


How COVID-19 Has Changed Infection Prevention in Dentistry

Mary Govoni, MBA, CDA, RDH
Yankee Dental Congress - 2021

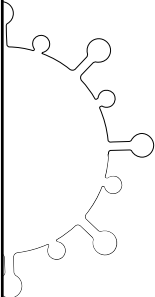
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Course Overview

- Update on CDC and OSHA interim guidance during pandemic
- Disinfecting protocols and product selection
- Respiratory protection – masks vs. respirators
- OSHA-required documentation for respiratory protection and COVID-19 preparedness and response



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What, Who and How?

What?

PPE, Screening, Air Purification

Who?

OSHA and CDC


How?

Interim guidance and regulations


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CDC vs. OSHA

- Regulation/requirement vs. Recommendation
 - OSHA enforcement
 - State dental board
 - Public health agency



Source: Microsoft Creative Commons



Source: Microsoft Creative Commons

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OSHA

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COVID-19 - Control and Prevention / Dentistry Workers and Employers

COVID-19 Control and Prevention

Dentistry Workers and Employers

This section provides guidance for dentistry workers and employers. This guidance supplements the general interim guidance for workers and employers of workers at increased risk of occupational exposure to SARS-CoV-2.

On March 16, 2020, the American Dental Association called for dentists to keep their offices closed to all but urgent and emergency procedures during the COVID-19 outbreak. Unless emergency dental procedures absolutely cannot be delayed, OSHA further recommends that emergency dental procedures be performed on patients with suspected or confirmed COVID-19 only if appropriate precautions, including personal protective equipment (PPE), are available and used.

Dentistry employers should remain alert of changing outbreak conditions, including as they relate to community spread of the virus and testing availability, and implement infection prevention measures accordingly. As states or regions satisfy the getting criteria to progress through the phases of the guidelines for Opening up America Again, employees will likely be able to adapt this guidance to better suit working risk levels and necessary control measures in their workplaces.

Employers should assess the hazards to which their workers may be exposed; evaluate the risk of exposure; and select, implement, and ensure workers use controls to prevent exposure. The table below describes dentistry work tasks associated with the exposure risk levels in OSHA's occupational exposure risk paradigm, which may serve as a guide to employers in this sector.

Dentistry work tasks associated with exposure risk levels

Lower (caution)	Medium	High	Very High
<ul style="list-style-type: none"> Performing administrative duties in non-public areas of dentistry facilities, away from other staff members. <p>Note: For activities in the lower (caution) risk category, OSHA's <i>Interim Guidance for Workers and Employers of Workers at Lower Risk of Exposure</i> may be most appropriate.</p>	<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. 	<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. 	<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.

Until more is known about how COVID-19 spreads, OSHA recommends using a combination of standard precautions, contact precautions, and droplet precautions, including eye protection (e.g., goggles or face shields), to protect dentistry workers performing patient care that does not involve aerosol-generating procedures* on individuals without suspected or confirmed COVID-19. In emergency situations when workers have exposure to suspected or confirmed COVID-19 patients, and anytime when performing aerosol-generating procedures, use standard precautions, contact precautions, airborne precautions, and eye protection (e.g., goggles or face shields) to protect dentistry workers.

*No dentistry, using dental turbines, micro-motor handpieces, ultrasonic scalers, and x-ray water syringes are examples of tasks that generate aerosols. This list is not exhaustive; other procedures also may generate aerosols.

The CDC provides the most updated infection prevention and control recommendations for emergency dental procedures during the COVID-19 pandemic.

Employers of dentistry workers are responsible for following applicable OSHA requirements, including OSHA's *Respiratory Protection* (29 CFR 1910.133), *Personal Protective Equipment* (29 CFR 1910.132), and *Respiratory Protection* (29 CFR 1910.134) standards. See the Standards page for additional information on [Is OSHA infectious disease guidance for dentistry the same as CDC recommendations?](#)

COVID-19 Guidance for Dental Practitioners

OSHA is committed to protecting the health and safety of America's workers and workplaces during these unprecedented times. The agency will be issuing a series of industry-specific alerts designed to help keep workers safe.

