What's New with OSHA and Infection Control?

Presented by Mary Govoni, MBA, RDH, CDA
Mary Govoni & Associates

Thank you to the HuFriedy Group for support of this program.

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Disclosure: Mary Govoni is a consultant for the HuFriedy Group.

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OSHA Update

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New Hazard Communication Standard

Effective July 19, 2024

Major changes to the Hazard Communication Standard

- **Hazard classification**: Provides specific criteria for classification of health and physical hazards, as well as classification of mixtures.
- **Labels**: Chemical manufacturers and importers will be required to provide a label that includes a harmonized signal word, pictogram, and hazard statement for each hazard class and category. Precautionary statements must also be provided.
- **Safety Data Sheets:** Will now have a specified 16-section format.
- **Information and training:** Employers are required to train workers on the new labels elements and safety data sheets format to facilitate recognition and understanding.

https://www.osha.gov/hazcom/

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Updating HazCom Information

- Manufacturers have 90 days from the publication of the revised rule (5-20-2024) to come into compliance.
- August 2019 new SDS's and package labels are mandatory for manufacturers
- State OSHA plan states must revise their standard or justify why the revision is not necessary.


U.S. DEPARTMENT OF LABOR

Occupational Safety and Health Administration

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Hazard Communication › OSHA's Final Rule to Amend the Hazard Communication Standard

OSHA's Final Rule to Amend the Hazard Communication Standard

U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) has issued a final rule to update the agency's Hazard Communication Standard (HCS).

OSHA has issued a final rule that updates the Hazard Communication Standard (HCS) to align primarily with the seventh revision of the United Nations' Globally Harmonized System of Classification and Labelling of Chemicals (GHS). The final rule was published on May 20, 2024 and takes effect on July 19, 2024.

The updated standard will improve the standard's effectiveness by better informing employees about chemical hazards in the workplace. This final rule will increase worker protections and reduce the incidences of chemical-related occupational illnesses and injuries by further improving the information on the labels and safety data sheets for hazardous chemicals. The final rule will also address issues arising since implementation of the 2012 standard and improve alignment with other federal agencies and Canada.

Highlights

- Federal Register Notice
- HCS Update – Questions & Answers
- Side-by-Side Comparison

https://www.govinfo.gov/content/pkg/FR-2024-05-20/pdf/2024-08568.pdf

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Workplace Violence is Increasing

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Suspect arrested in dental office shooting that left 1 dead, 2 injured in El Cajon, California

The suspect was taken into custody late Thursday. Police responded to a 911 call at the office at 4:15 p.m. and found three victims.

New Orleans dentist will likely lose eye after stabbing. Suspect held without bail for a week.

BY MISSY WILKINSON | Staff writer Feb 8, 2024 2 min to read

Louisiana Dental Center, where a dentist was stabbed Wednesday, Feb. 7, 2024, is seen on Magazine Street in New Orleans.
STAFF PHOTO BY JOHN SHERMAN

The third victim injured in February in a shooting at a California dental practice has been identified as an employee. He and the front desk employee who was shot continue to be treated at area hospitals, according to a story published on March 4 by *NBC 7 San Diego*.

George Issaian was working as the office manager at Smile Plus Dentistry & Orthodontics in El Cajon, CA, when he reportedly was shot five times by longtime disgruntled patient Mohammed Abdulkareem, who opened fired at the practice, fled, but was arrested later that day on February 29, according to the story.

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DENTAL PRACTICE | LEGAL ISSUES

Patient sentenced for murdering 2 dentists

Melissa Busch
Jan 23, 2024

https://www.drbicuspid.com/dental-practice/legal-issues/article/15662573/patient-sentenced-for-murdering-2-dentists

A patient who reportedly shot and killed two dentists at a practice in Texas because he didn't like his dentures pleaded guilty to the crime on January 22 and will spend the rest of his life in prison, according to multiple news reports.

Steven Alexander Smith, 42, pleaded guilty to capital murder of multiple persons for the shooting deaths of Dr. Jack Burroughs Jr., 75, and Dr. Blake Sinclair, 59, who practiced at Affordable Dentures & Implants in Tyler, TX. Smith took the plea and accepted an automatic life prison sentence. Initially, Smith faced the death penalty, but that charge was taken off the table in November 2023.

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Dentistry iQ

DENTISTRY

Workplace violence: De-escalating tense situations in the dental office

Workplace violence in health-care settings is a pervasive problem that leads to employee turnover. Our response to these offensive behaviors plays a crucial role in diffusing tense situations and promoting positive outcomes.

Kimberly A. Erdman, MSDH, RDH, FAADH, FADHA

Dental health-care workers face challenges daily where they find themselves dealing with angry, hostile, and undesirable behavior. These situations can easily lead to incidences of workplace violence (WPV) if they are not de-escalated. Our responses to these offensive behaviors play a crucial role in determining the outcome of the situation.[1,2] WPV in health-care settings is a pervasive, systemic problem that increases employee turnover and decreases the ability to retain qualified, skilled professionals in the dental practice.[2,3]

Statistics on workplace violence

The World Medical Association defines *workplace violence* in health care as "an international emergency that undermines the very foundations of health systems and impacts critically on patients' health."[2] According to the Society for Human Resources Management,[4] one in seven employees in the US workforce feels unsafe in their workplace. Medical and dental providers are five times more likely to experience WPV than all other industries.

Aggressive acts against health-care providers increased by 63% in the decade leading up to the COVID-19 pandemic.[5] Prior to the onset of the pandemic in early 2020, 60% of the

https://www.dentistryiq.com/print/content/14305777

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Would you know what to do if…

- A shooter entered your facility?
- A patient or employee became violent?
- There was an active shooter alert in your area?
- Does your practice have an emergency action plan?

