Dental Infection Control Updates

Presented by Nebraska ICAP

ICAP

Infection Control Assessment and Promotion Program

Housekeeping

- Guidance presented during this presentation is accurate as of 3.19.2021
- Guidance is changing on a regular basis and should be reviewed if this presentation is viewed at a later date
- This webinar is not approved for dental CE hours. If you would like a certificate of attendance for this webinar please reach out to us.

Questions and Answer Session

- Use the QA box in the webinar platform to type a question. Questions will be read aloud by the moderator at the end of the presentation
- If your question is not answered during the webinar, please either e-mail it to NE ICAP or call during our office hours to speak with one of our Infection Preventionists

Slides and a recording will be made available on the ICAP website:

https://icap.nebraskamed.com/coronavirus/

https://icap.nebraskamed.com/covid-19-webinars/

Panelists today are:

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New CDC Guidance for Healthcare Workers

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Infection Control Assessment and Promotion Program

CDC Update 3/10/2021

Fully vaccinated HCP with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure.

Work restrictions for the following fully vaccinated HCP populations with higher-risk exposures should still be considered for:

- HCP who have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact level of protection provided by the COVID-19 vaccine.
    - However, data on which immunocompromising conditions might affect response to the COVID-19 vaccine and the magnitude of risk are not available.

HCP who have traveled should continue to follow CDC travel recommendations and requirements, including restriction from work, when recommended for any traveler.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

CDC Update 3/10/2021

In other words:

- Vaccinated staff do not need to quarantine from work after an exposure as long as they are asymptomatic
- Non-vaccinated staff if exposed to COVID-19 will still need to quarantine.
- Fully vaccinated staff who is immunocompromised may need to be restricted from work for 14 days if exposed to COVID-19
- After international travel staff may have to be restricted from work regardless of vaccination status as per the CDC and state guidance

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

CDC Updates

Nebraska ICAP will continue to monitor CDC updates and bring you the latest changes.

Study on Mouthwash and COVID-19

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Infection Control Assessment and Promotion Program

Mouthwash and COVID-19

- A recent study was done at Rutgers Dental on how effective mouthwash is on destroying SARS-Co-V 2
- In vetro trials on effectiveness
- 5% dilution of Listerine or CHG had a moderate suppressive effect on the virus
- 50% dilution of Listerine or CHG blocked viral infectivity completely
- Results indicate that mouth rinses can significantly reduce virus infectivity, suggesting a potential benefit for reducing SARS-CoV-2 spread.

https://www.mdpi.com/2076-0817/10/3/272

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Dental Focused Infection Control

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Infection Control Assessment and Promotion Program

Ne State Requirements

- Nebraska requires facilities follow OSHA regulations
- 38-1125. Practitioner's facility; requirements; inspections; rules and regulations
    - The department shall adopt and promulgate rules and regulations which are approved by the State Board of Health for practitioners' facilities in order to ensure that such facilities are safe and sanitary and use precautions necessary to prevent the creation and spread of infectious and contagious diseases.
- There are proposed regulations in Nebraska which include references to "Centers for Disease Control Summary of Infection Prevention Practices In Dental Settings as published October of 2016”
    - https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/index.html

Ia State Requirements

Infection Control

All dental personnel are required to comply with standard precautions for preventing and controlling infectious diseases and managing personnel health and safety concerns related to infection control, as required or recommended for dentistry by the Centers for Disease Control and Prevention (CDC) of the United States Department of Health and Human Services. Compliance with CDC recommendations is required. Board staff may conduct office inspections to determine compliance with sanitation and infection control standards.

The guidelines for infection control in dental offices are established in the CDC's MMWR, volume 52, December 19, 2003. The CDC has also put together a document, "Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care," summarizing the guidelines. The summarized document also includes helpful checklists, which offices may use to ensure compliance.

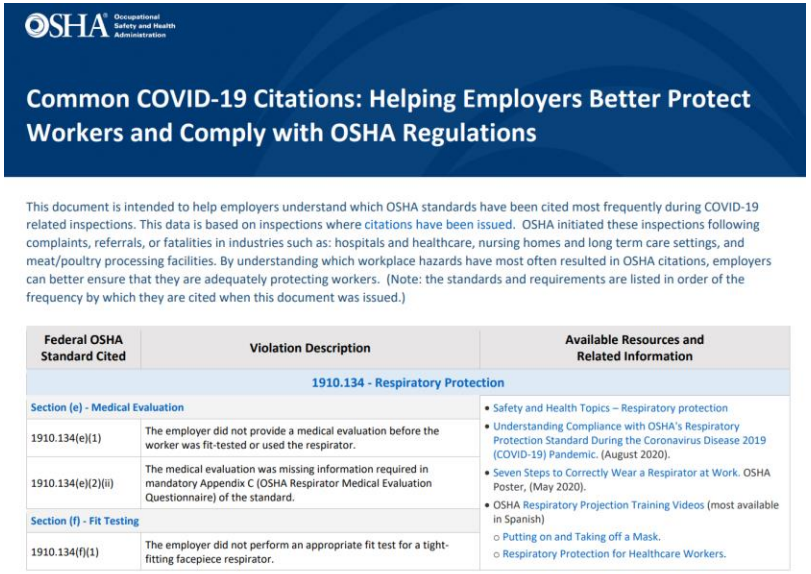
OSHA

In addition, licensees must comply with state OSHA standards as outlined by the Iowa Labor Services Division. The Iowa Occupational Safety and Health Administration (IOSHA) office provides consultation services. One of the goals of the IOSHA office is to reduce the incidence of injury or illness to workers by enhancing the ability to identify and control safety and health hazards. Employers can learn about potential hazards at their work sites and improve their occupational safety and health management systems by using the free consultation services. This service is delivered by the State of Iowa using well-trained professional staff. Consultations take place on-site. This program is completely separate from the IOSH Enforcement staff, and as such, no citations are issued or penalties proposed. This service is confidential. As a condition of using their services, employers must agree to fix any serious hazards that may be found.

https://dentalboard.iowa.gov/practitioners/infection-control-osha
https://www.iowaosha.gov/iowa-osha

Federal Requirements

- OSHA Bloodborne Pathogens Standard: https://www.osha.gov/sites/default/files/publications/bbfact01.pdf
- OSHA Respiratory Protection (OSHA is in NE NOW!!): https://www.osha.gov/respiratory-protection/general



OSHA Occupational Safety and Health Administration

Common COVID-19 Citations: Helping Employers Better Protect Workers and Comply with OSHA Regulations

This document is intended to help employers understand which OSHA standards have been cited most frequently during COVID-19 related inspections. This data is based on inspections where citations have been issued. OSHA initiated these inspections following complaints, referrals, or fatalities in industries such as: hospitals and healthcare, nursing homes and long term care settings, and meat/poultry processing facilities. By understanding which workplace hazards have most often resulted in OSHA citations, employers can better ensure that they are adequately protecting workers. (Note: the standards and requirements are listed in order of the frequency by which they are cited when this document was issued.)

