

OSHA and Infection Control Update 2025

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1

Pearls from the ADS Annual Conference

- Medical emergencies
 - Use a spacer with an asthma rescue inhaler to improve absorption of medication
 - Epi-injectors with oral instructions
 - Also have epi in non-auto injector – less expensive
 - Some emergency kits have pre-marked syringes to easily draw up the correct dose
 - Add chewable aspirin to emergency kits – for potential heart-attacks



2

Pearls from the ADS Annual Conference

- Hazards of 3D printing – do your due diligence before hand
 - Printer must be placed in a well-ventilated area
 - 90% isopropyl alcohol is highly flammable – liquid and vapors
 - Uncured resin and alcohol waste may require specialized disposal

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10814684/>



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Pearls from the ADS Annual Conference

- Ask ADS ChatBot <https://www.myads.org/ask-ads>
 - Free to everyone for introductory period
 - Become a member for 50% of first year dues - \$60 discount use code DIVAS50



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What is happening at the CDC?

- **Major changes to organization and staffing**
 - Dept. of Oral Health has been eliminated
- **Status of updated dental infection control guidelines is unknown.**
 - Association for Dental Safety (formerly OSAP) may take over the finalization of the document with the ADA.
- **Some data and reports have been restored from the previous “take-down”**



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OSHA's Regulatory Agenda

1

Implementation of changes to Hazard Communication Standard finalized in 2024

<https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=202404&RIN=1218-AC93>

2

Proposed rule for Infectious Diseases

<https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=202404&RIN=1218-AC46>

3

Proposed rule for Prevention of Workplace Violence in Health Care and Social Assistance

<https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=202404&RIN=1218-AD08>

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Hazard Communication Changes

Major changes to the Hazard Communication Standard

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

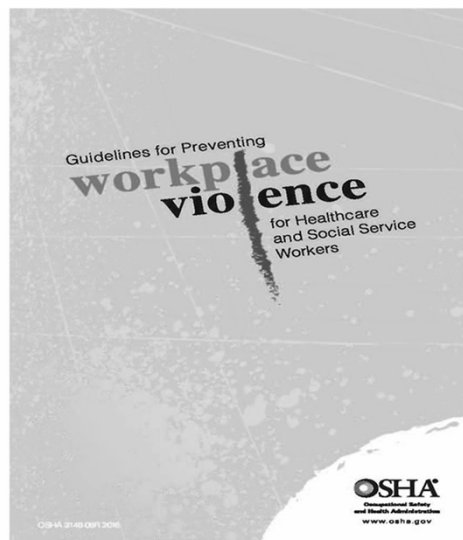
<https://www.osha.gov/hazcom/>



Employer requirements begin in 2026.

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Prevention of Workplace Violence



<https://www.osha.gov/sites/default/files/publications/osh3148.pdf>

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Respiratory Disease Threats in Dentistry



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Current Respiratory Disease Threats

WHAT TO KNOW

- As of June 6, 2025, the amount of acute respiratory illness causing people to seek health care is at a very low level.
- Seasonal influenza, COVID-19, and RSV activity is low.
- The community snapshot shows activity levels using the following colors: Very Low , Low , Moderate , High , Very High .

