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Tri-County Dental Society Connection

IN THIS ISSUE

"Back to practice" - with new guidelines.

TCDS Board

Connection In this issue...

On the cover:
TCDS member, Dr. Chris Chen is back to practicing with new PPE with his assistant

Mission Statement

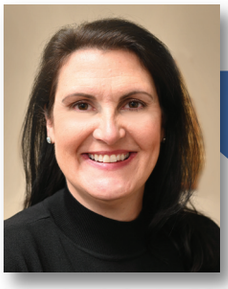
It is the Mission of TCDS to be the recognized source for serving the needs of its members and the dental community.

Member Publication AADE American Association of Dental Editors

Upcoming events

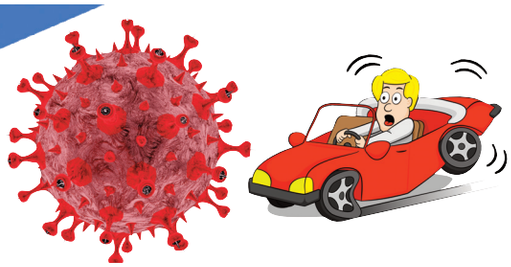
What's Happening

Day/Date	Event Details
Fri July 3	Independence Day-TCDS Office Closed
Thu July 16	Continuing Education Program (FREE to TCDS Members & Two Staff) Live Webinar Seminar: 6:30 PM – 8:30 PM Pediatric Dental Trauma Treatment and Prevention (LECTURE) Anna Chen, DDS 2 CEU's – Space is Limited
Thur. Aug 13	Continuing Education Program (FREE to TCDS Members & Two Staff) Live Webinar Seminar: 6:30 PM – 8:30 PM TMJ Disorders: Basics for the General Practice and Recent Findings (LECTURE) Gary Demerjian, DDS 2 CEU's – Space is Limited
Sun. Sep 20	Continuing Education Program (FREE to TCDS Members & Two Staff) CE 4 hour webinar 4 CEUS Seminar: 8:00 AM – 12:00 PM The Nuts and Bolts of Veneers Sleep Medicine and General Dentistry (LECTURE) Todd Snyder, DDS 4 CEU's – Space is Limited



President's Message

GET READY!



Katherine J. Cooke, DDS

Wow! Have we ever. I remarked in my last message that 2020 was going to be a fantastic year. What happened? Covid-19. BAM! That's what happened. Our fantastic year skidded to a roaring halt. Not what I was expecting.

Just like you, I have been sheltering-in-place since March 17th. Just started back to work on May 19th. Slow opening. When I was first at home, I was thinking, "Is this really happening?" Denial. Shock. I thought to myself, " I am not panicking." Nope. I am going to take this crisis, and turn it into something positive. Be grateful that I get to stay home for several weeks which actually turned into eight. I had shelter, I had food. I even had bleach, toilet paper and paper towels. Also, my adult kids came home to live with us while this pandemic rages on • One from college that is about to graduate, and another from Santa Monica who is working for NetSuite. I'm grateful that I get to spend time with them.

At TCDS, we immediately took action. We closed the office and sent all staff to their respective homes to shelter-in-place per the Governor's orders on Thursday, March 19th. From their homes, our staff have been working diligently, quietly, stealthily behind the scenes, so to speak, to serve you, our members.

All phone calls from the office were forwarded to Shehara, our Executive Director. She has answered hundreds of calls from our concerned members during this shelter-in-place, working from her laptop at home.

Right away, TCDS added a Zoom account so staff could have daily meetings face to face in a virtual format. We also added the Zoom so we could convert our in-office CE meetings into live webinars, and to hold our board meetings all from our respective homes. Lifesaver!

For the first time ever, in TCDS history, our board meeting that was held in April was turned into a Zoom board meeting. Historical. We had much to discuss. Three hours' worth. Our board passed actions to approve revisions of our Bylaws, Policy and Procedure Manual, and our Employee manual. We even approved our 2020 budget. Whew.

We also approved funding for Chromebooks for each of our staff members to use at home while they are working and sheltering-in-place.

Our board currently is working on our website. It needs to be overhauled. At this time, we are actively seeking bids from website developers, and it hasn't been easy. Websites take a minimum of 6-12 months to build out, and we may not begin the building process until early next year. Funding for the website was approved and set aside by last year's board members. It is a slow and arduous process.

Our board is also actively searching for other banks to put our funds to better use. Currently, TCDS banks with BBVA. It has been a difficult year to work with them professionally.

As you all are fully aware, the CDC, OSHA, Governor, CDPH, ADA, CDA, and the local county departments of public health have been changing and updating their guidelines by the hour, every single day since we were all sent home, on how a dental office, dentist, and staff can function and operate. Frustrating. Confusing. Maddening. Overwhelming.

Our TCDS staff and our board members, always on alert, watched for these changes (and continue to do so) so we can send them out to you right away via email and social media.
It's tiring, to say the least. I feel that we are always pivoting with no rest breaks.

Does this sound familiar? I saw this in a FB group and I thought it was accurate. "The government says that dentistry is essential but dentists need to stay home. Dentists can only treat emergencies except the emergencies can wait. Our government gives us a PPP grant to help with expenses, yet 75% goes to payroll, and all funds must be used before your office opens or it turns into a loan. The government wants us to donate our PPE to the public health for redistribution but now we are trying to replenish it at a huge mark up. If you do not have N95 masks, you can wear KN95 masks. However, the ones you just purchased are no longer good. We all need to be professionally fitted for N95 masks and wearing them but you cannot have access to fit kits and the masks themselves. Please COVID test all patients but then don't. It will overwhelm the system. Please follow our guidelines, especially the ones that are unclear and illogical. "

I felt like we are all playing a game of "Red Light, Green Light." or "Simon Says." Do know, that the ADA, CDA and TCDS have been working tirelessly behind the scenes, on our behalf, to provide the most available resources to us - Phone calls, virtual meetings, and emails • every day. You are just not aware of it all.

The N95 masks. Ah, yes. Our most coveted resource at this time. You do not know how difficult it was (and still is) for CDA to plead to the state to get our members, the masks at 8 weeks out and counting. TDSC, a subsidiary of CDA, has vetted over 100 leads/resources to purchase the masks as well as other PPE. The state has finally heard our cries and is supposed to supply TDSC the much needed PPE, so TDSC can distribute to all dentists in California. Our PPE has not been available because of FEMA. Right now, dentists are behind first responders, hospitals and nursing homes in priorities. FEMA and the Governor designates who the PPE goes to.

TCDS at this time is also searching resources for N95 mask "fit testers" for our members and their staff.

TCDS represents members in three different counties: Eastern portion of Los Angeles County, Riverside County and San Bernardino County. Guess what? Depending on which county your office resides, you may be practicing - or, you may not. It all depends on what the local county public health department dictates. Crazy, right? It's not fair.

Our current CDA President, Dr. Richard Nagy says: "Collaboration between the state, counties, and cities can prevent the misaligned public health orders that are confusing dentists" I, for one, wholeheartedly agree.

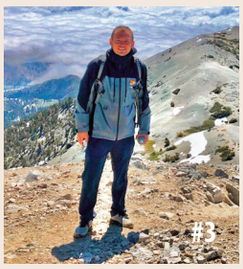
So as we "get ready" to go back to our respective offices, implement new extraordinary measures, and learn how to adapt to our new normal, remember this: Make sure you test positive for Faith. Keep distance from Doubt, and Isolate from Fear. Trust God through it all. I certainly have.
Take care,
Kathy

LOCKDOWN!

What TCDS Board Members did during the Lockdown...

Who is this "Masked Cape-Crusader?"

