Quarantine time, time to analyze everything we saw, read, heard about the Covid-19 virus. First, what this virus did to the human body, yes, the first patients showed impairment of the airways, preceded by malaise, fever, dry cough, runny nose and then increasing dyspnea, when the lungs would be wholly compromised, bilaterally, requiring respirators to improve the patient’s conditions. Currently, there are three stages of disease development: stage 1, where the person was infected, and viral replication occurs, but without significant symptoms. Stage 2A the subject starts to have a replicative phase and the beginning of the inflammatory process, with the first symptoms, but without dyspnea; stage 2B with the inflammatory condition established and with ongoing dyspnea and stage 3 when the patient has significant dyspnea requiring intubation and artificial respiration.

The transmission through air and objects was informed. Surgeons and researchers in the world evaluated the results of CT scans and the viral etiopathogenesis that shook the world and nations. Pulmonary inflammation produced a grim picture of pulmonary thromboembolism that led to death.

Then came the question of medication: preventive or curative? Hydroxychloroquine has been identified as the promising drug. Then association with Azithromycin. Good results in many cases. Many people were saved by these drugs. Then the discovery that the biggest problem was of a blood nature and thrombosis could and should be prevented and combated with anticoagulants. Today, a protocol for the care of patients in the different phases is already established and includes: hydroxychloroquine, azithromycin, corticosteroids and anticoagulants.

Vaccine, scholars and researchers look for the way out. But something came up and to remain: biosafety issues for health professionals and the dental surgeon were the most likely to be contaminated. Yes, proximity to the patient, saliva, air, spray, blood ... Need for care has been more and more incorporated into the dentist’s daily routine. The intensification of the use of gel alcohol to clean hands and objects, disinfection with 70º alcohol, dressing with facial protectors and disposable material. Cleaning shoes before and after people enter the office, reducing attendance (without companions), spacing activities, hourly in an emergency. Then came the question of medication: preventive or curative? Hydroxychloroquine has identified as a promising drug. Then association with Azithromycin. Good results in many cases. These drugs saved very peoples. Then the discovery that the biggest problem was of a blood nature and combated with anticoagulants. Today, a protocol for the care of patients in the different phases is already established and includes hydroxychloroquine, Azithromycin, corticosteroids and anticoagulants.

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disinfection with 70º alcohol, dressing with facial protectors, and disposable material. Cleaning shoes before and after people enter the office, reducing attendance (without companions), spacing activities, hourly in an emergency.

All of this came to mark a definite time, but it also brought awareness of the need to protect oneself and patients and dental assistants.

The facets were the most varied, and around the world, quarantine informed to prevent the contagion of the disease, a terrible disease that killed people of all nations. The lives, many lectures, online courses to the purpose of informing and producing knowledge in different areas, has a way to continue growing and learning.

The period is about to end, and the question is: how will we return after this pandemic after quarantine? We must consider that even amid the most considerable difficulties, even amid widespread panic and social, family, political factors, we can learn and walk safely and legitimately in the treatment of our patients. Ther respecting personal and interpersonal limits, culture, common sense, and carry out increasingly careful and safe dental care.

Nancy Alfieri Nunes