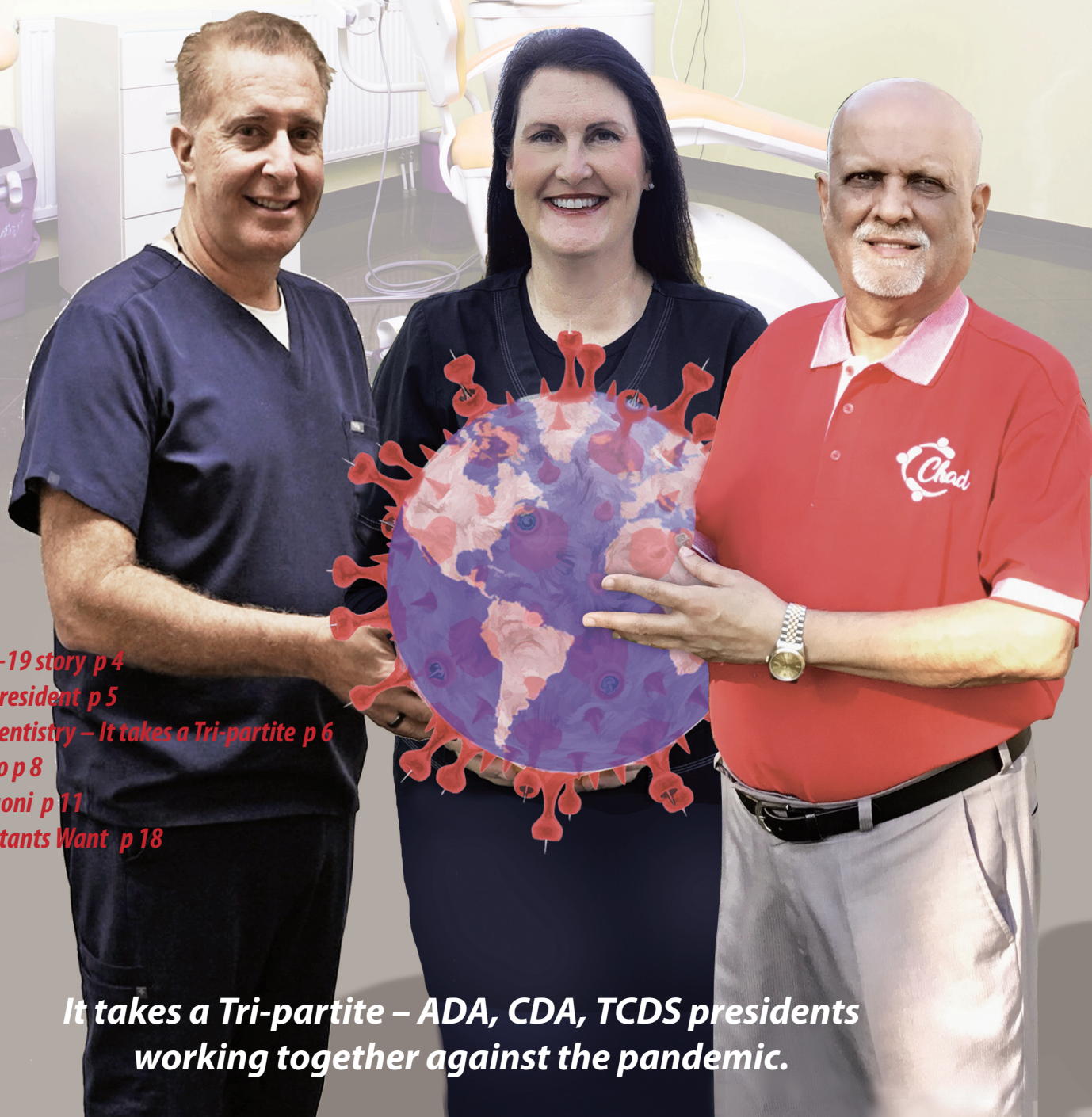




Proudly representing the dentists in Riverside, San Bernardino and eastern Los Angeles Counties

Connection



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***It takes a Tri-partite – ADA, CDA, TCDS presidents
working together against the pandemic.***

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Member Publications
AADE
American Association
of Dental Editors

Mission Statement

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



What's Happening

Day/Date	Event Details	Day/Date	Event Details
Thu. Dec 3, 2020	Continuing Education Program (FREE To TCDS Members & Two Staff) TCDS Office Registration/Social Hour: 5:30 PM– TCDS Conference Room Seminar: 6:00 PM – 9:00 PM CPR/BLS (HANDS ON) ProMedify 3 CEU's – <u>Seating is Limited</u>	Mar. 2021	Continuing Education Program (FREE to TCDS Members & Two Staff) Registration/Social Hour: 6:00 PM– TCDS Conference Room Seminar: 6:30-9:00 PM CPR/BLS (HANDS ON) ProMedify 3 CEU's – <u>Space is Limited</u> To remain in compliance with the CDC Guidelines no "walk-ins" will be permitted.
FRI. Dec 4, 2020	Continuing Education Program (FREE to TCDS Members & Two Staff) TCDS Office Registration/Social Hour: 1:00 PM TCDS Conference Room Seminar: 1:30 PM – 4:30 PM CPR/BLS (HANDS ON) ProMedify – CEU's <u>Seating is Limited</u>	If you need CPR Certification and are unable to attend on the dates provided above, call the TCDS office and we will guide you to additional providers.	
Thu. Jan 21, 2021	Continuing Education Program (FREE to TCDS Members & Two Staff) Live Zoom Webinar Time: 6:30 - 8:30 PM Implants In The Esthetic Zone Chris Choi, DDS 2 CEU's - <u>Space is Limited</u>		

TCDS Connection Receives Two ICD Awards

The TCDS Connection received 2 awards from the International College of Dentists at the 2019 Annual meeting of the American Association of Dental Editors & Journalists. One for Best Series (Sexual Harassment issue), and one for Best Leadership Editorial in 2018, (Why Be a Member.)



Katherine Cooke, DDS
President

GET SET!

Have we not? Most of us have been back to work since late May. We are all trying to obtain the necessary and precious PPE (masks, gowns, face shields, wipes, and gloves) that we and our staff, so desperately need.

We are trying to get our office in order with new guidelines and new equipment (air filters, air foggers, temperature monitors, and pulse oximeters), so we can kick the COVID-19 virus out onto the sidewalk. We are also accessing our government business loans and grants so we can financially run the office. Whew!

“The significant problems we face, cannot be solved by the same level of thinking that created them.” – Albert Einstein

This summer has been a rollercoaster ride – has it not? Trying to meet the demands of our patients’ needs as well as following the guidelines set by our respective county of public health departments, and our state department of public health – as well as our California Governor Newsom’s executive orders – has been challenging.

At this time, (and it can change at any minute), Riverside County can accommodate 25% of indoor dining space for patrons while Los Angeles and San Bernardino Counties cannot. We STILL cannot, per the Governor’s orders, have indoor gatherings of ten or more people. But recently, due to the upcoming holiday season, we can have private gatherings outdoors, that are no more than two hours long and be limited to members of three separate households. Names and contact information of all attendees are required, “in case contact tracing is needed later.” On top of that, masks are mandatory outside and Halloween is cancelled. BOO!

Here at TCDS, it has not been quiet. Our office staff led by our executive director, Ms. Shehara Gunasekera, have been keeping our members informed, updated, protected, and safe. I cannot say enough words how truly wonderful our TCDS has been this year.

