May 16, 2020

Illinois Dental Hygienists' Association OSHA Guidance

Hello Illinois dental hygienists and valued IDHA members!

In order to keep abreast with the latest up to date information, we contacted a local Illinois OSHA officer to discuss the current guidance for what is necessary in the workplace when returning to work during this pandemic. The following information and statements were provided to IDHA by a local Illinois OSHA officer and have been compiled together to bring you this IDHA OSHA Guidance. This guidance is meant to give you, the dental hygienist, tools and information to make your own informed decisions regarding your career. OSHA standards and guidelines may not be an official mandate or "requirement", however **they are enforceable by the law**.

Employers of dentistry workers are responsible for following applicable OSHA requirements, including OSHA's Bloodborne Pathogens (29 CFR 1910.1030), Personal Protective Equipment (29 CFR 1910.132), and Respiratory Protection (29 CFR 1910.134) standards.[2] A standard (or regulation) is a regulatory requirement established and published by the agency to serve as criteria for measuring whether employers are in compliance with the OSH Act laws.[2] OSHA standards are published in Title 29 of the Code of Federal Regulations (CFR) and are divided into separate standards for General Industry, Construction, and Maritime.[10] If you believe working conditions are unsafe or unhealthful, we recommend that you bring the conditions to your employer's attention.[11] At any time, a worker may file a complaint with OSHA to report a hazardous working condition and request an inspection.[11] If the condition clearly presents a risk of death or serious physical harm and there is not enough time for OSHA to inspect, the worker may have a legal right to refuse to work.[11]

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.[2] 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.[2] *In dentistry, using dental turbines, micro-motor handpieces, ultrasonic scalers, and air-water syringes are examples of tasks that can generate aerosols.[2] This list is not exhaustive; other procedures also may generate aerosols.[2]*

Personal Protective Equipment (PPE):

During severe resource limitations, consider excluding DHCP who may be at higher risk for severe illness from COVID-19, such as those of older age, those with chronic medical conditions, or those who may be pregnant, from performing emergency dental care.[1] Dentistry workers must use proper PPE when exposed to patients.[2] 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).[2] Some healthcare facilities, including dental offices, are experiencing shortages of PPE, including gowns, face shields, face masks, and respirators, as a result of the COVID-19 pandemic.[2] This may impact PPE availability for dentistry.[2] See information on PPE flexibilities and prioritization in the Personal Protective Equipment Flexibilities section within the Interim Guidance for U.S. Workers and Employers of Workers with Potential Occupational Exposures to SARS-CoV-2, above.[2]

Masks:

OSHA is enforcing respiratory protection programs. **Every office that has an employee using a respirator (N95 and equivalent, or higher) must have a respirator protection program**. *Initial fit test is required*, the annual fit test is currently waived. *Medical clearance is required*, at the expense of the employer or the employee (whichever becomes the preferred method for the employer/employee). Fit testing should be done *by a trained and certified professional*. Use respiratory protection as part of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard (29 CFR 1910.134) and includes medical exams, fit testing, and training.[2]

"If a surgical mask and a full face shield are not available, do not perform any emergency dental care. Refer the patient to a clinician who has the appropriate PPE." [1] Surgical masks protect mucous membranes of the mouth and nose from droplet spatter, but they do not provide complete protection against inhalation of airborne infectious agents.[1] As part of source control efforts, DHCP should wear a facemask **at all times** while they are in the dental setting.[1] Other DHCP (such as dentists, dental hygienists, dental assistants) may wear their cloth face covering when they are not engaged in direct patient care activities and then switch to a respirator or a surgical mask when PPE is required.[1] If respirators are not available and surgical masks are used, wear a full-face shield.[1] When removing potentially contaminated PPE, such as an N95 respirator, do not touch the outside of the respirator without wearing gloves.[2]

 Before entering a patient room or care area, put on one of the following:[1]

- An N95 respirator or a respirator that offers a higher level of protection such as other disposable filtering facepiece respirators, powered air-purifying respirators (PAPRs), or elastomeric respirators.[1]

- If a respirator is not available, use a combination of a surgical mask and full-face shield. Ensure that the mask is cleared by the US Food and Drug Administration (FDA) as a surgical mask.[1]

During aerosol-generating procedures (e.g. use of dental handpieces, air/water syringe, ultrasonic scalers), put on one of the following:[1]

- An N95 respirator or a respirator that offers a higher level of protection such as other disposable filtering facepiece respirators, powered air-purifying respirators (PAPRs), or elastomeric respirators.[1]

Gowns:

Gowns should be changed after ***every patient,*** or if you leave the room.[1] Gowns are defined as fluid-resistant and impermeable.[5] Disposable gowns or a washable **lab coat** (not scrub jacket) may be worn.[6] When selecting the most appropriate protective clothing, employers should consider all of the available information on recommended protective clothing, including the potential limitations.[6] f there are shortages of gowns, they should be prioritized for aerosol-generating procedures and/or clinical procedures where splashes and sprays are anticipated.[1]

Aerosols:

Minimize the number of staff present when aerosol-generating procedures are performed, and ensure staff who are present are appropriately protected.[3] Provide appropriate personal protective equipment, such as eye goggles, face shields, and N95 respirators, as necessary to protect dental practitioners and support personnel.[3] Provide adequate ventilation and airflow in patient treatment areas so that air moves away from staff work areas.[3] If dental offices are equipped with the capability, use local exhaust ventilation to capture and remove mists or aerosols generated during dental care.[2] If possible, use directional airflow, such as from fans, to ensure that air moves through staff work areas before patient treatment areas—not the reverse.[2] A qualified industrial hygienist, ventilation engineer, or other professionals can help ensure that ventilation removes, rather than creates, workplace hazards.[2]

