

2021 OSHA & CDC Compliance Update for Dental Teams

Thursday, March 4th, 2021 6pm - 8pm 2CEUs

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Program Breakdown

- Part 1: General Safety Standards and OSHA overview
- Part 2: Bloodborne Pathogens Standard
- Part 3: Hazard Communications Standard
- Part 4: Current COVID19 Guidance
- Conclusion

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Part 1: General Safety Standards & OSHA Overview

Under OSHA regulations, your employer is responsible for providing you with reasonable protection against known workplace hazards.

OSHA requires workplaces to display this poster:



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Learning Objectives

Course participants should be able to:

Understand OSHA's mission as it relates to dental practices

Identify responsibilities of both employer and employee under OSHA regulations

Recognize the types of issues covered by the General Safety Standard and how to get more information about them

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OSHA's mission is to assure the safety & health of America's workers by:

- Setting and reinforcing standards
- Establishing partnerships
- Encouraging continual improvement in workplace safety and health

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Employer Responsibilities: Providing Reasonable Protection Against Known Workplace Hazards

Employers must:

- Provide workers with training specific to significant hazards
- Retrain annually AND as needed for newly introduced hazards
- Provide PPE (gloves, masks, gowns, protective eyewear)
- Provide an exposure control plan for bloodborne pathogens (we'll cover in more detail later in the program)

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Employee Responsibilities: Making Office Health & Safety a Reality Requires YOUR Cooperation

Procedures employees must follow include:

- Using any personal protective equipment as directed by your employer
- Handling contaminated needles and other sharp instruments with care and disposing of them properly
- Promptly reporting any "exposure incidents"
- Bringing any questions or concerns related to workplace safety to the attention of your employer/compliance manager

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In Every Workplace

Every workplace should:

- have a compliance manager to ensure safety practices are in place and being followed by employees
- have OSHA's "Job Safety & Health Protection Poster" posted in a prominent location
- have emergency phone numbers (fire, police, poison control, etc.) where they can be readily found

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General Safety Standards

- Apply to any workplace where one or more employees may be exposed to hazards covered by a particular standard
- Compliance is mainly a matter of common sense
- Include electrical hazards, dealing with compressed gasses, walking surfaces, exits, and 200+ other standards and rules
- Can be reviewed online at www.OSHA.gov/law-regs.html

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OSHA's General Duty Clause

- All employers have a "general duty" to keep the workplace free from recognized hazards
- If an employee identifies a hazard, they are encouraged to report it to the dentist or office compliance manager

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Part 2: Bloodborne Pathogens Standard

The Bloodborne Pathogens Standard applies to all employers with any employees who are exposed to blood or other potentially infectious materials in the dental office.

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Learning Objectives

Course participants should be able to:

- Know the location of the exposure control plan in their office & how it affects their duties
- Identify components of the infectious disease process and the role they play in disease transmission
- Distinguish types of occupational exposure & how to prevent them (standard precautions, PPE & more)

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Learning Objectives (continued)

Course participants should be able to:

- Describe the steps to be followed after any occupational exposure incident
- Know what training and record-keeping procedures OSHA requires

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Written Exposure Control Plan

- Outlines how a dental practice will comply with the BBP Standard
- Must be reviewed and updated at least annually
- A copy will be provided to employees upon request
- New employees will be informed of their workplace's plan and where it's located

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Written Exposure Control Plan

Outlines the following:

- When & how employees are trained
- How medical & training records are stored and who is allowed access to them
- Office policy on HepB vaccine
- Protocol for post-exposure evaluation and follow-up
- Procedures to evaluate an exposure incident

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The Infectious Disease Process (aka Chain of Infection)

- When any link is missing, the chain is broken, and the possibility of infection is eliminated
- Involves 3 essential links: Causative Agent, Susceptible Host & Mode of Transmission

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Causative Agent

- A causative agent is any microorganism capable of causing disease, referred to as "pathogens"
- Pathogenic agents include viruses, bacteria, protozoa & fungi
- Bloodborne pathogens are those that may be present in human blood and other potentially infectious materials (OPIM), including saliva
- Hepatitis B and HIV are the bloodborne pathogens of most concern to dental personnel