Our TCDS staff worked their magic and finally, after many months, we received PPE supplies to give to our members. We received 5000 face shields from Northstar PPE. Our staff partnered with Riverside University Health System to prepare kits. In each kit, there are 10 face shields, 100 surgical masks, 2 N95 masks, and Purcell samples. Face shields were donated by Boston Scientific and Northstar PPE – TDSC supplied the N95 masks, Purell samples were provided by Discount Disposables and RUHS helped to obtain additional face masks. I am very, very grateful for all of their hard work these past several months.

Zoom has been a godsend! From live CE webinars to staff meetings, committee meetings, and board meetings, zoom has enabled us to function properly. Without Zoom, we could have not provided our free CE meetings to our members and help from two of our staff. Our live webinars have counted as live “in person CE” with the California Dental Board. We have had glitches in the system along the way but we keep learning and stumbling forward with a positive and happy attitude.

Our TCDS had a Shredding event in late June. We usually provide two trucks but man, our members cleaned house and their offices. A third truck was required while the event was occurring, as so many members had many documents to unload and shred. Another special Shredding event happened in October, as our members have requested a hard drive destruction event.

At this time, TCDS is still working on a new web-

site. We are currently researching website developers and since on-boarding a new website is an expensive endeavor but sorely needed, it is not to be rushed. Our current website is outdated and without providing a new website for TCDS, we cannot move forward in the years to come. We must keep up with technology. TCDS has a new bank! Beneficial State Bank. Since our last bank was not giving us any value any longer, our board took action and moved to a bank that works with non-profits. So far, it has been terrific.

Cancelled attractions at TCDS this year were: CDA Anaheim Presents, CDA Cares Long Beach, ADA Membership conference Chicago, and the fun TCDS Family Fun Day Colton, CA.

Virtual attractions this year were: CDA San Francisco Presents (which I really enjoyed), CDA House of Delegates meeting, ADA Annual Meeting, and ADA’s House of Delegates meeting.

The ADA, CDA, and TCDS have been and are still working tirelessly, behind the scenes, on our behalf, to provide the most available resources to us. These include “Protocols to Follow if a Staff or Household Member tests Covid-19 (+)”. This has been a great resource to print as a handout. In fact, I have had to use it. I was home for four weeks following the guidelines, as my adult daughter who is living at home, contracted it. It started out as fatigue, then headaches, then a fever then having to self-isolate at home, only going out when necessary, and wearing our masks at all times. Yet, Covid came knocking on our door and ringing our door bell. My husband also started out with fatigue and then a fever (4 days). Loss of appetite followed. Never any headaches. Now, that pushed out my self-quarantine to another fourteen days. Eight days later into my second quarantine, I came down with a fever. My low grade fever lasted for eight days.

So now, I had to personally self-quarantine another fourteen days out from the day that my fever first started. I also had fatigue and loss of appetite. Nausea followed. Take note: Zofran works. I also had three days of headaches once my fever broke. I was also exhausted for the week afterwards. It took me a while to regain my strength.

I tested for Covid-19 five times during the four weeks I was at home. I did the traditional nasal swab as well as the Sofia SARS Antigen FIA test. All five tests were negative!!!

My daughter and husband developed a cough towards the end of their illness, I did not. We also have an adult son living with us at home. He tested three times for the Covid-19 virus and all three of his tests were negative. He never developed any symptoms.

One thing I strongly recommend is to have temporal and/or ear thermometers in the home as well as a pulse oximeter. They were being used constantly. All are easily obtained on Amazon.

At this time, we do not know how my daughter contracted the virus. My daughter is very careful as well, only going out when she needs too. We do know that the previous week before my daughter started feeling fatigued, my daughter and husband had donated blood on different days at one of our local hospitals.

I plan to test for antibodies later this month even though I tested negative five times for Covid-19. Antibodies we were told, are only good for three months.

After that, can we catch Covid again? I am sure we can. Even though Covid visited us in our household, we are very grateful that we pulled through. As a family, we are all still very cautious. We act as if we can catch the virus tomorrow. We only go out when we need too. We haven't dined anywhere. Always take out from a restaurant and it is usually delivered. Haven't flown anywhere. We are constantly wearing our masks when we are outdoors. We have not taken any day trips. We have only been going out to do shopping errands.

One place I have truly felt safe since this pandemic started, is the dental office. With all of our PPE gear, air filters, caviwipes, etc, I do not worry. I feel very protected. So the only thing we can do at this time is to always be careful. Frequent hand washing and wearing masks is essential. Social distancing is a must until a vaccine or herd immunity is reached. Please take care. God send.
Kathy

Welcome new ADA President



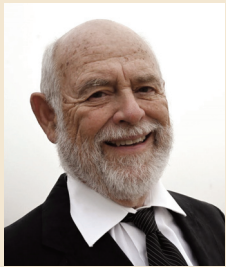
Daniel Klemmedson
New ADA President

Daniel J. Klemmedson, D.D.S., M.D., of Tucson, Arizona, took office Oct. 19 as the 157th president of the American Dental Association during the ADA FDC Virtual Connect Conference.

"The pandemic has offered insight to the interconnectedness of our society and the economic engines that keep it running. The same is true for the interdependent nature of dentistry," Dr. Klemmedson told the ADA House of Delegates during its virtual meeting. "COVID-19 catalyzed a domino effect that demonstrated just how fragile our return to normal was. A return to normal should not be our goal. Better and stronger is clearly within our reach."

Also elected to office were president-elect Cesar R. Sabates (FL) and Second Vice President Maria Maranga (NY).

In addition to Dr. Klemmedson's achievements at the ADA, he is a past president of the Arizona Dental Association, Southern Arizona Dental Society, Western Society of Oral and Maxillofacial Surgeons and Arizona Society of Oral and Maxillofacial Surgeons.



Dan Jenkins DDS,
FIAPA, CDE-AADEJ

Covid-19 Dentistry

It Takes a Tri-Partite... not just a village

On Sunday, March 15, 2020 I was reading posts on Facebook. Dentists were complaining that the ADA was not letting them know what to do about the Covid-19 pandemic. They were wanting specific guidelines as to whether they should wear N95 masks, face shields, space-suits, or just close down their offices. I happened to notice that ADA President, Dr. Chad Gehani was on Facebook. Impulsively, I sent him a private message about what was being said. Within a minute my phone rang. It was President Gehani!

He remembered me from when we had briefly met before in Southern California Indian Dental Association, then the American Association of Dental Editors & Journalists, then the ADA House of Delegates, and then the California House of Delegates.

This time he spent almost an hour bending my ear on what he, the ADA, and all dentists were facing. He and ADA Executive Director, Dr. Kathy O'Loughlin had spent the last few months flying back and forth to Washington D.C. and talking to the CDC, members of congress, Public Health officials, (Including the Surgeon General), ADA lobbyists, and teleconference discussions with the state dental association presidents and executive directors – including CDA President, Richard Nagy.

He said they were working on guidelines the whole time but things kept being changed and they did not wish to send out guidelines one day and the very next day they would be wrong as that would be confusing to the dentists and to the public as to what was safe. However, he did say that the guidelines should be out the next day – and they were. When the ADA found out

that CDC wanted to completely shut down ALL dental services one ADA leader, (I won't mention their name here.), was really spitting nails and is reported to have let them know how they felt! Dr. Gehani managed to get the CDC to agree to allow emergency work to be performed with proper PPE. Then, the day before President Trump was to announce the shutdown of the USA with the exception of emergency dental services Dr. Gehani received a call from the Surgeon General, Vice Admiral Jerome Adams, MD. Admiral Adams wanted to know what the ADA's logic was for dentists to be allowed to receive PPEs that he felt should be sent to the "more needy" hospitals. Dr. Gehani explained that if there were no emergency dental care those patients would logjam the hospital emergency departments and slow down the care of the Covid-19 patients. The Admiral agreed. Then, Dr. Gehani asked him to please ask President Trump to thank the ADA in his announcement for asking the dentists to continue covering emergency services. Admiral Adams agreed – and, President Trump did thank the ADA and the nation's dentists.

