Oklahoma breach draws attention to infection control

ADA, AGD, ADHA, OSAP and others issue statements and provide public relations guidance to members

By Robert Selleck, Managing Editor

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The oral surgeon, who owns the two-office practice in Tulsa and Owasso, Dr. W. Scott Harrington, voluntarily shut down the business in March after an investigation documented the infection-control problems and other questionable conditions and procedures.

State health officials announced in early April that the offices might have exposed as many as 7,000 patients to human immunodeficiency virus (HIV), hepatitis B and hepatitis C through unsanitary practices. As of April 18, the Tulsa Health Department had tested 3,235 of the practice’s patients and reports that others likely sought testing through private health care providers.

The breakdown of the approximately 60 positive test results identified by testing through the Tulsa Health Dept. is as follows: hepatitis C (57 people), hepatitis B (three people) and HIV (less than three people). According to the Oklahoma State Department of Health (OSDH), its data security policy on HIV disclosure prohibits public reporting of HIV numbers less than three.

The incident has been covered by mass media across North America and even globally, bringing heightened attention to infection-control practices in dental offices in general, as well as attention to how various tasks are delegated in dental practices, because among the allegations facing Harrington is that he allowed dental assistants to administer IV sedation to patients, which would violate Oklahoma law.

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Infection control talking points from the ADA

- I’m glad you asked me about this because I want to assure you that in my dental practice, we follow stringent infection control procedures.
- Also, as your doctor, I would only delegate procedures to my staff that they are licensed or qualified to perform per state regulations.
- I care about your patients, my health and safety are my foremost priorities.
- Studies show that following proper infection control procedures greatly reduces risk to patients to the point of an extremely remote possibility.
- The Centers for Disease Control and Prevention has developed specific recommendations for use in dental offices.
- Let me describe just a few of the things that we do in my practice in terms of infection control.
- All dental staff involved in patient care scrub their hands before each and every patient and use appropriate protective garb such as gloves, masks, gowns and eyewear.
- A new set of gloves and masks are used for each patient.
- Before you enter the examining room, all surfaces, such as the dental chair, instrument tray, dental light, drawer handles and countertops, have been cleaned and decontaminated.
- Non-disposable dental instruments are cleaned and sterilized between patients. In my office, we utilize instruments using (describe whether you use an autoclave which involves steam under pressure, dry heat or chemical sterilization). If you wish, you could offer to show your patients your sterilization or set-up area.
- Disposible items like needles or gauze are placed in special bags or containers for special, monitored disposal.
- Your well-being is important to me and my staff, which is why we follow stringent infection control procedures and comply with all state regulations for the protection of patients.
- You can visit the American Dental Association’s website at www.mouthhealthy.org and use the search term “infection control” to see a video on this topic. The website has a lot of information to help you take care of your oral health, too.


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OSHA. “Those persons whose tests are positive are being personally contacted and counseled about information specific to the disease for which the test was positive, and they will be directed to resources for appropriate care and follow up. If warranted, testing will be recommended for a spouse or partner.”

The release notes that “some of the positive screening tests are likely a result of infection exposure not related to dental procedures at the Harrington practice,” and it provides general state-wide guidance on the three diseases, noting that some 68,000 Oklahomans may be infected with hepatitis C, which is the most common blood-borne infection in the U.S.

“This is a complex investigation,” State Epidemiologist Dr. Kristy Bradley is quoted as saying in the release. “The next phase will include more in-depth interviews of persons who test positive to determine the likelihood that their exposure is associated with their dental surgery at Harrington practice. We will certainly continue to keep the public informed as we learn more.”

ADA, AGD quick to respond to media and members

The American Dental Association issued a press release emphasizing details on how dental practices follow stringent guidelines on infection control, which included the statement, “The ADA has long recommended that all practicing dentists, dental team members and dental laboratories use standard precautions as described in the Centers for Disease Control and Prevention’s Infection Control in Dental Health Care Settings guidelines. Studies show that following proper infection control procedures greatly reduces risk to patients to the point of an extremely remote possibility.”