If you are a dental practitioner, the following tips can help reduce the risk of exposure to the coronavirus:

- Encourage workers to stay home if sick.
- Maximize use of telemedicine for non-emergency consultations, and prioritize urgent and emergency procedures.
- Install physical barriers or partitions between patient treatment areas.
- Provide adequate ventilation and airflow in patient treatment areas so that air moves away from staff work areas.
- Frequently clean and disinfect surfaces and equipment with hospital-grade Environmental Protection Agency-approved cleaning chemicals from List N that have label claims against the coronavirus.
- Minimize the number of staff present when aerosol-generating procedures are performed, and ensure staff who are present are appropriately protected.
- Provide appropriate personal protective equipment, such as eye goggles, face shields, and N95 respirators, as necessary to protect dental practitioners and support personnel.
- Encourage workers to report any safety and health concerns.

For more information, visit www.osha.gov/coronavirus or call 1-800-321-OSHA (6742). Visit this link for more detailed guidance for dental industry workers.

OSHA issues alerts to draw attention to worker safety and health issues and solutions.

OSHA • [osha.gov/coronavirus](https://www.osha.gov/coronavirus) • 1-800-321-OSHA (6742) • @OSHA_DOL

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OSHA Regulations – Interim Guidance

Dentistry work tasks associated with exposure risk levels

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[COVID-19 - Control and Prevention | Dentistry Workers and Employers | Occupational Safety and Health Administration \(osha.gov\)](#)

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OSHA Regulations – Interim Guidance

Personal Protective Equipment

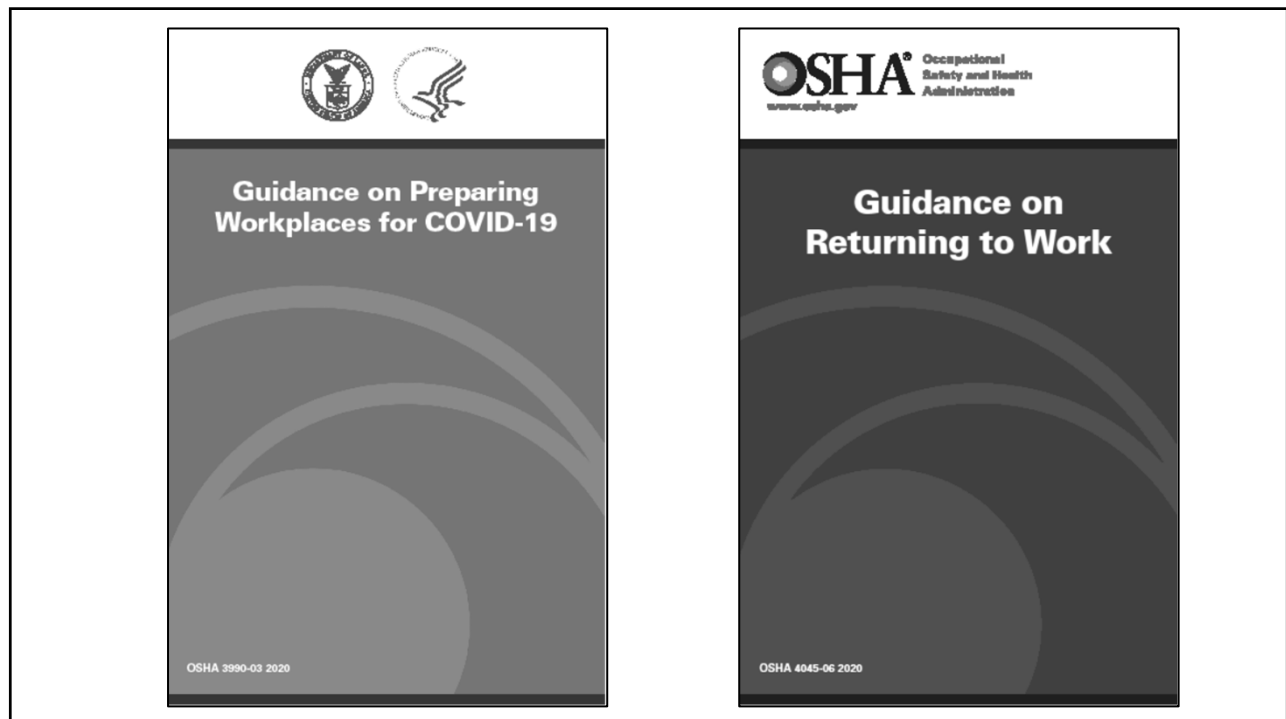
Dentistry workers must use proper PPE when exposed to patients. PPE differs for the care of well patient care during the COVID-19 pandemic versus PPE needed when providing emergency care to a patient with suspected or confirmed COVID-19 (See OSHA's PPE standards at 29 CFR 1910 Subpart I).

