

Is Your Office Prepared for an Accidental Needlestick or Other Unexpected Exposure Incident?

Roger E. Alexander, D.D.S., and Sharon Limes, R.N., COHN-S

For more than 2 decades, the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) have periodically issued and updated recommendations and standards (rules) for healthcare professions, including dentistry, to reduce the risks to healthcare workers from occupational exposures to blood and other hazardous body fluids while providing care in healthcare facilities (1-5). Generally, the OSHA standards are based on and parallel the CDC recommendations. These documents include general infection control guidelines for dental offices from the CDC, which were last



Alexander



Limes

Dr. Alexander is a Professor Emeritus, Department of Oral & Maxillofacial Surgery, Texas A&M University Health Science Center, Baylor College of Dentistry, Dallas, TX; Email: ralexander@bcd.tamhsc.edu.

Sharon Limes RN, COHN-S is Director, Health Clinic, Texas A&M University Health Science Center, Baylor College of Dentistry, Dallas, TX; Email: slimes@bcd.tamhsc.edu.

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Abstract

Recommendations and mandatory guidelines for preventing and managing needlestick incidents and other accidental exposures to bloodborne pathogens in healthcare facilities have been published by the Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC) for more than 2 decades. Over the years, the incidence of official enforcement actions has declined and a complacency about the standards may have evolved in some dental offices. Some practitioners may not have written an occupational exposure incident protocol or made appropriate arrangements for medical laboratory testing and post-exposure medical evaluation following an unexpected needlestick or other exposure incident in the office. When an unexpected event occurs, practitioners may become confused regarding the steps to be taken, and may turn to their local dental society or fellow practitioners for guidance. The provided information may or may not be complete, accurate and/or current. Implementation of periodic personnel training to prevent exposure incidents is extremely important and could ultimately save a dental practice thousands of dollars in expenses related to the occurrence of even one exposure incident, as well as save the life and/or career of a dental healthcare provider. This article does not comprehensively detail all infection control and bloodborne pathogen transmission prevention requirements for dental offices. Rather, the article provides suggestions for dental practitioners regarding the step by step management of exposure incidents, and provides resource information for additional steps that can be taken towards prevention, improved office compliance, and improved litigation protection.

KEY WORDS:

Accidental Needlesticks, Dental Offices
Occupational Exposure Management
Post-Exposure Prophylaxis
OSHA Compliance, Dental Offices
Dental Office Infection Control
Bloodborne Pathogen Transmission

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FOLLOWING YOUR MORAL COMPASS



Michael Meru, D.D.S.

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On an unusually tropical day in San Francisco, former dentist Tony Protopappas appeared before the U.S. Supreme Court March 24, 2004, with a writ of habeas corpus petitioning his release from prison. Twenty years earlier, in 1984, Protopappas was charged with second-degree murder and sentenced to three concurrent terms of 15 years to life for the deaths of three young women that occurred while they were under general anesthesia.

Protopappas' career began shortly after he graduated from dental school when he opened his Costa Mesa California Dental Clinic in 1974. By 1982 the practice was flourishing. Protopappas employed five other dentists, as well as many office staff. He was the only practitioner in the office with a license to administer general anes-

Dr. Meru, first year orthodontic resident, University of Southern California, meru@usc.edu.

Power in the “Present”

How You Are Represented at the American Dental Association



Patricia L. Blanton, D.D.S., Ph.D.
Vice Chairman, XV Trustee District
Chairman, Planning and Review Committee

The XV District (Texas) Trustee to the American Dental Association Dr. Jerry Long said recently, “You have to be present to win.” This article is intended to elaborate on what “to be present” means, how you are represented at the ADA, and how you can better understand the process of representation, if not actually participate in the process.

Texas dentists are represented at the national level by 23 delegates and 19 alternate delegates selected from the various divisions (NE, NW, SE, SW) of Texas. Those serving in one of these 42 positions are selected in meetings (caucuses) of each division. These caucus meetings occur at the annual meeting of the Texas Dental Association and are open to all interested members of the TDA. Dates, times, and places of caucus meetings are announced in the annual session program and usually occur on late Friday afternoon.

It is important that the people who serve in these delegate positions be representative of the dentists in their division. It is important that you “be present” to vote in the Texas caucus. Delegates and alternates selected in caucus are then presented to the House of Delegates of the Texas Dental Association where they are duly elected to be delegates to the ADA. These individuals assume a crucial role in determining the future of dentistry. The ultimate duty of the delegation is to represent the XV Trustee District to affect the policies and actions of the American Dental Association through its House of Delegates in a manner calculated to strengthen the leadership and influence of the ADA.

Historically, the XV District delegation has been engaged and, it would seem to many, successful despite a lack of coordination and long-term planning. But the delegation has probably not fulfilled its potential for leadership and shaping the