Minimize, or avoid without appropriate precautions, aerosol-generating procedures.[2] Minimize using, or do not use without appropriate precautions, dental handpieces and air-water syringes.[2] The use of ultrasonic scalers is not recommended during this time. Prioritize minimally invasive/atraumatic restorative techniques (hand instruments only).[2] If aerosol-generating procedures are necessary for emergency dental care, use high evacuation suction and dental dams to minimize droplet spatter and aerosols.[2] Perform as many tasks as possible in areas away from patients and individuals accompanying patients (e.g., do not remain in a patient care area to perform charting, sterilization, or other tasks).[2]

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*
▪ 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)	▪ Gloves ▪ Gown ▪ Eye protection (e.g., goggles, face shield) ▪ NIOSH-certified, disposable N95 filtering facepiece respirator or better*	▪ Gloves ▪ Gown ▪ Eye protection (e.g., goggles, face shield) ▪ NIOSH-certified, disposable N95 filtering facepiece respirator or better*	▪ Gloves ▪ Gown ▪ Eye protection (e.g., goggles, face shield) ▪ NIOSH-certified, disposable N95 filtering facepiece respirator or better*

Reporting to OSHA:

Reporting is done ***confidentially, not anonymously***. Your employer will not be notified of the name of the person who called. The OSHA officer will simply state that a call was received with

a complaint regarding __X__, inform the office of what needs to be in place, ask questions, and inform them of the consequences for not following guidelines. Names are only released should a case go to court.

Reporting should be done as a *last resort*. Discussion needs to take place between the employee and employer, and settled prior to calling OSHA. Meaning if you demonstrate to your employer what needs to be in place and they put their foot down saying that they are not making any changes, that is when you can call OSHA. If the employer is working with guidelines, or attempting to, that is *not* a reason to report to OSHA. There are other methods to address the opening of the office prior to proper PPE being in place because it is on backorder, and *OSHA is not one of those methods.*

Currently, reporting is best done by calling your local office, not filling out the online form. Many times, there are additional questions to be answered prior to OSHA calling the office, so it is best to just call them so they can get all the answers/information collected at once. If you call the office and they do not answer, leave them a message and they should call you back fairly quickly. (When we called, they returned the call within 10 minutes.)

Locate your local OSHA office here. Most of you will be contacting the Federal OSHA offices unless you work for the State or in an FQHC.
https://www.osha.gov/contactus/bystate/IL/areaoffice

If reporting to OSHA, *document everything*. Time, date, who you spoke to, and any actions taken by the office in retaliation. Save all emails, texts, voicemails, call logs, and letters. If you are retaliated against, this will be the best way to prove a case if needing to file a whistleblower complaint.

OSHA Whistleblower Law:

An employer cannot take an adverse action against employees, such as: firing or laying off, demoting, denying overtime or promotion, or reducing pay or hours, for engaging in activities protected by OSHA's whistleblower laws.[12] Retaliation occurs when an employer (through a manager, supervisor, or administrator) fires an employee or takes any other type of adverse action against an employee for engaging in protected activity.[12]

An adverse action is an action which would dissuade a reasonable employee from raising a concern about a possible violation or engaging in other related protected activity. Retaliation can have a negative impact on overall employee morale.[12] Because an adverse action can be subtle, it may not always be easy to spot.[12] Examples of adverse actions include, but are not limited to:[12]

- Firing or laying off
- Demoting
- Denying overtime or promotion
- Disciplining
- Denying benefits
- Failing to hire or rehire
- Intimidation or harassment
- Making threats

▪ Reassignment to a less desirable position or actions affecting prospects for promotion (such as excluding an employee from training meetings)
▪ Reducing pay or hours
▪ More subtle actions, such as isolating, ostracizing, mocking, or falsely accusing the employee of poor performance
▪ Blacklisting (intentionally interfering with an employee's ability to obtain future employment)
▪ Constructive discharge (quitting when an employer makes working conditions intolerable due to the employee's protected activity)[12]

Resources in text and Additional Resources:

1) CDC Infection Prevention and Control Guidance for Dental Settings

https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html

2) OSHA Dentistry Guidance Page

https://www.osha.gov/SLTC/covid-19/dentistry.html

3) OSHA COVID-19 Guidance for Dental Practitioners

https://www.osha.gov/Publications/OSHA4019.pdf

4) OSHA Enforcement Guidance:

https://www.osha.gov/memos/2020-04-03/enforcement-guidance-use-respiratory-protection-equipment-certified-under

5) CDC Protective Clothing

https://www.cdc.gov/niosh/npptl/topics/protectiveclothing/

6) CDC Strategies for Optimizing the Supply of Isolation Gowns

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html

7) CDC Strategies for Optimizing the Supply of N95 Respirators

https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html

8) OSHA Guidance on Preparing Workplaces for COVID-19

https://www.osha.gov/Publications/OSHA3990.pdf

9) Respiratory protection program information

https://www.osha.gov/SLTC/etools/respiratory/

https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=2125&p_table=DIRECTIVES

10) OSHA FAQ: "What is a standard/regulation?"

https://www.osha.gov/laws-regs

11) OSHA FAQ: "If my workplace is unsafe, what can I do?"

https://www.osha.gov/faq#v-nav-infoworkers

12) OSHA Whistleblower

https://www.whistleblowers.gov/

13) ADHA Resources

https://www.adha.org/adha-interim-guidance-on-returning-to-work

https://www.adha.org/covid19