OSHA recommends the following PPE for dentistry during the COVID-19 pandemic:

Well patients		Patients with suspected or confirmed COVID-19	
Dental procedures not involving aerosol-generating procedures	Dental procedures that may or are known to generate aerosols	Dental procedures not involving aerosol-generating procedures	Dental procedures that may or are known to generate aerosols
<ul style="list-style-type: none"> Work clothing, such as scrubs, lab coat, and/or smock, or a gown Gloves Eye protection (e.g., goggles, face shield) Face mask (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* 	<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*

COVID-19 - Control and Prevention | Dentistry Workers and Employers |
Occupational Safety and Health Administration (osha.gov)

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OSHA RESOURCE LINKS

[COVID-19 - Control and Prevention - Dentistry Workers and Employers | Occupational Safety and Health Administration \(osha.gov\)](#)

[COVID-19 Guidance for Dental Practitioners \(osha.gov\)](#)

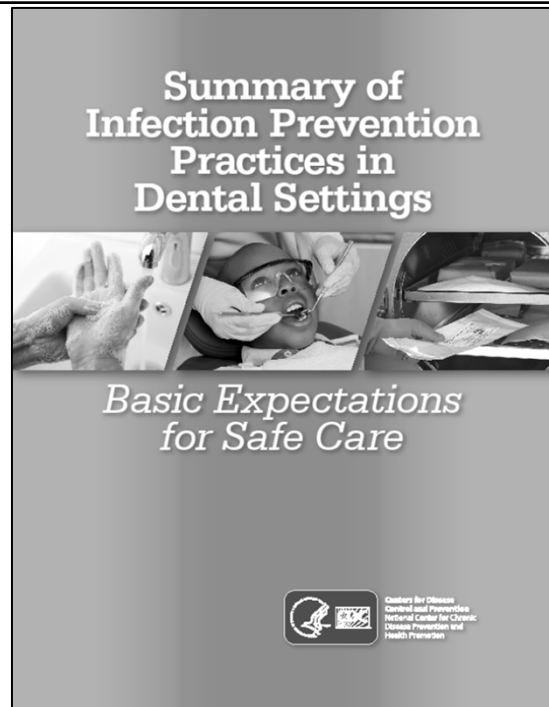
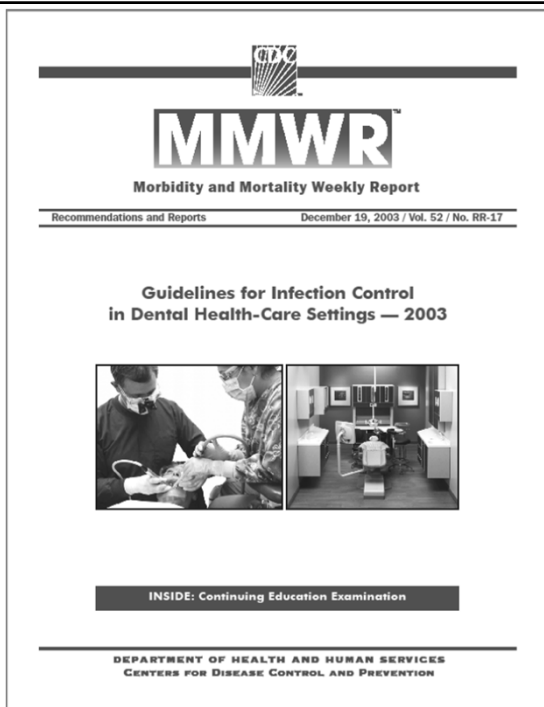
[Guidance on Preparing Workplaces for COVID-19 \(osha.gov\)](#)