Federal OSHA Standard Cited	Violation Description	Available Resources and Related Information
1910.134 - Respiratory Protection		
Section (e) - Medical Evaluation		• Safety and Health Topics – Respiratory protection • Understanding Compliance with OSHA's Respiratory Protection Standard During the Coronavirus Disease 2019 (COVID-19) Pandemic. (August 2020). • Seven Steps to Correctly Wear a Respirator at Work. OSHA Poster, (May 2020). • OSHA Respiratory Projection Training Videos (most available in Spanish) ○ Putting on and Taking off a Mask. ○ Respiratory Protection for Healthcare Workers.
1910.134(e)(1)	The employer did not provide a medical evaluation before the worker was fit-tested or used the respirator.	
1910.134(e)(2)(ii)	The medical evaluation was missing information required in mandatory Appendix C (OSHA Respirator Medical Evaluation Questionnaire) of the standard.	
Section (f) - Fit Testing		
1910.134(f)(1)	The employer did not perform an appropriate fit test for a tight-fitting facepiece respirator.	

https://www.osha.gov/SLTC/covid-19/covid-citations-guidance.pdf

Dental Support Services

General Infection Prevention and Control Office Hours

Call with questions regarding general Infection Prevention and Control

- PPE
- Hand Hygiene
- Sharps Safety
- Waterline Maintenance
- Environmental Cleaning
- Hazardous Waste Management
- Sterilization and Disinfection
- Respiratory Hygiene / Cough Etiquette

COVID-19 Infection Prevention and Control Facility Review

Call to schedule a time with an Infection Preventionist for a virtual infection control facility review and interview with your team. Initial review is 60-90 minutes with a 30 minute follow-up.

Due to COVID-19, this review will be completed through a phone or Zoom interview until further notice.

COVID-19 Response

Call with specific questions regarding COVID-19 response in the dental setting

- COVID-19 safety for Staff and Patients
- Testing
- Contact tracing
- Isolation and Discontinuation of Isolation Guidelines

COVID-19 Infection Prevention and Control

Call with questions regarding COVID-19 specific Infection Prevention and Control

- PPE
- Hand Hygiene
- Respiratory Protection
- Respiratory Hygiene / Cough Etiquette

Dental Infection Control Specialist:
Sarah Stream, MPH, CDA, RDA, EFDA
sstream@nebraskamed.com

Nebraska Medicine

Nebraska ICAP Dental Support and Services

Infection Preventionists can be reached at **(402)552-2881**
During the hours of 8 AM – 10 AM and 2 PM- 4 PM, Monday – Friday
Infection Preventionists can also be reached via email at
nebraskaicap@nebraskamed.com

ICAP

General ICAP IC Review

- Nebraska ICAP can assist with a general infection control review for your office
- Schedule a time to go through the assessment tool together
- ICAP will review the completed assessment and provide the dental office with a summary report with resources.
- ICAP will continue to work with the office to address barriers to meet all of the infection control requirements

General ICAP IC Review

1.3 Dental Health Care Personnel Safety				
	Assessment			
Elements to be assessed	**Yes**	**No**	**Not Applicable**	**Note**
A. Facility has an exposure control plan that is tailored to the specific requirements of the facility (e.g., addresses potential hazards posed by specific services provided by the facility) *Note: A model template that includes a guide for creating an exposure control plan that meets the requirements of the OSHA Bloodborne Pathogens Standard is available at: https://www.osha.gov/Publications/osha3186.pdf.*				
B. DHCP for whom contact with blood or OPIM is anticipated are trained on the OSHA Bloodborne Pathogens Standard:				
a. upon hire				
b. at least annually				
C. Current CDC recommendations for immunizations, evaluation, and follow-up are available. There is a written policy regarding immunizing DHCP, including a list of all required and recommended immunizations for DHCP (e.g., hepatitis B, MMR (measles, mumps, rubella), varicella (chickenpox), Tdap (tetanus, diphtheria, pertussis)				
D. Hepatitis B vaccination is available at no cost to all employees who are at risk of occupational exposure to blood or other potentially infectious material (OPIM)				
E. Post-vaccination screening for protective levels of hepatitis B surface antibody is conducted 1-2 months after completion of the 3-dose vaccination series				
F. All DHCP are offered annual influenza vaccination *Note: Providing the vaccination at no cost is a strategy that may increase use of this preventive service.*				

General ICAP IC Review

II.4 Sharps Safety			
	Assessment		
Elements to be assessed	**Yes**	**No**	**No Opportunit to Observe**
A. Engineering controls (e.g., self-sheathing anesthetic needles, safety scalpels, needleless IV ports) are used to prevent injuries *examples source: CDC Basic Expectations for Safe Care Training Module 5*			
B. Work practice controls (e.g., one-handed scoop technique for recapping needles, removing burs before disconnecting handpieces) are used to prevent injuries			
C. DHCP do not recap used needles by using both hands or any other technique that involves directing the point of a needle toward any part of the body			
D. DHCP use either a one-handed scoop technique or a mechanical device designed for holding the needle cap when recapping needles (e.g., between multiple injections and before removing from a reusable aspirating syringe)			
E. All sharps are disposed of in a puncture-resistant sharps container located as close as possible to the area in which the items are used			
F. Sharps containers are disposed of in accordance with federal, state and local regulated medical waste rules and regulations			
G. Sharps containers are positioned in compliance with OHSA and NIOSH guidance			

COVID-19 ICAP IC Review

- Nebraska ICAP has modified the infection control review tool to focus on COVID-19 infection control, response and mitigation
- Schedule a time to go through the assessment tool together
- ICAP will review the completed assessment and provide the dental office with a summary report with resources.
- ICAP will continue to work with the office to address barriers to meet create a COVID-19 safe space

