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JAN/FEB
2019

Jan 17
BLS Renewal

Jan 26
Dental Practice Act

Jan 30
Practice Transitions

Feb 23
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Mar 15
Manual Training

Mar 21
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San Diego County
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RUN HIDE FIGHT



How to respond to an active shooter
pages 10-13

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More Holiday Party photos page 14

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The problem with associations

We have thousands of learning resources. We have hundreds of events, some free. We have loud voices and prominence in politics, advocating for our profession. We have socials, mixers and parties. There are seminars and continuing education, causes and charities, forms and consents, even wellness and non-dental personal development programs and retreats. We even have our own insurance company and supply vendor. It's a lot. What's the problem? How many of us actually know about all the resources available? So instead, we go around scouring Dental Town, Facebook forums, Google and when we find the first ad or third party vendor that has our solution, we click "Purchase". We are quick to pay them for their services since we are too busy. We have patients to get back to and we don't trust our office manager to make the decision. In general, associations — including ours — are very keen to know the needs of its members and profession, but so many poorly communicate their value and offerings.

YES. The partial problem is that post baby boomers are not joining associations as readily. We discussed this a few issues back. In recap, economic resources are lower, debt is high, value proposition is lower and the offerings from larger group practices is offsetting the perceived benefits of associations. What if that value proposition is actually higher than everyone thinks?

Communication is key to growing membership and transmitting the value of membership to our members and potential members. This is imperative to not only grow the base, but to increase the quality of offerings that are already in existence. It is not the quantity of programs offered, but the highest quality offerings will be the ones that ultimately win our attention in this overstimulating world. These benefits and offerings are

key to raising the bar. It can improve our career trajectory for not just members but also our employees and the patients we serve. This is important to advancing the industry.

Isn't it all about networking? It goes beyond that. While this is extremely important in any profession (often underestimated in dentistry), our interconnections not only further our own performance but also our field. When we connect and share, open up about our success and more importantly our failures, we build an intellectual pool of tools to fight together. We learn about our resources that go beyond the offerings from within the walls of our society. This helps create awareness and also heightens awareness towards interests, causes, specialties, and even personal development. This community is central to any group, society or association. It is the fabric of our culture to exchange knowledge and build relationships that take us beyond our personal view. This helps build vision into the future, spotting trends and industry changes that help us smooth out bumps on our journey.

Knowledge must be exchanged. Especially in health care, high amounts of learning must occur. It is the practice of dentistry that makes our field so fun and continuously interesting. Most professions do not embed this kind of forced feedback. In medicine, physicians learn when patients die. While in dentistry, it is not as extreme, but we must still evolve and learn from our pool to advance. More traditional occupations aren't as apt to evolve and change. Networking increases communication, thus knowledge and knowledge accelerates advancement.

Circling back to communication. If all this is of such high value, why is membership rate of growth not as high as

we would expect? I believe we need to master communication (or marketing) to adapt and compete in this new world of hyper-marketing. Lack of awareness of the benefits, offerings and value that associations brings is a danger to any community. We must all move toward connecting and communicating with one another. I don't just mean texting and emailing pictures of your food to one another, but real live human connection and interaction.

In the noise of everything our singular dental society offers, our attention is in competition from social media, news, family, business, and hundreds of other stimuli. A UCSD study reported that we consume about 34GB of content daily and about 100,000 words pass by our eyeballs every day. Everything is seemingly important. And when everything is important, nothing is. The external environment is just better at marketing than our association. We are not a marketing organization and never needed to be, but we should consider marketing and communications equal. If we were to treat associations and dental societies as businesses, where the metric of success is the rate of membership growth, then marketing is very much important. We are fighting for attention and ultimately pocketbooks!

Engage in your component. Network and share and move our profession forward together, while benefiting yourself. Follow and Like the SDCDS Facebook page and attend the Gala, Holiday Party and Oktoberfest and make new friends. Attend CE and use it as an excuse to shake a few hands. Mentor younger dentists, who are very eager to learn and engage. Do all this to build knowledge and facilitate communication. Our Society and Profession depend on it.



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How to survive an active shooter

My 2018 CDA Journal editorial "Run, hide, fight" focused on how to respond to an active shooter situation in the dental office. This topic is so important that I am reprinting it this issue (see page 10) with a summary page of recommendations (see page 13).

