AMED EDITION

DENTAL TRIBUNE

The World's Dental Newspaper · U.S. Edition

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Greater N.Y. Dental Meeting
It may be seven weeks away still, but it's not too early to plan your schedule. ▶ page 9A

ENDO TRIBUNE
The World's Endodontic Newspaper · U.S. Edition

Fall conference preview
The AAE invites you to 'jazz up your practice' Nov. 3–5 in New Orleans. ▶ page 1B

HYGIENE TRIBUNE
The World's Dental Hygiene Newspaper · U.S. Edition

Arthritis symptoms
You might think you are too young to get CMC arthritis, but think again. ▶page 1C

Esthetics, prosthetics, periodontics, implants and bisphosphonates

By David L. Hoexter, DMD, FACD, FICD

Controversy involving the oral cavity and the effects of using bisphosphonates is causing an obstacle for dentists to help patients achieve optimal health. The following case presentation demonstrates that the continuous use of oral bisphosphonates before, during and after treatment did not prevent an esthetic result involving implants, sinus augmentations, periodontal regenerative techniques, extractions and prosthetic restorative treatments.

This case presentation revolves around a 56-year-old woman who, for the past 10 years, had taken prescribed oral bisphosphonates for her osteoporosis. Her medical history, outside of her bisphosphonates, was non-contributory. The patient, whom we'll call Mrs. G, is a lovely woman who enjoys traveling throughout the world. She was unhappy with her oral appearance and wished to improve it. She related a desire for oral health with a gracious glowing smile. She expressed that didn't want an overtly white smile, or one that looked too "fabricated," but rather a bright and glowing smile.

Medically, Mrs. G's sole abnormal note was the fact that she had been taking oral bisphosphonates for more than 10 years. Her medical doctor had prescribed these as an aid in treating osteoporosis.

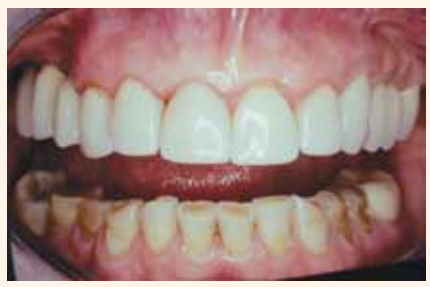

Fig. 1: Pre-treatment, B-view: Please notice the shortened, worn lower anteriors appearing as stubs with tan-colored dentin; shortened, square-shaped and uneven maxillary incisors and occlusally worn and abraded mandibular posteriors. (Photos/Provided by David L. Hoexter)

Reviewing her existing image, radiographs, study models, and probing and charting all possible aids helped guide us toward our diagnostic goal. Most notable to Mrs. G was the mobility of her maxillary right posterior teeth, the worn smaller lower anterior teeth as well as the dull appearing smile. Preparing a sequential treatment plan, we initially recognized an occlusal relation discrepancy, among her other deficiencies.

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Is your office OSHA compliant?

The Occupational Safety and Health Administration (OSHA) will likely be ramping up its inspections of dental offices in the upcoming months. Learn what you can be doing now to have the best possible outcome in case of an inspection. (Photo/Boguslavovna, www.dreamstime.com)

→ See page 8A

AMED goes virtual for 10th anniversary

By Robert Selleck, Dental Tribune America

Ready to take a closer look at the benefits of getting a closer look at everything you're doing in the operatory?

The perfect opportunity presents itself Nov. 10–12 (Thursday, Friday and Saturday), when the Academy of Microscope Enhanced Dentistry (AMED) opens its 2011 Annual Meeting and Scientific Session with an extensive offering of live, online presentations.

The switch to a webcast-based meeting comes on the 10th anniversary of the event, which is dedicated to encouraging, inspiring and educating dentists and other dental professionals on all matters relating to microscopic dentistry. This year's theme is "Foundations and Expansions."

Seeing how global economic conditions were affecting event-attendance across the industry, Dr. Terry Pannkuk, the 2011 AMED program chair, proposed the virtual conference as a way to better serve the membership and expand the potential for par-

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Cool stuff for your practice

By Robin Goodman, Dental Tribune America

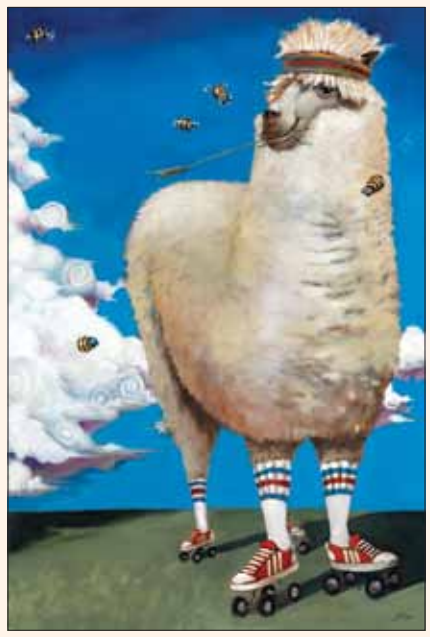
Like most clinicians, you probably wait to check out new products and services during attendance at an annual dental meeting. We here at Dental Tribune attend many of those and would like to bring a few items to your attention in case they might be of interest.

