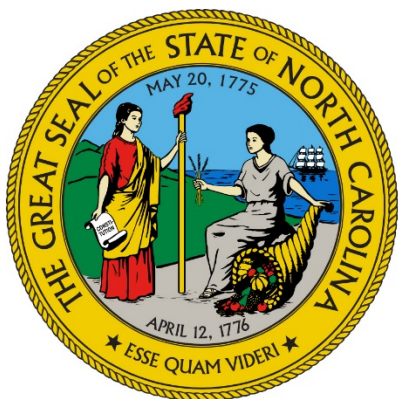




NC Department of Health and Human Services

Guidance for Dental Settings During the SARS-CoV-2 (COVID-19) Response



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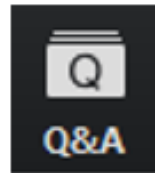
RCC (Relay Conference Captioning)

Participants can access real-time
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<https://www.captionsedtext.com/client/event.aspx?EventID=4473300&CustomerID=324>

Logistics for today's COVID-19 Forum

Question during the live webinar



Technical assistance

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CDC Guidance for Dental Settings

- **Updated on May 19, 2020**
 - **Does not replace the CDC “Guidelines for Infection Control in Dental Settings-2003”**
- **Key Points**
 - Dental settings have unique characteristics that warrant specific infection control considerations
 - Dental healthcare personnel (DHCP) should:
 - Prioritize the most critical dental services
 - Proactively communicate to both DHCP and patients the need to stay home if sick
 - Know the steps to take if a patient with COVID-19 symptoms enters

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

Summary of Recent Changes

- **Recommendation provided for resuming non-emergency dental care**
- **New information:**
 - **Regarding facility and equipment**
 - **Sterilization and Disinfection**
 - **Use of test-based strategies to inform patient care**
- **Expanded recommendations for provision of dental care to both patients with and without COVID-19**

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

Recommendations

- **Stay informed and consult with state or local health departments for region-specific information and recommendations**
- **Continue to practice universal source control and actively screen for fever and symptoms of COVID-19 for ALL patients, visitors and staff who enter the facility**
- **Ensure that you have the appropriate amount of personal protective equipment (PPE) and supplies to support volume.**

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

Risk Factors

- **Dentistry involves use of rotary dental and surgical instruments**
- **Create a visible spray that can contain particle droplets of water, saliva, blood, microorganisms and other debris**
- **Surgical masks protect mucous membranes of the nose and mouth from droplet spatter**
- **Surgical mask do not provide complete protection against inhalation of airborne infectious agents**

<https://www.cdc.gov/niosh/npptl/pdfs/UnderstandDifferenceInfographic-508.pdf>

Definitions

- **No transmission or minimal community transmission: *Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal settings***
 - **Strict adherence to Standard Precautions when providing dental care to patients without suspected or confirmed COVID-19**
 - **However recommend to practice according to the considerations below**

Definitions

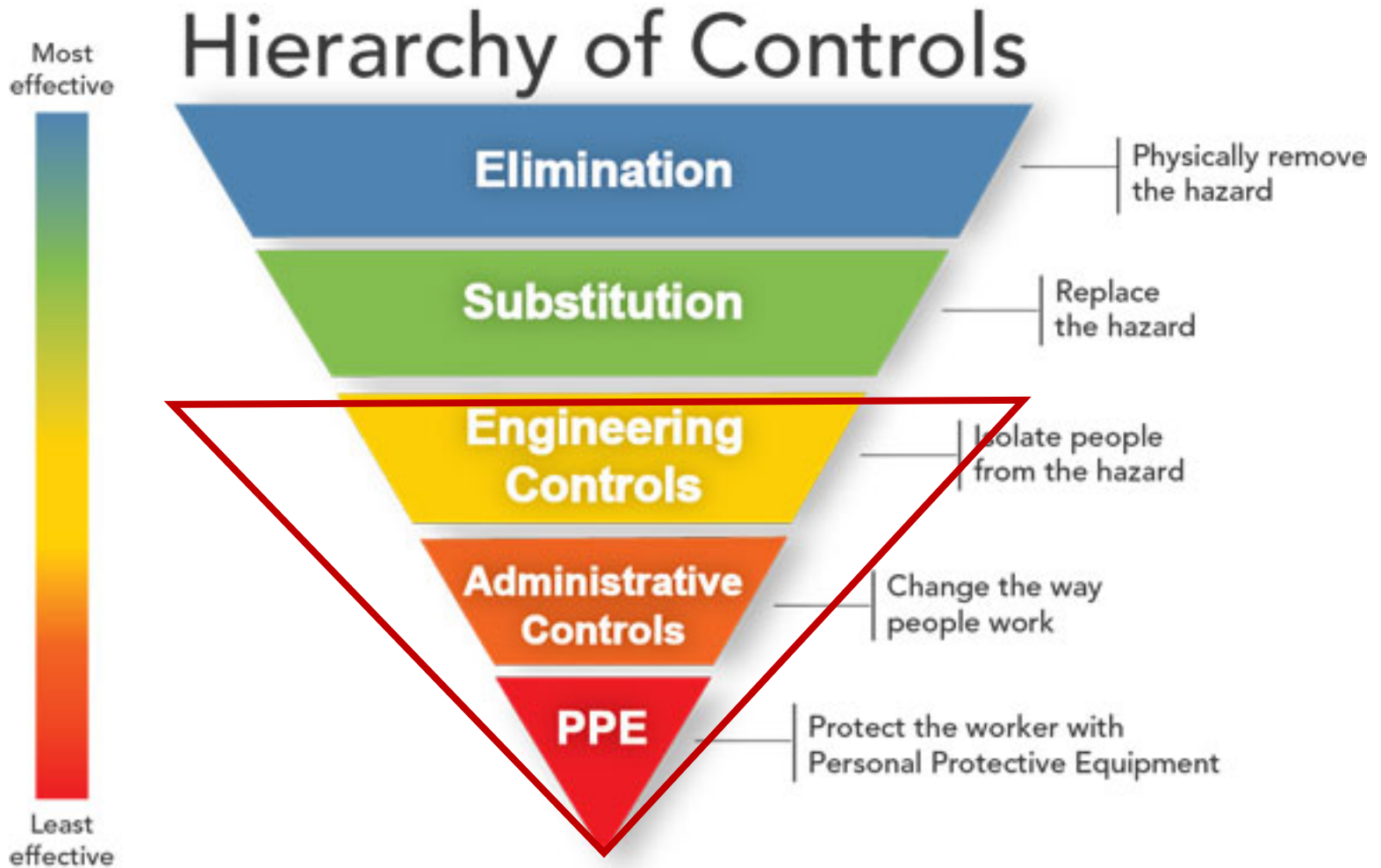
- **Minimal to moderate transmission**
 - Sustained transmission with high likelihood or confirmed exposure within communal setting and potential for rapid increase in cases
- **Substantial transmission**
 - Large scale community transmission, including communal settings
- *Provide dental care using additional consideration listed in CDC guidance*