Please read it. Since active shooter incidents will continue to happen, not only you, but your staff needs to be prepared. Every dental office should be trained on how to survive a shooting event. It could even start out with basics, like mapping escape routes. Google "Active shooter planning and response" to access an FBI-approved PDF created for healthcare settings. Also, there is an excellent 5-minute video created by the city of Houston that can be found at the University of the Pacific Arthur A. Dugoni School of Dentistry website. To view it, go to www.dental.pacific.edu and type "active shooter on campus" in the search box.

A workplace violence prevention program can and should address active shooter scenarios. Cal OSHA requires these programs for all California healthcare facilities that keep patients for at least 24 hours, like hospitals; however, dental offices are exempt. Nationally, OSHA may soon follow California's lead.

Congress may not wait for OSHA to decide. In November, Congress introduced House bill H.R. 7141 "to direct the Secretary of Labor to issue an occupational safety and health standard that requires covered employers within the health care and social service industries to develop and implement a comprehensive workplace violence prevention plan, and for other purposes. This bill is stronger than California's current standard, is broader in focus, and would apply to many additional facilities and offices. It doesn't include the 24-hour clause.

I am all for freeing businesses from burdensome and economically-unsound regulations, but sometimes additional regulations just make common sense. Wouldn't it be nice if large events—such as a CDA Presents course in Ballroom A of the Anaheim Convention Center—are required to inform the audience to the location of all the emergency exits from the beginning? And what about learning events at our local dental society office? Do our members know where the two emergency exits are located? I can recall tragic examples of where exit plans could have made a difference—not just in response to shooters, but in cases of fire and terrorism. But where would the line be drawn for that kind of ruling? At least 10 people in a room? 4? All types of meetings? I don't know.

"An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims.

Active shooter situations are unpredictable and evolve quickly."

— U.S. Dept. of Homeland Security

Granted, the chances of an active shooter situation at your dental practice is minuscule. However, preparation for such an event can mean the difference between life or death. Take it a step further. Your walk of life takes you to various familiar and possibly new locations. You could

be at a bank, a shopping mall, a church, or even at a school when something happens. The active shooter response recommendations included here apply to those settings, as well.

Look back at the Simi Valley dental office incident that occurred in 2009. The shooter killed his spouse who he thought was unfaithful. However, of the three co-workers who were also shot, two were hiding in an office room with the targeted victim. Would the outcome have been different if they all fled the scene, like the dozen patients and staff members who immediately escaped out of doors and windows to safety? This active shooter was sentenced to 71 years-to-life.

We live in a country which protects the rights of gun ownership. That can't and shouldn't be infringed. It is in the fabric of our nation. It is a basic right. I was fortunate to grow up with a profound respect for firearms ownership and proper usage, whether it was enjoying seasonal dove hunting in the Imperial Valley or target practice with pistols and rifles for sport. And when gun control was unconstitutionally implemented in a Chicago suburb named Morton Grove, I remember scanning through my father's American Rifleman magazines to get research material to write a rebuttal essay for my high school composition class.

Do you avoid sitting at restaurants with your back towards the front entrance? Do you consciously look for all the emergency exits when you go to a movie theatre or a concert? Maybe you should. And are you and your staff prepared to handle the worse? Whether it is the new normal or not, what are you waiting for?

Source: Hernandez M. Man pleads guilty to killing wife, injuring 3 in Simi Valley dental office shooting. Ventura County Star. June 26, 2017.



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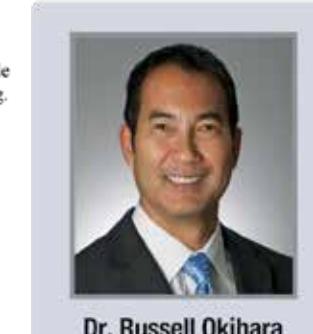
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More Than Membership Dues

By now you'll have gotten your renewal notice from the CA Dental Association. Your dues cover your membership for the ADA, CDA and your local San Diego County Dental Society. We are grateful for your membership and hope that you find value in the services and benefits we offer. If you'll examine your statement a little closer, you'll find that there are "below the line" options for a couple of other contributions as well that are critically important. \$40 will buy you a few lattes, or maybe a nice dinner, but if you were to give it up, you likely wouldn't even remember the sacrifice a few days later. On the other hand, \$40 times 2000 members could make a huge difference for our foundation and advocacy programs.

