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HelloMask: First transparent surgical mask goes to manufacture



The transparent HelloMask facilitates non-verbal communication between patients and nursing staff.

By Dental Tribune International

DÜBENDORF, Switzerland: Researchers of the Swiss Federal Laboratories for Materials Science and Technology (Empa) and the Swiss Federal Institute of Technology in Lausanne (EPFL) have jointly developed a fully transparent surgical mask that is intended to replace the three-layer mask normally worn by medical staff. The mask was developed primarily with the aim of improving non-verbal communication

between nursing staff and patients but could also be worn by dentists to protect against transmission of bacteria and viruses, such as SARS-CoV-2. The product is expected to be launched in early 2021.

In the past two months, people in many places have experienced how strange it is to talk to a person whose face is partially hidden by a mask worn to protect others and the wearer from SARS-CoV-2. While this makes it more difficult to deci-

pher facial expressions and impairs acoustics for most, especially for children, the elderly and the hearing-impaired, the masks pose a major obstacle to communication. Owing to these difficulties in the context of

surgical masks worn by healthcare providers, a team of researchers from Empa and EPFL's EssentialTech Centre has been working for the past two years on a completely transparent surgical mask. The researchers have

now finalised the material, which is made of organic polymers, and recently founded the start-up company HMCARE. After completing a

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CEO of HMCARE Dr Thierry Pelet (left) and Director of the EssentialTech Centre Dr Klaus Schöenberger. (Image: EPFL)



The polymer fibres of which the HelloMask is made produce an apparently transparent membrane but with pores too small for pathogens. (Image: EPFL)

CHF 1 million fundraising round, the company is ready to move into the production phase.

Transparency, resistance, porosity

Dr Klaus Schöenberger, director of the EssentialTech Centre, which is involved in the provision of modern technology and humanitarian measures to developing countries, was working in western Africa during the 2015 Ebola outbreak. "It

was touching to see that nurses—covered from head to toe in protective gear—pinned photos of themselves on their chests so that patients could see their faces," he said.

The following year, Schöenberger was approached by Dr Thierry Pelet, now the CEO of HMCARE, and Dr Sacha Sidjanski, a project manager at EPFL's School of Life Sciences, with an initial design for a transparent

mask. Motivated by his experience in Africa, Schöenberger did not hesitate. Pelet and Sidjanski were inspired by Diane Baatard, who was formerly engaged in storytelling to seriously ill children at Geneva University Hospitals. She thought it was a pity that the children could not see her facial expressions while she was telling stories.

"You can find prototypes of masks that are partly transparent, but

they're just normal masks with some of the fabric replaced by clear plastic," said Pelet. However, since this plastic is not porous, it impedes breathing comfort and makes the mask moist. Over two years, the Empa and EPFL researchers were able to combine transparency, durability and porosity optimally. The result was a membrane made of a polymer specially developed for this application. "We can produce fine electrospun membranes with a pore size of about 100 nm," explained Dr Giuseppino Fortunato from the Laboratory for Biomimetic Membranes and Textiles at Empa, who developed the material together with Empa postdoctoral fellow Dr Davide Barana. The structure of the fibres creates extremely small gaps that allow air to pass through but not viral and bacterial particles.

In order to guarantee optimal protection, the new masks—just like surgical masks currently in use—are intended for single use. The question of recycling or the use of a biodegradable material was raised at the very beginning of the project. "Our masks are made of 99% biomass derivatives, and we will keep working on them until they are completely eco-friendly," commented Pelet.

Production facilities in Switzerland

The material is made using electrospinning, for which electric force is used to produce a mat of polymer fibres, and the researchers have adapted the method slightly for large-scale production. The material will be generated in spools, from which individual masks can be cut and assembled. While the research team initially planned to fabricate the masks in Asia, it is now considering keeping production in Switzerland. In light of the increased demand for conventional surgical masks owing to the SARS-CoV-2 pandemic, production lines should soon be in place and the developers foresee no problems in this regard. Pelet is currently negotiating with several companies and authorities.

