

BUILDING THE FOUNDATION: THE BEDROCK OF DENTAL SAFETY

SARAH STREAM, MPH, CDIPC, CDA, FADAA



DISCLOSURES

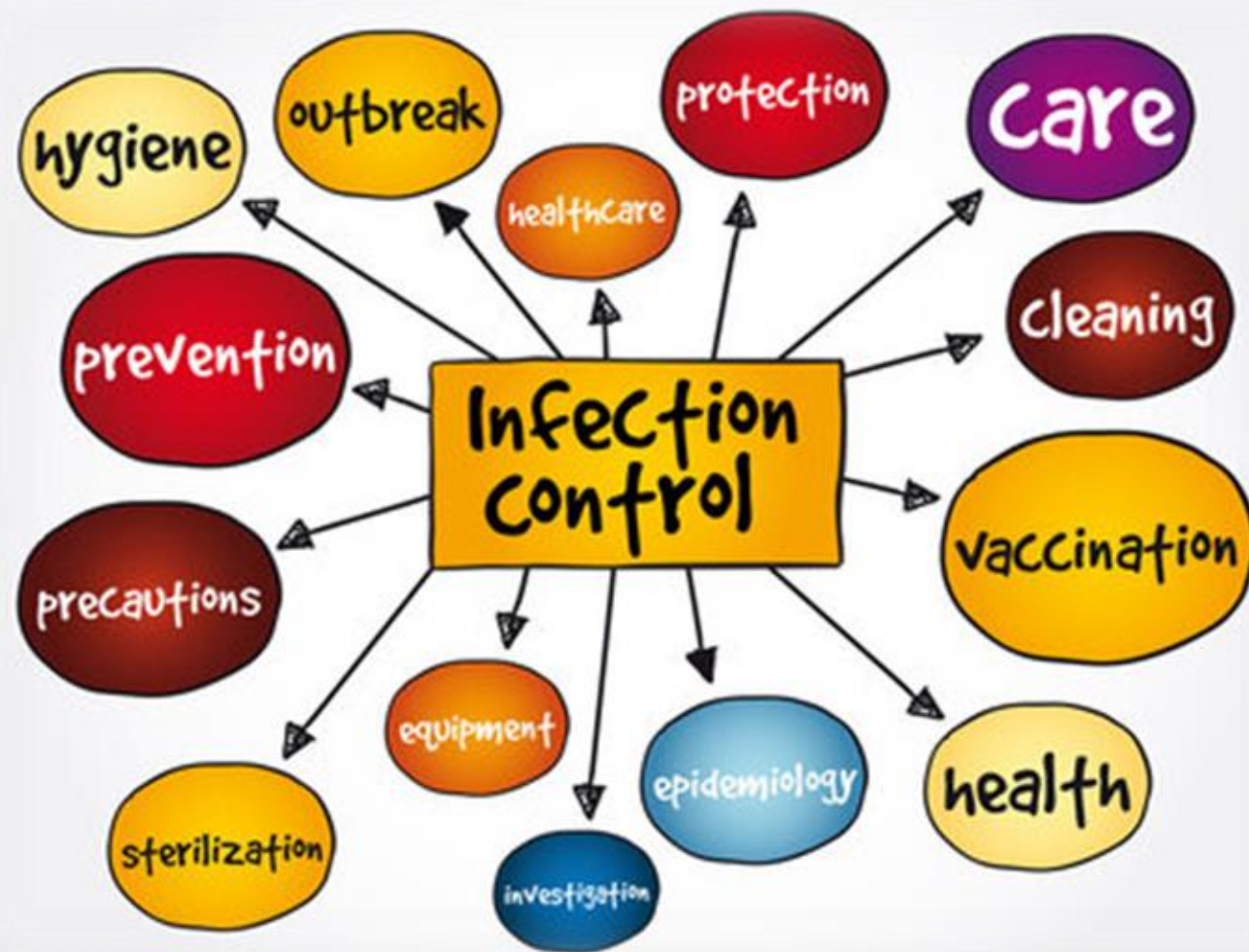
- Sarah stream is employed by DANB and the DALE foundation but is not representing these companies or acting in an official capacity during this presentation. The content and opinions expressed in this presentation are her own and do not express the views or positions of DANB or the DALE foundation.

LEARNING OBJECTIVES

- Explore industry best practice, evidence-based strategies, regulatory compliance, and ongoing monitoring for creating a culture of safety within your dental clinic.
- Develop strategies to foster a culture of safety while promoting team accountability, including techniques for promoting open dialogue, reporting near misses, and implementing corrective action.
- Discuss strategies to engage staff through creating, implementing, and maintaining an effective infection control program.
- Identify tools and resources available to create and support a comprehensive infection control program.







**DO YOU KNOW YOUR STATE
REQUIREMENTS?**

- Chapter 191 (191.694)
- “1. All health care professionals and health care facilities shall adhere to universal precautions, as defined by the Centers for Disease Control of the United States Public Health Service, including the appropriate use of hand washing, protective barriers, and care in the use and disposal of needles and other sharp instruments, to minimize the risk of transmission of HIV, HBV and other blood-borne infections to patients. Health care professionals and health care facilities shall comply with current guidelines, established by the Centers for Disease Control, for disinfection and sterilization of reusable devices used in invasive procedures.”
- “4. All health care professionals who perform invasive procedures shall receive training on infection control procedures relevant to HIV and related diseases, including universal precautions and prevention of percutaneous injuries, appropriate for their specialty and approved by the department of health and senior services.”