I would like to share also that I found out that President Gehani and his wife Rekha are private practitioners and had to close each one's office down completely during the lockdown. They stayed at home and had food and supplies delivered. I write this so members will know that our ADA president did know what the lockdown was like.

I also messaged CDA President, Richard Nagy for information about CDA's response to the virus and for a future story about this whole historic tragedy. Rick was already on top of things and information started coming out on the CDA website quickly and it is updated as rapidly as information is received. One of the frustrating things that dentists faced was the PPE issue. One main

incident was that the TDSC arranged to receive a very large shipment of PPE for members. It was received and shipped to the TDSC warehouse. However, the Governor became aware of it and literally had it confiscated to be sent to hospitals.

Our TCDS office was thrown in to disastrous disarray by the pandemic shutdown that came about. Due to some distant contacts testing positive for the virus the TCDS staff had to conduct their work at home. The board purchased laptops computers for the staff to use and the phone lines were set up to forward calls to each of their homes. Many phone calls were coming in with concerned members wanting answers right away. But, with the new virus no one had an answer to provide until later. TCDS did work on obtaining PPE for members but it has taken a while – especially with the governor confiscating what CDA had obtained.

This pandemic has been hard financially and mentally for everyone. I have noticed many people becoming more irritable and unreasonable. It's not unusual for people to be irritable when under stress. I recall as a radioman in the Navy there were stressful times either during battle evaluation exercises or during a 170 mph Typhoon, ¼ mile off shore and 10 miles south of North Vietnam, that kept causing our 600 foot long ship to take up to 67 degree rolls, (it was only designed to take a maximum 48 degree roll!), and men on the ship crying and praying as they were worried they would die or be captured. The stress caused them to yell and swear at each other until we finally sailed south and away from the storm. Things did not always go smoothly and some would get angry when mis-

Dr. Gehani requested of the Surgeon General to ask President Trump to thank the ADA and its dentists – He did!

takes were made – but a reasonable person would expect that during a crisis.

I imagine that at times the TCDS office was like that with trying to keep our TCDS “ship” afloat and operating. Yet, TCDS Executive Director, “Captain” Shehara Gunasekera, kept a calm and professional disposition as well as her able staff. Thank you to our TCDS “crew” for your help as we sail through this Covid-19 storm. If you have experienced a problem with the office during this crisis I hope you understand the stress involved right now for both you and the TCDS team.

The CDA TDSC was reserving materials they had for those offices who were providing emergency services so they would have supplies. It was difficult for them to obtain dental supplies to be shipped and especially for them to arrive on time. The TDSC as a result of the pandemic has now had to work out an agreement with Henry Schein dental supply whereas Henry Schein is now a majority owner but CDA is still a major owner and dentists can still order through TDSC. In fact, I checked and found out that if you order through TDSC your personal Henry Schein sales person will still receive credit for your sale.

This editorial has been about what the tri-partite has been doing to address the pandemic for dentistry. Now, we are still facing pandemic issues while at the same time plans are still being made to get dentistry to recover. I am placing a link to an interesting discussion produced on the ADA Tooth Talk with Dr. Gehani discussing the pandemic.

My message to all members and non-member dentists is that dealing with this pandemic has taken more than what a dentist could do by themselves or even a local society by itself. This has been a monumental task for each part of the tri-partite as it is something with no previous records of what was done before. (I did searches for the 1918-1920 Spanish Flu Pandemic.) In view of how things could have really gone sour I think it is amazing that dentistry has done as well as it has – thanks to the ADA, CDA, and our personal TCDS leaders and staff. Membership does have value.

dan

Tooth Talk

#40 Presidential Chat: Dr. Chad Gehani, 156th President of the American Dental Association
Jul 12, 2020 - 30 min

On this episode of Tooth Talk, Sarah and Peter sit down with Dr. Chad Gehani, the 156th President of the American Dental Association, to learn about the issues facing dentistry today during the Covid-19 pandemic. Dr. Gehani shares the steps the ADA has taken to help dentists get back to practicing. From a reopening tool kit, to all of the legislative and grassroots actions, Dr. Gehani shines a light on all the ADA does for the profession.

ADA

TOOTH TALK LINK:

<https://podcasts.google.com/feed/aHR0cHM6Ly90b290aHRhbGsubGlic3luLmNvbS9yc3M/episode/MmE2OTA2ZDYtN2FkOC00OTdILWE3MzMtNzYyYmJIZTU0NWZjc>



ADA, CDA, TCDS presidents
working together against the pandemic.

By Dr. Steven Chan



Panda Logo

At UCLA as an undergrad, one of my "fun" courses was graphic arts. A course project was - Design a Logo. The more research I did on logo design I learned that - logos are not cartoons. Cartoons are complex images. Logos typically reduce an image to very simple elements. Logos should immediately evoke emotions.

I played with a panda design. This class was way before Nixon opened China. In this country, all we knew was the stuffed animal panda. Very few actually saw what a real panda looked like. At the time, few associated the panda with Chinese origins. This was before the World Wildlife Federation existed - and later used a panda in their organizational logo.

I found an article that cited that all mammals (including us) respond to baby faces - with an instinctive maternal instinct. It's the big round face, big eyes with a small nose/snout and mouth, short torso, short arms, and legs that attracts us. It could be a puppy, a kitten, etc. Animators use these principles. The image evokes helplessness. You want to pick up the baby - hold it, hug it, and protect it.

Going forward; When I started my practice - it was time to dig up the college design for a practice logo. You know that I'm a pediatric dentist.

I did more research on logo design (especially the psychology involved in it), intellectual property, trademark law, and copyright law.

I went thru discovery - and also went thru the process of getting a US registered trademark, a California registered trademark, and a US copyright on the image.

I hired a graphic artist to produce the image. It had to be perfect. The eye can see imperfections. The black and white imagery is reproducible in any print medium. Color specificity is not necessary. He advocated putting a dental mirror/explorer in the image - I declined.

The static image evokes storytelling - by the viewer. The belly button - is comic relief. Reducing the image to just the black elements - causes the mind's eye to fill in the details. The memory device sticks. A logo design is effective - when you ask someone to close their eyes - ask if they see it - and, they do!

My panda logo is on everything - Business cards, recall cards, professional stationary, stickers, rubber stamps on kid's hands, embossed glass door, custom logo throw rug, wall hanging of the logo, t-shirts for patients, our

office uniforms and scrubs and once upon a time in the Yellow Pages advertisement - in 40+ years, the image has not changed.

My logo is circulated within our target audience - kids, parents, pediatricians - and their social "clusters"/social circles - sometimes before they've met us.

Really early in my career, I authored an article that was published in Quintessence International - on the principles of logo design for dental offices and a review of dental practice logos in the marketplace.

There have been a few attempts to abscond the logo. It's protected by US registered trademark, US copyright, and more recently on a few internet registries. Simple letters to cease and desist based on the protections above - and they stop. Sidebar (tongue in cheek).

