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

A number of dental associations and health-related organizations issued statements in response to the infection-control breach in late March at an Oklahoma dental practice that put more than 7,000 patients at risk.

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, your 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 special 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.
- Nondisposable dental instruments are cleaned and sterilized between patients. In my office, I 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)
- Disposable 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.mouthhealth.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.

Pediatric dental students ‘show and tell’ oral health to Baltimore kids

University of Maryland School of Dentistry 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. Vineet Dhari, 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 schoolchildren 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, simple exhibits about brushing, tooth anatomy, saliva and dozens of other oral health subjects.

The other half of the pediatric students, wearing masks and rubber gloves, sat across from the children, one at a time, for an oral examination and lots of healthy ‘tooth talk.’

“The first thing (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 “yucks.”

The American Dental Association (ADA) began the Give Kids a Smile program in 2003 as a way for ADA members to help unwrap the mystery 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 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 1865, 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.”

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

(Source: Temple University)
Infection control

Aerosolized infectious material in the laser plume is just one of many concerns

By Frank Y. W. Yung, DDS, MSc

More than 20 years ago, a dental patient named Kimberly Bergalis was diagnosed with AIDS. The source of her HIV infection was her dentist. Even though the exact path of transmission is still not known, this first proven transmission of HIV from dentist to patient — and the subsequent intense coverage by the media — set off tremendous confusion and panic among dental professionals. It also brought her unfortunate death in 1991 that changed the dental profession almost overnight, prompting all sorts of new regulations, including the sterilization of dental instruments.

The document Guidelines for Infection Control in Dental Health-care Set- tings was published by the U.S. Centers for Disease Control and Prevention (CDC) on Dec. 19, 2003, providing some of the current and available scientific rationale for infection-control practices, for which recommendations were made. These suggestions were followed closely by various governing dental health organizations, including the U.S. Occupational Safety and Health Administration (OSHA) and Health Canada.

In dentistry, we see patients from different walks of life every day and they bring all kinds of pathogens to our dental offices. It is our responsibility to protect both patients and nearby DHCP from exposure to infectious agents. By following the CDC recommendations and procedures, we can help stop and prevent transmission of infectious organisms through blood, oral and respiratory secretions and contaminated items. These recommendations will help properly prevent contamination from our patients’ oral tissues and fluids. Regarding surgical masks, laser ablation of human tissue or dental restorations can cause thermal destruction and can create smoke byproducts containing dead and live cellular material (including blood fragments), viruses, and possible toxic gases and vapors. One concern is that aerosolized infectious material in the laser plume, such as the herpes simplex virus and human papillomavirus, may come into contact with the nasal mucosa of the laser operator and nearby DHCP. Although there is evidence that HIV or the hepatitis B virus (HBV) has been transmitted via aerosolization and inhalation, there are scientific studies that confirm the risk of this possible route of contamination.1,2 The risk to DHCP from exposure to laser plumes and smoke is real, and along with other measures such as strong high-volume suction, the use of a high-filtration mask is strongly recommended (Fig. 1).

Sterilization is a multistep procedure that must be performed carefully and correctly by the DHCP to help ensure that all instruments are uniformly sterilized and are safe for patient use. Cleaning, which is the first step in all decontamination and sterilization processes, involves the physical removal of debris and reduces the number of microorganisms on an instrument or device. If visible debris or organic matter is not removed, it can interfere with the disinfection or sterilization process. Proper monitoring of sterilization procedures should include a combination of process indicators and biological indicators, and should be assessed at least once a week (Fig. 2).

Patient-care items are generally divided into three groups, depending on their intended use and the potential risk of disease transmission. Critical items are those that penetrate soft tissue, touch bone or contact the bloodstream. They pose the highest risk of transmitting infection and should be heat sterilized between patient uses. Examples of critical items are surgical instruments, optical fibres and contact tips (Fig. 3) and contact tips (Fig. 4). It is extremely important to examine, clean, polish and sterilize optical fibres and contact tips after each use. Alternatively, sterile, single-use, disposable devices can be used.

Non-critical items are instruments and devices that come into contact only with intact (unbroken) skin, which serves as an effective barrier to microorganisms. These items carry such a low risk of transmitting infections that they usually only require cleaning and low-level disinfection. Examples of non-critical items in this category include X-ray head/Cones, blood pressure cuffs, low-level laser emission devices and laser safety glasses. For low-level laser therapy, the use of a transparent barrier similar to disposable sleeves for curing lights is acceptable. For safety glasses, the use of a low-level disinfectant is suitable if it has a label claim approved by OSHA for removing HIV and HBV.