MISSOURI: TITLE XII PUBLIC HEALTH AND WELFARE



MMWRTM

Morbidity and Mortality Weekly Report

Recommendations and Reports

December 19, 2003 / Vol. 52 / No. RR-17

**Guidelines for Infection Control
in Dental Health-Care Settings — 2003**

Summary of Infection Prevention Practices in Dental Settings



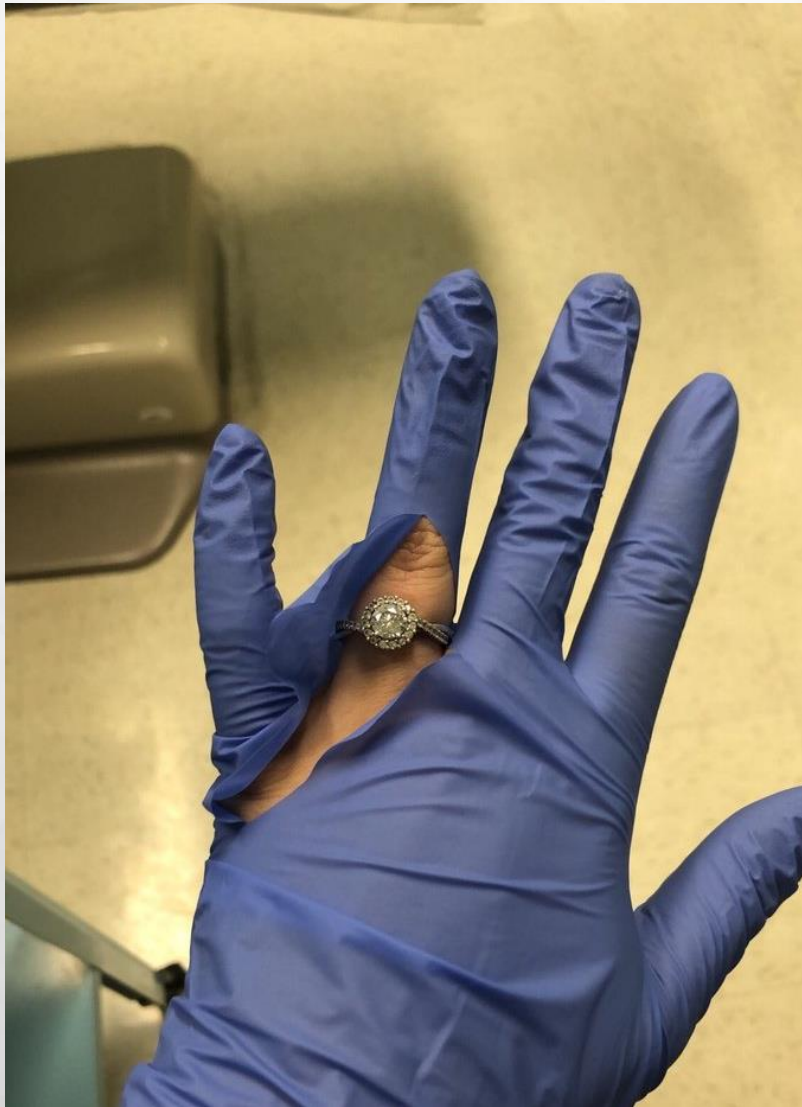
*Basic Expectations
for Safe Care*



CDC Guidance

Use of Hand Sanitizer	Wash with Soap and Water
Immediately before touching a patient	When hands are visibly soiled
Before performing and aseptic task or handling invasive medical devices	After caring for a person with known or suspected diarrhea
Before moving from work on a soiled body side to a clean body site on the same patient	After known or suspected exposure to spores (C.diff)
After touching a patient or the patient's immediate environment	
After contact with blood, body fluids or contaminated surfaces	
Immediately after glove removal	

WHEN SHOULD YOU PRACTICE HAND HYGIENE?



Pathogens can live under nail polish, gel polish and artificial fingernails both before and after using an alcohol-based hand sanitizer and handwashing

It is recommended that healthcare providers do not wear nail polish, gel polish and artificial fingernails or extensions when having direct contact with patients

Keep natural nail tips less than $\frac{1}{4}$ inch long

Skin underneath rings contains more pathogens than comparable areas of skin on fingers without rings

Rings and long/ artificial fingernails increases the risk of gloves tearing or failing

FINGERNAILS AND JEWELRY

PERSONAL PROTECTIVE EQUIPMENT

- Should be fluid resistant
- Should include long sleeves, high neckline and cuffed sleeves (button it all the way up!!)
- During high-risk procedures, protective clothing must extend to the knees when seated
- Should not be worn outside of treatment/ sterilization area (no lab coats in staff lounge!!)
- Contaminated laundry(1910.1030 d 3 iv)
 - Employees may not take contaminated protective clothing off site
 - Must be laundered on site or with a laundry service (preferred)
 - Must be bagged in a biohazard container for laundry service



PPE: PROTECTIVE CLOTHING

Masks cover airways to prevent user from inhaling infectious aerosols

Masks should have 95% filtration for particles of 3-5 microns for most dental procedures

Must be fluid resistant

Must form to face to minimize exposure to aerosols

MAXIMUM FILTRATION

NIOSH Approved N95 Particulate Respirator

High Fluid Resistance 160 mmHg
Filtration Efficiency PFE = 99.9% @ 0.1 micron
Breathability - Delta P > 5.0 mm H₂O/cm²
Flame Spread Class 1

N95

ASTM LEVEL 3

High Fluid Resistance 160 mmHg
Filtration Efficiency BFE ≥ 98%
PFE ≥ 98% @ 0.1 micron
Breathability - Delta P < 5.0 mm H₂O/cm²
Flame Spread Class 1

LEVEL 3

ASTM LEVEL 2

Moderate Fluid Resistance 120 mmHg
Filtration Efficiency BFE ≥ 98%
PFE ≥ 98% @ 0.1 micron
Breathability - Delta P < 5.0 mm H₂O/cm²
Flame Spread Class 1

LEVEL 2

ASTM LEVEL 1

Low Fluid Resistance 80 mmHg
Filtration Efficiency BFE ≥ 95%
PFE ≥ 95% @ 0.1 micron
Breathability - Delta P < 4.0 mm H₂O/cm²
Flame Spread Class 1

LEVEL 1

ASTM PERFORMANCE LEVELS

PPE: MASKS

- Safety rated: Z87.1
- Protective eyewear should be worn whenever there is a risk of droplets, aerosols, chemicals or debris
- Front and side protection required (RX glasses are acceptable with side shields)
- Face shields may be worn in place of eyewear (mask must still be worn)
- Clean with soap and water at least daily or if visibly soiled



PPE: EYEWEAR

Sterile Surgical Gloves: Packaged individually, sterile, used in operating rooms for surgical procedures

Exam Gloves: Usually latex, vinyl or nitrile, non-sterile, worn during most procedures