Nationally,
**Respiratory
Illness**
causing people to
seek healthcare is

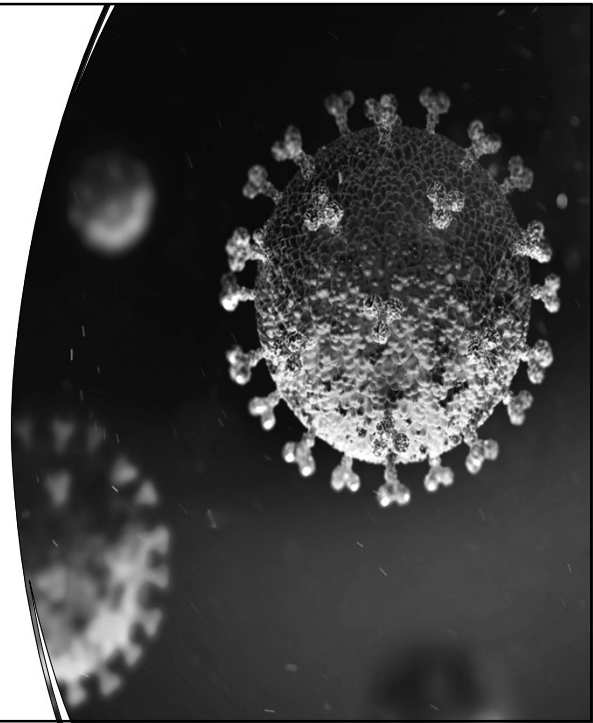
**VERY
LOW**

<https://www.cdc.gov/respiratory-viruses/data/index.html>

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New COVID Variant

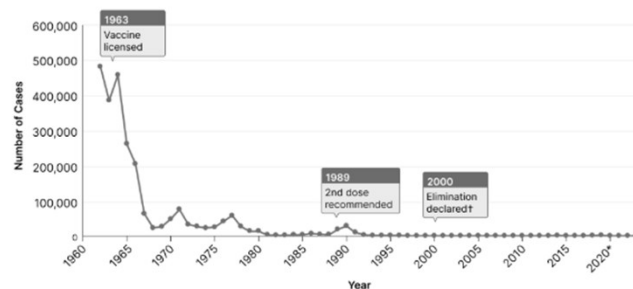
- NB.1.8.1 – spreading global spread including U.S.
 - Caused large surges in China
 - WHO monitoring rapid global spread
 - Current data does not indicate it to be more severe
- CDC no longer tracking total no. of new cases
- Wastewater scans are detecting cases



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Current Respiratory Disease Threat - Measles

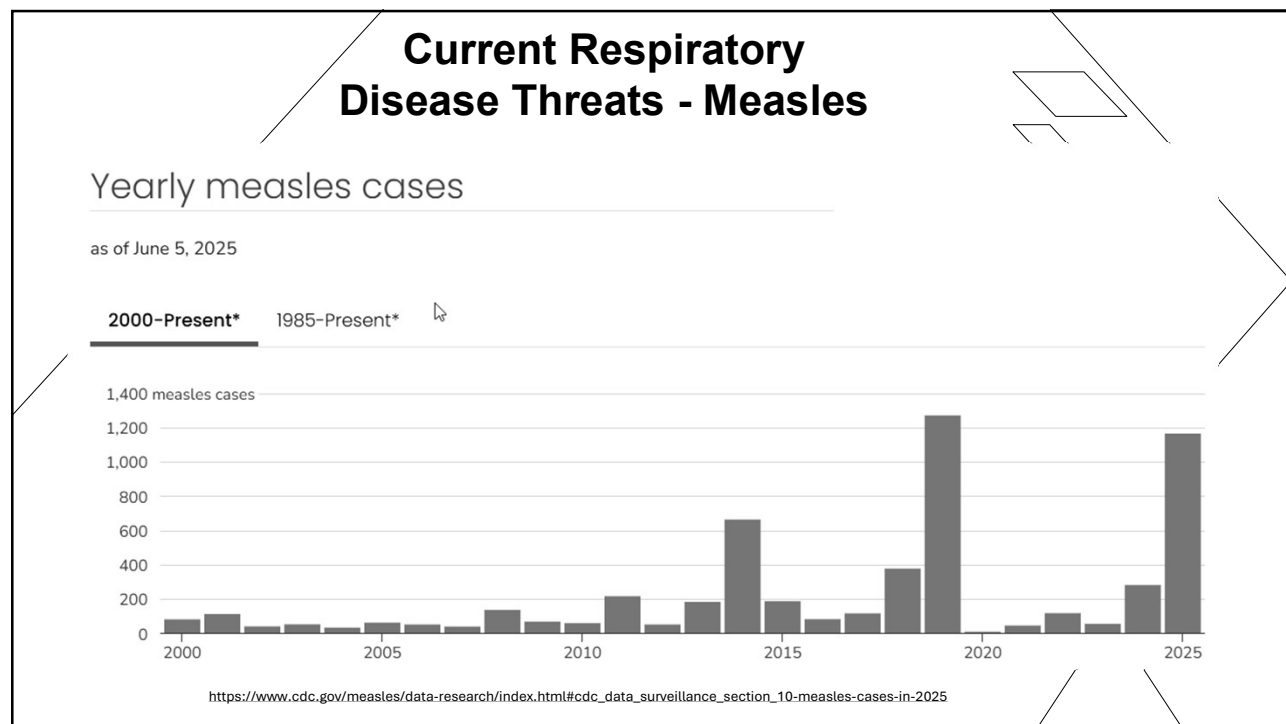
Reported Measles Cases in the United States from 1962 – 2023*



*2023 data are preliminary and subject to change. †Elimination is defined as the absence of endemic measles transmission in a region for ≥ 12 months in the presence of a well-performing surveillance system.

https://www.cdc.gov/measles/data-research/index.html#cdc_data_surveillance_section_10-measles-cases-in-2025

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Measles Vaccine Hesitancy

Vaccine Safety
 EXPLORE TOPICS ▾
 Q SEARCH

Autism and Vaccines

QUESTIONS AND CONCERNS | PAGE 2 OF 9 | ALL PAGES ▾

For Everyone
 DECEMBER 30, 2024

KEY POINTS

- Studies have shown that there is no link between receiving vaccines and developing autism spectrum disorder (ASD).
- No links have been found between any vaccine ingredients and ASD.

<https://www.cdc.gov/vaccine-safety/about/autism.html>

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MMR Vaccine Does Not Cause Autism Examine the evidence!

Scientific evidence confirms that MMR and autism are unrelated. The question about a possible link between MMR vaccine and autism has been extensively reviewed by independent groups of experts in the United States, including the National Academy of Sciences' Institute of Medicine (now named the National Academy of Medicine). These reviews have concluded that the epidemiologic evidence shows that MMR vaccine does not cause autism.

Rumors about the safety of MMR vaccine arose in 1998 after a British physician (a gastroenterologist, not trained in vaccine sciences or neurology) claimed he had found virus from measles vaccines lingering in the intestines of 12 autistic children. He believed this accounted for their autism.

Other researchers, however, were never able to replicate these results, implying the gastroenterologist's conclusions were wrong. Later, an investigation revealed that this doctor had falsified patient data and relied on laboratory reports that he had been warned were incorrect. The journal that originally published his study took the unusual step of retracting it from the scientific literature because it was the product of dishonest and irresponsible research. British authorities revoked the doctor's license to practice medicine.

RETRACTED: Ileal-Lymphoid-Nodular Hyperplasia, Non-Specific Colitis, and Persistent Developmental Disorder in Children. Wakefield AJ et al. *Lancet* 1998; 351(9076):47-51. Subjects: 12 children with chronic enterocolitis and regressive developmental disorder.

"A Statement by the Editors of the *Lancet*," *Lancet* 2010; 375(9741):520-1. The editors fully retract this paper from the published record. www.thelancet.com/journals/lancet/article/PIIS0140673609330960/fulltext

The following list of articles published in peer-reviewed journals is provided so that parents and practitioners can themselves compare the balance of evidence about MMR vaccine and autism.

More than 25 articles refute a connection between MMR vaccine and the development of autism

1. **Measles, Mumps, Rubella Vaccination and Autism – A Nationwide Cohort Study.** Hviid A et al. *Ann Intern Med* 2019; 170(8):513-520. This nationwide cohort study included all 657,461 children born 1/1999–12/2010 in Denmark. With this many study participants, the researchers were able to look at vaccinated vs not vaccinated children, including 6,517 children with a diagnosis of autism.

CONCLUSION: The findings strongly support that MMR vaccination does not increase the risk for autism, does not trigger autism in susceptible children, and is not associated with clustering of autism cases after vaccination.

LINK: www.ncbi.nlm.nih.gov/pubmed/30831578

2. **The MMR Vaccine and Autism.** DeZure F, Shimabukuro TT. *Am J Clin Virol*. 2015;4:585-600.

CONCLUSION: Several epidemiologic studies have not found an association between MMR vaccination and autism, including a study that found that MMR vaccine was not associated with an increased risk of autism even among high-risk children whose older siblings had autism.

LINK: pubmed.ncbi.nlm.nih.gov/30986133/

3. **Early Exposure to the Combined Measles-Mumps-Rubella Vaccine and Thimerosal-containing Vaccines and Risk of Autism Spectrum Disorder.** Uno Y et al. *Vaccine*. 2015;33(21):2511-6. This case-control study investigated the relationship between the risk of Autism Spectrum Disorder (ASD) onset, and early exposure to MMR vaccine and thimerosal measured from vaccinations in the highly genetically homogeneous Japanese population.

CONCLUSION: No convincing evidence was found in this study that MMR vaccination and increasing thimerosal dose were associated with an increased risk of ASD onset.

LINK: www.ncbi.nlm.nih.gov/pubmed/25562790

4. **Autism Occurrence by MMR Vaccine Status among US Children with Older Siblings with and without Autism.** Jain A et al. *JAMA*. 2019;321(25):2534-40. The objective of this study was to investigate Autism Spectrum Disorder (ASD) occurrence by MMR vaccine status in a large sample of US children who have older siblings with and without ASD.

CONCLUSION: In this large sample of privately insured children with older siblings, receipt of the MMR vaccine was not associated with increased risk of ASD, regardless of whether older siblings had ASD. These findings indicate no harmful association between MMR vaccine receipt and ASD even among children already at higher risk for ASD.

LINK: www.ncbi.nlm.nih.gov/pubmed/30898051

5. **Vaccines Are Not Associated with Autism: An Evidence-Based Meta-analysis of Case-control and Cohort Studies.** Taylor LE et al. *Vaccine*. 2014;32(29):3623-9. A meta-analysis to summarize

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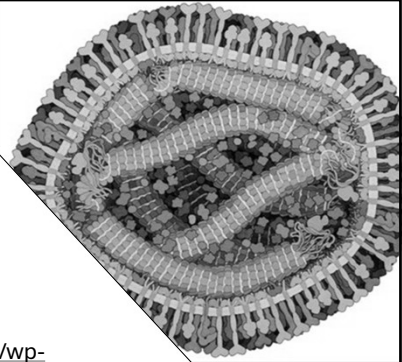
FOR PROFESSIONALS: www.immunize.org / FOR THE PUBLIC: www.vaccineinformation.org

www.immunize.org/catg.d/p4026.pdf
Item #P4026 (5/22/2022)



Scan for PDF

<https://www.immunize.org/wp-content/uploads/catg.d/p4026.pdf>



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Measles Cases in the U.S.

U.S. Cases in 2025

Total cases

1168

Age

Under 5 years: 339 (29%)

5-19 years: 439 (38%)

20+ years: 381 (33%)

Age unknown: 9 (1%)

Vaccination Status

Unvaccinated or Unknown: 95%

One MMR dose: 2%

Two MMR doses: 3%

U.S. Hospitalizations in 2025

12%

12% of cases hospitalized (137 of 1168).

Percent of Age Group Hospitalized

Under 5 years: 21% (71 of 339)

5-19 years: 8% (34 of 439)

20+ years: 8% (31 of 381)

Age unknown: 11% (1 of 9)

U.S. Deaths in 2025

3

There have been 3 confirmed deaths from measles.

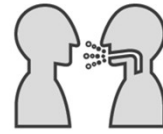
https://www.cdc.gov/measles/data-research/index.html#cdc_data_surveillance_section_10-measles-cases-in-2025

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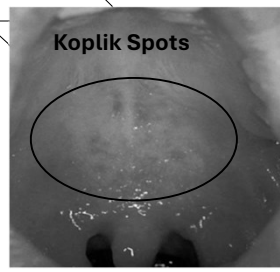
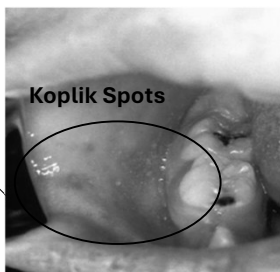


Why is measles so concerning?

- One of the most contagious infectious diseases.
- Anyone not vaccinated is at risk
- Transmitted by aerosols/droplets
- Aerosols remain airborne/infectious for 2 hours
- Many cases spread through international travel
- Vaccine hesitation, resistance and misinformation



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Why is measles so concerning?

Clinical features

Measles is an acute viral respiratory illness. It is characterized by:

- A prodrome of fever (as high as 105°F), malaise, and cough, coryza, and conjunctivitis (three "C"s)
- A pathognomonic enanthema (Koplik spots)
- Followed by a maculopapular rash [↗](#)

The rash usually appears about 14 days after a person is exposed. The rash spreads from the head to the trunk to the lower extremities.

Patients are considered to be contagious from 4 days before to 4 days after the rash appears. Sometimes immunocompromised patients do not develop the rash.

<https://www.cdc.gov/measles/hcp/clinical-overview/index.html>

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Severe complications in children and adults

Some people may suffer from severe complications, such as pneumonia (infection of the lungs) and encephalitis (swelling of the brain). They may need to be hospitalized and could die.

- **Hospitalization.** About 1 in 5 unvaccinated people in the U.S. who get measles is hospitalized.
- **Pneumonia.** As many as 1 out of every 20 children with measles gets pneumonia, the most common cause of death from measles in young children.
- **Encephalitis.** About 1 child out of every 1,000 who get measles will develop encephalitis (swelling of the brain). This can lead to convulsions and leave the child deaf or with intellectual disability.
- **Death.** Nearly 1 to 3 of every 1,000 children who become infected with measles will die from respiratory and neurologic complications.
- **Complications during pregnancy.** If you are pregnant and have not had the MMR vaccine, measles may cause birth prematurely, or have a low-birth-weight baby.

Long-term complications

Subacute sclerosing panencephalitis (SSPE) is a very rare, but fatal disease of the central nervous system. It results from a measles virus infection acquired earlier in life.



Source: CDC

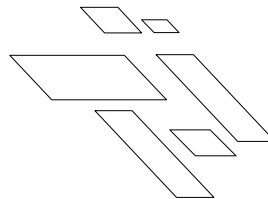
<https://www.cdc.gov/measles/signs-symptoms/index.html>

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CDC Recommendations for Healthcare Workers

Recommendations

1. For asymptomatic healthcare personnel **with** presumptive evidence of immunity to measles (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3>) (1) who have an exposure to measles:
 - Postexposure prophylaxis is not necessary.
 - Work restrictions are not necessary.
 - Implement daily monitoring for signs and symptoms of measles from the 5th day after their first exposure through the 21st day after their last exposure.
2. For asymptomatic healthcare personnel **without** presumptive evidence of immunity to measles who have an exposure to measles:
 - Administer postexposure prophylaxis in accordance with CDC and ACIP recommendations (<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html>).²
 - Exclude from work from the 5th day after their first exposure through the 21st day after their last exposure, regardless of receipt of postexposure prophylaxis.
 - Work restrictions are not necessary for healthcare personnel who received the first dose of MMR vaccine prior to exposure:
 - They should receive their second dose of MMR vaccine as soon as possible (at least 28 days after their first dose).
 - Implement daily monitoring for signs and symptoms of measles from the 5th day after their first exposure through the 21st day after their last exposure.