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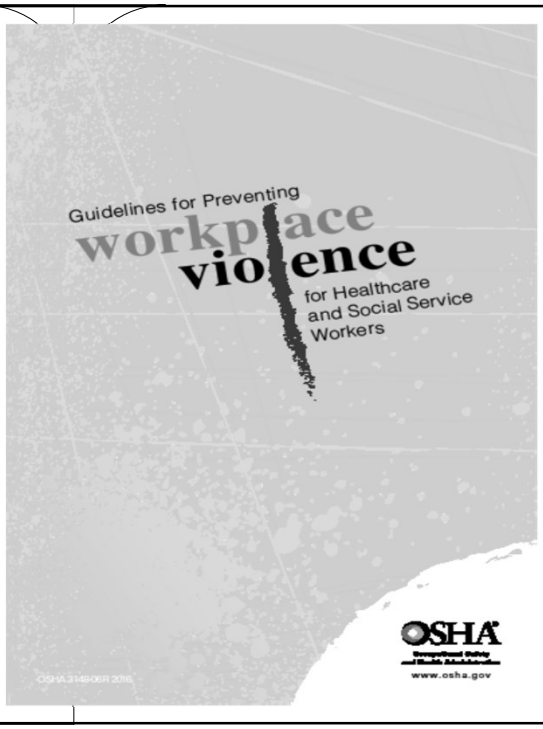

https://www.osha.gov/sites/default/files/publications/osha3148.pdf

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Simple Strategies

- Keep private entrance doors locked at all times.
- Install security system with cameras.
  - Main entrance, private entrance, other locations in facility
- Install electronic locks that can be operated by an app.
- Work with local police to help in planning.

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Know the Warning Signs

Some people commit violence because of revenge, robbery or ideology – with or without a component of mental illness. While there is no way to predict an attack, you can be aware of behaviors in co-workers that might signal future violence:

- Excessive use of alcohol or drugs
- Unexplained absenteeism, change in behavior or decline in job performance
- Depression, withdrawal or suicidal comments
- Resistance to changes at work or persistent complaining about unfair treatment
- Violation of company policies
- Emotional responses to criticism, mood swings
- Paranoia

Most every "place" is somebody's workplace. So whether you are a patron or an employee, it's important to be alert.

https://www.nsc.org/workplace/safety-topics/workplace-violence

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- Internal – employee
  - Mental health or substance abuse issues
  - Financial challenges
  - Domestic situations
- Communicate with the team if you are having problems.
- Watch for signs of distress or anger.

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- External
  - Former employee
  - Patient
  - Individual with a grudge
  - Random acts
- Have a plan…

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U.S. Department of Justice
Federal Bureau of Investigation
Office of Private Sector

ACTIVE SHOOTER

An individual actively engaged in killing or attempting to kill people in a populated area

- Victims are selected at random
- Event is unpredictable and evolves quickly
- Knowing what to do can save lives

When an active shooter is in your vicinity, you must be prepared mentally and physically to deal with the situation.

What You Can Do

RUN
- Leave your belongings behind
- Evacuate whether others agree to follow
- Help others escape, if possible
- Do not attempt to move the wounded
- Prevent others from entering an area where the active shooter may be
- Keep your hands visible
- Call 911 when you are safe

HIDE
- Hide in an area out of the shooter's view
- Lock door or block entry to your hiding place
- Silence your cell phone and remain quiet

FIGHT
- Fight as a last resort
- Attempt to incapacitate the shooter
- Act with physical aggression
- Improvise weapons or throw items
- Commit to your actions...your life depends on it

Law Enforcement Response

The first officers to arrive on scene will not stop to help the injured. Expect rescue teams to follow initial officers. These rescue teams will treat and remove the injured.

- Remain calm and follow instructions
- Drop items in your hands (e.g. bags, jackets.)
- Raise hands and spread fingers
- Keep hands visible at all times
- Avoid quick movements toward officers, such as holding on to them for safety
- Avoid pointing, screaming, or yelling
- Do not ask questions when evacuating

INFORMING 911:

- Location of the active shooter
- Number of shooters
- Physical description of shooters
- Number and type of weapons the shooter has
- Number of potential victims at location

CONTACT US: For questions or assistance, locate and contact your local FBI field office at www.fbi.gov

https://www.fbi.gov/file-repository/active-shooter-508.pdf/view

Training for Civilians

The FBI conducts outreach, education, and training with internal and external government and private sector partners through Active Shooter Attack Prevention and Preparedness (ASAPP) training to better prevent, prepare for, and respond to active shooter incidents in the United States and abroad.

ASAPP is a two-hour course developed by the FBI's Office of Partner Engagement that combines lessons learned from years of research and employs scenario-based exercises to help participants practice the decision-making process of the Run, Hide, Fight principles and take necessary actions for survival.

Please contact the active shooter coordinator or private sector coordinator at your local FBI field office for questions regarding ASAPP training.

ASAPP Resources

- Active Shooter Attack Prevention and Preparedness
- Active Shooter Event Quick Reference Guide

https://www.fbi.gov/how-we-can-help-you/active-shooter-safety-resources

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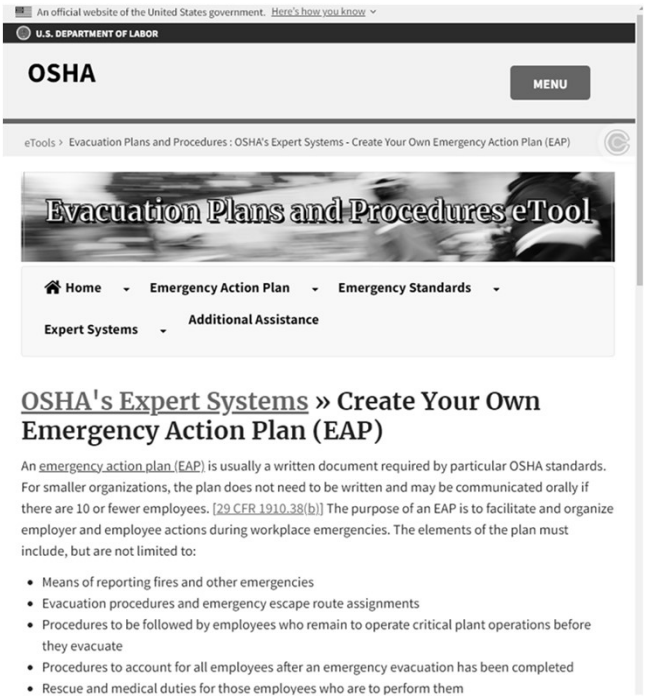

https://www.osha.gov/etools/evacuation-plans-procedures/expert-systems/create-eap