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Susceptible Host

- A susceptible host is a person who lacks effective resistance to a particular pathogenic agent
- Many factors influence a person's level of susceptibility, including hereditary, nutrition status, use of medications, therapeutic procedures, underlying disease, and immunization status

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Mode of Transmission

- A mode of transmission is the way that an infectious agent is transferred to a susceptible host.
- Infectious agents are transferred by direct or indirect contact and through inhalation of organisms in the air

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Contact Transmission

Contact transmission may occur:

- through direct contact with infectious body fluids, such as blood into an open wound
- through indirect contact, for example, through a contaminated area such as a work surface
- through droplet spread, such as a sneeze or cough, or spatter during dental procedures

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Airborne Transmission

In airborne transmission, microorganisms are suspended in the air for extended periods of time where they can be inhaled by others. Bloodborne viruses, such as HBV are not transmitted this way.

Examples of airborne viruses include Coronavirus and COVID19, tuberculosis, common cold, influenza, anthrax, measles, mumps, whooping cough, chickenpox and more...

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Types of Occupational Exposure

OSHA defines occupational exposure as "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties."

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Occupational Exposure - General

Occupational exposure to blood and saliva may occur in several ways:

- Parenteral exposure (exposure occurring as a result of piercing the skin barrier, such as with a needlestick or cut with a sharp instrument)
- Contact with mucous membranes, such as eyes
- Contact with skin

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Occupational Exposure - Dental Settings

Some common sources for occupational exposure in a dental practice are:

- Needles
- Scalars and other dental instruments
- Scalpel blades
- Air-water syringe
- Saliva ejector

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Occupational Exposure - Dental Settings

(continued)

- High-speed evacuator
- Surfaces of water lines
- Radiographs
- Light and equipment switches
- Disposables used in patient care
- Surfaces such as chair backs, countertops and drawer handles

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Methods of Compliance

The written exposure control plan for a workplace must include the following methods of compliance:

- Standard precautions
- Engineering controls
- Work practice controls
- Personal protective equipment
- Housekeeping

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Methods of Compliance: Standard Precautions

Standard precautions is an approach to infection control in which all human blood, body fluids, secretions and excretions (except for sweat) are treated as if they were infectious for bloodborne pathogens.

Applications of standard precautions reduces the risk of transmission of bloodborne pathogens.

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Methods of Compliance: Standard Precautions

(continued)

Examples of standard precautions include:

- Frequent handwashing
- Proper handling and disposal of contaminated needles
- Use of gloves and other PPE

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Methods of Compliance: Engineering Controls

Engineering controls isolate or remove a hazard from the workplace. In a dental practice, these include:

- Sharps containers (replace before they are overfilled!)
- Safer needle devices
- Rubber dams and high-volume evacuators

Engineering controls must be examined routinely and maintained or replaced as needed to ensure their effectiveness.

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Methods of Compliance: Work Practice Controls

Work Practice Controls reduce the chance of exposure by altering the manner in which a task is performed, such as:

- Using safe techniques for needle recapping
- Announcing instrument passes
- Keeping sharp ends of instruments pointed away from others
- Proper handwashing techniques
- Patient positioning to reduce splashing or spraying

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Methods of Compliance: Work Practice Controls

Define Clinical Work Areas

- Eating, drinking, smoking, applying cosmetics or lip balm, handling contact lenses, and using your cell phone are prohibited in dental office work areas with a reasonable likelihood of occupational exposure.
- Food and drink must not be stored in or on clinical work areas and cannot share refrigerator or freezer space with clinical dental materials or other potentially infectious materials.

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Methods of Compliance: Work Practice Controls

Handling Contaminated Needles and Other Sharps

To minimize exposure when handling contaminated needles and other sharps, workers should:

- Never bend or break needles before disposal
- Dispose of used needles, blades and other sharps in puncture resistant containers located as close as possible to where the items were used
- DO NOT reach inside a sharps container

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Methods of Compliance: Work Practice Controls

Be On the Lookout for Better Sharps Protection Devices

OSHA requires employers to check for new engineered sharps injury protection devices at least annually.