The disposal of used instruments and excised biological tissues should be managed separately. A cleaved optical fibre, broken contact tips or disposable fibres should be disposed of properly in a sharps container. Harvested biological waste should be placed in a container labelled with a biohazard symbol. In order to protect the individuals handling and transporting biopsy specimens, each specimen must be placed in a sturdy, leak-proof container with a secure lid to prevent leakage during transport. By following these guidelines, the spread of pathogens amongst dental patients, DHCP and their families can be prevented, and the passing of Kimberly Bergalis will not have been in vain.

Disclosure and editor’s notes

Dr. Yung has no commercial or financial interest regarding this article. A list of references is available from the publisher.

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Diverse group of speakers scheduled at JDIQ

Journées dentaires internationales du Québec includes Drs. Dan Nathanson, Gerard Kugel, David Clark and Gérard Chiche

Courses are filling fast for the Journées dentaires internationales du Québec, May 24–28, at the Palais des congrès de Montréal. At press time numerous courses were already sold out, meeting organizers reported.

The annual meeting of the Ordre des dentistes du Québec continues to be Canada’s largest dental meeting and expects to host more than 12,000 delegates from around the world. With a scientific program with more than 100 lectures and workshops in English and French, JDIQ maintains its status as the world’s most highly attended bilingual (English/French) convention.

More than 225 exhibitors will span 500 booths in the exhibit hall, Monday and Tuesday, May 27 and 28. The exhibit hall will feature a continental breakfast from 8–8:30 a.m. on both days for the early risers — and a wine-and-cheese reception closing out both days.

Featured speakers for this 43rd edition of the event include Drs. Dan Nathanson, Gerard Kugel, David Clark, Gérard Chiche, Mark Piper, George Freedman, Pares Shah and Rhonda Savage, to name a few.

New things to watch for at next JDIQ (like free Wi-Fi)

In addition to lining up some of the industry’s top presenters, organizers of the 2013 JDIQ are incorporating a number of new features in the event. Among them:

• The JDIQ will continue its “green” practice of adding QR codes to the posters at the entrance to each room. You can use these codes to download full details on the lectures and all available course notes. New this year, to make it easier for you to download this information on your cellphones or tablets: free Wi-Fi access will be available at the Palais des congrès. All you have to do is download a code-reading app before you come. You can get this kind of free app from your service provider.

• The exhibitor’s area will be larger than ever, bringing together in one place the latest advances for modern dental practices. You can earn dental continuing education units by visiting the exhibit hall, which will be open from 8 a.m. to 6 p.m. on Monday and from 8 a.m. to 5 p.m. on Tuesday of the five-day event.

• Also in 2013, for the first time, a free continental breakfast will be available to participants in the exhibit hall between 8 and 8:30 a.m.

Event organizers are expecting a strong turnout, likely surpassing 2012 attendance, which totaled 12,206 and breaks down as follows: 3,566 dentists; 2,095 dental hygienists; 31 dental auxiliaries; 1,026 dental assistants; 61 dental technicians; 837 administrative staff; 82 spouses; 182 guests and visitors; 2,430 students; 617 dentistry; 780 dental assistance; 925 dental hygiene; 108 dental technology; and 1,896 exhibitors.

For more information on the event, call (800) 361-4887, visit www.odq.qc.ca or email congres@odq.qc.ca.

(Source: JDIQ)
New hands-on educational pavilions added to Greater New York Dental Meeting

Registration is now open for the 2013 Greater New York Dental Meeting (GNYDM). Organizers of the 89th annual meeting anticipate the largest attendance yet. New for the 2013 meeting will be a redesign of the exhibit floor — with the addition of new technology pavilions and a unique dental laboratory exhibition.

The exhibit floor and the diverse continuing education programs are the centerpiece of the expansive annual meeting. Attendees are able to walk the exhibit floor for free (no preregistration fee) and meet with more than 600 companies selling the newest products and advanced technologies.

The education program will include 300 full- and half-day seminars, essays and hands-on workshops. Among the specialty programs are topics including orthodontics, endodontics, cosmetic dentistry, pediatric dentistry and implant dentistry.