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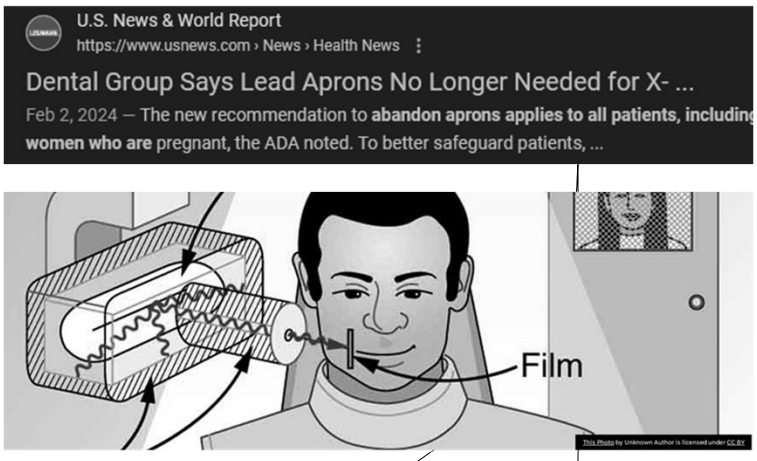
Radiation Safety



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Remember these are recommendations!

IT IS UP TO EACH STATE TO ADOPT (OR NOT) THE RECOMMENDATIONS.

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ARTICLE IN PRESS

Evidence-Based Recommendations

Optimizing radiation safety in dentistry

Clinical recommendations and regulatory considerations

Erika Benavides, DDS, PhD; Joseph R. Kreicioch, MA, MSc; Roger T. Connolly, MA; Trishul Allareddy, BDS, MS; Allison Buchanan, DMD, MS; David Speic, PhD; Kelly K. O'Brien, MLIS; Martha Ann Keels, DDS, PhD; Ana Karina Mascarenhas, BDS, MPH, DrPH; Mai-Ly Duong, DMD, MPH, MAEd; Mckie J. Aerne-Bowe; Kathleen M. Ziegler, PharmD; Ruth D. Lipman, PhD

Supplemental material is available online.

ABSTRACT

Background. The value of dental radiographs to oral health care decision making must be balanced with radiation safety to minimize patient exposure and occupational risk of oral health care providers. This review summarizes recommendations and regulatory guidance regarding dental radiography and cone-beam computed tomography. An expert panel presents recommendations on radiation safety, appropriate imaging practices, and reducing radiation exposure.

Types of Studies Reviewed. A systematic search was run in Ovid MEDLINE, Embase, and Cochrane Database of Systematic Reviews identified relevant topical systematic reviews, organizational guidelines, and regulatory reviews published in the peer-reviewed literature since 2010. A supplemental search of the gray literature (eg, technical reports, standards, and regulations) identified topical nonindexed publications. Inclusion criteria required relevance to primary oral health care (ie, general or pediatric dentistry).

Results. A total of 99 articles, guidance documents, and regulations met the inclusion criteria. Resources were characterized as applicable to all modalities, operator and occupational protection, dose reduction and optimization, and quality assurance and control.

Practical Implications. Understanding factors affecting imaging safety and applying fundamental principles of radiation protection consistent with federal, state, and local requirements are essential for limiting patient ionizing radiation exposure, in conjunction with implementing optimal imaging procedures to support prudent use of dental radiographs and cone-beam computed tomographic imaging. The regulatory guidance and best practice recommendations summarized in this article should be followed by dentists and other oral health care providers.

Key Words. Dental radiography; radiography; dentistry; radiation protection; computer tomography; CBCT; x-ray; panoramic; digital radiograph; radiographic film.

JADA 2024:155(1):1–11
https://doi.org/10.1016/j.adaj.2023.12.002

In 2012, the American Dental Association (ADA) and the US Food and Drug Administration (FDA) published *Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure*,[1] and the ADA Council on Scientific Affairs issued an advisory statement on the use of cone-beam computed tomography (CBCT) in dentistry.[2] This article provides updated evidence-based recommendations, consistent with ADA methodology, on components of the 2012 publications related to dental radiation safety, appropriate imaging practices, recommendations to reduce radiation exposure to patients and personnel, and adherence to relevant regulatory requirements.

These recommendations are based on a comprehensive review of dental radiation safety research, guidance from national and international agencies, and regulatory standards. These broadly applicable recommendations aim to help clinicians develop and implement safety practices that will provide optimal diagnostic value while minimizing radiation risks to patients or personnel. This article also provides an overview of regulatory standards that clinicians may need to consult when

https://jada.ada.org/action/showPdf?pii=S0002-8177%2823%2900734-1

https://jada.ada.org/action/showPdf?pii=S0002-8177%2823%2900391-4

Practice Guidelines

Patient shielding during dentomaxillofacial radiography

Recommendations from the American Academy of Oral and Maxillofacial Radiology

Supplemental material is available online.

Erika Benavides, DDS, PhD; Avni Bhula, BDS, DDS, MSc; Anita Gohel, BDS, PhD; Alan G. Lurie, DDS, PhD; Sanjay M. Mallya, BDS, MDS, PhD; Aruna Ramesh, BDS, MS, DMD; Donald A. Tyndall, DDS, MSPH, PhD

ABSTRACT

Background. The American Academy of Oral and Maxillofacial Radiology established an ad hoc committee to draft evidence-based recommendations and clinical guidance for the application of patient contact shielding during dentomaxillofacial imaging.

Types of Studies Reviewed. The committee reviewed monographs and reports from radiation protection organizations and studies that reported radiation dose to gonads, breasts, and thyroid gland from dentomaxillofacial imaging.

Results. Considering the absence of radiation-induced heritable effects in humans and the negligible dose to the gonads and fetus from dentomaxillofacial imaging, the committee recommends discontinuing shielding of the gonads, pelvic structures, and fetuses during all dentomaxillofacial radiographic imaging procedures. On the basis of radiation doses from contemporaneous maxillofacial imaging, the committee considered that the risks from thyroid cancer are negligible and recommends that thyroid shielding not be used during intraoral, panoramic, cephalometric, and cone-beam computed tomographic imaging.