Once upon a time, Delta Dental had a promotional market campaign on preventing child abuse - P.A.N.D.A. (Perhaps I could have acquired them on a trademark infringement.) More stories.

Several years ago, my Mom used to go on an annual girlfriend trip - driving from LA - to Washington State - to a Bramson type venue - where the town produces Broadway musicals.

As these women got into their late 70s, early 80s - it wasn't safe for them to do the driving. One of the daughters of these women - offered to drive for them.

During the course of this road trip - my Mom was going into her wallet - looking for something. The daughter - saw our panda - on a business card in my Mom's wallet! She excitedly said, "Where did you get that card? I know that Panda!"

It turns out that I cared for the daughter's kids - from when they were babies until they graduated from College! Those babies were now in their late 20s to early 30s. The daughter relocated from Northern CA (our practice is in Fremont) - to LA - several years ago. My panda opened the floodgates for conversation in that long road trip.

Dr. Steven Chan has been president of the California Pediatric Dentists Association was CDA President from 2002-2003. He is on the California Board of Dentistry—since 2016.



October 08, 2020

The California Dental Association has launched a new recruitment campaign, **Smile Crew of California**, designed to highlight careers in dental assisting and create a pool of qualified candidates to help CDA members who are seeking to fill hundreds of dental assistant job openings.

The campaign is targeted at candidates displaced from service roles with transferable skills and match them with member dentists who have job openings in their practices.

Even prior to the COVID-19 pandemic, CDA has been working to address a shortage of dental assistants throughout California. In recent months, the need to recruit dental staff has become even more prevalent as practice owners recover from massive layoffs and furloughs.

While dental practices are stabilizing and have been able to rehire most team members, staffing remains well below demand, according to the American Dental Association Health Policy Institute.

'Join the Smile Crew CA' kicks off this week

The Smile Crew of California initiative launched this week with a social media campaign, website and media placements on Spotify, Pandora and iHeart Radio. Slated to run for 12 weeks, the campaign also features testimonial videos highlighting the day in the life of a dental assistant.

The campaign encourages potential candidates to "join the smile crew CA" and brings awareness to the dental assisting profession and job opportunities that are currently available to candidates looking to advance or reestablish their careers

These efforts aim to recruit interested candidates by providing:

- Detailed knowledge on the responsibilities, benefits and growth potential of a dental assistant.
- Guidance on where to find job openings and how to seamlessly transition into the dental profession through on-the-job training.
- Resources on how to move up the dental career ladder and create a lifelong profession in dentistry.
- SmileCrewCA.com links to open roles posted on CDA's newly launched Career Center, which offers practice owners and job seekers an intuitive and easy way to connect through job alerts, customized profiles, a resume bank and much more.

Visit the [CDA Career Center](#) to post open jobs in your dental office, and visit the Smile Crew campaign on [Facebook and Instagram](#).

ADA seeks material for upcoming COVID-19 monograph

The ADA is urging members of the dental community to share material for the JADA+ COVID-19 Monograph, which will document the experiences of dental professionals across the country during the pandemic, according to ADA News. The ADA can accept material in visual or audio formats, along with written submissions, for inclusion in the monograph, which will be guest edited by Scott Swank, D.D.S., curator of the Dr. Samuel D. Harris National Museum of Dentistry. **Full Story: ADA News (11/16)**

Spanish Flu H1N1 Pandemic 1918–1920

By

Dan Jenkins, DDS, CDE-AADEJ

The statistics given for this pandemic are 500 million infected and 50 million deaths world-wide. In the United States fatality estimates are 675 thousand deaths. Some authors estimate the world-wide deaths were from 17.5 million to 100 million people. Record keeping was not as accurate then as today. Another confounding factor on the death rate was that a common treatment for the flu was up to 30 grams of Aspirin a day. As you know, more than 4 grams/day is toxic. Thus it is unknown how many really died from the H1N1 virus alone.

While the flu was most commonly called the “Spanish Flu” as Spain was the first major country to start reporting cases, (Spain allowed uncensored reporting as they were neutral during WW I.), some historians have indicated it may have started in New York or even China! The first cases in the US were reported in Kansas among the military personnel. It is commonly accepted that the H1N1 virus was originally in birds.

As a second wave is being currently reported about the Covid-19 pandemic, the same happened with the Spanish Flu. The first wave of the Spanish Flu was not as deadly as the second one. In October 1918 US deaths from H1N1 were 195,000 – just for that month! Between war and sickness, life expectancy fell from 51 to 39 years of age in 1918.

President Woodrow Wilson discouraged reporting of the severity of the pandemic to avoid it affecting the war effort and to minimize panic among the population. Local coroners were discouraged from even reporting deaths to minimize the statistics. President Wilson came down with the virus when he went to Paris in April 1919 for the peace negotiations. His infection was kept from the public and remained in Paris until July.

This year I interviewed a dentist who turned 100 yoa. While he was born after the H1N1 pandemic, I asked him if he remembered anyone mentioning the pandemic. He said, “I don’t recall anyone mentioning it. Maybe because we had a healthy family?”

I also do not remember my own family members who lived through that pandemic mentioning it. I wondered why. The History Channel did a program on the Spanish Flu pandemic. You can find it online at: <https://www.history.com/news/spanish-flu-second-wave-resurgence>

In this History Channel program, Kenneth C. Davis, author of “More Deadly Than War: The Hidden History of the Spanish Flu and the First World War.” mentions, “Yet for all the lives lost and changed forever, the Spanish flu quickly faded from public consciousness. It fell into this black hole of history. Impacted families never seemed to talk much about it, perhaps because it was so terrible that no one wanted to think about it again. That’s



Photo from 1918 - 1920 Spanish Flu H1N1 Pandemic

the way the country also dealt with it.”

While it may have gone unmentioned, the Spanish flu left a lasting imprint in the decades to come. “The combination of the flu and the war made Americans afraid of what was out there in the wider world, so there was a growing notion of becoming an isolationist country and keeping out foreign elements,” It was the “isolationist” movement in the USA that delayed the US from entering WW II.

The University of Michigan has established records of stories from various US cities during the H1N1 pandemic. You may be interested in checking it out: <https://www.influenzaarchive.org/>

Several dental journalists, including myself, have searched to see how the ADA and CDA reacted to the H1N1 pandemic. No records can be found. Thus, the ADA and CDA are now documenting dentistry’s history and role in the current Covid-19 pandemic.

If you have a dental Covid-19 story (or, a family Spanish Flu story!) to share, please contact me.

More internet sources:

<https://www.history.com/news/spanish-flu-second-wave-resurgence>
<https://www.biospace.com/article/compare-1918-spanish-influenza-pandemic-versus-covid-19/>
<https://www.history.com/news/spanish-flu-deaths-october-1918>



Dr. Arthur A. Dugoni remembered for purposeful life'

Longtime dean of dental school named for him was also ADA president, trustee

September 25, 2020

By David Burger

Palo Alto, Calif. — Dr. Arthur A. Dugoni, who led the University of the Pacific's school of dentistry for 28 years as dean and was ADA president from 1988-89, died Sept. 23 at his home in Palo Alto, California, from cancer. He was 95.

The University of Pacific's dental school was named the Arthur A. Dugoni School of Dentistry in his honor in 2004. He became the first and only person in the United States or Canada to have a dental school named in their honor while holding the position of dean, according to a memoriam on the university's website.

Along with his ADA presidency, Dr. Dugoni was ADA treasurer from 1987-88 and a trustee from 1984-87. He was also the recipient of the ADA's Distinguished Service Award.

