready to collapse.

But do we have an alternative? I will wear the PPE to protect myself and those around me, but as a member of the BAME community, let me tell you it’s not easy. Wearing ear-loop blue surgical masks is a fight to win; as my ears aren’t exposed, I have to resort to using a knitted device with buttons attached to it to hold my mask in place, as tie masks are not as readily available in hospitals. My Sikh colleagues who wear turbans are going through the same struggle. Further to this, Muslim and Sikh men who have grown facial hair for religious reasons are facing the dilemma of shaving or investing in an extortionately priced hood.

In conclusion, the virus has affected many of us in many different ways but I’d like to make everyone aware that the sacrifices that are being made aren’t going unnoticed. The struggle that you are going through at present, someone else somewhere is going through too. We are not alone in this, and this is a reminder for us all to check on our colleagues regularly and support them, as you never know the sacrifices they’re making just to earn a living in this new-found norm. Look back and be proud of how far we have come as a community and as a profession, and hopefully this will give you the strength to stay positive, keep calm and carry on! ■