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

Considerations for Use of Test-Based Strategies to Inform Patient Care

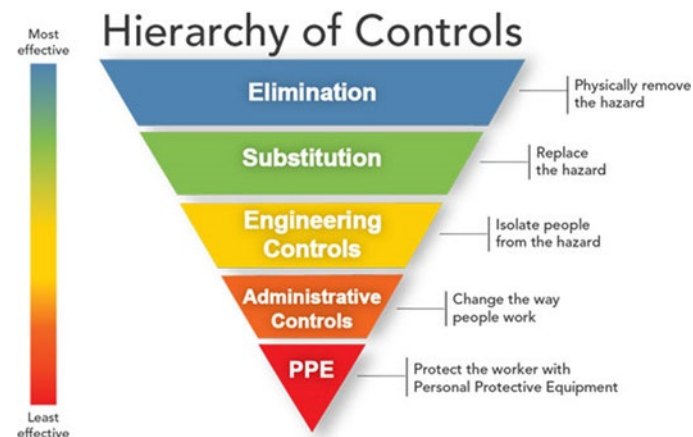
- **Consider using a tiered approach to universal PPE on the level of transmission in the community**
- **Consider pre-procedure testing for COVID-19**
 - **Depends on testing availability and how rapidly results are available**
 - **Limitations of testing**
 - **Negative results during incubation period**
 - **Potential false negative tests**

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



Engineering Controls

Can shield staff, patients, and visitors from exposure to hazards.



Physical barriers or partitions between patients and staff

- curtains separating patients in semi-private areas
- Plexiglass or acrylic sneeze guards

Also, consider using systems to capture and remove mists or aerosols

Engineering Control-Patient Management

- **Contact all patients prior to dental treatment**
- **Systematically assess all patients and visitors upon arrival**
- **Patient to re-don face covering at the completion of care**
- **Request patient inform dental clinic if they develop symptoms or are diagnosed with COVID-19 within 14 days after the appointment**

Engineering Controls-Facility Considerations

- **Ensure adherence to respiratory hygiene/cough etiquette**
- **Physical distancing-place chairs in waiting room at least six feet apart**
- **Remove frequently touched objects from waiting area**
- **Minimize the number of people**

Engineering Controls-Equipment Considerations

- **Review manufacturer's instructions for use (IFUs) for office closure, period of non-use and reopening for all equipment and devices**
 - **Dental unit waterlines**
 - **Autoclaves and instrument cleaning equipment**
 - **Air compressor, vacuum and suction lines, radiography equipment etc.,**

<https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html>

Engineering Control-Ventilation Systems

- **Consult a heating, ventilation and air conditioning (HVAC) professional**
 - Airflow clean to less clean
 - Increase filtration efficiency to the highest level compatible
 - Increase outdoor air
 - Limit use of demand-controlled ventilation
 - Consider using HEPA air filtration unit
 - Consider the use of ultraviolet germicidal irradiation (UVGI)

