

Update: The Latest on Infection Prevention and Control for Dental Professionals

CareQuest Institute Continuing Education Webinar

Thursday, October 13, 2022

Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To receive CE Credits:

- Look for the evaluation form, which we'll send via email.
- Complete the **evaluation by October 21, 2022**.
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!

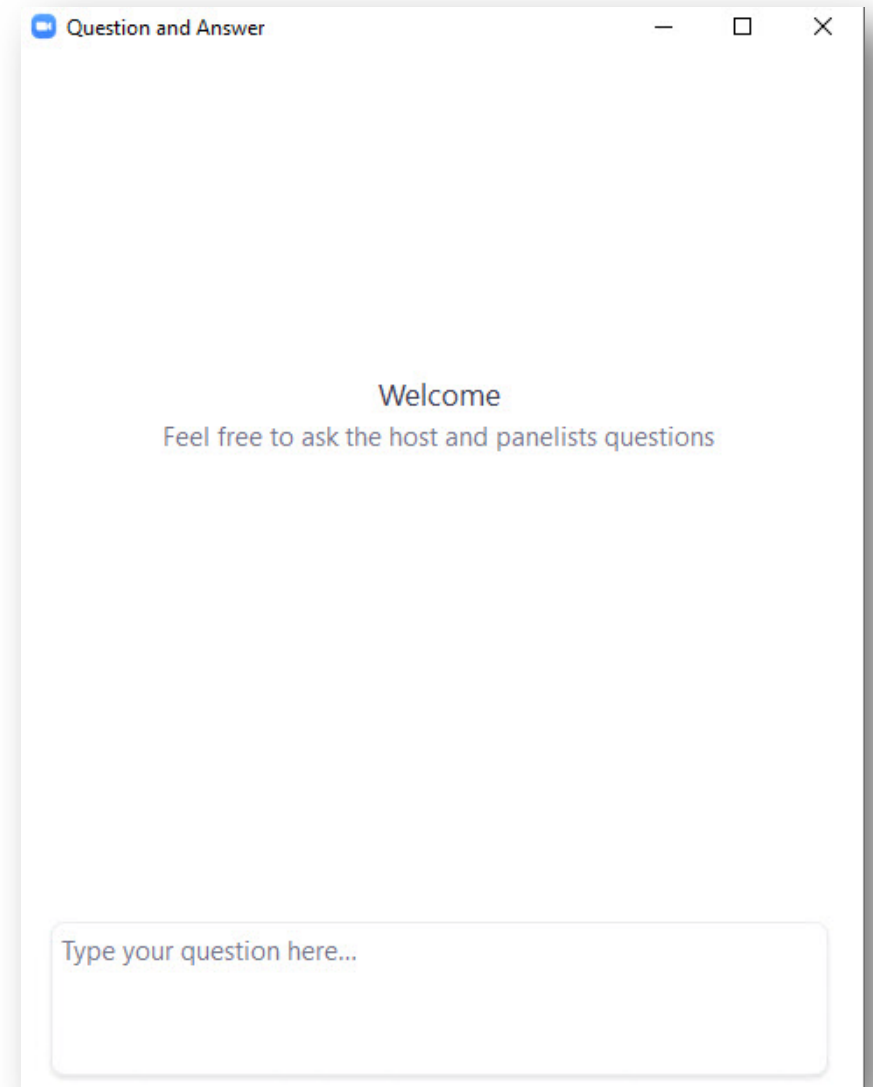
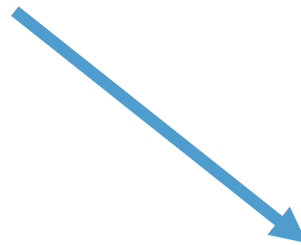


The CareQuest Institute for Oral Health is an ADA CER-P Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CER-P.

*Full disclosures available upon request

Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.



Learning Objectives

At the end of this webinar, you'll be able to:

- Review updated CDC infection prevention and control guidance for dentistry.
- Differentiate standard precautions and transmission-based precautions.
- Identify strategies and resources for implementation and evaluation.
- Discuss implications for dental infection prevention and control going forward.

Today's Presenters

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Thank You to Our Partner



Disclosure

Information regarding SARS-CoV-2 is rapidly evolving. The information in this webinar is current as of October 4, 2022.

I have no financial interest in any products that may be included in this presentation. Any products included are for representative purposes only.



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Core Infection Prevention and Control Practices for Safe Health Care Delivery in All Settings

- Infection control practices that are considered standard of care (e.g., hand hygiene)
- Widely agreed upon practices
- Not expected to change based on additional research
- Categorized as strong recommendations
- Contain 14 areas of best practices
- Not a comprehensive list of all recommended infection control practices
- Adopted in 2014, last updated 2017

<https://www.cdc.gov/hicpac/recommendations/core-practices.html>

CDC Core Practices

Leadership Support

Education and training of healthcare personnel on infection prevention

Patient, family, and caregiver education

Performance monitoring and feedback

Standard precautions

Hand hygiene

Environmental cleaning and disinfection

Infection and medication safety

Risk assessment and appropriate use of personal protective equipment

Minimizing potential exposures

Reprocessing reusable medical equipment

Transmission-based precautions

Temporary invasive medical devices for clinical management (generally not applicable to most dental settings)

Occupational health

Elements of Standard Precautions

Hand hygiene

PPE when there is anticipated exposure to infectious materials

Respiratory hygiene/cough etiquette

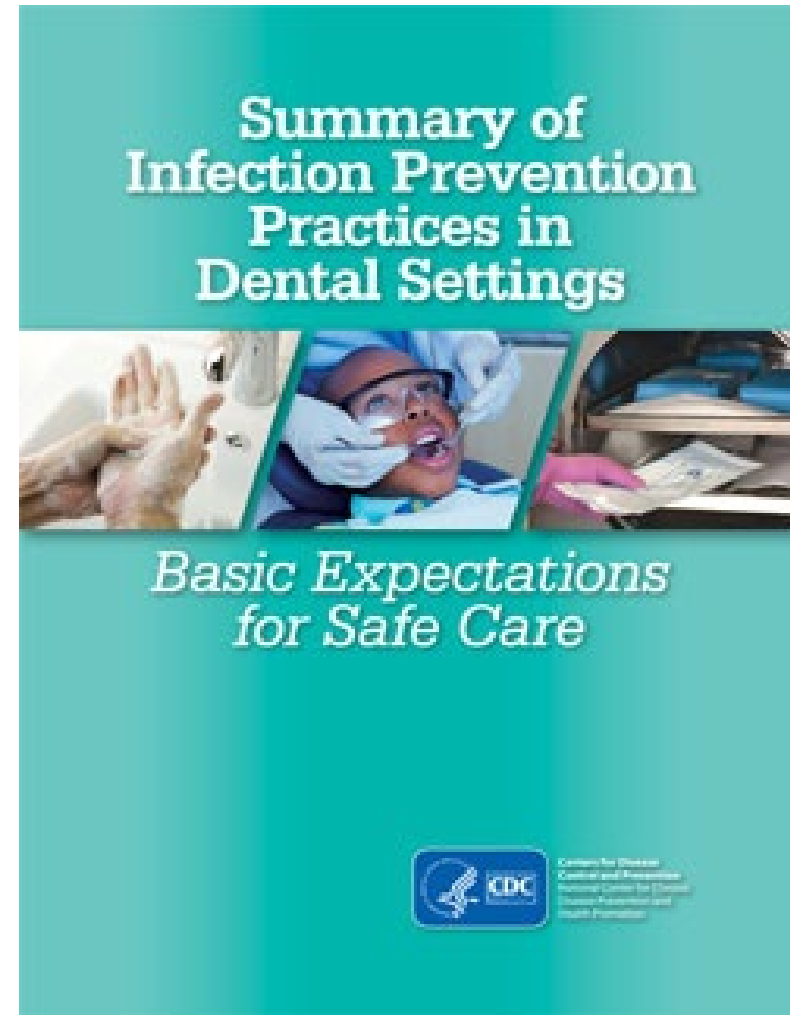
Patient placement

Handling and cleaning of patient care equipment and instruments/devices

Careful handling of laundry

Safe injection practices

Health care worker safety, including handling of sharps



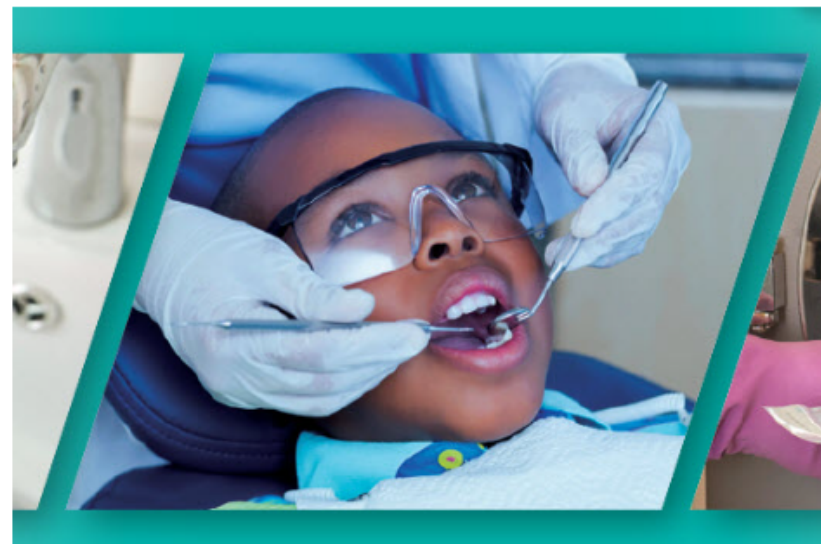
Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care

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 [Infection Control Guidance for Healthcare Professionals about Coronavirus \(COVID-19\)](#), which is applicable to all U.S. settings where healthcare is delivered, including [dental settings](#). For more information, see [CDC Updates COVID-19 Infection Prevention and Control Guidance](#).