The GNYDM is introducing three new hands-on educational pavilions, including lasers, CAD/CAM and cone-beam/CT/X-rays. Each of these pavilions will house multiple companies providing information on the latest technologies that can be used in the dental office. Attendees will be able to instantly compare all the products in one location, while also becoming more familiar with the state-of-the-art technology by attending morning and afternoon educational programs presented at each pavilion.

The GNYDM and Aegis Publishing, Inside Dental Technology, have announced a groundbreaking partnership in laboratory technology. Collaboration 2013 will provide a designated laboratory exhibit area on the GNYDM exhibit floor, specialized education, demonstrations, digital dentistry and technology that will engage technicians and dentists side-by-side in an integrated, hands-on experience.

The GNYDM continues to offer a modern, high-tech free “live dentistry” arena daily from Sunday through Wednesday. The interactive “live” program features top clinicians performing dental procedures on actual patients on stage, in front of 600 attendees. It all takes place right on the exhibit floor. Attendees are encouraged to arrive early because seats fill quickly.

The GNYDM is the largest dental congress and exhibition in the United States, registering 53,481 attendees from all 50 states and 130 countries in 2012.

There is never a pre-registration fee at the GNYDM. Dental professionals are invited to be part of the 2013 meeting to experience the energy of an event that draws top dental professionals from around the world. And you’ll also get to see all that New York City has to offer during one of its most beautiful times of the year, Nov. 29 through Dec. 4.

Free registration is now open for the 2013 meeting at www.gnydm.com.

(Source: Greater New York Dental Meeting)

Tell us what you think!

Is there a topic you would like to see articles about in Dental Tribune U.S.? Let us know by e-mailing us at feedback@dental-tribune.com. We look forward to hearing from you!
Yankee Dental Congress named state’s top medical show in economic impact

$18.8 million added to area economy by the 2012 event

The Massachusetts Convention Center Authority recently ranked Yankee Dental Congress No. 1 among the top 10 shows having the biggest economic impact on the state. The event ranked as the No. 1 medical show.

Based on 2012 figures, the ranking shows the YDC’s 27,330 attendees being responsible for 10,024 hotel room nights and a total of $18.8 million in economic impact.

Planning is well under way for the 2014 Yankee Dental Congress, with a similar impact expected. Event organizers invite dental professionals to start planning now to join nearly 28,000 peers at the Boston Convention & Exhibition Center from Jan. 29 through Feb. 2.

Online registration and details on official event housing will become available at noon on Sept. 18 on the Yankee Dental website, www.yankeedental.com.

American Dental Association members who attended YDC 2013 (from Jan. 30–Feb. 3) received a rebate coupon in their registration packet. Attendees were able to redeem those coupons for free registration to Yankee Dental Congress 2014 if they also submitted receipts showing they purchased goods or services totaling $3,500 from the Yankee Dental Congress 2013 exhibitors.

The visual imagery theme for Yankee Dental Congress 2014 is already in place, depicting a street sign showing the intersection of “Oral Health” with “Overall Health.”

Meeting organizers are putting together an extensive schedule of dental continuing education courses and creating a one-stop compilation of the industry’s newest products and services in the exhibit hall. Beyond that core, the program is being designed to include many broader health-related topics that are closely linked to oral health, including: systemic health, quality of life, wellness, nutrition and physical fitness.

Interested in speaking at a future Yankee Dental Congress?

If you have a topic you think attendees will be interested in, meeting organizers invite you to put together a course proposal and send it with your resume to Massachusetts Dental Society Director of Continuing Education Dorrey Powers at 2 Willow Street, Suite 200, Southborough, MA 01772; email Powers at dpowers@massdental.org or FAX materials to (508) 480-0002.

(Source: Yankee Dental Congress)
10 tips for a patient-focused website

Your dental practice’s website is the online “face” for your business. You want it to reflect your capabilities and your philosophy. But at the end of the day, you really want the answer to one key question: “Is my website doing everything it can to convince visitors to become patients and current patients to become repeat patients?”

To answer these questions, Sesame Communications conducted a national market research study in partnership with Resolution Research. The results revealed key website characteristics that create a favorable experience for dental practice website visitors. In this article, Sesame Communications shares the 10 key features of an engaging, patient-focused website.

No. 1 — Include personable, engaging photos on your home page. Your website’s home page is your first — and best — opportunity to make a great impression on visitors. As revealed by the research, websites that prominently featured one or more photographs of happy, smiling people on the home page scored highly because of the emotional impact they created. Considering the fact prospective patients will take only six seconds once landing on your website to decide if to read on, that first positive impression is critical.