In 1992 our San Diego Dental Health Foundation was launched. For two decades we invested between \$15-20,000 in student scholarships and a few other community programs to advance oral health among underserved populations. Today our budget,

approaching nearly \$300,000, is used to run the Geis Dental Clinic at Veterans Village and many other oral health programs for vets, children and seniors.

Our San Diego County Dental Society Political Action Committee was founded to raise funds to support candidates for political office who are informed of and sympathetic to the causes of dentists and oral health. It is a non-partisan entity that encourages dentists on our Legislative and PAC committees to form relationships with legislators. Together with the PACs of the CDA and ADA, we strive to make a difference at local, state and national levels.

Please consider checking the boxes for our foundation and PAC and making a contribution that will help to support the profession of dentistry and the smiles of the people of San Diego.

Welcome New Members

New Member	Address	City	Education
Alexander Pijpaert, DDS	No Primary Office		Marquette, 1997
Julian Wade, DDS	5060 Logan Ave.	San Diego 92113	Howard University, 2018
Allison Wisniewski, DDS	4123 University Ave.	San Diego 92105	Marquette, 2018
Nghi Phung Truong, DDS	4236 El Cajon Blvd.	San Diego 92105	Nova Southeastern University, 2018
Haley Zamer, DDS	4110 W Point Loma Blvd.	San Diego 92110	SUNY, Stony Brook, 2015

2019 Seminars for New Dentists

Mark your calendars for the following dates:

March 7 June 27 August 27 November 7

Topics will be announced soon, so please check our website at sdcds.org for the latest.



This article might challenge your comfort zone and may even seem disturbing to you. If it is, then I've done my job. I will leave politics and Second Amendment arguments completely aside. So please read on.

Run! Hide! Fight!

Brian Shue, DDS, CDE

It is another busy morning. You just placed local anesthesia on one patient and ease over to another operatory to complete an exam. Suddenly, boom! You hear a jarring blast from the back of the office. Was that a firecracker? Your ears ring hard. You peer down the hallway. Boom! It's the same noise again. But now it is unmistakable—it's gunfire! You see a stranger appear inside the back doorway of the office. He has an assault rifle. Quick, what do you do?

Pause. What's wrong with this picture? Sure, tragic "active shooter" events seem all too frequent these days, such as the 17 killed at a Parkland, Florida high school or even the 58 killed at an outdoor concert on the Las Vegas Strip, but do they happen at healthcare facilities? Or a dental office? Unfortunately, more often than you think. The opening active shooter scenario actually happened in a Simi Valley, California dental office in 2009. Even our profession is not immune from the violence of our sometimes tragic world.

This article might challenge your comfort zone and may even seem disturbing to you. If it is, then I've done my job. I will leave politics and Second Amendment arguments completely aside. So please read on.

An active shooter is "an individual actively engaged in killing or attempting to

kill people in a confined and populated area" as defined by the U. S. Department of Justice/Federal Bureau of Investigation, U.S. Department of Homeland Security and other law enforcement agencies. The FBI further clarifies the definition by stating it is different than just a homicide, because it is where "both law enforcement personnel and citizens have the potential to affect the outcome of the event based upon their responses." Here are some recent examples:

- In 2016, a man armed with a shotgun entered a Hampton, Georgia office and looked for an employee—his ex-girlfriend. She ran out the back door and bystanders successfully hid her. He killed himself before the police arrive.
- In 2016, a man with a semi-automatic pistol went into a Chicago office to confront his ex-girlfriend, an employee. He found her. Police arrived and witnessed him beating her. A standoff ensued for 18 minutes. The gunman was killed.
- In 2014, a man disputed a bill, pulled out a pistol, and threatened the owner of a business in Dearborn, Michigan. An employee grabbed him and the staff subdued the gunman, but not before the gun discharged. Police arrived and arrested the man.

These all occurred in dental offices.

