

# OSHA with COVID Updates Dental Practice Act and Infection Control for 2022

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# OSHA Top Ten Tips

**1. Provide Bloodborne Pathogen Training**

**2. Create Personalized Written Safety Plans**

**3. Offer Hepatitis B Vaccination**

**4. Gather Recordkeeping Forms**

**5. Review Your Exposure Control Plan**

**6. Discuss Exposure Incidents and Sharps Safety**

**7. Conduct Hazard Communication Training**

**8. Have Fire and Emergency Plans**

**9. Discuss Ergonomics**

**10. Conduct a Mock OSHA Safety Inspection**

## **UPDATE - COVID-19 Prevention Emergency Temporary Standards** **What Employers Need to Know About the December 16 Standards**

**December 16, 2021**

On December 16, the Occupational Safety and Health Standards Board readopted the Cal/OSHA COVID-19 Prevention Emergency Temporary Standards (ETS) for the second time. These emergency standards include important revisions to make the workplace rules consistent with the latest requirements and recommendations from the California Department of Public Health (CDPH). The emergency standards take effect on **January 14, 2022**, and apply to most workers in California not covered by the [Aerosol Transmissible Diseases standard](#).

### **Some important requirements that remain unchanged in the COVID-19 Emergency Temporary Standards:**

- Employers must establish, implement, and maintain an effective written COVID-19 Prevention Program that includes:
  - Identifying and evaluating employee exposures to COVID-19 health hazards.
  - Implementing effective policies and procedures to correct unsafe and unhealthy conditions.
  - Allowing adequate time for handwashing and cleaning frequently touched surfaces and objects.
- Employers must provide 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 laws.

### **Important revisions to the COVID-19 Prevention Emergency Temporary Standards include:**

#### **Investigating and responding to COVID-19 cases in the workplace**

Employers must continue to properly notify employees, employee representatives and any other workers at a worksite of possible COVID-19 exposures within one business day. This section was updated to give employers more clear instructions on how to notify workers who were at the same worksite as the COVID-19 case during the high-risk exposure period.

#### **Face Coverings**

Employees who are exempted from wearing a face covering due to a medical or mental health condition, or disability and cannot wear a non-restrictive alternative must physically distance at least six feet from others and either be fully vaccinated or tested at least weekly for COVID-19.

**Note:** The testing must be during paid time and at no cost to the employee.

## Testing and Exclusion

- Employers are now required to make COVID-19 testing available at no cost and during paid time to employees who were fully vaccinated before the “close contact” with a COVID-19 case occurred, even if they are asymptomatic.
- During outbreaks and major outbreaks, employers must now make weekly testing (outbreaks) or twice-weekly testing (major outbreaks) available to asymptomatic fully vaccinated employees in the exposed group
- Employees who have recently recovered from COVID-19 and those who are fully vaccinated are not required to be excluded from the workplace after “close contact” but must wear a face covering and maintain six feet of physical distancing for 14 calendar days following the last date of contact.

## Return to Work Criteria

The period of time before an employee can return to work after “close contact” or COVID-19 illness has been revised to be consistent with current CDPH guidelines. These time frames will automatically update if CDPH updates their guidelines pursuant to the Governor’s executive order.

## Definitions

- “Worksite” now specifically excludes the employee’s personal residence, locations where an employee works alone, and remote work locations chosen by the employee.
- Definitions revised to be more consistent with federal OSHA, including:
  - “COVID-19 test” now includes specific instructions for workers using a test at home with self-read results. The employer or a telehealth professional must observe the test results.
  - “Face coverings” was updated to include more specific detail on the different types of acceptable face coverings.
  - “Fully vaccinated,” now mentions the minimal amount of time workers need to wait between the first and second shot of a two-dose vaccine.

This guidance is an overview, for full requirements see Title 8 sections [3205](#), [3205.1](#), [3205.2](#), [3205.3](#), [3205.4](#)

## Summary of ATD standard as it relates to Dental Practices

Dental practices and outpatient medical specialty practices are exempt from this standard only if they meet all the conditions of subsection (a)(2).

(2) The following are not covered by this standard:

(A) Outpatient dental clinics or offices are not required to comply with this standard if they meet all of the following conditions:

1. Dental procedures are not performed on patients identified to them as ATD cases or suspected ATD cases.
2. The Injury and Illness Prevention Program includes a written procedure for screening patients for ATDs that is consistent with current guidelines issued by the Centers for Disease Control and Prevention (CDC) for infection control in dental settings, and this procedure is followed before performing any dental procedure on a patient to determine whether the patient may present an ATD exposure risk.
3. Employees have been trained in the screening procedure in accordance with Section 3203.
4. Aerosol generating dental procedures are not performed on a patient identified through the screening procedure as presenting a possible ATD exposure risk unless a licensed physician determines that the patient does not currently have an ATD.

