

My fellow North Carolina Hygienists,

We are facing an unprecedented public health crisis across the state and the nation and I feel it is important to reassure you of the behind-the-scenes work going into making sure our profession is represented and properly prepared to deal with COVID-19. Per the ADHA communication you may have received via email,

“The Centers for Disease Control and Prevention (CDC) Division of Oral Health (DOH) is diligently working with CDC’s Emergency Operations Center to develop tailored COVID-19 guidance for dental health care personnel (DHCP). Once this guidance is available online, DOH and partners will promote these resources as well as any related events (e.g., informational webinar, Clinician Outreach and Communication Activity) to the dental community.”

The CDC’s guidelines note that, if not clinically urgent, DHCP should consider postponing non-emergency or elective dental procedures in patients who have signs or symptoms of respiratory illness. For procedures which are considered clinically urgent, dental health care personnel and medical providers should work together to determine an appropriate facility for treatment. The urgency of a procedure is a decision based on clinical judgement and should be made on a case-by-case basis.¹ Screening of patients is recommended for fever, community exposure, recent overseas travel and other symptoms as set forth by the CDC.

The CDC also provides an *Epidemiologic Risk Classification for Asymptomatic Healthcare Personnel Following Exposure to Patients with Coronavirus Disease (COVID-19) or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations.*² In this chart you can see that by wearing proper PPE, as recommended with the exception of a facemask versus a respirator, DHCP are placed in the low exposure category with self-monitoring recommended for DHCP until 14 days post exposure to last potential patient exposure and no work restrictions. It is important to note that CDC guidelines are **not mandatory**. They are recommendations written with the intent of enhancing infection control measures in all healthcare facilities, including dental settings.

We also understand many hygienists are being put in a difficult position due to a shortage of PPE, most specifically masks. Please continue to refer to OSHA for further guidance as the recommendations are very specific and procedure related.³ Additionally, please report your shortage to your local health authority for assistance and directly to the FDA at deviceshortages@fda.hhs.gov.

It is not the opinion of NCDHA that you should either remain working or choose social distancing, these are decisions you need to make for yourself in the best interest of your health and your family. We are committed to providing you the most up-to-date information from our partners at the CDC, ADHA and WHO, as well as attempting to relay state government mandates to help you make this important decision for yourself. In the meantime, in the best interest of our communities, all component CE is postponed until March 31, 2020. For the most current available information, please visit www.ncdha.org.

In Best Health,



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¹ CDC Developing Guidance Regarding Responding to COVID-19 in Dental Settings. (2020, March 11). Retrieved March 15, 2020, from <https://www.cdc.gov/oralhealth/infectioncontrol/statement-COVID.html>

² Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19). (2020, March 7). Retrieved March 15, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

³ Department of Labor logo UNITED STATESDEPARTMENT OF LABOR. (n.d.). Retrieved from <https://www.osha.gov/laws-regs/standardinterpretations/2009-02-27>