US HEALTH CARE FACILITIES, 2000-2013

The 4 incidents in health care facilities resulted in 10 killed and 10 wounded (including 2 law enforcement officers). The ages of the shooters ranged from 38 to 51. All incidents occurred on different days of the week: a Monday (1), a Tuesday (1), a Saturday (1), and a Sunday (1). In all, 2 shooters committed suicide at the scene (1 before police arrived, and 1 after), 1 was apprehended at the scene, and 1 was killed by police at the scene. — Blair JP, Schweit KW.

A FBI report gathered data of almost every active shooter event in the U.S. that occurred from 2000 to 2013, to help law enforcement and citizens "better understand how to prevent, prepare for, respond to, and recover from these incidents." They documented 160 active shooter cases, in which 486 people were killed (not including the shooters) and 557 were wounded. The study excluded types of homicide related to drug or gang violence.

The FBI found 70% of these events occurred in a commerce, business, or educational environment. 20 out of the 160 cases occurred at a middle or high school, and a student was the active shooter in 17 of those cases. Of the 160 incidents, 9.4% of the active shooters targeted family members. 10% of the male shooters targeted women with whom they had or previously had romantic relationships. 6 out of the 160 active shooters were women. Strikingly, the total number of incidents had doubled in the last seven years of the study period, compared to the first seven years.

The majority of the incidents ended before law enforcement arrived (56.3%). The FBI stated that unarmed citizen(s) took charge and made "selfless and deeply personal choices to face the danger of an active shooter" in 13.1% of the incidents, which stopped the shooter. Law enforcement suffered casualties (killed and wounded) in 46.7% of the time when they engaged an active shooter, and they engaged the shooter 45 times out of the 160 incidents recorded.

Although the FBI study included cases you may already familiar with, such the Sandy Hook Elementary School shooter in Newtown, Connecticut, but it also included four incidents that occurred at

healthcare facilities: two medical centers, a hospital and a health rehabilitation center.

The FBI states "even when law enforcement was present or able to respond within minutes, civilians often had to make life and death decisions, and therefore, should be engaged in training and discussions on decisions they may face." They also stress the value of understanding threats, risks, and survival options, yet state the best outcome would be to prevent a situation from ever developing. What should you do when encountering an active shooter? Run, hide, fight. All law enforcement agencies are in agreement! But experts also warn that nobody should be forced to act or perform something beyond their wishes or limitations in such an event and everyone will tackle such issues in their own personal and individual way.

Here is the life-or-death take home message:

Run: evacuate immediately! Know an escape route, help others to leave the scene, then call 911 when you are safe.

Hide: if you can't escape, hide out of site, where you won't be found. Close and lock a door, blockade the door with furniture, call 911 if possible and then be quiet. But don't limit your chance to escape.

Fight: take action against the active shooter. But only if your life is in imminent danger! Try to disrupt or incapacitate the active shooter.

There is too much potentially life-saving information than can be adequately summarized here. Do additional research.

Use the references listed at the end of this article as a starting point.

Active shooter incidences can be categorized as a form of workplace violence, albeit extreme. Workplace violence is defined as "violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty", according to the National Institute for Occupational Safety and Health. Occupational Safety and Health Administration (OSHA) states "from 2002 to 2013, incidents of serious workplace violence (those requiring days off for the injured worker to recuperate) were four times more common in healthcare (including social assistance) than in private industry on average."

PROFILE OF AN ACTIVE SHOOTER

An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims. Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims. Because active shooter situations are often over within 10 to 15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.

— US Dept. of Homeland Security

continued next page

Run hide fight continued

U.S. Bureau of Labor Statistics data shows 404-475 workplace violence homicides occurred each year from 2011-2015. A total of 25 “health diagnosing and treating practitioners” were killed in that period, including nine physicians/surgeons, two psychiatrists, one pharmacist, and one chiropractor. No dentist was killed. In that period, six “health-care support” staff (nursing, psychiatric and home health aides) were killed, but six were killed just in 2016. Looking further back, 540 workplace homicides occurred in 2006—including three physicians/surgeons — and almost 1,000 workplace homicides happened in 1997. Although workplace violence does occur in the dental office setting, homicides are not common.

Effective in 2017, Cal/OSHA implemented a “Workplace Violence Prevention in Health Care” standard (Title 8, section 3342) specific for California hospitals, skilled nursing facilities, and other entities which admit patients for stays of 24 hours or longer. It is now mandatory for these groups to have a program to protect their employees from workplace violence, through employee training, hazard identification and additional recordkeeping. Some, but not all states have similar programs.

But it is not mandatory for dental offices to implement a workplace violence prevention program. That may change. And rightly so. On the federal level, OSHA is reviewing data from its Request for Information filed in 2017 on the subject “Prevention of Workplace Violence in Healthcare and Social Assistance”. If OSHA decides to establish this as a national standard, it would go beyond the current requirements of general office safety training and recordkeeping, which currently seems to be barely minimal. Such a workplace violence prevention directive would have the well-intentioned goal to improve the safety of every health care environment in the nation, including dental offices.

Let’s return to the Simi Valley active shooter event described in the opening paragraph. Sadly, it ended in tragedy. The gunman, armed with a SKS semi-automatic rifle and two fully-loaded magazines, looked for his wife who worked at the dental office. They had recently separated. An employee confronted him outside the back door of the office. The gunman shot and wounded him. Over a dozen patients and staff escaped through doors and even windows. His wife hid with two other employees. But the active shooter found them. He shot and wounded these two employees. Then he killed his wife with multiple gunshots.

The police arrived, and the shooter surrendered, but only after an hour long stand-off. In 2017, after many delays, the shooter finally plead guilty to first degree murder and multiple other charges.

Be proactive. Be prepared. Not every active shooter event will play out the same. But according to experts, you can improve your chances of survival if you remember these three words: run, hide, fight.

Special thanks to CDA Practice Analyst Teresa J. Pichay, CHPC. Reprinted from CDAJ May 2018.

References:

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TRAINING YOUR STAFF FOR AN ACTIVE SHOOTER SITUATION

To best prepare your staff for an active shooter situation, create an Emergency Action Plan (EAP), and conduct training exercises. Together, the EAP and training exercises will prepare your staff to effectively respond and help minimize loss of life. Components of an Emergency Action Plan (EAP) include:

- A preferred method for reporting fires and other emergencies
- An evacuation policy and procedure
- Emergency escape procedures and route assignments (i.e., floor plans, safe areas)
- Contact information for, and responsibilities of individuals to be contacted under the EAP
- Information concerning local area hospitals (i.e., name, telephone number, and distance from your location)
- An emergency notification system to alert various parties of an emergency including: individuals at remote locations within premises, local law enforcement, local area hospitals

— US Dept. of Homeland Security

HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

Quickly determine the most reasonable way to protect your own life. Remember that customers and clients are likely to follow the lead of employees and managers during an active shooter situation.

EVACUATE

If there is an accessible escape path, attempt to evacuate the premises. Be sure to:

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be
- Keep your hands visible
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe



HIDE OUT

If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

Your hiding place should:

- Be out of the active shooter’s view
- Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door)
- Not trap you or restrict your options for movement



To prevent an active shooter from entering your hiding place:

- Lock the door
- Blockade the door with heavy furniture

If the active shooter is nearby:

- Lock the door
- Silence your cell phone and/or pager
- Turn off any source of noise (i.e., radios, televisions)
- Hide behind large items (i.e., cabinets, desks)
- Remain quiet

If evacuation and hiding out are not possible:

- Remain calm
- Dial 911, if possible, to alert police to the active shooter’s location
- If you cannot speak, leave the line open and allow the dispatcher to listen

TAKE ACTION AGAINST THE ACTIVE SHOOTER

As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions



— US Dept. of Homeland Security: “Active shooter: How to respond”

Holiday Party SDCDS

celebrated on Dec. 6 at the La Gran Terraza, USD campus.



DentalPost

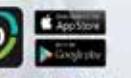
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Tonya Lanthier, RDH
Founder & CEO



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Foundation Highlight

February is National Children's Dental Health Month and each year the SDCDF partners with the County of San Diego and 7 clinic sites to provide free fluoride varnish and sealants to kids across the county. Consider this an excellent opportunity to donate your time and talent and make a lasting impact in the San Diego community. Site availability is limited, so register today by calling or emailing Ryan at 619.275.7190 or support@sdcdf.org.

Show you care!