Dental Ear: Can you imagine having to retire because you've lost your hearing? It may sound far fetched, but it's a true story for former maxillofacial surgeon Todd Erickson, who experienced permanent, noise-induced sensorineural hearing loss caused by exposure to the pneumatic surgical drills he used throughout his surgical career (*www.dentalear.com*).

DoctorBase: Move over Kung Fu Panda, because Doctor Base Panda is here! Why choose a panda to represent a website where patients can write their reviews of a dentist? Well, first off, you have to admit he's cute. Second, panda also stands for "Patient ANd Doctor Analysis." The site helps patients refer dentists to friends and family via word-of-mouth referrals from Facebook and provide star ratings on Google (*www.doctorbase.com*).

Dental Ear, left, could save your career. Please visit www.dentalear.com *for more information (Photo/Provided by Dental Ear) The DoctorBase panda, right, helps patients refer dentists online. Please visit* www.doctorbase.com *for information. (Photo/Robin Goodman)*

OSHA Review: You use the office autoclave day in and day out and trust it's doing its job, but is it? How do you really know? Find out by taking advantage of OSHA Review's sterilization monitoring. All you do is autoclave one of the handy strips in the envelope provided along with your instruments and then mail it to OSHA Review's lab to see if they can grow anything from the strip (*www.oshareview.com*).



"Grass Fed," original artwork by jRodArt. Visit www.jrod art.com *for more information.*

PBHS: Indeed the company offers website design, but this full-service marketing firm has a broad portfolio of products and services to choose from. Founded in 1977 as a forms company, it's nearly impossible to think of something the company cannot help you with. The portfolio includes a variety of website design options, multimedia, practice identity and marketing as well as office forms and filing systems (*www.pbhs.com*).

xyWater: The xy is pronounced "zahy," and xyWater is a premium drinking water infused with Xylitol along with a hint of natural flavor. xyWater is appropriate for adults, children, diabetics and the elderly. Anyone who has (or had) a cavity or suffers from xerostomia can benefit from drinking this water (*www.drinkxywater.com*).

JRodArt: If you'd like some original artwork that isn't going to require you to take out a second mortgage, check out JRodArt for whimsical images that are sure to bring a smile to your patients' faces (and yours). Jarrod Eastman is a self-taught artist who works full time on his craft. You won't find him at a dental meeting, but he does make visits to some local art festivals. You can view prints of his artwork online, but there are also a number of original pieces for sale as well (*www.jrodart.com*).

Amazing Animation: If you have been thinking about purchasing some new artwork to brighten up your dental practice, check out Amazing Animation's unique and fanciful offerings (*www.amazinganimationart.com*).

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at *feedback@dental-tribune.com*. If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at *database@dental-tribune.com* and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

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NCOHF names Dr. Rebecca Slayton chief dental officer

Rebecca L. Slayton, DDS, PhD has been named chief dental officer of the National Children's Oral Health Foundation: America's Toothfairy (NCOHF). As chief dental officer, she will continue to chair the NCOHF Scientific Advisory Board while assuming responsibility for oral health messaging, approval of preventive strategies and treatment protocols.

"We are honored to have Dr. Slayton serve as the NCOHF chief dental officer. Her wealth of experience, talent and expertise combined with her enormous passion and commitment to children's oral health, will be invaluable to our organization," said Fern Ingber, NCOHF president and CEO.

Slayton is professor and chair of the Department of Pediatric Dentistry at the University of Iowa. She is a board certified pediatric dentist and a diplomate of the American Board of Pediatric Dentistry. Prior to coming to Iowa in 2008, she served on the faculty at the University of Washington School of Dentistry as the graduate program director and the chair of the Pediatric Dentistry Department at Oregon Health & Science University. She serves on the Council for Scientific Affairs and the Scientific Program Committee of the American Academy of Pediatric Dentistry and is a member of the Executive Committee of the Section on Oral Health for the American Academy of Pediatrics.

In addition to serving as an examiner for the American Board of Pediatric Dentistry and a site visitor for the Commission on Dental Accreditation, Slayton is a member of the American Academy of Pediatric Dentistry, the American College of Dentists, the American Association of Dental Research, the American Dental Association and the American Dental Education Association. She is the co-editor of a textbook, titled Early Childhood Oral Health, and the special Issue on Children's Oral Health, published recently by Academic Pediatrics. She has authored two textbook chapters and published numerous peer-reviewed articles.

The National Children's Oral Health Foundation: America's Toothfairy is a 501(c)(3) nonprofit, dedicated to raising awareness of the No. 1 chronic childhood illness: pediatric dental disease, facilitating delivery of comprehensive pediatric oral health services, and eliminating this preventable disease from future generations.