COVID-19 ICAP IC Review

Outpatient Clinic Characteristics		
Facility Name:		
Type of Facility:	☐General Practice ☐Public Health Dental Clinic ☐Endodontic Practice ☐Oral Surgery	☐Periodontal Practice ☐Pediatric Practice ☐Educational Facility ☐Prosthodontic Practice ☐Tribal Facility ☐Other (specify):
What services are performed at your clinic?		
Number of patients seen each day:	Number of employees:	
Do you perform testing for SARS CoV-2?	☐Yes	☐No
Are you currently treating COVID positive patients?	☐Yes	☐No
Have any of your personnel been SARS CoV-2 positive or diagnosed with COVID-19?	☐Yes	☐No
If yes, on what date was the last case among STAFF identified?		
Elective procedures/non-emergent care are being performed: (Y/N)	☐Yes	☐No
How would you describe your current supply of Personal Protective Equipment?		
Eye protection	☐Critically low ☐ Low (<2 weeks) ☐ Adequate ☐ Unknown	
Facemasks	☐Critically low ☐ Low (<2 weeks) ☐ Adequate ☐ Unknown	
N95 respirators	☐Critically low ☐ Low (<2 weeks) ☐ Adequate ☐ Unknown	
All personnel are fit tested for the N95 respirator that they use	☐Yes	☐No

COVID-19 ICAP IC Review

1. COVID Related Infection Prevention Policies *The following are generally not feasible for observation and should be completed by interview.*	
Element for assessment	Assessment
Infection Control Team Lead:	
What training has the Team Lead had?	
1a. Measures to monitor patient exposure and status:	
Does the clinic use telehealth for dental screenings/ triage?	☐Yes ☐No ☐ Not assessed
Does the clinic perform a pre-appointment COVID-19 exposure phone screening?	☐Yes ☐No ☐ Not assessed
How far in advance of the scheduled appointment is the pre-appointment screening completed?	
COVID-19 signs, symptoms and previous exposure are assessed during the pre-appointment phone screening?	☐Yes ☐No

IC Summary Response

	Priority Response		
Category/ Question	Excellent	Developing	Consider Improvement
General IC: Telehealth	Facility does offer telehealth options but have had limited success in the dental setting.		
Respiratory Protection	Respirator fit-test program includes all staff who may enter a suspected or confirmed COVID patient room.		
PPE Supply and Reuse		Working toward single use with respirators pending supply chain.	
Performance Improvement: EVS Audits			Consider performing EVS audits to increase adherence and ensure contracted EVS and HCP staff are aware of responsibilities.

IC Summary Response

Performance Improvement/Quality Assurance

1. Facility is performing audits for hand hygiene, PPE selection and use, environmental cleaning.

Findings:

- The facility is conducting monthly hand hygiene audits and PPE protocol reviews.
- The facility uses a buddy system of 2 to ensure proper PPE is selected when collecting COVID-19 specimens.

Recommendations:

- Continue to conduct audits and provide feedback focusing on hand hygiene compliance for all staff. This can be completed in conjunction with auditing PPE practices. Refer to APIC for references and auditing tools. [7]
- Consider perform EVS audits [10] to increase adherence and ensure contracted EVS and HCP staff are aware of responsibilities. Refer to references [11] [12]
- Audits and feedback (include nursing staff, when applicable) should be incorporated to ensure appropriate cleaning/disinfecting practices are followed. Nebraska ICAP website contains a robust environmental cleaning in healthcare training video series that can also be utilized as an orientation/educational resource. (Link: Environmental Cleaning in Healthcare Training Video Series) [8]. NETEC [9] also has valuable resources for environmental cleaning in the age of COVID-19.

IC Summary Response

Resources/References

[1] Centers for Disease Control and Prevention: Management of Visitors to Healthcare Facilities in the Context of COVID-19: Non-US Healthcare Settings. https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/hcf-visitors.html

[2] Centers for Disease Control and Prevention: Case Investigation and Contact Tracing: Part of a Multipronged Approach to Fight the COVID-19 Pandemic. https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html

[3] Centers for Disease Control and Prevention: Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance). https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

[4] Centers for Disease Control and Prevention: Monitoring and tracking the disease https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/about-epidemiology/monitoring-and-tracking.html

[5] Centers for Disease Control and Prevention: Strategies to Mitigate Healthcare Personnel Staffing Shortages https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

[6] Centers for Disease Control and Prevention: Healthcare Facilitates: Managing Operations during the COVID-19 Pandemic https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html

[7] Association for Professionals in Infection Control and Epidemiology: Hand Hygiene https://apic.org/Resources/Topic-specific-infection-prevention/hand-hygiene/

[8] National Emerging Special Pathogens Training and Education Center: COVID-19: Environmental Cleaning and Infection Prevention https://netec.org/2020/10/14/webinar-covid-19-environmental-cleaning-infection-prevention/

[9] Nebraska Infection Control Assessment and Promotion Program: Environmental Cleaning in Healthcare Training Video Series https://icap.nebraskamed.com/practice-tools/educational-and-training-

Other ICAP Support

Nebraska ICAP is always staying up to date with the latest CDC guidance to be able to answer the questions of healthcare providers during our office hours

Use infection control review findings and observations from office hour support to develop tools for dental facilities

