



Beyond Compliance: Cultivating a Culture of Safety and Ethics in Dentistry

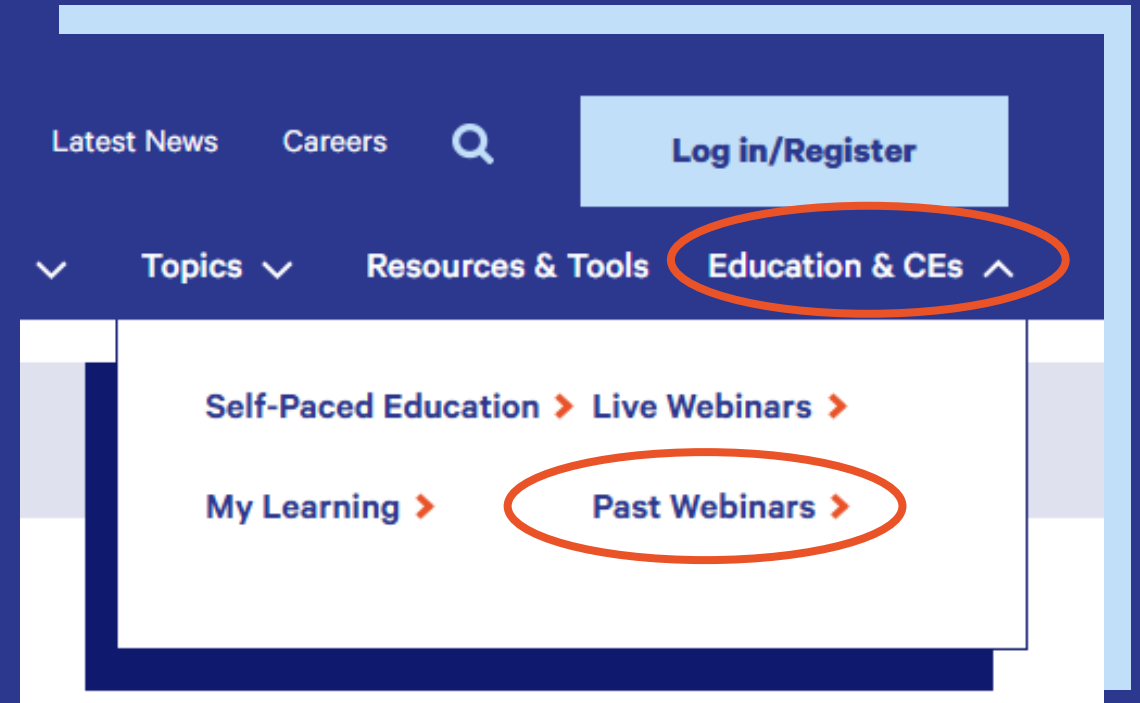
August 7, 2025

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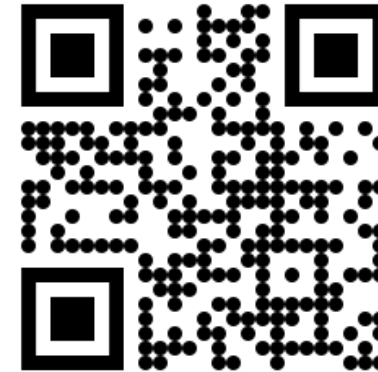


- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.

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Contact ADS at: office@MyADS.org

Webinar

Beyond Compliance: Cultivating a Culture of Safety and Ethics in Dentistry



Thursday
August 7, 2025



7-8 p.m. ET

1 CE Credit



Moderator

Olivia Wann, JD

Modern Practice Solutions, LLC



Presenter

Sarah Stream, MPH, CDIPC, CDA, FADAA

Stream Education and Consulting

Poll Questions

1. **In your experience, which area of dental safety needs the most ongoing attention in practice?**
 - a) Infection control
 - b) Medical emergencies
 - c) Radiation safety
 - d) Documentation and informed consent
 - e) Staff training and communication

