

THE ADVISOR

MONTHLY COMPLIANCE COMMUNICATOR

Temporary Healthcare Workers – A Shared Responsibility

Many medical and dental practices rely on temporary staff to help manage busy schedules, staff shortages, or seasonal increases in patient volume. While temporary employees can be an essential part of maintaining operations, it is important to remember that they must receive the same workplace safety protections as permanent staff, especially regarding exposure to bloodborne pathogens.

When a staffing agency provides temporary workers to a healthcare facility, both the staffing agency and the healthcare facility are considered joint employers under OSHA. This means that both parties share responsibility for ensuring workers are protected from occupational hazards.

Although responsibilities can be divided through contracts or agreements, neither employer can transfer or avoid their obligations under OSHA regulations.

Healthcare Practice Responsibilities

Because healthcare practices control the work environment and daily operations, they typically have the primary responsibility for protecting workers at the job site. For medical and dental offices, this includes:

- Maintaining a written Exposure Control Plan
- Identifying job tasks that may involve contact with blood or other infectious materials
- Providing site-specific bloodborne pathogens training
- Supplying and enforcing the use of appropriate personal protective equipment (PPE)
- Ensuring sharps containers and biohazard disposal systems are properly maintained
- Recording exposure incidents and maintaining required injury and sharps logs

Newsletter Content

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Maintain: Building a
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Staffing Agency Responsibilities

Staffing agencies also play an important role in protecting temporary workers. Their responsibilities include:

- Providing general bloodborne pathogen awareness training
- Offering healthcare workers the hepatitis B vaccination series
- Maintaining temporary employee records – both medical and training
- Coordinating post-exposure medical evaluations if an incident occurs

One of the most common compliance issues arise when responsibilities between the staffing agency and the host employer are not clearly defined. Before a temporary employee begins work, both parties should communicate and establish clear expectations regarding job duties, potential hazards, required training, and exposure response procedures. These responsibilities should be documented through written agreements to eliminate uncertainty and ensure both employers understand their respective obligations.

This coordination helps verify that workers receive proper protection and prevents gaps in safety procedures that could increase the risk of exposure.

What This Means for Your Practice

If your practice uses temporary workers for housekeeping, sterilization, or clinical support, make certain they are included in your safety programs. Protecting temporary workers is not only an OSHA requirement, it is also an important part of maintaining a safe environment for your entire healthcare team.

The Hidden Risk of "Shadow AI" in Smaller Clinics

AI tools are becoming common in medical and dental offices to summarize notes, draft emails, or help with office policies. While these tools offer incredible convenience, using them without oversight creates a major privacy risk known as Shadow AI.

For smaller practices, Shadow AI is a significant HIPAA problem that can sneak up on you before you even notice.

What is Shadow AI?

Shadow AI occurs when employees use AI tools for work that the practice hasn't officially reviewed or approved. Most of the time, staff aren't trying to cause trouble; they just want to get things done faster.

- Medical Assistants might ask a chatbot to summarize a patient's medical history.
- Office Managers might use it to draft letters to insurance companies.
- Billing Clerks might paste patient questions into a tool to help with difficult coding.

Why This Breaks HIPAA

Most free, public AI tools are not built for healthcare. If you put a patient's name or health details into a regular chatbot, that information is no longer private.

- **Data Training:** Information can end up on random servers or be used to train AI for other users.
- **The BAA Requirement:** If an AI company will not sign a Business Associate Agreement, using it with patient data immediately violates HIPAA rules.
- **Speed of Risk:** Unlike Shadow IT (downloading unapproved apps), AI makes it incredibly easy to share sensitive company or patient data in seconds.

The Biggest Risks to Your Practice

- **Insecure Data Entry:** Staff may accidentally paste names, diagnoses, or insurance details into unsafe tools.
- **Loss of Control:** Once information is on a public AI, you cannot track where it goes or who sees it.
- **Full Liability:** Without a signed BAA, your office is fully responsible for any data leaks.

How to Keep Your Practice Safe

You don't need to ban AI, but you do need clear rules:

1. **Educate Your Team:** Many staff members don't realize that copy & pasting into a chatbot is a security breach.
2. **Update Your Office Manual:** Clearly list which tools are allowed and which are not.
3. **Encourage Transparency:** Ask staff to show you new tools first. A five-minute chat ensures the tool is safe and encrypted.
4. **Verify BAAs:** Only use AI if the provider agrees to sign a BAA and keep information secure.

Protect Your Practice Today

Shadow AI will be a major challenge for small businesses this year. By teaching your team about these dangers and setting clear boundaries, you can stay current without compromising patient privacy.

Need Help Getting Started?

We have sample AI policies available on our website to help you update your office manual and set clear expectations for your team.

