

# INFECTION CONTROL In Practice

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*Infection Control in Practice* is a peer-reviewed publication focusing on infection prevention and control basics, strategies, and tools to:

- › maintain a safe work environment,
- › limit the spread of contamination, and
- › promote compliance with infection prevention guidelines in dental facilities.

This will help the Infection Control Coordinator (ICC) communicate the importance of **the safest dental visit™**



## Workplace Safety: Preparing for the Unexpected, Who Will Take the Lead?

If you have an Infection Control Coordinator (ICC), you're ahead of the game. This issue describes the leadership role of the ICC and the benefits of attaining advanced training as Certified in Dental Infection Prevention and Control® (CDIPC®). The role, skills and duties of the ICC are highlighted in a workplace scenario involving the analysis and correction of unsafe dental waterline condi-

tions. Strategies for assessing, managing, and monitoring dental water quality exemplify the critical thinking and approaches ICCs should use to guide their safety teams and promote a culture of safety.

This topic ties into the national observance of International Infection Preventionist (IP) Day, which recognizes the vital role of credentialed IPs in healthcare.

## LEARNING OBJECTIVES

After reading this publication the reader should be able to:

1. Define the job role and value of the Dental Infection Control Coordinator.
2. Identify the pathway to becoming Certified in Dental Infection Prevention and Control through the Association for Dental Safety (ADS) and Dental Assisting National Board (DANB) Dental Infection Prevention and Control certification program.
3. Describe the ICC's role in managing a dental water safety program.
4. Describe the potential consequences of not managing dental water quality and not having a qualified leader in dental safety.

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## SCENARIO-BASED LEARNING

When a dentist creates a contest between her four specialized dental departments to overhaul their safety systems some significant problems are discovered. Realizing the need to unify departmental collaboration instead of competing separately, the dentist seeks a safety leader to accept the role. The lesson illustrates the importance of the ICC's leadership role, explores the value of further credentialing, and outlines key components of managing dental water quality.

### Workplace Scenario: The Situation

Dr. Remy, a new partner in a large dental clinic, needed to update the clinical safety program and assure compliance with Occupational Safety and Health Administration (OSHA) regulations. This was more than she could do alone: she decided to divide up the duties among her clinical team.

To add some incentive, Dr. Remy made the project a contest among the team members. She assigned dental unit waterline (DUWL) maintenance to Zac, a dental assistant, who had recently completed the Dental Infection Prevention and Control Certificate. Dr. Remy assigned various infection control processes to other assistants.

Zac's first job was to record current dental waterline practices and evaluate the need to change or update products or protocols in each of

four clinic departments; pedodontics, dental hygiene, general dentistry and periodontics. Next, he was to order any needed products and start using them. Finally, he was told to test the waterlines to confirm that water quality was within acceptable limits.

Each assistant was given a copy of the OSHA Bloodborne Pathogen Standard and Centers for Disease Control and Prevention (CDC) Recommendations, and they were asked to read the manufacturer instructions for use (MIFU).<sup>1,2,3</sup>

Zac also studied the ADS (OSAP) DUWL White Paper,<sup>4</sup> and read the MIFU for the dental units and the DUWL products being used in each operatory. He was determined to win the contest!



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## Workplace Scenario: The Situation (cont'd)

Zac started with a screening test of the water in each dental unit using in-office water quality test paddles. He made a chart of how the four departments were managing DUWL, noting that all dental units had water bottles (reservoirs).

### Zac's Initial Assessment of Clinic Departmental DUWL Management

Department	Source water	Type of continuous DUWL germicidal product & MIFU	Office's daily method of using DUWL germicidal product	Frequency of chemical shock to remove biofilm	DUWL test (water quality test paddles)	DUWL test records
Pedodontics	Distilled or tap water	Silver ion tablet: 1 tab / every bottle	1 tab / day, not repeated after 1st bottle	Never done	Failed, Previously never done	None
General Dentistry	Bottled water	Silver ion straw: replace at 6 months	Did not recall changing straw for 1-2 years	Shocked 1 year prior	Failed	No records
Dental Hygiene	Distilled water	Iodine straw: change at 1 year	Did not recall changing straw for 1-2 years	Never done	Previously never done	No records
Periodontics	Distilled water	Iodine straw: change at 1 year	Did not recall changing straw for 1-2 years	Never done	Failed	No records

### Zac Identified the Following Dental Unit Water (DUW) Problems

- Each dental unit failed the in-office water test, with most showing very high bacterial counts.
- Surgical procedures were being performed with non-sterile dental unit water.
- DUWL antimicrobial product MIFUs were not followed:
  - Tablets were not used in every bottle of water.
  - Straws were not changed as required.
- Testing was not previously being done on any dental unit water.
- DUWLs were not chemically shocked to remove biofilm.
- Written DUWL management program and records of compliance were not available.