Dr. Dugoni also served as president of the California Dental Association, the American Dental Education Association and the American Board of Orthodontics.

Dr. Nader A. Nadershahi, dean of the Arthur A. Dugoni School of Dentistry, told the ADA News, "Dr. Arthur A. Dugoni understood the importance of collaboration and organized dentistry to improve the health of our communities and the future of our great profession. He inspired so many through his dedication, passion and personal example of leadership. His service left each organization better than when he left them. His impact on the University of the Pacific Arthur A. Dugoni School of Dentistry will ripple through generations with so many of our graduates touched by the commitment to excellence and the humanistic educational model."

The charismatic and energetic educator championed a student-centered caring, "humanistic" approach to dentistry that became a national model in dental education.

His oft-quoted mantra was, "at Pacific we grow people, and along the way they become doctors."

"Art Dugoni was one of the most important leaders in the 169-year history of California's first university," said Pacific President Christopher Callahan. "He not only transformed the Arthur A. Dugoni School of Dentistry, but the discipline of dental education. Art will be deeply missed, but his legacy will live on through the thousands of alumni, faculty, students, staff, supporters and friends at the school that bears his name."

The Dugoni School of Dentistry flourished under his leadership. Advances in digital dentistry, creation of a state-of-the-art simulation lab, the launch of the International Dental Studies program, expansion of clinical services and community outreach, clinical research that led to new dental products and techniques, and many other advances all took hold during his tenure as dean.

He also had a passion for philanthropy and supporting students and the community. In 2006 the school completed the largest dental school capital fundraising campaign at the time in the U.S (\$65.7 million).



Dr. Art Dugoni with TCDS Treasurer,
Dr. Butch Ehrler at 2017 CDA-HOD.

Eliminating the Provider Relief Fund Tax Penalties Act of 2020

The American Dental Association (ADA) is expressing support for bills aimed at ensuring dentists and other health care workers won't be taxed on provider relief funding received during COVID-19. In an Aug. 20 letter to Sen. Marsha Blackburn, R-Tenn., ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin thanked the lawmaker for introducing the Eliminating the Provider Relief Fund Tax Penalties Act of 2020, S. 4525.

This bill clarifies that Provider Relief Funds are not taxable as income, and expenses attributable to the Provider Relief Fund are tax deductible. This relief is critical to reducing tax burdens on health care providers that could limit their ability to continue practicing in the midst of the COVID-19 pandemic.

The ADA also signed onto a coalition letter with 28 other health care organizations to thank Sen. Blackburn as well as Reps. Cindy Axne, R-Iowa, and Neal Dunn, R-Fla., for introducing the legislation.

Impact on Dentistry: This bill would provide a much-needed tax break for dentists and would allow full utilization of the value of the benefit.

[Contact: Megan Mortimer 202-898-2402 or mortimerm@ada.org or David Linn 202-789-5170 or linnd@ada.org]

Strengthening America's Health Care Readiness Act

In an Aug. 28 letter to Sens. Dick Durbin, D-Ill., and Marco Rubio, R-Fla., ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin praised lawmakers for introducing the Strengthening America's Health Care Readiness Act, S. 4055. This legislation aims to improve the health workforce shortages and health disparities highlighted by the COVID-19 pandemic. This investment in the National Health Service Corps (NHSC) and National Disaster Medical System (NDMS) will help bolster health emergency surge capacity and "restore the pipeline of dentists" and other health care providers needed to tackle existing health workforce shortages.

Impact on Dentistry: The bill would encourage dentists and promising dental students to participate in underserved areas by providing loan repayments and scholarships in exchange for a service commitment. Additionally, dentists serving in the NHSC or alumni who continue to practice in a health professional shortage area could concurrently serve in the NDMS and be available for rapid deployment for health emergencies, while receiving supplemental loan repayment awards to address their student debt. For years, the ADA has advocated for the national emergency preparedness solutions addressed by this legislation.

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

Health Enterprise Zones Act

The ADA thanked lawmakers for introducing legislation in the House of Representatives that will improve health disparities in minority and underserved communities. In an Aug. 4 letter to Reps. Anthony Brown, D-Md., and Steny Hoyer, D-Md., ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin expressed support for key provisions within the Health Enterprise Zones Act, H.R. 7158, that aim to help close the health disparities gap that has left minority and underserved communities vulnerable to poor health outcomes. Many of the provisions in the Health Enterprise Zones Act are essential

to reaching the goal of ensuring that every community receives access to quality and affordable health care, including oral health care.

Impact on Dentistry: The Health Enterprise Zone Act aligns with ADA's investments in oral health equity through the Association's Action for Dental Health, a national initiative to improve oral health education and prevent dental disease.

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

COVID Advocacy Efforts in Washington, D.C.

The COVID-19 pandemic has required us to do things differently in Washington, D.C. but the government affairs team has worked tirelessly to drive dentistry forward during these uncertain and challenging times. The ADA has been advocating for dentists, practices and patients throughout the COVID-19 pandemic.

The legislative and policy hurdles dentists have faced and the ways ADA has worked to address these issues vital to the dental profession are uploaded in this snapshot outlining the wins for our members and the entire profession.

See our impact and download the document at [ADA.org/advocacy](https://ada.org/advocacy).

[Contact: Mike Graham 202-789-5167 or grahamm@ada.org]

ADA Disagrees with WHO: Dentistry is Essential

The ADA released a statement Aug. 12 stating it "respectfully yet strongly disagrees" with the World Health Organization's interim guidance recommending that "routine" dental care be delayed in certain situations because of COVID-19. The statement also shared how oral health is integral to overall health and dentistry is essential

health care. The ADA Board of Trustees adopted an ad interim policy stating dentistry is essential health care during a video call July 27, and the House of Delegates will consider it during its virtual meeting in October.

Impact on Dentistry: In an Aug. 13 email to global leaders, WHO Chief Dental Officer Benoit Varenne, Ph.D., expressed his concerns about media coverage of the WHO's interim guidance. "Unfortunately, a number of media headlines intentionally or not — when they are referring to the WHO guidance, did not mention that the recommendation to delay routine oral health care is only suggested in an intense uncontrolled community transmission scenario. A scenario that does not fit with the current situation of [most countries] around the world."

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

New DEA Fee Schedule

The new fee schedule for registration and reregistration for a three-year Drug Enforcement Administration (DEA) certification is scheduled to go into effect Oct. 1. Fees for dentists are increasing from \$731 to \$888.

According to the agency, DEA registrations always expire at the end of a month and re-registrations may only be submitted 60 days prior to expiration. Only dentists with registrations expiring in September or October can re-register using the current fee schedule. Dentists registering for the first time can also take advantage of the lesser fees between now and Sept. 30.

The Association wrote an Aug. 6 letter to Timothy J. Shea, DEA acting administrator, requesting the agency consider delaying the new fee schedule in order to assist dental practices impacted financially by COVID-19. The ADA learned Aug. 28 that the DEA has denied that request. The ADA is encouraging dentists with DEA prescribing licenses expiring before Oct. 31 to renew them now and for dentists registering for the first time to do so before Sept. 30. To register, visit the DEA

website.

Federal Trade Commission Health Breach Notification Rule

The ADA is asking the Federal Trade Commission (FTC) to coordinate its final Health Breach Notification Rule with other laws and regulations in order to eliminate the potential lack of conformity and overlapping requirements that could lead to burdens on regulated entities as well as confusion and worry for patients.

On Aug. 20, the ADA provided comments filed with the FTC. In the letter, ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin said the ADA is concerned about the proposed rule's conflicts between the rule and federal, state, and local laws and regulations. While the proposed rule does not apply to health information secured through technologies specified by HHS, the fact that it is not applicable to businesses or organizations covered by the Health Insurance Portability and Accountability Act, could be potentially confusing, because HIPAA-covered entities and their business associates must instead comply with HHS's breach notification rule. Additionally, state laws and regulations may overlap with FTC's requirements.

Impact on Dentistry: Coordination between the FTC and HHS on the requirements is essential in order to avoid circumstances in which consumers (i.e. patients) may receive multiple, duplicative breach notices over the same incident. Overly burdensome, costly requirements may act as a disincentive for widespread personal health record and electronic health record adoption and use.

USC Providing Providers Guide to Caring for Vulnerable Populations During Covid-19 Pandemic

From Herman Ostrow School of Dentistry of USC:

The risk for severe illness from COVID-19 increases with age and vulnerable populations such as homeless persons, nursing home residents, and older adults with dementia face compounding risks.

Download the Healthcare Provider's Guide to Caring for Vulnerable Populations During COVID-19 and learn:

- COVID-19's Impact on Older Adults
- How to Support Persons Living with Dementia During the Pandemic
- The impact of Isolation and Loneliness on Nursing Home Residents
- COVID-19'S Impact on Homeless Populations
- Oral Healthcare Tips During COVID-19
- How to Treat Mask Mouth

Download the Healthcare Provider's Guide to Caring for Vulnerable Populations During COVID-19.

No form submission required!

LINK: [file:///C:/Users/Administrator/Downloads/COVID-The-Healthcare-Providers-Guide-to-Caring-for-Vulnerable-Populations-During-COVID-19%20\(2\).pdf](file:///C:/Users/Administrator/Downloads/COVID-The-Healthcare-Providers-Guide-to-Caring-for-Vulnerable-Populations-During-COVID-19%20(2).pdf)

ADA/CONGRESS DENTAL NEWS

HR 7216, the Small Business Personal Protective Equipment Tax Credit Act, would give small businesses a tax credit up to \$25,000 for the cost of qualified personal protective equipment such as gloves, medical masks, N95 respirators, eye protection, gowns and aprons, and cleaning products, as well as the retrofitting or installation of equipment. Nonprofit organizations and Tribal businesses would also be eligible for the credit in a taxable year.

In a **Sept. 10 letter** to leaders of the House Ways and Means Subcommittee on Select Revenue Measures ahead of its “Consequences for Inaction on COVID Tax Legislation” hearing, the ADA said it supports HR 7216 and said the bipartisan bill would provide a “much-needed tax credit” for the purchase of PPE. The Association also asked lawmakers to pass several other tax-related bills to assist dental practices in recovering from the economic impact of the pandemic.

“At a time when dental practices are trying to overcome the economic downturn caused by COVID-19, the failure of Congress to act on COVID tax legislation hinders dentists’ ability to continue practicing in the midst of the pandemic,” wrote ADA President Chad P. Gehani and Kathleen T. O’Loughlin.

Drs. Gehani and O’Loughlin pointed to the new costly infection control procedures and enhanced personal protective equipment dentists are utilizing to safeguard their patients and staff from the spread of COVID-19 as a key reason many dental businesses would benefit from HR 7216.

“This bipartisan bill would provide a much-needed (\$25,000) tax credit for the purchase of PPE intended to reduce the risk of COVID-19 transmission for small businesses,” and “greatly help to mitigate the increased cost of PPE,” they wrote.

The ADA also asked the subcommittee to support the following COVID-19 tax bills:

- HR 7819, the Eliminating the Provider Relief Fund Tax Penalties Act. This bill would ensure that dentists, regardless of taxpaying status, will not be subject to taxes on aid provided through the Provider Relief Fund. By guaranteeing that relief funds do not add to the provider’s tax bills, the bill would allow dental practices to utilize the full value of the benefit.
- HR 6776, the Jumpstarting Our Businesses’ Success Credit Act — known as the JOBS Credit Act. This bill would help dental offices to retain and rehire their employees and would build on the Employee Retention Tax Credit provision in the Coronavirus Aid, Relief, and Economic Security Act. The JOBS Credit Act would include a number of policy enhancements, such as an expanding the credit percentage from 50% to 80% of qualified wages; increasing the per-employee limitation from \$10,000 for all calendar quarters to \$15,000 per calendar quarter (and an aggregate of \$45,000 for all calendar quarters); a phased-in credit, which will allow employers with more than a 20% decline in gross receipts to be eligible for a portion of the credit; and improved coordination between the Employee Retention Tax Credit and the Paycheck Protection Program.
- HR 6821, the Small Business Expense Protection Act. This bill would correct a “misinterpretation” of the Coronavirus Aid, Relief, and Economic Security Act to allow small businesses to deduct eligible expenses paid with a forgiven Paycheck Protection Program loan from their taxes.

For more information about the ADA’s advocacy efforts during COVID-19, visit [ADA.org/COVID19Advocacy](https://ada.org/COVID19Advocacy).



New law prohibits California employers from using health care provider exemption under FFCRA

Gov. Gavin Newsom on Sept. 9 signed legislation that overrides the Families First Coronavirus Response Act's health care provider exclusion. Assembly Bill 1867 (Reyes, D-San Bernardino) legally requires all California employers to provide emergency paid sick leave to qualified employees under the act.

The FFCRA still permits a small-business exemption for eligible businesses with fewer than 50 employees.

More info: <https://www.cda.org/Home/News-and-Events/Newsroom/Article-Details/new-law-prohibits-california-employers-from-using-health-care-provider-exemption-under-ffcr?fbclid=IwAR1DfmndqXm7EappsUfjaRBklQ4zPIEgpG4P829ofvf13qTabEuLii8yTPw>

<https://www.cda.org/Home/Advocacy/take-action>

Take Action: Dental plans still not offering adequate relief

CDA is again encouraging dentists to contact dental plans to stress how the lack of any meaningful relief to date continues to threaten the sustainability of dental practices in the new COVID-19 environment.

CDA continues to advocate for dental plans operating within the state to provide reasonable economic relief to their provider networks to address the increased cost of care and ensure network adequacy for dental plan enrollees. These efforts include pursuing a legislative solution.

Dental Board of California

Notice of the posting of the Dental Board of California's 2021 meeting dates: February 25-26, 2021, May 12-13, 2021, August 19-20, 2021, November 18-19, 2021. The meeting dates were posted Wednesday, August 8, 2020 to the following website:

https://www.dbc.ca.gov/about_us/meetings/index.shtml.

Practice Resources

For location-specific information, visit the CDC website for county-specific guidance. Additional information is available at the California Department of Public Health.

website

NEWCOVID-19 Chain of Command Flowchart

CDA has developed the following reference to help members understand the roles of each of the organizations involved.

Read More

[ADA COVID-19 Practice Ethics Guide](#)

Here's how the ADA Code of Ethics applies during the COVID-19 pandemic.

Read More

SBA Loan Options Flowchart

Flow chart to help dentists navigate COVID-19 SBA loans and application process.

Read More

ADA Fact Sheet for Dentists on SBA Loans

Source: American Dental Association

There are multiple Small Business Administration (SBA) loan options available for employers. This fact sheet from the ADA provides details and guidance for dentists.

Read More

Communication Posters

Source: CDC

Know the facts about coronavirus disease 2019 (COVID-19) and help stop the spread of rumors.