MERV Rating Chart

| MERV Rating | Dust Spot Efficiency* | Typical Controlled Contaminant | Applications | Air Filter Type |
|-------------|-----------------------|---|---|---|
| 1 | <20% | >10.0 micron Particle Size Pollen, Dust Mites, Sanding Dust, Spray Paint Dust, Textile Fibers, Carpet Fibers | Minimal Filtration Residential Window A/C Units | Throwaway - Disposable fiberglass or synthetic panel filter Washable - Aluminum mesh Electrostatic - Self charging woven panel filter |
| 2 | <20% | | | |
| 3 | <20% | | | |
| 4 | <20% | | | |
| 5 | <20% | 3.0-10.0 micron Particle Size Mold Spores, Hair Spray, Fabric Protector, Dusting Aids, Cement Dust, Pudding Mix | Commercial Buildings Better Residential Industrial Workplace Paint Booth Inlet | Pleated Filters - Disposable, extended surface area, thick with cotton-polyester blend media, cardboard frame Cartridge Filters - Graded density viscous coated cube or pocket filters, synthetic media Throwaway - Disposable synthetic panel filter |
| 6 | <20% | | | |
| 7 | 25-30% | | | |
| 8 | 30-35% | | | |
| 9 | 40-45% | 1.0-3.0 micron Particle Size Legionella, Humidifier Dust, Lead Dust, Milled Flour, Auto Emissions, Welding Fumes | Better Commercial Superior Residential Hospital Laboratories Welding Booth Inlet | Bag Filter - Nonsupported microfine fiberglass or synthetic media, typically 6" - 36" deep, 6 - 12 pockets Box Filter - Rigid style cartridge filters typically 4" - 12" deep may use lofted or paper media |
| 10 | 50-55% | | | |
| 11 | 60-65% | | | |
| 12 | 70-75% | | | |
| 13 | 89-90% | .30-1.0 micron Particle Size All Bacteria, Most Tobacco Smoke, Proplet Nucell (Sneeze) | Superior Commercial General Surgery Hospital Rooms Smoking Lounge | Bag Filter - Nonsupported microfine fiberglass or synthetic media, typically 6" - 36" deep, 6 - 12 pockets Box Filter - Rigid style cartridge filters typically 4" - 12" deep may use lofted or paper media |
| 14 | 90-95% | | | |
| 15 | >95% | | | |
| 16 | >95% | | | |

* Dust spot efficiency measures a filter's ability to remove large particles, those that tend to soil building interiors.

<https://www.epa.gov/indoor-air-quality-iaq/what-merv-rating-1>

1. Airborne Contaminant Removal

Table B.1. Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency *

| ACH § ¶ | Time (mins.) required for removal 99% efficiency | Time (mins.) required for removal 99.9% efficiency |
|---------|---|---|
| 2 | 138 | 207 |
| 4 | 69 | 104 |
| 6+ | 46 | 69 |
| 8 | 35 | 52 |
| 10+ | 28 | 41 |
| 12+ | 23 | 35 |
| 15+ | 18 | 28 |
| 20 | 14 | 21 |
| 50 | 6 | 8 |

* This table is revised from Table S3-1 in reference 4 and has been adapted from the formula for the rate of purging airborne contaminants presented in reference 1435.

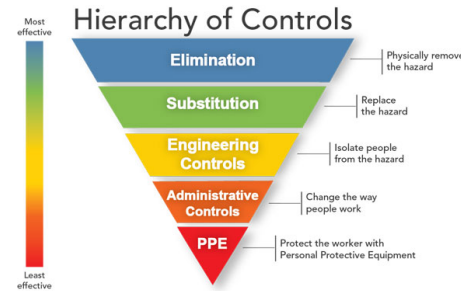
+ Denotes frequently cited ACH for patient-care areas.

§ Values were derived from the formula:

<https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>

Administrative Controls (AC) and Work Practices (WP)

- **DHCP remain with one patient until care complete**
- **Only supplies/instruments needed for that procedure**
- **Avoid aerosol-generating procedures (AGP) whenever possible**
 - **Use four handed dentistry, high evacuation suction and dental dams**
 - **Limit number of personnel**



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

AC and WP Controls-Hand Hygiene

- **Practice strict adherence to hand hygiene, including:**
 - **Before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves**
 - **Use alcohol-base hand rub (ABHR) with 60-95% alcohol or wash hands with soap and water for at least 20 seconds. If hands are visible soiled, use soap and water before returning to ABHR**
 - **Ensure that hand hygiene supplies are readily available**