This page lets you view the content of the Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care document online. PDF versions are available near the bottom of the page.

- Infection prevention program administrative measures,
- Infection prevention education and training,
- Respiratory hygiene and cough etiquette,
- Updated safe injection practices.



CDC Basic Expectations for Safe Care Modules

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 [Infection Control Guidance for Healthcare Professionals about Coronavirus \(COVID-19\)](#), which is applicable to all U.S. settings where healthcare is delivered, including [dental settings](#). For more information, see [CDC Updates COVID-19 Infection Prevention and Control Guidance](#).

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. This material is an information source, but it is not currently a course for professional credit.

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

- [Introduction Presentation](#) [PDF - 753KB]
- [Introduction Presenter's Script](#) [PDF - 135KB]

Module 2 - Hand Hygiene

- [Hand Hygiene Presentation](#) [PDF - 515KB]
- [Hand Hygiene Presenter's Script](#) [PDF - 124KB]

Why can't we just follow standard precautions?

- Many areas of the United States remain in continued COVID-19 transmission levels
 - Increased risk of encountering a patient with COVID-19
- COVID-19 is transmitted via the droplet and airborne route, and therefore standard precautions may not be adequate, particularly in the presence of aerosols and droplets generated during dental procedures
- COVID-19 interim guidelines are in addition to standard precautions, not instead of standard precautions

What are the interim recommendations from CDC? Why do they follow those instead of the 2003 guidelines?

- Interim guidance for infection control and prevention have been updated throughout the COVID-19 pandemic.
- They address specific considerations for COVID-19, such as screening, testing, source control, enhanced PPE, and site-specific guidelines (including dental facilities).
- They incorporate elements of transmission-based precautions not found in the 2003 guidelines for oral health care settings.

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

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings

Addressed precautions for patient with infections that are transmitted by:

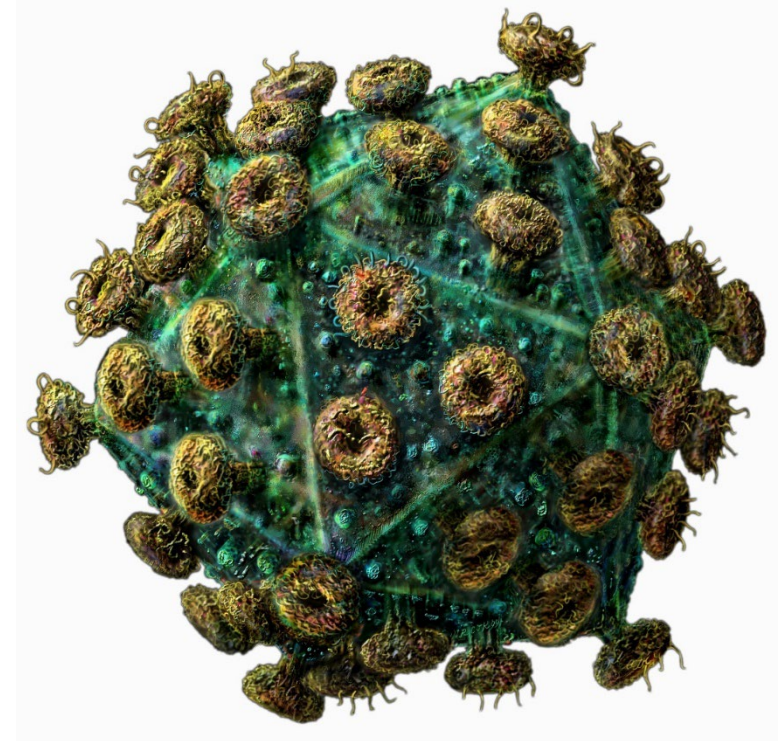
- contact
- droplet
- airborne routes for which standard precautions may not be sufficient

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/updates.html>

Transmission-Based Precautions

For patients who **are known or suspected** to be infected or colonized with infectious agents, including certain epidemiologically important pathogens, which require additional control measures to effectively prevent transmission.

Implemented in addition to standard precautions



Transmission-Based Precautions

Precaution	Elements	Example Infections
Contact	Patient placement away from other patients, PPE, limit patient movement, use disposable equipment, prioritize cleaning and disinfection	<i>C. difficile</i> , conjunctivitis, diphtheria, norovirus, rotavirus, herpes simplex, impetigo, influenza, lice, monkeypox
Droplet	Source control, patient in single room, PPE, limit movement of patient	Meningitis type b, meningococcal disease, multidrug-resistant organisms (MRDOs), mumps, parvovirus, pertussis, certain pneumonias, poliomyelitis, rhinovirus, rubella, group A <i>streptococcus</i> , vaccinia, SARS-CoV-2
Airborne	Source control, use AIIR, PPE including N95 or higher respirator, limit movement of patient outside of room, immunize susceptible people following unprotected contact	Tuberculosis, herpes zoster, measles, SARS, SARS-CoV-2, smallpox, chicken pox

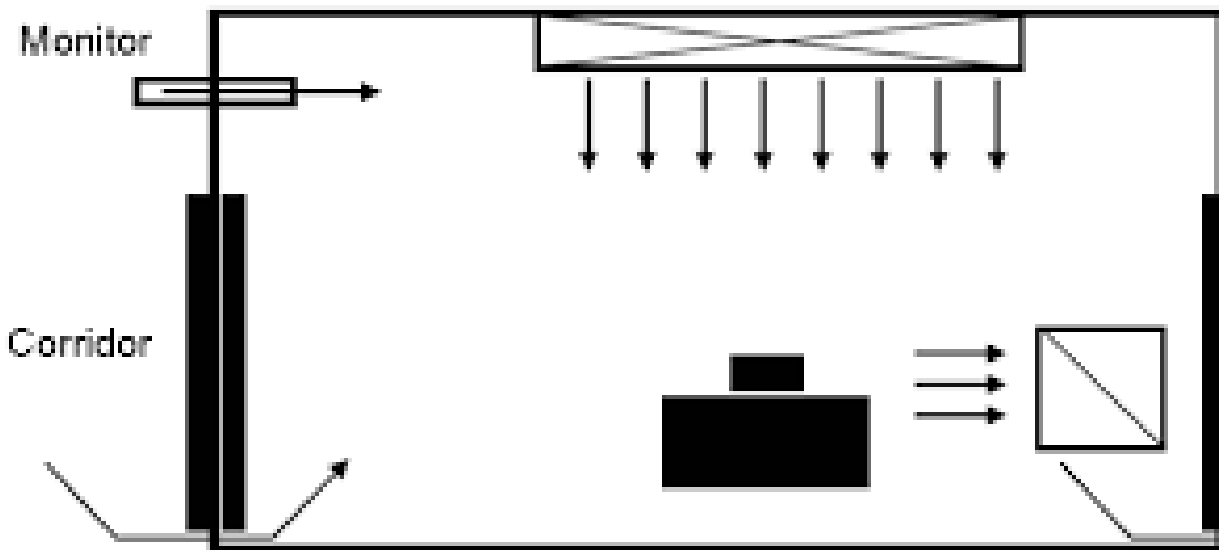
SARS-Coronavirus-2

CDC recommends droplet precautions:

- Airborne precautions if performing aerosol-generating procedures (AGPs)
SARS (2003) — airborne transmission over a limited distance (e.g., within a room), has been suggested, though not proven
- This is true of other infectious agents such as influenza virus and noroviruses



Droplet and Airborne Precautions in Dental Settings



Unlikely to be able to fully implemented:

- Patient cannot wear a mask during dental procedures
- Most dental facilities do not have Airborne Infection Isolation Rooms (AIIRs)
- Most dental personnel need appropriate training, fit-testing, medical clearance, etc.

