



Oklahoma

Dental Hygienists' Association

April 19, 2020

The Oklahoma Dental Hygienists' Association's main concern is the health and safety of our patients, the public, and dental hygienists across the state. The Oklahoma Dental Hygienists' Association strongly urges Governor Stitt and regulatory authorities to require that all five of the following vital conditions be met in Oklahoma before any non-emergent dental care may resume:

1. A minimum of two weeks has passed beyond the COVID-19 peak and surge in Oklahoma and
2. Oklahoma is consistently reporting declining numbers of COVID-19 positive cases and
3. There are clear guidelines provided by the CDC and OSHA that establish new COVID-19 protocols for providing non-emergent dental care and
4. Dental offices are able to consistently acquire and maintain sufficient PPE and infection control supplies to ensure patient and dental professional safety and meet new CDC and OSHA COVID-19 specific guidelines and
5. Dental offices complete appropriate training on updated COVID-19 protocols as recommended by CDC and OSHA.

Dental professionals are ranked in the 'very high exposure risk' category according to OSHA¹ due to significant aerosols produced by dental procedures. COVID-19 has been shown to last in aerosols for hours following treatment² and travel up to 13 feet³. Even with additional guidance from CDC and OSHA, many offices may be unable to practice proper infection control protocols due to the inability to acquire and maintain recommended PPE. This substantially increases the risk of transmission to patients and dental professionals during treatment, risking greater community spread. Furthermore, opening too soon will deplete already limited PPE resources needed by all Oklahoma health care providers as we face this unprecedented pandemic.

Therefore, the Oklahoma Dental Hygienists' Association advocates that non-emergent dental procedures continue to be postponed in Oklahoma at this time. To resume treating non-emergent patients now would jeopardize the health of both patients and dental professionals and contribute to the continued community spread of COVID-19 in Oklahoma.

1. Occupational Safety and Health Act Administration. 'Guidance on Preparing Workplace for COVID-19.' U.S. Department of Labor, Occupational Safety and Health Administration. OSHA, 2020. Page 18-19. <https://www.osha.gov/Publications/OSHA3990.pdf>
2. Center for Disease Control. 'Center for Disease Control and Prevention- Dental settings.' CDC, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>
3. Zhen-Dong Guo, Zhong-Yi Wang, Shou-Feng Zhang, Xiao Li, Lin Li, Chao Li, Yan Cui, Rui-Bin Fu, Yun-Zhu Dong, Xiang-Yang Chi, Meng-Yao Zhang, Kun Liu, Cheng Cao, Bin Liu, Ke Zhang, Yu-Wei Gao, Bing Lu, Wei Chen. (2020). 'Aerosol and Surface Distribution of Severe Acute Respiratory Syndrome 2 in Hospital Wards, Wuhan, China, 2020.' *Journal of Emerging Infections Diseases*. Volume 26, Number 7 (July). https://wwwnc.cdc.gov/eid/article/26/7/20-0885_article