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

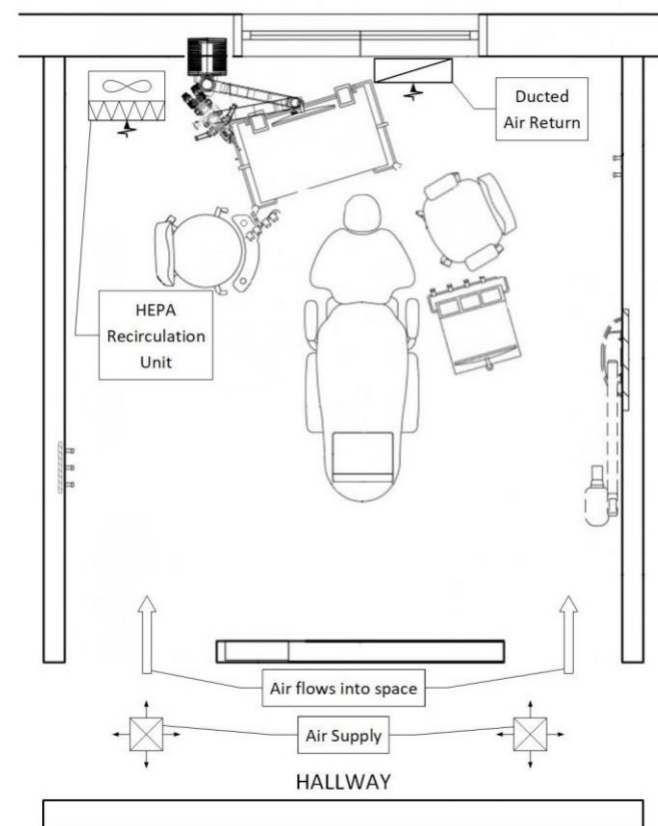
AC and WP Controls-Dental Healthcare Personnel

- **Monitor and Manage DHCP**
 - Sick leave policies flexible and non-punitive
 - Ask they monitor themselves for symptoms
 - Screen at the beginning of shift
- **Universal Source Control**
 - DHCP should always wear a face covering while in the dental setting
 - Take steps to prevent contamination
 - Perform hand hygiene immediately before and after any contact with the facemask

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

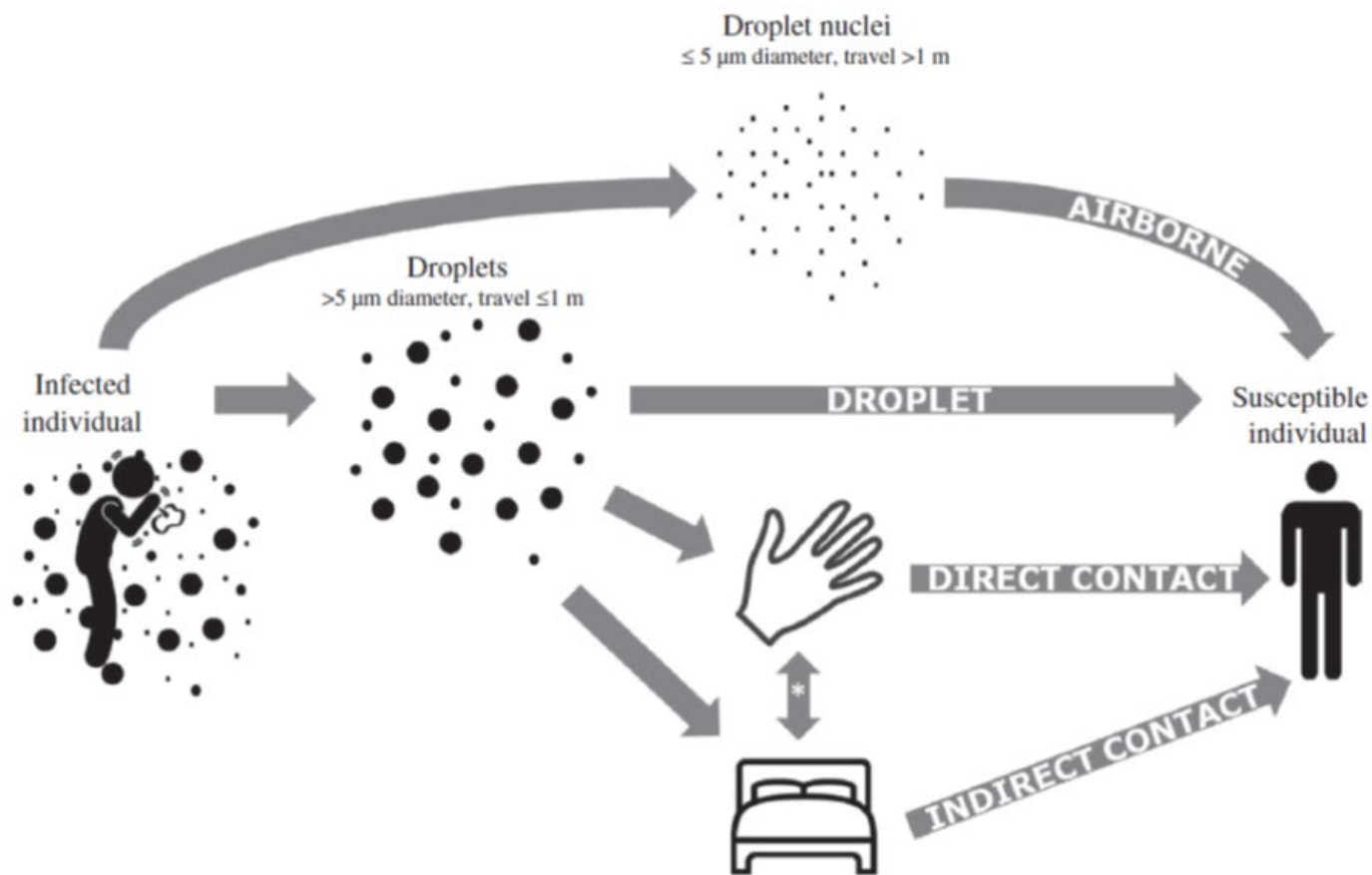
AC and WP Controls-Patient Placement Strategies