In an Academy of General Dentistry press release, AGD President Dr. Jeffrey M. Cole is quoted as saying, “Heat sterilization of dental instruments helps prevent the spread of diseases like hepatitis and HIV. By following stringent best practices, AGD dentists maintain a commitment to patient health and safety...If your dentist is an AGD member, you can be confident that he or she strives to provide the best quality care to their patients by utilizing the most current safety protocols.”

Talking points to help dental professional ease patients’ concerns

On its website, the ADA made a number of talking points available to dental professionals in a press release aimed at dental professionals in which it outlined a number of points practices could use with patients expressing concern with the practices infection-control protocols.

The ADA also distributed two issues Alerts to members, citing resources on infection control. ADA spokespersons have also been quoted in the national media.

ADHA emphasizes standards

A news release from the American Dental Hygienists’ Association (ADHA) stated: “As part of its Standards for Clinical Dental Hygiene Practice (adha.org/pract), ADHA advocates for dental hygienists to maintain established infection control standards that follow the most current evidence-based guidelines to reduce the risks of health-care-associated infections in patients and illnesses and injuries in healthcare personnel.

“The standards are used by dental hygiene programs to shape their knowledge, attitudes, beliefs, practices and behaviors that support and enhance oral health with the ultimate goal of improving overall health.”

DANB promotes certification training for assistants

The Dental Assistting National Board (DANB), the only national certification board for dental assistants recognized by the ADA, issued a release that included these statements: “We are alarmed by the recent news and share our deepest sympathy and concerns for the patients involved. We are saddened that events like this occur that compromise public safety...Dentists are ultimately responsible for ensuring the practice is in compliance with state law.”

“To assist dentists in their hiring decisions, DANB provides a free online dental verification database to verify the names of dental assistants who have earned DANB national certifications, as well as those who have earned certificates of knowledge-based competency in important areas such as radiation health and safety, infection control, corneal polish, sealants, topical anesthetic and topical fluoride.”

OSAP provides guidance on putting patients at ease

The Organization for Safety, Asepsis and Prevention (OSAP) issued a press release aimed at dental professionals in which it outlined a number of points practices could use with patients expressing concern with the practices infection-control protocols.

Among the seven points offered: “Re-assurance that instruments are maintained in sterile pouches or wrap until they are needed for patient care. It may be particularly useful to only open pouches once patients have arrived, so they may see for themselves that the instruments are properly packaged.” And this: “Reassure the patient that all procedures requiring licensure or certification are provided only by professionals licensed to provide those services.”
Pediatric dental students ‘show and tell’ oral health to Baltimore kids

University of Maryland School of Dentistry’s hosts its ‘Give the Kids a Smile’ day

Flashing a big smile of his own at the University of Maryland School of Dentistry’s latest ‘Give the Kids a Smile’ day, Dr. Vinnet Dhar, associate professor, said the dentistry can sometimes seem to be a small part of educating pediatric dental students.

The day at the School’s National Dental Museum in Baltimore was for 70 first-grade school children from nearby James McHenry Elementary School. They were greeted and hosted by 20 of the School of Dentistry’s pediatric dentistry students, eager to practice that other part of their curriculum, childhood psychology.

Half of the dental students sat or knelt with groups of first-graders in front of colorful, interactive exhibits about brushing, tooth anatomy, saliva and dozens of other oral health subjects. The other half of the pediatric students were dressed in white coats, wearing masks and rubber gloves, sat across from the children, one at a time, for an oral examination and lots of healthy “tooth talk.”

“First thing the kids (pediatric classes) teach us is that you have to get down to their level, look the kids in the eye,” said Natalie Masiuk, third-year pediatric dental student. Masiuk, in her powder blue scrubs, was surrounded by seven children at a floor-level tobacco exhibit. “Do you know what tobacco is? Lots of people don’t know that tobacco is bad for your teeth,” Masiuk said as she pointed to a large poster of stained teeth. “This is what your teeth will look like if you smoke,” she said, evoking a round of “ewes” and “yays.”

