Saturday, April 25, 2020

Dear Valued IDHA Member,

Over the past few weeks, the Indiana Dental Hygienists’ Association (IDHA) has participated in a number of activities related to the COVID-19 pandemic. Your Board of Directors (BOD) has tirelessly worked at collecting the most accurate and sound information related to the disease and its impact on our jobs, our patients, and our health. Visit our website at [https://www.indiana-hygienists.org/](https://www.indiana-hygienists.org/) for more information. Briefly, our efforts are as follows:

a. IDHA President, the Board of Directors (BOD) and members have been actively participating in the ADHA Campaign urging governors across the nation to further postpone elective non-urgent dental care and ensure proper PPE. Information about this campaign can be located at: [https://www.adha.org/covid19](https://www.adha.org/covid19).

b. The IDHA BOD personally contacted the following governing agencies to express our concerns and seek accurate information: the Indiana Economic Development Corporation (IEDC), the Center for Disease Control (CDC), the Indiana State Department of Health (ISDH), the Indiana State Board of Dentistry (ISBD), the Indiana Occupational, Safety and Health Administration (IOSHA) and Governor Holcomb’s office.

c. IDHA provided members with sample scripts and guidance for contacting Governor Holcomb and the above agencies to voice their individual perspectives.

d. The IDHA BOD has, and continues to field communications from licensed dental hygienists across the state of Indiana seeking clarification on Executive Orders and current Return to Work efforts.

e. Board members utilized social media outlets to garner support from non-member hygienists who are facing the same challenges and concerns.

f. President Taulbee provided position statements to the media as we sought support. These included Fox59, WRTV6 in Indianapolis and The Fort Wayne Journal Gazette.

g. IDHA enlisted our lobbyist for his expertise, specifically in seeking clarification on the 4/24/20 Executive Order.

h. IDHA communicated with Governor Holcomb and Dr. Box regarding the following specific concerns: high production and ineffective control of oral aerosols, patient risks, the potential impact of elective dentistry on the COVID-19 incidence rate, and proper PPE for clinicians.

i. The American Dental Hygienists’ Association, our parent organization, has also been active in addressing concerns associated with COVID-19 and recently created a Task Force on Return to Work. Their activities can be reviewed here: [https://www.adha.org/covid19](https://www.adha.org/covid19)

Despite the actions listed above, and the recommendations from the CDC¹ and ADA² to postpone elective and non-urgent dental procedures, Governor Holcomb’s Executive Order (EO) 20-22 and 20-24 lifted the restrictions on routine and elective procedures. This effectively allows dental offices to re-open for all dental procedures on Monday, April 27, 2020. As we interpret these EOs, you may return to work, **provided you are given appropriate PPE**.³
The Indiana Dental Association (IDA) COVID-19 Task Force developed Interim Guidance and Recommendations\(^4\) which reiterated the CDC’s definition of the appropriate levels of PPE.\(^3,5\) As we understand, the Governor agreed to allow dental offices to open and safely provide care under the assurance that appropriate PPE, as defined by the CDC\(^5\) and reinforced by the IDA\(^4\), would be provided. The Interim Guidance and Recommendations\(^4\) document created by the IDA states: “If your dental office is unable to secure the appropriate PPE to safely operate, your practice should not reopen until it is obtained.” Appropriate PPE includes respirators (N95 minimum), isolation gowns, gloves, and face shields. For detailed information regarding appropriate PPE and procedure modifications in the dental setting, please visit the following CDC website: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html).

