

OSHA Guidance Summary: Dentistry Workers and Employers

The [current OSHA guidance for Dentistry Workers and Employers](#), rather than being regulatory, contains recommendations as well as descriptions of existing mandated safety and health standards. It provides additional detail for the industry and complements [the general interim guidance issued by OSHA](#) for workers and employees at increased COVID-19 infection risk due to occupational exposure.

OSHA reminds employers to remain alert of changing situation and implement infection prevention measures accordingly and reminds readers that the initial interim guidance issued in March 2020 from ADA and CDC called for dentists to limit treatment to urgent and emergency procedures.

OSHA Exposure Risk Levels by Work Tasks

Low	Performing administrative tasks in non-public areas, away from staff members
Medium	<ul style="list-style-type: none"> ▪ Providing urgent or emergency dental care, not involving aerosol-generating procedures, to well patients (i.e., to members of the general public who are not known or suspected COVID-19 patients). ▪ Working at busy staff work areas within a dentistry facility.
High	<ul style="list-style-type: none"> ▪ Entering a known or suspected COVID-19 patient's room or care area. ▪ Providing emergency dental care, not involving aerosol-generating procedures, to a known or suspected COVID-19 patient. ▪ Performing aerosol-generating procedures on well patients.
Very High	<ul style="list-style-type: none"> ▪ Performing aerosol-generating procedures on known or suspected COVID-19 patients. ▪ Collecting or handling specimens from known or suspected COVID-19 patients.

OSHA precaution recommendations for dentistry during the COVID-19 pandemic

	Well patient	Suspect or confirmed COVID-19
Treatment not involving aerosol-generating procedures	<ul style="list-style-type: none"> • Standard precaution • Contact precaution • Droplet precaution 	<ul style="list-style-type: none"> • Standard precaution • Contact precaution • Airborne precaution
Treatments that may or are known to generate aerosols	<ul style="list-style-type: none"> • Standard precaution • Contact precaution • Airborne precaution 	<ul style="list-style-type: none"> • Standard precaution • Contact precaution • Airborne precaution

OSHA PPE recommendations when providing dental treatment to well patients during the COVID-19 pandemic

Treatment not involving aerosol-generating procedures	Treatments that may or are known to generate aerosols
<ul style="list-style-type: none"> • Work clothing, such as scrubs, lab coats, and/or smocks, or a gown • Gloves • Eye protection (e.g. goggles, face shield) • Face masks (e.g. surgical mask) 	<ul style="list-style-type: none"> • Gloves • Gown • Eye protection (e.g., goggles, face shield) • NIOSH-certified, disposable N95 filtering facepiece respirator or better.

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OSHA PPE recommendations when providing dental treatment to patients with suspected or confirmed COVID-19

Treatment not involving aerosol-generating procedures	Treatments that may or are known to generate aerosols
<ul style="list-style-type: none"> • Gloves • Gown • Eye protection (e.g., goggles, face shield) • NIOSH-certified, disposable N95 filtering facepiece respirator or better. 	<ul style="list-style-type: none"> • Gloves • Gown • Eye protection (e.g., goggles, face shield) • NIOSH-certified, disposable N95 filtering facepiece respirator or better.

Additional tactics to mitigate risk of infection

Elimination: Adhere to guidance from state and local health agencies and professional organizations regarding patient procedures. Makes reference to the CDC recommendation prior to May 19 which recommended postponing elective dental procedures.

Engineering Controls: Recommends use of easily decontaminated physical barriers, local exhaust ventilation to capture and remove aerosols generated during treatment; and use of directional airflow to remove workplace hazards.

Administrative Controls: Recommends strategies such as telephone triage and teledentistry to determine the need for care. Within the office, screening for signs and symptoms, limiting the number of people in the treatment area, and minimizing aerosol-generating procedures used in dental treatment.

Safe Work Practices:

- Recommends use of high evacuation suction and dental dams to minimize droplet splatter and release of aerosols. In contrast, recommends minimizing use of dental handpieces and air-water syringes and avoiding use of ultrasonic scalers. Use high evacuation suction and dental dams to minimize droplet splatter and aerosols.
- Recommends minimizing time spent in the patient care area meaning that activities such as charting, sterilization, and other tasks be performed elsewhere.
- Reiterates that proper donning and doffing of PPE is essential and that workers avoid touch their eyes, noses, and mouths, especially until they have washed their hands.

Personal Protective Equipment: Proper PPE must be used and that PPE differs depending on whether the work involves providing well patient care or care to a patient with suspected or confirmed COVID-19. "Dentistry works must use proper PPE when exposed to patients. See OSHA PPE standard at [29 CFR 1910 Subpart I](#)).

Cleaning and disinfection in dentistry: References the [CDC Guideline for Infection Control in Dental Health Settings – 2003](#), the CDC Guideline for Disinfection and Sterilization in Healthcare Facilities - [2008](#), and List N on the EPA website for [EPA-registered Disinfectants for Use Against SARS-CoV-2 \(COVID-19\)](#). Note – Cleaning and disinfection may require PPE and/or other controls to protect from chemical hazards and to exposure to potentially infectious material.

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