Sliding Scale of COVID-19 Recommendations and Directives

Community Transmission

Low to minimal community transmission

Substantial to high community transmission



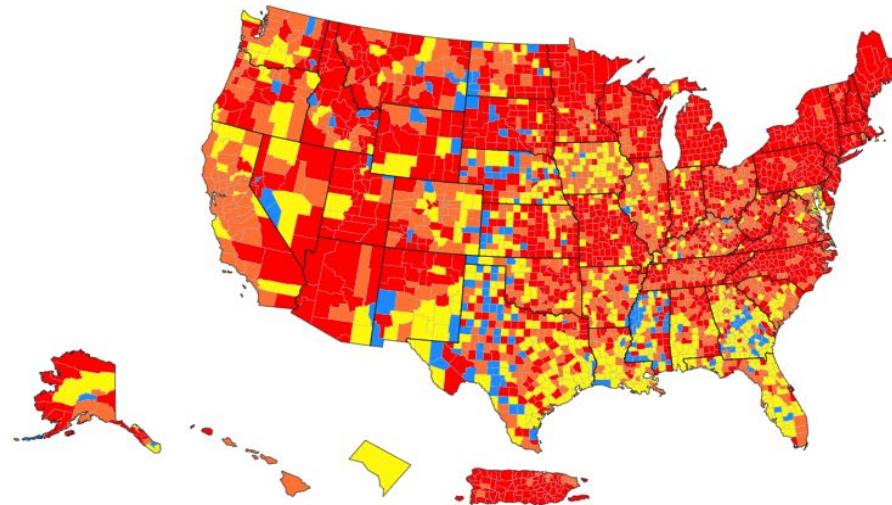
CDC - <https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>

Community Transmission vs. Community Levels

- Select IPC measures (e.g., use of source control, screening testing of nursing home admissions) are influenced by levels of SARS-CoV-2 transmission in the community. [Community Transmission](#) is the metric currently recommended to guide select practices in health care settings to allow for earlier intervention, before there is strain on the health care system and to better protect the individuals seeking care in these settings.
- The [Community Transmission](#) metric is different from the COVID-19 Community Level metric used for non-health care settings. Community Transmission refers to measures of the presence and spread of SARS-CoV-2.
- Community Levels place an emphasis on measures of the impact of COVID-19 in terms of hospitalizations and health care system strain, while accounting for transmission in the community.

Community Transmission of All US Counties

Community Transmission of All Counties in US



Community Transmission in US by County

	Total	Percent	% Change
High	1561	48.45%	- 7.6%
Substantial	869	26.97%	1.49%
Moderate	606	18.81%	4.72%
Low	186	5.77%	1.4%

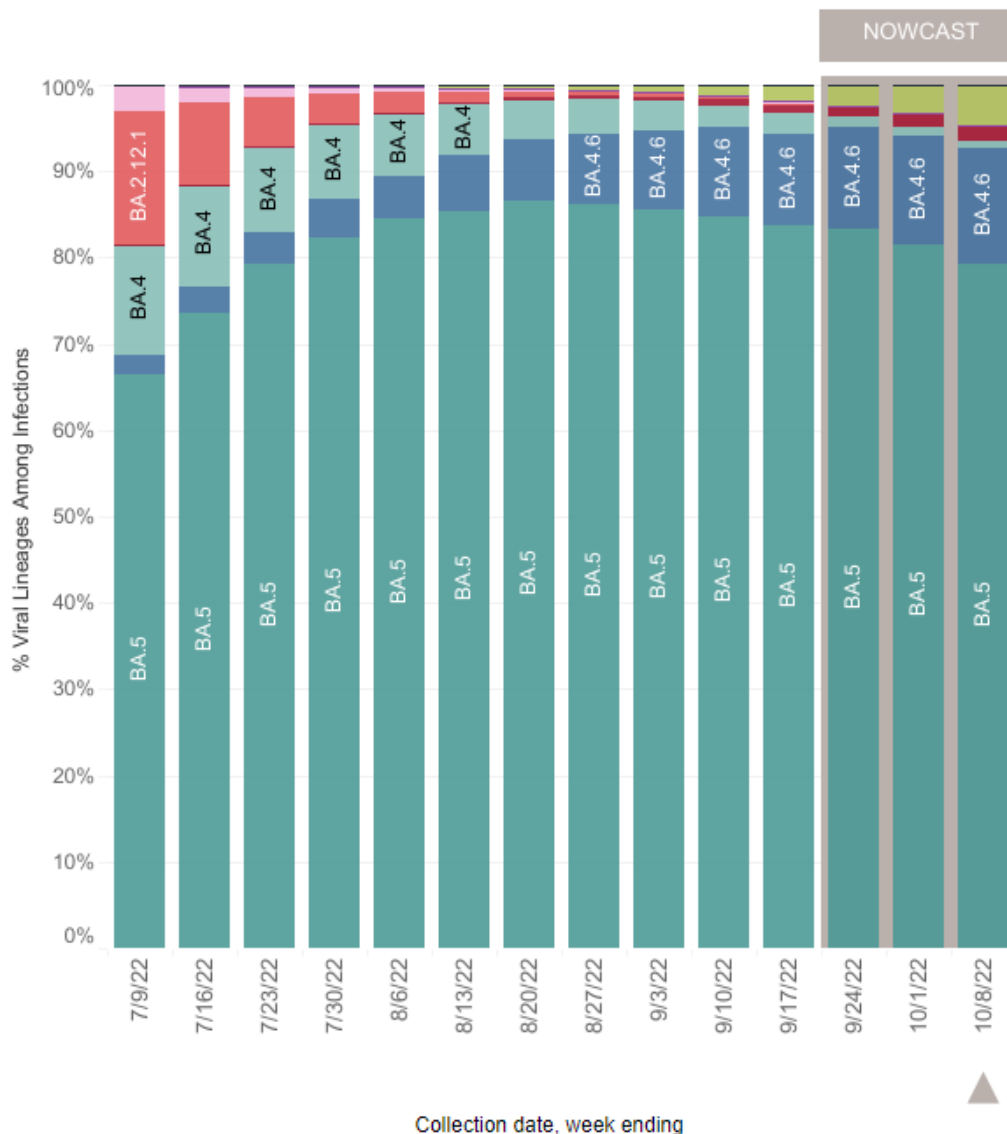
[How is community transmission calculated?](#)

● High ● Substantial ● Moderate ● Low ● No Data

Thu Oct 13 2022 06:51:22 GMT-0400

United States: 7/3/2022 – 10/8/2022

United States: 10/2/2022 – 10/8/2022 NOWCAST



USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	79.2%	77.5-80.7%
	BA.4.6	VOC	13.6%	12.4-14.9%
	BF.7	VOC	4.6%	3.9-5.4%
	BA.2.75	VOC	1.8%	1.4-2.4%
	BA.4	VOC	0.8%	0.7-0.9%
	BA.2.12.1	VOC	0.0%	0.0-0.0%
	BA.2	VOC	0.0%	0.0-0.0%
	B.1.1.529	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75 and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, sublineages of BA.5 are aggregated to BA.5. Sublineages of BA.1.1 and BA.2.75 are aggregated to the parental BA.1.1 and BA.2.75 respectively. Previously, BA.2.75 was aggregated with BA.2, and BF.7 was aggregated with BA.5. Lineages BA.4.6, BF.7, and many BA.2.75 contain the spike substitution R346T.



🏠 Healthcare Workers

Testing +

Clinical Care +

Infection Control -

Infection Control Guidance

Dialysis Facilities

Postmortem Guidance

Potential Exposure at Work

Healthcare Workers

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

Updated Sept. 23, 2022 [Print](#)

For healthcare personnel, see [Isolation and work restriction guidance](#). For strategies to mitigate healthcare personnel staffing shortages, see [Contingency and crisis management](#). For healthcare professionals advising people in non-healthcare settings about isolation for laboratory-confirmed COVID-19, see [Ending Isolation and Precautions for People with COVID-19](#).

New Updates as of September 23, 2022

Updates as of September 23, 2022

- Updated to note that vaccination status is no longer used to inform source control, screening testing, or post-exposure recommendations
- Updated circumstances when use of source control is recommended
- Updated circumstances when universal use of personal protective equipment should be considered
- Updated recommendations for testing frequency to detect potential for variants with shorter incubation periods and to address the risk for false negative antigen tests in people without symptoms.
- Clarified that screening testing of asymptomatic healthcare personnel, including those in nursing homes, is at the discretion of the healthcare facility
- Updated to note that, in general, asymptomatic patients no longer require empiric use of Transmission-Based Precautions following close contact with someone with SARS-CoV-2 infection.
- Archived the [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#) and special considerations for nursing homes not otherwise covered in Sections 1 and 2 were added to Section 3: Setting-specific considerations
 - Updated screening testing recommendations for nursing home admissions
- Clarified the types of long-term care settings for whom the healthcare infection prevention and control recommendations apply

Routine Practices During the COVID-19 Pandemic

Remain up to date with COVID-19 vaccine and booster doses

Establish a process to identify and manage infected individuals

Implement source control

Universal use of PPE for DHCP

Encourage physical distancing

Optimize use of engineering controls and indoor air quality

Perform testing when indicated

Create a process to respond to SARS-CoV-2 exposures at facility



Remain Up to Date with COVID-19 Vaccine and Booster Doses

Follow CDC guidelines on vaccine dosage and boosters.