Read More

SHORTER ABSTRACTS

Parents Are Comfortable With HPV Communication and Vaccine Advocacy in Dental Settings

J Am Dent Assoc; 2020 Aug 01; 151 (8)560-567; C Stull, R Freese, E Sarvas
#Dental Hygiene #General Dentistry #Orthodontics #Pediatric Dentistry
Commentary by Scott Steward-Tharp DDS, PhD

Protective Measures Reduce the Risk of Saliva-Related COVID-19 Transmission in the Dental Clinic

Mol Oral Microbiol; 2020 Aug 01; 35 (4)141-145; Y Li, B Ren, X Peng, et al
#Dental Hygiene #Endodontics #General Dentistry #Implants and Prosthodontics #Oral Maxillofacial Surgery #Orofacial Pain #Orthodontics #Pediatric Dentistry #Periodontics #Radiology

Commentary by Walter Siqueira DDS, PhD

Hand Hygiene During COVID-19

J Am Acad Dermatol; 2020 Jul 21; Epub Ahead of Print; CW Rundle, CL Presley, M Militello, et al
#Dental Hygiene #General Dentistry

Commentary by Howard Maibach MD

Risk Factors for Failure of Direct Restorations in General Dental Practices

J. Dent. Res.; 2020 Aug 01; 99 (9)1039-1046; RJ Wierichs, EJ Kramer, H Meyer-Lueckel
#General Dentistry

Adjunctive Locally Delivered Antimicrobials in Periodontitis Therapy Improves Clinical Parameters

J. Clin. Periodontol.; 2020 Jul 01; 47 Suppl 22 (2)239-256; D Herrera, P Matesanz, C Martín, et al
#Dental Hygiene #General Dentistry #Periodontics

NSAIDs and Dexamethasone Found to Be Most Effective in Management of Pain After Periodontal Surgery

Clin Oral Investig; 2020 Aug 01; 24 (8)2559-2578; LS Caporossi, CS Dos Santos, TBB Calcia, et al
#Periodontics

Anticoagulant Therapy Should Continue Uninterrupted During Dental Surgical Procedures

Clin Oral Investig; 2020 Aug 01; 24 (8)2653-2662; CM Schmitt, B Rusche, R Clemm, et al
#Oral Maxillofacial Surgery #Periodontics

Periodontal Disease and Incident Dementia

Neurology; 2020 Jul 29; Epub Ahead of Print; RT Demmer, FL Norby, K Lakshminarayan, et al
#Periodontics

Parameters of Care for the Specialty of Prosthodontics

J Prosthodont; 2020 Jul 18; Epub Ahead of Print; The American College of Prosthodontists
Commentary by Kent Knoernschild DMD, MS, FACP

Longevity of Immediate Rehabilitation With Direct Fiber Reinforced Composite Fixed Partial Dentures

J Dent; 2020 Jul 28; Epub Ahead of Print; P Perrin, H Meyer-Lueckel, RJ Wierichs
#General Dentistry #Implants and Prosthodontics

Use of Platelet-Rich Fibrin for the Treatment of Gingival Recessions

Clin Oral Investig; 2020 Aug 01; 24 (8)2543-2557; RJ Miron, V Moraschini, M Del Fabbro, et al
#Periodontics

Use of L-PRF in Adults Decreases Distalization Rate of Maxillary Canines

Am J Orthod Dentofacial Orthop; 2020 Aug 01; 158 (2)182-91; AAR Pacheco, JR Collins, N Contreras, et al
#Orthodontics

Parents Are Comfortable With HPV Communication and Vaccine Advocacy in Dental Settings

J Am Dent Assoc; 2020 Aug 01; 151 (8)560-567; C Stull, R Freese, E Sarvas
#Dental Hygiene #General Dentistry #Orthodontics #Pediatric Dentistry

Digital Dentistry: 3D Computer-Aided Treatment Planning in Periodontology

J Esthet Restor Dent; 2020 Jul 01; 32 (5)457-462; M Kuralt, R Gašperšič, A Fidler
#General Dentistry #Implants and Prosthodontics #Oral Maxillofacial Surgery #Periodontics #Radiology #Technology

Reducing Sugar Consumption Requires a Multifaceted Approach

J. Dent. Res.; 2020 Jul 01; 99 (8)871-876; P Moynihan, C Miller
#Dental Hygiene #Endodontics #Evidence-Based Dentistry #General Dentistry #Implants and Prosthodontics #Oral Maxillofacial Surgery #Orthodontics #Pediatric Dentistry #Periodontics

The Use of XDM and CTG With Modified Coronally Advanced Tunnel

Technique in the Treatment of Multiple Adjacent Type I Gingival Recessions

J Esthet Restor Dent; 2020 Jul 24; Epub Ahead of Print; DL Rakasevic, IZ Milinkovic, SM Jankovic, et al #General Dentistry #Implants and Prosthodontics #Oral Maxillofacial Surgery #Periodontics

Mouthwashes With Alcohol Do Not Appear to Increase Risk for Oral Cancer

J Evid Based Dent Pract; 2020 Jun 01; 20 (2)101407; R Aceves Argemí, B González Navarro, P Ochoa García-Seisdedos, et al
#Dental Hygiene #Evidence-Based Dentistry #General Dentistry #Periodontics

Epidemiologic Relationship Between Periodontitis and Type 2 Diabetes Mellitus

BMC Oral Health; 2020 Jul 11; Epub Ahead of Print; CZ Wu, YH Yuan, HH Liu, et al
#Dental Hygiene #General Dentistry #Pediatric Dentistry #Periodontics

Association Between Painful Temporomandibular Disorders and Sleep Quality

J Oral Rehabil; 2020 Aug 01; 47 (8)1041-1051; FDS Dreweck, S Soares, J Duarte, et al
#Evidence-Based Dentistry #Orofacial Pain

Stainless Steel and Titanium Mini-Implants Show Similar Clinical Efficiency for Orthodontic Use

Angle Orthod; 2020 Jul 01; 90 (4)587-597; P Mecnas, DG Espinosa, PC Cardoso, et al #Orthodontics

A Comparison of MTA and Biodentine as Medicaments for Pulpotomy in Traumatized Anterior Immature Permanent Teeth

Dent Traumatol; 2020 Aug 01; 36 (4)400-410; GM Abuelniel, MS Dugal, N Kabel
#Pediatric Dentistry

Association Between Diabetes and Dental Implant Complications

Acta Odontol. Scand.; 2020 May 13; Epub Ahead of Print; X Jiang, Y Zhu, Z Liu, et al
#Dental Hygiene #General Dentistry #Implants and Prosthodontics #Oral Maxillofacial Surgery #Periodontics #Radiology

Risk Factors for External Root Resorption and Dental Caries of Second Molars Associated With Impacted Third Molars

J Oral Maxillofac Surg; 2020 Sep 01; 78 (9)1467-1477; S Keskin Tunç, A Koc

TCDS: Times-Past Hong Kong Avian Flu

The 1968 pandemic was caused by an influenza A (H3N2) virus comprised of two genes from an avian influenza A virus, including a new H3 hemagglutinin, but also contained the N2 neuraminidase from the 1957 H2N2 virus. It was first noted in the United States in September 1968. The estimated number of deaths was 1 million worldwide and about 100,000 in the United States. Most excess deaths were in people 65 years and older. The H3N2 virus continues to circulate worldwide as a seasonal influenza A virus. Seasonal H3N2 viruses, which are associated with severe illness in older people, undergo regular antigenic drift.