- Individual patient rooms preferred
- If floor plan open
 - 6 feet between
 - Physical barriers
 - Operatories parallel to airflow
- Patient orientation
 - Head away from corridors
 - Toward rear wall
 - Near the return air vents



Graphic by CDC/NIOSH

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



* Transmission routes involving a combination of hand & surface = indirect contact.

AC and WP Controls-Patient Volume Strategies

- Identify maximum number of patients at one time
- Allow a 15-minute wait period after patient leaves and before beginning the room cleaning and disinfection process



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

Environmental Infection Control

- Ensure that environmental cleaning and disinfection procedures are followed
- Use an EPA-registered disinfectant qualified for use against SARS-CoV-2
- To clean/disinfect the operatory after a **patient without suspected/confirmed** COVID-19 wait 15 minutes after completion of care and exit of each patient
- To clean/disinfect the operatory after a **patient with suspected/confirmed** COVID-19 delay entry into the operatory until a sufficient time has elapsed for enough air changes to remove potentially infectious particles

Sterilization and Disinfection

- **Sterilization protocols do not vary for respiratory pathogens**
- **Follow recommendations for Sterilization and Disinfection of Patient-Care Items present in the Guidelines for Infection Control in Dental Health-Care Settings-2003**
- **Follow the manufacturer's instructions for times and temperatures.**

Exposure Risk Levels in Dentistry

| Low | Medium | High | Very High |
|--|--|---|---|
| <ul style="list-style-type: none">• Admin duties in non-public areas | <ul style="list-style-type: none">• Providing urgent/ER, non-aerosolizing procedures (COVID-19 unknown)• Busy staff areas | <ul style="list-style-type: none">• Entering in COVID-19+ room• Providing non-aerosolizing care to COVID-19+ patient• Performing aerosol-generating procedures on well patients | <ul style="list-style-type: none">• Performing aerosol-generating procedures on COVID-19+ patient• Collecting or handling COVID-19 specimens |

[https://www.osha.gov/SLTC/covid-19/dentistry.html#:~:text=Employers%20of%20dentistry%20workers%20are,\(29%20CFR%201910.134\)%20standards.](https://www.osha.gov/SLTC/covid-19/dentistry.html#:~:text=Employers%20of%20dentistry%20workers%20are,(29%20CFR%201910.134)%20standards.)

Precautions

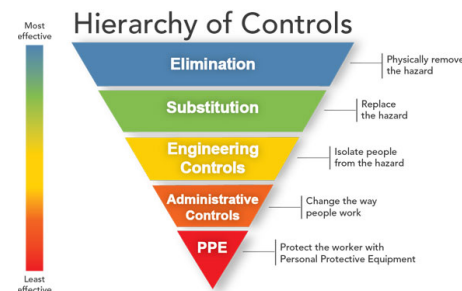
| | Standard | Contact | Droplet | Airborne |
|--------------------|----------|---------|---------|----------|
| No aerosols | X | X | X | |
| Aerosol-generating | X | X | | X |

The CDC provides the most updated Infection Prevention and Control recommendations for emergency dental procedures during the COVID-19 pandemic.

[https://www.osha.gov/SLTC/covid-19/dentistry.html#:~:text=Employers%20of%20dentistry%20workers%20are,\(29%20CFR%201910.134\)%20standards.](https://www.osha.gov/SLTC/covid-19/dentistry.html#:~:text=Employers%20of%20dentistry%20workers%20are,(29%20CFR%201910.134)%20standards.)

CDC's PPE Recommendations

- **For procedures likely to generate splashes:**
 - **Gloves + eye protection + gown + surgical mask**
- **For aerosol generating procedures:**
 - **Gloves + eye protection + gown + N95 or higher-level respirator**
- **For patients with suspected or confirmed COVID-19:**
 - **Gloves + eye protection + gown + N95 or higher-level respirator**



Personal Protective Equipment

| | No Aerosols | Aerosols | COVID-19+ |
|-------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Gown | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gloves | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Eye Protection | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Surgical Mask | <input checked="" type="checkbox"/> | | |
| NIOSH-certified Respirator | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

If respirator unavailable, a level 3 surgical mask with a face shield is recommended

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

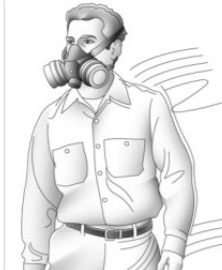
Types of Respirators

Air-purifying respirators

Air-purifying respirators, which remove contaminants from the air.