Employees who work with needles and other sharps need to be involved in the process and it must be documented.

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Methods of Compliance: Work Practice Controls

Handwashing

- During the day, wash your hands between patients and before and after going to lunch, taking a break, using the bathroom, or anytime they become contaminated
- At the end of the day, wash your hands thoroughly to prevent carrying microorganisms outside the operator.

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Methods of Compliance: Personal Protective Equipment

Personal protective equipment (PPE) helps prevent infection in the dental office. It includes gloves, gowns, lab coats or clinic jackets, a face shield, mask, eye protection, resuscitation bags and mouthpieces.

OSHA requires the workplace to provide all necessary PPE at no cost to workers.

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Methods of Compliance: Personal Protective Equipment

Gloves

- Disposable gloves must be worn whenever you anticipate contact with blood, saliva, mucous membranes or blood-contaminated objects or surfaces
- Gloves must be changed between patients
- Gloves must be replaced as soon as possible if they become torn, punctured, or their ability to function as a barrier is compromised

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Methods of Compliance: Personal Protective Equipment

Gloves

- Always wash your hands after removing gloves
- Do not wash disposable gloves and reuse them
- Utility (dishwashing-type) gloves should be worn when cleaning instruments or performing other household tasks
- Utility gloves can be reused but must be replaced when they become damaged

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Methods of Compliance: Personal Protective Equipment

Masks

Must be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated, and nose or mouth contamination can be reasonably expected.

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Methods of Compliance: Personal Protective Equipment

Masks

- A mask does not offer effective protection against spatter if it does not fit well
- Change the mask if it becomes wet

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Methods of Compliance: Personal Protective Equipment

Protective eyewear and face shields

- Some viruses can be transmitted by splash or spatter to the eyes
- Protective glasses with side shields or chin-length face shields are acceptable for most uses
- Goggles may be preferred for high-spatter procedures
- Because some procedures produce projectiles, shatter-resistant lenses should be considered

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Methods of Compliance: Personal Protective Equipment

Protective eyewear and face shields

- The Bloodborne Pathogens Standard specifies that if prescription glasses are worn as protective eyewear, they should be fitted with solid side shields.
- Eyewear should be cleaned as necessary.

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Methods of Compliance: Personal Protective Equipment

Gowns and Other Protective Clothing

- You must wear gowns, lab coats, clinic jackets, or other forms of protective clothing whenever your skin, street clothing or underwear is subject to contamination.
- Short sleeves are okay if you don't expect the skin to be exposed to infectious material.

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Methods of Compliance: Personal Protective Equipment

Gowns and Other Protective Clothing

Additional personal protective clothing may be required when gross contamination can reasonably be expected.

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Methods of Compliance: Personal Protective Equipment

Gowns and Other Protective Clothing

- PPE will be cleaned, laundered, repaired, replaced and disposed of at no cost to employees
- PPE must be removed immediately or ASAP after it's been penetrated by blood or other potentially infectious materials
- All PPE must be removed before leaving the dental office, and
- placed in designated area for storage, washing, decontamination or disposal

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Methods of Compliance: Housekeeping

Housekeeping involves the cleaning and decontamination of all equipment and environmental and work surfaces after contact with blood or other potentially infectious materials.

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Methods of Compliance: Housekeeping

Contaminated Laundry

- Soiled garments should be removed and placed in bag/container provided
- When laundering soiled laundry, wear appropriate PPE (gloves, gowns, etc)
- Soiled laundry should be stored/transported in bags/containers marked with biohazard labels or color-coded red

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Methods of Compliance: Housekeeping

Rules

- All equipment and environmental and work surfaces must be cleaned and decontaminated after contact with blood and other potentially infectious materials
- Protective coverings, such as plastic wrap or foil, must be replaced when they become visibly soiled and at the end of the workday

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Methods of Compliance: Housekeeping

Rules

- Contaminated work surfaces must be decontaminated with an appropriate disinfectant after completion of procedures, or ASAP when surfaces are overtly contaminated, **AND** at the end of the workday if surfaces may have become contaminated since the last cleaning
- This rule applies to all reusable bins, pails, cans and similar receptacles

