



OSHA and Infection Control 2024 | 3 CE

HYBRID MEETING!

In-Person:

MO Dental Association
3340 American Ave
Jefferson City, MO **LOWER LEVEL**
*Breakfast pastries and coffee will be provided at 8:30am
*In-person space will be limited to 80

Virtual:

Zoom details will be emailed to registrants prior to the meeting.

When:

Friday, September 6, 2024

Schedule:

CE Course: 9am-Noon (3 CE)
Membership Meeting: 12:30pm-2pm

In-person Fee: INCENTIVE DISCOUNT

\$40 Member Dentists
\$25 Staff
\$80 Non-Member Dentists



Dr. Howard Shayne presents
OSHA & Infection Control

The OSHA Bloodborne Pathogen Standard requires that employers who have employees with occupational exposure to blood and other potential infectious material provide training for those employees annually. In addition, for DANB

Certified Dental Assistants, two hours of infection control and one hour of OSHA's Bloodborne Pathogens credits is required annually. This course covers both areas of required training. The OSHA standard contains fifteen elements that will be addressed in the training. The major exception is that the standard does not require an annual review of the employer's exposure control plan. This portion of the requirement will need to occur in the participants' individual office setting. However, a discussion of the elements required in all plans will be included. The course will provide 3 hours of CEU (2 hours IF & 1 hour BBP). You will learn how to be aware of safety issues involved in dental care, be able to apply modern infection control principals, be knowledgeable about requirements of the OSHA Bloodborne Pathogens Standards and be able to critically analyze different methods for instrument decontamination

Virtual Course Fee:

\$75 Member Dentists
\$50 Staff
\$150 Non-Member Dentists

CDS is an approved continuing education provider by the Missouri Dental Board.

Contact Person: _____ Email*: _____

Email used for zoom link and last minute details. CE cards will be emailed after the presentation for virtual participants.

Attendee Name: _____ Fee: _____ In-Person Virtual

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Attendee Name: _____ Fee: _____ In-Person Virtual

Total Fee Enclosed: _____