**Half mask Filtering Facepiece
Dust mask**
APF=10
Needs to be fit tested



Half mask Elastomeric Respirator
APF=10
Needs to be fit tested



Full Facepiece Elastomeric Respirator
APF=50
Needs to be fit tested

Original illustrations created by Attilia & Associates



**Tight-Fitting Full Facepiece
Powered Air-Purifying Respirator
(PAPR)**
APF=1,000
Needs to be fit tested

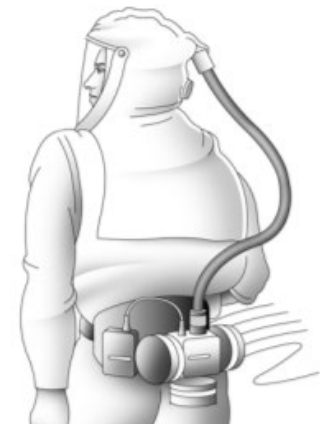


**Tight-Fitting Half Facepiece
Powered Air-Purifying Respirator
(PAPR)**
APF=50
Needs to be fit tested

Examples of Air-purifying respirators that can not be fit tested because they are loose-fitting



**Loose-Fitting Powered
Air-Purifying Respirator
(PAPR)**
APF=25



**Hooded Powered Air-Purifying
Respirator
(PAPR)**
APF=25 (1,000)*

<https://www.osha.gov/Publications/3384small-entity-for-respiratory-protection-standard-rev.pdf>

Masks

N95 Respirator and Surgical N95

The most common type of N95 respirator is disposable and not designed for extended use.

Can be reused in some cases.

Fit testing required.

For a true reusable respirator, an elastomeric or powered air purifying respirator should be considered.



Masks

A new day in masks for dental providers!



<https://www.osha.gov/Publications/3384small-entity-for-respiratory-protection-standard-rev.pdf>

Masks

Elastomeric Respirator



An elastomeric respirator forms a tight seal against the user's face.

Fit testing is still required.

Uses filtering cartridges.

Good for high demand, such as a pandemic.

Some health facilities use the elastomeric exclusively due to employee's perceptions of better fit.

Masks

Powered Air Purifying Respirator (PAPR)

- Offers superior respiratory protection
- Healthcare providers complain about wearing them → they restrict peripheral vision.
- Loose-fitting PAPRs may be used when fit testing fails or when facial hair is present.



OSHA Requirements

- I. Bloodborne Pathogens Standard (29 CFR 1910.1030)
 - applies to **exposure to blood and pathogens**
(occupational exposure to saliva)
- II. Personal Protective Equipment (29 CFR 1910.132)
- III. Respiratory Protection (29 CFR 1910.134)

Respiratory Protection Standard

In the control of those occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors, the primary objective shall be to prevent atmospheric contamination. This shall be accomplished as far as feasible by accepted engineering control measures (for example, enclosure or confinement of the operation, general and local ventilation, and substitution of less toxic materials).

When effective engineering controls are not feasible, or while they are being instituted, appropriate respirators shall be used pursuant to this section.

*A respirator shall be provided to each employee when such equipment is necessary to protect the health of such employee. The employer shall provide the respirators which are applicable and suitable for the purpose intended. **The employer shall be responsible for the establishment and maintenance of a respiratory protection program**, which shall include the requirements outlined in paragraph (c) of this section. The program shall cover each employee required by this section to use a respirator.*

Respiratory Protection Program

- **Written**
- **Administered by a suitably trained program administrator**
- **Small Entity Compliance Guide**

RESPIRATORY PROTECTION PROGRAM

1. Respirator selection procedures

2. Medical evaluations

3. Fit testing procedures

4. Proper use procedures

5. Respirator maintenance procedures

6. Procedures to ensure adequate air quality and flow

7. Employee training - resp hazards

8. Employee training - proper use, donning, doffing

9. Program evaluation procedures



Step 1: Respirator selection procedures

The employer shall:

- Select and provide appropriate respirator
- Select a NIOSH-certified respirator
- Identify and evaluate respiratory hazards in the workplace
- Select respirator from multiple models that correctly fits user

CHECKLIST FOR RESPIRATOR SELECTION

✓ Check that the following has been done at your facility:

- ☐ Respiratory hazards in your workplace have been identified and evaluated.
- ☐ Employee exposures that have not been, or cannot be, evaluated must be considered IDLH.
- ☐ Respirators are NIOSH-certified, and used under the conditions of certification.
- ☐ Respirators are selected based on the workplace hazards evaluated and workplace and user factors affecting respirator performance and reliability.
- ☐ Respirators are selected based on the APFs and calculated MUCs.
- ☐ A sufficient number of respirator sizes and models are provided for selection purposes.

For Non-IDLH atmospheres:

- ☐ Respirators selected are appropriate for the APFs and MUCs.
- ☐ Respirators selected are appropriate for the chemical nature and physical form of the contaminant.
- ☐ Air-purifying respirators used for protection against gases and vapors are equipped with ESLIs or a change schedule has been implemented.
- ☐ Air-purifying respirators used for protection against particulates are equipped with NIOSH-certified HEPA filters or other filters certified by NIOSH for particulates under 42 CFR part 84.