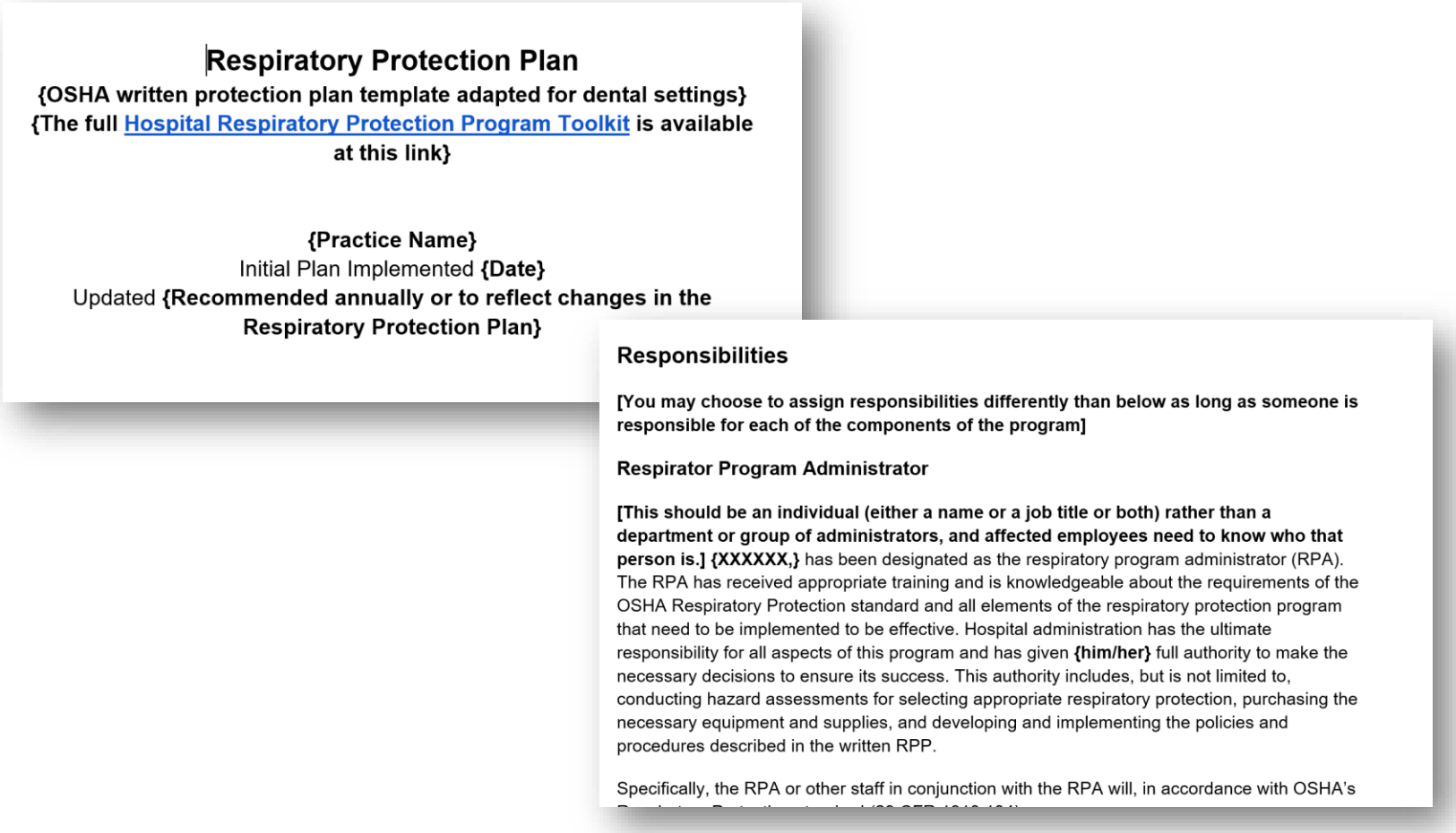
Outreach to professional organizations to provide educational opportunities on a regular basis

Monthly dental support webinars with relevant updates in infection control and COVID-19 information

Dental Tool Development

- Nebraska ICAP can develop practice tools for dental facilities
- Reach out to us if you have a need for an infection control tool to be developed
- You can find current tools at: https://icap.nebraskamed.com/dental-facilities/

Respiratory Protection Tool



Respiratory Protection Plan

{OSHA written protection plan template adapted for dental settings}
{The full Hospital Respiratory Protection Program Toolkit is available at this link}

{Practice Name}
Initial Plan Implemented **{Date}**
Updated **{Recommended annually or to reflect changes in the Respiratory Protection Plan}**

Responsibilities

[You may choose to assign responsibilities differently than below as long as someone is responsible for each of the components of the program]

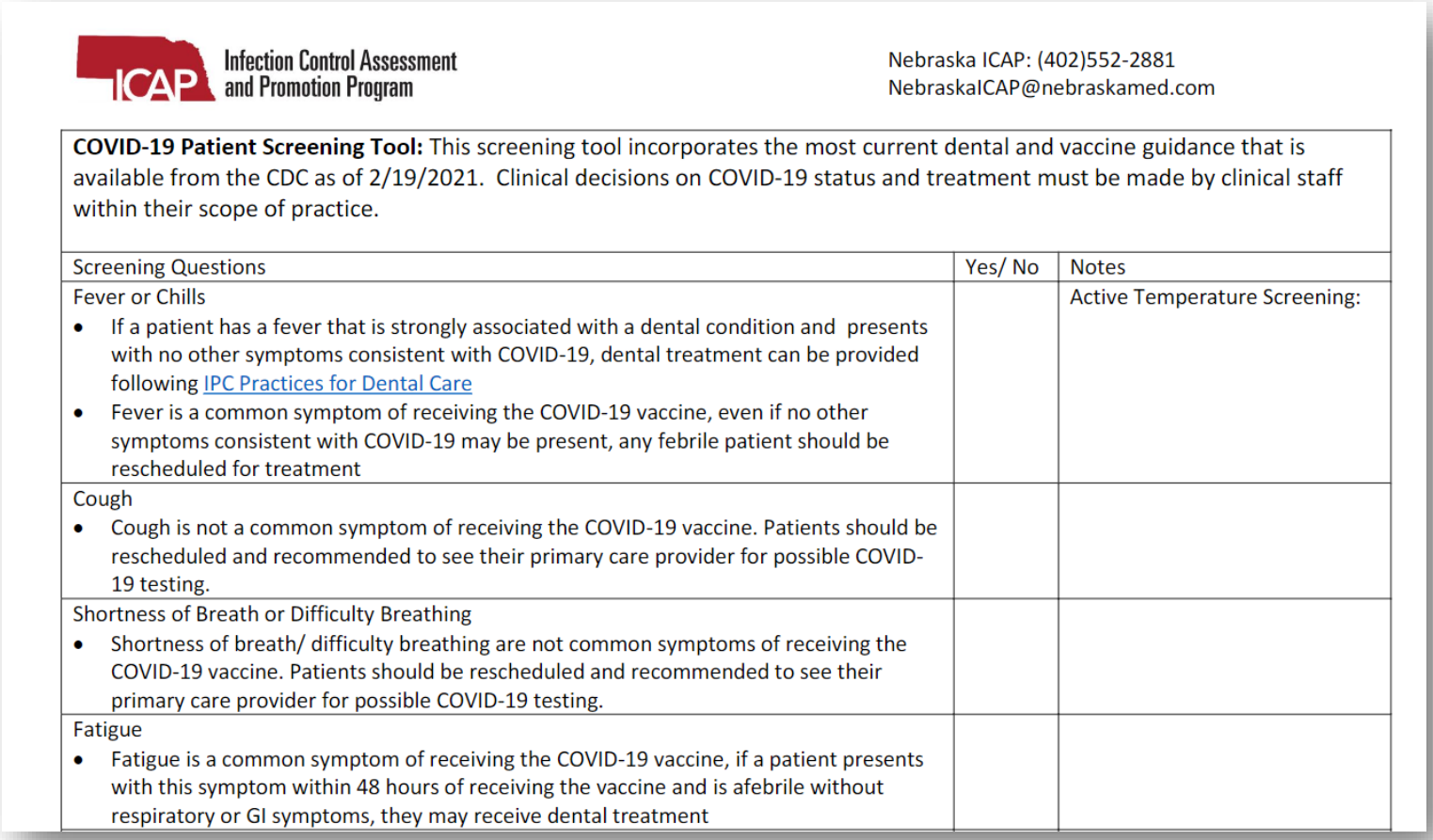
Respirator Program Administrator

[This should be an individual (either a name or a job title or both) rather than a department or group of administrators, and affected employees need to know who that person is.] {XXXXXX,} has been designated as the respiratory program administrator (RPA). The RPA has received appropriate training and is knowledgeable about the requirements of the OSHA Respiratory Protection standard and all elements of the respiratory protection program that need to be implemented to be effective. Hospital administration has the ultimate responsibility for all aspects of this program and has given **{him/her}** full authority to make the necessary decisions to ensure its success. This authority includes, but is not limited to, conducting hazard assessments for selecting appropriate respiratory protection, purchasing the necessary equipment and supplies, and developing and implementing the policies and procedures described in the written RPP.