Utility Gloves: Puncture resistant gloves worn during cleaning/ sterilization

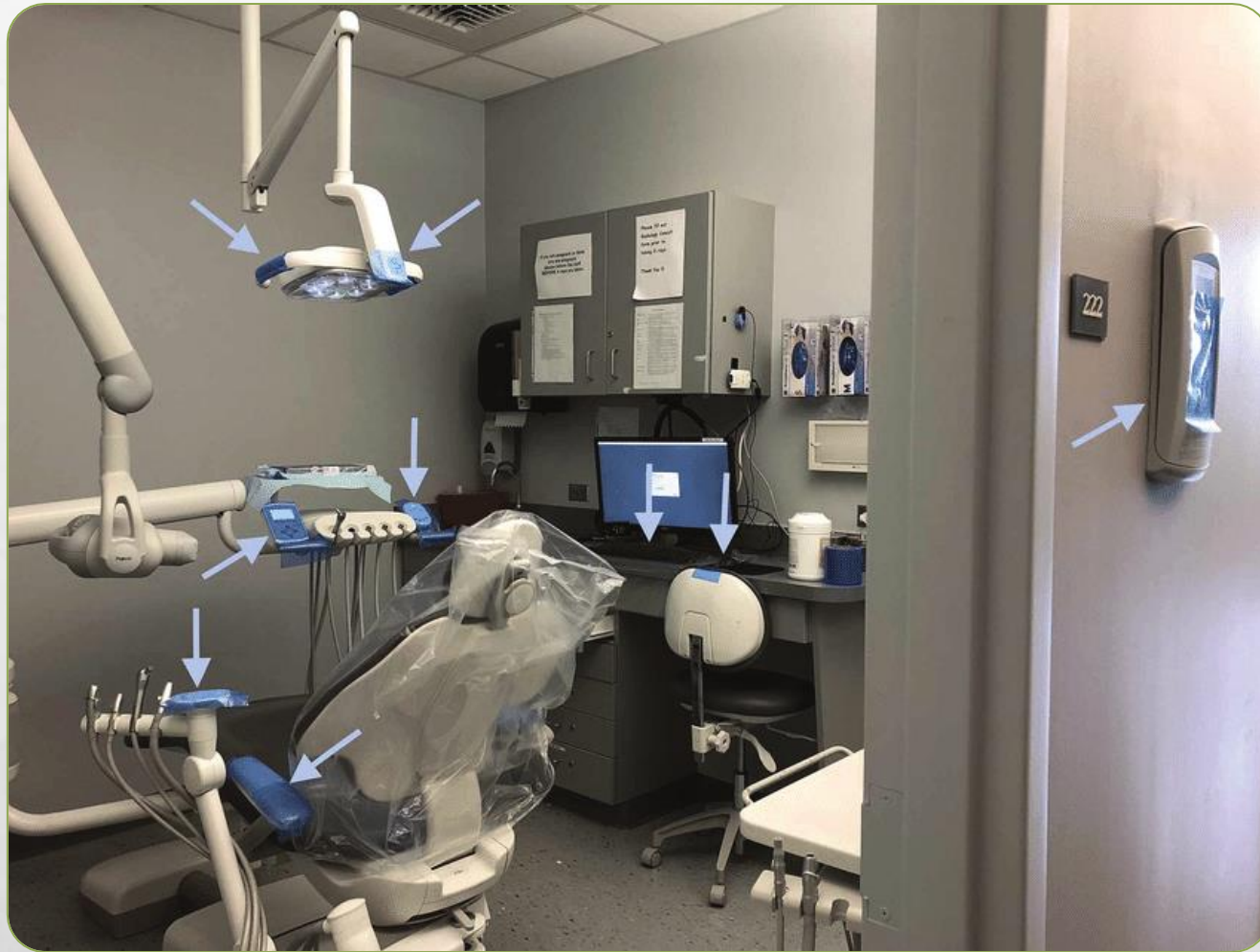


PPE: GLOVES

- Gloves should be worn whenever contact with saliva, blood, or OPIM is anticipated
- Gloves are SINGLE USE, DO NOT wash, disinfect, or reuse for any reason!
- Remove gloves after each patient and every time you leave the treatment room
- Change gloves when damaged or about every hour during a long procedure



PPE: GLOVES



- Covers hard to clean areas (buttons, switches, hoses)
- Must be fluid resistant and single use
- Change between each patient, regardless of use

Should you clean/ disinfect under barriers?

BARRIERS

Proper cleaning and disinfecting generally follows these five steps.



1. Put on PPE



2. Remove soil
(clean)



3. Apply
disinfectant
(disinfect)



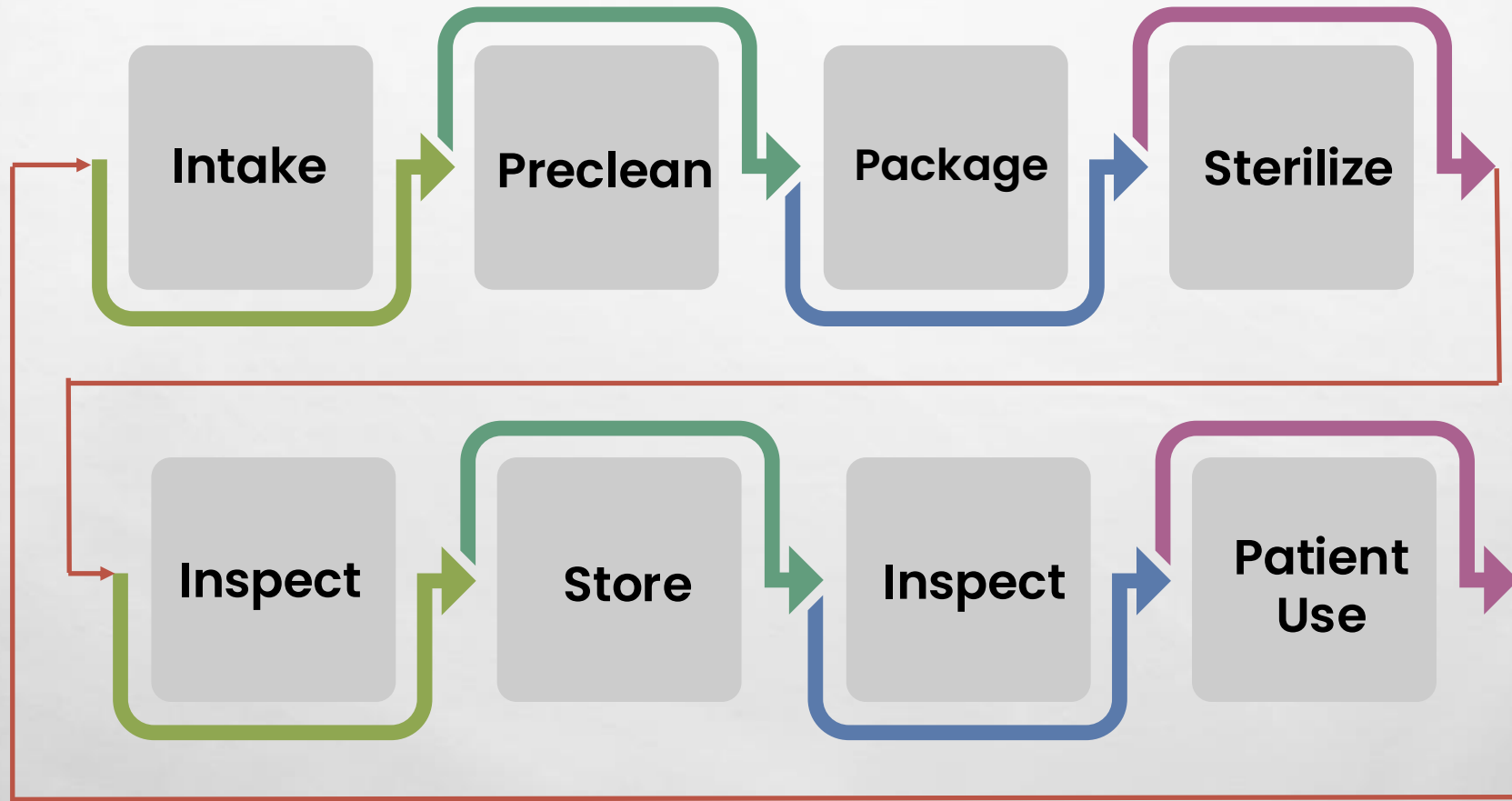
4. Wait
(contact time)