No. 2 — Focus on your patients’ needs — not your interests. Revolving your website around a sports or other hobby-related theme may seem like a fun way to show off your practice’s personality. But the market research study found that hobby themes and current patients to become repeat patients.

No. 3 — Be careful with home page animations and videos. While an animation or video can be a suitable feature for your home page, it must not distract patients or impede them from accessing the rest of your website. Be sure to disable your video on auto-playing, and add a play/pause button. This allows patients to choose if they wish to watch the intro video.

No. 4 — Remove splash pages. “Splash” pages — introductory pages that users view before they can access the information they want. If your website currently features a splash page, it should be removed to provide visitors with fast, seamless access to your website content.

No. 5 — Focus your home page on the patient. Your home page content should focus on how your practice can help patients, and why they should choose your dental practice. A common mistake is for dentists to prominently feature on their home page a special offer or treatment. If your home page features this content, we suggest replacing it with content that addresses key consumer needs and concerns. Discuss the experience of being a patient at your practice, include a patient testimonial, or spotlight your dentist and his or her patient-centered approach.

No. 6 — Create a warm, personable “Meet the Doctor” page. Your “Meet the Doctor” page is the most visited page on a practice website and should present a positive, friendly view of your dental practice. Feature a large color photo of the doctor wearing non-clinical clothes. Make sure the doctor has a warm, caring expression, if possible, include the doctor’s child or family members. Don’t use black-and-white photos or clinical images. Avoid including your doctor’s credentials and experience as a simple bullet list. Instead communicate this information in a warm and compelling manner.

No. 7 — Include a “Meet the Team” section of the website with team photos. Your website should also feature a Meet the Team page that highlights each staff member. In each staff member profile, include a personalized message to patients that communicates the individual’s warm, caring personality and commitment to patient-focused care.

No. 8 — Include a “First Visit” page for new patients. Make sure your site features a “Your First Visit” or “For New Patients’ page. This page should make a compelling case for why a prospective patient should choose your practice. List benefits of choosing your practice over others. Describe what patients should expect on their first visit. Consider including an “Office Tour” section that features photos — by unnecessarily delaying a visitor’s ability to access the information they want. If your website currently features a splash page, it should be removed to provide visitors with fast, seamless access to your website content.

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No. 17 — Focus on your patients’ needs — not your interests. Revolving your website around a sports or other hobby-related theme may seem like a fun way to show off your practice’s personality. But the market research study found that hobby themes and current patients to become repeat patients.

No. 18 — Be careful with home page animations and videos. While an animation or video can be a suitable feature for your home page, it must not distract patients or impede them from accessing the rest of your website. Be sure to disable your video on auto-playing, and add a play/pause button. This allows patients to choose if they wish to watch the intro video.

No. 19 — Remove splash pages. “Splash” pages — introductory pages that users view before they can access the information they want. If your website currently features a splash page, it should be removed to provide visitors with fast, seamless access to your website content.

No. 20 — Focus your home page on the patient. Your home page content should focus on how your practice can help patients, and why they should choose your dental practice. A common mistake is for dentists to prominently feature on their home page a special offer or treatment. If your home page features this content, we suggest replacing it with content that addresses key consumer needs and concerns. Discuss the experience of being a patient at your practice, include a patient testimonial, or spotlight your dentist and his or her patient-centered approach.
Expert Dental CE partners with Guardian Life

Guardian Life Insurance of America has engaged Expert Dental CE (on the Web at www.expertdentalce.com) to exclusively provide online C.E. courses for Guardian’s 80,000 dentists. According to Expert Dental CE, Guardian selected it because of its in-depth, procedurally specific courses that are presented by “best-of breed” scholars in all areas of dentistry.

Working hand-in-hand with Guardian, after first producing an introductory lecture on how Guardian dentists could more effectively and expeditiously submit insurance claims, Expert Dental CE was asked to develop programs that would enhance skill sets, reduce risk and improve patient outcomes.

The first two topics that Expert Dental CE designed to fulfill Guardian’s request were in endodontics and in the marginal fit of crowns.

The endodontics program was divided into two modules.

The first module is on diagnosis, with a bonus lecture on computed tomography imaging (worth four C.E. credits).