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### Workplace Scenario: The Situation Assessment

Zac met with Dr. Remy to discuss the findings: his main concern was that water coming out of every dental unit failed to meet the CDC and Environmental Protection Agency (EPA) safe drinking water standard, and sterile water was not being used for surgical procedures. All of the recommendations he had read stated that United States Pharmacopeia (USP) sterile water should be used for surgical procedures.<sup>2,3,4</sup>

He felt that immediate changes should be made. He was not alone: each assistant had raised similar concerns in their various areas of safety, including instrument management, room disinfection, hand hygiene and personal protective equipment. Each department did things differently, and many errors and inconsistencies were found.<sup>2,3,4</sup>

Dr. Remy ended the contest, thanked everyone, and they all got gift cards.



### Workplace Scenario: The Action Plan

It was clear that each department was operating independently, and many mistakes were being made, potentially creating unsafe conditions for patients and the dental team. What was needed was collaboration, rather than separation of departments.

Dr. Remy replaced the contest with a shared initiative: build a better safety program together, to standardize safe practices and create a culture of safety. Dental unit water required immediate attention. She held a meeting to share her dedication to this agenda and encourage every team member's active involvement.



#### Identify a Leader

The first requirement was to have a leader, and Zac seemed most suited to the job. He accepted the role but asked for training. Dr. Remy agreed to build on his previous training by supporting him to apply for the Certified in Dental Infection Prevention and Control exam so they both would be confident in his qualifications to set up and manage the new safety program.<sup>5,6</sup>

Zac's immediate action was to address the failed water quality tests. He reached out to consultants at a dental water testing company, who guided him in selecting a product and protocol to help remove existing biofilm from the DUWL. After treating all DUWLs and when subsequent water quality test results were within acceptable limits, Zac selected one germicidal product and protocol for continual use in all of the clinic departments.

#### Build a Safety Team

Working with the doctors, Zac set up a DUWL management schedule and assigned duties, picking a lead dental assistant or hygienist in each department to manage the safety program and build their safety team. As he learned more while studying for the CDIPC exam, he shared the information with them all.

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## Workplace Scenario: The Action Plan (cont'd)

### Manage Dental Water Safety

Dr. Remy and the other doctors purchased sterile water delivery equipment for surgical procedures and trained the assistants. Zac set up an office-wide program to manage dental unit water quality for non-surgical dental procedures.

### He Identified the Following Goals and Established Processes to Complete Them.<sup>2,3,4</sup>

- 1 Use high-quality source water entering the dental unit. Test source water initially and periodically to ensure quality.
- 2 Use a germicidal DUWL maintenance product and follow MIFU for the product, dental unit, and attached equipment such as ultrasonic scalers.
- 3 Test DUWL monthly to establish a pattern of tasks to assure the EPA potable drinking water standard of < 500 colony forming units (CFU) per milliliter (mL) of heterotrophic water bacteria.
- 4 Take remedial action when waterlines exceed 500 CFU/mL:
  - 4.1 Remove unit from use.
  - 4.2 Perform "shock" treatments to remove attached biofilm inside the line and test immediately.
  - 4.3 Return unit to service only after testing shows water meets potable standard.
  - 4.4 Repeat testing in 7 days.
- 5 Establish a written DUWL management program and recordkeeping to ensure waterlines meet the potable standard.
- 6 Establish a list of links to resources to remain current on safety standards and options for ensuring safety conditions are met.
- 7 Attend the next ADS Dental Infection Control Boot Camp.



### Did You Know?

Being a leader in dental infection control is a growing, valuable and recognized career path, similar to a medical Infection Preventionist.

Credentialed IPs are required in various medical settings. The Association for Professionals in Infection Control and Epidemiology (APIC) provides education and **certification** through the Certification Board of Infection Control and Epidemiology, Inc. (CBIC) for this internationally recognized role.

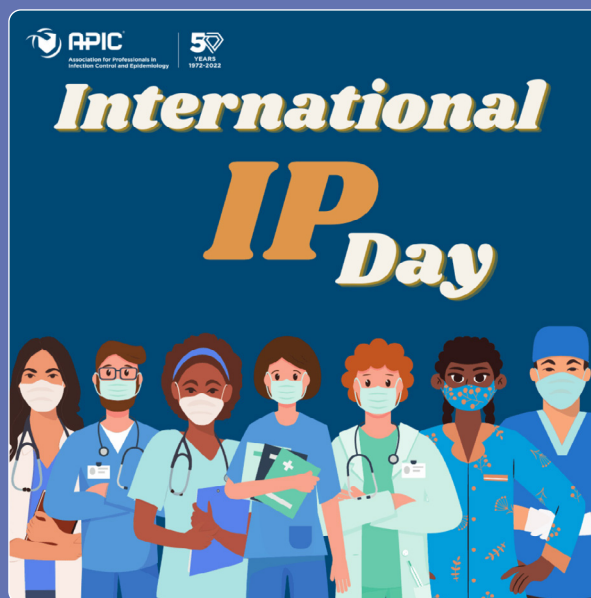


### Recognizing Healthcare Leadership

**International Infection Preventionist Day** was celebrated on April 6th.

The day is dedicated to acknowledging the tireless, important work of IPs in various settings, including acute care, long-term and nursing home care, public and behavioral health, schools, hospitality, and correctional facilities.