[Guidance on Returning to Work \(osha.gov\)](#)


[Bloodborne Pathogens - Standards | Occupational Safety and Health Administration \(osha.gov\)](#)



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MMWR
Morbidity and Mortality Weekly Report

Recommendations and Reports October 25, 2002 / Vol. 51 / No. RR-16

Accessible version: <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/>



Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008
Update: May 2019

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Guideline for Hand Hygiene in Health-Care Settings

Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force

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CDC RESOURCE LINKS

[RR5217 Dental Front.pmd \(cdc.gov\)](#)

[Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care \(cdc.gov\)](#)

[Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 \(cdc.gov\)](#)

[RR5116-Front Cover.p65 \(cdc.gov\)](#)

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Guidance for Dental Settings | CDC

Centers for Disease Control and Prevention

Coronavirus Disease 2019 (COVID-19)

MENU

Guidance for Dental Settings

Interim Infection Prevention and Control Guidance for Dental Settings During the Coronavirus Disease 2019 (COVID-19) Pandemic

Updated Dec. 4, 2020

Key Points

- Recognize dental settings have unique characteristics that warrant specific infection control considerations.
- Prioritize the most critical dental services and provide care in a way that minimizes harm to patients from delaying care and harm to personnel and patients from potential exposure to SARS-CoV-2 infection.
- Proactively communicate to both personnel and patients the need for them to stay at home if sick.
- Know the steps to take if a patient with COVID-19 symptoms enters your facility.

Additional Key Resources

- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
- Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic
- Information about managing school reentry programs during COVID-19 on CDC's Considerations for School Reentry Programs page.

Background

This interim guidance has been updated based on currently available information about coronavirus disease 2019 (COVID-19) and the current situation in the United States. As dental healthcare facilities begin to restart elective procedures in accordance with guidance from local and state officials, there are precautions that should remain in place as a part of the ongoing response to the COVID-19 pandemic. Most recommendations in this updated guidance are not new (except as noted in the summary of changes above); they have been reorganized into the following sections:

1. Recommended infection prevention and control (IPC) practices for routine dental healthcare delivery during the pandemic
2. Recommended IPC practices when providing dental healthcare for a patient with suspected or confirmed SARS-CoV-2 infection

Dental settings should balance the need to provide necessary services while minimizing risk to patients and dental healthcare personnel (DHCP). CDC has developed a Framework for healthcare personnel and healthcare systems for delivery of non-emergent care during the COVID-19 pandemic. DHCP should regularly consult their state dental boards and state or local health departments for current local information for requirements specific to their jurisdictions, including recognizing the degree of community transmission and impact, and their region-specific recommendations.

Transmission: SARS-CoV-2, the virus that causes COVID-19, is thought to spread primarily between people who are in close contact with one another (within 6 feet) through respiratory droplets produced when an infected person coughs, sneezes, or talks. Airborne transmission from person to person over long distances is unlikely. However, COVID-19 is a new disease, and we are still learning about how the virus spreads and the severity of illness it causes. The virus has been shown to persist in aerosols for hours, and on some surfaces for days under laboratory conditions. SARS-CoV-2 can be spread by people who

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COVID-19 DOCUMENTATION

- Hazard Assessment
 - BBPS and HazCom
 - COVID-19
 - Documents exposure risks and mitigation

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Hazard Assessment for Personal Protective Equipment and Respirators

Date of assessment:

Assessment is being conducted in the office/facility of:
located at:

Assessment conducted by:

Types of hazards that exist in this facility:

Exposure to bloodborne pathogens	Penetration/puncture
Airborne pathogens (aerosols)	Radiation
Chemicals	Nitrous Oxide
Harmful dust	Heat

Other:

Describe the level of risk or potential injury to employees created by the following hazards: (do not consider the use of personal protective equipment) e.g. low, moderate, high.