2. **How confident are you that your work safety protocols are up to date with current legal and regulatory standards?**
 - a) Very confident
 - b) Confident but there's room to improve
 - c) Somewhat confident, I think we are up to date but I'm not sure
 - d) Not confident, the protocols are unclear

Beyond Compliance:

Cultivating a Culture of Safety
and Ethics in Dentistry

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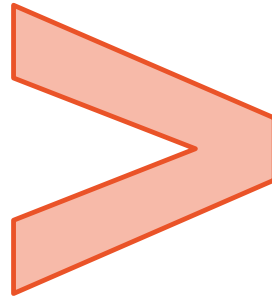
Sarah Stream, MPH, CDIPC, CDA, FADAA

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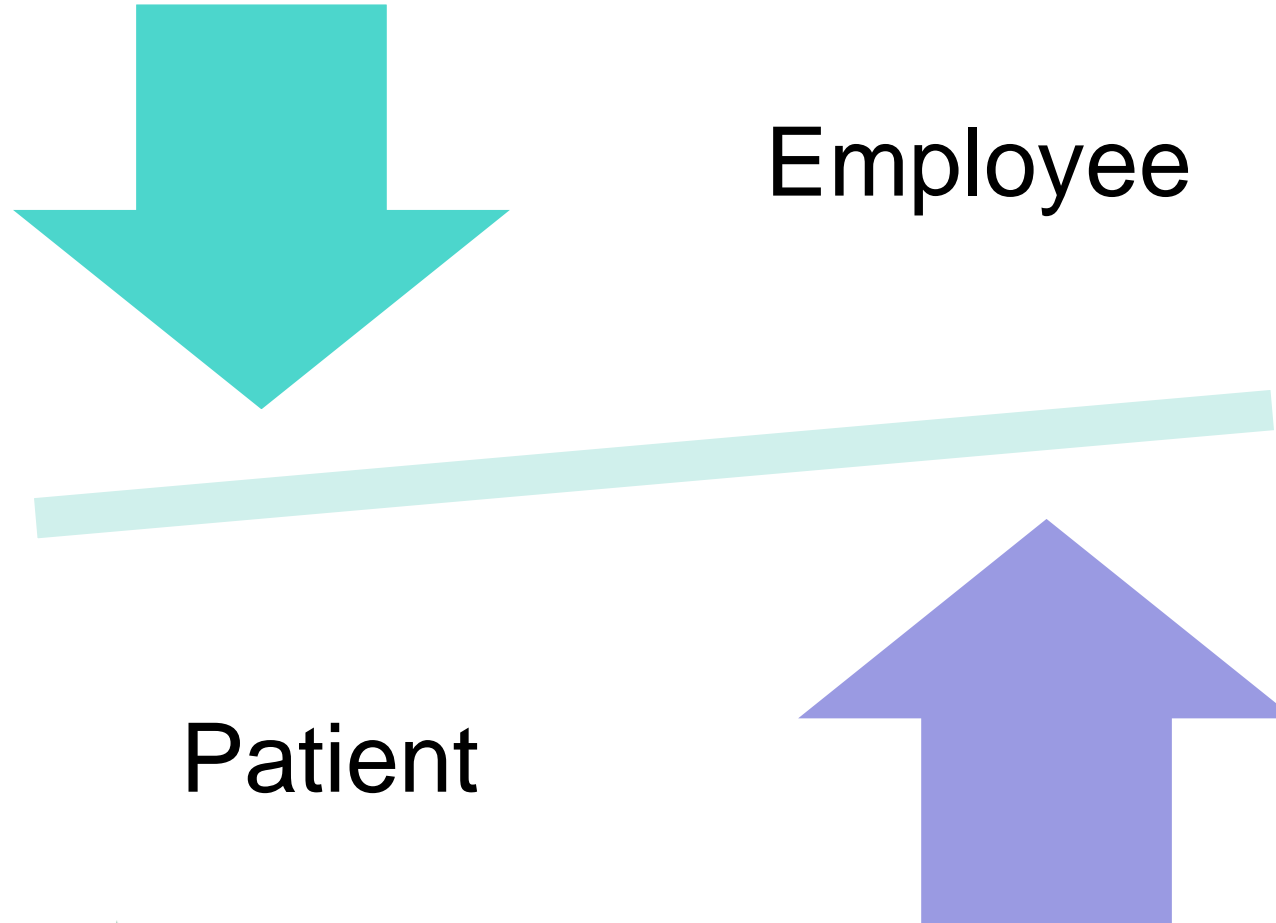
Olivia Wann, JD

Olivia Wann owns Modern Practice Solutions and The Law Office of Olivia Wann & Associates.