Practical Implications. This position statement informs and educates the reader on evolving radiation protection practices and provides simple, unequivocal guidance to dental personnel to implement these guidelines. State and local authorities should be contacted to update regulations to reflect these recommendations.

Key Words. Radiation effects; radiation shielding; radiation protection; thyroid collar; lead apron.

JADA 2023:154(9):826–835
https://doi.org/10.1016/j.adaj.2023.06.015

Dentists use x-rays to obtain radiographs of the dentomaxillofacial region. Radiographs may be obtained to evaluate a symptom or to screen for occult disease in asymptomatic patients. Point-of-care imaging in dental offices includes intraoral, panoramic, cephalometric, and cone-beam computed tomographic (CBCT) imaging. In addition, dentists may prescribe multidetector computed tomography (CT), for example, to evaluate pathoses in the jaws and soft tissues. When prescribing imaging, dentists must consider the advantages and limitations of different imaging techniques and customize the radiographic examination to meet the diagnostic needs of each patient scenario. Although diagnostic objectives are situation-specific, the following principles that guide prescription of radiologic imaging are the same

- Imaging will likely provide answers to the diagnostic questions at hand.
- Imaging techniques will minimize patient radiation dose and provide the necessary diagnostic information.
- Benefits from imaging should vastly outweigh the estimated radiation-associated risks.

Appropriate application of these principles ensures the safety and efficacy of radiographic imaging. To assist dentists in this task, the American Academy of Oral and Maxillofacial Radiology

This article has an accompanying online continuing education activity available at: http://jada.ada.org/cathome.

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LIST OF RADIOLOGY HEALTH DEPARTMENTS BY STATE

The following is a list of the state radiological and health departments that Block Imaging has collected and curated. We don't control the information on these webpages and we can't promise they'll answer ALL the questions you may have, but we hope they serve as a starting point for bringing your facility into compliance with your local radiation regulations.

STATE

Alabama
Alaska
Arizona
Arkansas
California

https://www.blockimaging.com/download-list-of-state-radiological-and-health-department-links

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Key Points from Studies

- Study concluded that radiation dose is greatly decreased and shielding not always necessary.
- Studies showed that risk of injuries to the gonads and thyroid not a serious risk-except for children.
- Use of thyroid collar can block objects on extraoral images.
- Encourages states requiring patient shielding to change regulations.

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Infection Prevention Update

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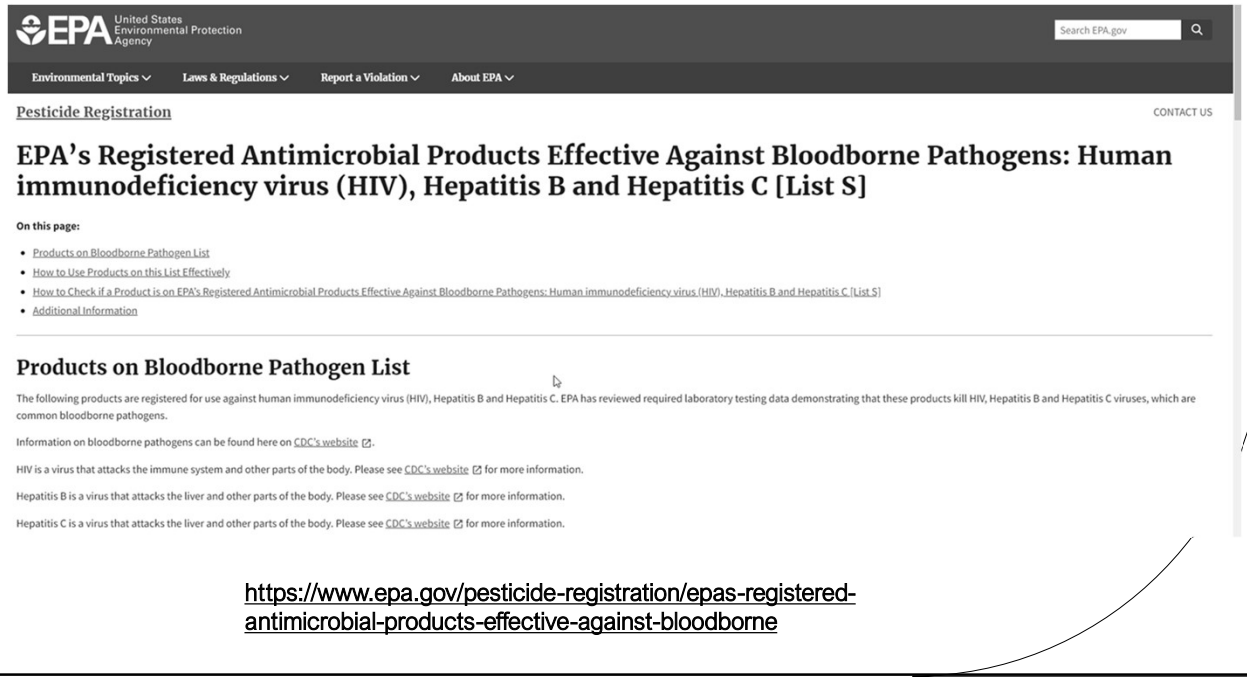

https://www.epa.gov/pesticide-registration/epas-registered-antimicrobial-products-effective-against-bloodborne

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https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants

- EPA's Registered Antimicrobial Products Effective as Sterilizers [List A]
- EPA's Registered Antimicrobial Products Effective Against *Mycobacterium tuberculosis* (TB) [List B]
- EPA's Registered Antimicrobial Products Effective Against Norovirus (Feline calicivirus) [List G]
- EPA's Registered Antimicrobial Products Effective Against Methicillin-resistant *Staphylococcus aureus* (MRSA) and/or Vancomycin Resistant *Enterococcus faecalis* or *faecium* (VRE) [List H]
- EPA's Registered Antimicrobial Products for Medical Waste Treatment [List J]
- EPA's Registered Antimicrobial Products Effective Against *Clostridium difficile* Spores [List K]
- EPA's Registered Antimicrobial Products Effective Against Ebola Virus [List L]
- EPA's Registered Antimicrobial Products Effective Against Avian Influenza [List M]
- Disinfectants for Use Against SARS-CoV-2 [List N]
- Disinfectants for Use Against Rabbit Hemorrhagic Disease Virus (RHDV2) [List O]
- EPA's Registered Antimicrobial Products Effective Against *Candida auris* [List P]
- Disinfectants for Emerging Viral Pathogens (EVPs) [List Q]
- EPA's Registered Antimicrobial Products Effective Against Bloodborne Pathogens (HIV, Hepatitis B and Hepatitis C) [List S]