The great demand for protective masks owing to the pandemic has made it easier for HMCARE to find investors. The HelloMask project was initially supported by a dozen non-profit organisations and later by the Swiss Innovation Agency. While the masks will first be sold to the medical community—including dentists—they may eventually be marketed to the general public.^[1]

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Single vs. multi-use dental products in a post-COVID dental setting

Should you reprocess and reuse, or pitch after each patient? Learn what to consider when choosing between single or multi-use products in a post-COVID environment

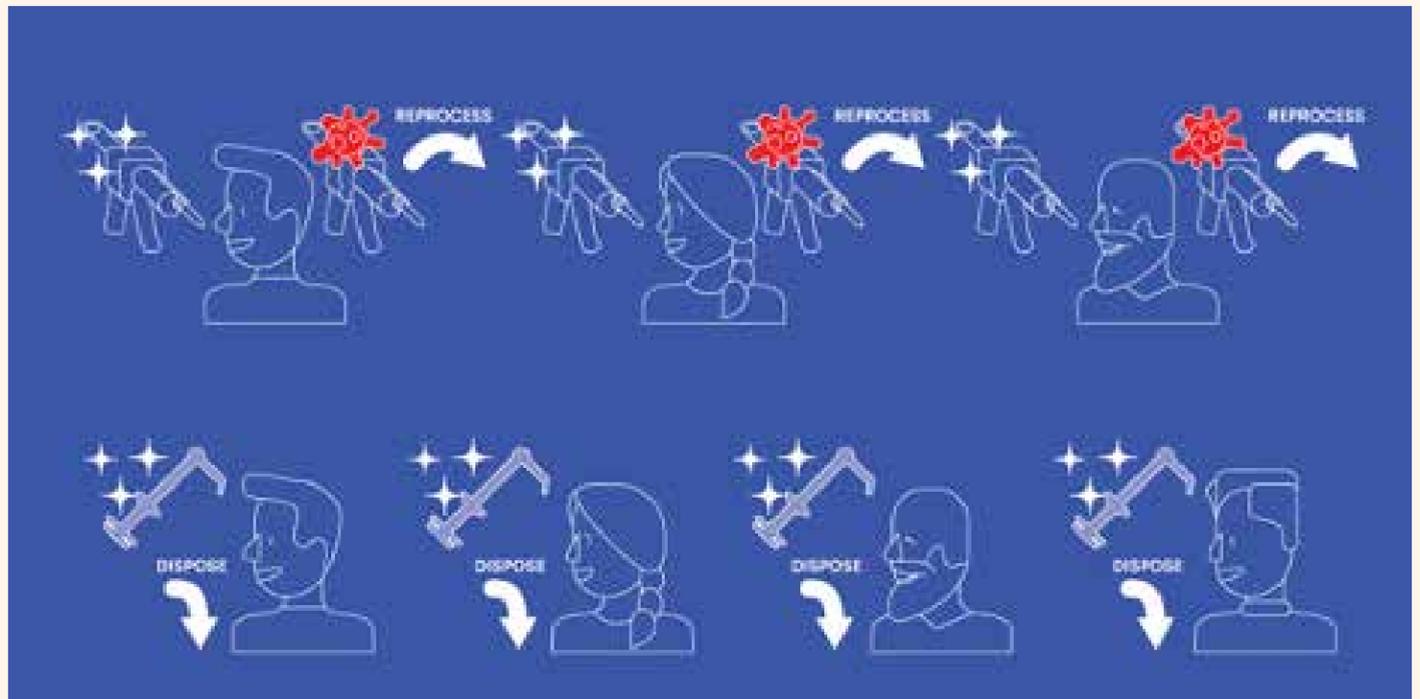


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By Emily Waller, RM (NRCM), 3M Specialist Microbiology

There's more to infection control than masks and hand sanitizer. It's time to take a closer look at consumables: reuse and reprocess, or go disposable?

Nonetheless, products under each umbrella can be reprocessed safely. After use, non-critical items should be cleaned, and then disinfected if the product is visibly soiled. Guidelines indicate that heat-tolerant, semi-critical dental products should be heat sterilized. The CDC recommends that heat sensitive, semi-critical products should be reprocessed using high level disinfection or replaced with a disposable alternative. The FDA has published an additional guidance for multiple use intra-oral dental dispensers, such as those that deliver adhesive or composite materials.² It states that these devices that cannot be sterilized or high level disinfected based upon their design



Post-COVID, everything will change – from your approach to PPE and scheduling patients, to the procedures you perform. But should your products change too? One factor you may be considering is when to incorporate a single-use solution and when to stick with multi-use delivery. Let's take a closer look at infection prevention, product choices and what you may choose to change in a post-COVID dental setting.