### Appendix A – Aerosol Transmissible Diseases/Pathogens Diseases/Pathogens Requiring Airborne Infection Isolation

- Aerosolizable spore-containing powder or other substance that is capable of causing serious human disease, e.g. *Anthrax/Bacillus anthracis*
- Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans)
- Varicella disease (chickenpox, shingles) Varicella zoster and Herpes zoster viruses, disseminated disease in any patient. Localized disease in immunocompromised patient until disseminated infection ruled out
- Measles (rubeola)/Measles virus
- Monkeypox/Monkeypox virus
- Novel or unknown pathogens
- Severe acute respiratory syndrome (SARS)
- Smallpox (variola)/Variola virus
- Tuberculosis (TB)/*Mycobacterium tuberculosis* -- Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed; Pulmonary or laryngeal disease, suspected
- Any other disease for which public health guidelines recommend airborne infection isolation

## Screening for Aerosol Transmissible Diseases (ATDs)

Although dental healthcare providers are not responsible for diagnosis and treatment of Aerosol Transmissible Diseases (ATDs), OSHA requires employees to be trained on how to screen patients and recognize signs and symptoms of ATDs.

These screening procedures are a combination of 2003 CDC Guidelines for infection Control in Dental Healthcare settings screening process for M. tuberculosis and the proposed (July 2009) Cal/OSHA Standard, Title 8, chapter 4 and the ADA or CDA COVID-19 Patient/Employee Screening checklist.

- While taking patients' initial medical histories and at periodic updates, dental healthcare providers should routinely ask all patients whether they have a history of TB disease or symptoms indicative of TB or COVID-19.
- Screen for potential ATD cases (or COVID-19) through readily observable signs, the ADA or CDA screening checklist, and the self-report of patients including:
  1. Having a cough for more than three weeks that is not explained by non-infectious conditions.
  2. Exhibiting signs and symptoms of a flu-like illness. These signs and symptoms generally include combinations of the following: coughing and other respiratory symptoms, fever, sweating, chills, muscle aches, weakness and malaise.
  3. Patient states that they have a transmissible respiratory disease, excluding the common cold and seasonal influenza.
  4. Patient states that they have been exposed to an infectious ATD case, other than seasonal influenza.

Patients with a medical history or symptoms indicative of undiagnosed active TB or COVID-19 should be referred promptly for medical evaluation to determine possible infectiousness. Such patients should not remain in the dental-care facility any longer than required to evaluate their dental condition and arrange a referral. While in the dental health-care facility, the patient should be isolated from other patients/dental health care workers, wear a surgical mask when not being evaluated, or be instructed to cover their mouth and nose when coughing or sneezing.

Elective dental treatment is deferred until a physician confirms that a patient does not have infectious TB, or if the patient is diagnosed with active TB disease, until confirmed the patient is no longer infectious (For COVID-19 follow CDC guidance).

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; DHCP should use respiratory protection (e.g., fit tested, disposable N-95 respirators).

