

Talking Ethics



Misrepresentation of Workplace Safety as an Ethical Issue

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Workplace safety insurance is a fundamental aspect of occupation protection, ensuring that employees with work-related injuries or illnesses receive medical attention, financial support, and assistance with return-to-work programs.¹ Provincial labour laws mandate coverage only for industries classified as having a high risk for injury. The *Dental Research Journal* states, “dentistry is considered by the practitioners and most of the public as being extremely hazardous.”² Yet, dentistry is exempt from participating in mandatory provincial workplace safety insurance programs.³

Aerosols, ergonomic challenges, repetitive strains, exposure to infectious diseases, sharps injuries, the handling of chemicals, and psychological stress are well-documented risks associated with dentistry and dental

hygiene.² Some dental offices in this time of so-called labour shortage take shortcuts on health and safety (H & S) and infection prevention and control (IPAC) training, elevating the risk for injury and illness. A common approach to staff shortages is placing a non-dental professional as a reprocessing technician and offering only hands-on training, which perpetuates gaps in knowledge in the theory of disease transmission. In the employment trend of temping, it is assumed that, because the temp has a dental background, no IPAC training is required. Staff shortages are fostering burnout, where an overworked health care provider is at a higher risk of injury.⁴ Furthermore, in a business-centred model of management, equipment repairs are not unfolding in a timely manner, elevating the risks for injury. From a sociology lens, this



▲ **The Concerning Display of Workplace Injury Posters:** Alberta 1-2-3 Workers' Compensation Board (left), WorkSafe Saskatchewan (middle), Ontario 1-2-3-4 Workplace Safety and Insurance Board (right)

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discussion is rooted in neoliberalism, where employers are expected to voluntarily uphold fair labour standards rather than being strictly mandated to do so.⁵

The exemption itself raises significant ethical concerns, as it fails to prioritize the health, safety, and financial security of oral health care staff. However, there is another layer to the ethics of this discussion: misrepresentation. Dental offices display on their H & S board a workplace safety insurance poster for steps to follow in the event of an injury: for example, a 1-2-3-4 Workplace Safety and Insurance Board poster in Ontario, a 1-2-3 Workers' Compensation Board poster in Alberta, and a WorkSafe Saskatchewan poster.^{6,7,8} Why is the poster displayed when there is no workplace injury coverage? This misrepresentation offers a false sense of security, leading staff to believe that they have workplace injury protection. The poster itself is never questioned; unfortunately, the conversation doesn't happen until it's too late and someone is already injured. The final step on the posters provides a number to call to report the injury to the provincial workplace insurance board. It is at this moment that the hard truth is revealed: the injured worker discovers there is no coverage. To make matters worse, in many of the cases in which I have coached registered dental hygienists in these difficult situations, there is no compensation for any sick days or for the hours missed on the day of the injury if the person left work early to seek medical attention. Circling back to the labour shortage issues, would you return to the profession that offered zero support when you were injured at work?

Other health care settings, such as hospitals and long-term-care facilities, require workplace safety insurance coverage. Why not dental clinics? Ethical leadership in dentistry should advocate for fair treatment of employees, ensuring that

they have access to the same protections as other health care professionals. Exemptions for dentistry may have been designed under outdated labour policies, but in today's world, they contribute to systemic inequities, leaving oral health care staff without fair injury protection. The lack of coverage for dental office employees creates an unjust workplace dynamic where injured staff may struggle to get compensation, be forced onto personal sick leave, pay out of pocket for treatment, and/or exit the profession. Although dentistry is not mandated to provide workplace safety coverage for employees, it is still highly advisable to seek an alternative form of coverage or, at a minimum, remove the "in case of injury" poster.³

What else can be done? A straightforward and honest discussion about the need for employees to secure their own insurance so they are covered in the event of a workplace injury is essential. What about policies? Without workplace injury insurance, policies (such as a strict IPAC manual) should be clearly defined to mitigate risks. In what other spaces should this conversation occur? To better prepare new graduates entering the profession, practice management courses in dental hygiene programs must have the workplace safety insurance conversation and continue to invite insurance companies to speak about personal illness and disability coverage. From a self-advocacy perspective, whether we are a new graduate or a seasoned professional, we need to normalize asking about workplace safety insurance coverage at job interviews.

What's the immediate next step? If the office has chosen not to self-enroll in a provincial program, please discuss the workplace safety insurance poster with your colleagues, as it serves no purpose but to mislead.

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