

OSHA has issued Emergency Temporary Standard (ETS) guidance, and the good news is that dentistry is largely exempt. The ADA has reduced the 900+ page guidance to a three-page summary. Please review the summary, below. Screening is still required, as is a written COVID-19 plan. Respirator/N95 requirements have been relaxed and are only needed when treating patients suspected with having COVID. Ventilation systems should use air filters with a MERV rating of 13 or higher. There is no mention of patients wearing masks, but the CDC still requires masks in all healthcare facilities.

The SDDA is offering an OSHA webinar on June 25, 2021 - 9:00 am to Noon (central time). This course will cover the new OSHA ETS and will also cover the material needed for the required annual OSHA course. Three hours academic/clinical CE provided. To register go to: www.sddental.org. Click the **red bar** on the home page. Cost: \$50 for member dentist and member allied staff. \$150 for nonmember dentists and nonmember allied staff.

OSHA COVID-19 Healthcare Emergency Temporary Standard

Key Points:

- Dentistry is largely exempt from the ETS; however, dental practices must continue to follow some key provisions.
- Pre-appointment screenings are still necessary.
- Everyone (patients, non-employees on site, and staff) must be screened prior to entry and those with suspected or confirmed COVID-19 are not permitted to enter.
- Dental practices must have a written COVID-19 plan.
- A state OSHA or other local regulatory body may enact a more stringent standard, including one that does cover dental offices.

Overview of Provisions

On June 10, 2021, the Occupational Safety and Health Administration (OSHA) issued an emergency temporary standard (ETS) for COVID-19 in healthcare settings. For the full document, please see [OSHA ETS Regulatory Text \(29 CFR 1910, Subpart U\)](#).

(Note: Italicized language below comes from the text of the standard. Any bold font included in text of the standard is added by the ADA for emphasis.)

Application

This ETS does not apply to most dental offices by virtue of exemption (iii) below.

- *This section does not apply to the following:*
 - (i) the provision of first aid by an employee who is not a licensed healthcare provider;*
 - (ii) the dispensing of prescriptions by pharmacists in retail settings;*
 - (iii) non-hospital ambulatory care settings where all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter those settings;***
 - (iv) well-defined hospital ambulatory care settings where all employees are fully vaccinated and all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter those settings*
 - (v) home healthcare settings where all employees are fully vaccinated and all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not present;*
 - (vi) healthcare support services not performed in a healthcare setting (e.g., off-site laundry, off-site medical billing); or*
 - (vii) telehealth services performed outside of a setting where direct patient care occurs.*
- Note that to fall under exemption (iii), dentists **need to continue pre-appointment screenings** of patients.
 - This is done in order to attempt to screen out patients with suspected or confirmed COVID-19, reappointing them if possible or referring them as necessary.
 - A sample patient screening form is available in the ADA's [Return to Work Interim Guidance Toolkit](#).

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- Dentists should also continue to screen staff and other non-patients entering the practice so suspected or known COVID-19 positive people are not entering the facility.
 - *Screening may be conducted by asking employees to self-monitor before reporting to work or may be conducted in-person by the employer.*
 - The ADA's [Return to Work Interim Guidance Toolkit](#) contains a sample COVID-19 Daily Screening Log for recording staff screenings.
- Dental offices that may fall under this standard would likely be a hospital-based practice (such as an oral surgery or emergency care practice) or any office who chooses to provide care for COVID-19 patients when necessary. While the information below provides a synopsis of the major points required for covered entities, dentists are encouraged to view [OSHA ETS Regulatory Text \(29 CFR 1910, Subpart U\)](#) for a complete version of the standard.

A state OSHA or other local regulatory body may enact a more stringent standard, including one that does cover dental offices.

- *Nothing in this section is intended to limit state or local government mandates or guidance (e.g., executive order, health department order) that go beyond the requirements of and are not inconsistent with this section.*
- [State and local dental societies](#) are excellent resources for what may be happening in your jurisdiction.