The second module provides a comprehensive overview of endodontic therapy. Combined, the modules review current thinking by leading scholars/clinicians in diagnosis, access preparation, instrumentation, irrigation, obturation, retreatment and decision-making on when an endodontically treated tooth should be removed and an implant inserted. The second module is worth 10 CERP-approved units. Both modules are specially priced for Guardian dental providers.

Expert Dental CE describes the second program as being “a one-hour gem that is an excellent reference course for all generalists.” It’s titled, “How to Achieve Excellent Marginal Fit & Cervical Contour with Crowns” and is presented by Dr. Charles Goodacre, dean of the Loma Linda School of Dentistry. Even the most skilled and experienced clinicians should be able to learn something new and improve their work by reviewing these basic techniques from a master clinician and teacher.

Dr. Goodacre identifies the three synergistic factors that produce good fit and cervical contour; he summarizes the characteristics of tooth preparations that support mechanical success and enhance marginal fit and cervical contours, and he provides surefire steps to fabricating good impressions.

As a benefit of this exclusive arrangement, Guardian dental providers receive a 30 percent discount on all other Expert Dental CE courses and modules.

Organizations interested in partnering with Expert Dental CE should contact William Martin, managing director, at (212) 555-5524 or info@expertdentalce.com.

GLO Science offers webinar for dental professionals

GLO Science, a leading developer of teeth-whitening products and the winner of the 2012 Edison Award for excellence in innovation and design, is presenting a live webinar for dental professionals on Thursday, June 13, at 5:30 p.m. EST on the Dental Tribune Study Club website.

Registration is available through www.dtstudyclub.com, or directly at www.dtstudyclub.com/GLOScience, which is where the live webinar will be streamed and then archived for later viewing.

The webinar presenter is GLO Science Co-Founder Dr. Jonathan B. Levine.

The company’s GLO Science Professional division offers a dual teeth-whitening system available exclusively to dental practices. According to the company, the process enables patients to see results one, 30-minute, in-office whitening session — with no sensitivity.

The company’s patented Guided Light Optics (G.L.O.) combines heat with light in a closed-system mouthpiece, which activates the professional-strength GLO Whitening Gel and prevents whitening oxygen from escaping the mouth. According to the company, the system generates faster, more efficient and longer-lasting whitening results.

The technology’s inventor, Levine, is a dentist and prosthodontist who has been in practice for nearly 30 years and also is an associate professor at the New York University School of Dentistry.

Levine holds three patents and 12 “patients pending” in oral care. A national opinion leader in oral health, Levine devotes much of his professional life to guiding the next generation of dentists and is the program director of the Advanced Aesthetics Program in Dentistry at the NYU School of Continuing and Professional Studies.

Levine also contributes his professional services to humanitarian efforts and organizations. He is on the board of Foundation Rwanda, which helps the children of the 1994 genocide, and is on the advisory board of Health Corps, a national service and peer-mentoring initiative. He also donates his services to Operation Smile to help correct childhood facial deformities across the globe.

To learn more about GLO Science and GLO Science Professional, phone (212) 497-5755 or email sales@glosciences.com — and schedule an in-office demo. The company’s website is www.glosciences.com, through which www.glosciencespro.com (serving dental professionals) can be accessed.

(Photos/Provided by GLO Science)
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Boston-area conferences increase security after Marathon bombing

American Dental Hygienists’ Association assures attendees of emphasis on safety

With the Boston Marathon explosions and subsequent manhunt occurring a relatively short time before the American Dental Hygienists’ Association annual meeting in Boston, the ADHA released the following statement: "All of us at ADHA express our sympathy for the victims in the bombings that occurred in Boston yesterday [April 15]. We extend our sympathies to our colleagues and friends in Boston and Massachusetts, and others affected by this tragedy. While the Center for Lifelong Learning at the 90th Annual Session is still two months away, we want to assure members and attendees that their safety is the top priority. We will be communicating with the City of Boston, the Convention and Visitors Bureau and each hotel to share safety instructions and procedures as they become available.”

The ADHA’s annual meeting — The Center for Lifelong Learning at the 90th Annual Session — is being promoted as a celebration of a century in practice, “100 Years of Dental Hygiene: Proud Past, Unlimited Future.” The meeting runs from June 19–25.

From the first hygienists trained by Dr. Alfred Fones in 1913 to the leading innovators of today, ADHA will extoll the progress and accomplishments of dental hygienists in the oral health care field over the past 100 years. Dental hygienists from across the country and around the world are being invited to come together to prepare themselves to be the pioneers that make the next century of practice as successful as the previous one.