Consider making a charitable donation to the San Diego County Dental Foundation. Your gift goes towards oral health for veterans, scholarships for dental school, children and other underserved populations! To learn more, volunteer or donate, go to sdcdf.org.

Ensure your gift endures! Consider a Planned Gift – it provides lasting support and costs you nothing! Call Ryan today for more information 619.275.7190



Dr. Dave DeRosier
& his wife, Kerri.

'Why We Give'

The John Geis D.D.S. Dental Clinic at Veterans Village had been open a year when my staff and I decided to raise awareness of its great mission by hosting a Halloween candy buy-back the week after Halloween in 2016. We figured that our Veterans and kids could benefit from saving kids' teeth from all that sugar!

We offered to buy back Halloween candy at \$2 per pound and promised to give \$4 per pound of candy received to the clinic through the San Diego Health Foundation. The majority of people who brought their candy to my office didn't take our money; instead, they asked us to donate their proceeds to the dental clinic. One woman came in and said, "I don't have any candy, but please send my \$20 to the clinic."

In partnership with Veterans Village, the San Diego Dental Health Foundation provides services to those

who have heroically served us. The state-of-the-art dental clinic right on the campus of Veterans Village offers desperately-needed free dental services to the approximately 200 residents at the Village—veterans who are struggling with PTSD, addiction issues, homelessness, and dental disease.

This year, we convinced the Point Loma Rotary Club to donate a significant portion of the proceeds from their annual Comedy Night fundraiser to the clinic; we hope they continue to support the clinic for many Comedy Nights to come.

It's my hope that the Foundation can raise enough money to not only keep the clinic running (\$80,000/year), but expand its hours of operation in order to serve more struggling veterans – including those who are not necessarily in the Veterans Village program.

to donate or volunteer, go to sdcdf.org

Zeynep Barakat, DMD, FAGD

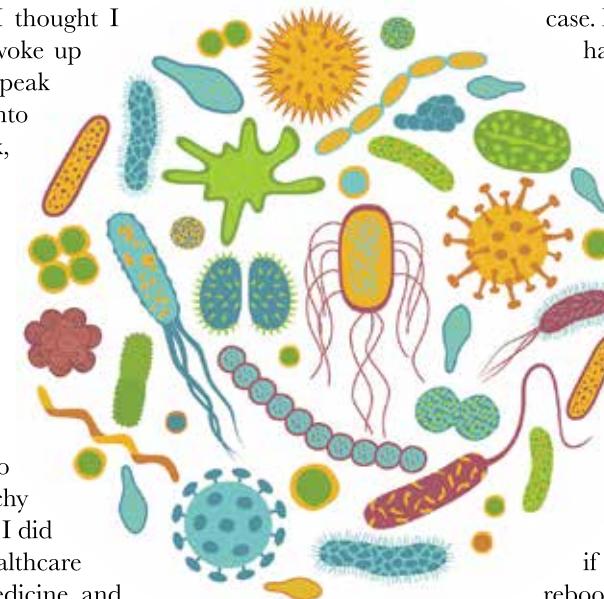
Dr. Barakat graduated from Boston Univ. School of Dental Medicine, completed an AEGD residency in Detroit and practiced in New England before moving to San Diego. She is currently in private practice and recently joined the board of the San Diego AGD component. She is a regular contributor to the AGD's Daily Grind blog.



The Flu Season

Along with Thanksgiving dinners, holiday parties, and all other end of season charms, comes another seasonal norm- the flu. Some of us eagerly line up to get poked by a dose of antigens every year, and some of us not go near it for various reasons. The irony is, we all get sick at some point, including dentists, albeit to various degrees of severity. The common cold, being very different from the flu, can seem so...common. In fact, it's so common that many don't even think we should do anything different in our lives when we are struck by it. Life goes on as usual, so what if your nose is runny, you're sneezing, coughing and your voice is barely there? Deal with it, right?