This board member had to do an emergency exam for missing teeth on his happy 6-yoa granddaughter, Sophie!



Board member on top of Mt. Baldy.

This board member with brother-in-law, Jamie, hiked up Mt. Baldy.

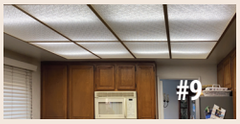
Board member bonded with their fur babies.

Board member helped make Pita Bread.

Board member caught a "Brake."

Board member tried to get above-Covid-19.

Board member's mother's kitchen lights. (Before)



(After)

Board member sewed masks for family and friends. Very nice!

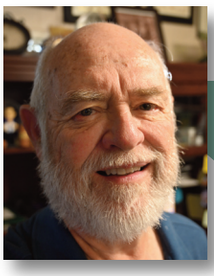
Board member working online at home. Note the cute stocking!

Board member found a hole in the ground and spent their time trying to figure out what dug it out.

Board member's son graduated from UCLA!

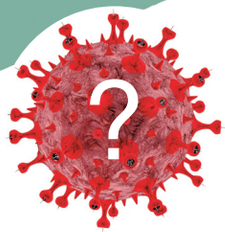
Board member found hidden room behind a rain-damaged wall for a new closet.

Who they are is on p 23



Editorial

COVID-19: What Do You Think?



Dan Jenkins DDS,
FIAPA, CDE-AADEJ

Over the last few months I've had many of our TCDS members, as well as dentists across the country and world who I have met over the years, ask me "What do you think?" about various aspects of the Covid-19 virus. I've always been happy to hear from friends but it was not just a social contact. Many are just hoping I might have come across a study or a news article with information on how to approach this crisis.

I did spend some time studying the history of the 1918 Spanish Flu pandemic. As in this Covid-19 pandemic there were many theories as to where it came from – including China. I read of death certificates not being recorded to keep the death toll down for fear there would be wide-spread public panic and riots would take place. Thus, there is doubt as to the accuracy of the number of deaths that occurred during the 1918 pandemic. I read of ten dollar fines being levied upon citizens in San Francisco for people who would be caught not wearing a mask of some type – some were even put in jail for a few days. The medical profession was having to deal with something they had not seen before and did not have anything to treat or cure patients who had contracted the disease.

The Covid-19 virus was immediately called a novel or new virus. Once again, the medical profession did not know how to treat or cure – yet, most of the infected patients recovered. With modern technology, this time we could actually see what the virus looked like. Reports on all phases of the virus were varied and confusing. This became frustrating to the doctors as well as the populace.

Dentistry was brought up as being among the most susceptible to acquiring the virus as dentists are known to work very close to their patients' mouth. Dentists had been routinely wearing surgical masks but then it was brought up that the Covid-19 virus was smaller than the filtering effect of the surgical masks. Then, we found out that even the N95 masks could allow the virus to get by and into our airway.

With this news dentists were starting to worry and the hunt for at least N95 masks was on. The CDA obtained a large quantity of masks to distribute to dentists but, the California Governor found out about them and confiscated them as he determined the medical profession needed them more than dentistry since medical workers were working directly with those testing positive for the virus.

Social media was exploding with posts by dentists about what to do, what would be done, and what should be done. They also started calling the ADA, CDA, and our TCDS offices to try and find more information. Most of the calls were seeking PPE or information about the crisis. Some were so worried that they would become irate with our TCDS staff as they did not yet have the information the member wanted.

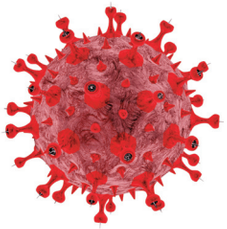
What was going on was the ADA President, Dr. Chad Gehani and Executive Director, Dr. Kathleen O'Loughlin had been shuttling to Washington D.C. to talk with government officials of the CDC to work out guidelines and make it possible for dentists to keep practicing. The best they could get out of CDC was what we know now as "emergency procedures only." Thus, only then could the ADA announce their guidelines. To announce anything before that would likely be information that would be changed by the CDC the very next day and would be even more confusing for dentists and the public. Since that time, the ADA has regularly been sending out information and messages of hope for us members.

As for what I've been doing?
Working with and on my bulldozer.

Now, we are going through an open-up stage. Once again, the government agencies are making this confusing and difficult. The ADA has guidelines based upon the science involving dentistry. The CDA has to bow to what the State of California says. The Board of Dentistry has to abide by what the state decides. The state wants to put it on the shoulders of the California Department of Public Health. The CDPH does not seem to understand dentistry and their guidelines are vague and not precise, causing dentists to be afraid to open up.

My personal recommendation, if you want it, is to open up, interpret the CDPH guidelines as you understand them as they apply to dentistry, and keep yourself apprised of any information that might be coming out. The Tri-County Dental Society will continue to send eblasts out to members as information comes in. In this issue I have tried to include information that is up to date at the time of publication. However, as we have already experienced - things might change! I wish you all success, health, and peace.
Dan

Link to CDC 05-19-2020 Guidelines



(Below this link is some information from the site. Go to the site for more information.) dj

https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html?fbclid=IwAR23Wekmflfdpll4-F4ytRz4NRx5xB3uDeNmUqVxbYSQTWrmZKb0wysfgOI

Guidance for Dental Settings

Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response

Key Points

- Dental settings have unique characteristics that warrant specific infection control considerations.
- Prioritize the most critical dental services and provide care in a way that minimizes harm to patients from delaying care and harm to personnel from potential exposure to COVID-19.
- Proactively communicate to both personnel and patients the need for them to stay at home if sick.* Know the steps to take if a patient with COVID-19 symptoms enters your facility.

This guidance was updated on May 19, 2020 and complements the following CDC guidance documents:

- **Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 COVID-19) in Healthcare Settings**
- **Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic**

Summary of Recent Changes

Recommendations are provided for resuming non-emergency dental care during the COVID-19 pandemic.

New information is included regarding facility and equipment considerations, sterilization and disinfection, and considerations for the use of test-based strategies to inform patient care.

Expanded recommendations for provision of dental care to both patients with COVID-19 and patients without COVID-19.

Recommendations

DHCP should apply the guidance found in the Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic to determine how and when to resume non-emergency dental care. DHCP should stay informed and regularly consult with the state or local health department

Regardless of the degree of community spread, continue to practice universal source control and actively screen for fever and symptoms of COVID-19 for all people who enter the dental facility. If patients do not exhibit symptoms consistent with COVID-19, provide dental treatment only after you have assessed the patient and considered both the risk to the patient of deferring care and the risk to DHCP of healthcare-associated disease transmission. **Ensure that you have the appropriate amount of personal protective equipment (PPE) and supplies to support your patient volume. If PPE and supplies are limited, prioritize dental care for the highest need, most vulnerable patients first.**

If your community is experiencing minimal to moderate† or substantial transmission‡, dental care can be provided to patients without suspected or confirmed COVID-19 using the below considerations to protect both DHCP and patients and prevent the spread of COVID-19 in dental facilities.

ADA: New Dentist Now Blog

Q&A: Discussing protests, supporting black community as dentists

Posted on June 9, 2020

Dr. Deshpande

The death of George Floyd shook us to our core. Those of us living in big cities, saw massive protests against racial injustice on our streets for the first time in years. In Seattle, we have been witnessing protests related to police brutality and the toll it has taken on our Black community daily since May 30.

I immediately recognized, that it was difficult to discuss this issue openly. Should dentists be addressing the protests and their cause? Is it OK to ignore it and be conducting business as usual? How do we talk about something that makes us all very uncomfortable?