The NCOHF draws on vast national resources to secure and distribute product and financial donations along with innovative preventive programs to a growing network of not-for-profit university and community based dental clinics, health centers and mobile programs throughout America.

More information about the NCOHF is available at *www.americastoothfairy.org.* DT

Dr. Rebecca Slayton (Photo/National Children's Oral Health Foundation)

(Source: NCOHF)

ADA guide to legal questions

The American Dental Association (ADA) recently launched The ADA Practical Guide to Frequently Asked Legal Questions as an e-book for the Amazon Kindle and Barnes & Noble Nook e-readers.

This best-selling guide is a comprehensive publication that answers the most common legal questions encountered in a dental practice. The thorough listing of more than 180 questions and answers from ADA legal experts covers topics that the dental team encounters daily. When legal questions surface, having this guide available will prove invaluable. It provides plain language legal information on a wide array of legal issues.

As part of the ADA's continuing initiative to make ADA publications available in a variety of formats, The ADA Practical Guide to Frequently Asked Legal Questions is available for wireless download on the Kindle and Nook for $89.95.

Kindles and Nooks are mobile reading devices that allow readers to download books, magazines and other media for easy and portable reading. Visit Amazon's website or the Barnes & Noble's website to order the e-book.

The guide is also available in hard-copy through the ADA catalog online at $89.95 for ADA members and $134.95 for nonmembers at *www.adacatalog.org* or by calling (800) 947-4746.

About the American Dental Association

The not-for-profit ADA is the nation's largest dental association, representing more than 156,000 dentist members. The premier source of oral-health information, the ADA has advocated for the public's health and promoted the art and science of dentistry since 1859.

The ADA's state-of-the-art research facilities develop and test dental products and materials that have advanced the practice of dentistry and made the patient experience more positive.

The ADA Seal of Acceptance long has been a valuable and respected guide to consumer dental care products.

The monthly Journal of the American Dental Association (JADA) is the ADA's flagship publication and the best-read scientific journal in dentistry. For more information about the ADA, visit the Association's Web site at *www.ada.org.* DT

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Obvious to her as well, her lower anteriors were worn and shortened, making us cognizant of occlusal relation discrepancies. Due to abrasive grinding, the teeth on her lower anteriors were shortened, exposing the different yellowish tan color of the dentin inside her teeth. Her vertical relationship needed correction. However, the color of her teeth needed to be corrected as well as their shape and size.

Also obvious was the shape of the maxillary incisors. The square shape is unnatural. The normal shape of maxillary incisors is usually one that is longer than they are wide. This is also a more youthful appearance than the square, "older" look she had at her initial visit.

Her gingival horizontal lateral line was uneven and asymmetrical. There was, however, an adequate zone of pinkish, keratinized gingival tissue, which could be utilized and manipulated for our final goal of a symmetrically appearing periodontal background of esthetics, health and its maintenance in the future.

Correcting her vertical relation required support in her posterior areas to support the correct prosthesis and its newly corrected occlusal height. The patient also requested that a "non-removable prosthesis" be prominent in our treatment plan goal.

The radiographs indicated adequate osseous support in her mandible posteriors such that periodontal therapy, including surgical intervention, would be of a positive result, the latter of which will support the changes to be made to restore the vertical dimension.

The maxillary posterior, however, is a different entity altogether. This patient is utilizing prescribed oral bisphosphonates for her osteoprotic condition. By avoiding osteoporosis and its effects, she will be able to support and maintain oral endosseous implants and their functioning. Sinus-lift techniques to regenerate support for the maxillary posterior implants would need to be accomplished.

Would the fact that she is osteoporotic and utilized oral bisphosphonates hinder the acquisition of new regenerative support? All these factors are considered and discussed with the patient before commencing. If the patient desires, as this one does, non-removable prosthesis replacements, then implants and sinus lifts must be considered.

The maxillary right posterior had two prognostically poor teeth that were extracted. We recommended use of implants to support the new crowns with the corrected occlusal height restored. Yet, Mrs. G had inadequate bone support to support the implants in the posterior maxilla. Thus, we elected to initially us the sinus-lift technique to provide adequate support for the needed implants.

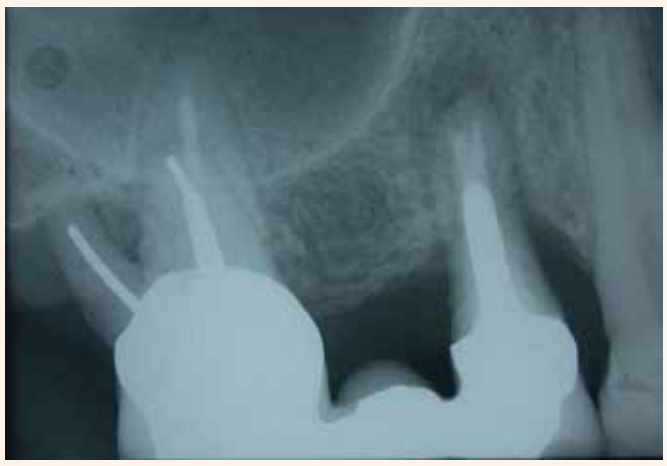


Fig. 2: X-ray pre-treatment UR.