The CDC classifies product infection risk on a scale of non-critical to critical. Non-critical products pose the lowest risk, as they only encounter intact skin, which acts as a barrier to most microorganisms. Semi-critical products are those that are used intra-orally or on non-intact skin, increasing the risk of infection. Critical products are considered high risk, as they're used to penetrate soft tissue or bone. The infection risk is lowest when it comes to non-critical products and highest when it comes to critical products.¹

must be covered with a barrier sleeve during use to prevent contact with mucous membranes. Multi-use critical products, on the other hand, must always be sterilized between patient uses.

According to the CDC, dental offices should consider adopting single-use products when they replace multi-use, semi-critical products that cannot tolerate heat sterilization.³ The guidelines also indicate that similarly classified, multi-use products may be used safely if the manufacturer's reprocessing instructions are followed correctly.

But why should you consider single-use products and delivery systems? Single-use products take the risk of patient-to-patient infection out of the equation – infection control is baked into the product design. Of course, the risk of patient-to-patient transmission is also addressed when a multi-use device has been appropriately reprocessed. But if it gives you peace of mind, or if you think it may give your patients confidence, replacing multi-use products that are routinely used intraorally with single-use alternatives may be the right way to go.³

Further, the CDC advises that offices should consider not just the initial product cost of a single-use item, but also the time, cost and material savings obtained by eliminating the need for sterile processing of that product.³ At a time when so many procedures and protocols have ratcheted up and your office workflow is almost unrecognizable, every factor – from expenses to application needs to infection risk – is worth exploring.

Dental products, of course, are not one-size-fits all. Variables like application

needs, ergonomic or control considerations, and more may well be worth reprocessing a multi-use version of a product rather than switching to a single-use option.

Before making a commitment to adopting single-use products, allow these considerations to guide your decision-making process:

- 1) Consider replacing heat-sensitive products that encounter the intra-oral environment with single-use options
- 2) Single-use products eliminate the risk of cross contamination between patients
- 3) Single-use products may increase efficiency by reducing reprocessing time and effort
- 4) Multi-use products can also be used safely by following appropriate reprocessing protocols [\[1\]](#)

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1. <https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf>
2. <https://www.fda.gov/medical-devices/dental-devices/multiple-use-dental-dispenser-devices>
3. <https://www.cdc.gov/oralhealth/infectioncontrol/faqs/single-use-devices.html>

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Ten guiding principles as we recover from lockdown and the COVID-19 pandemic

By Chris Barrow, UK

One of the lessons we have all observed in recent months is that the effects of COVID-19 and the responses of populations and their governments have varied from one country to another. This has had a knock-on effect in dentistry, with variations in the instructions and guidance given by academia and those who regulate the profession.

Here in the UK, the situation has been made even more complicated by the four governments of England, Scotland, Northern Ireland and Wales issuing different instructions and guidelines to their respective dental populations, leading to wholesale confusion and frustration for both professionals and the patients they serve.

“All things must pass” is a phrase I have reminded my clients of during the lockdown weeks and as they now return to work. Patients, team members and clinicians are having to learn a new dance, Dentistry 2.0, and that takes time. Perhaps the most useful advice I find myself offering

is to use the mantra of a marathon runner—“pace not race”—recommending that dental teams ease themselves into the new routines that have been imposed upon them. An interesting and inspiring observation has been the level of trust and loyalty that has been demonstrated by many patients. They have waited for lockdown to end, have sometimes maintained dental plan payments throughout and now recognise that the catch-up may take some time as patients are triaged according to urgency and importance.

Patients have also displayed high levels of trust in the ability of their dentist to take appropriate measures to ensure their safety and that of the team. It may be unfamiliar for them to see their regular nurse, hygienist or dentist covered in personal protective equipment (PPE), but they know that it is you under there, doing your best.

I have observed that dental team members have sometimes presented more of a challenge when invited back to work. Perhaps because they are healthcare-trained, there have

been requests for reassurance that standard operating procedures and PPE will be adequate to ensure their safety.

Also, many have had to deal with domestic issues that have complicated their decision to return to work. Personal health, childcare and vulnerable relatives count among the most common of the issues raised. It has been important for any dental practice owner to maintain a regular and personal dialogue with salaried team members and self-employed clinicians to provide either reassurance or offer compassionate leave.

This month, most of my English clients are making their way back. In the other UK nations (at the time of writing) the debate rages and pressure is building. In Europe, many, if not most, are back and operating with different levels of compliance. Who could have foreseen that dentistry would differ so much, depending on where you are standing?