Dental Safety



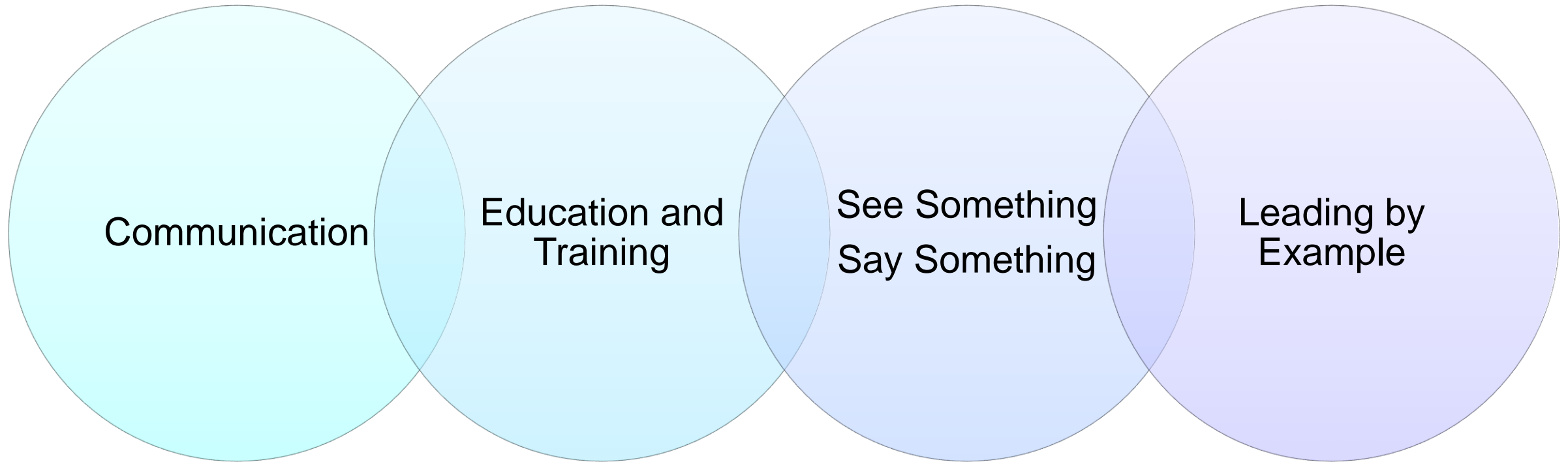
Types of Dental Safety



Poll Question

1. In your current position, do you feel empowered to speak up if you see something that isn't right?
 - a) Yes
 - b) No

How do we cultivate a culture of safety?



Define Safety and Communicate

Incidents

- Safety events that reach the patient or employee, whether or not harm was involved

Near Misses

- Events that do not reach the patient or employee

Unsafe conditions

- Circumstances that increase the chances of an incident or near miss

Effects of Cultivating a Culture of Safety



TN Case: Infection Control OSHA Notifies Dentist of Alleged Complaint

Issue:

- Is the biological monitoring being conducted each week?
- Sterilization of handpieces weekly rather than between patients?
- Why does OSHA have authority to investigate this matter?



On [REDACTED], the Tennessee Occupational Safety and Health Administration (TOSHA) received a complaint concerning hazards at your worksite at [REDACTED]. The specific nature of the complaint involves the following:

1. The facility does not perform weekly autoclave tests.
2. Hand pieces are not changed or sterilized between each patient.