# Steps to Set Up & Implement a Respiratory Protection Program



<input type="checkbox"/>	<p><b>Conduct a Hazard Assessment</b> to determine if occupational exposure to harmful viruses/bacteria could cause serious illness or death. If yes, a respirator shall be provided to each employee when such equipment is necessary to protect the health of such employee. The employer shall provide the respirators which are applicable and suitable for the purpose intended. <b>OSHA Standard 1910.134 - Respiratory Protection.</b></p> <p>If after conducting a Hazard Assessment, the employer determines respiratory protection is not required, employees may use respirators on a voluntary basis. Employers must provide employees with a copy of <a href="#">Appendix D of the standard</a> called "Information for Employees Using Respirators When Not Required Under the Standard". <a href="https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppD">https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppD</a></p> <p>If the employer requires use of respiratory protection, proceed to the next steps.</p>
<input type="checkbox"/>	<p><b>Hold team meeting to:</b></p> <ol style="list-style-type: none"> <li>1. Explain occupational exposure to airborne pathogens and the need for respiratory protection</li> <li>2. Determine which employees have occupational exposure</li> <li>3. Explain what type of respiratory protection will be made available, why a medical evaluation/clearance is necessary, and how fit testing will be conducted.</li> </ol>
<input type="checkbox"/>	<p><b>Develop and implement a written Respiratory Protection Program.</b></p> <ol style="list-style-type: none"> <li>1. Download a copy of <a href="#">Hospital Respiratory Protection Program Toolkit</a></li> <li>2. Appoint a Respirator Protection Program Administrator (RPA)</li> <li>3. RPA should read the Respiratory Protection Program</li> <li>4. Create a personalized Respiratory Protection Program using the template starting on page 49, Appendix D <a href="https://www.osha.gov/sites/default/files/publications/OSHA3767.pdf">https://www.osha.gov/sites/default/files/publications/OSHA3767.pdf</a></li> </ol>
<input type="checkbox"/>	<p><b>Select ONLY NIOSH Approved N95</b> surgical respirators or better. See the list of <a href="#">NIOSH approved respirators</a> <a href="https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/default.html">https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/default.html</a></p> <p>Have multiple styles/sizes/brands to provide different options for fit testing.</p>
<input type="checkbox"/>	<p><b>Medical Evaluation</b> Employees whose work activities require the use of respiratory protective equipment shall receive medical clearance prior to the use of a respirator and prior to being fit tested for a respirator. Medical evaluations will be performed by a physician or other licensed health care professional (PLHCP) either via confidential online evaluation or in person (select location where employees will go for in person medical evaluation). Documentation related to medical evaluation is confidential and maintained by the employer with the employee's medical recordkeeping forms.</p>
<input type="checkbox"/>	<p><b>Fit Testing</b> An initial fit test must be conducted before an employee wears a respirator. Additional fit tests must be conducted whenever the employee experiences physical changes that could affect respirator fit and whenever a <u>different make, model, or style respirator</u> is used. Plus annual fit testing is required. Fit testing can be provided by an outside company or you can purchase a Fit Testing Kit (recommended) and conduct your own fit testing onsite. There is no licensing or certification required for someone to do fit testing; anyone can do it as long as they understand how to follow the protocol.</p> <ol style="list-style-type: none"> <li>1. Purchase a <u>Qualitative Fit Test Kit</u> with either Sweet or Bitter solutions.</li> <li>2. Learn how to conduct Fit Testing. Instructions on how to conduct fit testing are usually included with the Fit Test Kit or you can access the steps in the OSHA <a href="#">Appendix A §1910.134—Fit Testing Procedures</a></li> <li>3. Record Fit Test results. Fit test records must be kept on file until a new fit test is completed, so there should always be a record for each tight-fitting respirator user indicating that he/she has passed a fit test within the last 12 months. See sample Respirator Fit Test form.</li> </ol>
<input type="checkbox"/>	<p><b>Conduct Employee Training on</b></p> <ol style="list-style-type: none"> <li>1. Airborne transmissible diseases and your personalized Respiratory Protection program</li> <li>2. How to select, don, doff, and seal check a respirator</li> <li>3. How to clean and maintain reusable respirators (if elastomeric respirators or Power Air Purifiers PAPRs are used)</li> </ol>
<input type="checkbox"/>	<p><b>Schedule Annual Fit Testing</b> for impacted employees</p>
<input type="checkbox"/>	<p><b>Evaluate your Respiratory Protection Program</b> periodically and when changes occur</p>

# Respirator On / Respirator Off

## When you put on a disposable respirator

Position your respirator correctly and check the seal to protect yourself from COVID-19.



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.



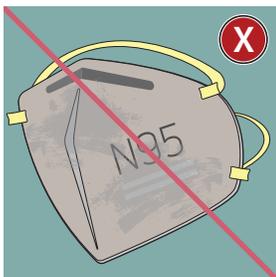
Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.



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.



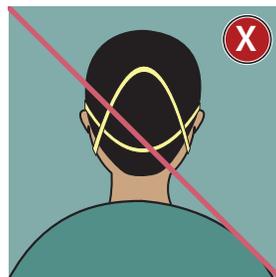
Select other PPE items that do not interfere with the fit or performance of your respirator.



**Do not use a respirator that appears damaged or deformed, no longer forms an effective seal to the face, becomes wet or visibly dirty, or if breathing becomes difficult.**



**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 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.**



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

## When you take off a disposable respirator



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



Discard in a waste container.



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

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134, which includes medical evaluations, training, and fit testing.

**Additional information is available about how to safely put on and remove personal protective equipment, including respirators:**  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>



## Written Protocol for the Management of Injuries-Exposure Incidents

OSHA defines an **exposure incident** as a specific incident involving contact with blood or other potentially infectious materials (OPIM) to the eye, mouth, other mucous membrane, non-intact skin, or parenteral under the skin (e.g. needlestick) that occurs during the performance of an employee's duties.

When an exposure incident occurs, immediate action must be taken to assure compliance with the OSHA Bloodborne Pathogen Standard and to expedite medical treatment for the exposed employee.