5. Discard or
reprocess tools

**SPRAY – WIPE – SPRAY
WIPE – WAIT - WIPE**

Surface Cleaning and Disinfection



Sterilization: Instrument Cycle

Indicator (Type 1)

- Single Parameter (temp)
- Internal and External in every cassette/ pouch

Integrator (Type 5)

- Multi Parameter (time, temp, pressure)
- At least 1 in every load

Biological Monitoring

- Lab test confirming spores are destroyed
- Testing each sterilizer at least weekly

Sterilization Monitoring

No specific OSHA standards for dentistry,

However...

The risk of exposure to biological, chemical, environmental, and physical workplace hazards that may apply to dentistry are addressed in specific OSHA standards for general industry.

OSHA AND DENTISTRY

What is the Bloodborne Pathogens Standard?

OSHA's Bloodborne Pathogens Standard (**29 CFR 1910.1030**) as amended pursuant to the **2000 Needlestick Safety and Prevention Act**, is a regulation that prescribes safeguards to protect workers against health hazards related to bloodborne pathogens. It has provisions for exposure control plans, engineering and work practice controls, hepatitis B vaccinations, hazard communication and training, and recordkeeping. The standard imposes requirements on employers of workers who may be exposed to blood or other potentially infectious materials such as certain tissues and body fluids.



- Standard precautions
- Sharps safety
- Housekeeping/waste disposal
- Laundry
- Handwashing
- PPE selection and usage
- Hepatitis b vaccination
- Exposure incident protocols
- Employee training



POLICIES INCLUDED IN BBP PLAN

Sample Screening Form
Dental Safety Syringes and Needles

This form collects the opinions and observations of dental health care personnel (DHCP) who screen a safer dental device to determine its acceptability for use in a clinical setting. This form can be adapted for use with multiple types of devices. Do not use the new device being tested on a patient during this initial screening phase.

Date: _____

Product: Name, brand, company: _____

Your position or title: _____

Your occupation or specialty: _____

<u>Clinical Considerations</u>	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
1. The device permits the exchange of cartridges during treatment on the same patient.	1	2	3
2. The weight and size of device is acceptable.	1	2	3
3. I have a clear view of the cartridge contents when aspirating.	1	2	3
4. The size and configuration of the syringe or needle permits a clear view of the injection site and needle tip.	1	2	3
5. No excessive force is required to activate or control the plunger.	1	2	3
6. The size and configuration of the syringe or needle permits use in all mouth sizes and access to all areas of the mouth.	1	2	3
7. The device permits multiple injections on the same patient.	___ No	___ Yes	
8. The device is capable of aspiration before injection.	___ No	___ Yes	
9. The needle is compatible with a reusable syringe. [For safety needles without syringes only.]	___ No	___ Yes	
10. Does the product meet the needs of your clinical practice based on the above criteria?	___ No	___ Yes	
11. The worker's hands can remain behind the sharp during activation of the safety feature.	1	2	3

Safety Feature Considerations

12. The safety feature can be activated with one hand.	1	2	3
--	---	---	---

Version 2 10/27/2016

13. The safety feature is integrated into the syringe or needle.	1	2	3
<u>Safety Feature Considerations</u>	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
14. The safety feature provides a temporary means of protecting the needle between injections.	1	2	3
15. A visible or audible cue provides evidence of safety feature activation.	1	2	3
16. The safety feature is easy to recognize and use	___ No	___ Yes	
17. Once activated, the safety feature permanently isolates the needle tip and cannot be purposefully or accidentally deactivated under normal use conditions.	___ No	___ Yes	
18. The safety feature activates by itself.	___ No	___ Yes	

General Product/Manufacture Considerations

19. The manufacturer can provide the device in needed quantities.	1	2	3
20. A full range of needle sizes and lengths is available.	1	2	3
21. The company provides free samples for in-use evaluation.	1	2	3
22. The company has a history of responsiveness to problems.	1	2	3

Practical Considerations

23. The device is packaged conveniently.	1	2	3
24. The device is easy to remove aseptically from the package.	1	2	3
25. Instructions are included in the packaging.	1	2	3
26. Instructions are easy to follow and complete.	1	2	3
27. Instructions are provided in more than one form (paper, DVD, or online).	1	2	3
28. Use of the safety device will not increase the volume of sharps waste.	1	2	3
29. The shape and size of available sharps containers will accommodate disposal of this device.	1	2	3
30. This is a single use, disposable device.	___ No	___ Yes	
31. The device should be considered for further clinical evaluation.	___ No	___ Yes	

Additional comments for any responses of "Does Not Meet Expectations " or "No":

Version 2 10/27/2016



EVALUATION OF SHARPS SAFETY DEVICES

Hepatitis B and Healthcare Personnel

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



Scan for PDF



Employers must help find Hep B records if able



If no documentation is found, you can repeat the Hep B series



Titer 1-2 months after series to determine immune status



If antibody +, no baseline testing is needed for patient and employee if an exposure happens

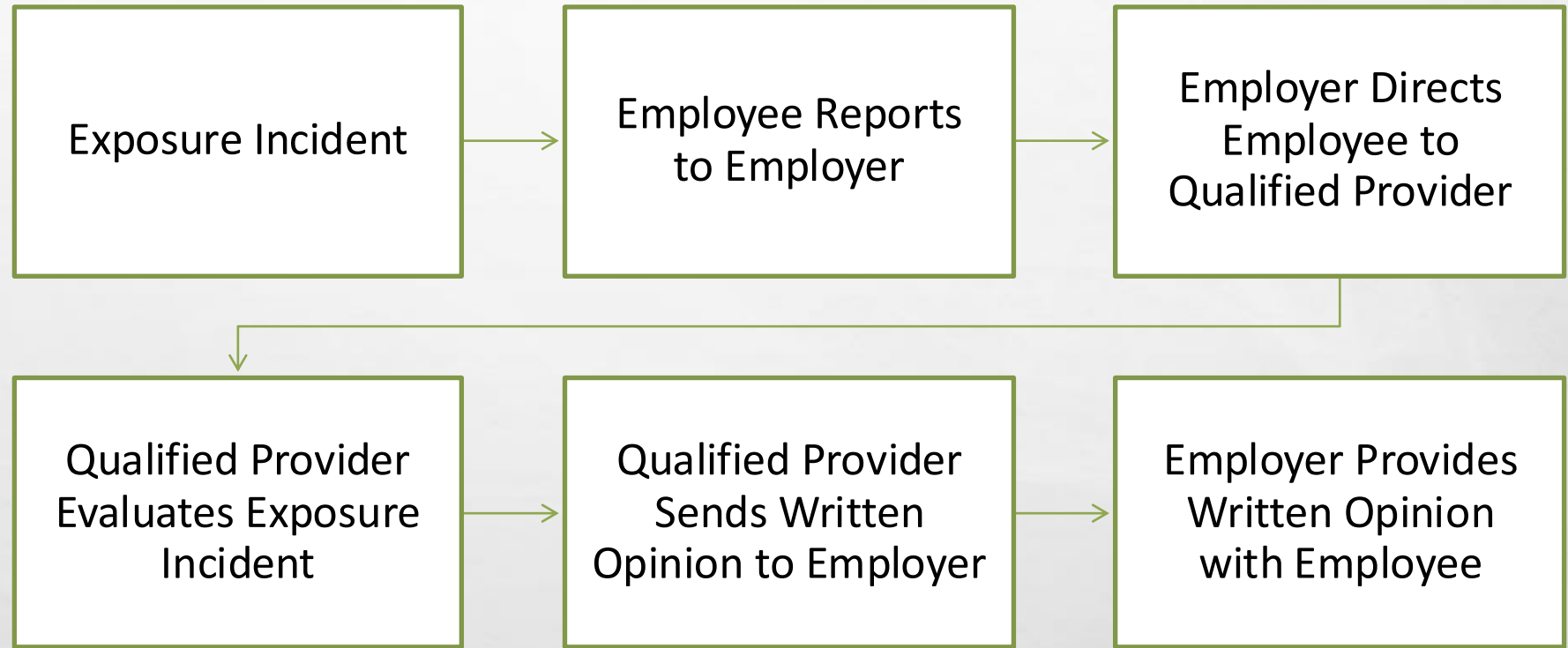


Vaccine non-responder?





ADA: Employer
Obligations after
Exposure Incidents



POST-EXPOSURE EVALUATION AND FOLLOW-UP

Easy to access/ Centrally located

Steps of post exposure process

Who to report to

Where to report to get tested

Reporting paperwork, including incident report



OUCH POUCH??

HAZARD COMMUNICATION

Small Entity Compliance Guide for Employers That Use Hazardous Chemicals



Make chemical inventory list SDS table of contents

Remember sections 2, 4, 6, 8 of SDS sheets

Copy section 4 of SDS to create secondary container labels

Make available to ALL employees at ALL times



Haz Comm Tips and Tricks



Team Involvement



Team Involvement

“A **Culture of Safety** is a dynamic, social environment wherein all members have a **shared perception of the importance of safety**, all members feel **comfortable in communicating safety issues**, all members are preoccupied with errors, mistakes, and failures and trust that **everyone can collectively learn from these opportunities** for improvement. A safety culture is a just culture that **values trust and accountability over blame and shame**, as the only way to strengthen systems to prevent or blunt the consequences of inevitable human error. It **requires relentless time, commitment, and effort** to achieve a goal that can always be improved. A safety culture is never satisfied. **Safety must exist for all, or no one is safe.**”

Culture of Safety

<https://www.dentalpatientsafety.org/>

What are “**patient safety events**?”

Incidents - patient safety events that reach a patient, whether or not harm was involved.

Near misses (close calls) - patient safety events that do not reach the patient.

Unsafe conditions - circumstances that increase the probability of the occurrence of an incident or near miss.



DENTAL
PATIENT SAFETY
FOUNDATION

Search

Report An Incident



[HOME](#) [ABOUT US](#) ▾ [DONORS](#) [DONATE](#) [SUBSCRIBE](#) [REPORTS](#) [CONTACT US](#)

Mission Statement

The DPSF is an independent, multi-disciplinary Patient Safety Organization whose purpose is to improve safety and quality of dental care. Integral to this mission are the non-partisan data collection and analyses, with subsequent reporting, education and advocacy to all dental professionals. In this endeavor, the creation and ongoing support of a meaningful culture of safety will be promoted.

Now is the time for dentistry to become proactive and actively engaged to protect the public and enhance our profession. This encompasses all aspects of patient safety in the administration of local anesthesia, minimal, moderate and deep sedation/general anesthesia, infection control, medical emergency preparedness, environmental and clinical issues (e.g. fire, occupational hazards, opioid prescribing, etc.), employee and doctor health. Education and outreach to the dental community would be based on evidence based guidelines and would include safety initiatives from the predoctoral level through postdoctoral continuing education.

Identify an expert

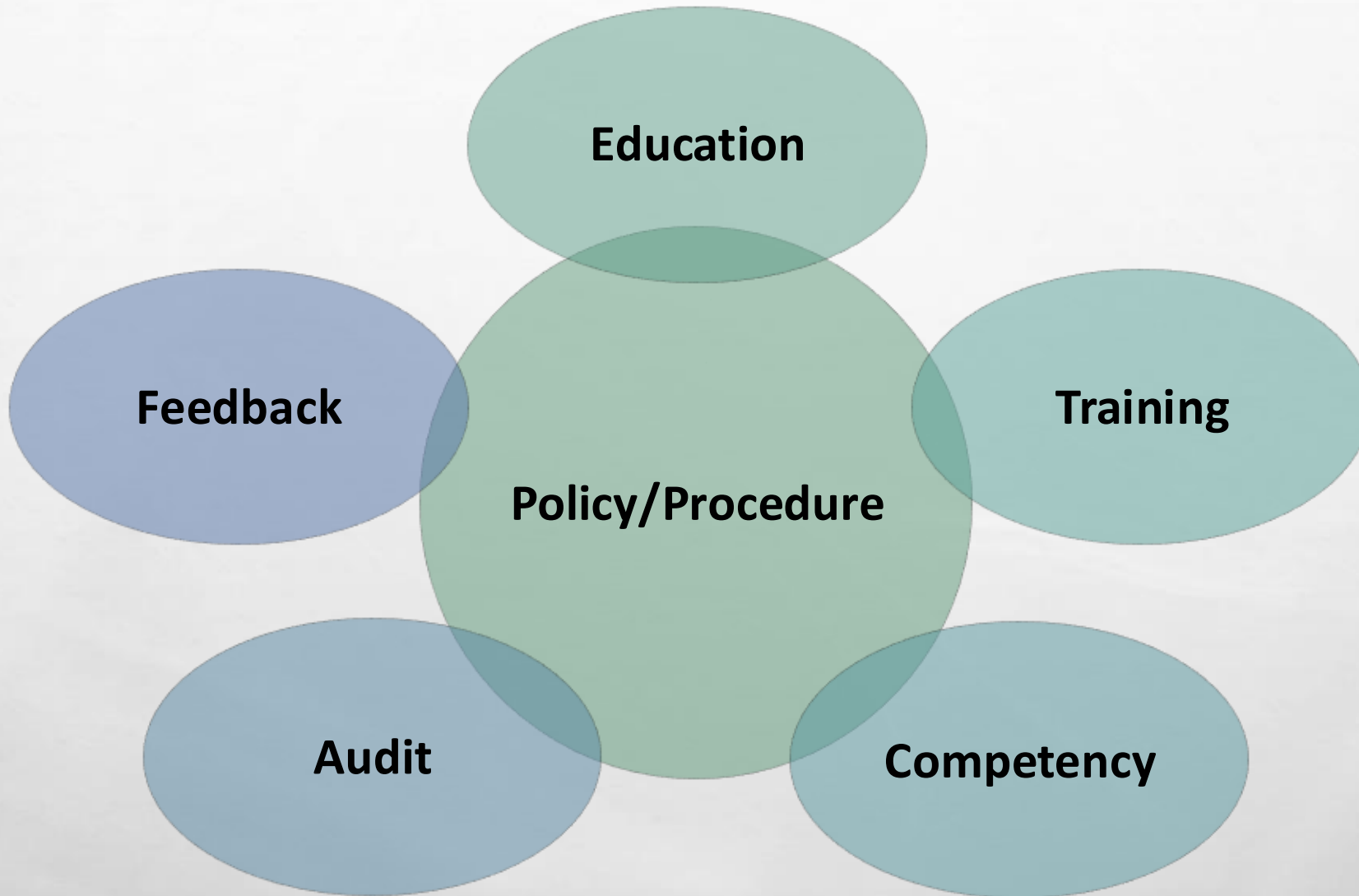
```
graph TD; A[Identify an expert] --> B[Meet regularly]; B --> C[Opportunities for education]; C --> D[Autonomy]; D --> E[Successful Safety Program]
```

Meet regularly

Opportunities for education

Autonomy

Successful Safety Program



Successful Safety Program

Education



Training/ Competency

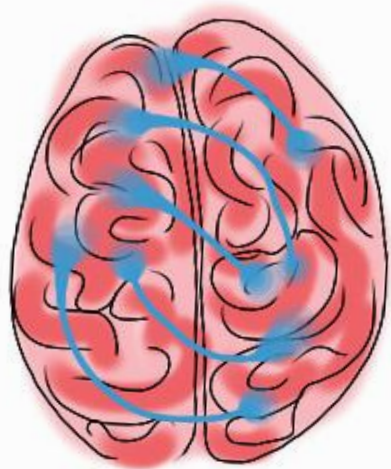


Audit



Feedback

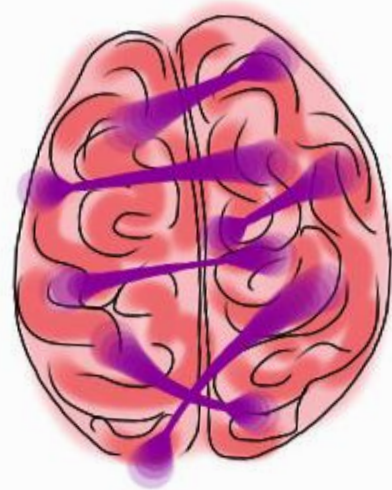




Learn



Unlearn



Relearn

RESOURCES, TOOLS, AND EDUCATION

Summary of Infection Prevention Practices in Dental Settings



Basic Expectations for Safe Care



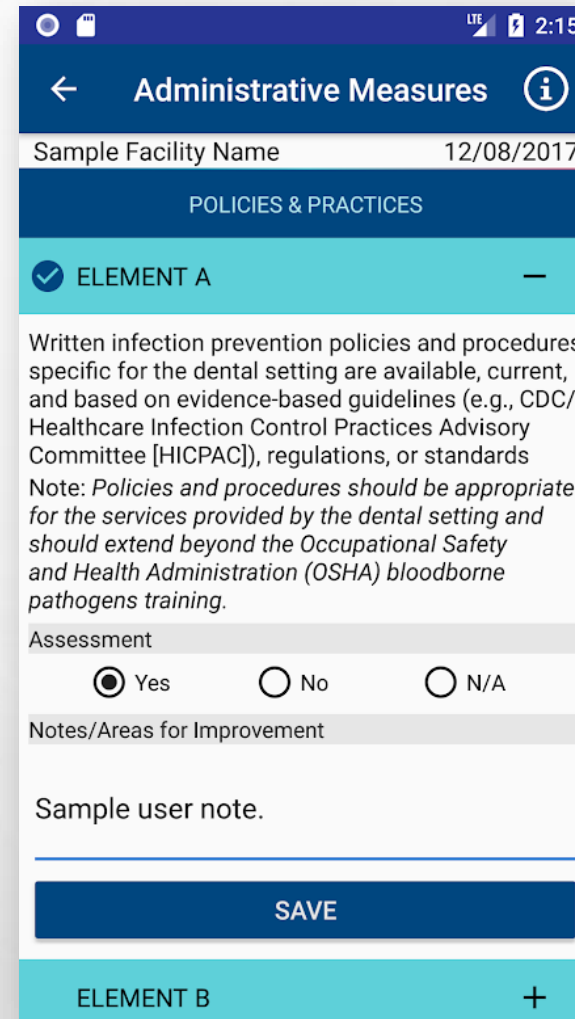
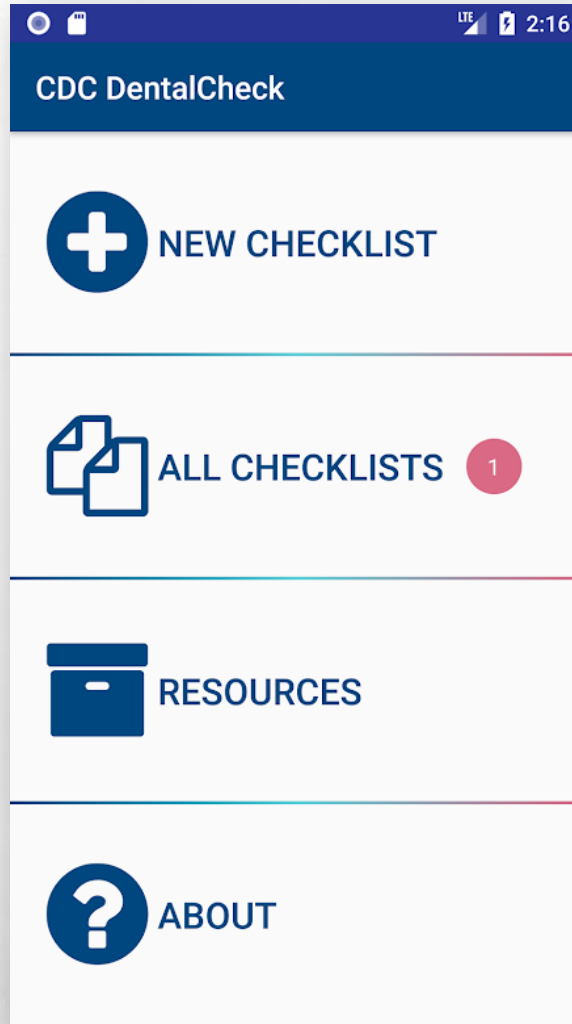
IPC Assessment Checklist