Specifically, the RPA or other staff in conjunction with the RPA will, in accordance with OSHA's

https://icap.nebraskamed.com/dental-facilities/

Patient Screening Tool



Infection Control Assessment and Promotion Program

Nebraska ICAP: (402)552-2881
NebraskaICAP@nebraskamed.com

COVID-19 Patient Screening Tool: This screening tool incorporates the most current dental and vaccine guidance that is available from the CDC as of 2/19/2021. Clinical decisions on COVID-19 status and treatment must be made by clinical staff within their scope of practice.

Screening Questions	Yes/ No	Notes
Fever or Chills • If a patient has a fever that is strongly associated with a dental condition and presents with no other symptoms consistent with COVID-19, dental treatment can be provided following IPC Practices for Dental Care • Fever is a common symptom of receiving the COVID-19 vaccine, even if no other symptoms consistent with COVID-19 may be present, any febrile patient should be rescheduled for treatment		Active Temperature Screening:
Cough • Cough is not a common symptom of receiving the COVID-19 vaccine. Patients should be rescheduled and recommended to see their primary care provider for possible COVID-19 testing.		
Shortness of Breath or Difficulty Breathing • Shortness of breath/ difficulty breathing are not common symptoms of receiving the COVID-19 vaccine. Patients should be rescheduled and recommended to see their primary care provider for possible COVID-19 testing.		
Fatigue • Fatigue is a common symptom of receiving the COVID-19 vaccine, if a patient presents with this symptom within 48 hours of receiving the vaccine and is afebrile without respiratory or GI symptoms, they may receive dental treatment		

https://icap.nebraskamed.com/wp-content/uploads/sites/2/2021/02/Dental-Patient-Screening-Tool.pdf

CDC Practice Tools

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Infection Control Assessment and Promotion Program

https://www.cdc.gov/oralhealth/infectioncontrol/pdf/DentalEditable_TAG508.pdf

Infection Prevention Checklist

Section I: Policies and Practices

I.1 Administrative Measures

Facility name: .....

Completed by: .....

Date: .....

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Written infection prevention policies and procedures specific for the dental setting are available, current, and based on evidence-based guidelines (e.g., CDC/Healthcare Infection Control Practices Advisory Committee [HICPAC]), regulations, or standards **Note:** *Policies and procedures should be appropriate for the services provided by the dental setting and should extend beyond the Occupational Safety and Health Administration (OSHA) bloodborne pathogens training.*	☐ Yes ☐ No	
B. Infection prevention policies and procedures are reassessed at least annually or according to state or federal requirements, and updated if appropriate **Note:** *This may be performed during the required annual review of the dental setting's OSHA Exposure Control Plan.*	☐ Yes ☐ No	
C. At least one individual trained in infection prevention is assigned responsibility for coordinating	☐ Yes ☐ No	

https://www.cdc.gov/oralhealth/infectioncontrol/pdf/DentalEditable_TAG508.pdf

ICAP

Infection Prevention Checklist

Section II: Direct Observation of Personnel and Patient-Care Practices

Facility name: .....

Completed by: .....

Date: .....

II.1 Hand Hygiene is Performed Correctly

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. When hands are visibly soiled	☐ Yes ☐ No	
B. After barehanded touching of instruments, equipment, materials and other objects likely to be contaminated by blood, saliva, or respiratory secretions	☐ Yes ☐ No	
C. Before and after treating each patient	☐ Yes ☐ No	
D. Before putting on gloves	☐ Yes ☐ No	
E. Immediately after removing gloves	☐ Yes ☐ No	
F. Surgical hand scrub is performed before putting on sterile surgeon's gloves for all surgical procedures **Note:** *Examples of surgical procedures include biopsy,*	☐ Yes ☐ No	

https://www.cdc.gov/oralhealth/infectioncontrol/pdf/DentalEditable_TAG508.pdf

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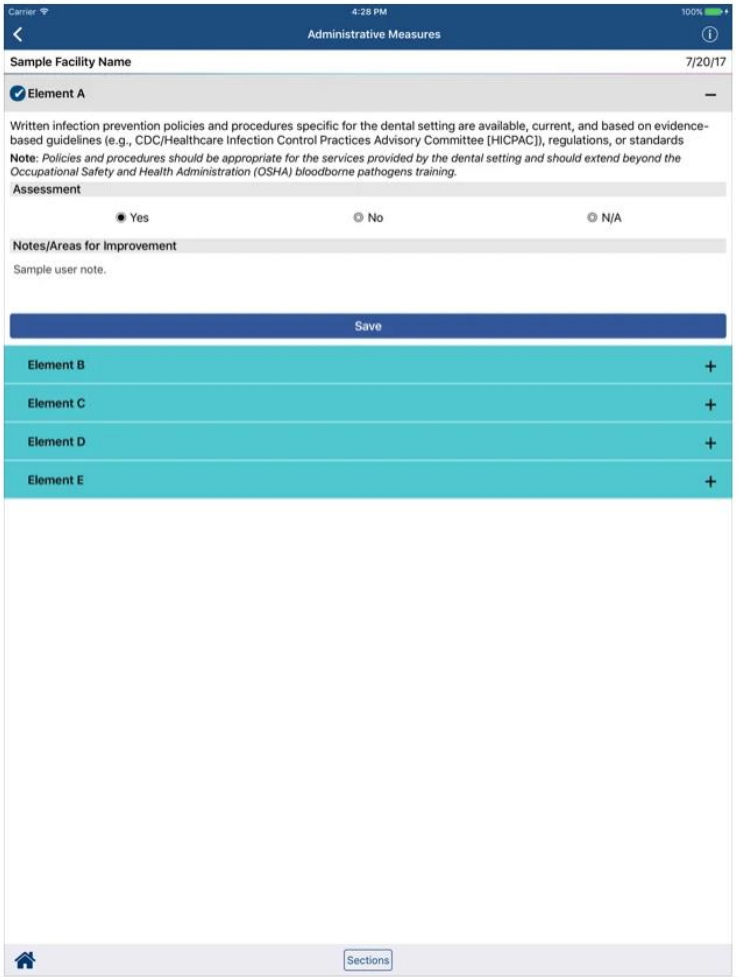
Dental Check App