- 1. Provide immediate care to the exposure site.**
  - Wash wounds and skin with soap and water.
  - Flush mucous membranes with water.
  - Remove instrument involved in the exposure so it does not get used on the patient!
  - Employee must report incident immediately to supervisor/employer
- 2. Determine risk associated with exposure by**
  - Type of fluid (e.g., blood, visibly bloody fluid, or other potentially infectious fluid or tissue).
  - Type of exposure (e.g., percutaneous injury, mucous membranes or non-intact skin exposure, or bites resulting in blood exposure).
- 3. Evaluate exposure source**
  - Assess the risk of infection using available information.
  - The source individual (patient) must be asked if they know their HBV, HCV, HIV status, if not known, will they consent to testing.
- 4. The exposed employee is referred as soon as possible \* to a health care provider who will follow the current recommendations of the U.S. Public Health Service Centers for Disease Control and Prevention recommendations for testing, medical examination, prophylaxis and counseling procedures.**
  - Note "ASAP\*" because certain interventions that may be indicated must be initiated promptly to be effective.
  - The exposed employee may refuse any medical evaluation, testing, or follow-up recommendation. This refusal is documented.
- 5. Send all of the following with the exposed employee to the health care provider:**
  - A copy of the Bloodborne Pathogen Standard.
  - A description of the exposed employee's duties as they relate to the exposure incident. (Accidental Bodily Fluid Exposure Form)
  - Documentation of the route(s) of exposure and circumstances under which exposure occurred. (Accidental Bodily Fluid Exposure Form).
  - All medical records relevant to the appropriate treatment of the employee including HBV vaccination status records and source individual's HBV/HCV/HIV status, if known.
- 6. Health Care Provider (HCP)**
  - Evaluates exposure incident.
  - Arranges for testing of employee and source individual (if status not already known).
  - Notifies employee of results of all testing.
  - Provides counseling and post-exposure prophylaxis.
  - Evaluates reported illnesses.
  - HCP sends written opinion to employer:
    - Documentation that employee was informed of evaluation results and the need for further follow-up.
    - Whether Hepatitis B vaccine is indicated and if vaccine was received.
- 7. Employer**
  - Receives HCP's written opinion.
  - Provides copy of HCP written opinion to employee (within 15 days of completed evaluation).
  - Documents events on
    - Employee Accident/Body Fluid Exposure and Follow- Up Form and Employee Medical Record Form.
    - If the exposure incident involved a sharp, a Sharps Injury Log is completed within 14 days (this requirement varies from state to state).
  - Treat all blood test results for employee and source individual as *confidential*.

## HCS Pictograms and Hazards

<p style="text-align: center;"><b>Health Hazard</b></p>  <ul style="list-style-type: none"> <li>▪ Carcinogen</li> <li>▪ Mutagenicity</li> <li>▪ Reproductive Toxicity</li> <li>▪ Respiratory Sensitizer</li> <li>▪ Target Organ Toxicity</li> <li>▪ Aspiration Toxicity</li> </ul>	<p style="text-align: center;"><b>Flame</b></p>  <ul style="list-style-type: none"> <li>▪ Flammables</li> <li>▪ Pyrophorics</li> <li>▪ Self-Heating</li> <li>▪ Emits Flammable Gas</li> <li>▪ Self-Reactives</li> <li>▪ Organic Peroxides</li> </ul>	<p style="text-align: center;"><b>Exclamation Mark</b></p>  <ul style="list-style-type: none"> <li>▪ Irritant (skin and eye)</li> <li>▪ Skin Sensitizer</li> <li>▪ Acute Toxicity</li> <li>▪ Narcotic Effects</li> <li>▪ Respiratory Tract Irritant</li> <li>▪ Hazardous to Ozone Layer (Non-Mandatory)</li> </ul>
<p style="text-align: center;"><b>Gas Cylinder</b></p>  <ul style="list-style-type: none"> <li>▪ Gases Under Pressure</li> </ul>	<p style="text-align: center;"><b>Corrosion</b></p>  <ul style="list-style-type: none"> <li>▪ Skin Corrosion/Burns</li> <li>▪ Eye Damage</li> <li>▪ Corrosive to Metals</li> </ul>	<p style="text-align: center;"><b>Exploding Bomb</b></p>  <ul style="list-style-type: none"> <li>▪ Explosives</li> <li>▪ Self-Reactives</li> <li>▪ Organic Peroxides</li> </ul>
<p style="text-align: center;"><b>Flame Over Circle</b></p>  <ul style="list-style-type: none"> <li>▪ Oxidizers</li> </ul>	<p style="text-align: center;"><b>Environment (Non-Mandatory)</b></p>  <ul style="list-style-type: none"> <li>▪ Aquatic Toxicity</li> </ul>	<p style="text-align: center;"><b>Skull and Crossbones</b></p>  <ul style="list-style-type: none"> <li>▪ Acute Toxicity (fatal or toxic)</li> </ul>

## California Dental Practice Act 2022

- Scope of Practice
- Violations
- Citations, fines and license actions
- Rx regulations
- Mandatory Reporter Obligations
- Continuing Education Requirements
- Duties and Settings for Dental Auxiliaries
- Required Posting

## What's New?

- Dental Hygiene Committee now a Board
- New Duties for RDAEFs and Hygienists
- Cures/Serialized RX forms/e-Prescribing 1/22
- Outstanding tax obligation & license renewal
- Irrigants used on "exposed dental pulp" laws
- Sexual Harrasment Training required
- All licensese renewals online only as of 7/21
- Email address required by Dental Board

**EFFECTIVE IMMEDIATELY !!!!!  
PRACTICAL EXAM FOR REGISTERED  
DENTAL ASSISTANT LICENSURE  
SUSPENDED!**

**ONLY ONE WRITTEN EXAM PLUS  
PRE-REQUISITES**

## Dental Assistant Permits

DAs, RDAs and RDAEFs may obtain

### Orthodontic Assistant Permit

- Must have 12 months work experience as DA, RDA, or RDAEF
- Take 84 hour board approved orthodontic assistant course
- Pass a state administered written exam
- Complete 25 CE every 2 yrs.