We have not determined whether the hazards, as alleged, exist at your workplace; and we are not conducting an inspection at this time. However, since allegations of violations have been made, you should investigate the alleged conditions and make any necessary corrections or modifications. Within (five) 5 working days or less of your receipt of this letter, please advise us in writing of your findings and of the action you have taken. Your response should be detailed, stating specifically what action you have taken to correct any hazards. You should enclose any supporting documentation on the action you have taken, such as monitoring results, new equipment, purchase orders, as well as photographs of the corrected condition. Please send your response to [REDACTED].

This letter is not a citation nor is it a notification of proposed penalty which, according to the Tennessee Occupational Safety and Health Act of 1972, as amended, may be issued only after an inspection or investigation of the workplace. If we do not receive a response from you within 5 working days indicating that appropriate action has been taken or that no hazard exists and why, an inspection may be conducted. In addition, to assure that the employer has taken the corrective action asserted in the response, random inspections are periodically conducted.

Finally, any action taken by you in this matter will not automatically remove your workplace from the possibility of an unannounced inspection by duly authorized representatives of TOSHA in accordance with routine scheduling procedures currently in effect.

You are requested to post a copy of this letter and your responses to it where it will be readily accessible for review by all your employees.

If you have any questions concerning this matter, please contact our office at (615) 741-2793. Your personal support and interest in the safety and health of your employees is appreciated.

Biological Monitoring

- Spore test weekly
- When changes are made in your program:
 - When new packaging material used
 - After training new clinical staff
 - Newly installed sterilizer
 - Moved sterilizer
 - Repaired sterilizer

Patients advised to seek testing for Viral Hepatitis and HIV Fall 2024 in WA

- BBP testing recommended for patients who received care from this clinic between Nov. 2021 and June 2022
- Test for hepatitis B, hepatitis C, and HIV
- DOH believes some patients may have been exposed to BBP
- No disease transmission reported
- Risk low
- Clinic closed 2022
- Dentist's license was suspended

Dental Clinic Advised to Seek Testing for Viral Hepatitis and HIV

Sep 18, 2024

Updated Oct. 3, 2024. This press release was previously published on Sept. 18, 2024.

Media Contact: Mark Johnson, PIO |
Washington State Department of Health |
Mark.Johnson@doh.wa.gov |
360.480.8973

The Spokane Regional Health District (SRHD) and the Washington State Department of Health (DOH) Healthcare-Associated Infections and Antimicrobial Resistance Section

Dentist's Violations?

- He did not wear gloves while working with patients, or wore dirty gloves
- Retrieved single use items from the trash to re-use (towels, suction tips, x-ray barriers)
- Soaked dry shield suctions in paint thinner and Ajax cleaning solution
- Employed unlicensed assistant for licensed tasks
- Used powdered charcoal and pumice with toothpaste
- Mixed topical gel with non-ingestible lidocaine
- Failed to maintain clean water lines
- Declined to allow the inspection proceed by Board



Committed Unprofessional Conduct

- Provider Details:
 - Credential Status: **SUSPENDED**
- Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk
- Violation of any state or federal statute or administrative rule – standards for patient care or professional conduct or practice
- Failure to cooperate with the disciplining authority

NC Dentist Surrenders License 2024

April 2024

- Dental board investigators showed up unannounced
- Allegedly found reused instruments, cockroaches and gloves that were being used improperly
- Dentist agreed to license suspension
- 2021 similar issues
- Consent order indicated investigator was locked out when he stepped outside.



Compliance Officer Visits

- Industrial Hygienist or Safety Professional
- Proof of credentials
- Opening conference
 - Reason for visit
 - Scope
 - Walk around
 - Give documentation first
 - Workers interviewed
 - Choose someone to accompany



Licensee Violation from the Board of Dentistry

- Failure to discard all single use or disposable items
- Failure to use heat sterilizing device and test device for proper function by means of a biological monitoring system that indicates microorganism kill
- Failure to maintain documentation on all heat sterilizing devices in a log reflecting dates and persons conducting the testing, or by retaining copies of reports from an independent testing entity
- Failure to properly clean oral prosthetic appliances received from a dental laboratory by washing with soap or a detergent and water, rinse well, appropriately disinfect, and rinse well again before the prosthetic appliance is placed in the patient's mouth

Board's Action

- License placed on probation
- Must complete an OSHA Consultative Services Program
- Must submit proof of new heat sterilizing devices
- Must provide proof of documentation on all heat sterilizing devices in a log reflecting dates and persons conducting the test
- Must obtain thirty continuing education hours
- Assessed civil penalties of \$11,000.00
- Plus costs not to exceed \$5,000.00

Consent Order

- Notify all patients by written letter who were treated during a 3-year period to be tested for HIV, HCV, and HBV

Who is your point of contact?