I was back from Vietnam just before 1968 and I don't remember anyone being concerned or these casualty numbers being mentioned. This is almost twice the number of US casualties in the war.

I could not find any mention about it in dental publications either.

<https://www.cdc.gov/flu/pandemic-resources/1968-pandemic.html>

The estimated number of deaths was 1 million worldwide and about 100,000 in the United States. Most excess deaths were in people 65 years and older.

From Dr. Bicuspid.com:

What Do Dental Assistants Want?

March 26, 2020 -- Earlier in March, Dental Assistant Recognition Week began to bring attention to the contributions that dental assistants make each day. But, how do you get those dental assistants who are willing to go above and beyond for your practice each day?

Find out what job factors matter the most when dental assistants are considering positions, and adjust accordingly to land the best and the brightest.

The Dental Assisting National Board (DANB) did the work for you. The board's 2018-2019 Dental Assistants Salary and Satisfaction Survey, which included responses from about 1,500 dental assistants in the U.S., identified four personal and professional factors that are most important when they are deciding on which jobs to take. Check out those factors here:

1. Salary:

The average dental assistant's salary as of February 26, 2020, was \$37,913, according to salary.com. Wages for dental assistants can be quite diverse from state to state and office to office. Experience, education level, the number of available candidates, and the number of other offices in the area hiring can influence salary. A shortage of qualified dental assistants in specific areas can help increase the hourly rate for dental assistants there.

Studies show that Minnesota; Washington, DC; New Hampshire; Alaska; and North Dakota are the top five states and districts when it comes to providing the best pay to dental assistants.

Nevertheless, dental assistants across the U.S. have voiced their concerns that what they bring to their teams isn't reflected in their incomes. It is important for assistants to remember that these positions have other benefits that increase the value tally of that job.

2. Work/life balance

Dental assistants have opportunities to achieve better work/life balance, which was ranked No. 8 out of 10 by U.S. News and World Report, than other positions. For instance, those who work in retail often must work nights and weekends. Not having to work those schedules is a definite benefit of working as a dental assistant, especially for those who have a family. This was a major contributing factor for me to join the profession 30 years ago.



By Robynn Rixse,
(DrBicuspid.com contributing writer.)

3. Insurance benefits

Insurance benefits are listed as one of the top five job factors considered important by dental assistants, but not every office provides this benefit. For those offices that recognize the value a dental assistant can bring to the office and want to stand out in both the recruitment and retention of qualified candidates, offering this benefit would be a great way to show it.

4. Feeling like a valuable member of the team

Placing a monetary value on feeling like you are part of the team may be difficult, but it's invaluable to dental assistants. Saying thank you and showing assistants that your practice is a "we" and not an "I" workplace should never be discounted.

Everyone in the practice, including dental assistants, want to know that they play an important role in delivering optimal levels of dental care to patients.

Knowing what factors matter to dental assistants creates a win-win situation. Dental practices add to their skilled teams and assistants get recognition, benefits, and support they seek.

Robynn Rixse, CDA, EFDA, MADAA, is the current president of the American Dental Assistants Association (ADAA).

The comments and observations expressed herein do not necessarily reflect the opinions of DrBicuspid.com, nor should they be construed as an endorsement or admonishment of any particular idea, vendor, or organization.

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HMO Consumer Complaint Hotline (800) 400-0815
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OFFICE HOURS
 8:30 AM - 5:00PM - Monday - Friday

TCDS Membership Status Report

Active/Recent	1607
Life Active	119
Retired	21
Life Retired	207
Post Grad	28
Faculty	43
Disabled	10
Military/Public Health	1
Hardship	8
Dental Student Member (Not counted by CDA)	776
Pending App	5
TOTAL	2825

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 us @ cda@cda.org	(888) 253-1185
TDIC	tdicinsurance.com	(800) 733-0634
TDICIS	tdicinsurance.com	(800) 733-0633
Dental Referral		(800) 322-6384



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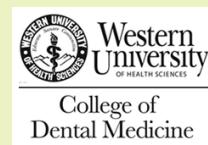
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PRESS RELEASE

Lab Test: ClōSYS Oral Rinse Eliminated Influenza A (H3N2) Virus Up to 99.9% in 30 Seconds

Influenza A Lab Results Come on Heels of Similar Findings of ClōSYS on the COVID-19 Virus,

SCOTTSDALE, Ariz. (10/13/2020) Rowpar Pharmaceuticals, Inc., the makers of the ClōSYS brand of toothpastes, mouthwashes and oral sprays, announced today that an in vitro laboratory analysis showed that ClōSYS Ultra Sensitive Oral Rinse reduced the Influenza A H3N2 virus up to 99.993% within 30 seconds without the use of any harsh chemicals. The lab study findings (which did not include testing in the oral cavity) are particularly important because flu seasons during which Influenza A H3N2 is the dominant virus tend to be more severe, recent history shows.

Rowpar recently announced that an in vitro laboratory analysis showed that ClōSYS Ultra Sensitive Oral Rinse reduced SARS-CoV-2 (COVID-19 virus) up to 98.4% within 30 seconds (CloSYS.com/covid). Those initial lab tests did not include testing in the oral cavity, but based on the results, Rowpar has launched clinical studies to determine whether ClōSYS over-the-counter products can help lower the transmission of the novel coronavirus from one person to another.

“Because oral health is known to impact whole body health, self-care is more important than ever, especially during a pandemic,” said CEO of Rowpar Pharmaceuticals Jim Ratcliff. “These initial findings on Influenza A, together with the COVID-19 results, are extremely encouraging. We’re pleased to be able to share them now, as we head into a particularly uncertain flu and cold season and a possible ‘twindemic’ if COVID-19 and flu cases surge. People may want to reevaluate their self-care routines.”

Lab testing of ClōSYS Ultra Sensitive Oral Rinse against Influenza A H3N2 virus was conducted at Microbac Laboratories, Inc., in Sterling, Virginia, an independent laboratory accredited to test highly infectious viruses. The Influenza A study can be found at CloSYS.com/Flu.

“At Rowpar, we’re serious about the science behind our products,” Ratcliff continued. “Through additional research, we hope to learn all we can in order to provide easily available over-the-counter products that help people get and stay well through better oral health.”

While there is no evidence that inactivating the Influenza A or COVID-19 virus in the mouth will impact disease transmission, the studies reinforce the antimicrobial strength of ClōSYS products. Midwestern University is conducting a general study using ClōSYS to determine the reduction in viral and bacterial load of patients who pre-rinse prior to dental procedures. All ClōSYS products contain a proprietary formula with Clorastan® (stabilized chlorine dioxide), which is a safe and effective oxidant long recog-

nized for its antimicrobial, disinfecting and sanitizing properties. The ClōSYS formula is naturally activated by acids in saliva. Once released, Clorastan® disrupts and penetrates dental biofilm, killing the microbial pathogens living within and inhibiting their regrowth. About Influenza A H3N2. There are two main types of Influenza virus, according to the Centers for Disease Control and Prevention (CDC): Influenza A and Influenza B. H3N2 is one of two main subtypes of Influenza A. According to CDC data collected in recent years, the H3N2-predominant flu seasons have been of greater severity and associated with more hospitalizations in those 65 years and older as well as among young children compared to other age groups. As with COVID-19, people with certain health conditions are at increased risk of serious flu complications.

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About ClōSYS. ClōSYS Oral Care products are a Rowpar Pharmaceuticals brand.

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(Editor’s Note: I felt this should have more exposure than in Shorter Abstracts.) dan



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