



STATE OF WASHINGTON

DEPARTMENT OF LABOR AND INDUSTRIES

Division of Occupational Safety and Health • PO Box 44600 • Olympia, Washington 98504-4600

June 11, 2020

Bracken Killpack  
Executive Director  
Washington State Dental Association  
126 NW Canal Street, #300  
Seattle, WA 98107

Dear Executive Director Killpack,

Thank you for your June 3, 2020 letter regarding the Division of Occupational Safety and Health (DOSH) Directive 1.70, General Coronavirus Prevention Under Stay Home – Stay Healthy Order. I appreciate the opportunity to respond to your concerns about the impact this enforcement policy will have on Dental Practitioners and possible inconsistencies between it and documents published by the Center for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA).

DOSH Directives are intended to provide enforcement policy direction to DOSH Compliance and Consultation staff on the application of our Occupational Safety and Health Rules. These directives provide interpretive guidance to staff based on requirements in existing rules. Because DOSH Directives do not introduce new regulatory requirements on employers, they are not covered by the rulemaking requirements in RCW 34.05, Administrative Procedures Act. The Occupational Safety and Health Rules that are referenced in this directive can be found in Washington Administrative Code (WAC) 296-842, Respirators, WAC 296-800-160, Personal Protective Equipment (PPE) and WAC 296-800-11045 Protect Employees from Biological Agents.

Washington State is known as a “State Plan” State; this means that workplace safety and health is the responsibility of the Division of Occupational Safety and Health (DOSH). Our state plan status is covered by both a formal agreement with OSHA and state law (RCW 49.17, the Washington State Industrial Safety and Health Act (WISH Act)). DOSH must maintain laws, rules and enforcement policies that are “*at least as effective*” to OSHA.

OSHA has issued a “COVID-19 Guidance for Dental Practitioners” Hazard Alert (enclosed) and their Dental Industry guidance is located here:

<https://www.osha.gov/SLTC/covid19/dentistry.html>.

Our DOSH policies must at least meet their minimum level of requirements and in this situation OSHA requires the use of tight-fitting half-face respirators (N95s for example) for many conditions. We can also be more strict than Federal OSHA or recommendations by the CDC.

When applying the CDC recommendations, DOSH must take into consideration actual conditions in Washington State, and evaluate how well these updated recommendations protect workers. One of our primary concerns is that we remain cautious, and continue to avoid uncontrolled spread of COVID-19 as more businesses restart operations. The CDC is an advisory agency and DOSH is not required to accept or implement all recommendations produced by the CDC, especially where our existing rules and policies provide more occupational safety and health protections for employees.

At the time we last updated DOSH Directive 1.70 on May 15, 2020, the CDC guidance specified the use of a respirator when conducting aerosol generating procedures, and the CDC guidance you reference in your letter was released on May 19, 2020. While this revised CDC guidance does allow for use of a surgical mask and face shield, it does so only when a N95 filtering face piece or other particulate respirator is not available. This updated CDC guidance also adds substantial changes from their previous guidance regarding administrative and engineering controls. For example, the CDC recommends using a surgical mask with a face shield only when additional engineering and administrative controls are implemented:

- Avoid aerosol-generating procedures whenever possible. Avoid the use of dental hand pieces and the air/water syringe. Use of ultrasonic scalers is not recommended. Prioritize minimally invasive/atraumatic restorative techniques (hand instruments only).
- If aerosol-generating procedures are necessary for dental care, use four-handed dentistry, high evacuation suction and dental dams to minimize droplet spatter and aerosols. The number of DHCP present during the procedure should be limited to only those essential for patient care and procedure support.

There are also substantial recommendations for improvements to building ventilation, improvements to patient care areas, and to environmental controls to minimize aerosol contamination and ensure minimal exposure to workers and patients.

You asked about a DOSH guidance document that indicates that dental work with aerosol generating procedures is covered as a “High Risk Category”. You note in your letter that “Extremely High Risk Category” allows for the use of surgical masks and ask if this could be applied then to the lower “High Risk Category”. The category labels are chosen based on an assessment of overall risk. Although most tasks in the “Extremely High Risk Category” have a higher overall risk, this is based on the fact that exposure is continual, where many “High Risk Category” tasks actually have a higher intensity exposure, but for a shorter time. This higher intensity exposure could overwhelm a surgical mask.

You also ask about the status of KN95 respirators. For “High Risk Category” work these are allowed under our enforcement policy which is found in DOSH Directive 11.80 Temporary Enforcement Guidance – Annual Fit-Testing, Respiratory Protection and Face Coverings during

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COVID-19 Pandemic. When an N95 respirator is required, a KN95 may be substituted based on FDA approval, but this use is covered under the WISHA Respirator Rule, Chapter 296-842 WAC.

While I can appreciate the impact this will have in the dental community, we feel these additional steps are essential to keep both workers and the public from unnecessary exposure to COVID-19, and we have no plans to update DOSH Directive 1.70 at this time. Future updates will be considered as additional information and recommendations are released by the CDC and OSHA.

Thank you for providing us with the opportunity to respond to your letter and your concerns. Please feel free to contact me directly at (360) 902-4758 if you have any questions or need any additional information.

Sincerely,



Alan Lundeen, Senior Program Manager  
Standards, Technical and Laboratory Services  
Division of Occupational Safety & Health

Cc: Anne F. Soiza, L&I Assistant Director, Division of Occupational Safety & Health  
Joel Sacks, Director, Washington State Department of Labor and Industries

Encl: OSHA Hazard Alert for Dentists

## COVID-19 Guidance for Dental Practitioners

OSHA is committed to protecting the health and safety of America's workers and workplaces during these unprecedented times. The agency will be issuing a series of industry-specific alerts designed to help keep workers safe.

If you are a dental practitioner, the following tips can help reduce the risk of exposure to the coronavirus:

- Encourage workers to stay home if sick.
- Maximize use of telemedicine for non-emergency consultations, and prioritize urgent and emergency procedures.
- Install physical barriers or partitions between patient treatment areas.
- Provide adequate ventilation and airflow in patient treatment areas so that air moves away from staff work areas.
- Frequently clean and disinfect surfaces and equipment with hospital-grade Environmental Protection Agency-approved cleaning chemicals from [List N](#) that have label claims against the coronavirus.
- Minimize the number of staff present when aerosol-generating procedures are performed, and ensure staff who are present are appropriately protected.
- Provide appropriate personal protective equipment, such as eye goggles, face shields, and N95 respirators, as necessary to protect dental practitioners and support personnel.
- Encourage workers to report any safety and health concerns.

For more information, visit [www.osha.gov/coronavirus](http://www.osha.gov/coronavirus) or call 1-800-321-OSHA (6742). Visit this [link](#) for more detailed guidance for dental industry workers.

*OSHA issues alerts to draw attention to worker safety and health issues and solutions.*