People who received initial series of either Pfizer or Moderna can get a booster of either.

- The updated boosters target the most recent Omicron subvariants, BA.4 and BA.5, that are more contagious than earlier subvariants by providing more specific antibodies for protection.

Novavax was approved on July 19.

- Currently authorized as a 2-dose primary series, not as a booster.

Vaccine Information Updated on CDC Website

Stay Up to Date with COVID-19 Vaccines Including Boosters

Updated Oct. 3, 2022 [Español](#) | [Other Languages](#) [Print](#)

What You Need to Know

- CDC recommends everyone stay up to date with COVID-19 vaccines for their age group:
 - [Children and teens ages 6 months-17 years](#)
 - [Adults ages 18 years and older](#)
- Getting a COVID-19 vaccine after you recover from COVID-19 infection provides added protection against COVID-19.
- If you recently had COVID-19, you **may** consider delaying your next vaccine dose (primary dose or booster) by 3 months from when your symptoms started or, if you had no symptoms, when you first received a positive test.
- People who are moderately or severely immunocompromised have [different recommendations for COVID-19 vaccines](#), including boosters.
- COVID-19 vaccine and booster recommendations may be updated as CDC continues to monitor the latest COVID-19 data.

www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html



Approved or Authorized Vaccines

Pfizer-BioNTech

Moderna

Novavax

Johnson & Johnson's Janssen



Updated Boosters Are Recommended for Some People

CDC recommends that **people ages 12 years and older** receive one updated (bivalent) booster if it has been at least 2 months since their last COVID-19 vaccine dose, whether that was:

- Their final primary series dose, or
- An original (monovalent) booster

People who have had more than one original (monovalent) booster are also recommended to get an updated (bivalent) booster.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

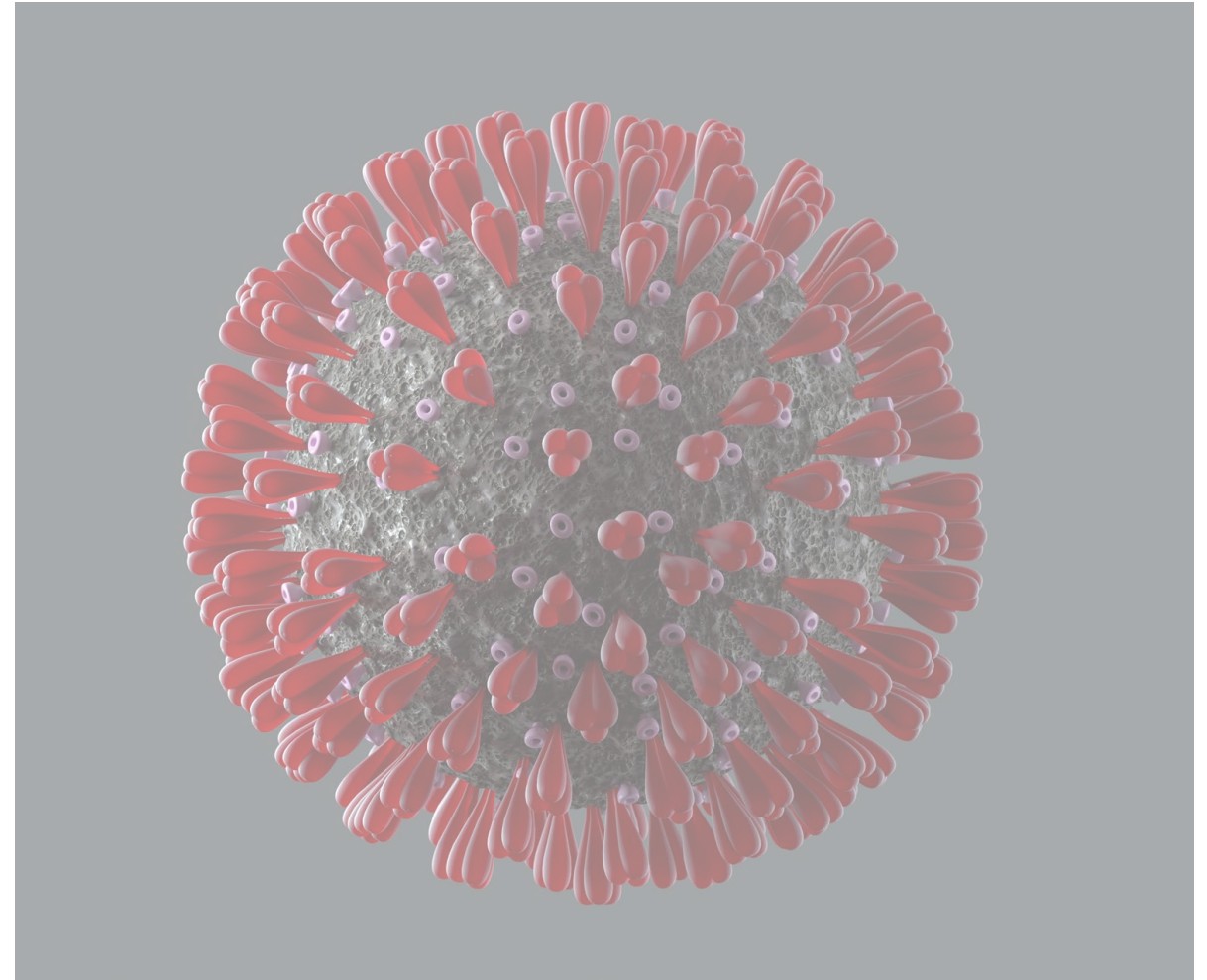
An Update from Earlier This Week (October 12)

- **FDA authorizes and CDC recommends updated bivalent COVID-19 booster for children ages 5 and older**
- The Pfizer booster has been authorized for children aged 5 and older and the Moderna booster for children aged 6 and older.
- When the new boosters were initially authorized in September, the Pfizer booster was only available for those aged 12 and older and the Moderna booster for those aged 18 and older.
- Updated COVID-19 vaccines add Omicron BA.4 and BA.5 spike protein components to the current vaccine composition, helping to restore protection that has waned since previous vaccination and targeting recent Omicron variants that are more transmissible and immune-evading.

<https://www.cdc.gov/media/releases/2022/s1012-COVID-19-Vaccines.html>

Establish a Process to Identify and Manage Infected Individuals

- Educate all DHCP on symptoms of COVID-19
- DHCP must stay home if symptomatic or testing positive
- Follow local, state, or facility policy on duration of isolation
- Outbreaks (3+ cases in a work area within 7 days) may require serial testing of all workers in the work group



Perform Testing?

Everyone

- Immediately test if experiencing even mild symptoms of COVID-19 regardless of vaccination status
- Asymptomatic individuals with close contact with COVID-19 case should test immediately and again 5-7 days later

Patients

- May consider testing unvaccinated individuals undergoing higher risk procedures, and in locations with high community transmission rates

DHCP

- Follow recommendations of public health authorities



Create a Process to Respond to SARS-CoV-2 Exposures at Facility

- Ensure proper notification of positive tests
- Determine first day of symptom onset or positive test
 - Contact trace for 2 days prior to that
 - Contact in a health care setting where the infected and/or exposed person was wearing a fit-tested respirator is not an exposure
- Follow guidelines for isolation and source control following isolation





Quarantine and Isolation Calculator

A tool to help determine how long you need to isolate, quarantine, or take other steps to prevent spreading COVID-19.

[Get Started](#)

On this Page

[When to Stay Home](#)

[Quarantine](#)

[Isolation](#)

[Recommendations for Specific Settings](#)

[Ongoing COVID-19 Exposure FAQs](#)

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>

Calculating Isolation

Day 0 is your first day of symptoms or a positive viral test. **Day 1 is the first full day after your symptoms developed or your test specimen was collected.** If you have COVID-19 or have symptoms, isolate for at least 5 days.

**IF YOU
Tested positive
for COVID-19 or
have
symptoms,
regardless of
vaccination
status**

Stay home for at least 5 days

Stay home for 5 days and [isolate](#) from others in your home.

Wear a well-fitted mask if you must be around others in your home.

[Do not travel.](#)

Ending isolation if you had symptoms

[End isolation after 5 full days](#) if you are fever-free for 24 hours (without the use of fever-reducing medication) and your symptoms are improving.

Ending isolation if you did NOT have symptoms

[End isolation after at least 5 full days](#) after your positive test.

If you were severely ill with COVID-19 or are immunocompromised

You should isolate for at least 10 days. [Consult your doctor before ending isolation.](#)

Take precautions until day 10

Wear a mask

Wear a well-fitted mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.

[Do not travel](#)

Do not travel until a full 10 days after your symptoms started or the date your positive test was taken if you had no symptoms.