However confusing this may seem, we all still seek the same ultimate objectives:

1. a safe environment for our patients and team;
2. the opportunity to provide appropriate care, whether that be pain relief, functional repair, preventative maintenance, specialist services or elective treatments;
3. businesses that are solvent and profitable so that trade creditors, lenders, landlords, teams and self-employed subcontractors can be paid in a fair and timely fashion and, equally, that owners can make a decent living and grow prosperous businesses;
4. businesses that play a responsible role in their community, respect the environment and value their people. These core values remain unchanged, and yet it is important to remind ourselves of them after what has been many months of distraction and crisis management.

Almost all of us are beginning the slow journey back to normality. I recently shared with my UK clients some guiding principles that I hope will assist in this process:

1. **This is what we are good at.** Humans are designed to adapt and survive. Consider, if you will, the

250,000 years over which *Homo sapiens* has evolved and the unimaginable hardships that humans have endured on that journey. I do not wish to make light of any individual’s personal or professional challenges, but I do want to remind you that we are wired to win. COVID-19 is undoubtedly the greatest challenge to humanity that I have witnessed in my lifetime, and I am confident that we can and will prevail.

2. Stay calm. When all about you are losing it, leadership is about calmly taking control and demonstrating the way forward. Every dental team member has a leadership role, whether it is calming team members or patients, answering the phone, offering virtual consultations or meeting patients face to face (at a safe distance or in PPE). Emotion is contagious and your calm demeanour can help all of those around you.

3. Be kind. That may sound cheesy to you, but I have witnessed many random acts of kindness during the pandemic, and people remember the way you show up in times like this.

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4. Learn a new routine. During the first weeks of lockdown, what we all had in common was that our existing routines were stolen from us by circumstance. We are creatures of habit, and even though we may have complained about the commute to work, the office hours or other aspects of our pre-COVID-19 life, the fact is that lockdown threw us all into chaos. Some reinvented new lockdown routines quickly; others floundered. Whichever group you found yourself in, return to work is now yet another new landscape, and you will have to develop your new routines quickly and settle in to them.

5. Communicate. The winners in lockdown were those who communicated regularly with patients, team members and clinicians via video calls, newsletters and messages. Just because you are back to work, do not stop! It is essential that you listen to the feedback on how your dental business is perceived by all concerned; essential that your communities have the opportunity to tell

you how they feel; essential that you tell everyone what you are thinking and what is going on.

6. Do not be afraid of giving and receiving feedback. As we all learn the new dance steps, mistakes will be made—and that is OK. That is how we grow. So be open to feedback and be ready to give feedback when you see things that are not right. At the moment, your patients and your team are some of the best consultants you could ask for.

7. Do not be afraid to ask for help. When the COVID-19 dental history book of 2020 is written, I like to think that one of the benefits of this horrible situation will have been the growth in unity of the dental profession, both nationally and globally. Have you ever seen so many free webinars? I hope that continues over the years ahead and that dentists do not disappear back into their former silos. Asking for help is a sign of personal strength and confidence. Membership of trade associations and other representative bodies has

grown. My wish is that this momentum continues into post-graduate education and beyond.

8. Be patient. Dentistry will not be back to how it was before, perhaps ever. However, that indomitable spirit of enterprise that identifies humans will, in my opinion, drive even more experimentation, invention and innovation over the years ahead. I believe that we will see a sudden acceleration in digital innovation, in virtual consulting and in the arrival of new procedures, materials and techniques in every aspect of dentistry and patient care.

9. Take time to think. Please do not jump into a new hamster wheel to replace the one you were running in before COVID-19. This is a once-in-a-lifetime opportunity to start again, knowing what you know now. If you were starting your business again, what would you do differently? Well do it!

10. Seek balance. Back to that once-in-a-lifetime moment—I have had many of my clients use this time to

create lists of aspects of their personal and professional lives that they like and dislike. I have asked them to seriously consider eliminating the tolerations—the people, things and situations that get in the way of their happiness. You can.

Over the months ahead, there is a great deal to consider:

- financial modelling and forecasting;
- marketing for new patients;
- the new patient journey;
- clinical and non-clinical operational systems;
- your team—their structure, roles and responsibilities; – your overall game plan.