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Methods of Compliance: Housekeeping

Rules

- Spills of blood or OPIM must be wiped up immediately, or ASAP, and the area decontaminated using an appropriate disinfectant
- Disinfectants used in the dental office Are chemical germicides that are approved for use as hospital disinfectants and are tuberculocidal when used at recommended dilutions

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Methods of Compliance: Housekeeping

Rules

- Employees must wear utility gloves when cleaning contaminated equipment and surfaces
- Employees must use mechanical means, such as a brush and dustpan or forceps, to pick up broken glassware that may be contaminated. Broken, contaminated glassware may never be picked up by hand even if gloves are used

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Methods of Compliance: Housekeeping

Regulated Waste

The BBP standard defines regulated waste as:

- Liquid or semi liquid blood or OPIM
- Contaminated items that would release blood or other OPIM in a liquid or semi liquid state if compressed

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Methods of Compliance: Housekeeping

Regulated Waste

- Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling
- Contaminated sharps (including dental wires)
- Pathological and microbiological wastes containing blood or OPIM (including extracted teeth)

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Methods of Compliance: Housekeeping

Regulated Waste

Contaminated disposable sharps must be disposed of in sharps containers. Containers provided for this purpose are

- Closable
- Puncture resistant
- Leakproof on the sides and bottom
- Marked with the biohazard label or color-coded red

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Methods of Compliance: Housekeeping

Regulated Waste

Sharps containers must be

- Kept upright while they are in use
- Replaced routinely

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Methods of Compliance: Housekeeping

Regulated Waste

Sharps containers must NOT be

- Overfilled
- Opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury

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Methods of Compliance: Housekeeping

Other Regulated Waste Containers

- Must be closable
- Must be constructed to contain all contents and prevent leakage of fluid during handling, storage, transport, or shipping
- Must be closed before removal to prevent the contents from spilling or protruding from the container during handling, storage, transport, or shipping

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Methods of Compliance: Housekeeping

Other Regulated Waste Containers

- If outside contamination of the regulated waste container occurs, the container must be placed in a second container with the same characteristics as the first
- All regulated waste is disposed of according to applicable local state and federal laws

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Methods of Compliance: Hepatitis B Virus (HBV)

HBV is a major health hazard for members of virtually all health occupations and is a well recognized occupational risk for the dental team.

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Methods of Compliance: Hepatitis B Virus (HBV)

- Employers must offer the HBV vaccine to employees who are potentially exposed to blood or OPIM at work.
- The vaccine must be offered without cost within their first 10 working days
- Employees who opt not to have the vaccine must complete a vaccination declination form which is kept in their confidential medical record
- If an employee declines, then later decides they want the vaccine, employers must provide it at no cost

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Methods of Compliance: HIV

- In the event of a suspected HIV exposure the employee should immediately notify the office manager and or practice owner
- Post exposure treatment may include prophylactic administration of HIV medications as soon as possible after the exposure to try to reduce the chance of acquiring HIV
- Testing is required at the time of the exposure and then at six weeks, 12 weeks, and six months (potentially longer)

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Methods of Compliance: Post-Exposure Evaluation & Follow-Up

In the event of an exposure incident:

- The employee must report the incident to the practice owner and/or administrator
- A written report of the incident and how it occurred is required
- The employee should be immediately referred to a qualified health care professional for post-exposure evaluation and follow-up
- A blood test will likely be conducted (employee consent required)

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Methods of Compliance: Post-Exposure Evaluation & Follow-Up

(continued)

In the event of an exposure incident:

- Attempt to identify the source individual and ask them to be tested for HIV and HBV unless their status is known
- The incident report, portions of the employee medical record, and the source individual's blood test results will be provided to the evaluating health care professional

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Methods of Compliance: Post-Exposure Evaluation & Follow-Up

(continued)

In the event of an exposure incident:

- The evaluating health care professional should provide a statement that confirms the evaluation was completed and that the employee was informed of necessary follow-up
- Within 15 days, the health care professional should give the employer a written opinion stating that the exposed employee has been informed of the results of the evaluation and any medical conditions that may require further evaluation or treatment
- Any other findings or diagnosis unrelated to the exposure incident will be kept confidential and not included in the incident report