- Appoint an IC-Safety Officer
- Announce their designation
- They will review
 - OSHA regulations
 - CDC guidelines
 - Manufacturer's instructions for use
 - Safety Data Sheets
 - Practice's safety plans & provide updates
 - Training
 - Hazard assessment / mock audits



How Does OSHA Address Needlesticks?

- Allegation of needlestick improperly handled
- Summary of case



Exposure Control Plan

- Protect workers from exposure to blood & OPIM
- Living document
- Specifically written for the individual facility
- Reviewed & updated at least annually (and when changes to the program)
- Available to workers
 - Online?
 - Paper manual?

Work Exposure Control Plan

Introduction

John Doe, DDS is hereafter referred to as "Practice."

The Practice's physical location(s) and contact information:

1234 Somewhere Road
Somewhere, TN 00000
(555) 555-5555

Website: _____
Email: _____

The Safety Coordinator is named herein and available by contacting the telephone number listed above.

Purpose

The purpose of this Work Exposure Control Plan is to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

Employee Exposure Determination

The Practice performed an exposure determination for all common job classifications that may be expected to incur occupational exposures to blood or other potentially infectious materials.

OSHA defines Occupational Exposure as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material that may result from the employee's job duties without regard to the use of personal protective equipment.

Employee exposure determination applies to part time, temporary, contract and per diem employees covered by the bloodborne pathogens standard. Employees who are determined to have occupational exposure to blood or other potentially infectious material (OPIM) must comply with the procedures and work practices outlined in this Work Exposure Control Plan.