In addition, the issue of containing aerosols in order to reduce the risk of spreading infection is poorly addressed and understudied. Our standard precautions have proven effective in protecting clinicians and patients from bloodborne pathogens, but airborne pathogens remain a concern. SARS-CoV-2, the virus that causes COVID-19, is suspended in aerosols for hours and may potentially remain active on inanimate surfaces for up to 9 days.\(^6\) Evidence is mounting that many patients are asymptomatic, including children.\(^6\) Given our close proximity to patients and our typical aerosol-generating procedures (AGP), we remain concerned of the risk of transmitting COVID-19 unknowingly to ourselves, our family, and our patients. A recent *New England Journal of Medicine* article reported the half-life of the SARS-CoV-2 virus to be 1.1 to 1.2 hours within aerosols.\(^7\) Various current guidelines suggest disinfecting the treatment room and then waiting for 1 to 3 hours before the next patient is seen.\(^6\) The CDC recommends air filtration/negative air pressure, avoiding ultrasonic scaling, and using an assistant with HVAC whenever conducting AGP.\(^3\) We will continue to notify our members about issues related to aerosols as more scientific evidence and data are produced.

As we have heard from many of our members, not all offices will be following the aforementioned guidelines. Unsafe working environment concerns, including failure to follow CDC recommendations, should be filed with IOSHA at [https://www.in.gov/dol/2733.htm](https://www.in.gov/dol/2733.htm). Under the Occupational Safety and Health Act, no employment repercussions can legally result from reporting.\(^8\) We have reached out to OSHA for further guidance and will share any additional information as we receive it. Concerns about PPE and safety may also be sent to the ISBD ([PLA: File a Complaint](https://www.in.gov/dol/2733.htm)), Governor Holcomb, the Indiana State Department of Health, and State Health Commissioner Dr. Kristina Box. Refer to [www.in.gov](http://www.in.gov) to find contact information for these individuals and agencies.

We understand you may be worried and frightened. We are here for you. All within the dental team have concerns for themselves, their families and our beloved patients. Ultimately, licensed dental hygienists must decide whether they and the patients they serve are being appropriately protected. Every hygienist who graduated in Indiana took an oath to maintain a “personal and professional commitment to improve the oral health of the public, to advance the art and science of dental hygiene, and to promote high standards of quality care.” To live up to this oath, we must practice with high standards of quality care which include following appropriate PPE and infection control precautions (outlined above) and providing our patients with informed consent.
Informed consent is the patient's legal right to be informed and consent to any procedure and treatment suggested by a medical or dental professional. We need to educate our patients on the level of PPE/infection control procedures being provided for their protection, and inform them of any potential risks associated with their treatment (including the potential risk of transmitting SARS-CoV-2). The exact level of risk for transmission of SARS-CoV-2 during dental procedures and AGP remains unknown.\(^3\) Hygienists have always worked in conditions that place us and our patients at higher risk of exposure to viruses and bacteria during treatment. For instance, diseases such as varicella-zoster, tuberculosis, pneumonia, and influenza are known to spread via aerosols.\(^9\)–\(^11\) SARS-CoV-2 primary mode of transmission is respiratory droplets, but is also known to be contained within saliva.\(^3\),\(^12\) The CDC’s guidelines on PPE and modifications to typical dental procedures\(^3\),\(^5\) are critical for minimizing the risk of transmitting SARS-CoV-2 virus to the best of our abilities. The patient has the right to be informed as to whether SARS-CoV-2 transmission risk has been mitigated in their own dental office to the highest of standards.

We thank all the dentists who are taking every precaution, adopting every recommendation, and those going above and beyond to keep their employees and patients safe. Some dentists, for safety's sake, are choosing to delay reopening. We acknowledge those who are opening with the updated CDC recommendations already fully enforced. We are grateful to our employer dentists who are dedicated to providing safe oral care to our patients and a safe working environment for us.

The IDHA Board of Directors hopes this message has given you some comfort in knowing your Association has been aggressively pursuing every avenue possible to protect Indiana dental hygienists and their patients. We thank our community of hygienists (members and non-members) who have raised concern and awareness for our profession. We will strive to continually approach each issue with as much scientific evidence and data as possible on your behalf. We will continue to monitor and respond quickly to any efforts to improve the situation and send updates as they occur.

Please continue to remain in contact with us with any questions or concerns as we move through this process together. We are here for you! Please stay positive, healthy and safe.

Respectfully,

Sheli R. Taulbee, LDH
Indiana Dental Hygienists’ Association President
References: