

Welcome to Today's Continuing Education Webinar

Thank you for logging on early! Today's program will begin shortly.

Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To receive CE Credits:

- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the evaluation by **Friday, August 2**.
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!



The CareQuest Institute for Oral Health is an ADA CER-P Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CER-P.

*Full disclosures available upon request

Infection Control: Lessons Learned from the New 'If Saliva Were Red' Video

CareQuest Institute Continuing Education Webinar

July 25, 2024

Infection Control: Lessons Learned from the New 'If Saliva Were Red' Video



WEBINAR | Thursday, July 25, 2024 | 7–8 p.m. ET | ADA CERP Credits: 1

MODERATOR



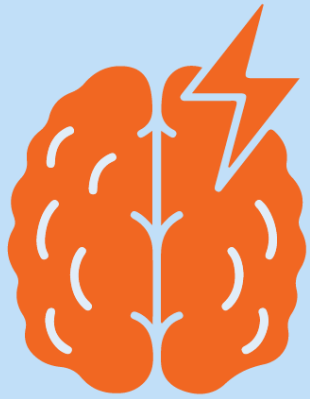
Sarah Stream,
MPH, CDIPC, CDA, FADAA
Dental Infection Control Specialist,
Stream Education
and Consulting, LLC

PRESENTER



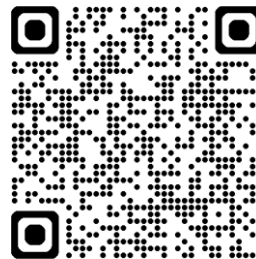
Karen Gregory,
RN, CDIPC
Karen Gregory
Consulting, LLC

Links Between Heart Health and Oral Health



Individuals with periodontal disease have
2 to 3 times
the risk of experiencing
a heart attack, stroke, or a severe cardiovascular event.

Read the Report





The Heart of the Matter

Links Between Cardiovascular Health and Oral Health

Cardiovascular Health

Every 33 seconds, one person in the United States (US) dies from cardiovascular disease (CVD). In the US, CVD is the leading cause of death, accounting for more than 900,000 deaths in 2020.¹ About 80% of CVD deaths occur as a result of heart attacks and strokes, and about 33% of these deaths occur among individuals under 70 years old. The cause of CVD varies according to the type. For example, plaque buildup in the arteries (atherosclerosis) can cause coronary artery disease and peripheral artery disease. Common risk factors for CVD include high blood pressure, high cholesterol, tobacco use, type 2 diabetes, family history, and a lack of physical activity.



Every **33 seconds**, one person in the US **dies from cardiovascular disease.**

Oral Health

Periodontal (gum) disease (PD) is one of the most common inflammatory diseases in humans; it is the sixth-most-common disease worldwide. Approximately 42% of adults aged 30 or above in the US experience some form of periodontitis. More than one-third (34%) of adults experience mild or moderate periodontitis, while nearly eight percent experience severe periodontitis. PD is the result of infection and inflammation of the gums and bone that surrounds the teeth. The early stage of PD is known as gingivitis, where the gums become red and swollen, and may even bleed. However, as this condition progresses, it is often referred to as periodontitis, where the gums can pull away from the tooth itself, bone loss can occur, and teeth may loosen or fall out. PD can not only cause inflammation of periodontal tissue but can also produce inflammatory mediators that affect blood circulation, and therefore cardiovascular health.



Approximately **42%** of adults aged 30 or above in the US **experience some form of periodontitis.**

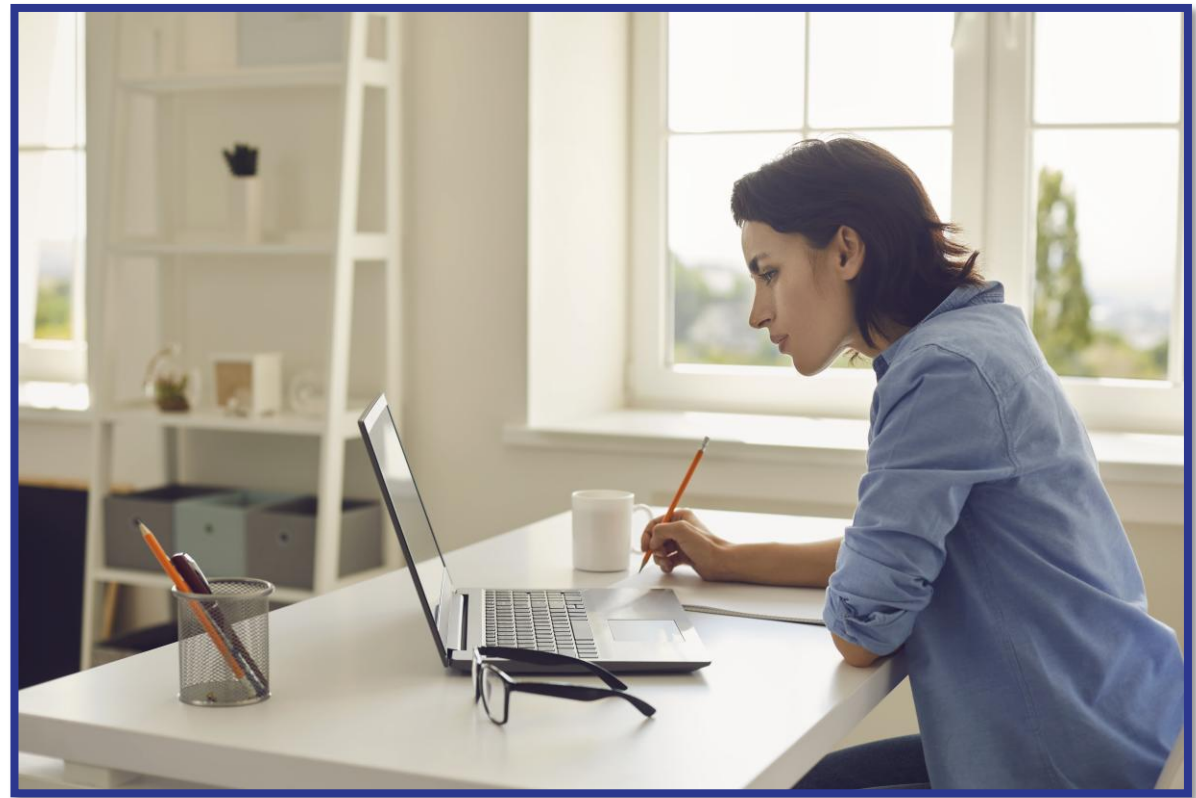
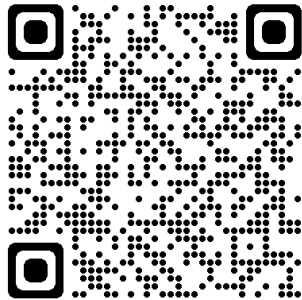
34% mild or moderate
8% severe

¹ CVD is an umbrella term for a group of disorders of the heart and blood vessels, including coronary heart disease, cardiovascular disease, and rheumatic heart disease among other conditions.

Looking for More Free Dental CEs?

On your own time, explore our interactive, self-paced courses — featuring experts from across the industry — on topics shaping the future of oral health (and earn free CEs).

Learn more:



Check Out the CareQuest Institute Blog!

Blog

Want to hear from industry experts who are working to increase access, equity, and integration in the oral health industry? Curious about the new innovations and emerging best practices that are shaping the future of care? Explore our blog to find the stories, perspectives, and ideas that paint a picture of progress and change in oral health.



Topic

All

Voices from the Field: Dr. Reeva Morton on Integrating Behavioral Health with Oral Health

May 6, 2024

As a licensed and nationally certified school psychologist and board-certified behavior analyst, Reeva Morton, PhD, BCBA-D, NCSP has her feet in two places at once: the University of Florida's (UF) College of Medicine and the College of Dentistry.

[Read More»](#)

Addressing an Unmet Need: Providing Oral Health Care for Adults with Disabilities

April 29, 2024

As a clinical assistant professor and dentist at the University of Florida (UF) College of Dentistry, Bryan Smallwood, DMD, MPH, CPH, has cared for thousands of patients. One in particular stands out to him. "I have a patient who had been to the operating room many times because other dentists couldn't treat him," Smallwood says.

[Read More»](#)

Memorable Sessions, Hot Topics, and Three Key Takeaways from the 2024 National Oral Health Conference

April 23, 2024

By Lisa J. Heaton, PhD, and Paige Martin, BA, science writers at CareQuest Institute

[Read More»](#)



Pregnancy and Oral Health: 8 Answers that Cut Through the Myths

May 16, 2024


Medical and oral health experts have long agreed that dental care in pregnancy is safe, effective, and important. Untreated dental disease can lead to pregnancy complications and raise the risk of cavities in childhood.

However, more than 8 in 10 obstetricians don't routinely conduct oral exams. Some dental providers may also still hesitate to treat pregnant people.

To clarify the facts, CareQuest Institute for Oral Health and the American College of Obstetricians and Gynecologists (ACOG) [held a webinar that drew nearly 1,000 learners](#). Moderated by Jane Grover, DDS, MPH, senior director, Council on Advocacy for Access and Prevention, American Dental Association (ADA), the webinar's panelists included an obstetrician-gynecologist (OB-GYN) and a dentist:

- Hector Chapa, MD, FACOG, Assistant Clinical Professor, OBGYN, Texas A&M University, 2024–25 ACOG Fellow At Large, Texas A&M Health, ACOG
- Elizabeth Vi Simpson, DMD, General Dentist, Chair of the Council on Advocacy for Access and Prevention for the ADA

After robust presentations, the experts answered several thought-provoking questions for the learners. Here are the top eight. (Note: The answers have been summarized; you can [view the full webinar](#), including the Q&A, in the CareQuest Institute webinar library.)



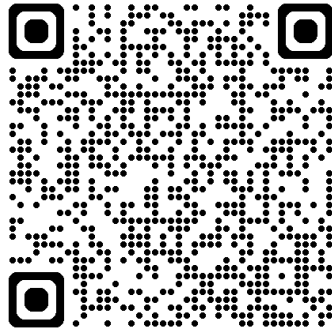
1. How do you approach caring for someone who has lacked consistent dental services in the past and now has dental insurance limited to the duration of their pregnancy?

Voters are Ready for Medicare Dental

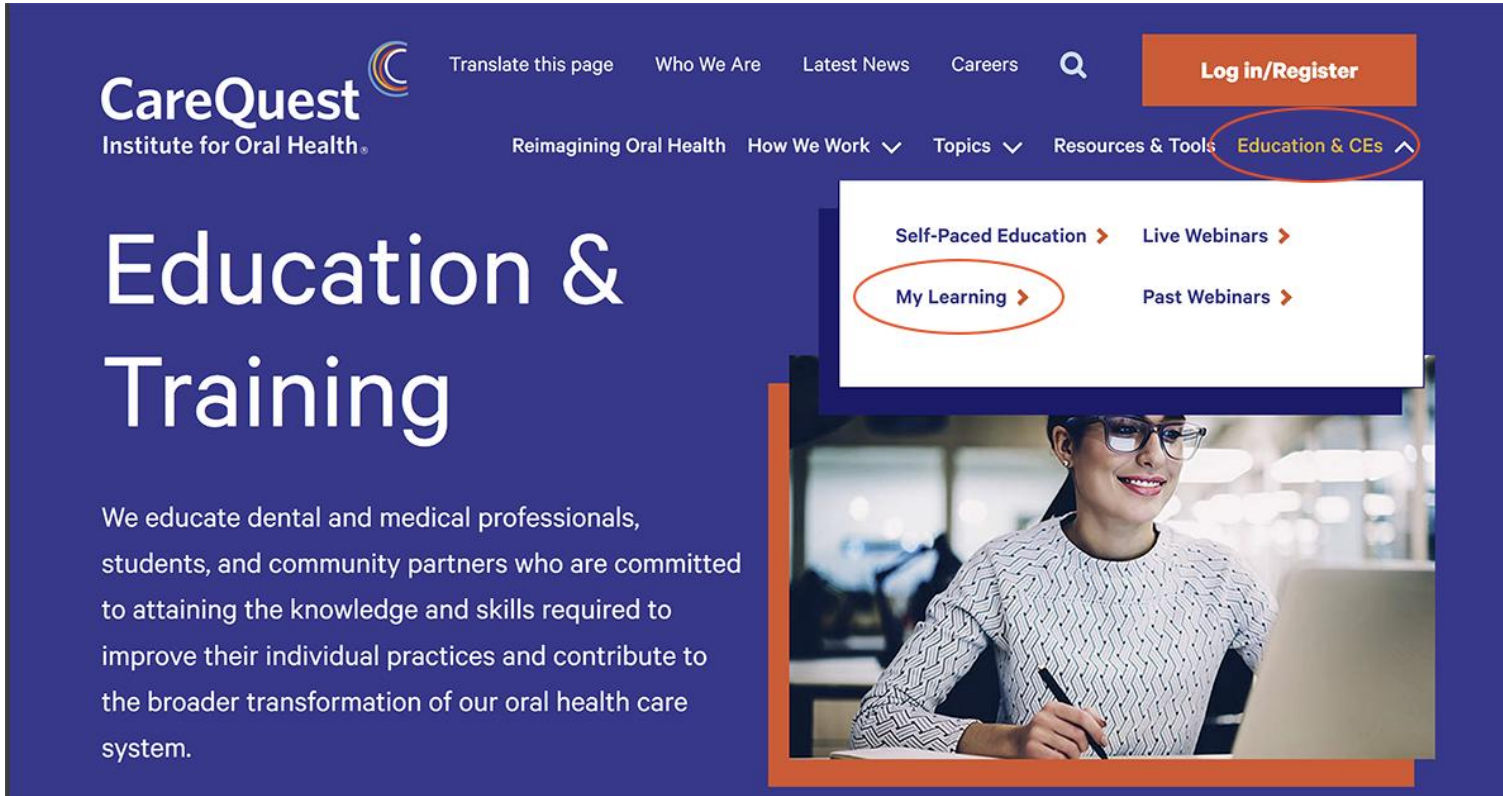
9 in 10 voters

nationwide support adding a dental benefit to Medicare.

Learn more



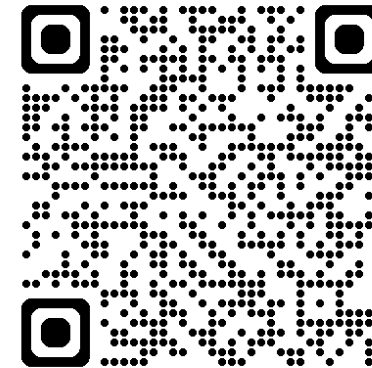
Earn and **track** your continuing education credits —
all in one place!



The screenshot shows the CareQuest Institute for Oral Health website. The header includes the logo, navigation links (Translate this page, Who We Are, Latest News, Careers), a search icon, and a 'Log in/Register' button. A dropdown menu for 'Education & CE's' is open, showing options: Self-Paced Education, Live Webinars, My Learning (circled in red), and Past Webinars. The main content area features the heading 'Education & Training' and a paragraph: 'We educate dental and medical professionals, students, and community partners who are committed to attaining the knowledge and skills required to improve their individual practices and contribute to the broader transformation of our oral health care system.' Below the text is a photo of a smiling woman with glasses working at a laptop.

Visit the My Learning section of our website to download your CE certificates.

Learn more:



Poor Oral Health May Contribute to the Risk of Dementia



Tooth loss, often the result of gum disease or tooth decay, is linked with a higher risk of being diagnosed with Alzheimer's disease.

Read the Report



Poor Oral Health May Contribute to the Risk of Dementia



Many adults recognize the occasional forgetfulness that often accompanies growing older — misplacing a set of keys, walking into a room only to lose track of why they're there, or momentarily blanking out on the name of an acquaintance.

The memory impacts of dementia, however, go well beyond those of normal aging. Dementia (often referred to collectively as Alzheimer's disease and related dementias [ADRD]) is defined by the Centers for Disease Control and Prevention (CDC) as "the impaired ability to remember, think, or make decisions that interfere[s] with daily activities."

Of the several different types of ADRD, Alzheimer's disease (also referred to as Alzheimer's dementia) is the most common form. In 2023, approximately 6.9 million adults aged 65 and older — about one in nine older adults — were diagnosed with Alzheimer's disease in the United States (US). Combined with other forms of ADRD, including vascular dementia, Lewy body dementia, and frontotemporal dementia, it is estimated that by 2040, the number of individuals with ADRD in the US could reach 12 million.

ADRD has a disproportionate impact across race and gender. Individuals identifying as Black or Hispanic are at a higher risk of being diagnosed with ADRD than white individuals. While the reasons for these differences are currently unknown, some suggest they may be potentially due to complex interactions of biological risk factors (e.g. cardiovascular disease), implicit biases among health care providers diagnosing Black and Hispanic individuals with ADRD, and the health effects of racism. It is estimated that by the year 2060, the number of Hispanic individuals diagnosed with ADRD will increase by seven times, and by four times among Black individuals, primarily due to

projected growth in the Hispanic and Black populations over the next few decades. Across all races, women are nearly twice as likely to be diagnosed with ADRD than men, primarily because women tend to live longer than men.

Overall health is inextricably linked with oral health. Oral health conditions such as periodontal disease have been linked to other systemic conditions, such as diabetes and cardiovascular disease. Recently, researchers have begun to examine the links between poor oral health and the risk of being diagnosed with ADRD. Their findings emphasize the importance of maintaining good oral health throughout a person's life.

Overall health is inextricably linked with oral health.... Recently, researchers have begun to examine the links between poor oral health and the risk of being diagnosed with ADRD.

Register for Our Upcoming August 8 Webinar



Webinar

Cannabis and Oral Health:

What Dental Teams Should Know

Thursday, August 8, 2024

7-8 p.m. ET

ADA CERP Credits: 1



Josefina Ortiz Wolfe,
PhD, MBA, MPH, RDH,
Education Manager,
CareQuest Institute
for Oral Health



Ellyce Clonan,
DDS, MPH, MA,
Clinical Assistant Professor,
University at Buffalo School
of Dental Medicine



Register now!



Medicaid Adult Dental Benefit Coverage Checker

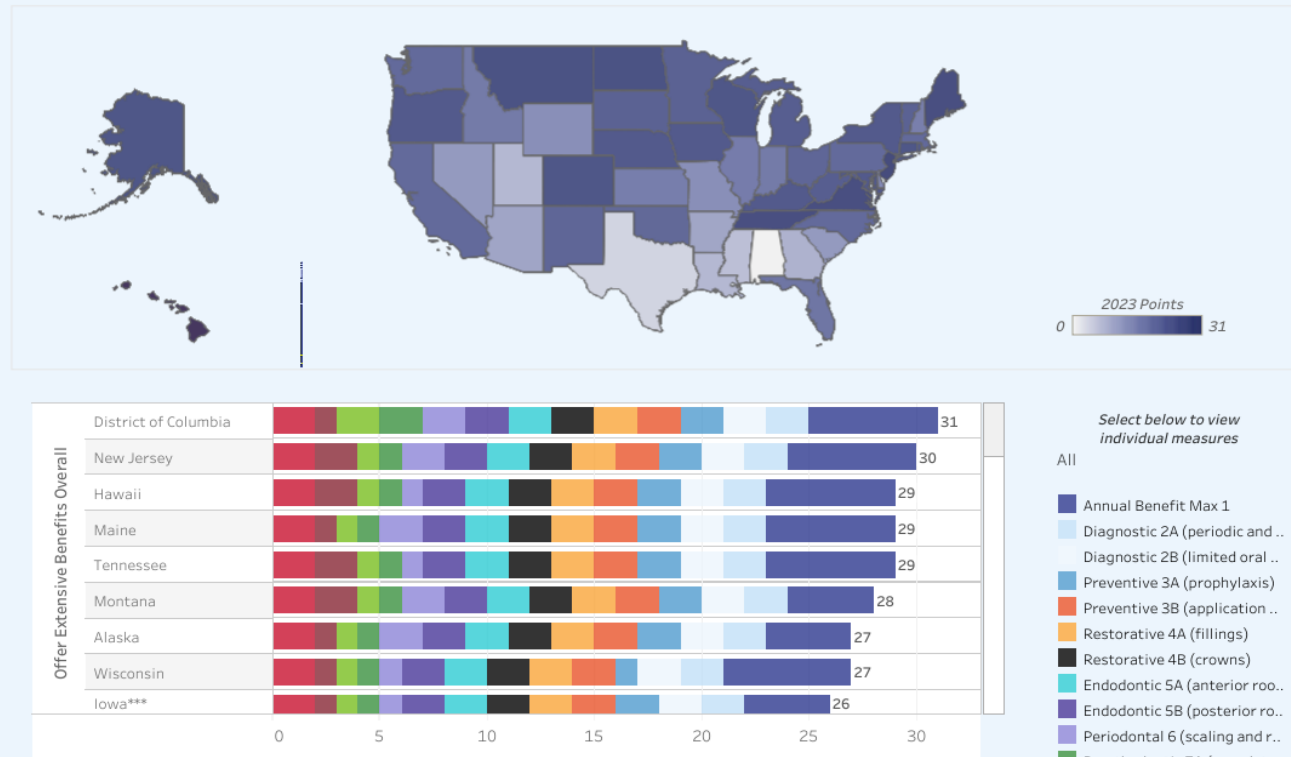
Updated
for 2024

An interactive tool that displays where a state's Medicaid adult dental benefits package falls on a continuum from no dental benefits to extensive benefits.

Helps to identify areas for improvement and expansion.



Scan to view the
Coverage Checker



** Indicates that state offers different coverage to specific groups of beneficiaries rather than all Categorically Needy Medicaid adults ages 21-64

*** Indicates that the survey was completed by CareQuest Institute using publicly available information about Medicaid adult dental benefits in that state

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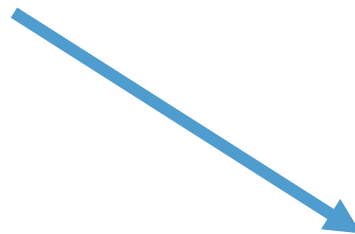


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Question & Answer Logistics

- 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.

A screenshot of a web application window titled 'Question and Answer'. The window has a white background and a thin grey border. At the top, there is a title bar with the text 'Question and Answer' and standard window control buttons (minimize, maximize, close). The main content area is mostly empty, with a 'Welcome' message and a line of text that says 'Feel free to ask the host and panelists questions'. At the bottom of the window, there is a text input field with the placeholder text 'Type your question here...'.

Question and Answer

Welcome

Feel free to ask the host and panelists questions

Type your question here...

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MODERATOR



**Sarah Stream,
MPH, CDIPC, CDA, FADAA**
Dental Infection Control Specialist,
Stream Education
and Consulting, LLC

PRESENTER



**Karen Gregory,
RN, CDIPC**
Karen Gregory
Consulting, LLC

Infection Control

Lessons Learned from the NEW
'If Saliva Were Red' Video

July 25, 2024





Photo Credit: PP

Course Objectives

- Recall signs, symptoms, and modes of transmission of HIV, Hepatitis B, and Hepatitis C as they relate to dental practice.
- Explain the appropriate personal protective equipment (PPE) to reduce the risk of exposure to blood/salvia during procedures.
- Analyze dental office scenarios to identify cross-contamination risks and propose solutions to mitigate these risks.

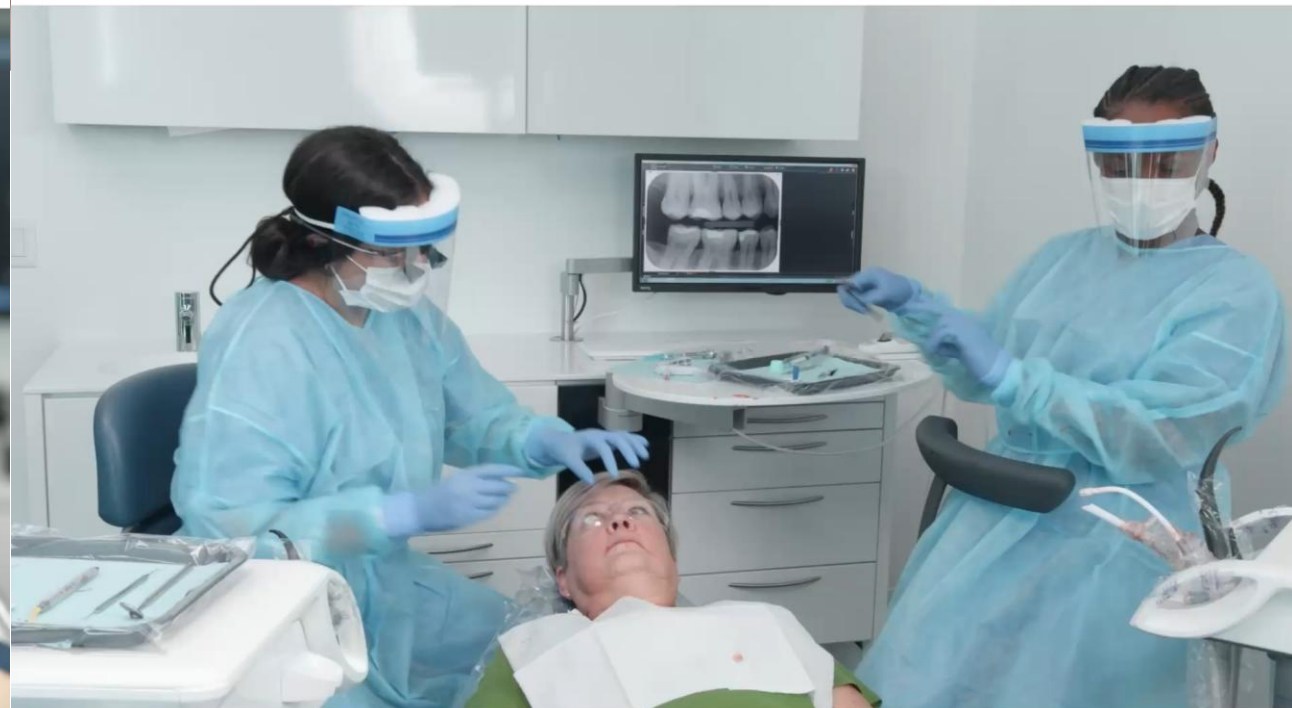
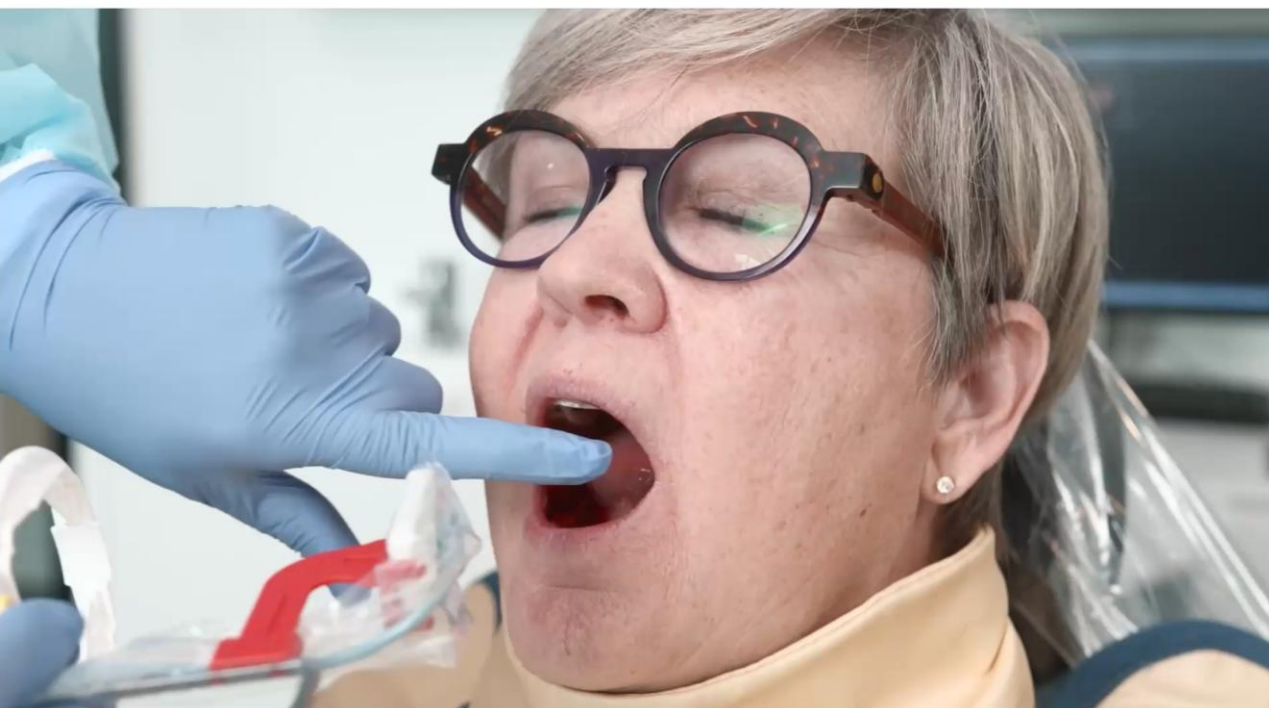
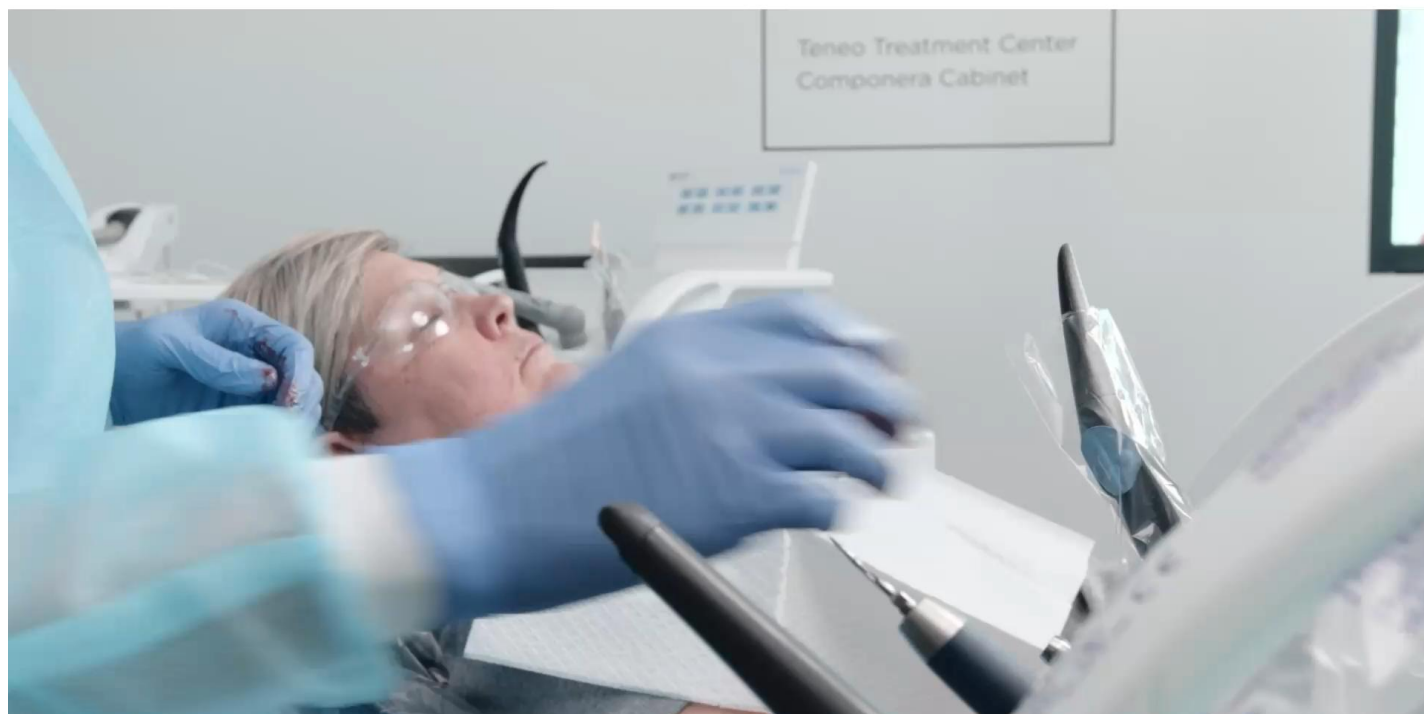






Photo: NIHB

Risk of Exposure

Worker to patient

Patient to worker

Patient to patient

Infectious Hazards

- Hep B, C, HIV
 - HIV: More than 1 million people
 - Hepatitis B: More than 1 million people
 - Hepatitis C: More than 3 million people
- Herpes
- Staph, MRSA
- Chicken pox, measles, mumps
- Influenza, “colds,” TB
- COVID-19



Image: KKG



Bloodborne Pathogen Standard 1991

Employers must protect against blood exposures.



Image: ADS

Bloodborne Pathogens

- Located in the blood or other body fluids
- Virus or bacteria
- Exposure may lead to infection
 - HIV
 - Hepatitis B
 - Hepatitis C

Indication of Infection

HIV: .23%

- Flu-like illness 2-4 weeks after exposure or no symptoms
- Treatments allow for undetectable virus status

Hepatitis B: 6–30%

- Joint and abdominal pain, dark urine, n/v, clay-colored stools within 90 days of exposure
- Reported new cases stable over the last decade
- Best protection: vaccine

Hepatitis C: .2%

- Joint and abdominal pain, dark urine, n/v, clay-colored stools 2–12 weeks after exposure or no symptoms
- Testing recommended for individuals 18 and older and during each pregnancy

Requirements of BBP Standard

- Written Exposure Control Plan
- Hep B vaccination at no cost to the employee
- Labels and signs to communicate hazards
- **PPE**
- Enforcement of work practice controls
- Use of engineering controls
- **Surface decontamination**
- Post-exposure follow-up
- Record keeping

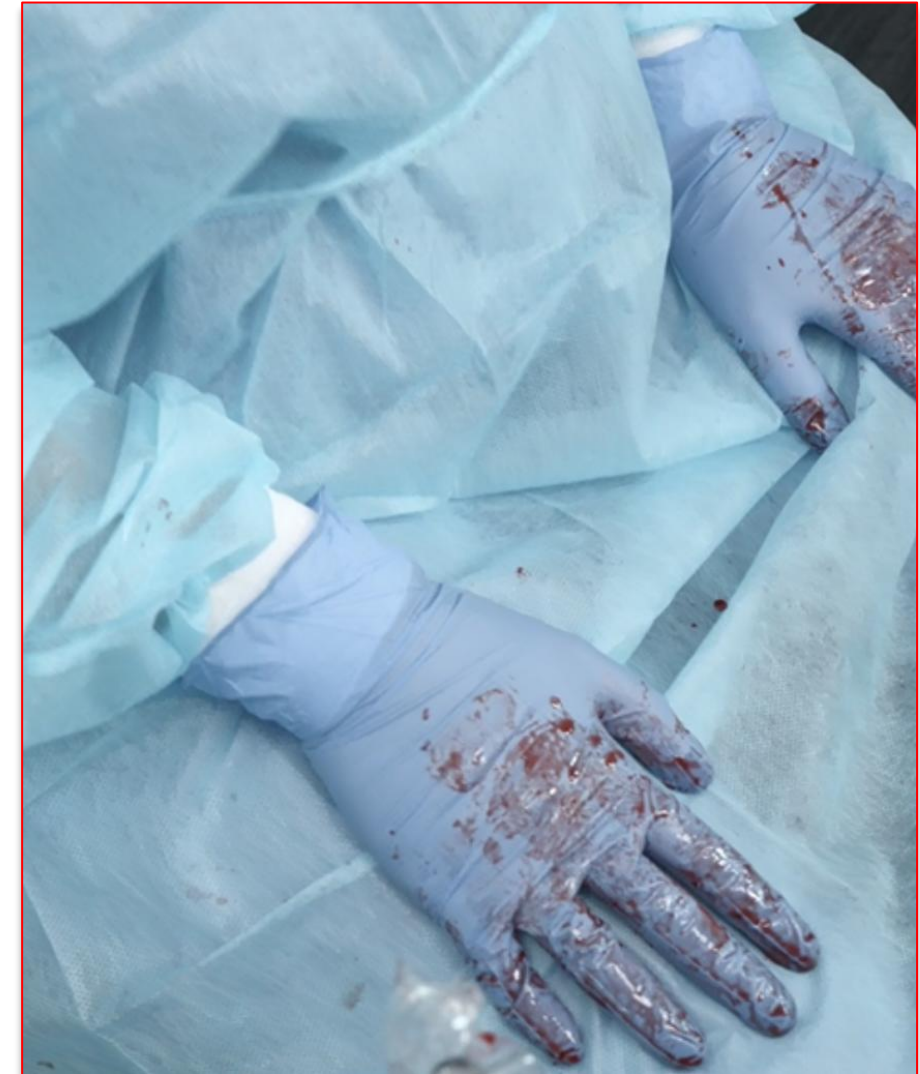




Image: KKG

Personal Protective Equipment

Hierarchy of Controls

Most
effective

Elimination

PHYSICALLY REMOVE THE HAZARD

- Symptom screening prior to appointment and on arrival: isolate and eliminate (discharge, refer) all symptomatic patients and workers
- Viral testing at time of treatment – Not currently available
- Remove items and surfaces that might cross-contaminate and replace with non-touch options
- Prioritize non-susceptible or low-risk DHCWs

REPLACE THE HAZARD

- Remotely assist patients through Teledentistry
- Alter or postpone treatment plan if this does not harm patient
- Prioritize at-risk population in most need of dental care
- Limit close contact of patients throughout the practice
- Avoid aerosolizing procedures, substitute with non/low spray practices where possible
- Re-assign roles of high risk personnel to low exposure work or locations

Substitution

ISOLATE PEOPLE FROM THE HAZARD

- Facility space organization into infection control zones. Isolate and separate space use with physical barriers
- Rubber dam isolation use
- High speed evacuation in conjunction with isolation
- Pre-procedure mouth rinse to reduce microorganisms
- Hand instrumentation for hygiene, non-surgical periodontal treatment, minimal restorative treatment

Engineering Controls

CHANGE THE WAY PEOPLE WORK

- Respiratory hygiene/cough etiquette/hand hygiene stations
- Sick leave policies
- Manage visitors, limit points of entry
- Adjustments in appointment scheduling
- Universal Source Control – all people wear appropriate level face coverings in facility
- Create, train new employee roles
- Respiratory Protection Program (RPP)

Administrative Controls

PROTECT THE WORKER FROM THE HAZARD

- Gowns
- Gloves
- Mask
- Face shield
- Goggles
- N95 respirator

Least
effective

Masks + Eye Protection



Image: KKG



Image: ADS

- Impact resistant
- Side shields to protect the sides of the eyes
- Goggles/Face shield: Corrosives
- Clean after use; clean and disinfect if visibly soiled
- Masks
 - Change after each patient or if becomes moist or heavily soiled during procedure



What is a bottom gap?

- Provide entry routes for debris travelling vertically and tangential to the face.
- Debris may reach practitioner's eye through open bottom gaps between the lower rims of lenses and upper edge of the mask

Which Mask/Eyewear Combo Provides Best Protection?

- Human head mannequin positioned to simulate position and distance of dental personnel relative to patient and operating handpiece
- Spray bottle containing water-based red dye sprayed mannequin from 4, 6, 8 o'clock positions



Figure 8



Figure 9



OSHA Compliant Safety Glasses *side shields, and flat ear loop mask*

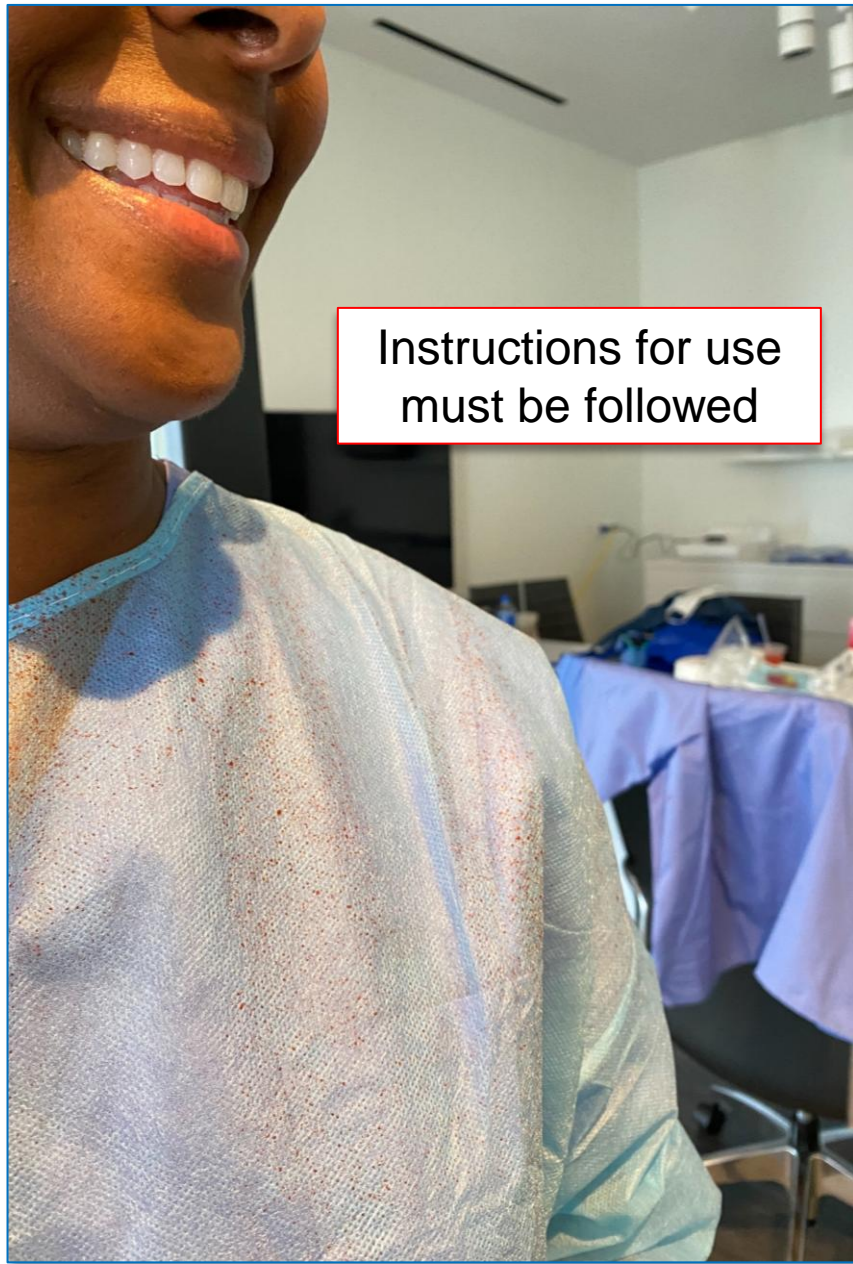


Mask with Full-Face Shield *without eyewear under mask/shield combination*

How often do you change gowns or jackets?

DHCP should change protective clothing when it becomes visibly soiled and as soon as feasible if penetrated by blood or other potentially infectious fluids





Instructions for use
must be followed



Images: KKG

How Far Does "IT" Travel?



Images: ADS

Surface Cleaning + Disinfection

Follow
manufacturer's
instructions for use

Use PPE — gloves
and possibly face
protection

EPA registered
Hospital
Disinfectant

TB
or
HIV/Hep B

Surface disinfectant
contact time?

Don't forget
handpiece cradles,
light switches, door
handles

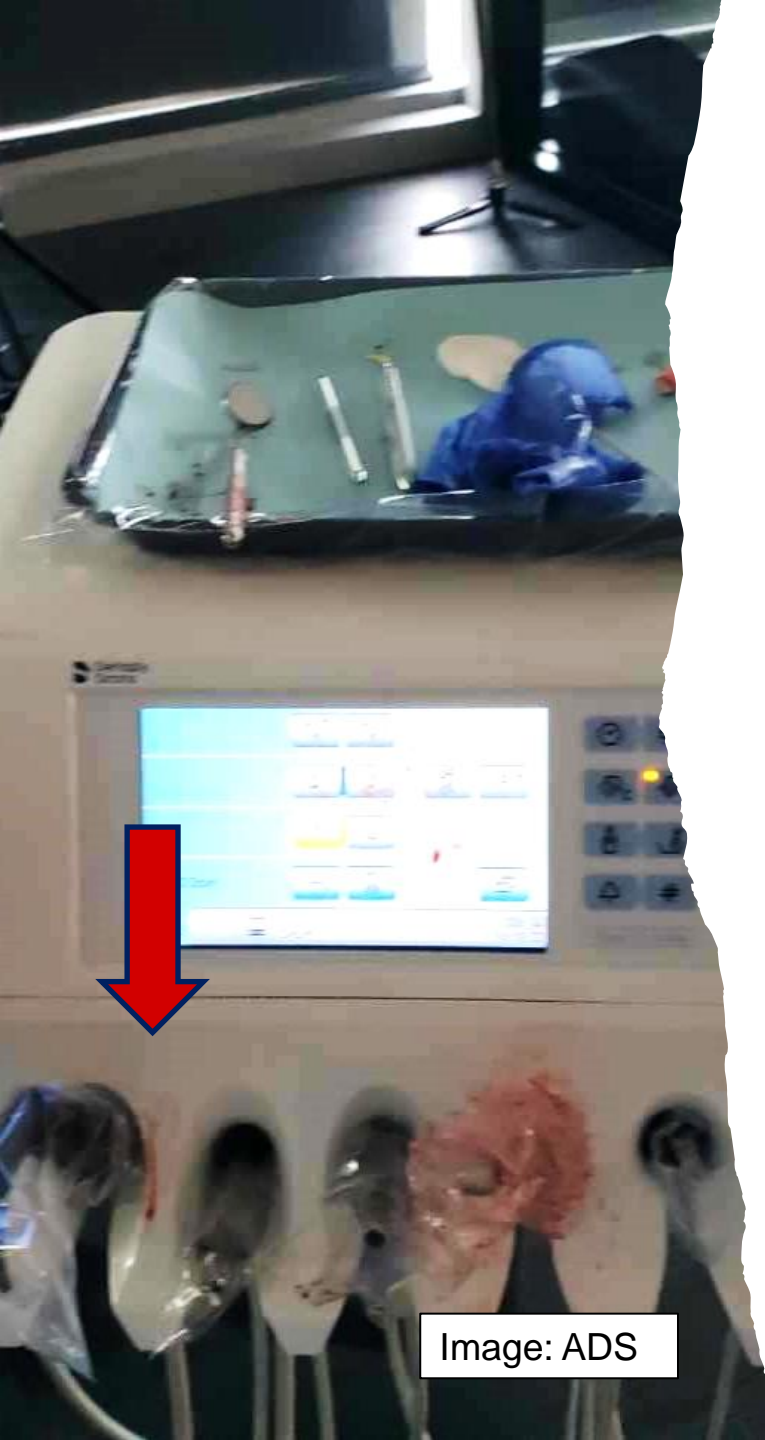


Image: ADS



Image: KKG

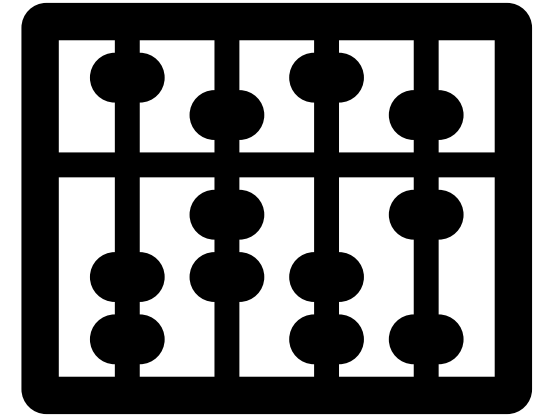
Safety?

Personal protective equipment:

Hand protection: In case of repeated or prolonged contact wear gloves

Eye protection: Wear safety goggles or other eye protection to prevent eye contact.

Skin and body protection: Wear suitable protective clothing



Protection of hands:



Protective gloves

The glove material has to be impermeable and resistant to the product/ the substance/ the preparation.

For the permanent contact gloves made of the following materials are suitable:

Nitrile rubber, NBR

Neoprene gloves

Eye protection:



Safety glasses

- How many times each day do you clean/disinfect an exam room?
- How many days each week do you work?
- How many weeks a year?

Barrier Use



Multi-Use Dispensers



Example: Processing After Use *

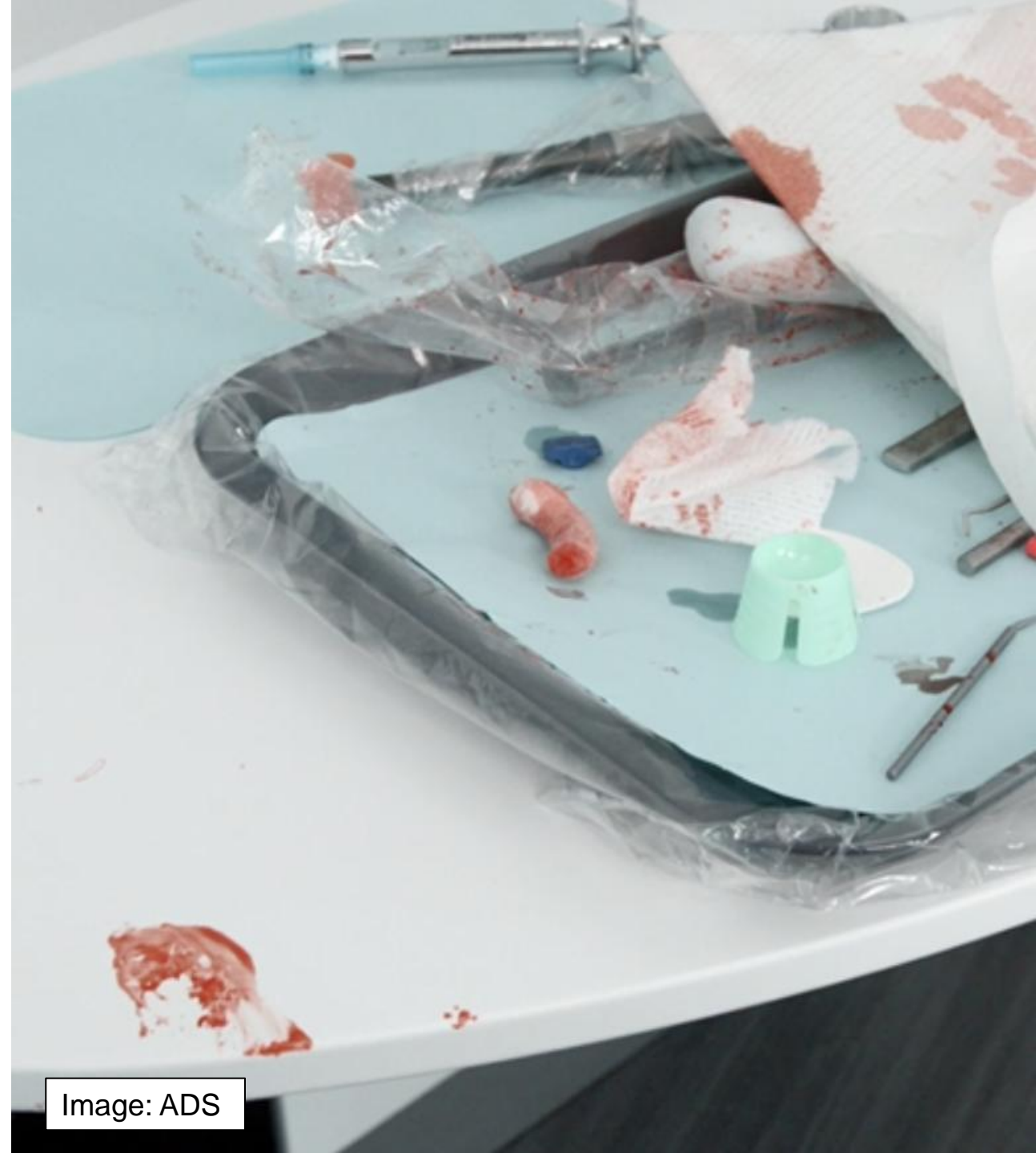
- To avoid cross-contamination, wipe syringe with an intermediate level disinfectant between uses.
- Use a disposable barrier sleeve.
- If a barrier sleeve is not used, syringe should be treated as single-use.