<https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/measles.html>

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CDC Recommendations for Healthcare Workers

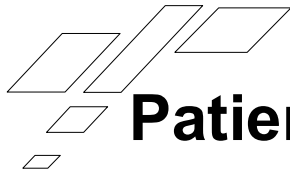
3. For healthcare personnel with known or suspected measles, exclude from work for 4 days after the rash appears.

4. For immunocompromised healthcare personnel with known or suspected measles, exclude from work for the duration of their illness.

5. During a measles outbreak, administer measles vaccine to healthcare personnel in accordance with CDC and ACIP recommendations ([https://www.cdc.gov/acip-recs/hcp/vaccine-specific/mmr.html](https://www.cdc.gov/acip/recs/hcp/vaccine-specific/mmr.html)). [2]

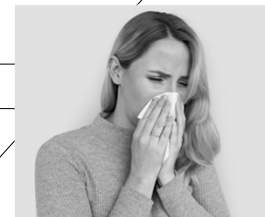
<https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/measles.html>

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Patient and Employee Screening

- Reschedule patients with respiratory symptoms and fever.
 - Confirmation calls/messages/texts
 - Upon arrival for appointment
- Implement a policy for employees to remain at home if they have respiratory symptoms and fever – and other conditions specified in CDC guidelines



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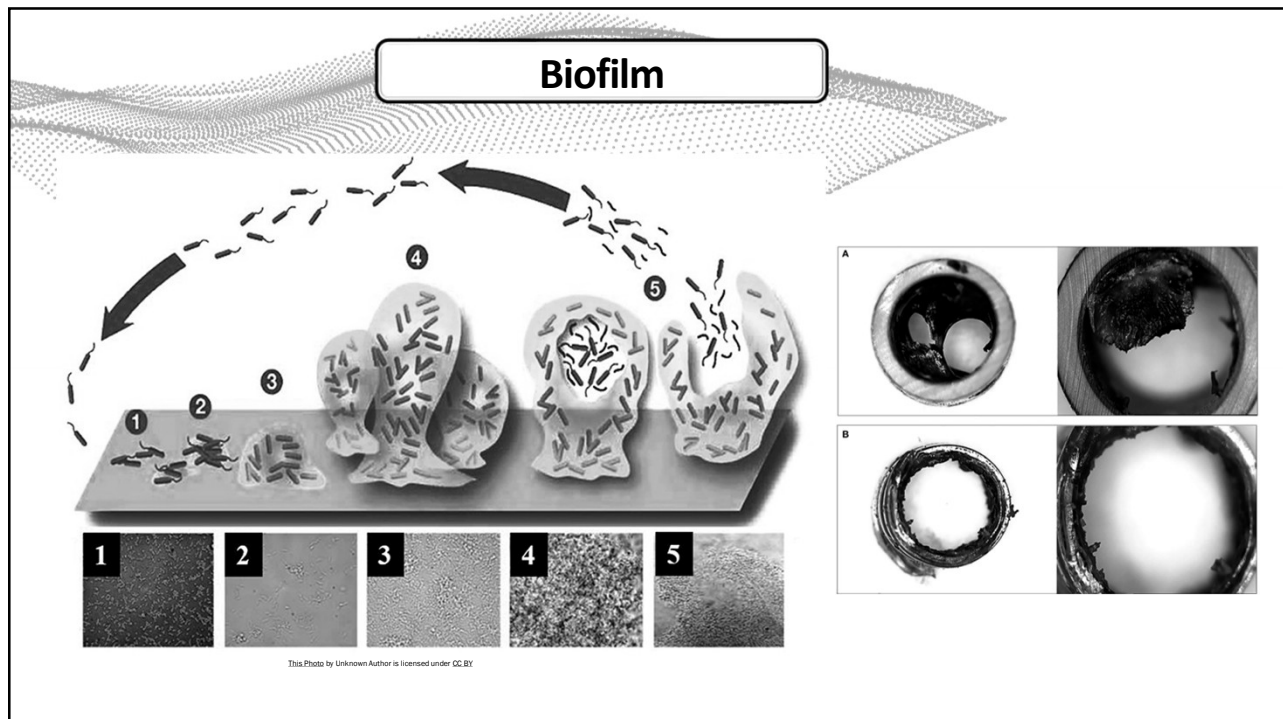
Dental Unit Quality