I.3 Dental Health Care Personnel Safety

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	

II.6 Sterilization and Disinfection of Patient-Care Items and Devices

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Single-use devices are discarded after one use and not used for more than one patient	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Reusable critical and semicritical dental items and devices are cleaned and heat-sterilized according to manufacturer instructions between patient use	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: <i>If the manufacturer does not provide reprocessing instructions, the item or device may not be suitable for multi-patient use.</i>		



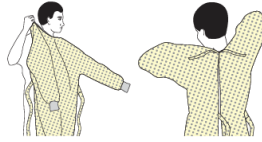
Infection Control Assessment Checklist

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



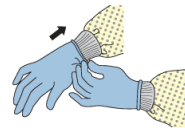
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



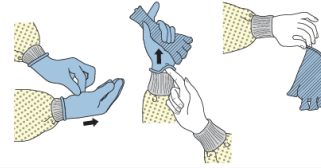
CS25072-E

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



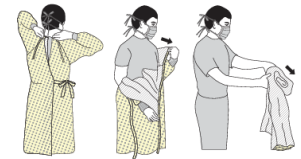
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



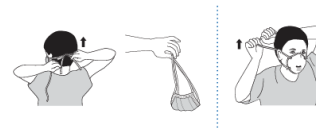
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

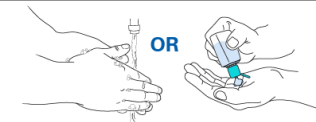


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



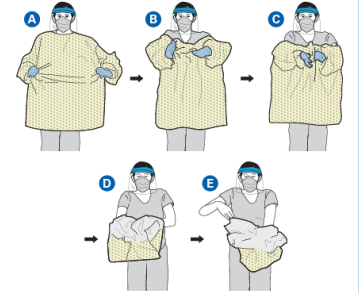
CS25072-E

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



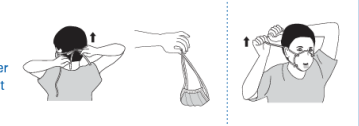
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



CS25072-E

PPE Donning and Doffing Posters



Dental Unit Waterline Toolkit

Created by Nebraska ICAP to assist facilities in creating an effective dental unit waterline program using recommendations from the Centers for Disease Control and Prevention, the Organization for Safety, Asepsis and Prevention and the Food and Drug Administration.
November 2022

Contents

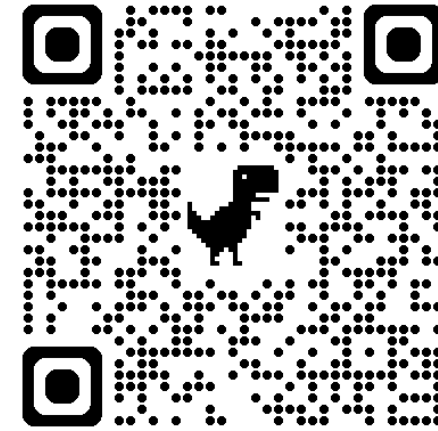
Understanding the Risks of Dental Unit Waterlines	2
References:	2
What is a Dental Unit?	3
References:	3
Dental Unit Waterline Maintenance, Testing and Monitoring Best Practice	4
DUWL Maintenance:	4
DUWL Testing:	5
Monitoring Dental Unit Water Quality:	6
General Tips:	6
Glossary of Terms:	6
References:	7



Infection Prevention and Control for the Dental Setting

Infection Control Infrastructure and Administrative Measures

- CDC – [Administrative Considerations for the Dental Setting](#)
- CDC-[Standard Precautions | Dental Infection Prevention and Control](#)
- ICAP – [Community Dental Health IPC Manual](#)
- ICAP – [Community Dental Health IPC Quick Guide](#)



Infection Prevention Education and Training



Dental Healthcare Personnel Safety



Who They Are

ADS is the only membership association solely focused on dental infection prevention and patient safety education and training.

Vision

Every dental visit is a safe visit.

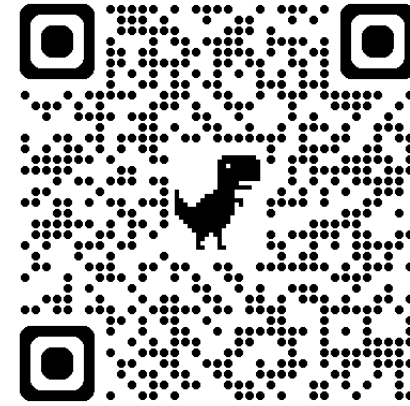


Mission

To be the leading provider of infection prevention and control education, training, and credentialing that supports safe dental visits.



Association for Dental Safety



ADS Resources

[Agency Resources](#) | [Ask ADS](#) | [Frequently Asked Questions \(FAQs\)](#) | [International Resources](#)
[Portable & Mobile](#) | [Public Health](#) | [The Safest Dental Visit™](#) | [Toolkits & Topics](#)

ADS Resource Library

Ask ADS

Association for Dental Safety

Get instant, expert answers to all your dental infection prevention, occupational health, and patient safety questions—with Ask ADS, a cutting-edge AI-powered assistant!

Try **ASK ADS** Today!



www.MyADS.org/ask-ads

Foundations: Building the Safest Dental Visit



A web-based, interactive, self-paced training designed to help increase adherence with established infection prevention and control guidelines among dental healthcare personnel.



Basic Education

Dental Infection Prevention and Control Certificate

This easy-to-understand online program is based on federal standards and evidence-based guidelines. Anyone can take this program. It is great for both new and experienced dental healthcare professionals responsible for infection prevention and control.

To earn the Certificate, you must:



Specialized Education

Certification



Dental Industry Specialist in Infection Prevention and Control® (DISIPC®)

Intended for those who play important roles in dental infection prevention and control, such as practice managers, sales representatives, customer service personnel, and service technicians who do not provide clinical care. Earning DISIPC demonstrates knowledge related to infection control guidelines and standards.