Bloodborne pathogens:

Penetration/puncture:

Airborne pathogens(aerosols):

Radiation:

Chemicals:

Nitrous Oxide:

Harmful Dust:

Hazard Assessment for COVID-19 To Be Completed Weekly

Date of this assessment:

This risk assessment is intended to calculate the potential hazard for transmission of the SARS-CoV2 virus that causes COVID-19 in this dental practice, during the current pandemic. This assessment is prepared in compliance with the MIOSHA Emergency Rules for COVID-19 (10/20). This document is to be used in conjunction with the MIOSHA required Hazard Assessment for PPE, which is part of the documentation in this practice for compliance with the Bloodborne and Infectious Diseases Standard and the Hazard Communication Standard.

Incidence of COVID-19 Cases:

Community Incidence of COVID-19 is	Increasing	Steady	Decreasing
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PPE Supply and Availability:

Supplies of surgical masks are:	Adequate	Low	Inadequate
Supplies of N95 respirators are:	Adequate	Low	Inadequate
Supplies of KN95 (if used) are:	Adequate	Low	Inadequate
Supplies of exam gloves are:	Adequate	Low	Inadequate

Screening of patients and DHCP:

Patient screening	Temperature (each appt.)	Symptoms (each appt.)
Employee screening	Temperature (daily)	Symptoms (daily)

Universal Source Control:

Patients must wear mask when entering and leaving the office:	Yes	No
Employees must wear mask when not in treatment areas:	Yes	No

Engineering Controls:

The office/facility has been evaluated by an HVAC technician	Yes	No
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Air purification units (HEPA) filtration is present in:

reception area	other:	treatment rooms	employee lounge
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Assessment completed by (initials): _____ Date: _____

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COVID-19 DOCUMENTATION

- Exposure Determination
 - BBPS
 - COVID-19
 - Classifies job descriptions according to risk of exposure

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EXPOSURE DETERMINATION

In this office, Category 1 employees are: the doctor(s), dental hygienist(s) and dental assistants. These employees have a routine risk of exposure to blood, body fluids and tissue, and are required to follow standard precautions to protect themselves from exposure and to prevent transmissions to patients.

Category 2 employees are: the business team members. These employees do not have routine exposure to blood, body fluids and tissue; but may be required to perform unplanned procedures normally performed by Category 1 employees.

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Exposure Determination for COVID-19				Date Completed
Level of Exposure Risk	Types of Procedures	Work Area	PPE Required	
Lower	Administrative tasks – checking patients in and out, patient screening upon entering the facility, scheduling appointments	Business office	Face covering	
Medium	Non-aerosol-generating procedures – consultations, emergency, initial or periodic examinations, radiographs, instrument reprocessing, laboratory procedures	Operator/treatment Room, Sterilization/instrument reprocessing area, lab area	ASTM Level 3 face mask, full face shield, exam gloves, protective gown/lab coat	
High	Aerosol-generating procedures on well patients or patients with no symptoms or potential exposure to COVID-19 – use of handpieces (high and slow speed), air/water syringe, mechanical scalers (ultrasonic, piezo-electric or sonic), air polishers or air abrasion technology	Operator/treatment room	N95 respirator or higher level of protection (KN95 is allowed by FDA EUA during the COVID-19 pandemic)*; full face shield, exam gloves, protective gown/lab coat *If N95 and KN95 respirators are not available, a Level 3 face mask is allowable, but does not provide optimal respiratory protection	
Very High	Aerosol-generating procedures (emergencies only) on patients suspected of having COVID-19 or patients with symptoms of potential exposure to COVID-19 – use of handpieces (high and slow speed), air/water syringe, mechanical scalers (ultrasonic, piezo-electric or sonic), air polishers or air abrasion technology	Operator/treatment room	N95 respirator or higher level of protection (KN95 is allowed by FDA EUA during the COVID-19 pandemic)*; full face shield, exam gloves, protective gown/lab coat *If N95 and KN95 respirators are not available, treatment should be referred to a facility where the appropriate respiratory protection is available	

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Screening Patients and Team

- Temperature of $\geq 100^{\circ}\text{F}$ - subjective fever
- Screening for symptoms and recording in patient record
- Screening employees and recording in confidential file



Source: Microsoft Creative Commons

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UNIVERSAL SOURCE CONTROL – APPLIES TO EVERYONE!

