

From: ORProdSPSupport-donotreply@egov.com
Sent: Monday, June 1, 2020 6:22 PM
To: DCBS WEB TECH * DCBS
Subject: Tech web form submitted
Attachments: formsubmission.csv

Name	Whitney Farra
Email	Whitneyleifarra@gmail.com
Phone	503-855-7643
What type of work activity is your question regarding?	General
What is your question?	<p>*Dental Office Immediate Mandatory Infection Control Education Call to Action * Dear Oregon Occupational Health & Safety, My name is Whitney Farra, and I am a chair side dental assistant in Portland Oregon. Dental assistants are an integral member of the oral health care team and play an essential role in infection control and prevention where dental care is provided. Dental assistants are professionals with diverse responsibilities, including the provision of patient care and office/practice management. As a dental assistant, I am deeply concerned about the health of my patients, my team members, and myself since mandatory education standards in infection control do not exist nationally for dental assistants. This means that someone with no background and knowledge in dentistry and infection control could be working in the dental office, participating in patient treatment and all facets of infection control. The coronavirus pandemic has magnified the importance of this issue and the need for education prior to being responsible for infection control in a dental setting. Along with the American Dental Assistants Association (ADAA), the professional association representing dental assistants, I believe that the best way to address this lack of a standard education in infection control is to require that ALL dental assistants have a minimum of 12 hours of ADA CERP or AGD PACE-approved didactic and 4 hours of clinical education in infection control, including performance evaluation. Instructional education is readily obtainable through the ADAA; the Professional Dental Assistants Education Foundation (PDAEF); the Dental Assisting National Board (DANB); the Dental Advancement through Learning and Education Foundation (DALE); and the Organization for Safety, Asepsis and Prevention (OSAP). With immediate and strong support from you, we can address the need for this minimal standard and help continue to stop the spread of infectious diseases in dental facilities, including the coronavirus, give the patients the care that they deserve, and give oral healthcare workers the protection they need. If you should have further questions regarding this request, please feel free to contact me at the</p>

	above email address. Sincerely, Whitney Farra Phone Number: 503-855-7643 Email address: Whitneyleifarra@gmail.com
How do you want us to contact you? (pick one)	Email
When is the best time for us to call you?	Other (*please specify)
*Other time	

Submission ID: efbc1a16-556b-4d20-affc4a389bb0b8c

Record ID: 2254



Oregon

Kate Brown, Governor

Department of Consumer and Business Services
Oregon Occupational Safety & Health Division (Oregon OSHA)
350 Winter Street NE, PO Box 14480, Salem, OR 97309-0405
Phone: 503-378-3272 | Toll Free: 1-800-922-2689 | Fax: 503-947-7461
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July 16, 2020

Whitney Farra
Whitneyleifarra@gmail.com

Dear Ms. Farra-

Oregon OSHA received your petition for rulemaking, titled: "Dental Office Immediate Mandatory Infection Control Education Call to Action", dated June 1, 2020, and received in our office via email on June 1, 2020.

Per Oregon Revised Statute (ORS) 183.390, the agency had 90 days from receipt to review and make a decision regarding your petition. At this time, Oregon OSHA is denying your petition for rulemaking because we have decided to embark on a larger scale emergency rulemaking and permanent rulemaking that will affect all employers in Oregon, including dental workplaces.

During this rulemaking process, Oregon OSHA anticipates publishing a guidance document in the next few days that focuses on pathogen protection in the dental setting.

Thank you for submitting your petition, we sincerely appreciate the opportunity to discuss this issue in more depth at our agency, and look forward to creating materials to help protect workers from airborne pathogens, specifically in dental offices. We appreciate you bringing forward the concerns of this particular industry. I have included a copy of the infectious disease timeline for your reference.

Please feel free to reach out to Oregon OSHA at any time if you wish to further discuss policy actions related to this issue.