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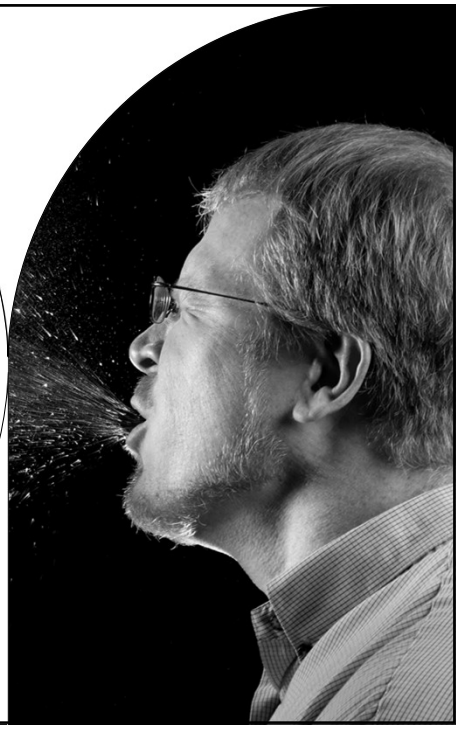
Respiratory Viruses



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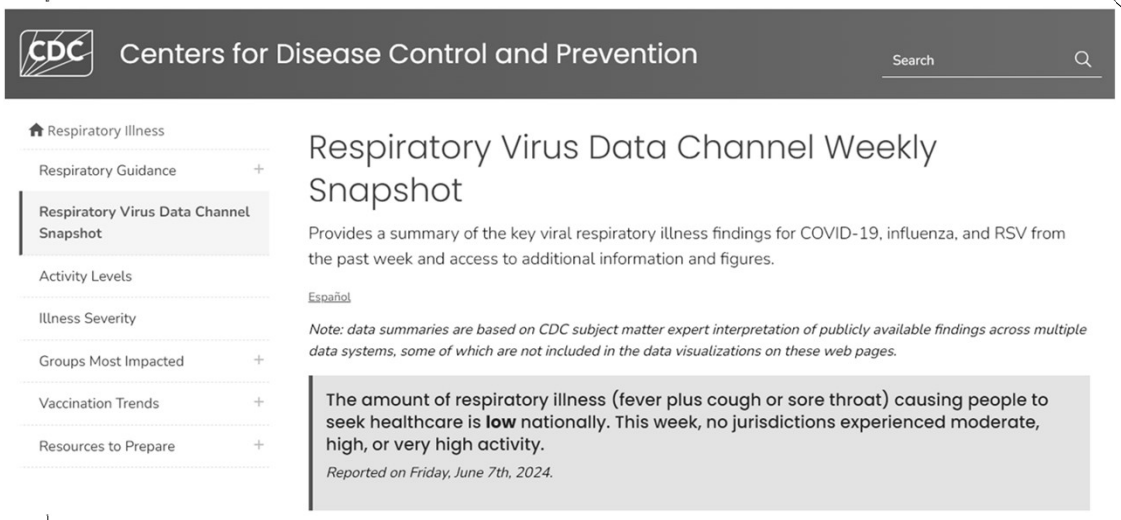

https://www.cdc.gov/respiratory-viruses/data-research/dashboard/snapshot.html

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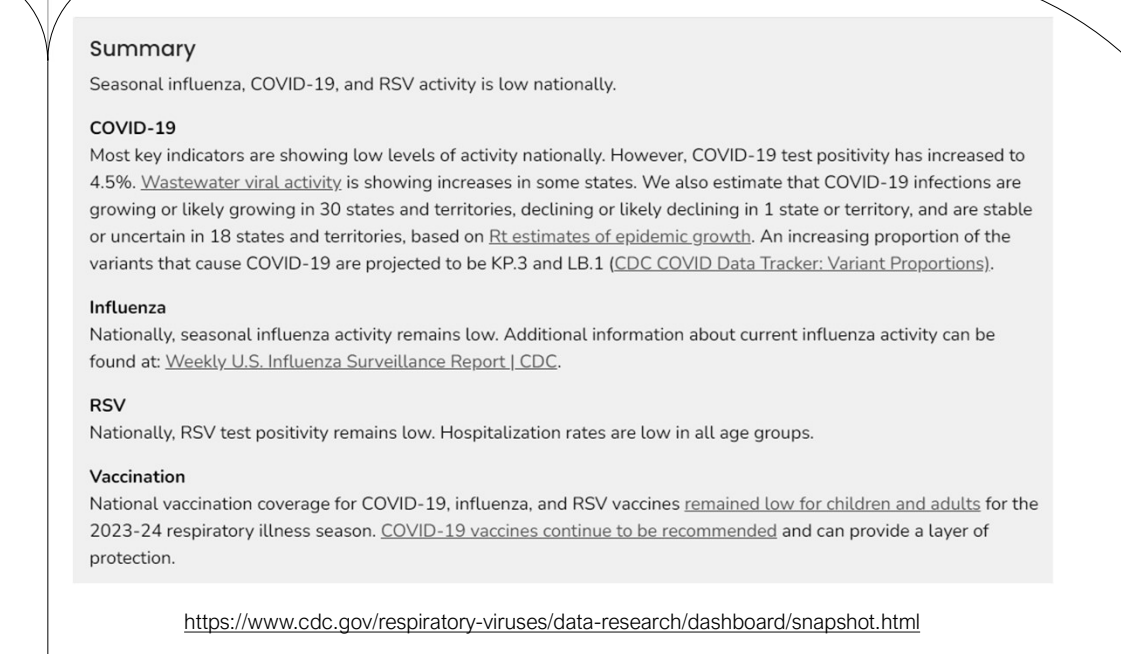

https://www.cdc.gov/respiratory-viruses/data-research/dashboard/snapshot.html

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Screen Patients for Respiratory Symptoms and Fever