Shock, Treat, Test, Maintain: Building a Safer Dental Waterline Program

Dental unit waterline (DUWL) maintenance and monitoring remain an area of concern for dental facilities. Agencies such as the CDC, FDA, and ADA have issued guidance for dental offices on maintaining DUWL. It is the recommendation of these agencies that waterlines are to be treated with a disinfectant/chemical and then monitored (tested) to ensure the water quality meets the EPA safe drinking water standards of less than 500 colony forming units per milliliter of water.

Many dental settings use water from the municipal water supply through office plumbing. Other ways to deliver water to the dental unit are through self-contained bottles, in-line microfilter, cartridges and central systems. Dental units carry the water through the thin plastic tubing (hoses) that are small diameter tubes that deliver water to the air/water syringe, handpieces, and ultrasonic scalers to the patient's mouth. Due to the nature of the tubing being small and the material the lines are made of, they can become colonized with microorganisms. These microorganisms can include bacteria, fungi, and protozoa. The most common bacteria found in DUWL are Legionella, Pseudomonas, nontuberculous Mycobacterium, staphylococcus and streptococcus. This colony of microorganisms is called biofilm.

Biofilm is described as a thin, slimy film of bacteria that sticks to the inside of tubing and can form in any water environment. Biofilms form due to the long, small-diameter tubing, low flow rates and frequent periods of stagnation. The biofilm must be treated with a chemical disinfectant to be destroyed, making the water safe to deliver to patients.

There are several ways to treat biofilm. Contact the manufacturer of your dental units to find out which method(s) of treatment would work best for your dental unit. They may recommend a self-contained water system, an in-line filter, or a combination of these. Self-contained water systems are used with shock treatment, tablets, and straws with either distilled or potable water. Utilizing distilled or potable water alone in the self-contained system is not enough. The water must be treated to ensure safe drinking water standards are met. In-line filters have disinfectants in the filters to control the biofilm; hence delivering safe water to patients.

There have been outbreaks where illness has occurred due to untreated DUWL. Those cases have been reported in Georgia and California where pediatric dental patients developed Mycobacterium abscessus after pulpotomy procedures. The infections required hospitalization of several children ranging in age from 4-8. The infections were linked to the untreated contaminated water from dental units. Treatments ranged from IV antibiotics to surgery for some of the children. Georgia now requires that dental offices test waterlines quarterly. Washington also requires quarterly testing.

The steps in maintaining and delivering safe water to your patients are to shock, treat, test and then maintain. Shock is the use of a strong disinfectant/cleaner that is used to attack and reduce biofilm. Shock must be done before starting an independent water reservoir system or any other method intended to improve incoming water quality. Shock frequency would be determined in following manufacturers' instructions for use from the dental unit or product used.

After your lines have been shocked, treatment will be necessary. Treatment occurs by using tablets, straws, cartridges, in-line filters, and central systems. Treatment is a continuous disinfectant that is used daily.

Once you have determined the treatment that is best for your facility, CDC recommends that you consult with the manufacturer on the frequency of monitoring (testing). However, CDC does recommend routine monitoring. Monitoring dental unit water quality helps identify any problems in performance or adherence with maintenance protocols. It also provides documentation of compliance. Monitoring is the only way to ensure your product is working for you and that safe drinking water standards are met. Association of Dental Safety, formerly OSAP, recommends that testing of DUWL be done at least quarterly. ADA also recommends routine monitoring of DUWL. If the manufacturer issues no guidance for monitoring, the facility should monitor (test) on a routine basis. Best practice would be to test monthly until two passing tests are achieved, then you can move to quarterly. This was stated in OSAP's white paper on dental unit waterlines.

Testing of DUWL can be performed by using commercial self-contained test kits or commercial water-testing laboratories. If your water quality doesn't meet drinking water standards, actions should be taken to correct the issue. Those actions would include a shock treatment followed by treatment (straws, tablet, in-line filter) and then re-testing immediately after treatment. However, always consult with the manufacturer of the product or dental equipment for guidance.

Dental unit water that is not treated is likely to contain high numbers of microorganisms and most likely will not meet drinking water standards. Not treating DUWL is inconsistent with accepted infection control principles. Dental facilities should work with equipment manufacturers to ensure their water treatment meets or exceeds the standards set by the EPA for safe drinking water.

Remember the steps in delivering safe drinking water are:

- Shock,
- Treat,
- Test, and
- Maintaining which is a continuation of treatment.

Having a safe dental unit waterline program is a necessity in dental practices. A program would be built on consistent, documented processes: shock, treat, routine testing. These processes should align with the manufacturer instructions and meet the established standard of < 500 CFU/mL for routine dental treatment. Staff training must take place to ensure the process is followed. Accountability helps prevent contamination of DUWL and provides safe care for every patient.

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Instructions

Print and post newsletter in office for staff review. Each member should sign this form when completed. Keep on file as proof of training on these topics.

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