After getting my own flu shot, I was reminded of what happened to me last year. I thought I could "deal" with getting sick. I woke up to a very sore throat and couldn't speak without my dry throat putting me into a coughing fit. Then like clockwork, came the sneezing, sinus headaches and earaches. I did not go into work that first day, but it did not get any better. Thankfully, I did not have the fever or the body aches influenza can so cruelly cause and I was relieved that my flu shot had helped. But it felt like my head couldn't stay vertical without sending me off into multiple sneezing fits and my scratchy throat felt like it had yarn in it. So I did the next best thing a sensible healthcare provider would do- I took some medicine, and went to work. After all, my patients were waiting and rescheduling them is neither an easy nor a pleasant task.



was chatting with patients, I would get into my coughing fit and leave the room, wash hands, re-mask and come back into the conversation. The lozenges, herbal teas, soups helped, but it felt as though I had already lost the battle.

I won't get into the history of the common cold and its effect on lost work time and on health care costs. Let's just say that it is a large number. In a perfect world, if one person in an office has the cold, they would stay away from others until it had passed. Not only would that help minimize the spread of the virus and thus prevent more employees from calling in sick,

but it would also ensure that those with reduced immunity would not end up hospitalized as is so often the case. But who could take 3-4 days off without having serious financial implications due to the time away from work? Wouldn't we be mocked anyway for staying home because we had a cold? It's a conundrum that has yet to be resolved, even in the medical community amongst physicians. From my own perspective, it was an extremely unpleasant experience that I wish never to be repeated again (mostly for the sake of my patients). But I, too, worked through it and did not stay at home to recover. I do respect the miracle of the human body and its intricate machinery; and if it is malfunctioning, I like to stop and reboot. If we don't do it for our own sake, we should consider doing it for our patients, our staff and those unfortunate people who are defenseless – for the common good.

Reprinted and updated from the AGD Daily Grind

For Sale/Lease**Attention Dental Practice Buyers!**

Our Dental Practices for Sale are listed on the inside cover page of this issue. Attention Buyers: Most of our listings are sold in less than 30 days. Get added to our Buyer Notification List so you can find out about our newest listings before they appear in ads. Ken Rubin Practice Sales, Inc. Call 619.299.6161 or krpracticesales.com

Medical or Dental related Practice Suite in La Jolla

or a business in a small boutique space located in the center of beautiful La Jolla. Perfect opportunity for psychiatrist, psychologist, counselor, dentist, physician, surgeon, any dental or medical related occupation welcome. Located in medical dental building. Come join these great practices. 612sf, classy second floor suite with elevator. Perfect for entrepreneur. Partially equipped for dental practice, surgical practice. Terrific opportunity. \$4.90/sf per month triple net lease. Contact: Kevin Gott, dynamold@aol.com

PB Dental office For Sale. Leaseholds

Price Reduction -- Dental office for sale in PB. Remodeled office, equipment is 2 years old. 2 dental ops fully equipped. Sedation equipment and machine available. 35k OBO. call 425.306.2579 or delisredds@gmail.com

Practice for Sale by Owner Only \$199,000

High end practice with 25 yrs of Goodwill, no HMO, no PPO except one, refers out, lots of room for growth, beautifully built condo priced to sell as well in the South Bay. drsamheals@gmail.com

Class "A" Dental Condo for Sale or Lease

San Marcos - 1,873 SF - 4 ops - Brand new! First class finishes. Centrally located off SR-78 near major retail & schools. Prominent building-top & monument signage. Contact: Paul Braun 858.410.6388 (RE Lic#00891709)

Support Services**Dental Equipment Repairs**

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Dental Computer Training

Specializing in Dentrix, EagleSoft, SoftDent and OpenDental, Academy of Dental Practice Careers caters to anyone who needs more dental office computer training. Instruction is offered in two forms, In-Office, at your location, or at the ADPC training facility in Kearny Mesa. Call Becky Gerber, 858.274.4777 or DentalPracticeCareers.com

Office Based Dental Anesthesia

Board-certified, licensed, insured. Anesthesiologist available to provide general anesthesia (or IV sedation) to patients in your office, pediatric or adult. Please contact me for more info or questions. Contact 206.948.2468 or 40winksanes@gmail.com

General Anesthesia or IV Sedation

General Anesthesia or IV Sedation for your patients. Both adult and pediatric patients welcome. Dr. Lee has been practicing for over 20 years. Please call 858.472.3024. Thank you

Advertise in Facets Classified section, Ads start at \$40. Ad posts here & online at SDCDS.org.
The ad deadline for the March issue is February 1, 2019 – 619-275-7188 or advertising@sdcds.org

