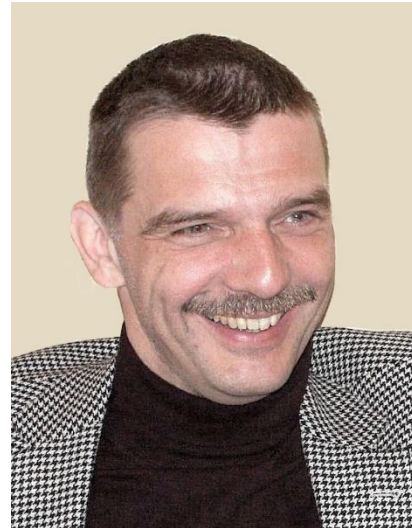


## Interview with MR Dr. Franz Hastermann, Dentist in Vienna; President of the Austrian Society for Hygiene in Dentistry

**Corporate Communications:** Just weeks ago, we were in the headlines with "Risky Dentist visits". It was recommended that only in urgent cases one should go to the dentist. How do you see the situation now?

**Franz Hastermann:** The situation in the first few weeks was mainly due to the fact that no protective equipment was available - neither in free trade nor on allocation from the sphere of government procurement. The state of knowledge about the possibilities of spreading the virus was also still very diffuse. Now - albeit with difficulties - at least the most important protective equipment can be obtained again. The current hygiene practice is justified: NMS masks in combination with a protective visor provide very good protection - provided, however, that we do not have any COVID-19 patients or infected persons sitting in the chair.



One problem is, of course, the long-term wearing of the protective equipment. With the full optimum protective equipment - i.e.: overall, FFP2- or FFP-3 mask and protective goggles – performing dental work over a long period of time would be unbearable.

From a hygienic point of view, the combination of NMS mask and protective visor is completely sufficient for normal treatments - i.e.: no operations.

**Corporate Communications:** What does the most important protective equipment for the dental practice include?

**Franz Hastermann:** This must be seen in the temporal context. Currently, an FFP2 or even FFP3 mask is only to be worn if there is a suspected COVID-19 case - and by definition this should not even exist in our practices. For all other patients, a Level 2R NMS mask and a protective shield or goggles are the minimum equipment required. When working aseptically during an operation, new and sterile surgical equipment must of course be used each time, as was previously the case.

**Corporate Communications:** How does the protective visor compare to this?

**Franz Hastermann:** The protective visor can only ever be an additional measure and is mainly recommended for two reasons: On the one hand, as splash protection for the eye, because the eye is a mucous membrane and therefore able to absorb the virus.

It also protects the MNS mask from splashing. This means that the mask is less quickly soaked through and can be used for longer. The protective visor is therefore also an aid to using the mask for longer.

**Corporate Communications:** In view of the hygiene measures currently in force, can you now recommend that a patient visit the dentist without hesitation?

**Franz Hastermann:** Yeah, sure. At the moment I see no reason to tell a patient please do not come to the dentist with your problem, even if it is only a small problem.

Oral hygiene, i.e. professional tooth cleaning by the dentist, is a constant source of discussion. It must be clearly stated: In principle, oral hygiene is just as risky or not risky as all other treatments that generate aerosols.

Our problem in the first weeks was that Ultrasound or Air Flow in the context of oral hygiene put a lot of strain on the protective equipment. This means in plain language, after a larger oral hygiene session, the protective equipment is so dirty that it usually has to be changed. In the beginning we had far too little protective equipment, so for some time no oral hygiene was carried out.

In the meantime, the supply of protective equipment has improved considerably. Therefore, oral hygiene in our practice will be back in full operation from next week.

**Corporate Communications: What measures have you implemented to improve hygiene in the era of COVID-19?**

**Franz Hastermann:** Patients are only allowed to come by telephone appointment. Should a patient in pain come at short notice, we will of course still have the possibility to treat him.

There is a stop sign right after the entrance door. There, the reception assistant asks the patient to wash their hands for 30 seconds in the patient's toilet. The WC door remains open in this case so that the patient does not have to touch the door handle. At the reception there is a plexiglass cover for the receptionist. The receptionist wears an NMS mask and gloves.

We also accept the E-card in our practice and clean it with a disinfectant wipe after insertion. Others only use the O-Card so that there is no contact between the patient and the hand of the receptionist.

The waiting room is also a bottleneck in our relatively large practice: With the current distance rules we can accommodate a maximum of three patients. But we also try to reduce this by admitting the patients into one of the three treatment rooms as soon as possible.

So far, this is working quite well, even though it is an organizational challenge, as the waiting room must not become full. In addition, of course, this means that we are nowhere near achieving the treatment frequencies and patient numbers per day we had before the crisis.

**Corporate Communications: What effects did you feel at the peak of the COVID-19 crisis? And how is the situation developing now?**

**Franz Hastermann:** One cannot even speak of a decline - there were simply no patients left. We were not closed at any time but ready to operate four days a week with four hours of surgery. During these four hours, a maximum of between six and ten patients came, which is only a fraction of our normal frequency.

Now things are slowly getting better - we have about 30 to 40 percent of the usual number of patients. It will probably be months before we get back to 100 percent of our usual frequency.

**Corporate Communications: Is it foreseeable by when dental surgeries will be able to return to normal operation?**

**Franz Hastermann:** From the will, as well as from the hygiene and from the protective measures a normal operation would already be possible now. However: We must be aware that every patient who comes in at the door could theoretically be infected - without him knowing it. In other words: the current precautionary measures will probably have to remain in place for much longer.

I think that the earliest we can think of a regular operation, as we were used to before this drama, is in autumn.



**Corporate Communications: From a health perspective, what risks do patients accept if they postpone their visit to the dentist too far?**

**Franz Hastermann:** The risks involved are rising sharply. Certain treatments can easily be postponed for a few weeks without any increased health risk or harm. Other treatments simply cannot. Let's stay with the example of oral hygiene: for someone who would have needed it urgently eight weeks ago, it is now high time to carry it out.

Unfortunately, this currently affects many medical fields: Routine check-ups, which are essential for the early detection of serious diseases, are currently all too often postponed. And that is worrying.

Yes, I see it as an urgent necessity that patients come back regularly for preventive care in order to prevent future damage or to be able to make the right diagnosis in time. I can therefore only urgently recommend giving up the reluctance to visit the dentist. In any case, a visit to the dentist is unobjectionable from a hygiene point of view.