Dental offices should have a COVID-19 plan in place.

- Why?
 - If you are covered under this standard, it is mandated in the ETS that the employer must develop and implement a COVID-19 plan that includes “a *workplace-specific hazard assessment to identify potential workplace hazards related to COVID-19.*”
 - Even if a dental office is not covered under the ETS, [OSHA's Recommended Practices for Safety and Health Programs](#) indicates employers should have a plan with a hazard assessment put in place to mitigate risk to employees. An OSHA inspection for any reason will likely begin with a request for your office's plan.
- What should a workplace COVID-19 plan contain?
 - *Must conduct a workplace-specific hazard assessment to identify potential workplace hazards related to COVID-19.*
 - ADA Resources
 - [ADA COVID-19 Hazard Assessment](#)
 - [ADA COVID-19 Hazard Assessment Checklist](#)
 - *Have a written COVID-19 plan if more than 10 employees.*
 - *Designate workplace safety coordinator(s), knowledgeable in infection control principles and practices, with authority to implement, monitor, and ensure compliance with the plan.*
 - *Seek the input and involvement of non-managerial employees and their representatives, if any, in the hazard assessment and the development and implementation of the COVID-19 plan.*
 - *Monitor each workplace to ensure the ongoing effectiveness of the COVID-19 plan and update it as needed.*
 - *Include policies and procedures to minimize the risk of transmission of COVID-19 to employees.*
 - The ADA's [Return to Work Interim Guidance Toolkit](#) has a number of procedures listed to assist in minimizing the risk of transmission.

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- Keep in mind this is a living document and as things change in one's locale with respect to changes in disease rates, emerging variants of COVID-19, or vaccination rate changes, one may want to amend their hazard assessment.
- For more information, see [OSHA's Recommended Practices for Safety and Health Programs](#).

Under the COVID-19 ETS, the following points may apply to covered dental offices (not an exclusive list):

- **Personal protective equipment (PPE)**
 - Provide and ensure employees use respirators and other PPE for exposure to people with suspected or confirmed COVID-19 and for aerosol-generating procedures (AGP) on a person with suspected or confirmed COVID-19;
 - AGP definition includes dental procedures involving: ultrasonic scalers; high-speed dental handpieces; air/water syringes; air polishing; and air abrasion.
 - Note that respirators/N95s not mentioned as required when treating patients who are not suspected or confirmed COVID-19+.
 - Again, would stress the use an office hazard assessment in order to understand level of risk.
 - Provide respirators and other PPE in accordance with Standard and Transmission-based Precautions; and
 - Allow voluntary use of respirators instead of facemasks (under the mini respiratory protection program at 1910.504).
- **Training**
 - The employer must ensure that each employee receives training, in a language and at a literacy level the employee understands, and so that the employee comprehends at least the following:
 - How the disease is spread
 - What are the office policies on patient encounters, cleaning routines, etc.
 - What and when the "proper" PPE is to be worn
 - Employer-employee policies on all aspects, including (but not limited to) the use of common areas such as the employee break room.
- **Ventilation**
 - Ensure that **employer-owned or controlled** HVAC system(s) are used in accordance with manufacturer's instructions and the design specifications of the system(s);
 - Air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher if the system allows it.

This information is intended to help dental practices assess and mitigate (but not eliminate) the risk of coronavirus transmission during the current pandemic. Dental practices should not presume that following the recommendations will insulate them from liability. Dentists should also be aware of any relevant laws, regulations, or rules adopted in their states.

Disclaimer. These materials are intended to provide helpful information to dentists and dental team members. They are in no way a substitute for actual professional advice based upon your unique facts and circumstances. **This content is not intended or offered, nor should it be taken, as legal or other professional advice.** You should always consult with your own professional advisors (e.g. attorney, accountant, insurance carrier). To the extent ADA has included links to any third party web site(s), ADA intends no endorsement of their content and implies no affiliation with the organizations that provide their content. Further, ADA makes no representations or warranties about the information provided on those sites.