Each of these is on my task list to consider, decide and execute new versions for my clients that apply to the post-lockdown time and (we hope) post-COVID-19 landscape. I am working with a community of over 120 UK practices, and we are taking that journey together, sharing our experiences and collaborating on so-

lutions. Dentistry can no longer be a fragmented collection of small business owners. As I heard on a webinar a few days ago: “We may not all be in the same boat but we are in the same storm”. It is only by staying together that we can enjoy strength in numbers. [DTI](#)

Editorial note:

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About the author

Chris Barrow

He has been active as a consultant, trainer and coach to the UK dental profession for over 24 years. His main professional focus now is through his Extreme Business company, providing coaching and mentorship to independent dentistry around the world via face-to-face meetings, a workshop programme and an on-line learning platform.

Light-curing micro-hybrid composites

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By Promedica

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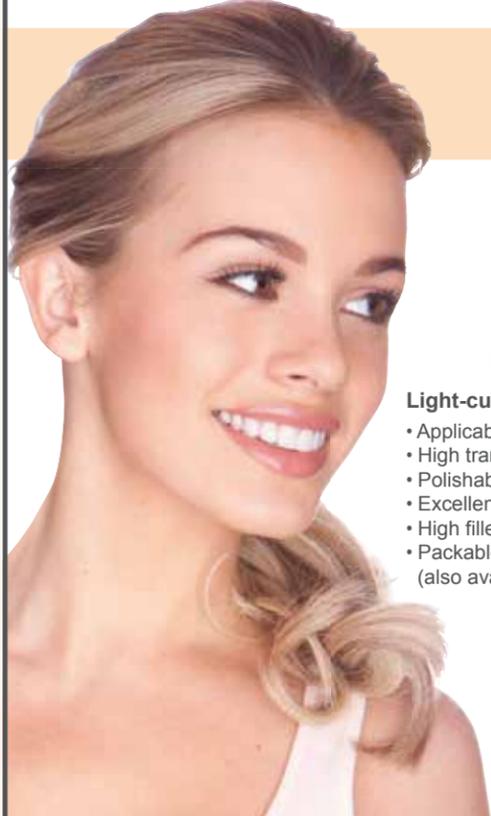
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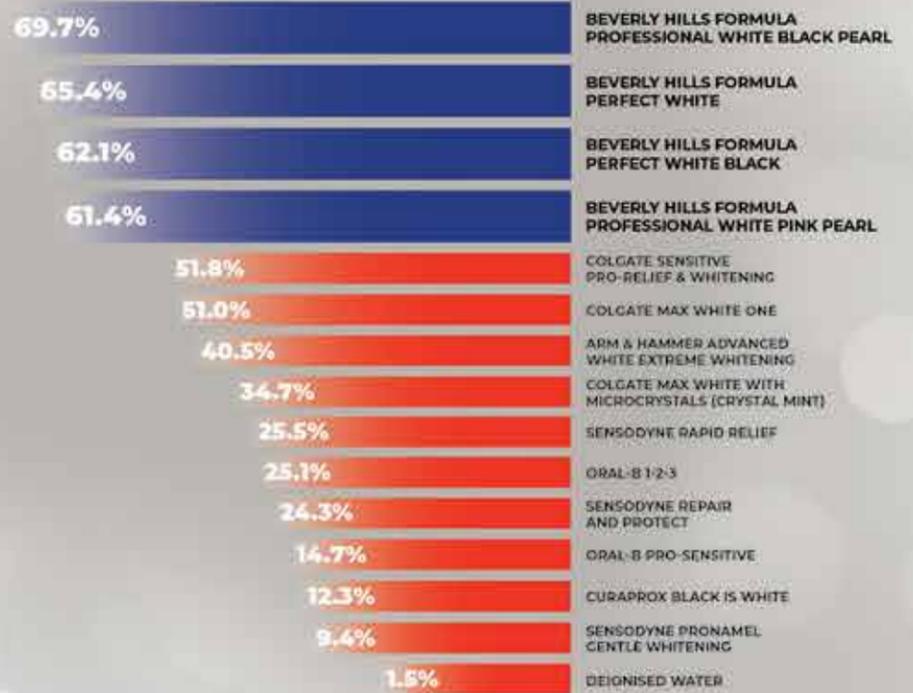
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It's Not White It's Perfect White



COMPETITOR STAIN REMOVAL ANALYSIS

Percentage Stain Removal



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Undertaken By Leading Dental School (UK)