When I asked myself these questions, I realized there are no easy answers. Luckily, a dear colleague roped me into a related conversation with a few other women dentists and brought in a facilitator. Dr. Yvette Weir, an Afro-Canadian general dentist based in the U.S., joined our meeting to guide a discussion related to #blacklivesmatter.

The conversation stuck with me, because for the first time, I received actionable information on the topic. Following are excerpts from that conversation and a short interview that followed.

Q: What is #blacklivesmatter? Why is it important for health care professionals to support this? How can we educate ourselves about it?

Dr. Weir

Dr. Weir: #Blacklivesmatter is an international, grassroots human rights movement started in 2013 to address issues of violence and widespread racism affecting the black community. As leaders in our offices and neighborhoods, dentists stand in an important position to lend support to this cause. We can educate our selvesing (our staff and patients can be a great natural source of information) and by becoming a part of social groups promoting awareness and anti-racist activities.

Q: How can dentists talk about this with our team members, patients and community at large?

Dr. Weir: Dentists can be intentional during this time by setting aside an extended huddle or lunch and share for an in-depth discussion. If the office is not diverse, or if the dentist is not comfortable, he/she, could consider bringing in a speaker/facilitator to guide the process. They should understand that not all persons might be comfortable or even find this necessary. This is where leadership of the dentist becomes critical. There are certainly magazines, books and authors that offer strong voices in the struggle, but I would encourage at first getting

feelings and reactions from the source – listen to your staff and patients – share black stories. First, seek to empathize and understand the POV of the black community.

Q: How can we support our students and fellow colleagues at the dental school? What can we teach to all of our students, going forward?

Dr. Weir: One of the greatest needs of minority students in dental school is a sense of community. They hope for others to see, acknowledge and support their unique challenges. At times it has been said that the push to recruit the best and brightest is there but the support afterwards is not. All dental schools would benefit from having a diversity director or someone who acts in that capacity to assist in the transition of incoming students and even beyond the D1 year.

Q: By saying nothing and not addressing this topic in a conscious way, what does it say about dentists?

Dr. Weir: By remaining silent, we are speaking volumes. We are kidding ourselves if we think this is just an issue related to (fill in the blank) persons who are far removed from our own world and lives. Racism perpetuated to any one group by a 'dominant' race is an affront to all races. History has shown that at various points in time other groups not deemed 'elite' also suffered – Irish, Jews, Italians, Eastern Europeans, Asians and Native Americans are examples of this. We should all aim to make this world a better place now and for future generations, by teaching, practicing and abolishing racism wherever it rears its ugly head – like, right now.

Q: Apart from addressing it at work and school, how else can we support the black community?

Dr. Weir: 1. Adopting/sponsoring a student, class or even a school from a disadvantaged neighborhood.

Make hiring for diversity a practice decision.

Creating a scholarship at a local high school.

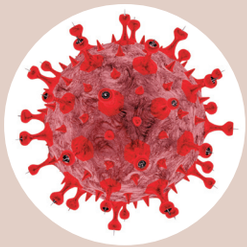
Volunteering in the community as a practice.

Dr. Sampada Deshpande is a general dentist practicing in Seattle. You can reach her directly @dr.deshpande on Instagram.

Dr. Weir is a general dentist and Howard Alum (class of '92). You can reach her on Instagram @Coaching4d*ocs for questions.*

Dr. Champion

'Weird but familiar' Back to practicing full time



It was May 8, my first day back to work full time after Florida lifted the mandatory emergency only dental order put in place mid-March.

I felt strangely nervous to be back, even though I had been rotating in for emergency services for the past six weeks. However, we only had four people in the office, and getting back into the swing of things with a full house made me a little uneasy.

What was it going to be like now that everyone was back and patients were returning for routine care? In short, it was weird, but familiar at the same time. Our team took temperatures in the morning, had a huddle about new screening and cleaning protocol, and then just went back to work as usual. What had felt like an isolated island recently was now just business as usual.

In addition to having our full staff back, we had decided over the quarantine period to start the transition fully to electronic charting and scanning in the office. The team had to learn how to get on board with that change pretty quickly, which was an additional hurdle on top of everyone getting back to action after a long absence.

It has only been a few days since we started back, but so far it feels like nothing has changed – besides the face masks everyone is now sporting. Some patients are apprehensive about being treated, but most are eager to come back and have their cleanings and treatment completed, and everyone is commenting how it feels almost post-apocalyptic but good to be going somewhere – even if that somewhere is the dentist.

It is hard to imagine the long-term effects of this pandemic for our industry, but from what I have experienced so far, I think that dentistry is one of those resilient fields that can overcome the obstacles of the times.

We as dentists are accustomed to quick thinking and finding unique solutions to unique problems, and this is one of those situations. From what I've experienced thus far, I believe that we will overcome it as a collective unit, because our community has been more than willing to share information, resources, clinical and financial tips, and business strategies with each other – much more so than I'd ever experienced before.

It's been a time to share our knowledge with one another in a supportive environment, with the ultimate goal of having our profession and practices survive and adapt. As long as dentists are willing to collaborate and use our collective brain power to find solutions to the many uncertainties we are facing, we will prevail.

Hey, if we could all get through the first year of dental school, we can do anything, right? I think so, and I am proud to be a part of this profession and look forward to seeing the results of our best efforts taking care of themselves.

Dr. Katie Champion is a New Dentist Now guest bloggers. She grew up in Ohio where her mother owned a dental practice, and graduated from Nova Southeastern University College of Dental Medicine in 2018. Katie is a general dentist in an established group practice in Deerfield Beach, Florida. She is passionate about dentistry and staying up-to-date with current dental practices, and attends multiple courses a year at the Pankey Institute for higher dental education in Key Biscayne, Florida. Outside of dentistry, she enjoys PureBarre workouts, hanging out with her husband and 3 dogs, and reading on the beach.

DENTISTRY NEWS

New COVID-19 Hazzard Assessment Now Available

Hello, Colleagues:

Slowly, but surely, our profession is getting back to work.

As U.S. states continue to lift restrictions related to the COVID-19 pandemic, the ADA has not extended its recommendation that dentists limit their practices to only urgent and emergency care. (The original ADA postponement recommendation expired on April 30—read the updated statement here.)

The U.S. Centers for Disease Control and Prevention (CDC) has also just shared its interim guidance for dental settings as increasingly more dentists resume full-service treatment.

The ADA, in our commitment to guiding dentistry through the crisis and into the new normal, wants to make sure that you are well equipped to serve your communities safely.

Safety, as you know, has always been of utmost concern for our profession. But safety in a time of COVID-19 requires dentists to go the extra mile in protecting patients and staff. So the ADA is going the extra mile for you.

As a companion to the Return to Work Interim Guidance Toolkit, we have developed the COVID-19 Hazard Assessment Guide and Checklist, designed to help you evaluate COVID-19 related hazards to which dental employees may be exposed.

Exclusively available to ADA members, the guide is modeled after OSHA's Hazard Identification and Assessment, but created specifically with COVID-19 and the dental practice in mind.

Dentists will be able to gain information on risk factors such as local disease transmission rates, patient- and treatment-specific issues, and facility considerations. A supplemental checklist to the guide will help you evaluate hazard levels in your practice during a specific point in time.

Be sure to download these new materials, then review and discuss them with your staff.

Slowly, dentistry is moving into a new future. But surely, you can count on the ADA to be on your side the whole way through.

Yours in service,

Chad P. Gehani DDS.

Chad P. Gehani, DDS
President

The new COVID-19 Hazard Assessment includes a guide and a checklist and are modeled after the Occupational Safety and Health Administration's (OSHA's) Hazard Identification and Assessment, one of the elements of the Recommended Practices for Safety and Health Programs. It will help you evaluate COVID-19 transmission risks in your practice. Factors in the assessment include local disease transmission rates, patient-and treatment-specific issues and facility considerations.

Download Hazard Assessment
Click if the button isn't working.

You've downloaded the ADA's Return to Work Interim Guidance Toolkit. Now get answers to your questions about reopening your practice with our new CE course, free to members.
ADA Dental Practice Success Plan
The COVID-19 strategic recovery plan

https://lsc-pagepro.mydigitalpublication.com/publication/?i=660127&utm_campaign=Dental%20Practice%20Success&utm_source=hs_email&utm_medium=email&utm_content=88324651&_hsenc=p2A/Nqtz87dFQEEwhGcPIr4BNxMIkRe8XI3KWUGFMSUEv6u0nX8ihtKtXNOOPtkLIY5pwgssByOnJyIKkt6bup8i5A46GPNw8nNA&_hsmi=88324651

California Dental Association
https://www.cda.org/Home/News-and-Events/COVID-19

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance-for-Resuming-Deferred-and-Preventive-Dental-Care--.aspx

Volunteer Opportunities

2019 CDA CARES – San Bernardino

Smile Unto Him Dental Clinic
Ongoing
661 Arllington Ave., Suite G
Riverside, CA 92504 • 951.977.9415
Contact: Dr. Sue Suh

Global Dental
Multiple
https://www.globaldentalrelief.org
volunteerabroad/search/dental/
Ph: 303.858.8857

GoAbroad.com
https://www.globaldentalrelief.org/
volunteerabroad/search/dental/
volunteer-abroad-

International Medical
Scheduled Trips Abroad
www.IMRUS.org
Contact:Shauna
GoAbroad Lists many
Ph: 970.635.0110

Mercy Ships
Multiple locations
https:/www.mercyships.org/
volunteer
ph: 903.939.7000

Comparative evaluation of four endodontic biomaterials and calcium hydroxide regarding their effect on fracture resistance of simulated immature teeth

A. Sogukpinar, V. Arikan, European Journal of Paediatric Dentistry vol. 21/1-2020, DOI 10.23804/ejpd.2020.21.01.05

Aim Single-session apexification treatment with MTA is an alternative to the root-canal treatment of immature teeth. Since its results are far from ideal, research with MTA-derivative biomaterials continues; however, the number of studies is limited as of yet. This study aimed to compare the fragilities of in vitro-simulated immature teeth in single-session apexification with MTA and newly-developed calcium-silicate-based MTA derivatives. The study groups used ProRoot MTA (MTA-PR), MM-MTA, NeoMTA-Plus, and Biodentine (BD). Two-week, two-month, and one-year follow-ups data were recorded. A fracture resistance (FR) test was performed at the end of each period. The results of the biomaterials at the different follow-up time-points were statistically analyzed and compared. The two-week FR (fracture resistance) medians were significantly lower in MM-MTA, NEO, MTA-PR, and Ca (OH)2 groups.

These disadvantages are the questions concerning prolonged treatment, the requirement of high motivation of the patient as the treatment requires several sessions, the difficulties in patient follow-up, the risk of contamination between the sessions, the decreased root resistance against fracture, the porous structure of the formed calcified dental bridge, and the formation of a water-proof barrier on the apical tip [Dominguez Reyes et al., 2005; Andreasen et al., 2002; Binnie and Rowe, 1973; Tronstad et al., 2000; Shabahang, 2013]. The most prominent disadvantage is the prolonged contact with Ca(OH)2 causing protein denaturation leading to increased root fragility. This effect can cause tooth fractures and, thus, failure in the long run, even in the case of successful apexification [Andreasen et al., 2002;

https://ejpd.eu/EJPD_2020_21_1_05.pdf

Dentistry and Coronavirus (COVID-19) - Moral Decision-Making

Paul Coulthard Br Dent J, 2020 Apr;228(7):503-505.

PMID: 32277203 DOI: 10.1038/s41415-020-1482-1

The role of dental professionals in preventing the transmission of COVID-19 is critically important. While all routine dental care has been suspended in countries experiencing COVID-19 disease during the period of pandemic, the need for organized urgent care delivered by teams provided with appropriate personal protective equipment takes priority. Major and rapid reorganization of both clinical and support services is not straightforward. Dental professionals felt a moral duty to reduce routine care for fear of spreading COVID-19 among their patients and beyond, but were understandably concerned about the financial consequences. Amidst the explosion of information available online and through social media, it is difficult to identify reliable research evidence and guidance, but moral decisions must be made

Possible Aerosol Transmission of COVID-19 and Special Precautions in Dentistry

Zi-Yu Ge , Lu-Ming Yang , Jia-Jia Xia , Xiao-Hui Fu , Yan-Zhen Zhang, J Zhejiang Univ Sci B, 2020 May;21(5):361-368; doi: 10.1631/jzus.B2010010. Epub 2020 Mar 16.

Since its emergence in December 2019, corona virus disease 2019 (COVID-19) has impacted several countries, affecting more than 90 thousand patients and making it a global public threat. The routes of transmission are direct contact, and droplet and possible aerosol transmissions. Due to the unique nature of dentistry, most dental procedures generate significant amounts of droplets and aerosols, posing potential risks of infection transmission. Understanding the significance of aerosol transmission and its implications in dentistry can facilitate the identification and correction of negligence in daily

dental practice. In addition to the standard precautions, some special precautions that should be implemented during an outbreak have been raised in this review.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7089481/

White Paper: Aerosol Remediation Strategies to Control Environmental Airflow and Remediate Point-source Aerosol Generation in a Dental Practice DESIGN ERGONOMICS / ERGONOMIC PRODUCTS, DAVID J. AHEARN, DDS 05.14.2020, LINK: https://desergo.com/aerosol-whitepaper-a/

HISTORY: Since the invention of the Borden air rotor in 1957, dental aerosols have been a concern for the health of dental practitioners, staff and – through circulation in the common air handling systems of the modern office – patients as well.

CURRENT CONDITIONS: The invention of modern air conditioning systems has resulted in ducted air handling as the predominant solution for heating and cooling in virtually all healthcare facilities. While efficient, these systems admix all of the air in an office or office zone. This disadvantage can become problematic when dental aerosols are introduced into the system. Attempts to alleviate the problem of dental aerosols have been effective to varying degrees; however, none have succeeded in eliminating the potential threat of aerosol contamination to an acceptable standard of safety.

PROBLEM CONSIDERATIONS: The problems with dental aerosols can be divided into six distinct areas of occurrence and potential control: 1. Post Circulation Cleanup 2. Entire Office Remediation 3. Operating Room Interventions 4. Treatment Zone Controls 5. Operating Field Controls 6. Immediate Capture IV.

(Problem-solving approaches can be found in the 9 page white paper through the link above.)