Dentistry is a vital part of healthcare and this recognition is also an opportunity for dental ICCs along with IPs worldwide to celebrate their critical role in preventing the spread of infection and protecting patients and healthcare workers.





# 1 **Why, What** and **How** to Be the Qualified and Recognized Leader?

## **WHY** Become Certified in Dental Infection Prevention and Control?

Ultimately the dentist is responsible for, and must lead, safety processes, but these programs require coordination and team effort, and every team needs a leader.

In medical settings worldwide, credentialed infection control and prevention leaders are required; the role is identified as the Infection Preventionist.

In dental settings OSHA requires the designation of a person in charge of OSHA compliance. The CDC formally recommended a qualified safety leader in dental settings in 2016 in their "Summary of Infection Prevention Practices in Dental Settings, Basic Expectations for Safe Care."<sup>1,3</sup>

There are benefits to being the Infection Control Coordinator and earning CDIPC certification. The certification demonstrates an advanced level of understanding of infection control based on CDC guidelines, OSHA standards, and standard precautions, and the critical thinking and analytical skills to apply them in various scenarios.<sup>5,6</sup>

The CDIPC certification can strengthen the ICC's ability to:

- manage a comprehensive infection control and prevention program.
- provide trustworthy leadership.
- improve worker safety, training and compliance with safety regulations and standards.
- create, lead and empower a safety team.
- help protect patients.
- manage efficiency and cost to show the value of office safety practices.
- advance their career.



## **WHAT** Does the CDIPC Do?

CDIPC credentialing supports the ICC's leadership role to guide and empower each team member as part of an effective safety team and promote a culture of safety. The ICC establishes and updates policies and procedures that protect workers and patients.<sup>5</sup>

### **CDIPC duties as ICC include:**

- maintaining knowledge and training in infection control,
- creating evidence-based written infection control policies and procedures based on regulatory and guidance documents,
- ensuring compliance with current guidance and regulations,
- making sure proper and adequate supplies and equipment are available,
- communicating infection prevention and control concepts, values, and information to co-workers to build, lead and empower the safety team.

## **HOW** Does the CDIPC Receive Certification?

There are several education and experience options available as a pathway to apply for the CDIPC exam and earn CDIPC certification.<sup>6</sup>

CDIPC certification requirements, can be found **HERE**.

*(The credentials earned are Certified in Dental Infection Prevention and Control (CDIPC) after successfully completing the exam.)*

# 2 The ICC's Role in Managing Dental Unit Waterline Safety: *Why, What* and *How*

## WHY is it Important to Manage DUWL Safety?

### To prevent exposures and possible infections:

Dental water must be managed carefully to control the continual growth of biofilms and microbes that naturally thrive in dental units.

Cases and outbreaks of infections and death have been linked to contaminated dental unit waterlines, and dentists are responsible for controlling these recognized risks to patients and workers.<sup>2,3,4,5,6</sup>

A comprehensive, continual program is required to mitigate this risk, and leadership is needed to coordinate the safety team's efforts to ensure safe drinking water standards are met.<sup>2,3,4,5,6</sup>

### To comply with dental water regulations, guidelines and standards:

Every dentist is responsible for following dental water regulations, guidelines and professional standards, but may not be focused on the issue or linked to the most current information channels on that topic.

A dental practice with an ICC who is focused on safety issues and aware of current official regulations and standards can be more assured of meeting those standards.



## Understand Your State Dental Board Requirements



State Dental Boards in at least 33 states specifically require compliance with CDC and EPA guidelines for DUWL maintenance.<sup>6</sup>

For a recent example, in January of 2025 the Georgia Board of Dentistry announced new DUWL state regulations.<sup>7</sup>

### The new Georgia rule will require:

- Offices to use water meeting EPA drinking water standards ( $\leq 500$  CFUs/mL).
- Offices to follow manufacturers' instructions for use when testing water quality, to test water quality at least quarterly, and to test water quality within 30 days of plumbing repair or modifications.
- To take remedial action if an unacceptable level of CFUs is identified.
- To keep a log for a period of at least five years recording dates, the person conducting the tests, and reports from an independent testing entity.

This regulation mirrors CDC guidance and is added to two existing state requirements that:

- direct dentists to follow Centers for Disease Control and Prevention guidelines, particularly as it relates to bloodborne pathogens. (Ga. Comp. R&R, 150-8-.01(a))
- require continuing education on infection control with a special emphasis on dental unit water lines. (GA R&R, Chapter 150-3)



### WHAT Does the ICC Do to Manage Dental Water Safety?

#### 1. Maintain knowledge and training about dentalwater safety. Options include:

- a. Attend professional educational events.
- b. Join ADS and utilize the many resources available, including regular notifications.
- c. Utilize reliable reference sources including:
  - i. Occupational Safety and Health Administration.
  - ii. Centers for Disease Control and Prevention.
  - iii. National Institute for Occupational Safety and Health (NIOSH).
  - iv. American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), American National Standards Institute (ANSI), Public Health Departments, State Dental Boards, American Dental Association (ADA), ADS.
- d. Subscribe to CDC notifications and publications.

#### 2. Ensure compliance with current regulations, guidance and manufacturer instructions for use.

- a. Identify and comply with all local, state and federal dental water regulations and professional standards.
- b. Follow MIFU for equipment and products.



#### 3. Create evidence-based written DUWL policies and procedures based on regulatory and guidance documents.

- a. Create standard operating procedures (SOP): step-by-step protocols to meet DUWL safety for non-surgical procedures EPA potable drinking water standard of < 500 colony forming units per mL.<sup>2,3,4</sup>
- b. Set up a protocol to use sterile water systems for surgical procedures: use only sterile solutions for coolant and irrigation supplied by a sterile device for surgical procedures that involve the incision, excision, or reflection of tissue that exposes initially sterile areas of the oral cavity.<sup>2,3,4</sup>

#### 4. Select equipment and germicidal products to manage DUWL quality.

- a. Ensure compatibility of equipment and germicidal products.
- b. Follow MIFUs for equipment and germicidal products.

#### 5. Communicate DUWL concepts, information and values to co-workers: build a safety team.

### HOW Does the ICC Implement Dental Water Policies?

1. Establish checklists, standard operating procedures, work schedules and assign duties.
2. Oversee or perform all scheduled duties.
3. Monitor compliance and water quality.
4. Remedy problems including failed water tests.
5. Provide guidance to the entire dental team.

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### Sample Dental Unit Waterline Standard Operating Procedure<sup>2,3,4</sup>

Dental facility: \_\_\_\_\_ Person responsible: \_\_\_\_\_ Date: \_\_\_\_\_

1. Use high quality source water that is compatible with the MIFU of both equipment and germicidal product: distilled, heat treated, chemically treated, purchased.
  - a. Source water: \_\_\_\_\_
2. Add continual germicidal product to DUWL to maintain clean DUWL and slow the growth of biofilm and microbes, following MIFU for equipment and the germicides. Product used:
  - a. Cartridges: \_\_\_\_\_ Replacement interval: \_\_\_\_\_
  - b. Tablets / solution: \_\_\_\_\_ Add every time reservoir is filled
3. Flush waterlines for 20-30 seconds at the beginning and end of day and between patients to remove stagnant water and patient material potentially retracted during treatment.
4. Purge DUWL overnight and during times of non-use if directed by MIFU for equipment and/or germicidal product.
5. Monitor DUWL quality at the following intervals (select test methods and determine specific frequency):
  - a. Test waterlines using a dental water testing laboratory service.
    - i. Monthly \_\_\_\_\_
    - ii. Quarterly \_\_\_\_\_
    - iii. Other interval: \_\_\_\_\_
  - b. Perform in-office dental water testing using products specifically designed for that purpose at this specific frequency (select one below).
    - i. Monthly \_\_\_\_\_
    - ii. Quarterly \_\_\_\_\_
    - iii. Other interval: \_\_\_\_\_
6. Shock waterlines (use only EPA approved DUWL biofilm removal product and follow MIFU for product and dental equipment):

Product used: \_\_\_\_\_

  - a. Frequency:
    - i. Monthly \_\_\_\_\_
    - ii. Quarterly \_\_\_\_\_
  - b. Immediately following all failed DUWL tests, and again seven days later.
  - c. Immediately following a boil-water order, periods of non-use, or plumbing or equipment changes, and again seven days later.
  - d. Other: \_\_\_\_\_
7. Corrective actions when dental water quality does not meet safe drinking water levels. Actions may include:
  - a. Remove unit from service.
  - b. Treat DUWL with "shock" chemical following MIFU for product and dental unit.
  - c. Test dental unit water immediately after shocking.
  - d. Repeat shock and test sequence until water meets potable standard, then re-test in seven days.
  - e. Consult commercial water testing laboratory.
  - f. Replace or repair equipment.
  - g. Change continuous germicidal DUWL product.
  - h. Change DUWL treatment protocol.
  - i. Other: \_\_\_\_\_

**NOTE:** Keep records of DUWL maintenance, testing, and corrective actions for five years or interval mandated by state.

## KEY TAKEAWAYS

1. Dental safety requires a coordinated team with a qualified leader to ensure that basic safety standards remain updated and are practiced.
2. The ICC should lead and empower the dental team, promoting a culture of safety.
3. Advanced training and credentialing for dental Infection Control Coordinators are provided through the Certified in Dental Infection Prevention and Control certification program.
4. Dental unit water must meet safe drinking water standards.
5. Sterile water must be used for surgical procedures.
6. Treatment and control of DUWL requires access to the waterlines and use of germicidal products as directed by the MIFU.
7. The MIFU of dental equipment and germicidal products must be followed.
8. DUWL should be monitored by dental water testing.
9. Shock chemical treatments should follow failed DUWL tests or other events such as boil-water orders or plumbing or equipment changes.
10. The ICC should keep records of all safety protocols, including dental water management and monitoring results for the appropriate interval.

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# Glossary of Terms

**Aseptic technique:** Safe methods that prevent or reduce the spread of microorganisms from one site to another.

**Boil Water Order:** Public health directive issued when drinking water may be contaminated with pathogens. Tap water should be boiled for at least 1 minute before use.

**Colony Forming Units:** A single microbial cell or aggregate of cells that will form a colony on solid microbiological recovery media.

**Continuous DUWL germicidal product:** Germicidal product that has regulatory approval or registration for continuous use in patient treatment water for biofilm and microbial prevention, inactivation or removal.

**Flushing dental waterlines:** Running or pushing water through and out of dental waterlines to remove free-floating contaminants.

**Germicide:** A chemical that kills microorganisms including bacteria, viruses and fungi.

**Potable water:** Water that meets the Environmental Protection Agency regulatory standards for drinking water (i.e.,  $\leq 500$  colony forming units /mL of heterotrophic water bacteria).

**Purging dental waterlines:** Emptying water from the lines using the compressed air provided in the dental unit.

**Retracted patient materials:** Particles, liquids, or microbes from patient treatment that are pulled into the dental handpieces and tubing by the forces of water flow and equipment shut-off valves.

**Shock treatment for dental waterlines:** The intermittent use of a strong cleaning chemical that has regulatory approval or registration for removal of accumulated biofilm and microbes. The product is not present in the patient treatment water.



## TEAM HUDDLE DISCUSSION GUIDE

1. Is there an overall safety program for your office?
2. Who is responsible for leading the safety program?
3. Is this person qualified and would they benefit from training?
4. Does your ICC have access to and use reliable resources to ensure that your safety protocols are up to date and appropriate for your office?
5. Do your dental waterlines meet the safe drinking water standard?
6. Does your office use sterile water, delivered by sterile equipment for surgical procedures?
7. How can you promote your culture of safety?



## Take the Silent Video Challenge!

### The Scenario: Use of Personal Protective Equipment

In this video scenario, what actions reveal breaches in safety and infection prevention and control during this dental procedure?

Watch the video and compare your knowledge to the lesson below.

<https://youtu.be/NOh53P5gagk>

#### The Lesson:

The dental clinician is not wearing a face shield or eyewear, or a protective over-gown during a dental treatment procedure likely to cause splatter. Her watch is exposed. Additionally, the face mask should have been donned and adjusted before putting on gloves. The action taken to adjust the face mask while holding a dental handpiece in the same hand poses a safety risk to the operator. The face mask adjustment made with gloved hands during the dental procedure exposes the mask, gloves, handpiece and the patient to cross contamination.



## What's Wrong With This Picture?

Can you identify the breaches in safety and infection prevention and control during this dental procedure?

#### Answer:

The chairside dental assistants are not wearing protective eyewear, and the patient has not been given protective eyewear during a procedure likely to cause splatter. The dentist's mask is not fully covering his beard. One chairside dental assistant's face mask is improperly worn and not covering her nose. One dental assistant's hair is not pulled back and is falling forward. The dentist and chairside dental assistants are not wearing protective over-gowns to shield exposed forearms from contaminated splatter during a patient treatment procedure likely to cause splatter.



### FROM THE **Editor's Desk**: Seize the Huddle!

Infection prevention and control is a team sport, and the Infection Control Coordinator is the quarterback who takes the lead but cannot succeed without the team. The ICC role balances authority with collaboration to foster the empowered safety team. Office meetings and team huddles create great opportunities to address safety issues, but it is important to consider some key points to ensure that the safety conversation is effective and valued, and not an unwelcome distraction.

#### The Tone of Leadership

A leader who listens, empowers others and fosters collaboration can build trust and transform staff into a positive, high-performance culture of safety team. Leveraging the knowledge and confidence gained by training, the ICC leads most effectively by building mutual respect.



#### Leadership Tips:

1. Listen first: take the time to consider the ideas and concerns of others; addressing them allows the team to have a voice that fosters critical thinking.
2. Being receptive to the ideas of the team does not mean agreeing with everything. The ICC should guide and lead but share responsibility.
3. Emphasize collaboration over competition.
4. Offer guidance and clarity instead of micromanaging.
5. Direct discussions towards the shared goals of the office.
6. Address differences and conflict with respect: facilitate fair discussions of viewpoints.

#### Tips for Seizing the Huddle

**How can the ICC weave relevant safety discussions into huddles and meetings?**



1. Become part of the meeting planning process.
2. Add the topic of safety to meetings and huddles regularly, and appropriately for the purpose of the huddle.
3. Enhance the discussion with targeted safety points, but don't undermine the goal of the meeting.
4. Call meetings or huddles that are dedicated to safety when an issue requires more time, focus, training, or problem solving.
5. Respect the time limits of the huddle and tailor the message appropriately.

#### Safety Pearls for Morning Huddles

1. Morning huddles should last no more than 10-15 minutes (appoint a timekeeper).
2. The ICC should scan the day's schedule from the perspective of safety.

#### Examples of short pearls to include:

- a. Today's respiratory infection risk? (visit the local health department website)
- b. Ask if there are any safety concerns, issues, suggestions for that day.
- c. Is everybody healthy today?
- d. Check hands for fingernails, jewelry, injuries.
- e. Consider the patients' perspective on safety and suggest ways to enhance their awareness of office safety practices.
- f. START and END the meeting with something POSITIVE.







## Educational Spotlight—2025 ADS Annual Conference

**We look forward to seeing you in Orlando!**

**Where:** Hyatt Regency Grand Cypress Resort in Orlando, FL.

**When:** Pre-Conference Workshop–May 28 / Annual Conference–May 29-31

**Why:** Need Reasons to Attend?

1. Gain Insights from World-Class Speakers: Learn from top decision-makers and innovative thinkers shaping the future of dental infection prevention and safety.
2. Make Meaningful Connections: Network with fellow professionals, rekindle old friendships, and create new ones. Our daytime sessions and evening social activities offer the perfect blend of work and play!
3. Discover Invaluable Solutions: Access cutting-edge resources, products, and strategies directly from industry-leading exhibitors and sponsors.
4. Reinvigorate Your Passion: Embrace the vibrant Florida sunshine and leave inspired to face your organization's challenges with renewed energy.
5. Come for the Education, Stay for the Magic: Experience the wonder of Orlando! Enjoy discounts on tickets to world-famous attractions as you learn and grow.

**QUICK LINKS to join us at the premier infection control event in dentistry:**

- Learn more **HERE**
- Click **HERE** to view in-person or on-demand registration options.
- Click **HERE** to download the daily Pre-Conference and Conference Agenda.

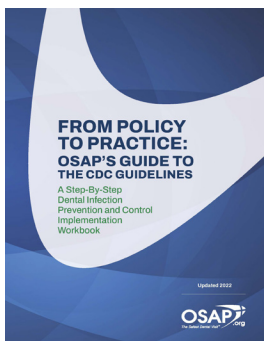
Questions about the program?

Email: [office@MyADS.org](mailto:office@MyADS.org) Phone: +1 (410) 571-0003 | US & Canada: +1 (800) 298-6727

### Do You Have These Essential Workbooks and Textbook?

The ADS Store offers three essential publications to help you fulfill your educational requirements and assure the safety of dental patients and practitioners. The workbooks and textbook can be purchased **HERE**.

#### From Policy to Practice: OSAP's Guide to the CDC Guidelines (2022 Edition)

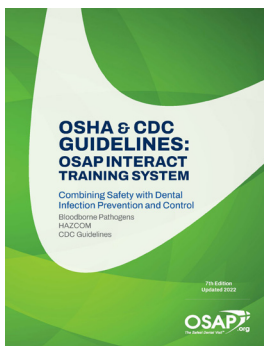


Although the CDC guidelines are comprehensive, they describe only what dental healthcare personnel should do, not how they should do it. This workbook will help you put the CDC guidelines into practice.

10 hours of continuing education (CE) credit; eligible upon successful completion of online assessment.

**CLICK HERE** to learn more about the workbook.

#### OSHA & CDC Guidelines: OSAP Interact Training System 7th Edition-Released November 2022

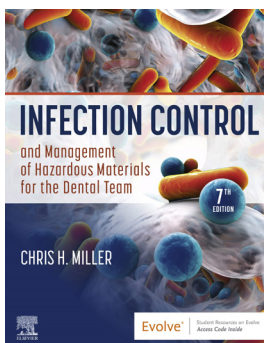


This workbook helps DHCP understand the dental infection prevention and control health and safety considerations established by government guidelines and regulations. NOTE: each employee participating in the training should have their own workbook.

10 hours of CE credit; eligible upon successful completion of online assessment.

**CLICK HERE** to learn more about the workbook.

#### Infection Control & Management of Hazardous Materials for the Dental Team, 7th Edition



This highly practical textbook features up-to-date regulatory recommendations, as well as coverage of patient safety preparation and alerts to infection control breaches. Step-by-step instructions make it easy to perform safety procedures and be equipped to prevent the spread of infectious disease. Real-world case scenarios offer opportunities for critical thinking and application.

CE is not available for this textbook. Learn more about the 7th edition **HERE**.

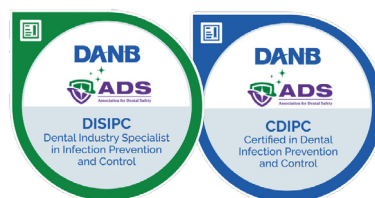
### There is Still Time to Access ADS Dental Infection Control Boot Camp...on Your Own Schedule!

If you missed us in Atlanta, this course is designed to equip dental professionals with the knowledge and skills to implement CDC guidelines and OSHA standards to effectively address infection control challenges in dental practices.

**On-Demand Only registration includes access to on-demand recordings. Registration extended until May 23, 2025.**

Register **HERE** for Boot Camp On-Demand to:

- pace your learning throughout the recorded course sessions.
- enhance your expertise in dental infection control, regardless of your experience level.
- fulfill the educational requirements toward the exam for the only infection control certifications in the U.S. developed explicitly for dentistry:
  - *Certified in Dental Infection Prevention and Control (CDIPC) and/or*
  - *Dental Industry Specialist in Infection Prevention and Control (DISIPC) certification.*



### 2025 Antibiotic Stewardship Summit On-Demand.

Now available. **CLICK HERE** for free registration.



## LOOKING AHEAD

### In-Person Event Registration is Open!

**ADS 2025 Pre-Conference Workshop:** May 28

**ADS 2025 Annual Conference:** May 29–31, 2025

Hyatt Regency Grand Cypress Resort, Orlando, FL

**CLICK HERE** to access registration.



### Online Education

#### ADS 2025 Dental Infection Control Boot Camp On-Demand

Access to the recordings from the February event are available through June 6, 2025.

#### 2025 Antibiotic Stewardship Summit

Available now. Free upon registration

#### ADS 2025 Monthly Webinar Series

12 topics: Free upon registration

#### ADS-APIC 2025 Webinar Series

4 topics: Free upon registration

**2025 Dental Infection Control Awareness Month (DICAM).** Resources available in September.



### 2025 Joint Dental Webinar Series – *It's back by popular demand!*



ADS and the **Association for Professionals in Infection Control and Epidemiology** are once again partnering on a webinar series in 2025 focusing on infection prevention and control in the dental setting. The webinars are available as a bundle and are **FREE** to everyone. On-demand access is available after webinar dates. [Learn More](#)

Date & Time	Webinar Topic	Speaker
Previous live webinar now on-demand in webinar bundle.	Back to Basics: Dental Unit Waterlines 101	Amanda Hill, BSDH, RDH, CDIPC
April 16, 2025 1:00 PM ET	Biofilms Inside and Out (of You)	Nancy Dewhirst, BSDH, RDH
August 20, 2025 1:00 PM ET	C-Qual Site Visits: Internal Site Visits to Improve Process and Practice	Lisa Bozzetti, DDS, and Sarah Deines, PharmD, BCACP, CPHQ
October 15, 2025 1:00 PM ET	Opening a New Hospital Dental Suite: What Your IP Wants You to Know	Margaret Gilman, MAS, CIC, FAPIC



### ADS Offers New Global Membership Option!

The Association for Dental Safety has announced a new membership option designed to extend its resources and benefits to individuals and universities outside the United States and Canada.

Access the official press release [HERE](#).

Read more about the new ADS global membership category [HERE](#).

Discover all the member benefits [HERE](#).



## Join ADS for Our Popular Webinar Series!

Each live webinar in this timely series is worth one (1) CE credit. The 2025 ADS webinar series covers a wide range of topics that will help you fulfill educational requirements and elevate the safety of patients and dental healthcare personnel.

### Registration is free!

To view the webinar description and speaker bios for any webinar in this series, visit the **ADS Event Calendar**. After completing and submitting the registration form on each webinar page, you will receive an email confirmation and calendar link to the webinar.

Catch up on any webinars you missed [here](#).



Date	Title	Speaker(s)
Now on-demand: click <a href="#">HERE</a>	The Forgotten Member of the Dental Team – The Dental Lab	Mary A. Bartlett; Gary Morgan, CDT, CQA/ASQ; and Kellie Thimmes, BS, DISIPC
Now on-demand: click <a href="#">HERE</a>	Understanding Sterilization Pouches Across Sterilizer Modalities	Delores O’Connell, LPN, BA, ASQ, CRCST, CHL, FAS, AGTS
April 23	Infection Control Champions: Helpful Tips for Dental Assistants	Sherrie Busby, EDDA, CDSO, CDIPC; Tonya Hanna, EDDA; and Kellie Thimmes, BS, DISIPC
April 30	DENTAL PRACTICE: Aren’t We Safe Enough!	Steve Geiermann, DDS, FACD, FICD
May 7	Preventing Legacy Errors: Choosing the Right Equipment to Ensure Proper Infection Control Practices	Michelle Strange, MSDH, RDH, CDIPC
June 11	UVC Technologies for Dentistry: Basics of Air and Surface Disinfection	Hillary Hei, MPH, CIC, LSSGB, FAPIC, and Mairead Smith, BS
June 25	Leadership in Infection Control: Empowering Your Team for a Safer Visit	Sarah Stream, MPH, CDIPC, CDA, FADAA
July 9	Why Can’t We All Get on the Same Page!	Deanna Otts-Whitfield, MSHQS, BSDH, RDH, CDIPC
September 10	Enhancing Safety in Dental Practices: Strategies for Improvement from Pediatric Dentistry	Joe Castellano, DDS, and Alexandra Otto, DDS, FAGD, FACD, PFPA
October 29	Instrument Reprocessing + Accreditation Surveys: Transforming Stress into Success!	Karen Gregory, RN, CDIPC, and Lisa Puisello, DISIPC
November 12	Antibiotic Prophylaxis: Weighing the Risks and Benefits, Has the Scale Changed?	Erinne Kennedy, DMD, MPH, MMSc
December 3	Boil Water Notice! How to Manage Dental Water	Jackie Dorst, RDH, BS