### Dental Sedation Assistant Permit

- Must have 12 months work experience as DA, RDA, or RDAEF
- Take 110 hour board approved dental sedation assistant course
- Pass a state administered written exam
- Complete 25 CE every 2 yrs

## Unlicensed Dental Assistants hired after 1-1-2010 must take

1. An 8 Hour Infection Control Course
2. California Dental Practice Act
3. CPR (AHA or Red Cross AGD-PACE/ADA-CERP)

*The employer is responsible for ensuring that unlicensed DA who is in his or her continuous employ for 120 days or more completes within a year of the date of employment*

## Unprofessional Conduct

Practicing with an expired license

Failure to follow the Infection Control standards

Insurance fraud

Fee by fraud or misrepresentation

Aiding/abetting unlicensed person to practice dentistry

Aiding/abetting licensed person to practice dentistry unlawfully

NEW -Laws re: Irrigating the exposed Dental Pulp

### Commercial patient financing products as of 1-1-10

1. DDS must provide a treatment plan to the pt
2. DDS or staff must obtain the pt's signature on a specified written disclosure
3. DDS may only apply charges to credit card or credit line that was established before the treatment was rendered if the patient is 1<sup>st</sup> provided with a list of services being pd for.
4. No arrangements for credit products while pt under the influence of gen anes, consc sedation or N2O.
5. DDS must refund lender w/in 15 days of pt's request any payment rec'd for treatment not rendered.

### Fictitious Name Permit and Name change regulations

Must have a Fictitious name permit issued by the Dental Board-Fictitious business license does not meet this requirement.

All licensees must notify the Dental Board or Dental Hygiene Board within 10 days of a personal name change. (Hyg must notify of email/address chg)

DDS must register place of practice and change of place of place within 30 days to Dental Board

### Name Tag/Posting Requirements

All licensees must wear a name tag (18 pt type)  
Name and license type UNLESS the license is displayed at the facility.

The name of every person employed in the practice of dentistry must be posted in a conspicuous place in the facility

#### **Notice to Consumer Posters (DDS & HYG)**

### Mandatory Reporter Obligations

- Domestic Violence-Physical Assault
- Suspected Child Abuse/neglect
- Suspected Elder Abuse/neglect

Report within 36 hours-failure to report is a misdemeanor. Possible fines \$1000 or 6 months jail time.

### Dental Licenses and Permits

- Licenses expire every 2 years- If your birth year is an even number your license ALWAYS expires in an even year- in your birthday month. If birth year is odd number year/license will expire in odd year.

DDS Fee increase \$6/yr for funding CURES (statewide data base admin by DOJ)

### Dental License Renewal

#### Continuing Education

Dentists	50 hours
RDAs and Hygienists	25 hours
RDHAPs	35 hours
DSAP and OAP	
Permit Holders	25 hours

2 hrs of California Dental Practice Act  
2 hrs of Infection Control  
CPR-Basic Life Support LIVE (AHA or Red Cross)

Called are now called Criteria 1, 2, & 3

(1=Clinical, 2=Non Clinical, 3=not recognized for credit

**80% of hours must be courses in the actual delivery of dental services**

Examples: Criteria 1  
Infection Control, DPA,  
OSHA, HIPAA and CPR  
clinical procedures

**Up to 20% may be used in courses such as office management**

Examples Criteria 2: Recall  
systems, HR,  
Communications,  
Computer systems,  
Practice Mgmt, etc.

## Live CE vs. Home Study

50% of Continuing Education can be Home Study

50% must be live courses (classroom, live telephone conferencing, live video conferencing, webinars and live workshop demonstration).

NEW: AGD PACE and ADA CERP courses accepted as long as they meet Dental Board criteria.

Including CPR

## COVID-19 Pandemic Waivers

Continuing education temporarily waived for dental license renewal for licenses that expired March-2020 to July-31-21 (6 mo extension).

CPR- Red Cross/AHA Cards valid for 120 days beyond their recommended renewal date.

DDS may obtain & administer COVID vaccination if the DDS completes four COVID-19 (CDC) training classes. Must provide documentation to pt's MD and to appropriate immunization registry.

## Outstanding Tax Obligations

Effective July 1, 2012, the Dental Board of CA is required to deny an application for licensure or suspend a license/certificate/registration if a licensee or applicant has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization

## Table Of Permitted Duties

- "N"= Means that the auxiliary is NOT permitted to perform the duty
- "D"= Means direct supervision
- "DD"=Means DDS decides the level of supervision  
Direct or General
- "G"= Means general supervision

## TABLE OF PERMITTED DUTIES – DENTAL HYGIENE

"05" means RDH or RDHEF may perform RDA duties if initial license was issued on or before December 31, 2005. If licensed after January 1, 2006, the Hygienist must obtained RDA license to perform RDA duties.