Avoid being around people who are at high risk



Removing Your Mask

After you have ended isolation, when you are feeling better (no fever without the use of fever-reducing medications and symptoms improving),

- Wear your mask through day 10.

OR

- If you have access to antigen tests, you should consider using them. With two sequential negative tests 48 hours apart, you may remove your mask sooner than day 10.

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>

Health Care Personnel

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

"Up to Date" with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines | CDC](#)

For more details, including recommendations for healthcare personnel who are immunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) (conventional standards) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test [†] , if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1 [‡] and 5-7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test [†]	No work restriction with negative tests on days 1 [‡] , 2, 3, & 5-7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work

[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Freturn-to-work.html

Return to Work Criteria HCP with SARS-CoV-2 Infection

HCP with mild to moderate illness who are *not* moderately to severely immunocompromised could return to work after the following criteria have been met:

- At least 7 days have passed *since symptoms first appeared* if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7), **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications, **and**
- Symptoms (e.g., cough, shortness of breath) have improved.

*Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later

HCP Exposures

- HCP was not wearing a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask)⁴
- HCP was not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask
- HCP was not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while present in the room for an aerosol-generating procedure

HCP: High-Risk Exposures

Have a series of three viral tests for SARS-CoV-2 infection.

- Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.
- Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of NAAT is recommended. This is because some people may remain NAAT positive but not be infectious during this period.

Ventilation in Buildings

CDC recommends a layered approach

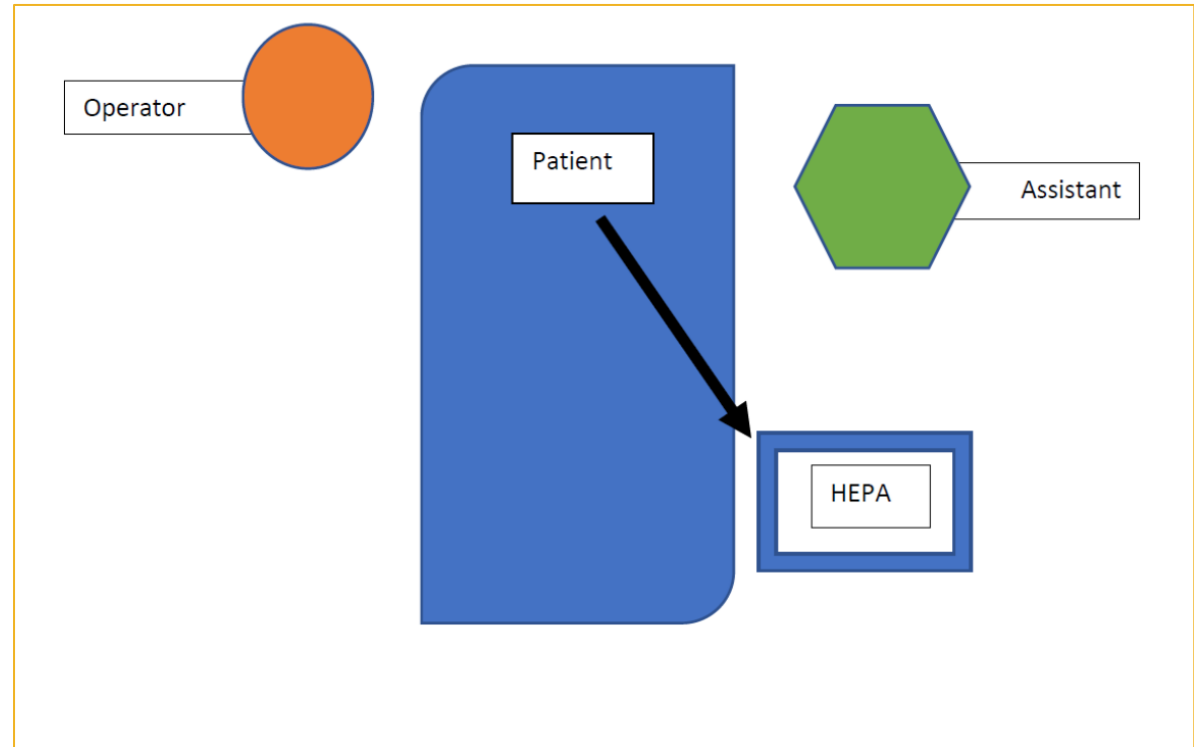
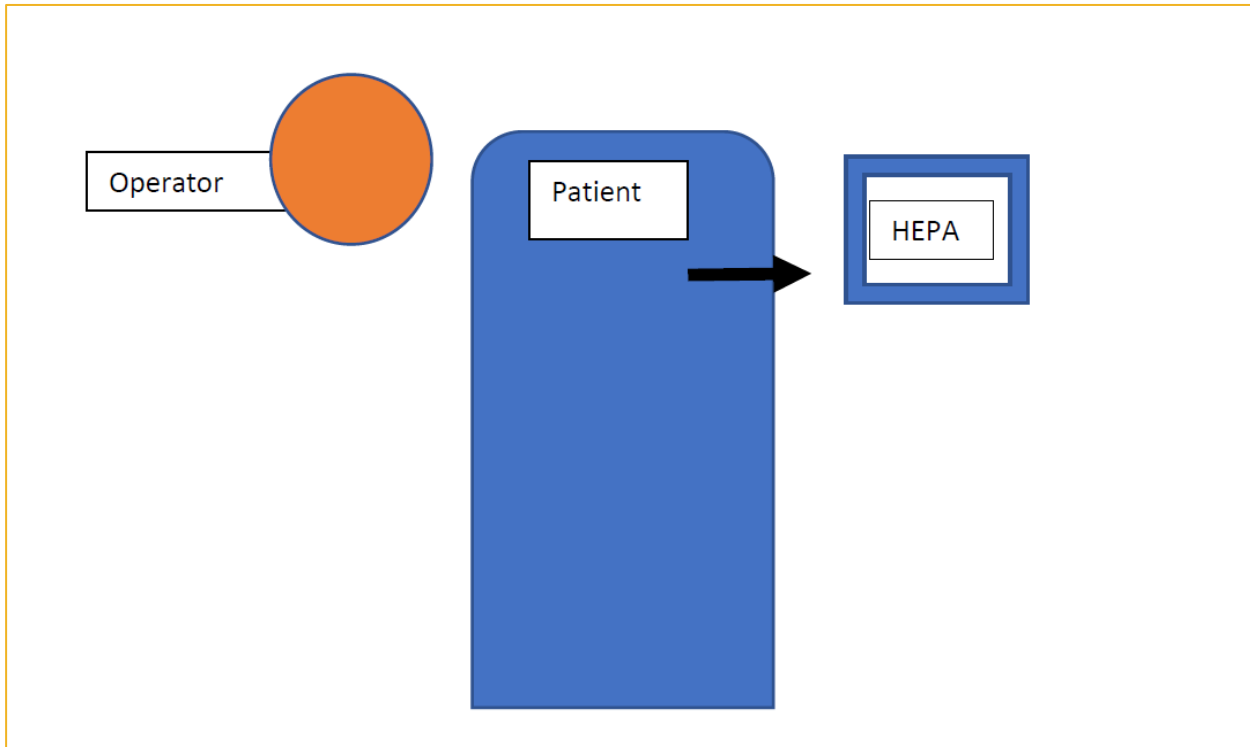
May include:

- Increase outdoor air ventilation
- Use of fans, taking care with placement — do not allow contaminated air to flow from one person to another
- Ensure ventilation systems operate properly
- Turn off demand-controlled ventilation. Set fan to “on” instead of “auto”

Ventilation and Indoor Air Quality

- Guidance on ensuring that ventilation systems are operating properly, and other options for improving indoor air quality, are available in the following resources:
 - [Guidelines for Environmental Infection Control in Health-Care Facilities](#)
 - [American Society of Heating, Refrigerating and Air-Conditioning Engineers \(ASHRAE\) resources for healthcare facilities](#), which also provides [COVID-19 technical resources for healthcare facilities](#)
 - [Ventilation in Buildings](#), which includes options for non-clinical spaces in healthcare facilities

HEPA Filter Placement



Considerations for Aerosol Generating Procedures (AGPs) – Patients Not Infected with SARS-CoV-2

- Commonly used dental equipment known to create aerosols and airborne contamination include ultrasonic scaler, high-speed dental handpiece, air/water syringe, air polishing, and air abrasion.
- PPE (including consideration of a NIOSH-approved particulate respirator with N95 filters or higher in counties with high levels of transmission)
- Use mitigation methods such as four-handed dentistry, high evacuation suction, and dental dams to minimize droplet spatter and aerosols

In the Dental Setting, Implement Source Control

- Everyone entering a health care facility should wear a well-fitted face mask
- Patients should only remove mask during active care



Source Control Options for HCP

- A NIOSH-approved particulate respirator with N95 filters or higher
- A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators (Note: These should not be used instead of a NIOSH-approved respirator when respiratory protection is indicated)
- A barrier face covering that meets ASTM F3502-21 requirements including Workplace Performance and Workplace Performance Plus masks OR a well-fitting facemask

Universal Use of PPE for DHCP

- Gown
- Gloves
- Protective eyewear/face shield
- Mask
- N95 or higher respirator when indicated



ASTM Levels of Surgical Facemasks

Characteristic	Level 1	Level 2	Level 3
Bacterial filtration efficacy	≥95%	≥98%	≥98%
Sub-micron particulates filtration efficient at 0.1 micron	≥95%	≥98%	≥98%
Differential pressure, mm H ₂ O/cm ² (Breathability)	<4.0 H ₂ O	<5 mm H ₂ O	<5.0 H ₂ O
Resistance to penetration by synthetic blood, minimum pressure in mm Hg for pass results	80 mm Hg	120 mm Hg	160 mm Hg
Flame spread	Class 1	Class 1	Class 1

COVID-19 Has Led to an Increased Use of NIOSH-Approved Respirators in Health Care



Photo credit: 3M

Filtering facepiece respirators (FFRs)



Photo credit: 3M



Photo credit: MSA

Elastomeric half mask respirators (EHMRs)



Photo credit: University of Maryland



Photo credit: Honeywell International Inc.