Class I Employees

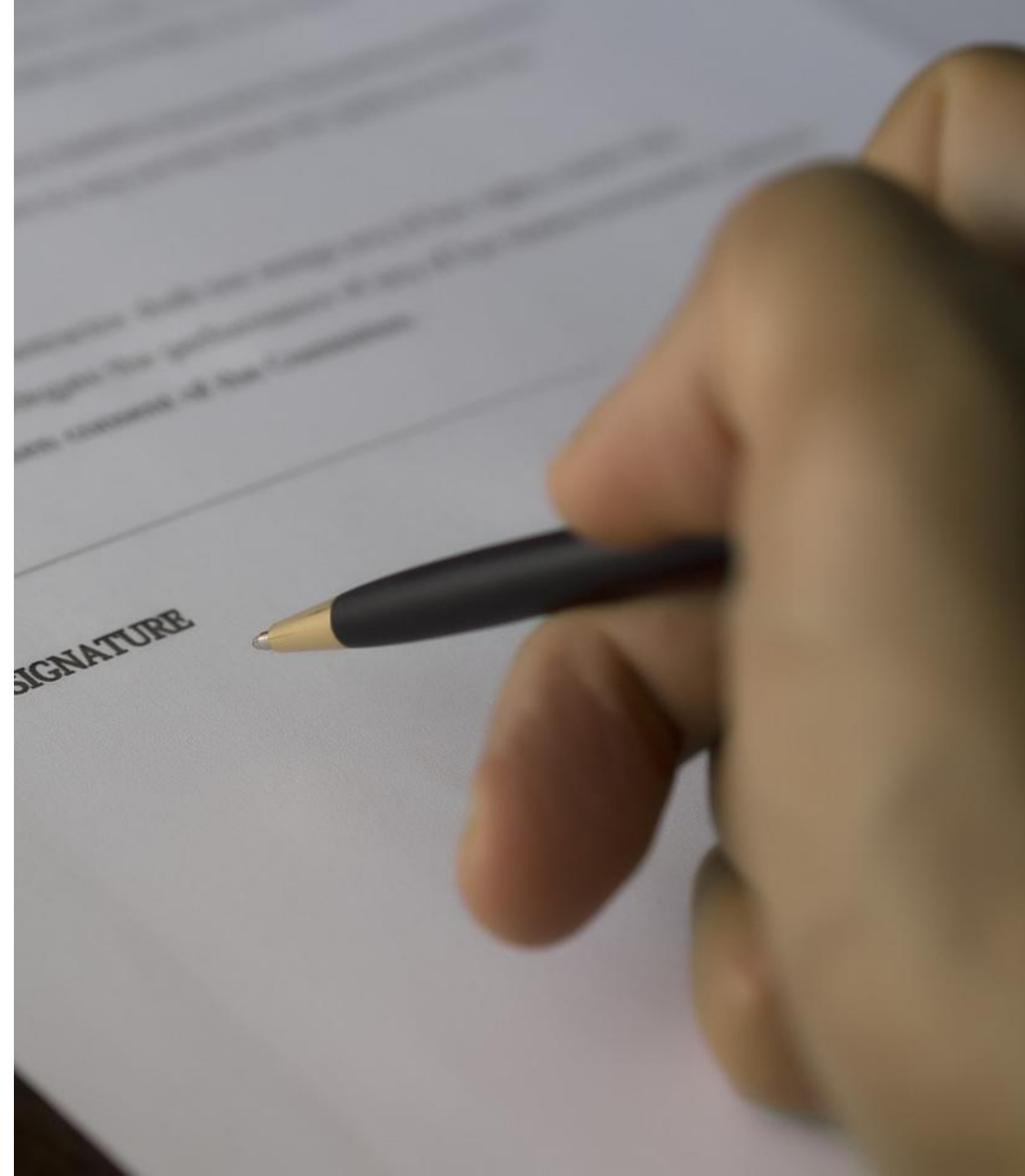
Class I employees have occupational exposure to bloodborne pathogens and must provide verification of the hepatitis B vaccine (or a declination statement). They receive initial training as a new hire and thereafter annual training on all provisions of the Bloodborne Pathogen Standard, infection control, and documentation. If the employee has not had the hepatitis B vaccine, the first injection of the series is provided within ten days of employment.

Job duties include patient care, operatory clean up, instrument management, handling regulated waste as well as other clinical tasks. Class I employees of the Practice include:

- ☐ Dentists
- ☐ Hygienist
- ☐ Dental Assistants / Assistants
- ☐ Lab technicians
- ☐ Other _____

Report occupational exposures immediately

- What does the employee do?
- Who does the employee report it to?
- What paperwork does the Safety Officer complete? Employee sign?
- Where is the paperwork stored?
- Paperwork for the source patient?
- Is a clinic designated?



Serious Violation: Missing Employee Medical Records

- Employer did not maintain medical records for employees with occupational exposure to include the employees' hepatitis B vaccination status
- OSHA manual template forms
- Confidential (paper or electronic)
- Retain 30 years past final employment date
- Retain documentation:
 - HBV vaccine status
 - Exposure incidents including healthcare professional's written opinion

Image by vjohns1580@ Pixabay



Serious Violation

- Employer did not **train employees with occupational exposure at initial hire**
- Employer did not train employers with occupational exposure on an **annual** basis