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Methods of Compliance: Post-Exposure Evaluation & Follow-Up

(continued)

In the event of an exposure incident:

- The circumstances of the exposure incident will be reviewed to determine if procedures, protocols, or training needs to be revised to prevent the incident from happening again
- If the exposed employee refuses post-exposure evaluation and follow-up, the employee's refusal will be documented on a form that they are required to sign

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Methods of Compliance: Post-Exposure Evaluation & Follow-Up

(continued)

In the event of an exposure incident:

- All expenses related to medical visits, testing, and follow-up are the responsibility of the employer
- All relevant documentation, such as reports and test results, should be placed in the employee's confidential medical record

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Methods of Compliance: Training

New employees must be trained before beginning work involving occupational exposure. Thereafter, training in compliance with the Bloodborne Pathogen Standard should be provided at least once a year, and whenever changes in tasks or procedures require.

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Methods of Compliance: Training

Training will cover:

- An explanation of the BBP standard and where a copy of the standard is filed
- Modes of transmission of blood borne pathogens
- An explanation of the office's exposure control plan and how to obtain a copy
- How to recognize tasks involving occupational exposure

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Methods of Compliance: Training

Training will cover:

- The uses and limits of engineering controls, work practice controls, and PPE
- The location of PPE and how to use, remove, handle, decontaminate, and dispose of it
- How to select appropriate PPE

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Methods of Compliance: Training

Training will cover:

- The effectiveness safety benefits and method of administering HBV vaccine
- What to do if there is an emergency spill of blood or OPIM
- What to do if an exposure incident occurs

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Methods of Compliance: Training

Training will cover:

- Post-exposure evaluation and follow-up that will be made available to employees in case of an exposure incident
- The system of labels and color-coding used in the office to warn employees of biohazards
- An opportunity for questions and answers

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Methods of Compliance: Training

Training Records

- Training records document each training session
- Must be retained by the employer for three years
- Should be made available upon request to employees or OSHA representatives
- Should include the date of training, the name of person conducting the training, a summary of the topics covered, and the names of the employees in attendance

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Part 3: Hazard Communication Standard

OSHA's Hazard Communication Standard provides employees with information they need to protect themselves from hazardous chemicals in the workplace.

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Hazard Communication Standard

Learning Objectives

Course participants should be able to:

- Become familiar with hazardous chemicals in the workplace and know where the hazardous chemicals list is kept
- Know how hazardous chemicals should be labeled in the workplace
- Recognize hazard communication standard pictograms and labels for hazardous chemicals

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Hazard Communication Standard

(continued) Learning Objectives

Course participants should be able to:

- Understand how to read safety data sheets (SDS), what information is included on them, and where they are maintained in the office
- How to obtain any missing SDS

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Hazard Communication Standard

Every dental office must have a written hazard communication program that addresses the following:

- How osha's criteria for labels and other forms of warning safety data sheets and employee information and training will be met
- A list of hazardous chemicals known to be present using a description that is referenced on the appropriate safety data sheet (the list may be compiled for the workplace as a whole or for individual work areas)
- How the employer will inform employees of the hazards of non routine tasks and the hazards associated with chemicals contained in unlabeled pipes in their work areas

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Hazard Communication Standard Classifications

The globally harmonized system recognizes three types of hazards: Physical, Health and Environmental.

Physical and health hazards are regulated by OSHA.
Environmental hazards are managed by other federal and state agencies

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Hazard Communication Standard Classifications

Physical hazards, including:

- Explosives
- Flammable aerosols and gases
- Gases under pressure
- Chemicals corrosive to metals

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Hazard Communication Standard Classifications

Health hazards, such as:

- Acute toxicity skin corrosion or irritation
- serious eye damage or irritation
- Respiratory or skin sensitization

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Hazard Communication Standard Classifications

Environmental hazards, such as:

- Chemicals that are hazardous to the aquatic environment
- Acute aquatic toxicity
- Chronic aquatic toxicity

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Hazard Communication Standard Labels

- All products containing hazardous chemicals must be properly labeled
- The manufacturer or distributor is responsible for labeling the original container
- If the original label is missing or damaged the employer should request a new one
- all labels should include the following label elements: Pictograms, Signal Word, Hazard Statements, Precautionary Statements, Product Identifier, Supplier or Manufacturer Information

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Hazard Communication Standard Labels

Pictograms: are used to show information about the specific hazards of certain chemicals.