Developed by OSAP and DANB



Certified in Dental Infection Prevention and Control® (CDIPC®)

Intended for the dental team, educators, consultants, and others with a clinical background. Earning CDIPC certification demonstrates an advanced level of infection control guidelines and standards knowledge and the analytical and critical-thinking skills to apply them in various scenarios.


Developed by OSAP and DANB



Certification

Competency-based Training, Audits and Feedback - WB4220

All modules must be taken to receive CE.

- [CBT 101: Competency-based Training for IP](#)  [PDF – 60 pages]

Defines competency-based training and describes key components to consider when designing infection prevention training.

- [CBT 102: Using Audits to Monitor IP Practices](#)  [PDF – 41 pages]

Reviews the importance of conducting infection prevention audits and how audits can be performed and implemented as part of an infection prevention surveillance program.

- [CBT 103: Giving IP Feedback](#)  [PDF – 44 pages]

Highlights essential components of effective feedback and discusses strategies to deliver feedback effectively.

Get CE for [Competency-based Training, Audits and Feedback Course WB4220](#)



Understand State and Federal requirements

Identify an expert in your facility

Allow your team to be lifelong learners

Create an education cycle

Create a culture of safety

Inspire others

Remember

- CDC. GUIDELINES FOR INFECTION CONTROL IN DENTAL HEALTHCARE SETTINGS. RETRIEVED FROM [HTTPS://WWW.CDC.GOV/MMWR/PDF/RR/RR5217.PDF](https://www.cdc.gov/mmwr/pdf/rr/rr5217.pdf)
- CDC. SUMMARY OF INFECTION PREVENTION PRACTICES IN DENTAL SETTINGS. RETRIEVED FROM [HTTPS://WWW.CDC.GOV/DENTAL-INFECTION-CONTROL/HCP/SUMMARY/INDEX.HTML](https://www.cdc.gov/dental-infection-control/hcp/summary/index.html)
- NEBRASKA ICAP. DENTAL UNIT WATERLINE TOOLKIT. RETRIEVED FROM [HTTPS://ICAP.NEBRASKAMED.COM/WP-CONTENT/UPLOADS/SITES/2/2022/11/DENTAL-UNIT-WATERLINE-TOOLKIT.PDF](https://icap.nebraskamed.com/wp-content/uploads/sites/2/2022/11/dental-unit-waterline-toolkit.pdf)
- CDC. DONNING AND DOFFING SEQUENCE. RETRIEVED FROM [HTTPS://WWW.CDC.GOV/INFECTION-CONTROL/MEDIA/PDFS/TOOLKITS-PPE-SEQUENCE-P.PDF](https://www.cdc.gov/infection-control/media/pdfs/toolkits-ppe-sequence-p.pdf)

REFERENCES/RESOURCES

- OSHA. BLOODBORNE PATHOGENS STANDARD. RETRIEVED FROM [HTTPS://WWW.OSHA.GOV/LAWS-REGS/REGULATIONS/STANDARDNUMBER/1910/1910.1030](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030)
- CDC. EVALUATION OF SHARPS SAFETY DEVICES. RETRIEVED FROM [HTTPS://WWW.CDC.GOV/DENTAL-INFECTION-CONTROL/MEDIA/PDFS/SAMPLE-SCREENING-FORM.PDF](https://www.cdc.gov/dental-infection-control/media/pdfs/sample-screening-form.pdf)
- IMMUNIZE.ORG. HEPATITIS B AND HEALTHCARE PERSONNEL. RETRIEVED FROM [HTTPS://WWW.IMMUNIZE.ORG/WP-CONTENT/UPLOADS/CATG.D/P2109.PDF](https://www.immunize.org/wp-content/uploads/catg.d/p2109.pdf)
- ADA. EMPLOYER OBLIGATIONS AFTER EXPOSURE INCIDENTS. RETRIEVED FROM [HTTPS://WWW.ADA.ORG/RESOURCES/RESEARCH/SCIENCE/EMPLOYER-OBLIGATIONS-AFTER-EXPOSURE-INCIDENTS-OSHA](https://www.ada.org/resources/research/science/employer-obligations-after-exposure-incidents-osha)

REFERENCES/RESOURCES

- OSHA. SMALL ENTITY COMPLIANCE GUIDE FOR HAZARD COMMUNICATIONS STANDARD. RETRIEVED FROM
[HTTPS://WWW.OSHA.GOV/SITES/DEFAULT/FILES/PUBLICATIONS/OSHA3695.PDF](https://www.osha.gov/sites/default/files/publications/OSHA3695.pdf)
- ASSOCIATION FOR DENTAL SAFETY. [HTTPS://WWW.MYADS.ORG/](https://www.myads.org/)
- CDC. FOUNDATIONS: BUILDING THE SAFEST DENTAL VISIT. RETRIEVED FROM
[HTTPS://WWW.CDC.GOV/DENTAL-INFECTION-CONTROL/HCP/TRAINING/INDEX.HTML](https://www.cdc.gov/dental-infection-control/hcp/training/index.html)
- ADS. DENTAL INFECTION PREVENTION AND CONTROL CERTIFICATE. RETRIEVED FROM
[HTTPS://WWW.MYADS.ORG/CERTIFICATE-PROGRAM](https://www.myads.org/certificate-program)
- ADS. DENTAL INFECTION PREVENTION AND CONTROL CERTIFICATIONS. RETRIEVED FROM
[HTTPS://WWW.MYADS.ORG/CERTIFICATION](https://www.myads.org/certification)

REFERENCES/RESOURCES

- CDC. STRIVE TRAINING: COMPETENCY BASED TRAINING, AUDITS AND FEEDBACK. RETRIEVED FROM [HTTPS://WWW.CDC.GOV/INFECTION-CONTROL/HCP/TRAINING/STRIVE.HTML](https://www.cdc.gov/infection-control/hcp/training/strive.html)
- CDC. DENTAL CHECK APP. RETRIEVED FROM [HTTPS://WWW.CDC.GOV/DENTAL-INFECTION-CONTROL/HCP/CDCDENTALCHECK/INDEX.HTML](https://www.cdc.gov/dental-infection-control/hcp/cdcdentalcheck/index.html)
- DENTAL PATIENT SAFETY FOUNDATION. [HTTPS://WWW.DENTALPATIENTSAFETY.ORG/](https://www.dentalpatientsafety.org/)
- MISSOURI TITLE XII PUBLIC HEALTH AND WELFARE. CHAPTER 191. RETRIEVED FROM [HTTPS://REVISOR.MO.GOV/MAIN/ONESECTION.ASPX?SECTION=191.694&BID=9634&HL=](https://revisor.mo.gov/main/OneSection.aspx?section=191.694&bid=9634&hl=)

REFERENCES/RESOURCES