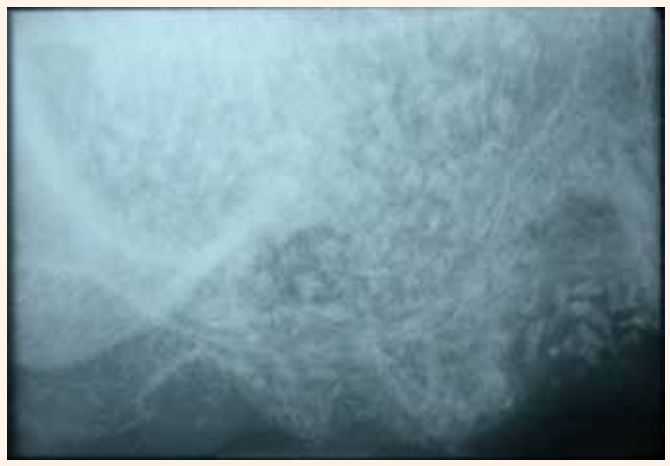


Fig. 3: X-ray UR post sinus-lift treatment and extraction of #3 and #5.

Fig. 4: X-ray UR of inserted implants and prosthetics.

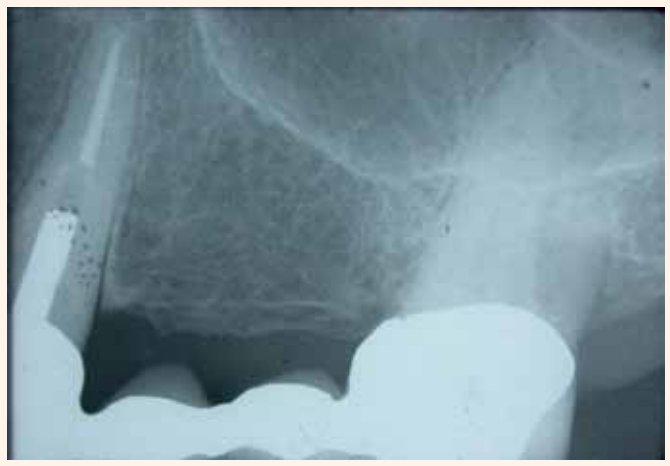


Fig. 5: X-ray UL, pre-treatment.

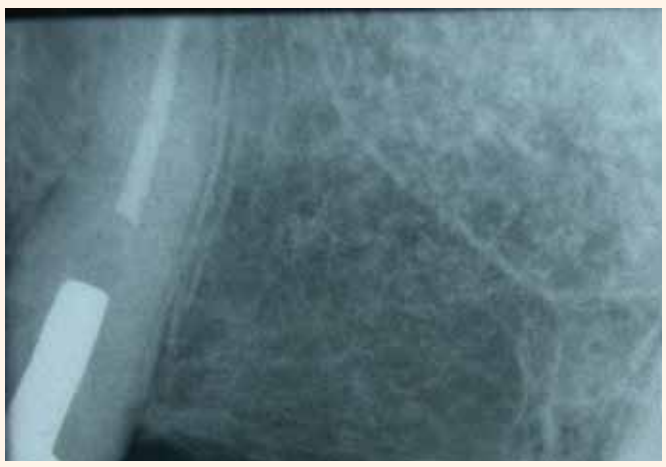


Fig. 6: X-ray UL with maintained splint and completed sinus lift.

Fig. 7: X-ray UL of inserted implants and prosthesis.

The patient has osteoporosis, and as previously stated, has taken oral bisphosphonates for more than 10 years. Questions that were discussed included the regeneration of osseous support be healthy enough or adequate to support the implants and their needed function.

Will such dental procedures be tolerated without being susceptible to osseous necrosis? Yes, because she has been on oral bisphosphonates all these years. Augmentation procedures were selected to acquire the adequate bone needed to support the implants.

Mrs. G's upper left side had two teeth, #12 and #15, that were to be kept. Yet the area that initially had pontics above them, also needed a new bone to support forthcoming added implants, which will support the future restored crowns and the occlusal changes. A sinus augmentation procedure was done in the upper left to facilitate the fabrication of new osseous support.

The existing UL bridge was kept as a provisional splint while the sinus-lift technique was accomplished even around and apical to the preserved molar. After six months of uneventful healing, a provisional splint was placed in the UL, replacing the existing permanent bridge. Endosseous implants were then inserted and integrated in the #12 and #13 edentulous area. After six months, we began the restorative phase.

Both the UR posterior sinus lift and the UL sinus-lift surgeries were accomplished during the same surgical appointment. However, the UR #3 and #5 had a very poor prognosis and were extracted during the same treatment with osseous grafts added to the voided sockets.