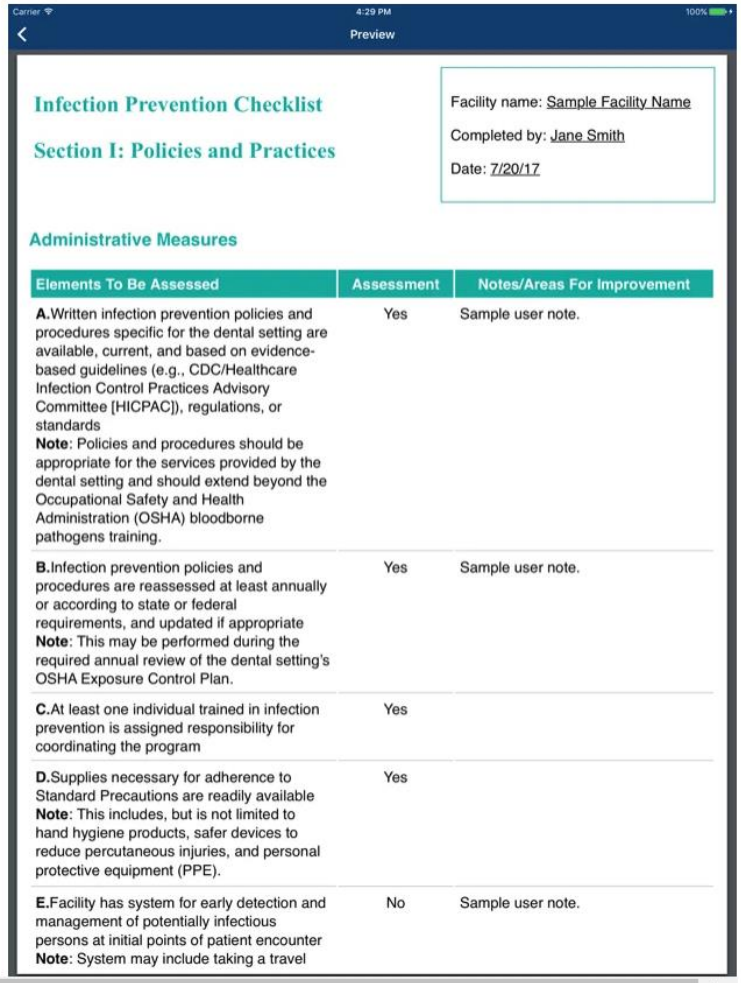
Dental health care personnel can use the mobile application, CDC DentalCheck, to periodically assess practices in their facility and ensure they are meeting the minimum expectations for safe care.

Key Features

- Check Yes/No to acknowledge adherence to office policies or observed practices.
- Review basic infection prevention principles and link to full recommendations and source documents for dental health care settings.
- Export or save results and notes for records management.

Dental Check App





Announcements/ Updates

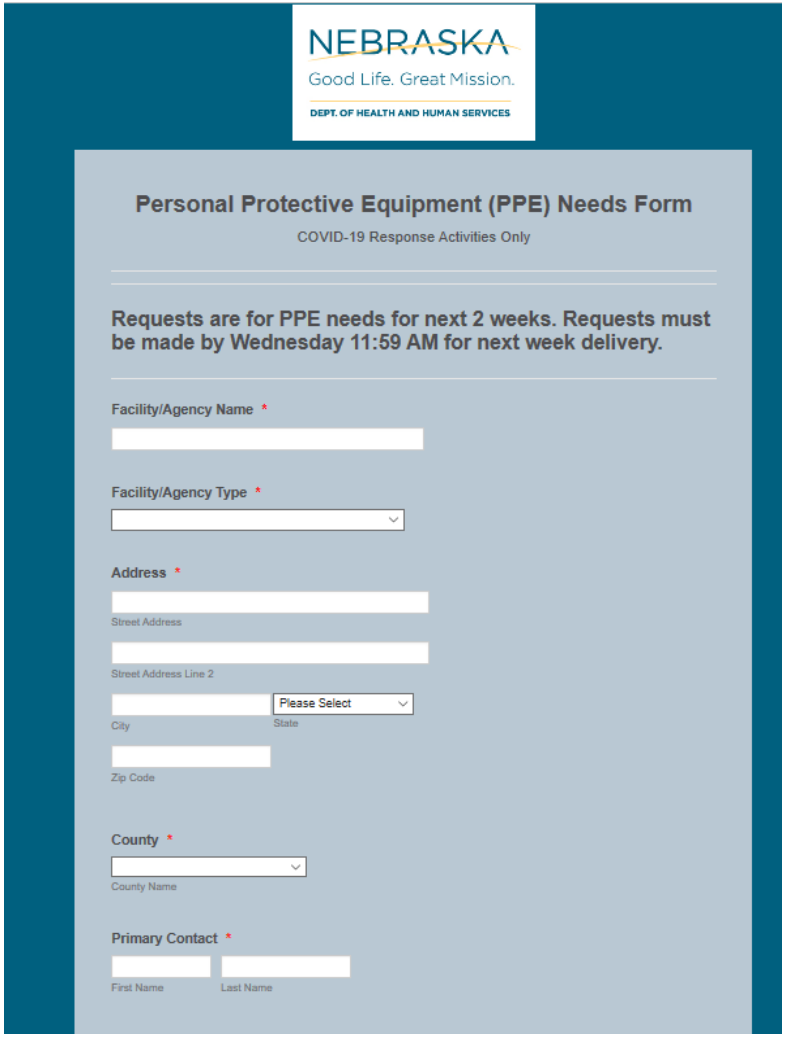
ICAP

Infection Control Assessment and Promotion Program

Nebraska PPE Update

- Ne DHHS has an abundance of PPE available for providers
- Please continue to use the DHHS Jot form to order PPE as needed for your facility
- N95 respirators (3M 8210 and Honeywell DC300), surgical masks, gowns, gloves and disinfectant wipes are available
- Do not continue on with Contingency or Crisis PPE use (extended use and limited reuse), DHHS has enough PPE to get you back into Conventional use status

PPE Requests from NE DHHS


NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Personal Protective Equipment (PPE) Needs Form

COVID-19 Response Activities Only

Requests are for PPE needs for next 2 weeks. Requests must be made by Wednesday 11:59 AM for next week delivery.

