Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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The Role of Oral and Maxillofacial Surgeons in COVID-19 Response

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Shortages of staff, supplies, and specialization in the wake of the US response to the COVID-19 pandemic has rewritten the operational paradigm of medical centers nationwide and led to the redeployment of health care workers both within hospital walls and across state lines. Nonemergent and elective procedures have been postponed and cancelled, intensive care units face a logistical and ethical quagmire about the staffing and distribution of mechanical ventilators, and hospitals are competing against each other for scarce personal protective equipment (PPE), leaving many of their frontline staff unarmed. Oral and maxillofacial surgeons (OMSs) carry a diverse clinical repertoire owing to the integration of medical, surgical, and anesthesia training within residency programs. In this report, we outline the role for OMSs in COVID-19 response and the capacity to use the full scope of OMS training.

In New York and Boston, medical and surgical specialists have been redeployed to medicine wards and the emergency department to manage the influx of patients with COVID-19.[1,2] Similarly, fourth-year medical students are graduating months earlier than planned to immediately serve at the front lines of response. However, health care workers are especially susceptible to infection and subsequent withdrawal from clinical duties given the frequency of exposure and possible contribution of viral load to the severity of the presentation of COVID-19. Additionally, intensivists who intubate COVID-19 patients with acute respiratory distress syndrome are at high risk of inhalation of aerosolized SARS-CoV-2 particles. This risk is even greater for clinicians working in hospitals with inadequate supplies of PPE.

OMSs can help address impending clinical staff shortages by registering for their state or municipality's Medical Reserve Corps. The Medical Reserve Corps is a voluntary clinical service program established through the Department of Health and Human Services and largely run by city governments. However, certain states with a high number of COVID-19 cases, such as California, have designed a paid Health Corps initiative dedicated to the COVID-19 response. Gavin Newsom, the governor of California, passed an executive order allowing state licensing boards to waive some requirements and decide how to issue temporary licenses for students, retirees, and practitioners from other states in an effort to increase health care capacity. OMSs who register could be called on to measure vital signs, perform COVID-19 nasopharyngeal swab testing, triage patients in the emergency department, administer oxygen, administer injections and vaccinations, write prescriptions, intubate patients, and provide deep sedation or general anesthesia services. It is likely that this statewide Health Corps model will spread to other states as the number of COVID-19 cases increases throughout the United States.

OMSs can also contribute to the COVID-19 response by collecting and donating surplus PPE, medications, and equipment in scarce supply at hospitals caring for patients with COVID-19. A nationwide shortage has led to many clinical staff resorting to the reuse of N95 masks, construction of less-effective makeshift cloth masks, or forgoing protective gear altogether.[3] Some states, such as Oregon, have mandated that all health care providers donate surplus PPE to the state for COVID-19 use. Others, such as Massachusetts, have requested donations of masks from health care

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providers; however, no mandate for donation yet exists. Furthermore, hospitals have begun facing a crunch for the sedative and anesthetic medications required to successfully intubate patients and place them on mechanical ventilation. Thirty-eight states have prescription drug return, reuse, and recycling laws that permit OMS practices to donate medications, such as propofol and benzodiazepines, to hospitals in short supply.[4] Given that most OMSs are limiting their practice to emergency services alone during the pandemic, OMS practices may have surplus PPE, oxygen tanks, and medications that could be donated for frontline COVID-19 response providers.

Finally, the COVID-19 pandemic has been accompanied by a wave of xenophobia that risks harm to the health and well-being of many of our own patients. Our moral leadership should not simply end at the clinic door; the specialty should actively speak up and intervene when we witness bigotry and discrimination in any form, especially as this virus afflicts some of our community's most vulnerable.

The most daunting pandemic the world has faced in over a century presents the opportunity for OMSs to harness the field's multidisciplinary training and step into crucial frontline roles. As public life grinds to a historic halt and our nation's doctors unite to care for the critically ill, we should be able to tell the world—and ourselves—that we did everything we could.

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