Link to the FDA statement.

<https://www.fda.gov/medical-devices/dental-devices/multiple-use-dental-dispenser-devices>

Exposure: Next Steps

- Clean the area, or flush mucous membranes
- Report **IMMEDIATELY!**
- Seek care
 - Patient notification
 - Immediate access to a qualified health care provider
 - Evaluation + counseling
 - Baseline Hep C testing





First Line Resources

- Clinicians' Post Exposure Prophylaxis (PEP) Line at 1-888-448-4911 or go to: <https://nccc.ucsf.edu/>
- Updated US Public Health Service guidelines for the management of occupational exposures to human immunodeficiency virus and recommendations for postexposure prophylaxis. Nov 2013, Update (May 23, 2018). <https://stacks.cdc.gov/view/cdc/20711>
- CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management. Dec 2013. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm>
- Moorman AC, de Perio MA, Goldschmidt R, et al. Testing and Clinical Management of Health Care Personnel Potentially Exposed to Hepatitis C Virus — CDC Guidance, United States, 2020. MMWR Recomm Rep 2020;69(No. RR-6):1–8. DOI: <http://dx.doi.org/10.15585/mmwr.rr6906a1>

Hepatitis B and Healthcare Personnel

Immunize.org answers frequently asked questions about how to protect healthcare personnel

Q&A



Immunize.org

Experts from Immunize.org answer your questions about hepatitis B (HepB) vaccine. You'll find additional Q&As about hepatitis B vaccine on the "Ask the Experts" section of immunize.org at www.immunize.org/askexperts/experts_hepb.asp

Hepatitis B Vaccination

Which people who work in healthcare settings need hepatitis B vaccine?

CDC recommends hepatitis B vaccination of everyone age 59 years and younger plus people 60 years and older who are at increased risk, including all healthcare personnel (HCP). In addition, the Occupational Safety and Health Administration (OSHA) requires that hepatitis B vaccine be offered to HCP who have a reasonable expectation of being exposed

approved by the FDA in 2021 for use in people 18 years and older. It is given as a 3-dose series (1.0 mL dose at 0, 1, and 6 months) and administered IM.

Can a different brand be used to complete a vaccination series started with Engerix-B or Recombivax HB?

A HepB vaccine series that was begun with one brand of hepatitis B vaccine may be completed with a different brand. When feasible, the same manufacturer's vaccine should be used to complete the series. If vaccination should not be deferred when the manufacturer of the previously administered vaccine is unknown or when the vaccine of the same manufacturer is unavailable.

The 2-dose hepatitis B vaccine series applies when both doses in the series are of Heplisav-B. Series consisting of a combination of 1 dose of Heplisav-B and a vaccine from a different manufacturer should consist

been previously vaccinated. Receipt of the vaccine is not a reason to discontinue breast-feeding.

There are no clinical studies of Heplisav-B or PreHevbrio during pregnancy. Available data are insufficient to assess vaccine-associated risks in pregnancy. Until safety data are available for these products, providers should continue to use Engerix-B or Recombivax HB

www.immunize.org/catg.d/p2109.pdf

Item #P2109 (1/2023)



Scan for PDF

followed the protocol, have long-term protection against HBV and do not need further testing or

Final Thoughts

- Splatter impacts workers and patients
- Use PPE appropriately
- Surface disinfection is a critical step in infection prevention and control
- ISWR is available for download and CE





"Life is short. Do stuff that matters!"

Thank you!

Karen Gregory, RN, CDIPC

Karen@karengregoryconsulting.com

@safetystuffthatmatters




Question & Answer



Sarah Stream, MPH, CDIPC, CDA, FADAA
Dental Infection Control Specialist
Stream Education and Consulting, LLC
stream.education.and.consulting@gmail.com

To Explore More Industry-Leading Research



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Dental Fear Is Real. Providers Can Help.	Expanding Access, Health Equity	Visual Report
Why We (Still) Need to Add Dental to Medicare	Adult Dental Benefit, Expanding Access, Health Equity	Report
A Cross-Sectional Analysis of Oral Health Care Spending over the Life Span in Commercial- and Medicaid-Insured Populations	Expanding Access, Health Equity	Article
Time Is on the Side of Change in Dentistry	COVID-19 and Oral Health, Health	Article

www.carequest.org/resource-library

Uninsured and in Need

68.5 Million Lack Dental Insurance, More May Be Coming

State of Oral Health Equity in America 2023

According to the 2023 State of Oral Health Equity in America (SOHEA) survey from CareQuest Institute for Oral Health®, an estimated 68.5 million adults in the US do not have dental insurance.

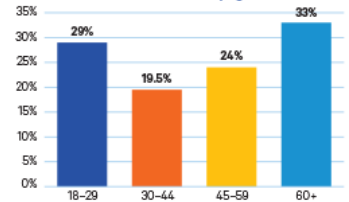
The estimated portion of the population without dental insurance (27%) is significantly greater than that of those without health insurance (9%) — about three times as high. With a significant number of adults in the US lacking dental insurance, we face an ongoing nationwide oral health crisis. We must call for health care professionals, administrators, policymakers, and advocates to lead efforts to increase dental coverage by Medicaid and Medicare.

SOHEA is the largest nationally representative survey focused exclusively on adults' knowledge, attitudes, experiences, and behaviors related to oral health. The 2023 survey found that of all adult age groups, adults 60 years and older (33%) were most likely to lack dental insurance. Additionally, adults living in rural areas (34%) were more likely to lack dental insurance than adults living in suburban (24%) or urban (29%) areas.

While the proportion of adults with dental insurance increased by 3% from 2021 to 2023, it is important to note that the

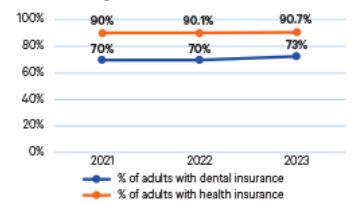
SOHEA survey did not ask survey participants whether they gained dental coverage in the past year. The increase in dental insurance rates is likely related, at least in part, to the increase in the proportion of adults receiving dental coverage through Medicare Advantage within the past year — from 7% in 2022 to 9% in 2023. During that same time period, [Medicare enrollment increased](#) from 65.1 million to 65.8 million individuals. Of those enrolled in Medicare, the proportion selecting [Medicare Advantage plans also increased](#) from 46% to 48%. While it is positive that more Medicare-eligible adults are selecting coverage with some dental benefits, it is important to note that the scope of dental benefits under Medicare Advantage plans [varies widely and is quite limited](#), often resulting in high out-of-pocket costs for individuals with severe dental needs. Additionally, Medicare Advantage plans have an [estimated average monthly premium of about \\$18](#), and in some cases much higher, again reinforcing the limitations and inaccessibility of this option for Medicare participants seeking oral health coverage.

% of Adults Without Dental Insurance by Age



Age Group	% of Adults Without Dental Insurance
18-29	29%
30-44	19.5%
45-59	24%
60+	33%

Insurance Coverage Trends, 2021-2023



Year	% of adults with dental insurance	% of adults with health insurance
2021	70%	90%
2022	73%	90.1%
2023	76%	90.7%

Webinar Evaluation

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