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May 11, 2020

Robert R. Redfield, M.D.
Director
Centers for Disease Control and Prevention
1600 Clifton Road NE
Atlanta, GA 30329

Dear Dr. Redfield:

As the President of the American Dental Assistants Association (ADAA) and the Executive Director of this association representing dental assistants nationally and internationally around the world, there are troubling concerns that need addressing. It is imperative to have guidance in returning to work for the oral health care industry with clear and concise strategic planning.

The average dentist has approximately 1.5 dental assistants working for them. There have been numerous interpretations regarding both the OSHA and the CDC guidelines for dental offices. Dental health care personnel (DHCP) are held responsible for implementing and following infection control practices. These practices are lacking standardization due to the numerous interpretations of these guidelines and requirements for dental offices from individual states, OSHA and CDC. Now, with COVID-19, some recommendations are ambiguous due to shortage regimen. Without continuity shared between recommendations, guidelines and requirements from those listed, you can understand how the efficacy is questionable and our concerns for the well-being and safety of all DHCP as well as the community. There is much confusion regarding the lack of protective equipment and what is safe operating procedures for offices returning to work.

Forecasting past and present data will reflect various academic and trade levels in the dental assistant community. Inconsistent education has led to infection control, standard procedures, and engineering controls which are frequently convoluted by non-universal education standards which will need to be addressed in our healthcare system.

Examples of important questions that your authority is needed to clear confusion are:

- Should respiratory protection be disinfected? According to both OSHA and NIOSH, disinfecting does affect the integrity of the masks.
- What is the required standard protocol for training and decontaminating filtering facepiece respirators?
- How is the filtered mask inspected for appropriate use?

- If N95 masks are not available, would adequate protection be achieved by the use of a Level 3 surgical mask and face shield in chairside duties that create aerosolization? If not, are there any alternatives recommended by CDC?
- Are rubber dams to be used whenever possible to reduce or eliminate aerosols?
- Will CDC be providing any additional guidelines or recommendations on the use of surface barriers?

As questions are being answered by the ADAA, it is also becoming evident that many dental assistants do not have consistent resources to evaluate what is used by their office for infection control standards. There is a need to have a basic standard level of education for all DHCPs in the area of infection control and prevention and hazardous materials standards. The clarification of these issues is an imperative step to ensure the safety of all patients and other members of the oral health care team.

Sincerely,

/s/

Robynn Rixse, BS, CDA, EFDA, MADAA
President

/s/

John E. Kasper, PhD, CAE
Executive Director

cc: COVID-19 Public-Private Partner Coordination Group Private/Public

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