Step 2. Medical evaluations

The employer shall:

- Provide medical evaluation before employee is fit tested
- Identify physician or licensed health care professional (PLHCP) to perform med eval
- Ensure f/u med. Exam is provided to positive response Q1-8
- Ensure confidentiality of med questionnaire and exams

- Conduct during work hours
- Provide supplemental information to PLHCP
- Determine employee's ability to use respirator
- Provide additional medical evaluations if needed

Step 3. Fit testing procedures

The employer shall:

- Ensure employees are fit tested prior to using respirator and annually thereafter
- Conduct additional fit test whenever changes occur
- Fit test using OSHA accepted qualitative or quantitative protocol

CHECKLIST FOR FIT TESTING

✓ Check all the fit tests listed below that are used at your facility:

- ☐ Employees who are using tight-fitting respirator facepieces have passed an appropriate fit test prior to being required to use a respirator.
- ☐ Fit testing is conducted with the same make, model, style and size that the employee will be expected to use at the worksite.
- ☐ Fit tests are conducted annually and when different respirator facepieces are to be used.
- ☐ Provisions are made to conduct additional fit tests in the event of physical changes in the employee that may affect respirator fit.
- ☐ Employees are given the opportunity to select a different respirator facepiece, and be retested if their respirator fit is unacceptable to them.
- ☐ Fit tests are administered using OSHA-accepted QNFT or QLFT protocols.
- ☐ QLFT is only used to fit test either PAPRs, SCBAs, or negative pressure APRs that must achieve a fit factor of 100 or less.
- ☐ QNFT is used in all situations where a negative pressure respirator is intended to protect workers from contaminant concentrations greater than 10 times the PEL.
- ☐ When QNFT is used to fit negative pressure respirators, a minimum fit factor of 100 is achieved for tight-fitting half facepieces and 500 for full facepieces.

Step 4. Proper use procedures

The employer shall establish proper use procedures for routine and emergency use that:

- Prevent leaks in resp. facepiece seal
- Prevent employees from removing resp in hazardous envts.
- Ensure resp work effectively throughout work shift

CHECKLIST FOR PROPER USE OF RESPIRATORS

✓ Check your facility to be certain that:

- ☐ Employees using tight-fitting respirators have no conditions, such as facial hair, that would interfere with a face-to-facepiece seal or valve function.
- ☐ Employees wear corrective glasses, goggles, or other protective equipment in a manner that does not interfere with the face-to-facepiece seal or valve function.
- ☐ Employees perform user seal checks prior to each use of a tight-fitting respirator.
- ☐ There are procedures for conducting ongoing surveillance of the work area for conditions that affect respirator effectiveness, and that, when such conditions exist, you take steps to address those situations.
- ☐ Employees are permitted to leave their work area to conduct respirator maintenance, such as washing the facepiece, or to replace respirator parts.
- ☐ Employees do not return to their work area until their respirator has been repaired or replaced in the event of a breakthrough, a leak in the facepiece, or a change in breathing resistance.

Step 5. Respirator maintenance procedures

The employer shall a system of care and maintenance that addresses:

- Cleaning and disinfection procedures
- Proper storage
- Regular inspections
- Repair methods

Step 6. Air quality and use

Only applies if providing
employees with atmosphere-
supplying respirators

Steps 7 & 8. Employee training

The employer shall:

- Conduct training that is understandable to employees
- Provide training prior to respirator use
- Provide training annually
- Retrain when needed

CHECKLIST FOR TRAINING AND INFORMATION

✓ Check that your facility provides the following:

Demonstration of employees' knowledge of:

- ☐ Why the respirator is necessary and the consequences of improper fit, use, or maintenance.
- ☐ The limitations and capabilities of the respirator.
- ☐ How to effectively use the respirator in emergency situations, including respirator malfunction.
- ☐ How to inspect, put on, remove, use and check the seals of the respirator.
- ☐ Maintenance and storage procedures.
- ☐ The general requirements of the Respiratory Protection standard.
- ☐ How to recognize medical signs and symptoms that may limit or prevent effective use of the respirator.

✓ Check that your facility satisfies the general requirements of the respirator standard by providing the following:

- ☐ Training that is understandable to employees.
- ☐ Training prior to employee use of a respirator.
- ☐ Retraining as specified below:
 - Annually.
 - Upon changes in workplace conditions that affect respirator use.
 - When knowledge and skills for respirator use are not retained by the employee.
 - Whenever retraining appears necessary to ensure safe respirator use.
- ☐ Appendix D of the standard to voluntary users.

Step 9. Program evaluation procedures

The employer shall:

- Conduct program evaluations as necessary
- Consult with employees to assess their views on the effectiveness of Respiratory Protection Program

CHECKLIST FOR PROGRAM EVALUATION

✓ Check that your facility:

- ☐ Conducts workplace evaluations as necessary to ensure that the written respiratory protection program is being effectively implemented.
- ☐ Regularly consults with employees required to wear respirators to assess their views on the respiratory protection program and to identify problems with respirator fit, selection, use and maintenance.
- ☐ Corrects any problems identified during assessments.