Dr. Padilla

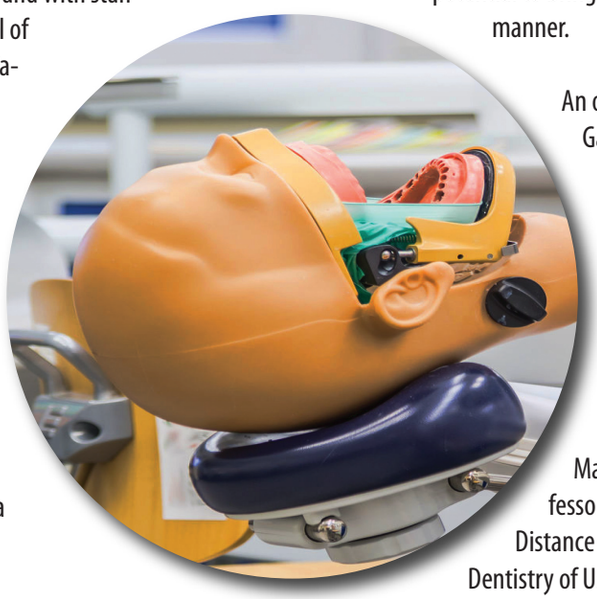
Virtual Clinical Education

By Mariela Padilla, DDS, M.Ed

In the world of clinical diagnosis, patients present with multiple diseases and disorders, so the clinicians need to develop and refine interview and examination skills, which demonstrate logical decision making based on the available data. There are several factors influencing the quality of the decisions in health sciences, including the ability for an analytical and logical approach to address different scenarios or conditions, in an ever-evolving field of health and disease. The use of simulated scenarios offers the option for multiple repetitions in a safe learning environment, increasing the confidence of the trainee before solving real situations, supporting safe failures' experiences when teaching or learning patient care.

The strategy is suitable for the practicing clinician, who will need to be challenged with multiple situations in order to have the diagnostic skills up to date, and it is an innovative strategy to use the time wisely.

A dynamic virtual patient platform might be a suitable pedagogic strategy to improve the ability to identify and use proper questions during an examination process, both as part of an initial training and for a continuing education process. A flexible virtual platform offers the possibility to create interactive simulations of real-life scenarios for healthcare and clinical training, within a protected environment and with standardized situations. At Herman Ostrow School of Dentistry of USC, we have created a "Virtual Patient Game", with clinical scenarios based on real cases, but fully de-identified and not representing any individual patient. The game is an online game-based experience where professionals have the opportunity to interact with patients (avatars) in a simulated environment. At this point, the platform includes cases in Orofacial Pain, Oral Medicine, Geriatric Dentistry, and Community Oral Health. The game can be used independently or with an instructor, as an assessment tool to validate proficiency in a particular discipline.



The structure of the game includes three sections, and the player collects or loses points as each one of the sections is completed, in a maximum of 30 minutes. Basic information is provided (including medical history, review of systems and in some cases, imaging), but one key element is that the player has to collect additional information by selecting questions from a provided inventory. There are two sets of questions: those related to the medical interview and those related to clinical examination. This simulates the interaction a provider has with a patient, and appropriate questions per case should be selected. A question is considered good if it provides useful information to solve the case, and will give positive points to the player. There are some questions that do not provide specific information for the case, and those will take away the points if they stay open (so asking many questions is not a problem since information is always useful). Finally, the player makes decisions in four areas: diagnostic tests, diagnosis, treatment plan, and prescriptions. Per decision area, it is possible to select between 1 to 3 options, but if not needed, no prescriptions need to be "written." Once all decisions are made, the player can go back and review the case before "completing." After 30 minutes, the game is over.

We have published data showing that students engaging with a virtual patient simulation demonstrate rapid and progressive decision score improvements, so speculation is that virtual patient training has a real potential to bring novices to the level of experts in a rapid manner.

An open source version of the Virtual Patient Game is now live on Herman Ostrow School of Dentistry of USC Online Program's website (https://ostrowon.usc.edu/virtual-patient-game/) and is available to all clinicians both inside and outside the USC network. The game is in a continuous development, and it is continually expanding to include more cases from a growing list of disciplines.

Mariela Padilla, DDS, M.Ed is an Associate Professor of Clinical Dentistry and Assistant Director Distance Learning at the Herman Ostrow School of Dentistry of USC. For additional information contact her at: **marielap@usc.edu www.ostrowon.usc.edu**

Shahrzad Aarup, DMD
General Practitioner
Univ of Aarhus, Royal Dntl College, Denmark, 2001
795 E Second Street
Pomona, CA 91766-185

George Abdelsayed, DDS
General Practitioner
University of Colorado, 2019
No Practice Address Listed
424-379-7261

Cheerag Amin, DMD
General Practitioner
Arizona School of Dentistry & Oral Health, 2017(DMD)
NY-Jamaica Hospital, 2018(GP Res.)
29141 Rockledge Drive
Menifee, CA 92584
480-358-8427

Jason Braithwaite, DDS
General Practitioner
UT-Roseman University of Health Science, 2019
No Practice Address Listed
760-724-6537

Ellen Chun, DDS
General Practitioner
LLU, 2020
No Practice Address Listed
615-881-2262

LLU

Grant Foust, DDS
General Practitioner
LLU, 2020
No Practice Address Listed
817-905-5596

LLU

Ezabelle Hayek, DMD
General Practitioner
Arizona School of Dentistry & Oral Health, 2019
No Practice Address Listed
805-607-3427

Min Soo Han, DDS
General Practitioner
LLU, 2010
2057 W Foothill Blvd
Upland, CA 91786-354
707-339-2793

LLU

Jung-Hyun Huh, DDS
General Practitioner
NY-New York U. College of Dentistry, 2019
No Practice Address Listed
917-724-5987

NYU

Enrique Melgoza, DDS
General Practitioner
Ohio State University, 2016
No Practice Address Listed
951-237-2799

Abrahim Mustafa, DDS
General Practitioner
Colombia-Univ de Santo Tomas, 1990
2280 S Garey Ave
Pomona, CA 91766-5645

Amit Nayyar, DDS
General Practitioner
New York University, 2011
9870 Sierra Ave Ste B
Fontana, CA 92335-1713
909-239-0680

NYU

Batool Obeidat, DDS
General Practitioner
LLU, 2015
No Practice Address Listed
310-425-4317

LLU

Dental Humor

A friend of mine in Missouri, Randi Green, DMD, sent this to me. "My front office assistant notified me that she just got a call from a patient who wanted a gold tooth – but, he didn't want to spend a lot of money. He was seeking a way to lower the cost. So, he wanted to know if we could use his deceased grandmother's gold tooth!

"Well, that started another discussion.

TWELTH ANNUAL CDA DENTAL MOTORCYCLE / BYCYCLE EVENT

Ken Sanford, DDS Memorial Event

Presents:

Michael Perry, DDS

and

Assemblymember James D. Wood, DDS

September 17-19, 2020

Windsor, CA

NON-RIDERS ENCOURAGED TO ATTEND!

This year there will be no registration fee. Please come join us and celebrate with your friends! This has never been more important!

Contributions encouraged for the CDA Foundation, Disaster Relief Fund!

Join us to participate in outstanding continuing education. Along with this, enjoy a great weekend in one of the most beautiful areas of California. There will be great rides and many activities in the area for non-riders and riders alike!

Friday, September 18, 2020 – 8:00-10:00am Rides/activities to follow!

Dr. Michael Perry was in private practice for 35 years. He has also been a dental private practice business consultant for the past 20 years. He was the founder and president of Momentum Dental Business Consulting which was acquired by the California Dental Association in 2014. Dr. Perry worked full time for CDA from 2014 to 2018, first as the Director of Practice Management, and later as a Strategic Counselor for The Dentists Service Company.

Dr. Perry has also held a number of volunteer positions at CDA including the Council on Membership, and chairmanships of the Dental Benefits Taskforce and Practice Support Center Taskforce.

Dr. Perry has coached hundreds of dentists on how to achieve their version of professional success in a changing marketplace.

Saturday, September 19, 2020 - 8:00-10:00am Rides/activities to follow!

Dr. James Wood is a graduate of the University of California at Riverside and the Loma Linda University School of Dentistry. He maintained a family practice in Cloverdale from 1987-2013.