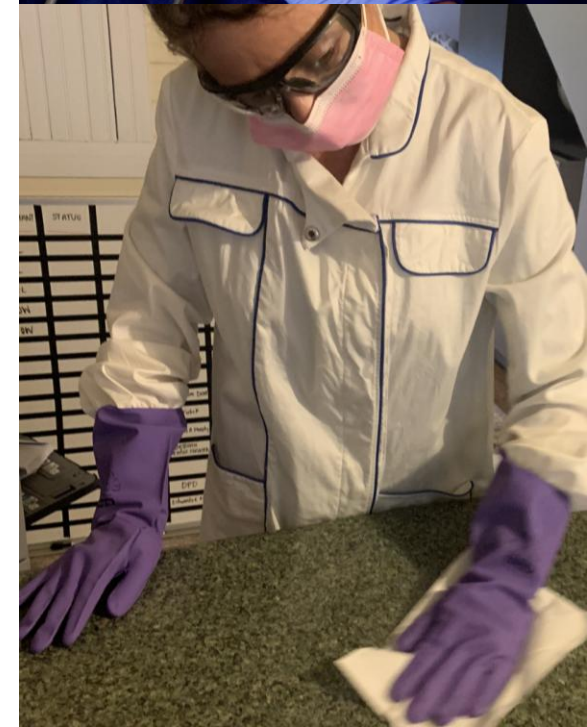
Personal Protective Equipment





Types, Use, Location, Removal, Handling, Decontamination, and Disposal of PPE

- Select appropriate PPE based on degree of anticipated exposure
- Gloves, masks, respirator, protective clothing, safety goggles or face shield, utility gloves, sterile surgeon's gloves, head cap
- OSHA prohibits employees from taking contaminated laundry home
- Don and doff correctly — proper sequencing



Utility Gloves

OSHA required

- Puncture and abrasion resistant nitrile
- Handling loose, contaminated instruments
- Mixing chemicals
- Disinfecting surfaces –check product label
- Follow instructions for use to decontaminate



Serious Violation

- Employer did not ensure that **sharps containers** in operator rooms were easily accessible and that there were sharps containers located as close as feasible to employees working in RDH rooms
 - Employer did not ensure that sharps containers were puncture resistant

Location & Placement

- NIOSH
- Visible location within easy horizontal reach of user
- Away from obstructive areas such as doorway, light switch
- Vertical height allows user to view opening
- Arm's reach, below eye level
- 56–52 inches standing workstation
- 42–38 inches for seated workstation



Transport Containers



Transport Container



Use a transport container



Affix a biohazard label

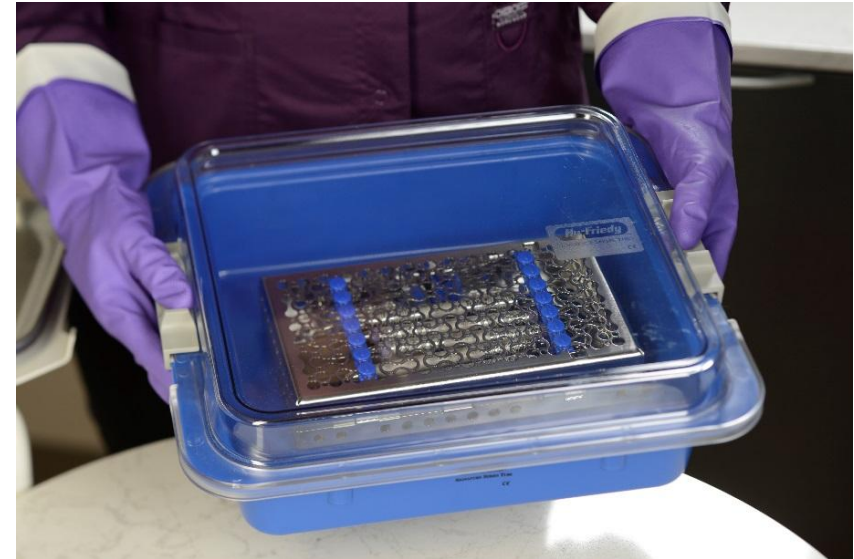


Photo from Hu-friedy

What is your water quality protocol?

- Establish a written SOP
- Implement separate reservoirs, chemical treatment protocols, use of filtration systems and sterile water delivery
- Purge DUWL @ night and whenever units are over of service when using separate water reservoir
- Discharge water and air lines for a mini 20 -30 seconds after each patient
- Monitor waterlines
- Be alert for biofilm formation (i.e., musty odor, cloudiness or particulates in the water and clogging of lines)

Use sterile water for surgical procedures

- Bulb syringe
- Sterile, single-use disposable products
- Sterile water delivery system that bypass the dental unit or sterilizable tubing
- Follow manufacturer's instructions for cleaning and disinfection of dental unit
- Do not attach dental handpieces or dental instruments to DUWL that have not been cleaned or disinfected per manufacturer's instructions

Water Monitoring



Independent lab – provides exact CFU/mL count for each sample



In-office testing – paddle test

Pass/fail
Train team



After two consecutive passing results,
test quarterly

Check state law



Maintain recordkeeping

How do you maintain documentation?