"WS" means the RDH may perform this function without supervision of a dentist. "Without supervision" differs from "general supervision" in that the dentist has not examined the patient prior to the provision of the service

## DENTAL ASSISTING TABLE OF PERMITTED DUTIES

The following is a table of duties which Dental Assistants (DA), Orthodontic Assistants (OA), Dental Sedation Assistants (DSA), Registered Dental Assistants (RDA) and Registered Dental Assistants in Extended Functions (RDAEF) are allowed to perform in California.

This table is intended to provide summary information to interested parties. It is not intended to cover all aspects of applicable laws or provide a substitute for reviewing the laws that are cross-referenced below. It is highly recommended that applicants and licensees review the actual text of the laws cited at the link provided below. **If a duty is not listed in the sections of law cited below, assistants are NOT allowed to perform the duty.** Under each category of assistant is one of the following notations: “D”, “C”, “G” or “DD”.

“D” = the assistant may perform the duty under the Direct supervision of a dentist, which means supervision of dental procedures based on instructions given by a licensed dentist who must be physically present in the treatment facility during the performance of those procedures. The duty must be performed pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures must be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.

Note: Dental Sedation Assistant permit holders may also perform the listed duty under a licensed health care professional authorized to administer conscious sedation or general anesthesia in the dental office.

“C” = the assistant may perform the duty in the specified setting under the supervision of a dentist, Registered Dental Hygienist, or Registered Dental Hygienist in Alternative Practice.

“G” = the assistant can perform the duty under the General supervision of a dentist, which means based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures.

“DD” = The supervising licensed dentist shall be responsible for determining whether each authorized procedure performed by a registered dental assistant should be performed under general or direct supervision, except as provided in Section 1777.

The sections of law noted below are contained in the Dental Practice Act located in Chapter 4 of Division 2 of the California Business and Professions Code (BPC). For the actual text of the laws, the following link will take you to the page on the Dental Board’s web site <http://www.dbc.ca.gov/lawsregs/laws.shtml>.

ALLOWABLE DUTIES	SECTION OF LAW (Statute or Regulation)	D	C	G	DD
<b>DENTAL ASSISTANT (DA) BPC, SECTION 1750.1</b>					
Extra-oral duties or procedures specified by the supervising licensed dentist, provided that these duties or procedures meet the definition of a basic supportive procedure specified in Section 1750	1750.1			X	
Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of Section 1656	1750.1			X	
Perform intraoral and extraoral photography	1750.1			X	
Apply nonaerosol and noncaustic topical agents	1750.1	X			
Apply topical fluoride	1750.1	X			
Take intraoral impressions for all nonprosthodontic appliances	1750.1	X			
Take facebow transfers and bite registrations	1750.1	X			
Place and remove rubber dams or other isolation devices	1750.1	X			
Place, wedge, and remove matrices for restorative procedures	1750.1	X			
Remove postextraction dressings after inspection of the surgical site by the supervising licensed dentist	1750.1	X			
Perform measurements for the purposes of orthodontic treatment	1750.1	X			
Cure restorative or orthodontic materials in operative site with a light-curing device	1750.1	X			
Examine orthodontic appliances	1750.1	X			
Place and remove orthodontic separators	1750.1	X			
Remove ligature ties and archwires	1750.1	X			
After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient	1750.1	X			
Remove periodontal dressings	1750.1	X			
Remove sutures after inspection of the site by the dentist	1750.1	X			
Place patient monitoring sensors	1750.1	X			
Monitor patient sedation, limited to reading and transmitting information from the monitor display during the intraoperative phase of surgery for electrocardiogram waveform, carbon dioxide and end tidal carbon dioxide concentrations, respiratory cycle data, continuous noninvasive blood pressure data, or pulse arterial oxygen saturation measurements, for the purpose of interpretation and evaluation by a supervising licensed dentist who shall be at the patient's chairside during this procedure	1750.1	X			
Assist in the administration of nitrous oxide when used for analgesia or sedation. A dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the supervising licensed dentist who shall be present at the patient's chairside during the implementation of these instructions. This paragraph shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency	1750.1	X			
Apply topical fluoride under the general direction of a licensed dentist or physician, when operating in a school-based setting or a public health program created or administered by a federal, state, county, or local governmental entity pursuant to Sections 104762 and 104830 of the Health and Safety Code	1750.1			X	
Intraoral retraction and suctioning under the supervision of a registered dental hygienist in alternative practice	1750.1		X		

## **You Can Think Your Practice is in Compliance... or You Can KNOW IT!**

### **Required Posters, Signs and Notices**

Notice to Consumers: Dental Board, Dental Hygiene Board, Consumer Affairs  
Prop 65 Warning (3 in 1 sign for Amalgam, Nitrous Oxide, and BPA)  
Dental Material Fact Sheet

Employment Posters -All state and federal employment posters including sick leave law, family leave, Whistleblower, Workplace Discrimination and Harassment, Sexual Harassment, Notice to Employees-Injuries Caused by Work, Pregnant Employees, Families First Coronavirus Response Act (FFCRA), Transgender Rights in the Workplace, to name a few

The Division of Occupational Safety and Health, under the California Department of Industrial Relations, in October 2020 updated the Safety and Health Protection on the Job notice. All employers are required to print and post the notice found on the DIR website.