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Infection Prevention Update Respiratory Guidance

About the Guidance

- Background for the Guidance
- Frequently Asked Questions

Note

CDC offers separate, specific guidance for healthcare settings (COVID-19, flu, and general infection prevention and control). Federal civil rights laws may require reasonable modifications or reasonable accommodations in various circumstances. Nothing in this guidance is intended to detract from or supersede those laws.

https://bit.ly/4c5POiT

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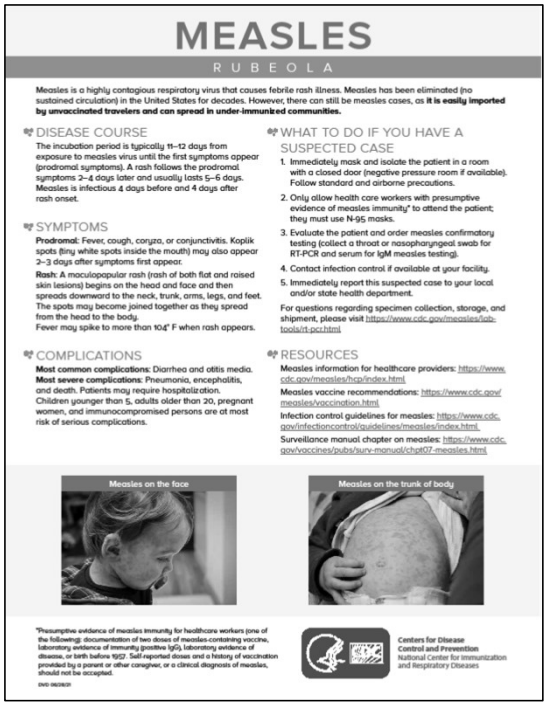

MEASLES

RUBEOLA

Measles is a highly contagious respiratory virus that causes febrile rash illness. Measles has been eliminated (no sustained circulation) in the United States for decades. However, there can still be measles cases, as **it is easily imported by unvaccinated travelers and can spread in under-immunized communities.**

DISEASE COURSE

The incubation period is typically 11–12 days from exposure to measles virus until the first symptoms appear (prodromal symptoms). A rash follows the prodromal symptoms 2–4 days later and usually lasts 5–6 days. Measles is infectious 4 days before and 4 days after rash onset.

SYMPTOMS

Prodromal: Fever, cough, coryza, or conjunctivitis. Koplik spots (tiny white spots inside the mouth) may also appear 2–3 days after symptoms first appear.

Rash: A maculopapular rash (rash of both flat and raised skin lesions) begins on the head and face and then spreads downward to the neck, trunk, arms, legs, and feet. The spots may become joined together as they spread from the head to the body.
Fever may spike to more than 104° F when rash appears.

COMPLICATIONS

Most common complications: Diarrhea and otitis media.
Most severe complications: Pneumonia, encephalitis, and death. Patients may require hospitalization. Children younger than 5, adults older than 20, pregnant women, and immunocompromised persons are at most risk of serious complications.

WHAT TO DO IF YOU HAVE A SUSPECTED CASE

1. Immediately mask and isolate the patient in a room with a closed door (negative pressure room if available). Follow standard and airborne precautions.
2. Only allow health care workers with presumptive evidence of measles immunity* to attend the patient; they must use N-95 masks.
3. Evaluate the patient and order measles confirmatory testing (collect a throat or nasopharyngeal swab for RT-PCR and serum for IgM measles testing).
4. Contact infection control if available at your facility.
5. Immediately report this suspected case to your local and/or state health department.

For questions regarding specimen collection, storage, and shipment, please visit https://www.cdc.gov/measles/lab-tools/rt-pcr.html

RESOURCES

Measles information for healthcare providers: https://www.cdc.gov/measles/hcp/index.html

Measles vaccine recommendations: https://www.cdc.gov/measles/vaccination.html

Infection control guidelines for measles: https://www.cdc.gov/infectioncontrol/guidelines/measles/index.html

Surveillance manual chapter on measles: https://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html

Measles on the face

Measles on the trunk of body

*Presumptive evidence of measles immunity for healthcare workers (one of the following): documentation of two doses of measles-containing vaccine, laboratory evidence of immunity (positive IgG), laboratory evidence of disease, or birth before 1957. Self-reported doses and a history of vaccination provided by a parent or other caregiver, or a clinical diagnosis of measles, should not be accepted.

DVD 06/2019

Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases

COMPLICATIONS

Most common complications: Diarrhea and otitis media.
Most severe complications: Pneumonia, encephalitis, and death. Patients may require hospitalization. Children younger than 5, adults older than 20, pregnant women, and immunocompromised persons are at most risk of serious complications.

https://www.cdc.gov/measles/downloads/Measles-fact-sheet-508.pdf

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CDC

Whooping Cough (Pertussis)

EXPLORE TOPICS

SEARCH

APRIL 2, 2024

About Whooping Cough Outbreaks

KEY POINTS

- Pertussis (whooping cough) is common in the United States, with frequent outbreaks.
- Protecting people at highest risk of serious illness is the primary focus during outbreaks.
- Health departments take the lead during outbreak investigations.

https://www.cdc.gov/pertussis/outbreaks/index.html#cdc_generic_section_2-identifying-whooping-cough-outbreaks