## Get Your CE Credit Online: ADS is an ADA CERP Recognized Provider.\*

Follow the instructions below to receive 1 hour of CE credit FREE to ADS members.

**Step 1:** Go to [myads.mclms.net/en/package/15219/view](https://myads.mclms.net/en/package/15219/view) to register or purchase the course.

**Step 2:** Log in to your ADS member account or create a new user account.

**Step 3:** Complete the registration form. ADS members FREE! Non-members \$20.

**Step 4:** Complete the online course and pass with 7 out of 10 correct answers. Your CE certificate will be emailed to you and also available in your ADS Infection Prevention & Safety CE Center account under MY ACCOUNT > MY CERTIFICATES.

### QUESTIONS TO ONLINE QUIZ:

Select the most correct answer

1. Identify the one answer below that is not listed as a rationale for having a dental Infection Control Coordinator.
  - a. The ICC can provide the necessary leadership to coordinate the safety team.
  - b. The ICC must command the team, not permitting others to share ideas.
  - c. The CDC formally recommends a qualified safety leader in dental settings.
  - d. The ICC can improve worker and patient safety.
2. An ICC performs all the following duties except one. Identify the answer that is not a duty of the ICC.
  - a. Ensuring compliance with social media trends.
  - b. Maintaining knowledge and training in infection control.
  - c. Making sure proper and adequate supplies and equipment are available.
  - d. Creating evidence-based written infection control policies and procedures based on regulatory and guidance documents.
3. Identify the answer below that describes the person who is "Certified in Dental Infection Prevention and Control".
  - a. The person who volunteers to manage the safety program.
  - b. Infection Preventionist.
  - c. All infection control coordinators.
  - d. The person who earns the credentials of CDIPC.
4. Identify the name of the role in medical settings that is similar to the CDIPC.
  - a. ICC
  - b. RN
  - c. IP
  - d. LPN
5. Identify the correct reason for managing dental unit water.
  - a. To limit the amount of germicides in the water.
  - b. To limit temperature variations in the water.
  - c. To ensure dental unit water meets the EPA potable drinking water standard.
  - d. To ensure that dental waterlines are sterile.
6. Identify the duty below that is not the responsibility of the ICC.
  - a. To comply with regulations, guidelines and standards for dental water safety.
  - b. To use sterile water in all dental units.
  - c. To lead and empower the safety team.
  - d. To ensure dental unit water meets the EPA potable drinking water standard.
7. Identify the incorrect method for an ICC to maintain knowledge and training about dental water safety.
  - a. Attend professional educational events.
  - b. Join ADS and utilize available resources.
  - c. Rely on public announcements.
  - d. Access and/or subscribe to communications from OSHA, CDC, NIOSH, and State Dental Boards.
8. To manage DUWL safety, the ICC must consider which of the following?
  - a. Manufacturer instructions for use for the dental chair equipment.
  - b. MIFU for all biocide products used.
  - c. MIFU for equipment attachments such as ultrasonic scalers.
  - d. All of the above: a., b., c.
9. Identify the true statement regarding "shocking" DUWL:
  - a. Dental waterlines must be shocked prior to all water testing.
  - b. Shocking is performed for 20 seconds between every patient.
  - c. Shocking involves treating the waterlines with a strong chemical to remove attached biofilms and kill organisms.
  - d. Shocking is the use of daily low-level biocides to retard the growth of biofilm and organisms in DUWL.
10. Who can become a credentialed infection control coordinator in dental infection prevention and control?
  - a. Licensed dental auxiliaries.
  - b. Dentists.
  - c. Unlicensed dental auxiliaries.
  - d. All of the above: a., b., c.



# SET YOURSELF APART

## Education



### ADS-DALE Foundation Dental Infection Prevention and Control Certificate™

A comprehensive online educational program for anyone who wants to learn more about dental infection prevention and control. Earning the certificate demonstrates an in-depth understanding of CDC guidelines and OSHA standards related to standard precautions.

*Developed by ADS (formerly known as OSAP) and the DALE Foundation*

## 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 ADS (formerly known as 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 ADS (formerly known as OSAP) and DANB*