Sincerely,

Michael Wood, CSP
Administrator, Oregon OSHA
350 Winter St. NE
Salem, OR 97301

Potential Oregon OSHA Rulemaking Timeline
COVID-19/Infectious Diseases
Revised July 13, 2020

The COVID-19 emergency has highlighted the risks that any infectious disease, particularly one that is airborne, can create for a wide variety of workplaces. As a result of both the immediate and long-term risks highlighted by the current public and occupational health crisis, Oregon OSHA is responding to the request that the state adopt an enforceable workplace health rule on an emergency basis this summer, to be replaced by a permanent rule. This high-level timeline treats these as two essentially different projects, in both nature and scope, recognizing that an ongoing infectious disease rule would not be as closely tailored to the current crisis as would a temporary rule. It also assumes health care (and related activities) and the general workplace would require distinct (although interrelated) sets of requirements.

In both cases, Oregon OSHA plans to rely upon as much collaboration and consultation with experts and with stakeholders as the timeframes involved and other circumstances allow. In the case of the temporary rule(s) this will primarily be through targeted virtual forums and the circulation of a draft prior to a decision on adoption. In the case of the permanent rule(s), Oregon OSHA will be empaneling two rulemaking advisory committees in addition to employing targeted virtual forums and circulation of preproposal drafts.

June 26: Oregon OSHA announced that we have begun work (to be completed in consultation with OHA/Public Health and other technical advisors, as well as affected stakeholders) to draft and adopt a pair of temporary rules addressing the COVID-19 emergency. The target effective date is September 1, with the rule to remain in effect through February 2021. Oregon OSHA will also begin work on permanent rules addressing airborne infectious disease on an ongoing basis

June 26: Identify and begin recruiting candidates for formal Rulemaking Advisory Committee members.

Week of June 29: Appoint initial members of Technical Advisory Committee: Dr. Paul Cieslak, Public Health Physician, OHA; Dr. Fred Berman, Toxicologist, formerly with OHSU's Institute of Occupational Health Sciences; and Dr. David Michaels, Epidemiologist and Professor at George Washington University and formerly Assistant Secretary of USDOL for Federal OSHA).

Week of July 13: Begin meetings of Technical Advisory Committee, recruiting additional members as appropriate.

Week of July 13: Begin External Stakeholder meetings (series of industry-focused public "workshops" to discuss elements of *temporary* rule, as well as specific targeted discussions within health care and closely related industries).

Week of August 3: Circulate draft of *temporary* rule addressing COVID-19 emergency in health care and closely related industries. Accept comments thru August 17 (not formal public comment, but similar to such a process).

Week of August 3: Circulate draft of *temporary* rule addressing COVID-19 emergency in the general workplace. Accept comments thru August 17 (not a formal public process, but similar to rulemaking without public hearings).

Week of August 10: Empanel "Airborne Infectious Disease in Health Care" Rulemaking Advisory Committee (Health Care RAC) to work with Oregon OSHA on *permanent* rule language addressing health care and closely related activities.

Week of August 17: Empanel “Airborne Infectious Disease in the General Workplace” Rulemaking Advisory Committee (Workplace RAC) to work with Oregon OSHA on *permanent* rule language addressing the general workplace.

August 21: Discussion of *temporary* rule language and *permanent* rule process with Oregon OSHA Partnership Committee (*temporary* rule language to be finalized, but not yet adopted, as quickly as possible following the meeting and discussion).

August 24: Publication of near final language of both *temporary* rules, with a planned adoption and effective date of September 1.

September 1: Adoption of both *temporary* rules with immediate effect (through February 28).

Month of September: Both Health Care RAC and Workplace RAC meet as necessary to provide feedback and advice regarding *permanent* rules..

Week of October 5: Produce pre-proposal draft of *permanent* Airborne Infectious Disease in Health Care Rule for stakeholder discussion (in meetings with the Health Care RAC and in response to broader circulation).

Week of October 12: Produce pre-proposal draft of *permanent* Airborne Infectious Disease in the General Workplace Rule for stakeholder discussion (in meetings with the Workplace RAC and in response to broader circulation).

Week of November 2: File both *permanent* rules as formal proposals, with comment period (including public hearings) extending through January 31, 2021.

January 31: Public comment period ends.

Month of February: Public comments reviewed by Oregon OSHA and final decision documents developed.

Week of February 22: Decision made whether to adopt, modify or withdraw one or both rules, with the effective date of any rule adopted to be March 1 (although any new requirements that had not been included in the temporary rules are expected to take effect at a later date (likely between 60 and 120 days later)).