OSHA QUICK CARD
Hazard Communication Standard Labels

OSHA has updated the requirements for labeling of hazardous chemicals under its Hazard Communication Standard (HCS). All labels are required to have pictograms, a signal word, hazard and precautionary statements, the product identifier, and supplier identification. A sample revised HCS label, identifying the required label elements, is shown on the right. Supplemental information can also be provided on the label as needed.

SAMPLE LABEL

Product Name: _____
Supplier Identification: _____
Hazard Statements: _____
Precautionary Statements: _____
Product Identifier: _____

Hazard Pictograms

Signal Word: Danger

Hazard Statements

Precautionary Statements

Product Identifier

Supplier Identification

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Hazard Communication Standard Labels

Signal Word: A signal word is used to describe the level of severity of a hazard. Only two signal words are used on labels: warning and danger. Danger is used for more severe hazards. There will only be one signal word per label.

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SAMPLE LABEL

Product Name: _____
Supplier Identification: _____
Hazard Statements: _____
Precautionary Statements: _____
Product Identifier: _____

Hazard Pictograms

Signal Word: Danger

Hazard Statements

Precautionary Statements

Product Identifier

Supplier Identification

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Hazard Communication Standard Labels

Hazard Statements: A hazard statement describes the level of hazard or adverse effects that might result from exposure to the chemical. Examples include "harmful if swallowed" and "fatal in contact with skin".

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SAMPLE LABEL

Product Name: _____
Supplier Identification: _____
Hazard Statements: _____
Precautionary Statements: _____
Product Identifier: _____

Hazard Pictograms

Signal Word: Danger

Hazard Statements

Precautionary Statements

Product Identifier

Supplier Identification

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Hazard Communication Standard Labels

Precautionary Statements: A precautionary statement is a recommended measure to minimize or prevent harmful effects from hazards. There are many different types of precautionary statements and they may include prevention, disposal, and response in case of accidental exposure.

OSHA QUICK CARD
Hazard Communication Standard Labels

OSHA has updated the requirements for labeling of hazardous chemicals under its Hazard Communication Standard (HCS). All labels are required to have pictograms, a signal word, hazard and precautionary statements, the product identifier, and supplier identification. A sample revised HCS label, identifying the required label elements, is shown on the right. Supplemental information can also be provided on the label as needed.

SAMPLE LABEL

Product Name: _____
Supplier Identification: _____
Hazard Statements: _____
Precautionary Statements: _____
Product Identifier: _____

Hazard Pictograms

Signal Word: Danger

Hazard Statements

Precautionary Statements

Product Identifier

Supplier Identification

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Hazard Communication Standard Labels

Product Identifier: This information may be a chemicals name, code number, or batch number.



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Hazard Communication Standard Labels

Supplier or Manufacturer Information: This includes the chemical manufacturer or importer's name address and telephone number.



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Hazard Communication Standard Exemptions

This regulation does not cover finished articles that do not under normal use release a hazardous chemical. For example, dental chairs, hand instruments, pencils, and photocopying machines.

Also exempt are drugs intended for direct administration to the patient (pills, tablets, or other items regulated by the FDA).

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Hazard Communication Standard Safety Data Sheets

A safety data sheet (SDS) is a detailed information bulletin prepared by the manufacturer or importer of a product that contains a chemical considered hazardous.

They are important because they make the staff aware of the hazards of potentially dangerous chemicals, as well as providing essential information on topics such as first aid measures, handling and storage, and toxicological information, among many others.