The restorative phase for the posteriors was accomplished at the same time and after the use of provisionals. Then they were adjusted to achieve the proper occlusal relationship, especially in the posteriors initially. After the posteriors were restoratively corrected in provisionals, the anterior teeth were then treated. The maxillary anteriors were changed from the initial square appearance to a bright, more streamlined and youthful appearance.

With the posteriors restoring the vertical height, there was enough space and room for the return of correctly shaped lower anteriors. The chance to see her worn down stubs of older appearing teeth appear vibrantly youthful and regenerated in length, appearance and color was encouraging to Mrs. G.

All of this was made possible by restoring the correct vertical dimension by correcting the posterior teeth height. To achieve this, implants and sinus lifts with bone regeneration techniques were utilized. The restorative crowns allowed the stabilization and main-

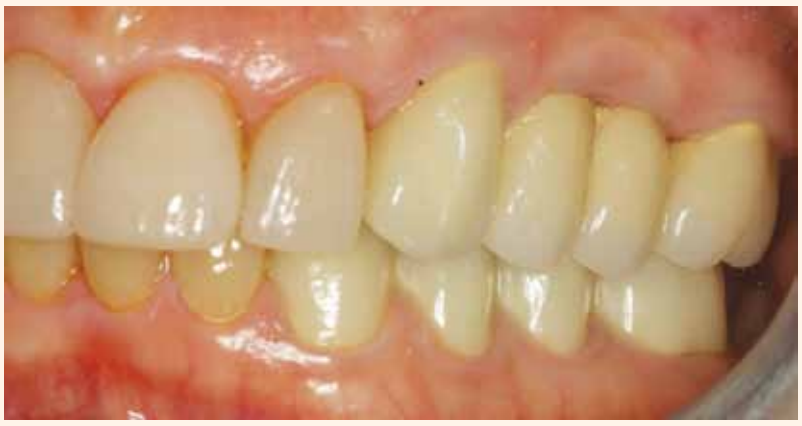


Fig. 8: Shows restored posterior occlusal relationship and vertical height of left side.

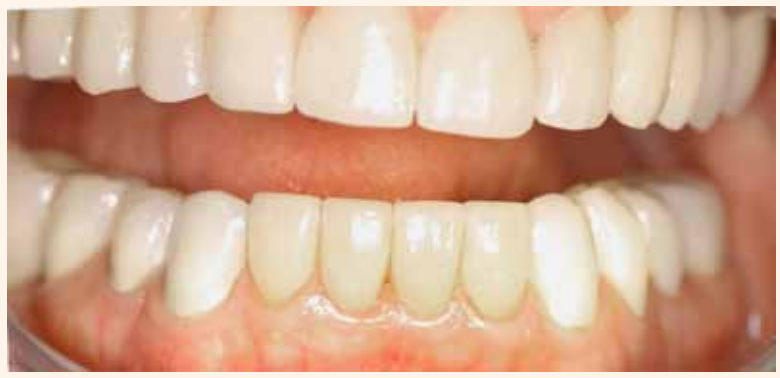


Fig. 9: Final restorations 10 years postoperative. Notice the restored lower incisors height, allowed due to the correct restoration of the posterior vertical dimension with the utilization of implants with sinus lift regeneration.

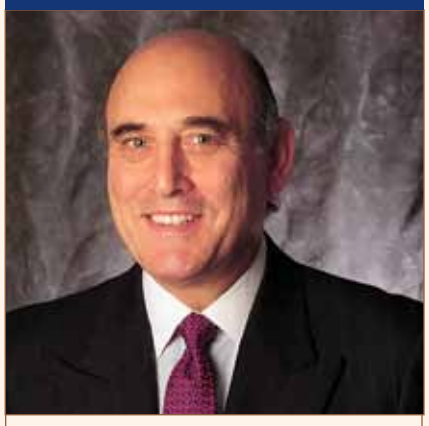
tenance of the desired vertical height. The anterior component now had the height to allow the shape and length of the desired anterior teeth.

This is an example of a patient with osteoporosis for years, who utilized an oral bisphosphonate delivery system for 10 years and wished to have a non-removable, restored dentition supporting the reclaimed vertical space. Mrs. G's restorations have been functioning for more than 10 years now. She also continues with the oral bisphosphonates as prescribed.

Thus, by using sinus augmentation, periodontal regeneration techniques and endosseous implants with permanent non-removable dental restoration, an esthetically restored smile was achieved. Youthful, longer appearing teeth aid Mrs. G's glowing smile, but have proved to be maintainable as well. DT

Editorial note: Part 1 of this series on bisphosphonates, titled Osteoporosis and bisphosphonates, appeared in DTUS Vol. 6, No. 5. Please e-mail the author at drdavidlhoexter@gmail.com *for a copy of Part 1. You may also contact* r.goodman@dental-tribune.com *for a copy.*

About the author



Dr. David L. Hoexter is director of the International Academy for Dental Facial Esthetics, and a clinical professor in periodontics at Temple University, Philadelphia. He is a diplomate of implantology in the International Congress of Oral Implantologists as well as the American Society of Osseointegration, and a diplomate of the American Board of Aesthetic Dentistry.

