varying according to the size of the operatory and can easily be calculated by dentists using the following simple formula: airflow = ACH × volume/60, where airflow is the mechanically exhausted airflow rate in cu ft/min and volume is the room air volume (length × width × height). The maintenance of negative pressure ensures prevention of the spread of COVID-19 from the operatory to other areas, and it is easily achieved by maintaining exhausted air 10% to 15% more than the supplied air. AAD means that clean air is first passed over the dentist/assistant and then to the patient to reduce the staff’s exposure to COVID-19. This is accomplished by introducing the air from ceiling registers and is exhausted through registers located at least 6 inches above the floor (Fig. 1). A high-efficiency particulate air machine can be incorporated in the dental setup to clean contaminated air and to induce negative pressure in the room.

The article mentions the Center for Disease Control and Prevention’s guidelines of donning recommending the use of goggles or a face shield. However, face shields should not be used as the primary face/eye protector because of the lack of a peripheral facial seal and the decreased efficacy for small aerosolized particles. Whenever possible, goggles should be used as a primary eye protector along with a face shield to protect the rest of the face.

We hope that the aforementioned points add clinically relevant information to the review article that will benefit the readers working in clinical dental care.

Ganesh R. Jadhav, BDS
Department of Dentistry, All India Institute of Medical Sciences (AIIMS), Nagpur, India
E-mail: drganesh2009.aiims@gmail.com

Priya Mittal, MDS
Pune, India

Copyright © 2020 Published by Elsevier Inc. on behalf of American Association of Endodontists.

https://doi.org/10.1016/j.joen.2020.05.026

REFERENCES

5. Schwartzman K, Loo V, Mahtani K, et al. Failure to do so has led to nosocomial spread of infection in the past. As an alternative, knowledge of health care centers with provision for a negative-pressure room would help dentists to provide emergent dental care to patients with confirmed or suspected COVID-19 infection, as mentioned in our article. Regarding the Centers for Disease Control and Prevention guidelines on sequence for putting on personal protective equipment, it is important to note that these guidelines have been issued keeping in mind the shortage of personal protective equipment during this pandemic. However, it is in the best interest of the health care providers to use both goggles or loupes and a face shield for added protection if there is an adequate supply.

Amber Ather, BDS, DDS
Biraj Patel, BDS
Nikita B. Ruparel, MS, DDS, PhD
Anibal Diogenes, DDS, MS, PhD
Kenneth M. Hargreaves, DDS, PhD

Department of Endodontics, University of Texas Health Science Center at San Antonio, San Antonio, Texas

Copyright © 2020 Published by Elsevier Inc. on behalf of American Association of Endodontists.

https://doi.org/10.1016/j.joen.2020.08.005

REFERENCES

5. Schwartzman K, Loo V, Mahtani K, et al. Failure to do so has led to nosocomial spread of infection in the past. As an alternative, knowledge of health care centers with provision for a negative-pressure room would help dentists to provide emergent dental care to patients with confirmed or suspected COVID-19 infection, as mentioned in our article.

Regarding the Centers for Disease Control and Prevention guidelines on sequence for putting on personal protective equipment, it is important to note that these guidelines have been issued keeping in mind the shortage of personal protective equipment during this pandemic. However, it is in the best interest of the health care providers to use both goggles or loupes and a face shield for added protection if there is an adequate supply.

Amber Ather, BDS, DDS
Biraj Patel, BDS
Nikita B. Ruparel, MS, DDS, PhD
Anibal Diogenes, DDS, MS, PhD
Kenneth M. Hargreaves, DDS, PhD

Department of Endodontics, University of Texas Health Science Center at San Antonio, San Antonio, Texas

Copyright © 2020 Published by Elsevier Inc. on behalf of American Association of Endodontists.

https://doi.org/10.1016/j.joen.2020.08.005