- DHCP should wear face mask **at all times** while they are in a dental setting.
 - Meetings/training
 - Break room – when not eating



Source: Microsoft Creative Commons

- When doctors, hygienists, dental assistants are not engaged in direct patient care activities, they can take off their respirator and switch to a surgical mask or cloth face mask



Source: Microsoft Creative Commons

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EYE PROTECTION



Source: Quality Aspirators



Source: Palmero Health Care



Source: Op-d-op



Source: A-dec



Source: ZShield

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PPE FOR NON-AEROSOL GENERATING PROCEDURES

- During procedures likely to generate splashing or spattering of blood or other body fluids - non-aerosol generating:
 - Surgical mask – ASTM Level 3
 - Eye protection
 - Goggles, protective eyewear with solid side shields or a full-face shield
 - Gown or protective clothing
 - Gloves

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PPE FOR AEROSOL-GENERATING PROCEDURES

• During AGP's conducted on patients assumed to be non-contagious, consider the use of an N95 respirator or a respirator that offers a higher level of protection, such as:

- Disposable filtering facepiece respirators
- Elastomeric respirators
 - Half facepiece
 - Full facepiece
- PAPR
- Gowns, gloves, goggles/face shields



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CLEANING AND DISINFECTING FACE SHIELDS



Source: Dental Reach Today



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RESPIRATORY PROTECTION



Source: Crosstex



Source: Wikipedia

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RESPIRATORY PROTECTION



Source: 3M



Source: Halyard Health



Crosstex Isolator Plus



Source: 3M



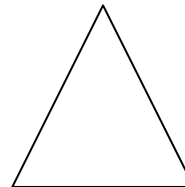
Source: Honeywell

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POWERED AIR-PURIFYING RESPIRATORS

- Alternative to N95 respirator – higher level of protection
 - Higher air purifying factor (APF)
- Fit testing not required (by most manufacturers) – but wearers must be trained on use
- May be less taxing from a physiological/breathing resistance



N95 = APF 10
PAPR under chin = APF 25
PAPR with shroud = APF 1000



Source: 3M



Source: Honeywell

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/powerd-air-purifying-respirators-strategy.html>

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FIT TESTING FOR RESPIRATORS



- **Required by OSHA when first wearing respirators**
 - Must be done with the exact brand, size of N95 that will be worn
 - Must be redone when the brand, size is changed
 - Must be redone if there is a significant change for the wearer:
 - Facial hair
 - Facial scarring
 - Significant weight loss or gain
 - Significant changes in dentition
- **Requirement for annual fit testing has been temporarily suspended by OSHA**
- **Medical questionnaire must be completed prior to fit-testing**

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THE LOGISTICS OF FIT TESTING

- No special certification required to be a fit-tester
- Training programs available
 - Online
 - Manufacturers
 - Other groups
- Fit test kits available
 - Dental distributors
 - Safety companies

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RESPIRATORY PROTECTION TRAINING AND DOCUMENTATION

- OSHA Respiratory Protection Standard
 - <https://www.osha.gov/SLTC/respiratoryprotection/index.html>
- Written respiratory protection plan
- Respirator training
 - https://www.osha.gov/video/respiratory_protection/fittesting.html



Source: Microsoft Creative Commons

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ENGINEERING CONTROLS

- HVAC modifications

- Filtration
- Air exchanges



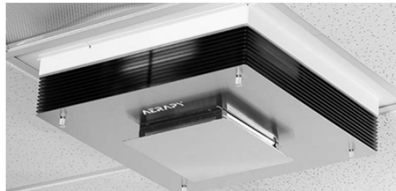
Source: Microsoft Creative Commons



Source: Medify Air

- Air purification

- HEPA filtration units
- Upper Room UVGI
 - Ultraviolet germicidal irradiation



Source: Aerapy



Source: globalindustrial.com

- Barriers for facilities with open floor plans

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ENGINEERING CONTROLS – USE OF HVE

- Restorative & Hygiene Procedures

- Aerosol containment
- Studies show reduces aerosol by 90% or more
 - 8mm opening is most effective
- Intraoral and Extraoral
- Can be combined with use of saliva ejector or dental dam



Source: PH Dental Inc.