Facility/Agency Name *

Facility/Agency Type *

Address *

Street Address

Street Address Line 2

City

Please Select

State

Zip Code

County *

County Name

Primary Contact *

First Name

Last Name

Use this link to request support with PPE:

- PPE Request from NE DHHS https://form.jotform.com/NebraskaDHHS/PPERequestForm [form.jotform.com]
- This form goes to both the local health department and NE DHHS
- Requests are for PPE needs for next 2 weeks.
- Requests must be made by Wednesday 11:59 AM for next week delivery.
- Local Health Departments are responsible for approving requests, work with them directly for urgent needs

ICAP

COVID-19 Reporting: Best Practices

How to report if you or your staff is positive:

1. Call your Local Health Department
2. Ask for the Communicable Disease Department
3. Tell them you're a healthcare worker and are positive for COVID-19

Do you need more resources?

You can always contact the Ne ICAP team if you need:

- Contact information for the local health department
- Information on next steps when a COVID-19 positive case is identified in staff or a patient
- Information on discontinuation of isolation for staff or patients
- Information on best practices for testing after exposure, environmental cleaning and disinfection and respiratory protection

Counterfeit N95s

3M Science. Applied to Life.™

COUNTERFEIT NOTIFICATION – NOT A PRODUCT RECALL

February 11, 2021

Dear Valued Customer,

Recently, we have been receiving increasing reports of fraud related to the following three 3M surgical respirator models:

- 3M™ Health Care Particulate Respirator and Surgical Mask 1860;
- 3M™ Health Care Particulate Respirator and Surgical Mask 1860S; and
- 3M™ Aura™ Health Care Particulate Respirator and Surgical Mask 1870+.

These have included reports of fake/counterfeit product as well as fraudulent offers where product is offered but not delivered. We have been working with law enforcement to get counterfeit respirators off the market. These enforcement actions have resulted in the seizure of millions of counterfeit model 1860, 1860S, and 1870+ surgical respirators.

In evaluating offers for these respirators, please consider some common signs of counterfeit:

- All 3M model 1860, 1860S, and 1870+ respirators imported into the United States from any other country are likely to be counterfeit. 3M is not currently importing these respirator models into the United States. If you have been offered these models coming from outside the United States, they should be viewed as counterfeit.
- All 3M model 1860, 1860S, and 1870+ respirators exported from China/Hong Kong should be viewed as counterfeit. We do not manufacture these respirators in China/Hong Kong.
- Do not rely on TUV, SGS, or similar certification reports. All shipments of 3M model 1860, 1860S, and 1870+ respirators accompanied by a TUV, SGS, or similar certification report are likely counterfeit.
- 3M does not use a "Peru Seal" or other similar seals (examples at right). Respirators bearing these seals are likely counterfeit.

https://multimedia.3m.com/mws/media/1934748O/3m-counterfeit-communication-letter.pdf

With regard to model 1860, 1860S, and 1870+ surgical respirators, we have identified counterfeit product bearing the following Lot Codes:

	Lot Codes
Model 1860	B19029, B19063, B19206, B19240, B19130, B19133, B19155, B19161, B19206, B19314, B20010, B20013, B20016, B20018, B20020, B20021, B20022, B20025, B20060, B20119, B20235, B20245, B20281, B20670 R20025, R20102, R20144, R20150, R20183, R20190, R20294, R20328
Model 1860S	B20020, B20522, B20659, B20670, B20679, R20522
Model 1870+	C193041, C190241

Please note that there may be counterfeit product with Lot Codes not listed here, and that additional Lot Codes may be added over time.

If you possess respirators bearing one of these Lot Codes, please immediately assess the way in which you acquired those products. If you purchased them from a seller that is not a 3M authorized distributor, then there is a significant risk that they are counterfeit and should not be used. We strongly recommend that 3M respirators be purchased only through 3M authorized distributors, or through existing contracting vehicles (i.e., Federal Supply Schedules), as this will provide the greatest assurance of receiving authentic product.

Please contact our anti-fraud hotline at 1-800-426-8688 or 3M.com/covidfraud:

- If you are considering an offer for product that raises one or more of these concerns,
- If you have purchased product from a seller who is not a 3M authorized distributor, or that raises one or more of these concerns, and want to authenticate the product,
- To verify whether a seller who is offering or has sold you these products is a 3M authorized distributor, or
- If you have any other questions about model 1860, 1860S, or 1870+ surgical respirators or other 3M respiratory protection products.

You can find more information, including additional tips to help identify counterfeit respirators, on our website at 3M.com/covidfraud.

Thank you for your continued support.

https://multimedia.3m.com/mws/media/1934748O/3m-counterfeit-communication-letter.pdf

Counterfeit Respirators / Misrepresentation of NIOSH-Approval

Updated February 9, 2021

Counterfeit respirators are products that are falsely marketed and sold as being NIOSH-approved and may not be capable of providing appropriate respiratory protection to workers.
When NIOSH becomes aware of counterfeit respirators or those misrepresenting NIOSH approval on the market, we will post them here to alert users, purchasers, and manufacturers.

How to identify a NIOSH-approved respirator:

NIOSH-approved respirators have an approval label on or within the packaging of the respirator (i.e. on the box itself and/or within the users' instructions). Additionally, an abbreviated approval is on the FFR itself. You can verify the approval number on the NIOSH Certified Equipment List (CEL) or the NIOSH Trusted-Source page to determine if the respirator has been approved by NIOSH. NIOSH-approved FFRs will always have one the following designations: N95, N99, N100, R95, R99, R100, P95, P99, P100.

Signs that a respirator may be counterfeit:

- No markings at all on the filtering facepiece respirator
- No approval (TC) number on filtering facepiece respirator or headband
- No NIOSH markings
- NIOSH spelled incorrectly
- Presence of decorative fabric or other decorative add-ons (e.g., sequins)
- Claims for the of approval for children (NIOSH does not approve any type of respiratory protection for children)
- Filtering facepiece respirator has ear loops instead of headbands