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Hazard Communication Standard Safety Data Sheets

The (SDS) is divided into the following 16 sections:

Section 1: Identification

Section 2: Hazards

Section 3: Composition and information on ingredients

Section 4: First aid measures

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Hazard Communication Standard Safety Data Sheets

Section 5: Firefighting measures

Section 6: Accidental release measures

Section 7: Handling and storage

Section 8: Exposure controls and personal protection

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Hazard Communication Standard Safety Data Sheets

Section 9: Physical and chemical properties
 Section 10: Stability and reactivity
 Section 11: Toxicological information
 Section 12: Ecological information

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Hazard Communication Standard Safety Data Sheets

Section 13: Disposal considerations
 Section 14: Transport information
 Section 15: Regulatory information
 Section 16: Other information

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Hazard Communication Standard Training & Recordkeeping

Each employee will be provided with information and training on hazardous chemicals in their work area.

Training takes place at the time of the initial assignment and whenever hazards change.

At the end of each training session employees may be asked to sign a form indicating participation.

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Hazard Communication Standard Training & Recordkeeping

Every dental office should discuss:

- Review of the Hazard Communication Standard
- Hazards of the chemicals and of handling them
- Procedures that involve hazardous chemicals
- Location and availability of the written hazard communication program, including the list of hazardous chemicals
- Measures to prevent exposure

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Hazard Communication Standard Training & Recordkeeping

Every dental office should discuss:

- Methods to detect the presence or release of hazardous chemicals such as the following examples:
 - being aware of the visual appearance or odor of the hazardous chemical
 - knowing some of the physical and health hazards of the hazardous chemical, including the common symptoms from overexposure such as eye or mucous membrane irritation
 - air sampling

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Hazard Communication Standard Training & Recordkeeping

Every dental office should discuss:

- Knowing how to read monitoring devices if your office uses them
- How to read
 - hazard communication
 - standard pictograms labels on hazard chemicals
 - safety data sheets

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Part 4: Current COVID19 Guidance

It should be assumed that all patients may transmit COVID-19, given that individuals who are asymptomatic can still be infectious.

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Current COVID19 Guidance: Masks

Understanding Mask Types			
	Medical Grade 10	N95	N95 Equivalent
Testing and Approval	Classified by the U.S. Food and Drug Administration (FDA)	Disinfectant, solvent, and alcohol resistant (DASAR) and the equivalent	Disinfectant, solvent, and alcohol resistant (DASAR) and the equivalent
Fitting	No	Yes. The mask must be worn correctly. The mask must be worn over the nose, mouth, and chin. The mask must be worn over the nose, mouth, and chin. The mask must be worn over the nose, mouth, and chin.	Yes. The mask must be worn correctly. The mask must be worn over the nose, mouth, and chin. The mask must be worn over the nose, mouth, and chin. The mask must be worn over the nose, mouth, and chin.
Standard Use and Removal	Not intended for use in high-risk settings. The mask must be worn over the nose, mouth, and chin. The mask must be worn over the nose, mouth, and chin. The mask must be worn over the nose, mouth, and chin.	Intended for use in high-risk settings. The mask must be worn over the nose, mouth, and chin. The mask must be worn over the nose, mouth, and chin. The mask must be worn over the nose, mouth, and chin.	Intended for use in high-risk settings. The mask must be worn over the nose, mouth, and chin. The mask must be worn over the nose, mouth, and chin. The mask must be worn over the nose, mouth, and chin.
Face Leakage	Lowest leakage	High leakage	High leakage
Face Sealing Requirement	No	Yes. The mask must be worn correctly. The mask must be worn over the nose, mouth, and chin. The mask must be worn over the nose, mouth, and chin. The mask must be worn over the nose, mouth, and chin.	Yes. The mask must be worn correctly. The mask must be worn over the nose, mouth, and chin. The mask must be worn over the nose, mouth, and chin. The mask must be worn over the nose, mouth, and chin.
Use Limitations	Classified by the U.S. Food and Drug Administration (FDA)	Intended for use in high-risk settings. The mask must be worn over the nose, mouth, and chin. The mask must be worn over the nose, mouth, and chin. The mask must be worn over the nose, mouth, and chin.	Intended for use in high-risk settings. The mask must be worn over the nose, mouth, and chin. The mask must be worn over the nose, mouth, and chin. The mask must be worn over the nose, mouth, and chin.

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Current COVID19 Guidance: Putting on PPE

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or aerosol, or PPE.