Powered air-purifying respirators (PAPRs)



Photo credit: Ford Motor Company

Proper Donning of Respirator



Cup the respirator in your hand. Hold the respirator under your chin with the nose piece up. The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears.



Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.



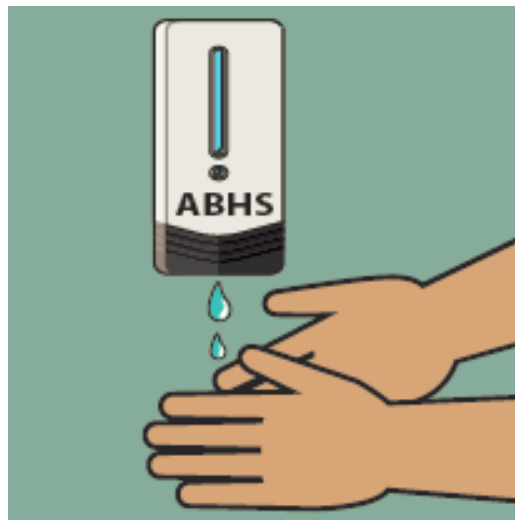
Place both hands over the respirator, take a quick breath in to check the seal. Breathe out. If you feel a leak when breathing in or breathing out, there is not a proper seal.



Select other PPE items that do not interfere with the fit or performance of your respirator.



Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.



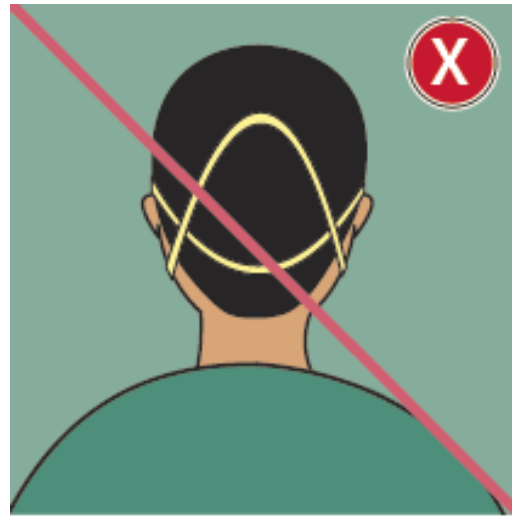
Clean your hands with alcohol-based hand sanitizer or soap and water.



Discard in a waste container.



Do not allow facial hair, jewelry, glasses, clothing, or anything else to prevent proper placement or to come between your face and the respirator.



Do not crisscross the straps.

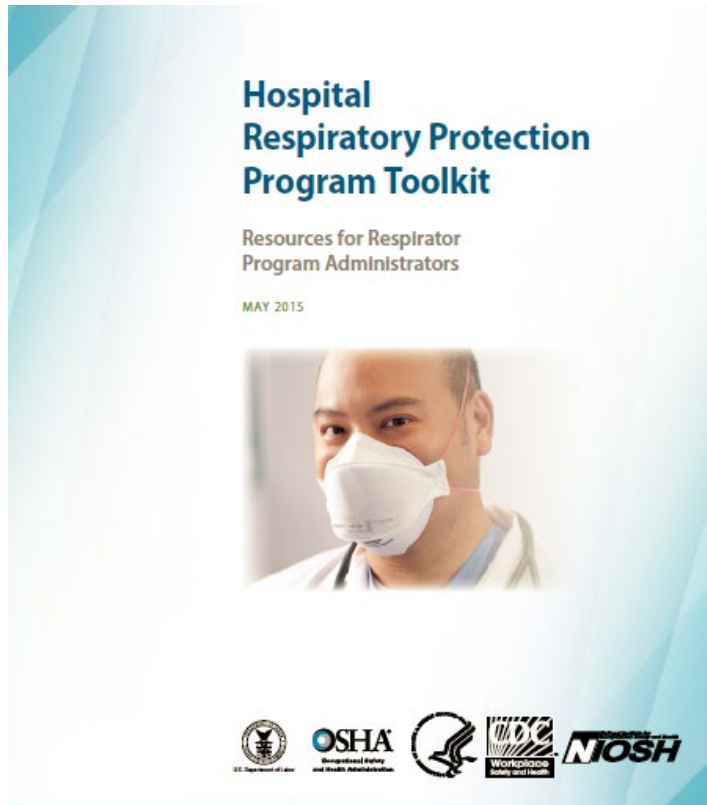


Do not touch the front of the respirator during or after use! It may be contaminated.



Do not wear a respirator that does not have a proper seal. If air leaks in or out, ask for help or try a different size or model.