Education and Training

- Provide DHCP with job- or task-specific education and training on preventing transmission of infection agents, including refresher training.
- Ensure staff are educated, trained and **competent** in the appropriate use of PPE prior to caring for a patient
 - CDC Training Courses
 - SPICE Training Courses

Training: Basic Expectations for Safe Care

Current COVID-19 Interim Guidance

Find the most up-to-date information about infection prevention and control practices on CDC's COVID-19 page, including CDC's [Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#). These pages include information for the public and healthcare professionals, frequently asked questions and answers, and other helpful links.

This training series covers the basic principles of infection prevention and control that form the basis for CDC recommendations for dental health care settings. It complements CDC's Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care, and was developed to increase adherence to established infection prevention practices.

The slide series is divided into 10 modules including an introduction, seven elements of standard precautions, as well as dental unit water quality and program evaluation. Each module includes a slide set and speaker notes that can be used to educate and train infection prevention coordinators, educators, consultants, and other dental health care personnel.



Module 1 - Introduction



Demonstration of Donning (Putting On) Personal Protective Equipment (PPE)

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

Voluntary Use Requirements

Appendix D to §1910.134: Information for Employees Using Respirators When Not Required Under the Standard (Mandatory)

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.

2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

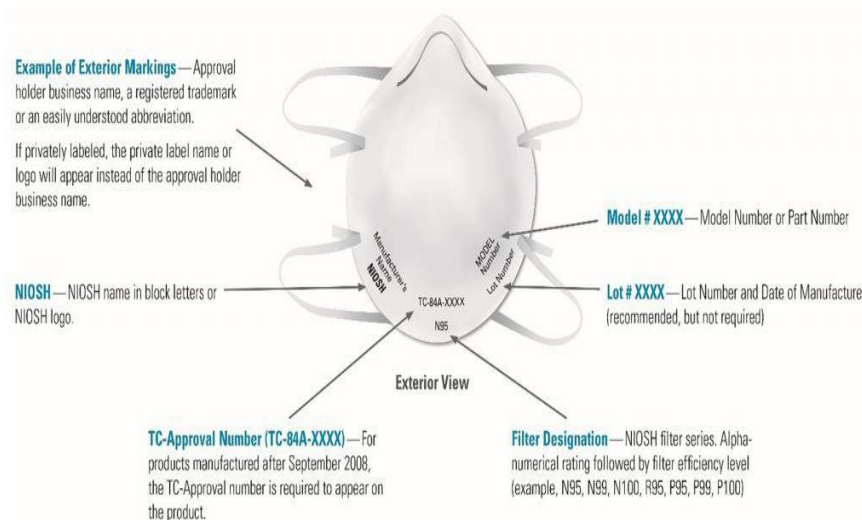
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, 20099, April 23, 1998; assembled at 69 FR 46993, Aug. 4, 2004, 71 FR 16672, April 3, 2006; 71 FR 50187, August 24, 2006]


NIOSH-approved Respirators

- NIOSH-approved respirators are encouraged regardless of their country of origin
- Beware of false claims
 - Inspect the respirator
 - Inspect the packaging
 - Review the required labeling



NC Department of Labor: Fit Testing – Temporary Guidance

MEMO

To: OSH Division
From: Scott Mabry, Assistant Deputy Commissioner 
Date: March 16, 2020
Re: Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak

On March 14, 2020 the Occupational Safety and Health Administration (OSHA) issued a temporary enforcement memorandum relaxing enforcement of the annual fit-testing requirement for N95 filtering facepiece respirators worn to protect healthcare workers against COVID-19. This memorandum recognizes that a critical shortage of N95 filtering facepiece respirators has developed as a result of the pandemic 2019 novel coronavirus infection and disease and the impact that annual fit-testing would have upon existing supplies.

Discretionary enforcement of the annual fit-testing requirement in 29 CFR 1910.134(f)(2) by the OSH Division and in accordance with the attached OSHA memorandum is contingent upon evidence that the employer has taken several actions including, but not limited to:

- Made a good-faith effort to comply with 29 CFR § 1910.134;
- Uses only NIOSH-certified respirators;
- Implements CDC and OSHA strategies discussed in the memo to optimize the supply of N95 filtering facepiece respirators and prioritizing their use;
- Performs initial fit-tests with the same model, size and style that the worker will be using against COVID-19.

This enforcement policy will be effective on the date of signature by the OSH Assistant Director and will remain in effect until notified that it no longer applies.

Strategies to Optimize the Supply of PPE and Equipment

[Print Page](#)

Personal protective equipment (PPE) is used every day by healthcare personnel (HCP) to protect themselves, patients, and others when providing care. PPE helps protect HCP from potentially infectious patients and materials, toxic medications, and other potentially dangerous substances used in healthcare delivery.

PPE shortages are currently posing a tremendous challenge to the U.S. healthcare system because of the COVID-19 pandemic. Healthcare facilities are having difficulty accessing

Eye Protection

Isolation Gowns

Gloves

Facemasks

N95 Respirators

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

Darlene Baker, RDH

Lead Policy Analyst, NC Division of Health Benefits