

# OSHA Compliance and COVID-19: *What's New and What Do I Have To Do in 2022?*

By Leslie Canham, CDA, RDA



SARS-CoV-2, the virus that causes COVID-19, changes what we do for infection control, how we greet patients, what our practices look like, and what we wear for PPE. Even with new precautions in place, dental practices are at risk of OSHA citations. On January 29, 2021, OSHA issued stronger worker safety guidance for a coronavirus prevention program and OSHA inspections and citations are on the rise. OSHA Coronavirus-related issued citations totaled initial penalties of \$4,034,288.<sup>1</sup> This article covers steps you can take to be OSHA compliant and avoid costly fines in 2022.

## **Conduct Aerosol Transmissible Disease Training**

In November of 2020, Cal/OSHA approved emergency temporary Cal/OSHA standards on COVID-19 infection prevention. The Cal/OSHA workplace standards were updated in December 2021 to include minor revisions related to returning to work after close contact. The revisions became effective starting on January 14, 2022. These new temporary standards apply to most workers in California not covered by Cal/OSHA's Aerosol Transmissible Diseases (ATD) standard. To claim your practice is exempt from the ATD standard, you must conduct ATD training.

Here is a link to the [Aerosol Transmissible Diseases fact sheet](#). Dental practices are exempt from the ATD standard only if they meet all four of the conditions below:

- Item 1. Dental procedures are not performed on patients identified as ATD cases or suspected ATD cases.
- Item 2. The practice has a written "Injury and Illness Prevention Program" that describes how to screen patients for ATDs and the screening is performed before any dental procedure.
- Item 3. Employees are trained on how to screen patients for ATDs.
- Item 4. Aerosol generating dental procedures are not performed on a patient identified as a possible ATD exposure risk unless a licensed physician determines that the patient does not currently have an ATD.

Let's take these conditions one at a time:

Item 1. If you are not screening patients, you should be to be. That is if you want to be exempt from the ATD standard. The ATD standard has been in place since 2009 requiring dental practices to screen patients for ATDs before providing treatment. You can choose the method of screening: taking temperature, asking the patient health related questions, through readily observable signs and the self-reporting of patients. More about screening procedures can be located on the 2003 CDC Guidelines for Infection Control in Dental Healthcare Settings screening process for M. tuberculosis<sup>2</sup> and July 2009 Cal/OSHA Standard, Title 8, chapter 4.

While you don't need to keep a log of individual patient screening responses, you do need written plans that demonstrate your protocol for screening. OSHA may ask for to see the written plan if you are audited.

The conundrum with screening is that 59% of COVID transmission are caused by pre-symptomatic and asymptomatic people.<sup>3</sup> So if screening alone does not eliminate the possibility of treating COVID positive patients, how do we reduce the risk of employees being exposed and infected? OSHA and CDC concur that PPE should include respiratory protection. When performing aerosol generating procedures on patients who are not suspected or confirmed to have SARS-CoV-2 infection, ensure that dental healthcare providers correctly wear the recommended PPE (including a NIOSH-approved N95 or equivalent or higher-level respirator in counties with substantial or high levels of transmission) and use mitigation methods such as four-handed dentistry, high evacuation suction, and dental dams to minimize droplet spatter and aerosols.<sup>4</sup>

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If a respiratory hazard is present, this means two things: one you are not exempt from the ATD standard and two you must follow all the requirements of providing respiratory protection. The OSHA Respiratory Protection standard requires the employer to provide N95 (or better) respirators, medical evaluation, fit testing, and have written respiratory prevention plans and a Respiratory Protection Program. [See table 1.](#)

Item 2. The California Dental Association has created a written Injury and Illness Prevention Plan (IIPP) addressing ATDs along with an addendum to the IIPP addressing COVID. Members can locate both plans in the CDA Regulatory Compliance manual or on the CDA Practice Support website.

Item 3. Be sure to train employees on the screening process not only for COVID but also for the other ATDs like Chickenpox, Measles, Influenza, and Tuberculosis. Procedures for screening are described in CDA's written IIPP.

Item 4. Don't treat patients identified as having an ATD or suspected ATD, until they have been cleared by a licensed physician who determines that the patient is not currently infectious. A physician's clearance would not be needed for patients who have recovered from COVID-19 infection as there are return to work guidelines that provide a timeframe for when a patient would likely no longer be infectious.