All Gender Restroom Sign for single user restrooms  
Radiation Safety Posters (Also prepare written Radiation Safety Plans-see CDA Practice Support website)  
OSHA signs, labels , warning, eyewash sign, lasers in use

Dental Board required posting of Infection Control minimum standards and Dental Auxiliary Duty table

### **OSHA**

OSHA signs, labels , warning, eyewash sign, lasers in use

Standardized format for Safety Data Sheets (SDS) formerly called Material Safety Data Sheets (MSDS).  
OSHA Training/Recordkeeping forms are required.

Aerosol Transmissible Diseases” (ATDs), employee training ATDs plans must be part of the office OSHA manual. Written Respiratory Protection Plans, program administrator, training if respiratory protection used.

Conduct a Mock OSHA Inspection

### **Dental Board**

Minimum Standards for Infection Control 3 written protocols are required

Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care  
CDC Document - <http://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care.pdf>

Keep Continuing Education Certificates 6 years. The Dental Board conducts random audits

Prescription Writing regulations: Cures Program - Prescribers of Controlled Substances required to enroll.  
Go to <https://oag.ca.gov/cures/faqs> Also E-Prescribing begins in 2022

### **Harassment Prevention Training (State Regulation)**

California employers with 5 or more employees are required by law to provide two hours of sexual harassment and abusive conduct prevention training to all supervisors and one hour of such training to non-supervisory employees before January 1, 2021. Training is required once every two years and within six months of hire or promotion.

# DENTAL BOARD OF CALIFORNIA

## INFECTION CONTROL REGULATIONS

California Code of Regulations Title 16 §1005. Minimum Standards for Infection Control. Effective 8/20/11

(a) Definitions of terms used in this section:

- (1) "Standard precautions" are a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, and safe handling of sharps. Standard precautions shall be used for care of all patients regardless of their diagnoses or personal infectious status.
- (2) "Critical items" confer a high risk for infection if they are contaminated with any microorganism. These include all instruments, devices, and other items used to penetrate soft tissue or bone.
- (3) "Semi-critical items" are instruments, devices and other items that are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-intact skin or other potentially infectious materials (OPIM).
- (4) "Non-critical items" are instruments, devices, equipment, and surfaces that come in contact with soil, debris, saliva, blood, OPIM and intact skin, but not oral mucous membranes.
- (5) "Low-level disinfection" is the least effective disinfection process. It kills some bacteria, some viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals.
- (6) "Intermediate-level disinfection" kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed. This process does not necessarily kill spores.
- (7) "High-level disinfection" kills some, but not necessarily all, bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses.
- (8) "Germicide" is a chemical agent that can be used to disinfect items and surfaces based on the level of contamination.
- (9) "Sterilization" is a validated process used to render a product free of all forms of viable microorganisms.
- (10) "Cleaning" is the removal of visible soil (e.g., organic and inorganic material) debris and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products.
- (11) "Personal Protective Equipment" (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to, gloves, masks, respiratory devices, protective eyewear and protective attire which are intended to prevent exposure to blood, body fluids and OPIM, and chemicals used for infection control. General work attire such as uniforms, scrubs, pants and shirts, are not considered to be PPE.
- (12) "Other Potentially Infectious Materials" (OPIM) means any one of the following:
  - (A) Human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
  - (B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
  - (C) Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:
    - (i) Cell, tissue, or organ cultures from humans or experimental animals;
    - (ii) Blood, organs, or other tissues from experimental animals; or
    - (iii) Culture medium or other solutions.
- (13) "Dental Healthcare Personnel" (DHCP) are all paid and non-paid personnel in the dental health-care setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).

(b) All DHCP shall comply with infection control precautions and enforce the following minimum precautions to minimize the transmission of pathogens in health care settings mandated by the California Division of Occupational Safety and Health (Cal/OSHA).

- (1) Standard precautions shall be practiced in the care of all patients.
- (2) A written protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office.
- (3) A copy of this regulation shall be conspicuously posted in each dental office.

**Personal Protective Equipment:**

- (4) All DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM. Chemical-resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals. After each patient treatment masks shall be changed and disposed. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed.
- (5) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All DHCP shall wear reusable or disposable protective attire whenever there is a potential for aerosol spray, splashing or spattering of blood, OPIM, or chemicals and germicidal agents. Protective attire must be changed daily or between patients if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193).

