

### COVID-19: Tasked to Respond



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By now, as you read this editorial, we are at least ten months into a pandemic and no closer to understanding the virology of COVID-19. This virus does not play nice; it does not behave like other viruses that we understand (herpes simplex, shingles, HIV, Epstein Barr, etc.). Rather, it remains a conundrum that seems to change almost on a weekly basis causing infectious disease specialists, scientists, and health care workers to grapple with how to best manage the virus itself and those patients infected with it. We have yet to come to terms with how to address the aftereffects of this illness – a story that will continue to unfold before our eyes. As educators and practitioners, as people experiencing COVID-19, we are going to be forever changed by something we could not imagine possible a year ago.

In April of this year, the American Dental Hygienists' Association (ADHA) recognized that action was needed to create a framework for dental hygienists planning to return to work. Matt Crespin, then President of the Association, formed a Task Force (TF) to develop guidance on returning to work, utilizing experts in the areas of dental hygiene education, clinical practice, public health, infection control, teledentistry, and pathology and oral medicine. The team was comprised of the following individuals.

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The TF was charged with reviewing current ADHA policy and recommending changes needed, reviewing key resources and creating the guidance document - and completed these tasks over the course of one week! The TF reviewed the [ADHA Standards for Clinical Dental Hygiene Practice](#) and [ADHA Code of Ethics](#) as well as key resources from the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), the American Dental Association (ADA) and the Organization for Safety, Asepsis and Prevention (OSAP). Thanks to a yeoman's effort by the TF, Ann Battrell, ADHA Chief Executive Officer, Ann Lynch, ADHA Director of Advocacy and Education, and key staff at ADHA, the [ADHA Interim Guidance on Returning to Work](#) launched eight days after the TF began meeting and was in such high demand that the website crashed when the document was initially posted!

The Interim Guidance document supports the recommendations from the CDC, and strives to balance the need to provide necessary oral health services while minimizing risk to patients, oral health professionals and staff members. Major topics addressed within the document include: Prior to Opening, Work Environment, Patient Preparation, Special Considerations for Providing Dental Hygiene Care, Personal Protective Equipment, and Disinfection. A COVID-19 Patient Screening Questionnaire and Dental Hygiene Readiness to Return to Work Form are also offered as supplemental documents.

One point, that is most interesting from a research perspective, is that this novel virus keeps changing. The evolving nature of SARS CoV-2 provides an opportunity for us to keep

learning and adapting. As a result, the Interim Guidance is a living document that must change as well. When new evidence becomes available through scientific publications and updates to the [CDC Interim Infection Prevention and Control Guidance for Dental Settings During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#), the TF reviews this information and updates the ADHA Interim Guidance on Returning to Work accordingly. ADHA has remained responsive to its constituents by providing a [COVID-19 resource site](#), a [Task Force site](#) and a dedicated email for questions (rdhcovidinfo@adha.net). The TF and ADHA staff remain involved by regularly responding to questions regarding COVID-19 and hosting webinars to support practitioners' and educators' learning about this important and evolving topic.

Dental hygienists are inclined to want to have all the answers, to be well-organized, to have everything planned to a "T" and for things to be neat and tidy. Coronavirus is just not fitting very well into those best-made plans. We don't have all the answers and the answers keep changing, so it is hard to plan. We have to function differently, and our "normal" is gone. The TF and ADHA staff continually hear feedback that dental hygienists are frustrated because they do not always like the guidance recommendations. They want to use their ultrasonic devices and air polishers. They are tired of worrying about aerosols. And, they may not be able to acquire all the recommended personal protective equipment (PPE) or the technologies to improve air quality or be able to reduce aerosol and spatter contamination.

SARS CoV-2 challenges us to remain vigilant and flexible in our professional efforts to prevent healthcare associated infections (HAIs). There are so many variations of the Interim Guidance document, it is really quite interesting to witness. Professional state associations, state boards of dentistry, licensing groups, speakers, educators, all have offered their own versions watering down national guidance to fit their own convenience. The comment made often is that national guidance recommendations are not mandates; therefore, they do not need to be followed. One can use their own professional judgement and make their own decisions. This reasoning works well until a someone contracts COVID-19 from a practicing dental hygienist or dentist who is not

following national guidance and a lawsuit ensues. Potential loss of one's license and insurance coverage should not be the incentive to follow national recommendations. Standards exist for a reason. Unfortunately, even a pandemic that has killed hundreds of thousands and has made millions seriously ill, may not be enough to inspire professional behavior.

This SARS-CoV-2 virus continues to challenge health care providers, and there is still much to be learned about how to prevent and control its spread. Commitment to a basic premise in healthcare, "First Do No Harm," should be at the forefront of clinical decisions to promote patient and personnel safety during this COVID-19 pandemic and thereafter.

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