Hoexter lectures throughout the world and has published nationally and internationally. He has been awarded 11 fellowships, including FACD, FICD and Pierre Fauchard. He maintains a practice at 654 Madison Ave., New York City, limited to periodontics, implantology and esthetic surgery.

He can be reached at (212) 355-0004 or *drdavidlh@aol.com.*

How health-care financing works for practices and patients

A 2011 report released by the Institute of Medicine, Advancing Oral Health in America, indicates that uneven and limited access to dental health care and coverage is a major factor contributing to the poor state of oral health across the nation.

Especially in today's economic climate, it's no surprise that financial concerns are a major obstacle for patients in getting the dental treatments they need. Not everyone is covered by insurance, and patient costs are high. As a result, patients will often delay treatment or ignore provider recommendations and choose less than ideal procedures.

But when outside financing options are available, patients have the opportunity to start treatments they might otherwise delay. And, they will usually choose more comprehensive procedures because they can spread payments out over time.

Providers, nonetheless, still find themselves asking why a patient financing program would benefit their bottom line, especially when they already accept major credit cards. The financing experts at Citi® have partnered with Henry Schein, the largest distributor of health care products and services to office-based practitioners, to demonstrate the advantages available to practices and their patients through the Citi Health Card Program.

Boost business

There has never been a better time for dentists to increase both optimal treatment acceptance and procedures, all while reducing costs for their practice. Thousands of health care providers in various industries already use patient payment plans to bring more success to their practices. And for over 16 years, Citibank and Henry Schein have backed such convenient plans.

The Citi Health Card is a perfect example. Its payment plans are designed to increase sales, create patient loyalty and generate first-time purchases. In addition, the program improves cash flow by expediting the payment process for providers, as treatment fees are electronically deposited within two to three business days. Because of this, providers are able to stay focused on patient care, rather than collections.

(Photo/Provided by Citi Health)

Also, the card offers the lowest no- interest and budget plan merchant discount rates in the dental industry, giving practices the potential to save money over other credit card or payment programs. And, there are no enrollment fees, minimum volume requirements or special equipment requirements.

New features include an Internet-based system for faster application and transaction processing, system-generated transaction receipts, online reporting and management tools, and security features that protect staff access and account information.

Ultimately, dental practices and patients who participate in the Citi Health Card Program have the freedom to make treatment decisions based more on health care concerns and less on financial ones. Patients can finance treatments or additional procedures, and it's just one more reason for them to stay loyal to a practice.

Help patients

Having a separate account for health care treatments gives patients peace of mind by allowing them to concentrate on their health instead of financial concerns.

The Citi Health Card gives them flexible payment plans that enable patients to get the care and treatments they need right now, and down the road. Patients value the flexibility of low monthly payments and no down payment. Plus, the card can be used as needed for additional treatments and for other family members.

The program also provides patients the benefit of having a separate revolving credit card for health care expenses so they can keep their bank-card credit lines available for everyday use.

Get started

Citi Health Card's patient financing program makes the patient application process easy. Providers or patients can submit consumer applications by phone or online, and eligibility decisions are made quickly so treatments can begin immediately.

Get support

Participating providers receive comprehensive program information, including simple training guides and sales presentations for patients. Complete training and support materials are available online, and enrollment comes with access to online resources that help train new staff members and maximize the benefits of the program.

The program also features dedicated customer service support as well as daily and monthly settlement reporting.

Dental providers who are interested in enrollment or additional information should call (800) 443-2756. DT

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ticipation in the conference.

Following the initial three days of live online presentations, recordings of the webcasts will remain accessible to active-AMED-member registrants for up to three years (as long as the content remains current and accurate). AMED membership is not required to register for the virtual conference, but members receive a discount.

Guest registrants have access to the recorded presentations for 30 additional days following the live webcasts. Visit *microscopedentistry.com/meeting11* for registration details. Dental Tribune America readers can use the code NM-DTRIBUNE to extend early bird pricing to Nov. 1.

Goal is global collaboration

Nathan Skaggs, an AMED administrator, says a primary reason behind going virtual with the meeting is to "open up forums for research and scientific exploration so we can collaborate around the world. It's a unique strategy for people to participate with AMED from around the globe — at a reduced cost."

On the live meeting days, the AMED website will feature three separate tracks of live webcasts streaming simultaneously from presenters in locations around the world. Attendees will be able to post questions and comments visible to the presenter and other viewers during and following individual presentations. Viewers aren't locked in to any single track and can jump back and forth based on their interests.

Skaggs says the presentations' interactive component also will be part of the recordings, which will archive to the site after the live streams. Presenters will continue to be available for questions and comments as long as the presentation remains on the site. Previous and new viewers will be encouraged to continue discussions via the site.

In a sense, the approach means the conference won't really end after the three days. In fact, Skaggs says AMED plans to post presentations from a previous annual session held in Japan to open that event to a broader audience. Ultimately, the website might have several recorded conferences available and open for registration.

Skaggs says AMED will continue to host physical events, too, but will likely include live and recorded streams as part of such events.

C.E. credit available

A total of 30 C.E. credits are potentially available through viewing the webcasts. Those viewing live webcasts will receive certificates of attendance. Self-instructional C.E. credits are available to those who complete the required qualification steps after viewing recorded webcasts. Individuals pursuing C.E. credit are encouraged to check with their licensing board to confirm eligibility.

All aspects of microscope-centered dentistry are covered during the three days of corporate forums, clinician presentations, and academic- and clinician-research presentations. Subject matters cross all disciplines and specialties, creating an inclusive forum devoted to exploring how precision dentistry can best serve patients and practices.

The "Foundations and Expansions" theme refers to how the profession's embrace of innovative tools, such as the microscope, scanners, digital radiography and cone-beam-computed tomography occurs only when such advancements align with practitioners' core intellectual skills and philosophical perspectives.

Online exhibit hall

The virtual meeting also includes an online exhibit hall, which will feature product and service information via text, pictures and video — along with opportunities to chat with company representatives during the three days of live meetings.

Following the live dates, these online exhibit-hall "booth" pages will remain accessible through at least March 1, 2012, when the new cycle begins.

Live-stream schedule

This listing of presentations isn't divided yet into the three separate live-stream tracks that will enable delivery of simultaneous live presentations via the website, much like a live conference with many sessions running concurrently.

All presentations will be recorded so "attendees" missing a live stream can view the recorded webcast later.

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Is your office in compliance with OSHA regulations?

By Stuart Oberman, Esq.

The Occupational Safety and Health Administration (OSHA) is an organization of the federal government that ensures proper compliance with current workplace health and safety regulations. OSHA will likely be ramping up its inspections of dental offices in the upcoming months. In order to be prepared, dentists should be aware of OSHA's updated program and what they should be doing now so they have the best possible outcome in case of inspection.

'Be prepared'

The best way to handle an OSHA inspection is to be prepared. It is important to have all paperwork current, all materials in proper order and established policies and procedures to ensure dental office safety. Below are some general recommendations from OSHA and the Centers for Disease Control and Prevention (CDC) that, if followed, can reduce dentists' exposure to liability in event of an OSHA inspection.

OSHA manual

First, ensure that the dental office has an OSHA manual on hand and that everyone working in the office is aware of its location and the information contained within. To be up-to-date, the OSHA manual should have a current exposure control plan, a current hazard communication plan and documentation of annual training as required by OSHA's Bloodborne Pathogens Standard.

The dental office should also have a well-kept record of information regarding how waste is handled and disposed of in the office, the plan of what to do in case of an exposure incident, how to process instruments and all schedules and procedures for equipment and office disinfection and cleaning. The exposure incident plan should be as detailed as possible, including information such as whom to report an incident to, where to go for testing, what procedures should be followed and what documentation should be completed.

Standard precautions

Ensure that the dental office is following standard precautions. This includes treating all body fluids as potentially infectious. As such, any item that could be potentially contaminated should be treated as infectious, including all instruments, surfaces and patients. To properly protect from exposure to infectious contaminants, employees should be provided with and be compelled to use personal protective equipment when handling anything that could be potentially contaminated.

Also, ensure that all dental office employees are following the proper dress code procedures, which should include wearing jackets with long sleeves, gloves, masks and eye protection whenever performing a duty that could possibly expose them to infectious materials. In addition, if exposure is more likely than normal, extra precaution should be taken. In those instances, employees should wear an impervious gown instead of a jacket. These dress items should be properly maintained and cleaned and should be replaced when needed.

Training

Ensure that all dental office employees are receiving the proper training in compliance with OSHA's Bloodborne Pathogens Standard and the CDC's 2003 dental infection control guidelines. This training must be completed when the employee is first hired to work in the dental office. At this time, the new employee should also have a TB test to rule out active tuberculosis infection. Moreover, any dental office employees who may be exposed to potentially infectious materials during employment at the dental office must receive a hepatitis vaccination immediately. If they were previously vaccinated, they must offer proof of such vaccination immediately.

Along those same lines, dentists should complete an annual TB risk assessment to ensure the dental office is still considered a low-risk environment. This paperwork should then be filed in the OSHA notebook kept in the office. Medical records for every employee of the dental office should be properly maintained. These records must be kept separate from other OSHA materials in order to comply with privacy laws. These employee records should contain all relevant health information, including evidence of HEP B immunization and other immunizations, and any results of testing following an exposure incident.

Engineering and work practice controls

Engineering and work practice controls should also be used in the dental office to reduce the likelihood of exposure to potentially infectious materials. These controls will isolate the dentist from hazards. These controls include using thick gloves when handling instruments and placing the appropriate items directly into sharps containers, needle recapping devices and ultrasonic baskets. Instruments should also be handled very carefully when used in order to prevent injury. The same instruments should be processed carefully so that they receive proper sterilization. Instruments should be carried to the sterilization area on a closed tray to prevent injury during transport.