CLL at the 90th annual session hosts more than 30 continuing education courses taught by nationally renowned speakers, with six separate career tracks for professionals at all stages of their career, and the possibility of earning up to 20 C.E. hours at one event. Tracks include clinical practice, public health, education, research, professional development, new practitioner and a separate student track. In addition, the exhibition hall will feature more than 125 companies displaying information and products representing the latest in oral health.

Plenary sessions, on Thursday and Saturday, will feature public health advocate Erin Brockovich and Oscar-winning actress Geena Davis, respectively. Friday evening, the ADHA Institute for Oral Health Benefit/Presidential Gala has as master of ceremonies and host the legendary Debbie Reynolds, star of stage and screen in some of America’s greatest classic productions.

Pre-registration is open until June 7. at www.adha.org/annual-session, and on-site registration will be available at the event.

The Massachusetts Convention Center Authority (MCCA), which operates the facility hosting the ADHA meeting, Hynes Convention Center, also responded to the events in Boston. Several events were taking place or preparing to open at MCCA facilities as the Boston Marathon bombings occurred and the subsequent challenges across the city unfolded.

“We are grateful to our customers and their attendees for their patience throughout a week of uncertainty and constantly changing information,” said James E. Rooney, MCCA executive director in an MCCA press release. “I continue to be impressed with the resiliency of the meetings industry and our customers’ willingness to work with us to keep their meetings scheduled, not only out a sense of determination, but also as a show of support.”

• See BOSTON, page 82

Industry commentary

Celebrating 100 years of dental hygiene

By Lori Bernardo, RDH

In 1906, when Dr. Alfred Fones came up with the idea to train his assistant, Irene Newman, to clean teeth and perform preventive oral services on children, no one could have predicted how our profession could have evolved. Fones’ early vision of the role of the dental hygienist was revolutionary. His goal was to employ dental hygienists who were primarily from schools and medical practices. He was quoted as saying: “It is primarily to this important work of public education that the dental hygienist is called. She must regard herself as the channel through which dentistry’s knowledge of mouth hygiene is to be disseminated, the greatest service she can perform in the persistent education of the public in mouth hygiene and the allied branches of general hygiene.” It was a lofty goal, which became the start of a noble profession whose purpose was to eradicate oral disease and improve the overall health of the whole population. I recently had the opportunity to attend a reception sponsored by Crest® and Oral-B® to celebrate the 100-year anniversary of dental hygiene with fellow hygienists. In the past 100 years, our profession has fought hard to carry out Fones’ mission. As I reflect on this anniversary, there are two major areas where the dental hygiene profession has made leaps and bounds — the career opportunities available beyond the clinic and the oral health challenges facing our patients.

Although most dental hygienists are employed in the private practice setting, many of us have chosen to take our mission “to the streets” in a variety of ways over the past 100 years. We can still be seen as public health workers, teachers, marketing and sales representatives, research professionals, and more. I personally have had a very rewarding career that has spanned almost 30 years in the oral health industry. Although most of those years were spent in clinical practice, twice during this time I left to work in sales for different dental product companies. In my current sales representative role, the commodity that I offer is no longer the work of my hands, but the collected knowledge of 30 years in the dental profession. It is more about what I know than what I do. I believe this role allows me to continue delivering the message of our original dental hygienist mission on a much larger scale and make room chair-side for new graduates. Sharing information on new products and services gives other dental professionals the tools they need to do their work more efficiently and, in turn, help them reach more people. No matter where we practice, the cause of improving oral health unites us all.

Dental hygienists have always strived to educate the public on the value of oral health and its role on one’s overall well-being. Today that message is even more powerful as many believe the mouth is an indicator of a person’s whole-body health. In the first 100 years, we have made gains in the improvement of oral health, and the incidence of dental caries and tooth loss dropped dramatically. In addition, there was a steady rise in the percentage of the population that receives regular dental care. However, since the mid-1990s, we may be witnessing an alarming reversal in that trend. According to a recent National Health and Nutrition Examination survey, the incidence of caries among children is on the rise. Additionally, research from the American Dental Association indicates the percentage of the population obtaining regular care has dropped and the frequency of dental visits has declined. No matter what challenges lie ahead, I know that we are more than capable to rise to the occasion as we always have.

So, my fellow colleagues, I say we pause to celebrate our profession and all that we have done. Have a parade. Enjoy a piece of cake. But don’t rest for too long, because if we want to honor the mission that Dr. Fones set out for us 100 years ago, we still have a lot of work to do.