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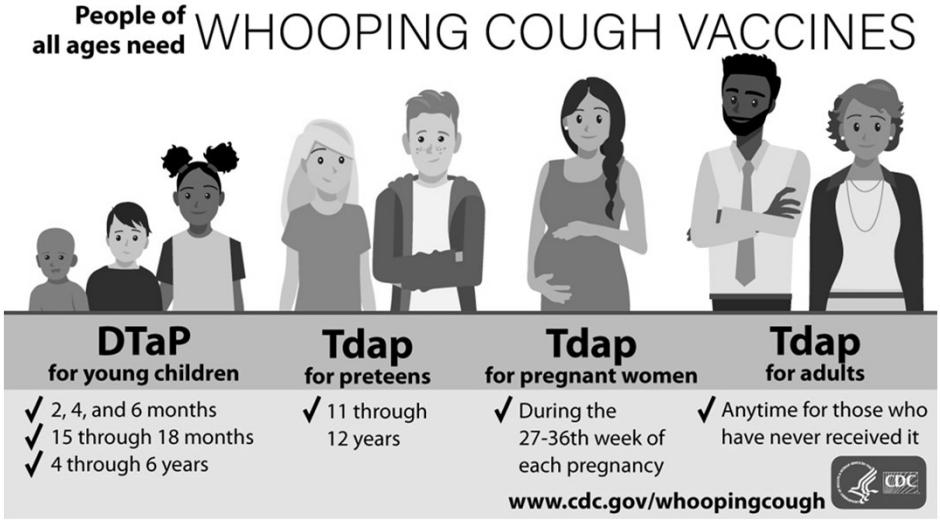

https://www.cdc.gov/pertussis/about/index.html

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Recent trends

Reports of pertussis cases were lower than usual over the past few years, during the COVID-19 pandemic. However, the United States is beginning to **return to pre-pandemic patterns** where more than 10,000 cases are typically reported each year. It's likely mitigation measures used during the pandemic (e.g., masking, remote learning) lowered transmission of pertussis.

In 2024, reported cases of pertussis increased across the United States, indicating a return to more typical trends. Preliminary data show that more than **three times as many cases** have been reported to date in 2024 compared to the same time in 2023. The number of reported cases this year is close to what was seen at the same time in 2019, prior to the pandemic.

https://www.cdc.gov/pertussis/php/surveillance/index.html

NNDSS Query Annual Tables Annual Tables Weekly Tables Contact Us provided by CDC WONDER

Nationally Notifiable Infectious Diseases and Conditions, United States: Weekly Tables

[Export] [PDF] [DATA.CDC.gov Table] [Previous Table] [Next Table] [Weekly Tables] [Annual Tables]

Weekly cases* of notifiable diseases, United States, U.S. Territories, and Non-U.S. Residents week ending June 8, 2024 (Week 23)

Reporting Area	Pertussis			
	Current week	Previous 52 weeks Max †	Cum YTD 2024 †	Cum YTD 2023 †
U.S. Residents, excluding U.S. Territories	153	379	5,669	1,952

https://wonder.cdc.gov/nndss/static/2024/23/2024-23-table990.html

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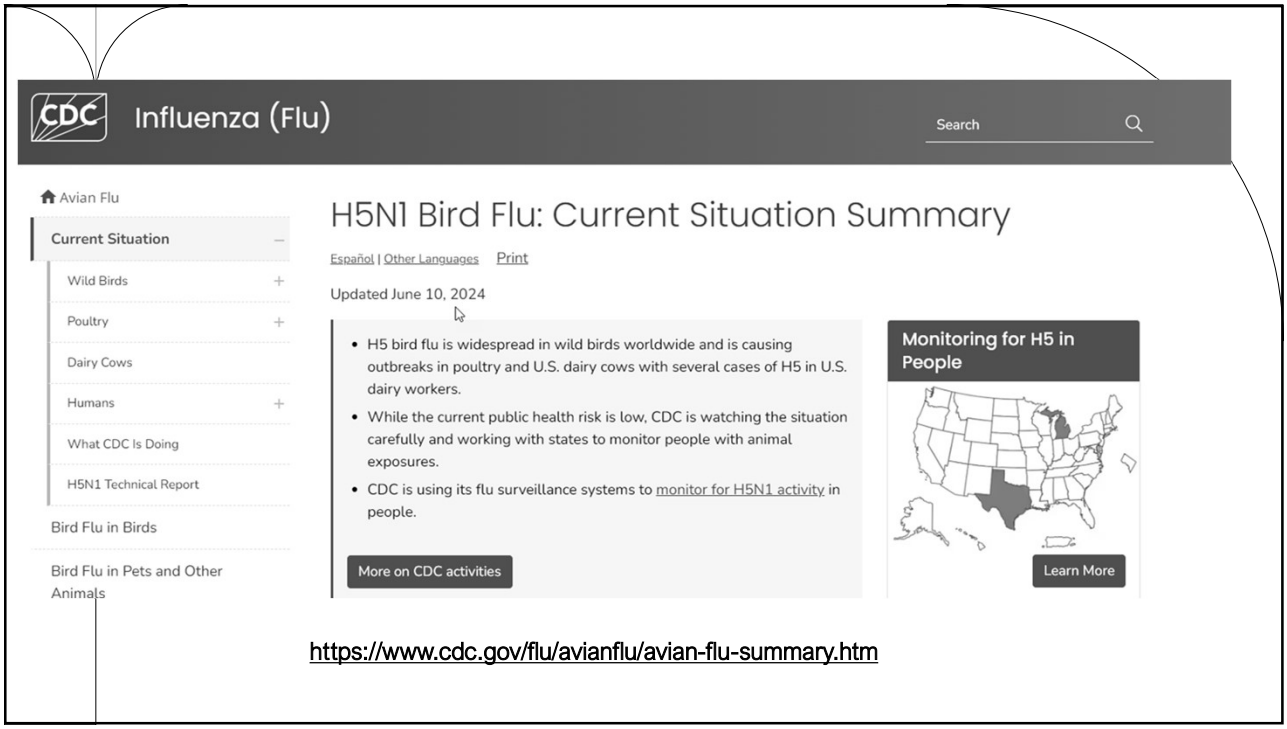