Sterilization areas should be arranged so that there are completely separate areas for clean and dirty instruments in order to prevent the possibility of cross contamination. If an item is heat sensitive, ensure that the manufacturer's recommendation for disinfection is being followed. An annual evaluation of devices with sharps safety features should be performed. If no such devices are used in the dental office, you are required to document why a specific device that does not contain the available safety features was chosen for use.

Also, ensure that all instruments are being cleaned before sterilization. The preferable method for cleaning instruments is with an ultrasonic because hand contact is minimized. If an ultrasonic is used, the ultrasonic solution should be changed every day and at any time the solution becomes too thick. All instruments should then be wrapped or bagged with a heat sensitive indicator placed on both the inside and outside of the package. This ensures that the instruments are reaching the correct heat and pressure levels for proper sterilization.

Once sterilized, the instruments should be put in closed drawers or cabinets in the office so that the packaging remains properly closed. The sterilizers should be tested at least once a week with biological indicators to ensure they are working appropriately.

Make sure all waterlines are being properly maintained. This is essential to ensure that all water that goes into a patient's mouth is drinking water quality at minimum. Furthermore, make certain that all clinical surfaces, walls, floors, sinks and the like are being kept clean and sanitary. To ensure proper cleaning is taking place, a cleaning schedule must be established, with the proper cleaning frequency for the type of surface and degree of contamination made clear.

Make sure the dental office has a working eyewash station in a clean sink. Moreover, the office should have a proper fire evacuation plan that is prominently posted and that every office employee is aware of. The office itself should be kept in a neat, sanitary and clean condition at all times, with exits clearly marked.

OSHA controls contaminated waste while inside the dental office. In most cases, only sharps, and blood and saliva saturated materials are considered hazardous materials, which must be disposed of in a certain, regulated manner. When in the office, contaminated waste items must be placed in containers that are prominently labeled with a "biohazard" label. Employees must always wear personal protective equipment when handling these items.

When chemicals are outside of their original containers, they must be properly labeled at all times. There should be a current chemical inventory, which includes corresponding MSDS forms, located in the dental office. Nitrous and oxygen tanks must be secured and regularly inspected to ensure they are working correctly, and this should be noted in a record kept within the office.

If you have questions about the required compliance, there are some great OSHA and CDC publications. In addition, you can obtain checklists and other useful resources from organizations such as the American Dental Association and the Organization for Safety, Asepsis and Prevention. DT

About the author

Stuart J. Oberman, Esq., has extensive experience in representing dentists during dental partnership agreements, partnership buy-ins, dental MSOs, commercial leasing, entity formation (professional corporations, limited liability companies), real estate transactions, employment law, dental board defense, estate planning, and other business transactions that a dentist will face during his or her career.

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Only in New York City, 'The Capital of the World': The Greater N. Y. Dental Meeting

The largest dental and health care convention in United States invites you to the Greater New York Dental Meeting, Nov. 25–30.

With no pre-registration fee for all dental professionals and their guests, the Greater New York Dental Meeting continues to be at the head of its class, attracting 58,135 attendees from all 50 states and 132 countries, which included 19,431 dentists in 2010.

Exhibit floor

Last year, the Greater New York Dental Meeting's exhibit floor included 600 exhibitors and more than 1,500 exhibit booths offering a unique opportunity to meet face-to-face with companies that export.

Their continuous partnership with the U.S. Department of Commerce International Buyer Program allows exhibitors a free listing in the GNYDM Export Interest Directory, the opportunity to meet many worldwide senior level volume buyers, export counseling by government specialists and additional benefits derived from their extensive international marketing efforts.

International pavilion

The GNYDM has significantly expanded its international program to accommodate 6,970 international visitors in 2010. In terms of education, the Greater New York Dental Meeting discounts all of its programs by 50 percent for international attendees and there is never a registration fee for international attendees.

In an effort to expand hospitality, free multi-language courses are offered in Portuguese, French, Spanish, and this year adds Italian and Russian to the mix.

'Live' Dentistry Arena: No tuition!

This revolutionary concept offers eight free "live" patient demonstrations right on the exhibit floor. By placing two large screens on either side of the stage as well as smaller screens scattered throughout the audience, attendees are able to get an up-close view of the procedures occurring in real-time. Attendees also have the chance to earn up to 24 hours of free C.E. credits.

Educational programs

Once again, the Greater New York Dental Meeting offers an unparalleled educational program, featuring some of the most highly regarded educators in the field of dentistry.

There are choices of 300 essays, full-day and half-day seminars as well as hands-on workshops, including exciting educational programs such as Salivary Diagnostics (offered in English and Spanish), Botox/Dysport and dermal fillers, lasers, orthodontics, endodontics and so much more.

The greatest city in the world has so much to offer during the holiday season. Attendees have access to discounted tickets to highly acclaimed Broadway shows, listings of top-notch restaurants with breathtaking views and historical sites that are walking distance to

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