**Hand Hygiene:**

- (6) All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday. DHCP shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol based hand rub may be used as an alternative to soap and water. Hands shall be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from direct patient care if conditions are present that may render the DHCP or patients more susceptible to opportunistic infection or exposure.
- (7) All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves.

- Live Seminars
- Live Webinars
- Home Study

**Gloves:**

- (8) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use.

**Needle and Sharps Safety:**

- (9) Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal. Disposable needles, syringes, scalpel blades, or other sharp items and instruments shall be placed into sharps containers for disposal as close as possible to the point of use according to all applicable local, state, and federal regulations.

**Sterilization and Disinfection:**

- (10) All germicides must be used in accordance with intended use and label instructions.
- (11) Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions.
- (12) Critical instruments, items and devices shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices, shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.
- (13) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.
- (14) Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital-grade disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital-grade intermediate-level disinfectant with a tuberculocidal claim shall be used.
- (15) All high-speed dental hand pieces, low-speed hand pieces, rotary components and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be packaged, labeled and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item.
- (16) Single use disposable items such as prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves shall be used for one patient only and discarded.
- (17) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results shall be documented and maintained for 12 months.

**Irrigation:**

- (18) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/irrigants must be delivered using a sterile delivery system.

**Facilities:**

- (19) If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients.
- (20) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal-EPA) registered, hospital-grade low- to intermediate-level disinfectant after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal-EPA registered, hospital-grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and follow all material safety data sheet (MSDS) handling and storage instructions.
- (21) Dental unit water lines shall be anti-retractive. At the beginning of each workday, dental unit lines and devices shall be purged with air or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed between each patient for a minimum of twenty (20) seconds.
- (22) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.

**Lab Areas:**

- (23) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new ragwheel shall be used for each patient. Devices used to polish, trim, or adjust contaminated intraoral devices shall be disinfected or sterilized, properly packaged or wrapped and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the instruments shall be re-cleaned, packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination.
- (24) All intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned and disinfected with an intermediate-level disinfectant before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth.

- (c) The Dental Board of California and Dental Hygiene Committee of California shall review this regulation annually and establish a consensus.

**Note:** Authority cited: Section 1614, Business and Professions Code. Reference: Section 1680, Business and Professions Code.

- In Office Training
- 8 Hour Infection Control Course for Unlicensed Dental Assistants
- Mock OSHA Inspections

This poster courtesy of  
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**CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During COVID-19 Pandemic**  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#print>

**Subscribe to CDC updates on Coronavirus Disease**

[https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx?topic\\_id=USCDC\\_2067](https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx?topic_id=USCDC_2067)

**OSAP** <https://www.osap.org/page/COVID-19>

**OSAP Best Practices Infection Control in Dental Clinics during the COVID-19 Pandemic**

[https://cdn.ymaws.com/www.osap.org/resource/resmgr/dentaquest/INC-1353\\_Best\\_Practices\\_for\\_.pdf](https://cdn.ymaws.com/www.osap.org/resource/resmgr/dentaquest/INC-1353_Best_Practices_for_.pdf)

**CDA COVID-19 resources** <https://www.cda.org/Home/News-and-Events/COVID-19>

**American Dental Association—Infectious Diseases: 2019 Novel Coronavirus**

<https://success.ada.org/en/practice-management/patients/infectious-diseases-2019-novel-coronavirus>

**ADHA Interim Guidance on Returning to Work**

<https://www.adha.org/adha-interim-guidance-on-returning-to-work>

**Don/Doff PPE Video**

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

**OSHA N95 Seal Check Video**

<https://www.youtube.com/watch?v=Tzpz5fko-fg>

**List of FDA Authorized and Banned Imported N95 Respirators**

<https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/personal-protective-equipment-euas#appendixa>

**EPA List N Disinfectants to Use Against COVID-19**

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

**National Institute of Health** New coronavirus (SARS-CoV-2) stable for hours on surfaces

<https://www.nih.gov/news-events/news-releases/new-coronavirus-stable-hours-surfaces#.XnJjzk-uf14.email>

**Federal OSHA**

Guidance on Preparing Workplaces for COVID-19

<https://www.osha.gov/Publications/OSHA3990.pdf>

**Cal/OSHA**

Aerosol Transmissible Diseases

[https://www.dir.ca.gov/dosh/dosh\\_publications/ATD-Guide.pdf](https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf)

**Cal/OSHA COVID-19 Emergency Temporary Standards**

[https://www.dir.ca.gov/dosh/dosh\\_publications/COVIDOnePageFS.pdf](https://www.dir.ca.gov/dosh/dosh_publications/COVIDOnePageFS.pdf)

**Federal OSHA Dentistry Workers and Employers**

<https://www.osha.gov/coronavirus/control-prevention/dentistry>

**Federal OSHA Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace**  
1/29/21

<https://www.osha.gov/coronavirus/safework>

**Public Health Departments: Get Information from your State's Accredited Public Health Department**

<https://www.cdc.gov/publichealthgateway/accreditation/departments.html>