https://www.cdc.gov/flu/avianflu/avian-flu-summary.htm

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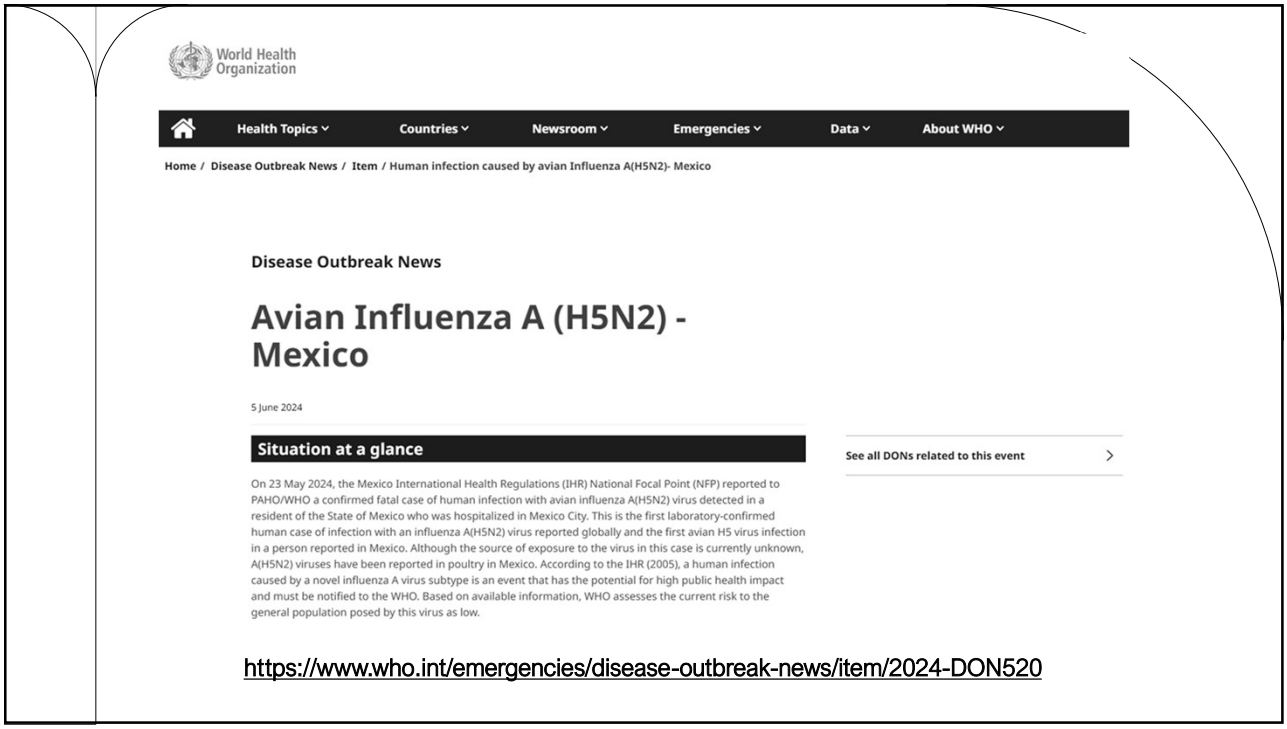

https://www.who.int/emergencies/disease-outbreak-news/item/2024-DON520

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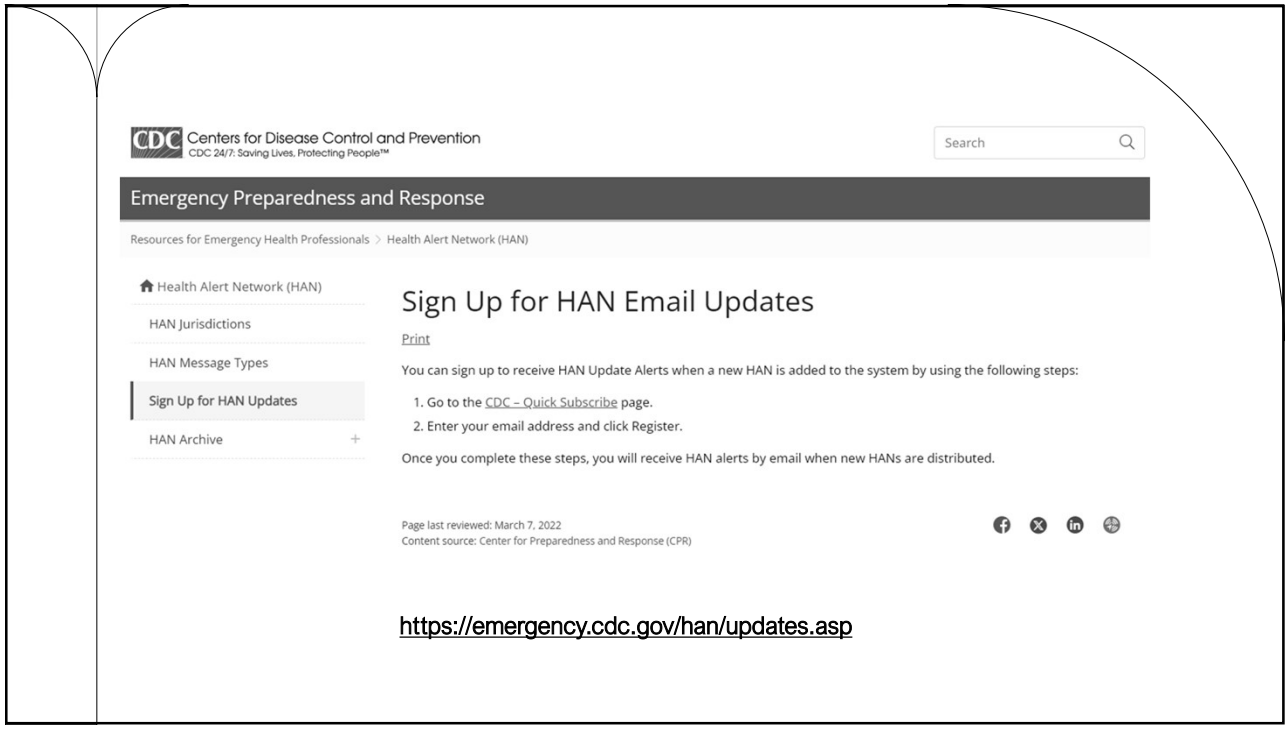

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DENTAL UNIT WATERLINES

- **Maintenance**
- **Testing**
- **Documentation**

Maintenance

Shock

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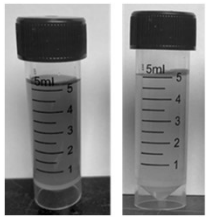
DUWL TESTING

- If you don't test, you do not know if you meet water quality standard: <500CFU/mμ.
- CDC currently states to test "periodically".
- Manufacturers state quarterly.



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Thank you

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