If urgent dental care is provided for a patient who has, or is suspected of having active TB disease, the care should be provided in a facility (e.g., hospital) that provides airborne infection isolation (i.e., using such engineering controls as TB isolation rooms, negatively pressured relative to the corridors, with air either exhausted to the outside or HEPA-filtered if recirculation is necessary). Standard surgical face masks do not protect against TB transmission; so dental healthcare providers should use respiratory protection (e.g., fit tested, disposable N-95 respirators)

### **Create a Written COVID-19 Prevention Program**

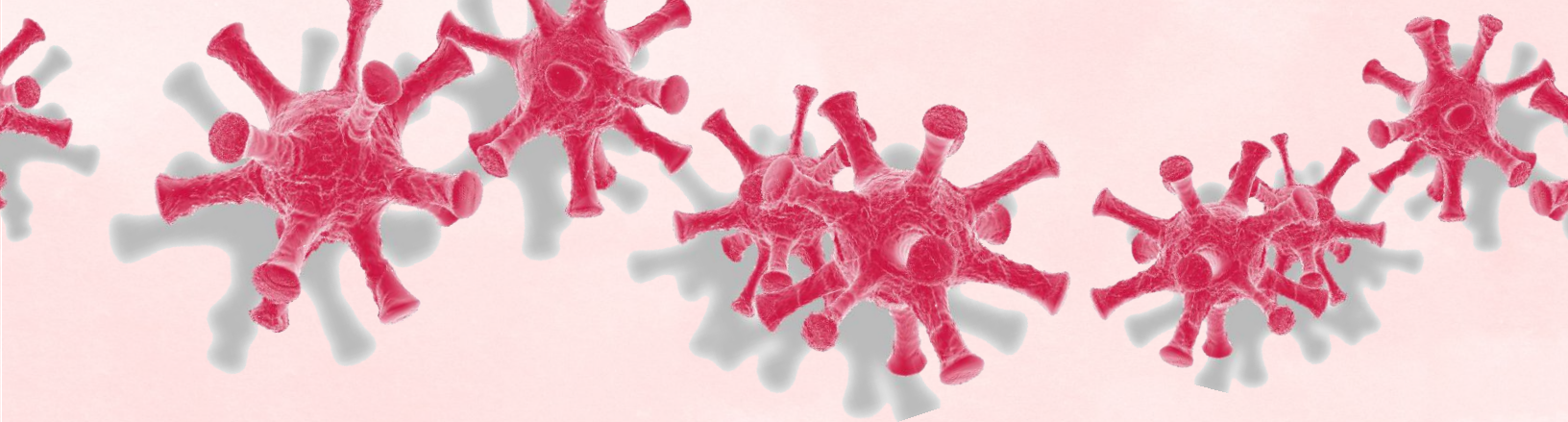
Whether your practice is exempt from the ATD standard or not, you still must create and implement a written COVID-19 Prevention Program and train employees on the program. The written COVID-19 Prevention Program must include:

- Identifying and evaluating employee exposures to COVID-19 health hazards.
- Implementing effective policies and procedures to correct unsafe and unhealthy conditions (such as safe physical distancing, modifying the workplace and staggering work schedules).
- Providing and ensuring workers wear face coverings to prevent exposure in the workplace, per CDC and your local public health department current guidelines.
- Providing effective training and instruction to employees on how COVID-19 is spread, infection prevention techniques, and information regarding COVID-19-related benefits that affected employees may be entitled to under applicable federal, state, or local law.

This [Cal/OSHA website](#) provides fact sheets, resources, and a word document for a Model Written plans that you can use to create your site specific COVID-19 Prevention Program.

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Fortunately, we have more tools today than we did in 2020 when we were first confronted with this pandemic. More of the population is vaccinated, we have access to rapid COVID testing, strategies to improve indoor air quality, and updated guidance from CDC for health care providers, including a section on dental settings. By following CDC Guidelines, OSHA standards and conducting regular training, we reduce the risks of exposures and infection transmission. We increase confidence for among our team and we protect the reputation our practice.

#### Table one

##### If Respiratory Protection is Required

1. Employee medical evaluations are required prior to first use of a respirator
2. Initial Fit Testing must be conducted for each and every style make or model of respirator worn by the employee. (Hint: Fit testing can be done in house. All you need is training and a fit test kit)
3. Employees must be trained use of respirators, respirator limitations, and how to properly don/doff, and how to perform a user seal check.
4. Have Written Respiratory Protection Plans. (Hint: You can get a model Respiratory Protection Program that you can customize on the CDA COVID-19 Resources Website)

<sup>1</sup> Department of Labor logo United States department of labor. (n.d.). Retrieved March 06, 2021, from <https://www.osha.gov/enforcement/covid-19-data/inspections-covid-related-citations>

<sup>2</sup>Centers for Disease Control and Prevention. Guidelines for Infection Control in Dental Health-Care Settings— 2003. MMWR 2003;52(No. RR-17):[pages35-36].

<sup>3</sup>Michael A. Johansson, P. (2021, January 07). Sars-cov-2 transmission from people without covid-19 symptoms. Retrieved March 06, 2021, from [https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774707?utm\\_source=For The Media&utm\\_medium=referral&utm\\_campaign=ftm\\_links&utm\\_term=010721](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774707?utm_source=For%20The%20Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=010721)

<sup>4</sup> "Infection Control: Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV-2)." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 2 Feb. 2022, <https://www.cdc.gov/coronavirus/2019->

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During the COVID-19 pandemic, Leslie joined forces with three other experts to collaborate on the science, regulations, and frequently asked questions from dental teams. This alliance sparked the creation of The Compliance Divas™ and a weekly Compliance Diva Podcast.

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