Resources for RPP

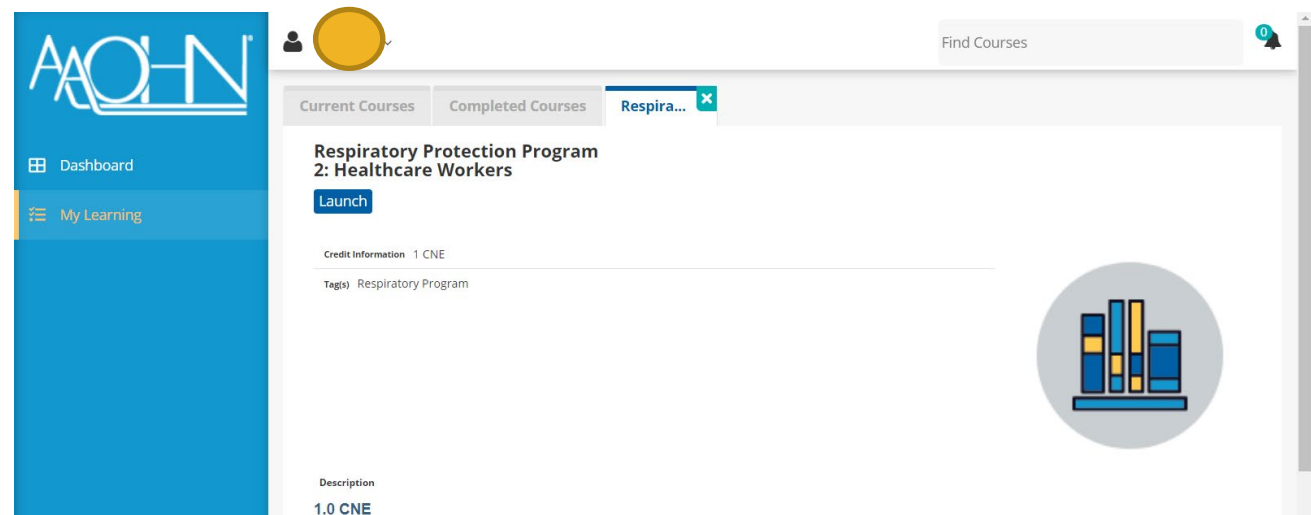


www.osha.gov/Publications/OSHA3767.pdf



www.cdc.gov/niosh/topics/respirators/default.html

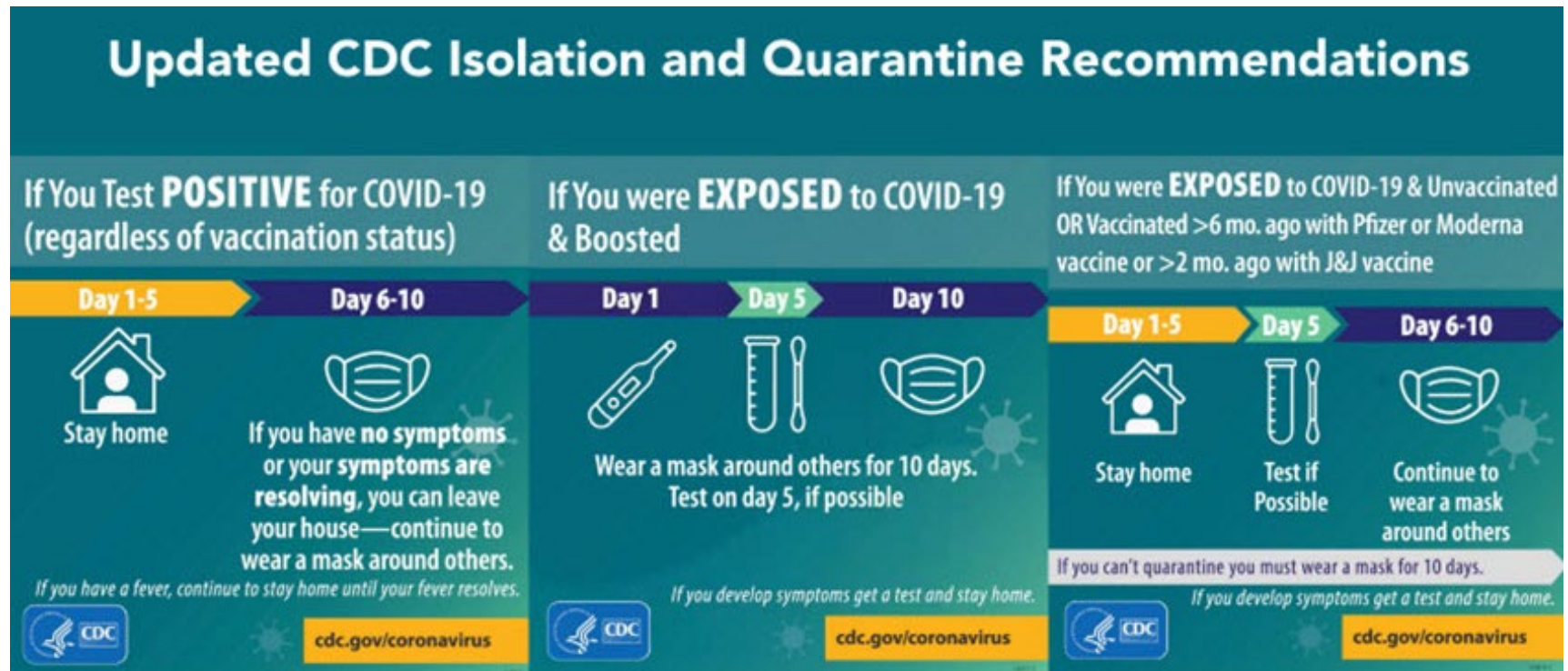
<https://www.cdc.gov/niosh/npptl/topics/respirators/dispart/respsource.html>



<http://aaohn.org/page/respiratory-protection-1278>

Will CDC issue new guidelines?

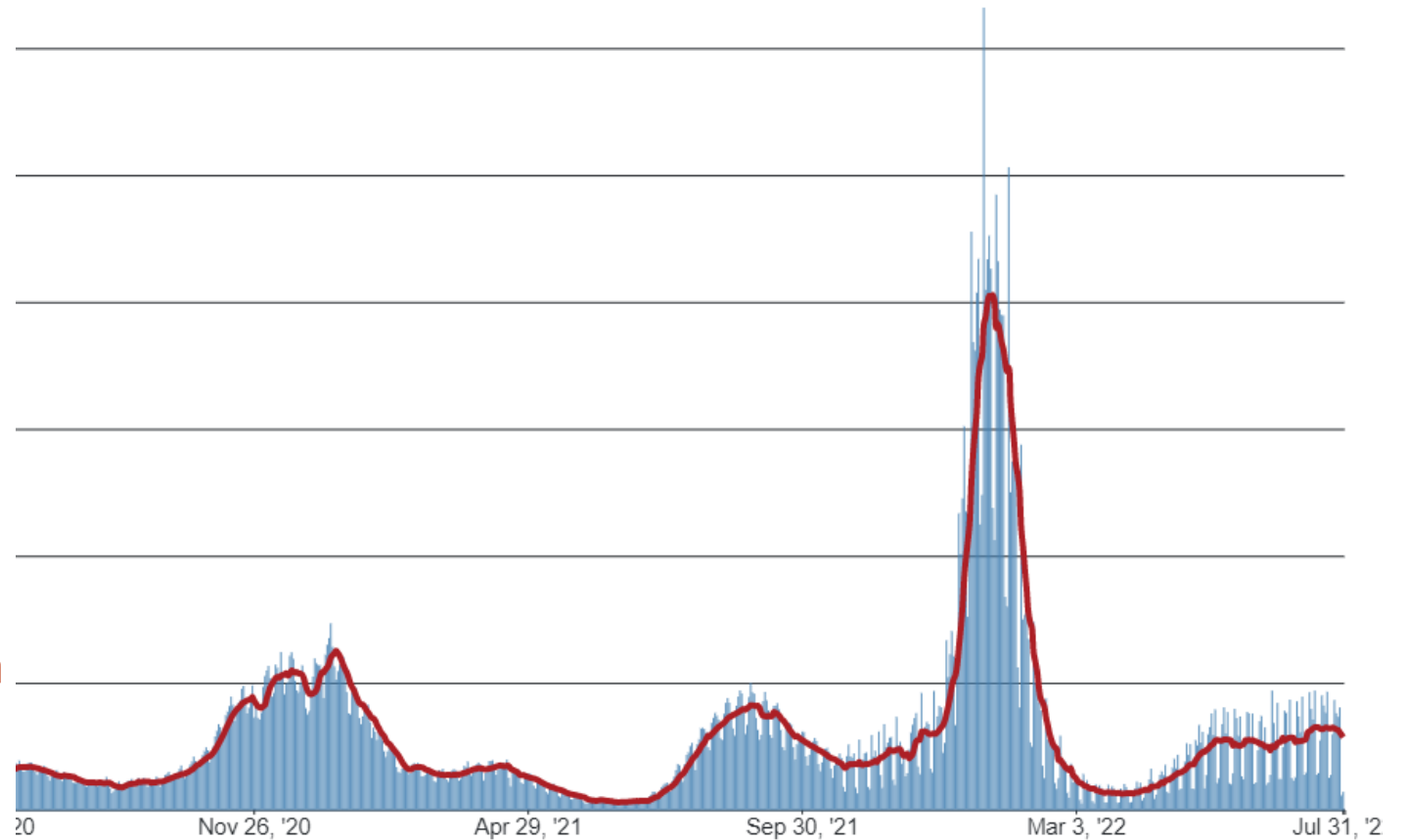
- Currently revising and simplifying transmission-based precautions
- No estimate on when interim guidelines for infection control during COVID-19 may be modified



What should we likely expect?

- Additional vaccine boosters
- Adjust precautions based on community transmission locally
- Routinely screen patients for respiratory symptoms
- Ensure PPE is adequate to prevent work-related transmission
- Some of these, we should have been doing before the pandemic

Daily trends in number of Covid-19 cases in the US reported to CDC



Contact Information

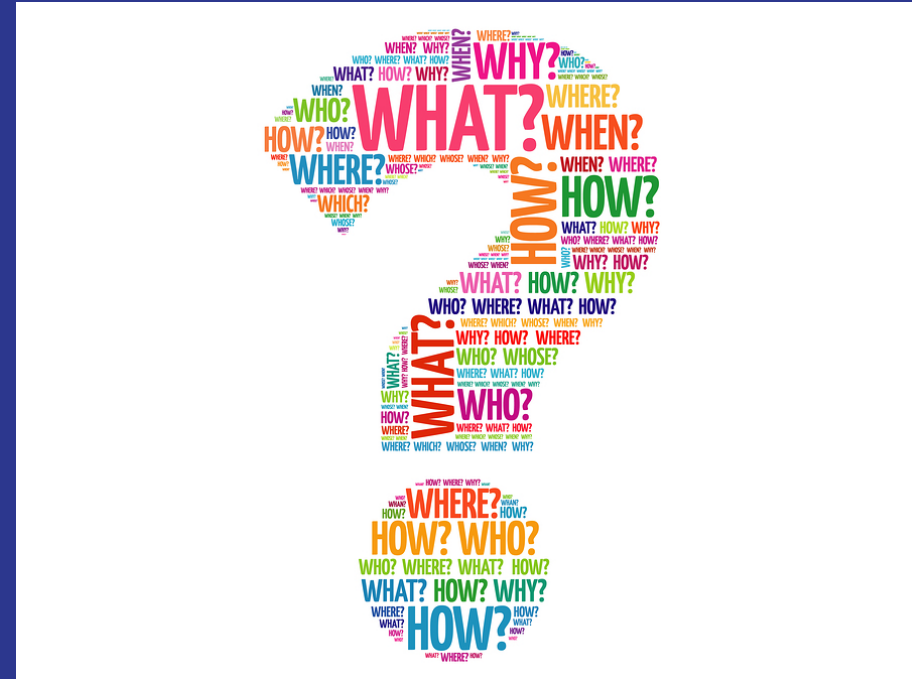
Kathy Eklund, RDN, MHP

Director of Occupational Health and Safety,
Forsyth Research Subject & Patient Safety
Advocate at the Forsyth Institute

keklund@forsyth.org



Questions



Additional Resources



www.dentalinfectioncontrol.org

OSAP-DALE Foundation Dental Infection Prevention and Control Certificate™

Component	CE Credits
OSAP-DALE Foundation CDEA® module Understanding CDC's Summary of Infection Prevention Practices in Dental Settings	2
OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook™	10
OSAP-DALE Foundation eHandbook Assessment™	0



Certifications



Certified in Dental Infection Prevention and Control® (CDIPC®)

- Intended for clinicians, educators, consultants, risk managers and others in dentistry who implement dental infection control protocols in dental settings, or their supervisors.