- System capacity can be a factor in effectiveness

- Routine system maintenance must be performed

- Daily cleaning
- Periodic shocking



Source: Air Techniques

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ENGINEERING CONTROLS – USE OF HVE

- Challenges for RDH's – the struggle is real!
 - <https://youtu.be/HZj5icVLChc>
 - Hygiene assistant available?
 - Comfort – ergonomics
 - Patient comfort and ease of use for RDH
 - Single device that attached to scaler handpiece
 - Scale with one hand – hold suction in the non-dominant hand
 - What about the mirror for indirect vision, retraction, light reflection?



Source: dentaladvisorblog.com



Source: Dentsply/Sirona

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HVE OPTIONS



Source: Quality Aspirators



Source: Palmero Health Care



Source: Dentsply

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HVE OPTIONS



Source: Hager Worldwide – Mirror Suction



Source: Nu-Bird.com



Source: ErgoFinger

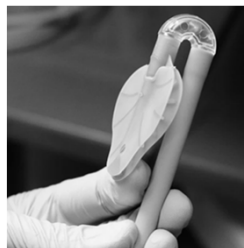


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HVE OPTIONS



Source:
xuctiondental.com



Source: Ivoclar Vivadent - ReLeaf



Source: DryShield



Source: Zirc – Mr. Thirsty



Source: Zyris - Isovac

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WORK PRACTICE CONTROLS

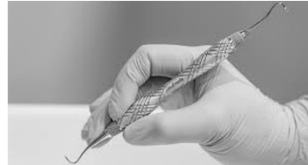


Source: Microsoft Creative Commons

- Preprocedural mouth rinse (PPMR)
- Adjust water volume on powered scalers
- Increase use of hand scaling



Source: HuFriedy Group



Source: HuFriedy Group

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CLEANING AND DISINFECTING

- Clean and disinfect the room and equipment according to the CDC Guidelines for Infection Control in Dental Health-Care Settings – 2003.
- Use a product on EPA List N and is tuberculocidal



Source: infectioncontrolproducts.com

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COVID EXPOSURE OR TRANSMISSION IN A DENTAL SETTING

- PPE – what was being worn?
- Duration of exposure
- Any duration of exposure should be considered prolonged if the exposure occurred during performance of an aerosol-generating procedure (AGP)
- Community exposure or non-AGP exposure defined as 15 minutes or longer at <6ft.
- DHCP's who test positive for COVID-19 must quarantine for 7-10 days.



Source: forbes.com



Source: Microsoft Creative Commons

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MORE RESOURCES

Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing

Updated Dec. 2, 2020 Languages Print



Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing | CDC

Local public health authorities determine and establish the quarantine options for their jurisdictions. CDC currently recommends a quarantine period of 14 days. However, based on local circumstances and resources, the following options to shorten quarantine are acceptable alternatives.

- Quarantine can end after Day 10 without testing and if no symptoms have been reported during daily monitoring.
 - With this strategy, residual post-quarantine transmission risk is estimated to be about 1% with an upper limit of about 10%.
- When diagnostic testing resources are sufficient and available (see bullet 3, below), then quarantine can end after Day 7 if a diagnostic specimen tests negative and if no symptoms were reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation (e.g., in anticipation of testing delays), but quarantine cannot be discontinued earlier than after Day 7.
 - With this strategy, the residual post-quarantine transmission risk is estimated to be about 5% with an upper limit of about 12%.

In both cases, additional criteria (e.g., continued symptom monitoring and masking through Day 14) must be met and are outlined in the full text.


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