

Stanislaus Dental Society

Dental Safety in the Shadow of COVID-19: Includes OSHA Compliance and Infection Control

-by-

Nancy Andrews, RDH, B.S.

3 Hours Core CEU's

Recorded Virtual Zoom Course



Nancy Andrews, RDH, BS, graduated from and taught at University of Southern California School of Dentistry, and practiced dental hygiene locally for 20 years. She is a professor at West Coast University, Dental Hygiene program. Nancy presents at major meetings across the nation, focusing on infectious diseases, clinical safety, disaster preparedness, instrument sharpening, California Dental Practice Act, dental risk, oral pathology, and ergonomics. She is one of the top 100 national speakers, and is on the CDA, ADA and OSAP speaker's/ Consultants' bureaus. Nancy is a widely published author of dental journal articles and has contributed to textbooks, professional infection control documents and posters.

Course Summary:

This course makes sense of the many safety recommendations for dentistry considering the COVID-19 pandemic and beyond. Standard Precautions and Transmission-based Precautions will be explained in the context of CDC & ADA Guidelines and OSHA & Dental Board regulations. Options and strategies are presented with extensive question & answer time to address your concerns.

Outcomes - Upon completion, the participant shall be able to:

- Recognize and manage bloodborne, contact, droplet, **and airborne diseases**
- Identify best practices for providing dental care while considering COVID-19
- Make sense of evolving recommendations as applied to changing infection risk

Register: Must include email for Zoom link for each attendee!

(Circle)

Name: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

Email: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

Name: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

Email: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

Name: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

Email: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

Name: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

Email: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

Name: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

Email: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

Name: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

Email: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

Name: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

Email: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

Office Address: _____

City: _____ Zip: _____

Telephone: _____

Email: _____

Tuition	
CDA Members.....	\$75
Auxiliary.....	\$50
Hygienists.....	\$60
Non-Member Dentists.....	\$100

Payment:

_____ Check Amount: \$ _____

_____ Credit Card (Amer. Express/VISA/MasterCard)

Name on Card: _____ CV(3-digits) _____.

CC# _____ Exp. (mm/yr) _____/_____.

Mail registration form with check:

Stanislaus Dental Society

2401 E. Orangeburg Ave. Ste. 675-319 Modesto, CA 95355

C/C registrations can be emailed, sdsdent@thevision.net

Fee must accompany the registration form.