Dr. Wood was elected to the California State Assembly in November 2014 to represent the 2nd District which includes all of Del Norte, Humboldt, Trinity and Mendocino counties and the northern half of Sonoma County where he represents over 465,000 people in the California Legislature. He is the Chair of the Assembly Health Committee. Prior to that he serving in the legislature he served on the Planning Commission for the City of Healdsburg from 2002-2006. He served two terms as a member of the Healdsburg City Council and as the Mayor for 2010 and 2014.

Dr. Wood is a Forensic Dental Consultant to five Northern California counties and the California Department of Justice Missing/Unidentified Persons Unit. He was a co-founder of the California Dental Identification team. Dr. Wood was also a member of the Federal Disaster Mortuary Operational Response Team and served in the identification efforts at the World Trade Center after 9/11 and in Louisiana after Hurricane Katrina. He has lectured extensively throughout the country in the field of Forensic Dentistry.

Location: Hampton Inn & Suites Windsor-Sonoma Wine Country
8937 Brooks Road South
Windsor, California 95492
(707) 837-9355

Room Rate - $209.00 Rate will be offered three (3) days pre and post Event Dates, based on availability.
Complimentary parking to be roped off for all attendees in the back of the Hotel.
Free hot breakfast daily from 6-10am.
Free high-speed and wireless internet access in the lobby and all guest rooms.

There will be a casual, non-hosted, reception at Applebee's next door on Thursday approximately 5:00pm.

Dinners are non-hosted but we will try to plan for attendees who wish to get together.

Come join the fun! If you don't ride enjoy a local day spa, tour a winery or enjoy tasting at a craft brewery.

Of course you are welcome to follow along with the riders and enjoy the north coast scenery.

The Thick Line Between Right And Wrong

There's an age old cliché made famous in a song: "It's a Fine Line Between Pleasure and Pain." Is it?

I know that scientists have found pain in the same brain circuits that give you pleasure, and that the pain that masochists feel releases adrenaline and dopamine, which makes them feel good. What concerns me more about the cliché is the use of, and the acceptance of the existence of a "so called" fine line... Whoever decided that fine lines made the co-existence of two things acceptable?

Sometimes someone may window dress a behaviour in an attempt to disguise what it really is.

One person's perception may be their one hundred percent reality. Let me explain.

A person may perceive comments made to them as being of a harassing behaviour. But the person making those comments may believe those comments to be complimentary [about someone's appearance] or of a flirtatious nature. The reality of the matter is that the intention of the comments is irrelevant. The interpretation of the comments is all that matters. If the comments are "taken" in a way they were not meant to be taken, then those comments are out of order because the purpose of those comments has not been clarified, or pre-clarified.

In the same manner, if we were to ask somebody to perform a task and they failed to do so, it may have been because we had failed to deliver our instructions with complete clarity as to the result we were expecting. And so the reason in this case for the failure falls firmly upon the messenger rather than on the receiver of the message.
Humor should be funny.
In the workplace, attempts at humour should not be at the expense of somebody else's self-esteem. Making "jokes" about a co-worker's ability or lack of ability is humiliating, and frankly, is bullying.

Derogatory comments that attempt to create a laugh at the expense of someone else's behaviours, or choices, or worse still, things out of that person's control, say a lot MORE about the [lack of] character of the person making those comments than they do about the intended target of those comments. This also goes for derogatory comments made outside of the workplace as well...

It's time to grow up. . .

"Our SECOND THOUGHT will be far more appropriate as a response than our initial first thought."

In the twenty-first century, there must be no place for bullies. Banish the bullies from your workplace. Dismiss them. Remove them from your groups, and your clubs, and your circles. Only allow them to return to those places on the understanding that those previous behaviours will no longer be tolerated.

Our world grows by building, not by destroying.

There are two ways to own the tallest building in town. One is to tear down and destroy all those buildings taller than yours until yours is the tallest building left standing. And the other way is to just go out there and build something of significance.

The second thought.

Although purposefully ignoring someone in the workplace can be seen as an act of "workplace harassment", my thought is that on nearly every occasion in life, our SECOND THOUGHT will be far more appropriate as a response than our initial first thought. And often that second thought can simply be silence. Or "No comment". Sometimes there is merit in letting a few "go through to the keeper".

Continued on page 23

Bonding Strength of Luting Cement to Zirconia-Based Ceramic Under Different Surface Treatments.

Mendes F, Zanini MM, Favarão, J et al; Eur J Dent. 2019 May;13(2):222-228. doi: 10.1055/s-0039-1696076.

It was concluded that mechanical preparation using the diamond bur followed by primer application significantly improved the bond strength between the ceramic and the luting cement. https://www.ncbi.nlm.nih.gov/pubmed/31574541

A double-blind, paralleled-arm, placebo controlled, randomized clinical trial of the effectiveness of probiotics as an adjunct in periodontal care.

Pelekos G, Ho SN, Acharya A, et al; J Clin Periodontol. 2019 Sep 3. doi: 10.1111/jcpe.13191. [Epub ahead of print]

The adjunctive use of probiotics with NSPT did not show any additional clinical effectiveness when compared to NSPT alone in the management of periodontitis (ChiCTR-IOR-17010526).
https://www.ncbi.nlm.nih.gov/pubmed/31479530

Recognition of the Asymmetrical Smile: A Comparison of Orthodontists, Oral and Maxillofacial Surgeons, and Laypersons.

Rostami S, Kang B, Tufekci E, et al; J Oral Maxillofac Surg. 2019 Sep 5. pii: S0278-2391(19)31048-1. doi: 10.1016/j.joms.2019.08.023.

Although the clinicians performed better than the laypersons, both groups were able to recognize relatively small amounts of asymmetry. Because such a condition is generally not correctable and can affect the esthetic result, patients undergoing orthodontic therapy or orthognathic surgery need to be made aware of the situation before treatment.https://www.ncbi.nlm.nih.gov/pubmed/31574260

Antibacterial and Remineralization Efficacy of Casein Phosphopeptide, Glycomacropeptide Nanocomplex, and Probiotics in Experimental Toothpastes: An In Vitro Comparative Study.

Elgamily H, Safwat E, Soliman Z, Salama H, et al; Eur J Dent. 2019 Aug 28. doi: 10.1055/s-0039-1693748. [Epub ahead of print]

All these findings suggest the use of probiotic, nCPP-nACP, and nGMP as a dental anticariogenic and remineralizing active agents.
https://www.ncbi.nlm.nih.gov/pubmed/31461751

TCDS STAFF

Executive Director
Shehara Gunasekera
Shehara@tcds.org
Cell: 951-315-0729
Administration/Operations
Finance/Accounting
Publications

Programs Coordinator
Reyna Gomez
Reyna@tcds.org
Continuing Education
Peer Review Coordination

Membership Coordinator
Crystal Washington
Crystal@tcds.org
Membership Recruitment/Retention
New Dentist/Dental Student Services

Receptionist
Araceli "Sally" Medina
sally@tcds.org

Editorial Team
Editor – Daniel N. Jenkins, DDS, CDE-AADEJ
Managing Editor – Shehara Gunasekera
Publisher – Fred Lamb Design

Leadership: Committee Chairs

Audit Committee	Dr. Evangelos Rossopoulos
Community Health Outreach	Dr. Leonard Raimondo
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HMO Consumer Complaint Hotline (800) 400-0815
State Dept. of Corporations Consumer Services division

Tri-County Dental Society

3993 Jurupa Ave., Suite 104 ,Riverside, CA 92506
(951) 787-9700

OFFICE HOURS

8:30 AM - 5:00PM - Monday - Friday

TCDS Membership Status Report

Active/Recent	1576
Life Active	133
Retired	24
Life Retired	207
Post Grad	17
Faculty	47
Disabled	10
Military/Public Health	1
Hardship	4
Dental Student Member (Not counted by CDA)	750
Pending App	13
TOTAL	**2782**

Websites/emails & Toll Free Numbers

ADA	ADA.org	(800) 621-8099
CDA	CDA.org	(800) 736-8702
CDA Members	Contact Center	(800) 736-8702
CDA Practice	Support Center • Contact cda@cda.org	(888) 253-1185
TDIC	tdicinsurance.com	(800) 733-0634
TDICIS	tdicinsurance.com	(800) 733-0633
Dentical Referral		(800) 322-6384

What Has the ADA Been Doing for Dentists?