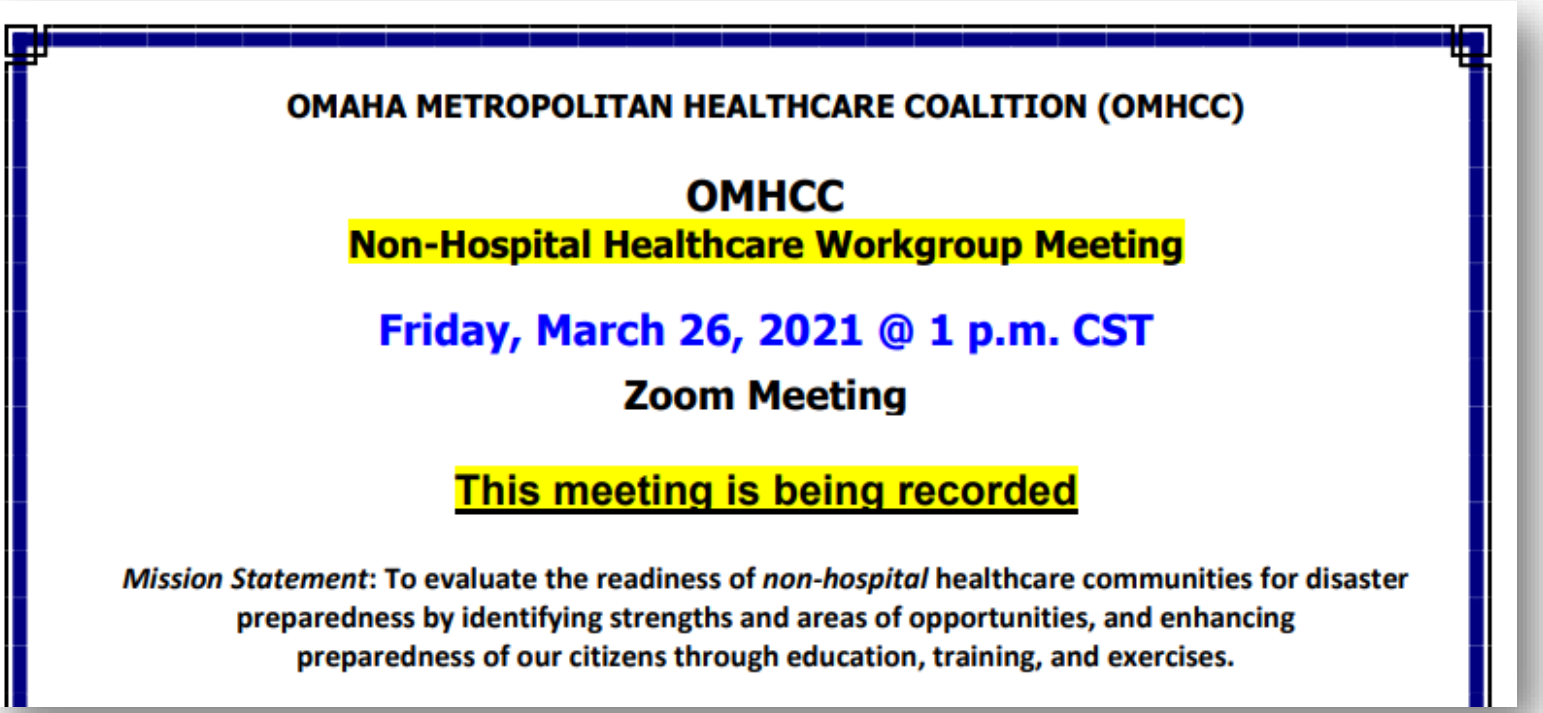
Check the respirator approval markings using the Example of Correct Exterior Markings on a NIOSH-Approved Filtering Facepiece Respirator graphic.

Additional Tips for Spotting Counterfeit Respirators Before You Buy

Note – Below the most recent listings are additional counterfeit respirators.

https://www.cdc.gov/niosh/npptl/usernotices/counterfeitResp.html

Non-Hospital Workgroup



OMAHA METROPOLITAN HEALTHCARE COALITION (OMHCC)

OMHCC

Non-Hospital Healthcare Workgroup Meeting

Friday, March 26, 2021 @ 1 p.m. CST

Zoom Meeting

This meeting is being recorded

***Mission Statement*: To evaluate the readiness of *non-hospital* healthcare communities for disaster preparedness by identifying strengths and areas of opportunities, and enhancing preparedness of our citizens through education, training, and exercises.**

Email Sarah Stream for information on how to attend this monthly meeting

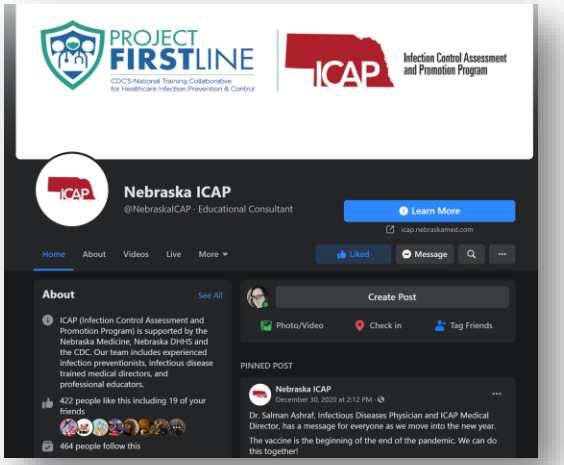
sstream@nebraskamed.com

Project Firstline

- CDC Initiative to provide basic infection control education to all healthcare providers
- Nebraska ICAP would like to begin to develop an entry level dental infection control training course, but we need your feedback
- Please complete this infection control survey to help us develop the course:

Coming up!

- Dental webinars will be hosted on the Third Friday of every month at 12:00 CST
- Topics will be based on needs that are observed in the dental community, we would love to hear from you!
- If you have topic suggestions, submit them to Sarah Stream at sstream@nebraskamed.com
- Next Webinar: Friday, April 16, 12:00 pm CST
- Register through the Facebook Event page or at: https://unmc.zoom.us/webinar/register/WN_hVqe0-K3TBm0ui_0NOfh4w



ICAP

Infection Prevention and Control Office Hours

Monday – Friday

8:00 AM – 10:00 AM Central Time

2:00 PM -4:00 PM Central Time

Call 402-552-2881

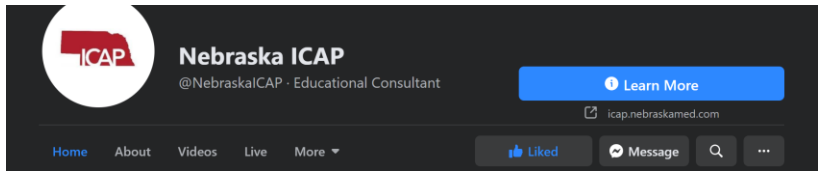
Email NebraskaICAP@nebraskamed.com

Questions and Answer Session

Use the QA box in the webinar platform to type a question. Questions will be read aloud by the moderator, in the order they are received

A transcript of the discussion will be made available on the ICAP website

Panelists:

- Dr. Richard Hankins
- Dr. Daniel Brailita
- Sarah Stream, MPH, CDA, FADAA
- Kate Tyner, RN, BSN, CIC
- Karen Amsberry, MSN,RN
- Dan German
- Mounica Souma,

Don't forget to Like us on Facebook for important updates!