

ADHA Advocates for Dental Hygienists' Priority Access to Vaccine When Available

We will soon be approaching the one-year mark since COVID-19 changed the way we live and work. Perhaps forever.

“ADHA has been steadfast in its commitment to advocate for the dental hygiene community throughout the pandemic. We want dental hygienists to have the information needed, the very latest scientific evidence, in order to be as safe as possible for themselves, the dental team, the patients they serve, their families and the communities they live and work in,” said ADHA President Lisa Moravec, RDH, MSDH.

ADHA advocates the Centers for Disease Control and Prevention's (CDC) guidelines for preventing the transmission of infectious diseases. CDC continues to recommend that aerosol-generating procedures be avoided whenever possible, including the use of high-speed dental handpieces, air/water syringe and ultrasonic scalars.

This recommendation accompanies a recommendation to consider if elective procedures, surgeries and non-urgent outpatient visits should be postponed in certain circumstances. The “ADHA Interim Guidance on Returning to Work” advises, “Provide dental treatment only after you have assessed the patient and considered both the risk to the patient of deferring care and the risk to dental health care personnel (DHCP) and patients of health-care-associated SARS-CoV-2 transmission.”

The Occupational Safety and Health Administration (OSHA) classifies workers who perform aerosol-generating procedures as “very high risk” for exposure. “We're assiduously looking for opportunities to mitigate risks for dental hygienists and leverage opportunities for the profession,” said Ann

Lynch, ADHA director of advocacy and education.

An opportunity to mitigate risks for dental hygienists was the “Equitable Allocation of COVID-19 Vaccine: Public Listening Session” hosted by the National Academies of Sciences Engineering Medicine and sponsored by the National Institutes of Health (NIH) and CDC. The purpose of the session was to collect public comments on a document proposing a framework for allocation of a limited initial supply of COVID-19 vaccine.

President Moravec was eager to provide comment to the Committee on Equitable Allocation of Vaccine for the Novel Coronavirus and ensure that the voice of dental hygiene was present and heard. ADHA's letter implores that dental hygienists be prioritized with the nation's health care professionals and be given top priority access to the initial supply of a COVID-19 vaccine. The letter cites comments from Centers for Medicare & Medicaid Services (CMS), CDC and OSHA that attest to the reasons that the DHCP are at high risk of exposure.

ADHA's letter reiterated, as CMS recognized, “Dental procedures ... have one of the highest risks of transmission due to the close proximity of the health care provider to the patient.” CDC noted that the practice of dentistry involves the use of instruments, including handpieces, ultrasonic scalars and air-water syringes, that create a visible spray containing large particle droplets of water, saliva, blood, microorganisms and other debris. CDC further noted that this spatter may also contain certain aerosols. Further, OSHA placed dental health care providers in the “very high exposure risk” category in its Guidance on Preparing Workplaces for COVID-19.

ADHA's longstanding relationships with federal partners continue

to support advocacy efforts on behalf of the dental hygiene profession. You may read the full letter by logging on as a member of ADHA at <https://mymembership.adha.org/>. ■

AEROSOL-GENERATING PROCEDURES

Procedures that can generate aerosols (i.e., particles of respirable size, <10 µm). Aerosols can remain airborne for extended periods and can be inhaled. Development of a comprehensive list of aerosol-generating procedures for dental health care settings has not been possible due to limitations in available data on which procedures may generate potentially infectious aerosols and the challenges in determining their potential for infectivity. There is neither expert consensus, nor sufficient supporting data, to create a definitive and comprehensive list of aerosol-generating procedures for dental health care settings. Commonly used dental equipment known to create aerosols and airborne contamination include ultrasonic scaler, high-speed dental handpiece, air/water syringe, air polishing and air abrasion.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>