In Congress

COVID-19 Relief Packages in Congress

As Congress looks to its next legislative package to help our country deal with the extraordinary crisis, the Association asked Congress to include specific recommendations aimed at assisting dental practices, dentists, their staffs and patients in the next relief package. In a letter to leaders of the House and Senate, Dr. Chad P. Gehani and ADA Executive Director Kathleen T. O'Loughlin told lawmakers the dental community continues to face additional challenges in the wake of the pandemic.

The recommendations include increased flexibility within the Paycheck Protection Program. This flexibility includes modifying the loan forgiveness provision of the program to allow small businesses to make more appropriate decisions about staffing and payroll based on when they fully reopen.

[Contact: Chris Tampio 202-789-5178 or *tampioc@ada.org]*

Support for Medicaid Oral Health (FMAP)

In a letter to Senator Ben Cardin (D-MD), and a letter to Representative Nanette Diaz Barragán (D-CA), the ADA, state dental associations, and members of the Organized Dentistry Coalition asked Congress for a temporary increase in the Federal Medical Assistance Percentages (FMAP) to support state Medicaid programs with adult and child dental services. In addition, the ADA suggested how a proposed $75 million public health oral infrastructure fund could be used to support efforts by dentists to acquire personal protective equipment (PPE) as well as rapid testing kits. The coalition also thanked both members of Congress for spearheading Congress' efforts to include dental care in the next COVID-19 legislation.

Impact on dentistry: An increase in the dental FMAP could help Medicaid dentists who treat some of the vulnerable people in our nation, including children, the elderly, disabled, and pregnant women. Without additional FMAP funding, dentists could begin disenrollment from the Medicaid program, which will make it more difficult for Medicaid patients to access needed oral health care.

[Contact: Natalie Hales 202-898-2404 or *halesn@ada.org* and Chris Tampio 202-789-5178 or *tampioc@ada.org*]

Paycheck Protection Program and PPE

A dentistry coalition including the ADA asked Congress for flexibility in the Paycheck Protection Program to allow dentists to purchase personal protective equipment as states began the reopening phase of the COVID-19 pandemic. In an April 30 letter to leaders in the House and Senate, the dental organizations thanked Congress for providing additional funding to the Paycheck Protection Program and other critical loan programs but said small business health care providers will need a "significant increase" in personal protective equipment in order to protect themselves, dental team members and patients from COVID-19 infections.

Impact on Dentistry: Allowing dentists to use PPP funds to pay for PPE will help alleviate dentists' financial hardships and assist them in being able to afford to buy the equipment to keep themselves, their staff, and their patients safe.

[Contact: Megan Mortimer 202-898-2402 or *mortimerm@ada.org]*

Paycheck Protection Program and Health Care Enhancement Act

The Paycheck Protection Program and Health Care Enhancement Act infused $370 billion into the Paycheck Protection Program, Economic Injury Disaster Loans, and emergency Economic Injury Disaster Loans grants. The bill passed the Senate April 21 and President Donald Trump signed the bill into law April 24. The ADA urged dentists to consider applying for both the Paycheck Protection Program and Economic Injury Disaster Loans to offer economic relief during the pandemic.

Impact on dentistry: After funding authorized in the CARES Act ran out, the Small Business Administration needed more funding to help support dentist small business owners. The legislation included more than $250 billion in unrestricted funds for the Paycheck Protection Program, an additional $60 billion for smaller lending institutions. The Act designated an additional $50 billion for Economic Injury Disaster Loans and an additional $10 billion for the Economic Injury Disaster Loans advance grants. There is also an additional $100 billion allocated for hospitals and COVID-19 testing.

[Contact: Megan Mortimer 202-898-2402 or mortimerm@ada.org]

COVID Relief for Tax Exempt Organizations

In an April 14 letter to the House and Senate Small Business Committees, a coalition of medical and dental groups, including the ADA, requested for Congress to include emergency financial relief and stability for 501(c)(6) tax-exempt medical and dental trade associations that have been adversely impacted by the pandemic in any new legislation.

The health care groups play a critical role in generating revenue for many nonprofit organizations and many have been adversely impacted by

COVID-19 and without federal intervention, may be forced to cut staff or scale back on services.

[Contact: Megan Mortimer 202-898-2402 or mortimerm@ada.org]

HEROES Act

The Helping Emergency Responders Overcome Emergency Situations Act, known as the HEROES Act, calls for Congress to provide a four-month federal income tax holiday for health care workers. In an April 10 letter the ADA is thanked Rep. Bill Huizenga, R-Mich., for introducing legislation to assist health care workers serving on the front lines of COVID-19.

Impact on dentistry: A tax holiday for all health care personnel is greatly appreciated as one provision in the HEROES Act. We are pleased the Congressman's legislative staff has let us know that they intend to include dentists in the group of professionals covered by this legislation. However, this legislation will likely not be taken up by the Senate or become law.

[Contact: Chris Tampio 202-789-5178 or tampioc@ada.org]

Appropriate PPE for Dentists

The ADA asked Congress to help ensure there is appropriate personal protective equipment available to dentists who provided emergency care during the COVID-19 pandemic. In an April 13 letter to Senate Majority Leader Mitch McConnell, R-Ky., and Minority Leader Chuck Schumer, D-N.Y., and Speaker of the House Nancy Pelosi, D-Calif., and Minority Leader Kevin McCarthy, R-Calif., the ADA noted that it has recommended that dentists keep their offices closed for all but urgent and emergency procedures until April 30. The Association reminded lawmakers that dentists continued to treat emergency patients in an effort to keep people out of emergency rooms and lessen the burden on the country's medical system.

Impact on dentistry: Dentists told the ADA they experienced difficulty in obtaining appropriate personal protective equipment, including N95 masks, which has serious implications for the dental team and treatment of patients. Safety of the dental team and patients is essential while treating emergency patients during this COVID-19 pandemic and for safe reopening practices.

[Contact: Natalie Hales 202-898-2404 or halesn@ada.org]

ADA Testimony – Senate Appropriations Subcommittee

On May 22, the ADA submitted testimony to the Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies requesting Fiscal Year 2021 (FY 2021) funding for federal agencies overseeing oral health and its programs. Within the Department of Health and Human Services, the American Dental Association is requesting for FY 2021, $29 million for the Centers for Disease Control and Prevention Division of Oral Health; $40 million for the Health Resources and Services Administration Oral Health Workforce Development, including $24 million for Pediatric and General Dental Residency programs; and $512 million for the National Institute of Dental and Craniofacial Research in the National Institutes of Health.

Impact on dentistry: As we look ahead to a post-pandemic future, the ADA expressed the need for a strong public health infrastructure through adequate funding for federal oral health programs including action for dental health initiatives.

[Contact: Jennifer Fisher 202-789-5160 fisherj@ada.org]

Business Coalition Asks for Liability Reform

In a May 27 letter, a business coalition led by the U.S. Chamber of Commerce and including the ADA told lawmakers that many organizations are currently working "around the clock to get our nation through this pandemic" but worry that "despite doing their best to follow applicable guidelines, they will be forced to defend against an onslaught of lawsuits, the prospect of which is a deterrent to re-opening" and noted many small businesses are "one lawsuit away from closing for good" absent a targeted safe harbor.