- 1. GOWN**
 - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
 - Fasten in back of neck and waist
- 2. MASK OR RESPIRATOR**
 - Secure with or elastic bands at middle of head and neck
 - Fit flexible band to nose bridge
 - Fit snug to face and below chin
 - Fit check respirator
- 3. GOGGLES OR FACE SHIELD**
 - Place over face and eyes and adjust to fit
- 4. GLOVES**
 - Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

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Current COVID19 Guidance: Removing PPE

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) - EXAMPLE 2

How to remove PPE in a safe manner. Remove all PPE before leaving the patient room or designated area. Remove PPE in the following sequence:

- 1. GOWN AND GLOVES**
 - Break ties and remove gown and gloves
 - If wearing gloves, break ties and remove gloves
 - Break ties and remove gown and gloves
 - Break ties and remove gown and gloves
 - Break ties and remove gown and gloves
 - Break ties and remove gown and gloves
 - Break ties and remove gown and gloves
 - Break ties and remove gown and gloves
- 2. GOGGLES OR FACE SHIELD**
 - Break ties and remove goggles or face shield
 - Break ties and remove goggles or face shield
 - Break ties and remove goggles or face shield
 - Break ties and remove goggles or face shield
 - Break ties and remove goggles or face shield
 - Break ties and remove goggles or face shield
 - Break ties and remove goggles or face shield
 - Break ties and remove goggles or face shield
- 3. MASK OR RESPIRATOR**
 - Break ties and remove mask or respirator
 - Break ties and remove mask or respirator
 - Break ties and remove mask or respirator
 - Break ties and remove mask or respirator
 - Break ties and remove mask or respirator
 - Break ties and remove mask or respirator
 - Break ties and remove mask or respirator
 - Break ties and remove mask or respirator
- 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE**
 - Wash hands or use an alcohol-based hand sanitizer
 - Wash hands or use an alcohol-based hand sanitizer
 - Wash hands or use an alcohol-based hand sanitizer
 - Wash hands or use an alcohol-based hand sanitizer
 - Wash hands or use an alcohol-based hand sanitizer
 - Wash hands or use an alcohol-based hand sanitizer
 - Wash hands or use an alcohol-based hand sanitizer
 - Wash hands or use an alcohol-based hand sanitizer

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Current COVID19 Guidance: Standard Precautions

Standard Precautions for All Patient Care

Standard Precautions are used for all patient care. They're based on a risk assessment and make use of common sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient.

Expand Collapse

- Perform hand hygiene
- Use personal protective equipment (PPE) whenever there is an expectation of possible exposure to infectious material
- Follow respiratory hygiene/cough etiquette principles
- Ensure appropriate patient placement
- Properly handle and properly clean and disinfect patient care equipment and instruments/devices
- Clean and disinfect the environment appropriately
- Handle textiles and laundry carefully
- Follow safe injection practices
- Wear a surgical mask when performing lumbar punctures
- Ensure healthcare worker safety including proper handling of needles and other sharps

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Current COVID19 Guidance: Transmission-Based Precautions

Contact Precautions
Use Contact Precautions for patients with known or suspected infections that represent an increased risk for contact transmission.

STOP CONTACT PRECAUTIONS EVERYONE MUST:

Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

- Put on gloves before room entry. Discard gloves before room exit.
- Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person.
- Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.

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Current COVID19 Guidance: Transmission- Based Precautions

Droplet Precautions
Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking.



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Current COVID19 Guidance: Transmission- Based Precautions

Airborne Precautions
Use Airborne Precautions for patients known or suspected to be infected with pathogens transmitted by the airborne route (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster).



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Current COVID19 Guidance: Exposure Risk Levels by Work Tasks

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.

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Current COVID19 Guidance:

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

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Current COVID19 Guidance: PPE Recommendations Well Patients

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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Current COVID19 Guidance: PPE Recommendations Suspected COVID19 Patients

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.

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Current COVID19 Guidance: Additional tactics

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.

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Current COVID19 Guidance: Additional tactics

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 J](#)).

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Current COVID19 Guidance: Additional resources

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Conclusion

Thank you for participating in this virtual event!
CE forms will be available on the NDA website within 30 days

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