Dental Industry Specialist in Infection Prevention and Control™ (DISIPC™)

- Intended for sales representatives, dental practice managers, corporate educators and other professionals who work for the companies that manufacture or distribute dental infection prevention and control products.

www.dentalinfectioncontrol.org

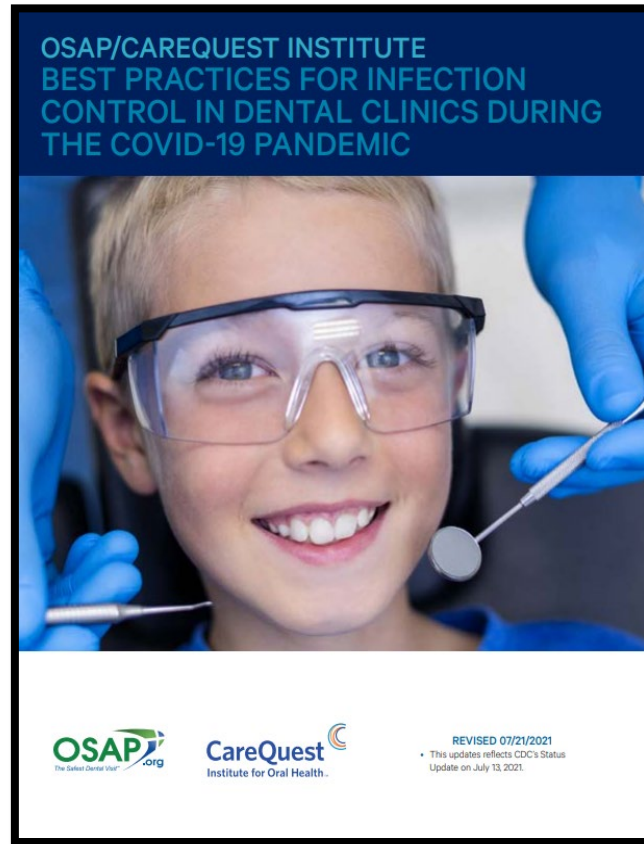
OSAP Dental Infection Control Boot Camp™

IN-PERSON PLUS Jan 23 – 25 Atlanta, GA	ON-DEMAND ONLY Feb 13 – Apr 14
<ul style="list-style-type: none">• In-person presentations, including live Q&A• On-demand recordings (Available Feb 13 – Apr 14); Not live-streamed• <i>OSHA & CDC Guidelines: OSAP Interact Training System –7th Edition</i> workbook (printed copy)• 20+ ADA CERP CE Credits• Digital badge and online certificate of attendance• Counts towards DISIPC® & CDIPC® certification• Network with OSAP board members, speakers, participants, & exhibitors	<ul style="list-style-type: none">• On-demand recordings (Available Feb 13 – Apr 14); Not live-streamed• <i>OSHA & CDC Guidelines: OSAP Interact Training System –7th Edition</i> workbook (digital copy)• 20+ ADA CERP CE Credits• Digital badge and online certificate of attendance• Counts towards DISIPC® & CDIPC® certification

ANTIBIOTIC STEWARDSHIP SUMMIT - NEW!

Half-day, pre-course event in the afternoon on January 22 that will focus on antibiotic stewardship in dentistry. Sessions will be recorded and available to all registered participants. Participants can add the summit to their Boot Camp registration.

OSAP/CareQuest Institute Best Practices



www.osap.org/best-practices-for-infection-control-in-dental-clinics-during-the-covid-19-pandemic

CDC - Foundations: Building the Safest Dental Visit

Web-based, interactive, self-paced training designed to help increase adherence with established infection prevention and control guidelines among dental healthcare personnel.

Training provides an overview of the basic expectations for safe care — the principles of infection prevention and control that form the basis for CDC recommendations for dental health care settings.

Learners who complete the training are eligible for 3 Continuing Education (CE) credits, provided by the [Organization for Safety, Asepsis, and Prevention](#) (OSAP).

<https://www.cdc.gov/oralhealth/infectioncontrol/foundations-building-the-safest-dental-visit.html>

FOUNDATIONS
Building the Safest Dental Visit

CDC Project Firstline



CDC's National Training Collaborative for Healthcare Infection Control

What's New

New resources to help you learn to recognize infection risks in health care

NEW

Learn About Infection Control in Healthcare

RESOURCES FOR RECOGNIZING INFECTION RISKS IN HEALTH CARE

www.cdc.gov/ProjectFirstline

About

PROJECT FIRSTLINE

- Training videos
- Graphics
- Session plans
- Slides
- Targeted training modules (hand hygiene, etc.)
- Training facilitator toolkit

www.cdc.gov/infectioncontrol/projectfirstline

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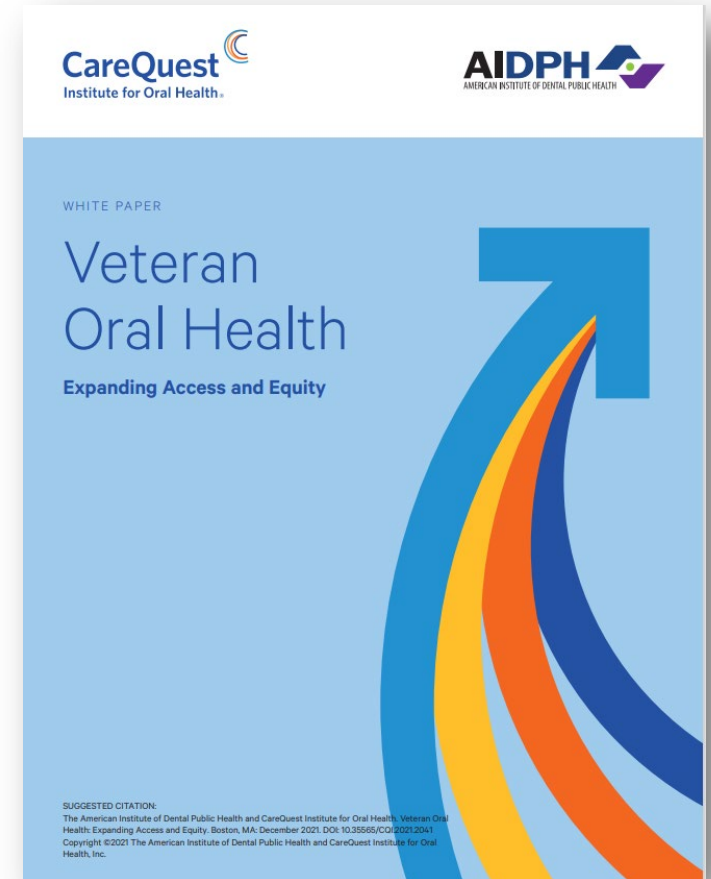
[Reimagining Oral Health](#) | [How We Work](#) | [Topics](#) | [Resources & Tools](#) | [Education & Training](#)

Resource Library

We publish white papers, research reports, briefs, articles, posters, infographics, and tools on topics ranging from adult dental benefits to teledentistry. Use the filters below to find resources by type or topic.

Search by Keyword **Filter by Topic** **Filter by Type**

Title	Topic	Type
Improving Care Coordination Between Oral and Medical Providers	Care Coordination	Video
Veteran Oral Health: Expanding Access and Equity	Expanding Access	White Paper
2021 Oral Health Information Technology Virtual Convening	Care Coordination	Presentation
Dental Fear Is Real. Providers Can Help.	Expanding Access, Health Equity	Visual Report
Why We (Still) Need to Add Dental to Medicare	Adult Dental Benefit, Expanding Access, Health Equity	Report
A Cross-Sectional Analysis of Oral Health Care Spending over the Life Span in Commercial- and Medicaid-Insured Populations	Expanding Access, Health Equity	Article
Time Is on the Side of Change in Dentistry	COVID-19 and Oral Health, Health	Article



Webinar Evaluation

Complete the **evaluation by October 21** to receive CE credit. You will receive a link to the survey within 24 hours. CE Credits go out one day after the survey is complete.

Upcoming Webinars:

October 19, 2022

Healthy People 2030 Oral Health Objective Promotion
Webinar Series: Reducing the Proportion of Adults with
Untreated Tooth Decay

October 20, 2022

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Value-Based Care

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to improve the oral health of all. You
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