The American Dental Association (ADA) began the Give Kids a Smile program in 2003 as a way for ADA members to provide direct clinical oral health care services to underserved Maryland children. Approximately 450,000 children benefit annually from more than 4,500 events. Each year, the UM School of Dentistry invites nearby elementary school children with their teachers and some parents to a Smile day.

Dhar watched as his students examined the children. “This introduces the students to community service and introduces the kids to good hygienic practices.” He said it was all about providing impressions and retaining, but not of the dental kind. “Helping the kids develop appropriate behavior and attitude about the dentist makes an impression in their minds at this age that they can retain with reinforcing by the teachers here and parents,” said Dhar.

Meanwhile, another group of five children were gathered around third-year pediatric dentistry student Jennifer Drosser, kneeling at the brush-and-floss exhibit. Prompted by her training to expect to hear anything from children, Drosser began, “Does anyone here loss?” “Yes, it made my tooth go out,” a child said, in all seriousness. “Well, it must have been a baby tooth,” Drosser responded, quickly turning to the Tootharama exhibit on tooth anatomy. She talked the children through the exhibit on the development of human teeth from birth to 35 years old.

The children drifted off to the next exhibit, prompting Drosser to say, “We are taught how to talk with them. Sugar bugs are the bacteria that decay teeth. Our mask is an umbrella. We start with terms they understand. And, we have to keep in mind a lot of the issue is that kids are afraid of pain.”

During the Give the Kids a Smile visit, the children learned dozens of oral health tidbits that they might retain, such as how many times a day to brush, how much saliva a person makes day (600 milliliters), that braces can be cool, what a mouth full of cavities looks like, or what bad breath or good breath smells like (simulated in a flip top box exhibit).

Part of the pediatric students’ education is preparatory training with children by practice rotations in Maryland pediatric dental offices and community clinics. But the Give the Kids a Smile day is a favorite with the students, says Jessica Lee, who is due to receive her pediatric DDS degree in June, which has earned her a residency in the prestigious Children’s Hospital of Philadelphia. “I’ve learned a lot about working with a community and kids by being part of this Give the Kids a Smile day all my four years in dental school,” she said. “The importance of interacting with the community has been emphasized and is the reason we do it.”

In addition to educating new pediatric dentists, the school’s Department of Pediatric Dentistry oversees a Pediatric Dental Fellowship program that provides direct clinical oral health care services to underserved Maryland children. The program is a partnership with the Maryland Department of Health and Mental Hygiene’s Office of Oral Health, local health departments and federally qualified health centers throughout Maryland. The objective of the program is to place graduates of U.S. pediatric dental residency programs into public safety-net clinics to provide clinical oral health care services to needy children, especially those eligible for Medicaid.

Temple University School of Dentistry celebrates 150th anniversary

Highlights: gala event, free clinic

Temple University’s Kornberg School of Dentistry, the second oldest dental school in continuous operation in the U.S., celebrated 150 years of dental history with a gala event April 13 at the Barnes Foundation in Philadelphia.

Alumni from across the globe watched as Kornberg School Dean Amid I. Ismail opened a time capsule that was closed by Dean Gerald Timmons 50 years ago.

"Both our nation and the field of dentistry have seen remarkable advances in the past 150 years,” said Ismail. “When our school first opened in 1863, Abraham Lincoln was President, and dental anesthesia was non-existent. Today, Barack Obama is commander-in-chief, and innovations in dentistry — many made right here at Temple — have made it so patients can undergo necessary procedures virtually pain-free.”

Founded in 1863, the Kornberg School of Dentistry was among the first schools with strict graduation requirements.

The dental school provided a free full-service dental clinic as an added element of the celebration.