To keep this from happening, the groups are asking Congress to quickly enact temporary liability protections. The crucial protections should safeguard businesses, non-profit organizations, and educational institutions, as well as healthcare providers and facilities from unfair lawsuits so that they can continue to contribute to a safe and effective recovery from this pandemic.

*Impact on dentistry: These protections include businesses such as dental offices as well as health care workers and facilities providing critical COVID-19-related care and services, following applicable public health guidelines against any COVID-19 exposure clai*ms.

[*Contact: Chris Tampio 202-789-5178 or tampioc@ada.org]*

Business Interruption Policies

In a May 19 letter to leaders in the House and Senate an organized dentistry coalition including the ADA asked Congress to enhance commercial business interruption insurance policies in the next COVID-19 legislative relief package, in support of an effort led by the Academy of General Dentistry. The coalition told leaders in the House and Senate that state shelter-in-place orders, business closures and staggered re-openings have imposed tremendous financial losses on dental practices.
Impact on dentistry: The groups recommended that Congress support HR 6494, the Business Interruption Insurance Coverage Act, which could offer

What Has the ADA Been Doing for Dentists...Continued from Page 21

businesses the option to address damaging gaps in coverage and also bolster the country's economic resilience during future crises.

[Contact: Chris Tampio 202-789-5178 or tampioc@ada.org]

Coalition Supports Health Care Coverage

In an April 28 coalition letter to Congressional leadership, hospitals, doctors, nurses, and businesses urged Congress to take measures to increase health care coverage during the COVID-19 pandemic. The group asked Congress to take immediate action to support employers and workers by protecting and expanding high quality, affordable health care coverage. This includes programs that are struggling to keep up with increased demand and are our social safety net of unemployment insurance and Medicaid. The coalition urged Congress to prioritize maintaining private health benefits for individuals and families and to increase coverage options for those who are already uninsured.

[Contact: Roxanne Yaghoubi 202-789-5179 or yaghoubir@ada.org]

Federal Agencies

CDC Guidance

The Centers for Disease Control and Prevention (CDC) issued updated interim infection prevention and control guidance for dental settings during the COVID-19 response on May 19. The guidance closely aligns with the ADA's Return to Work Interim Guidance Toolkit.

In a May 6 letter, the ADA had urged Director Robert Redfield to quickly provide such guidance to protect dental personnel returning to work during the deceleration phase of COVID-19.

Impact on dentistry: Many state public health officials were waiting on CDC guidance to give states the confidence to permit the safe reopening of dental offices to access essential dental care.

[Contact: Robert J. Burns 202-789-5179 or burnsr@ada.org]

FCC Telehealth Funds

The ADA asked the Federal Communications Commission (FCC) to extend the agency's COVID-19 Telehealth Program to include dental practices regardless of the practice's size, location or for-profit status. In an April 27 letter to FCC Chairman Ajit Pai, ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin urged the FCC to reconsider its decision and allow all dentists to apply for the Telehealth Program funds authorized in the Coronavirus Aid, Relief, and Economic Security Act (CARES).

Impact on dentistry: Teledentistry is an important way to ensure access to care during a pandemic.

[Contact: Roxanne Yaghoubi 202-789-5179 or yaghoubir@ada.org]

COVID-19 Point-of-Care Testing

The ADA and 15 other dental groups asked the U.S. Department of Health and Human Services to use its discretionary during public health emergencies to extend civil liability protection for dentists to administer Food and Drug Administration-authorized tests for COVID-19 at the point of dental care.

In an April 22 letter to Adm. Brett P. Giroir, M.D., HHS assistant secretary for health, the groups noted that in licensed dentists in many states can already administer those tests for screening purposes within their existing scope of practice. Extending civil liability protection at the federal level would clarify the dentist's authority to administer these tests in states where the scope for testing is unclear.

Impact on dentistry: The ability to screen dental patients for COVID-19 at the point-of-care will lower the risk of in-office exposure to infected but asymptomatic patients.

[Contact: Robert J. Burns 202-789-5179 or burnsr@ada.org]

CARES Act Provider Relief Funds

The ADA sent an April 17 letter to the Department of Health and Human Services on CARES Act Provider Relief Funds. The ADA has continued to have further discussions with HHS on how to best help dentists as they move forward with finalizing the process for which dentists can apply for relief.

[Contact: David Linn 202-789-5170 or linnd@ada.org]

Amalgam Separator Deadline

The Environmental Protection Agency (EPA) announced March 26 that it was initiating a new temporary enforcement discretion policy during the COVID-19 pandemic. The policy does not extend the July 14 deadline for dental offices to install amalgam separators; however, it does provide some assurance that EPA will not be overly aggressive in enforcing the rule for offices that have been seriously impacted by the COVID-19 outbreak.

In an April 15 letter to the EPA, the ADA thanked Administrator Andrew Wheeler for the agency's flexibility during the pandemic.

Impact on dentistry: The EPA's temporary enforcement discretion policy pro-

vides a limited degree of assurance that dentists will not have to immediately choose between buying an expensive piece of equipment versus laying off staff or going out of business.

[Contact: Robert J. Burns 202-789-5179 or burnsr@ada.org]

H-1B Visas Extension

In a May 11 letter to Joseph Edlow, deputy director for policy at the U.S. Citizenship and Immigration Services, ADA President Chad P. Gehani and ADA Executive Director Kathleen T. O'Loughlin wrote that dentists who are in the United States on H-1B visas are worried that they may lose their status and be forced to go back to their home country due to being laid off or furloughed during the pandemic. The ADA is requesting that the federal government extend the 60-day grace period for unemployed or furloughed dentists with H-1B visas to 180 days during the COVID-19 pandemic.

[Contact: Roxanne Yaghoubi 202-789-5179 or yaghoubir@ada.org]

Advocacy Webpage

The ADA has launched a COVID-19 website highlighting its work lobbying Congress and the Administration to protect dental patients and staff during the pandemic. Learn more at ADA.org/covid19advocacy.

[Contact: Robert J. Burns 202-789-5176 or burnsr@ada.org]

1 - Kathy Cooke
2 - Dan Jenkins
3 Wade Banner
4 Wade Banner
5 Gisella Angarita
6 Michael Mashni
7 Michael Mashni
8 Michael Mashni
9 Michael Mashni
10 Michael Mashni
11 Gisella Angarita
12 Joan Dendinger
13 Shehara Gunesekera
14 Kathy Cooke
15 Kathy Cooke

TRI-COUNTY DENTAL SOCIETY SINCE 1908

LOCKDOWN!

Board Members Lockdown Pics

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Buying time often buys respect. When I was an employer, I often would have employees come to me with questions. What I found worked well for me was to ask those employees if I could give their question some thought and get back to them later with my answer. This worked well because it allowed me time to digest the question and plan my response, as opposed to "shooting from the hip". And, the other bonus that came from this approach was that during the time-out that I had asked for, the employee was often able to come up with their own solution to their original question. And that was empowering.

There should be no fine line any more…

- is only what there is.
- There should be no grey areas.
- Right and wrong need to be clearly demarcated, and separated by a thick black line.
- "Intent" and "attempt" should have nothing to do with anything.

Dr. David Moffet BDS FPFA CSP is a dentist graduate from Sydney University in Australia and the author of the #1 Amazon Bestseller "How to Build the Dental Practice of Your Dreams (without killing yourself) in Less than Sixty Days!"

His website is: www.theUltimatePatientExperience.com
He can be contacted anytime at david@theUPE.com