- 5 recent cases of *M. abscessus* transmissions in children in GA, CA
- Children hospitalized for treatment of infections following pulpotomies
- Multiple class action lawsuits against dental practices/facilities
- State dental boards implementing rules for waterline protocols



<https://www.cdc.gov/dental-infection-control/hcp/dental-ipc-faqs/best-practices-dental-unit-water-quality.html>

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Controlling Biofilm in DUWL

- **Water delivery system**
 - Municipal/tap water direct to the dental unit
 - Tap water delivered through a filtration system that serves all treatment rooms
 - Tap or filtered/distilled water placed in reservoir on dental unit
 - Sterile water delivery system for surgical procedures
- **Maintenance of system**
 - Filter changes
 - Addition of antimicrobial agents to the dental unit water to suppress bacterial growth
 - Addition of cartridges (straws) to the water bottle on the unit



Dirty

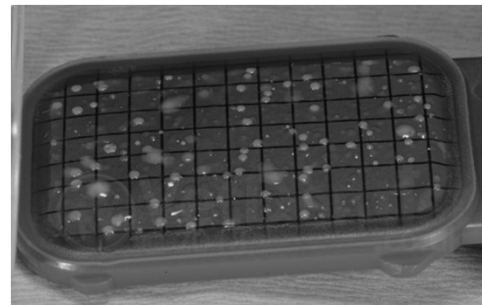
Clean



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Testing for Water Quality

- **Testing of dental unit water**
 - CDC standard is ≤ 500 CFU/ml
 - Current recommendation is to test quarterly
- **Types of tests**
 - In-office
 - Mail-in
- **Protocol if water tests at ≥ 500 CFU/ml**
 - Shock the system with an antimicrobial
 - Test again (but not immediately after)



Dirty

Clean

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Review of SOPs for Infection Control

What items are prohibited in lab/sterilization area?

What items should not be worn out of treatment rooms?

How often are masks changed?

What type of gloves should be worn when disinfecting treatment rooms?

What types of gloves should be worn when preparing instruments for sterilization?

Hand hygiene – what is the current protocol?

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Review of SOPs for Infection Control

How should items be retrieved from drawers during treatment?

What is protocol for turning over treatment rooms (disinfection)?

How are instruments transported from treatment rooms to sterilization?

What items should not be worn into staff lounge?

Do new employees receive infection control/OSHA training?

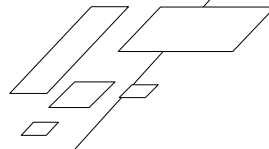
Are furnace filters replaced every 60-90 days?

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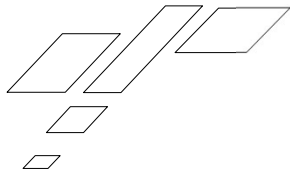


Infection Prevention Resources

- Centers for Disease Control and Prevention
 - <https://www.cdc.gov>
- CDC Gateway Directory for Local and State Health Departments
 - <https://www.cdc.gov/public-health-gateway/php/communications-resources/accredited-health-departments.html>
- Association for Dental Safety
 - <https://myads.org>
- World Health Organization
 - <https://www.who.int/>



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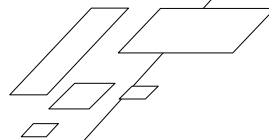
Thank you!

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