- Voluminous paperwork piling up?
- Are you considering electronic files?
- How do you make files accessible to workforce?
- How do you maintain confidentiality of employee medical records?

When the Patient Becomes a PLAINTIFF

Dentist owes a duty of care

Was there an infection control breach?

Plaintiff has burden of proof

Actions or inactions resulted in harm or injury



Question and Answer



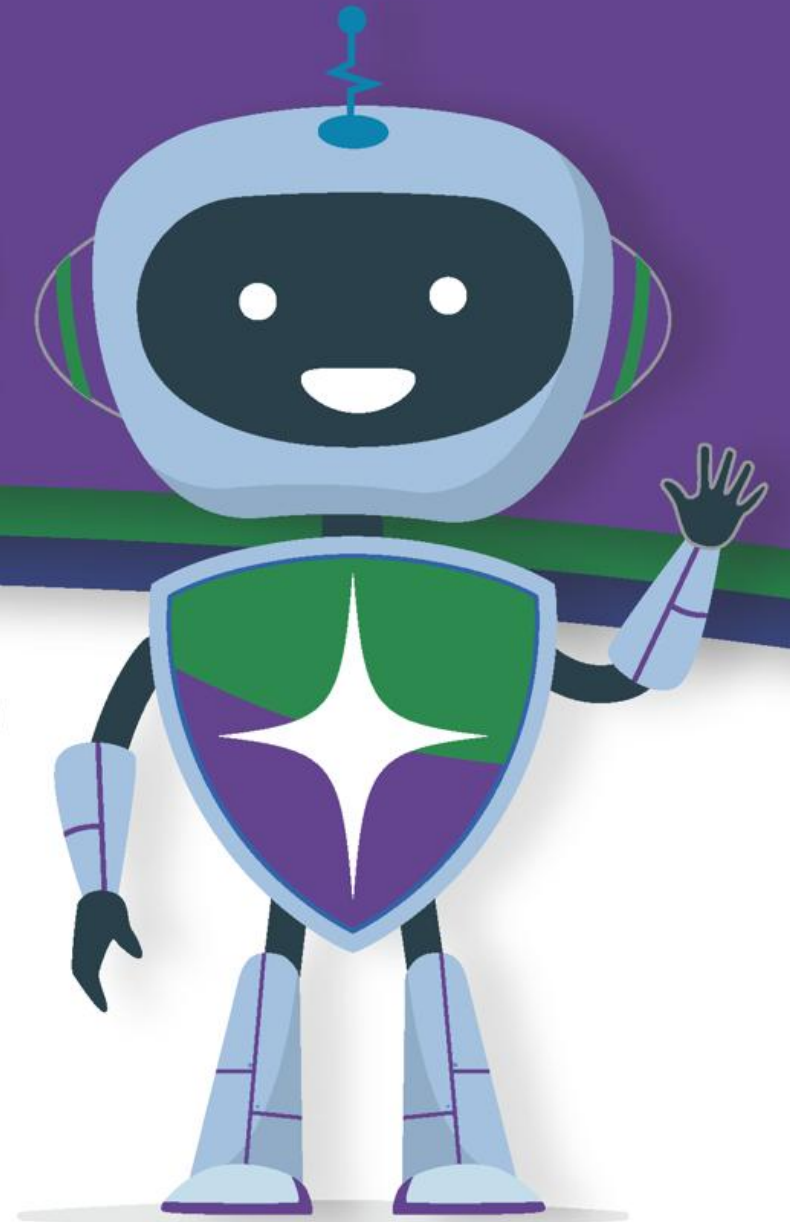
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QUESTIONS!

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Sarah Stream, MPH, CDIPC, CDA, FADAA
Stream Education & Consulting
stream.education.and.consulting@gmail.com



Olivia Wann, JD
Modern Practice Solutions, LLC
olivia@oliviawann.com

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