Are you ready? No. Let’s get started on another “100 Years of Dental Hygiene”!

References
1. www.nidcr.nih.gov/DataStatistics/FindDataByTopic/DentalCaries/DentalCariesChildhood
The famed shopping and dining on Newbury Street are among the many Boston experiences awaiting attendees of the ADHA annual meeting in June.

(Photos by Tim Graft/MDOT)

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B2

support for the City of Boston.”

The MCCA press release went on to say that after some uncertainty following the April 15 bombings the Ambulatory Surgery Center Association’s Annual Meeting began the following Wednesday as scheduled. On Friday, April 19, attendees – most of whom were staying in hotels connected to the convention center via walkways from the Prudential Center and Copley Place — were in the Hynes for sessions starting at 7 a.m. In accordance with the shelter-in-place order from the Governor, attendees stayed at the Hynes and continued with event activity as scheduled.

Friday April 19 was a scheduled arrival day for nearly 15,000 attendees of the Experimental Biology 2013 Annual Meeting, as well as a heavy move-in day for exhibitors. Move-in activity began early in the morning, prior to the shelter-in-place order being extended to the entire city, so contracted labor and exhibitors already on site were allowed to continue moving as planned. On-site registration was temporarily delayed, but attendees were able to register at satellite hotels, including the Westin Boston Waterfront and the Renaissance Boston Waterfront. On Saturday, April 20, the event opened as planned.

Following the week’s events, MCCA representatives said that customers, staff, attendees and exhibitors should expect heightened security throughout the city and particularly around public transportation and entrances to hotels and the convention centers. For details on the ADHA meeting, including a full schedule of courses, visit www.adha.org/annual-session.

(Sources: American Dental Hygienists’ Association, Massachusetts Convention Center Authority)
Kerr TotalCare takes its brand in new direction

Company looks to its roots — and commits to being ‘hygiene focused’

TotalCare, an industry leader in dental infection prevention, has announced a new corporate brand identity, which the company says represents its drive toward delivering a full spectrum of innovative solutions to the dental hygiene community.

“The first major initiative will be a return to our company roots, with the addition of the name Kerr to our brand,” said Todd Norbe, president of Kerr TotalCare. “After 23 years in the industry, we understand what today’s dental hygienists and other dental professionals are faced with every day. Our new brand direction will afford us the ability to offer a suite of solutions to the dental hygiene community, so hygienists can focus on providing the highest level of care to their patients.”

“As of today, Kerr TotalCare will be a hygiene-focused brand, positioned to deliver products designed to address the full workflow of Dental Hygienists and Dental Assistants,” added Steve Fanning, vice president of marketing.

Kerr TotalCare’s new brand identity, already visible on its website, www.kerrtotalcare.com, will be featured throughout all of the company’s advertising and marketing campaigns. Additionally, throughout 2013, Kerr TotalCare will join the dental hygiene community in celebrating the 100th anniversary of dental hygiene.

The yearlong celebration will kick off with the “Celebrate Hygiene” enter-to-win sweepstakes for a registration to this year’s American Dental Hygienists’ Association (ADHA) national dental hygiene meeting — the Center for Lifelong Learning (CLL) at the 90th Annual Session from June 19–25, in Boston.

According to Kerr TotalCare representatives, the company’s business philosophy is “all about advancing hygiene and empowering people.”

With its experience and proven solutions, the company is able to state that it serves 99 percent of dental practices around the world.

About Kerr TotalCare

The corporate headquarters is located in Orange, Calif., and its manufacturing facility, which it describes as being “state-of-the-art,” is in Romulus, Mich.

The company’s literature describes its primary purpose as being to support hygienists and other dental professionals worldwide who are dedicated to improving patient health.

Kerr TotalCare’s mission is to be a trusted partner that delivers innovative solutions across dental hygienists’ workflows to empower and inspire them to deliver the highest level of care to their patients. The company reports that its brands have protected more than 100 million people every year for more than 25 years.

Kerr TotalCare products are sold through leading dental and medical product suppliers across the globe. Kerr TotalCare is part of the KaVo Kerr Group, which is a leader in smart products and processes that enable dental professionals to confidently optimize their work and lives.

For more information about all Kerr TotalCare products, you can contact Kerr TotalCare through its website, www.kerrtotalcare.com.

(Source: Kerr TotalCare)
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