Successful Invisalign Day Consulting

Free 2 Hour Consultation to see how you can earn up to \$50K in one day. Learn how to start 10-15 cases in 1 day. Coordination & Implementation of Invisalign Day. In-Office Training Session, Complete Protocol Manual, Unlimited Email, Phone, ClinCheck Assistance for 3 Months. 858.461.9010 clearconsultdoc@gmail.com

Equipment Wanted**General Dentist**

Would you like to donate any dental supplies, materials, hand instruments for a scheduled humanitarian dental visit to the Marshall and Gilbert Islands in January 2019? Anything useful or extra you have would be appreciated. I can pick up at your location. 760.274.3182 Deankstewartdental@gmail.com

Available for Hire**In-house Implant Surgeon/Prosthodontist**

Misch Implant Institute Faculty; available 1-4 days/mo, including evenings and Saturdays. Implant placement; grafting; extractions. 25+ years of private practice and in-house surgical experience. 818.359.2076, See website, inhouseimplantdentistry.com for additional details and dentist testimonials.

Endodontist

In House Endodontist Available. Experienced / caring endodontist available to come into your office. All endo equipment, supplies, and assistant are provided. Percentage of production. Contact: michaelgavin@earthlink.net

Business Opportunities**Need Dental Office Space to Share**

Specialty Care Dentist looking to share dental office space 2-3 days/month. Doctor established in Orange County looking to rent space in San Diego, Oceanside, Carlsbad, Vista, and La Jolla, not restricted to the above areas. 323.639.3469, info@goto.dental.

North County Coastal Space Share

Nice Encinitas dental private practice, 1300 sq ft, 4 ops, surgical suite, Medical/Dental Complex, plenty of parking. Easy access from Hwy 5 and right in the busiest part of the medical community of Encinitas. mgallids@gmail.com 760.943.1449

Practice Transition

As much as I love my 46 y/o practice in Clairemont: my patients, my location, it's time to develop an exit plan. Will give the right person the opportunity to rent space, build your own practice and cover for my many vacations while buying in. There is lots of room for growth. Send resume hrblock36@gmail.com

Help Wanted**Dentist Associate Position Available**

For Wednesday's and future Tuesday's in a well established Premier Private Multi-Specialty Group Dental Practice in the fastest growing area of Carmel Valley, S.D. Great opportunity. Send resume for consideration to torreymardds@gmail.com.

Associate Dentist

Looking for part time dentist for our Mission Valley Office. You must be an excellent team player. Please e-mail your resume to drbustamante@sdmvdentistry.com

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2019 DIRECTORY

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January 2019



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The CDA Well-Being Program

If someone you know or love may have an alcohol or chemical dependency problem, contact a support person near you for 24-hour confidential assistance.

San Diego Well-Being Committee

858.692.4862 (cell)

San Diego County Dental Society

619.275.0244

California Dental Association

800.232.7645

**Reach 1950 Dentists**

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Officers for SDCDS were installed on for the 2019 term:

President: Dr. Chris Pham
 President Elect: Dr. Brian Fabb
 Secretary: Dr. Tina Beck
 Treasurer: Dr. Spencer Mauseth (not pictured)
 Immediate Past Pres: Dr. Tom Brant and
 Editor: Dr. Brian Shue

Also pictured are Trustees to the CDA, Drs. Linda Lukacs and Misako, and Executive Director, Mike Koonce

2019: New Year's Technology Resolutions

2019 has arrived! Here is wishing everyone a Happy New Year!

Below is a review of some of the technology topics that were explored last year which hold validity today as we navigate the year ahead.

Cybersecurity Awareness

Cybersecurity is something all computer users need to be aware of and implement appropriate precautions accordingly in order to reduce the chance of fraud, identity theft, and information phishing. Be vigilant! As dental practitioners we not only are responsible for our personal information cybersecurity, but we have a responsibility to protect the health information of our patients.

Password Security Tools

There are many commonly available software tools that can not only create a complicated password for you, but will also store it for you so you do not need to remember it. This allows you to utilize a different password for every online service you need to access, and the password used can be made so challenging that it can withstand a brute force attack for a long enough duration of time that it remains secure.

Website Copyright Infringement

Website copyright infringement occurs when a website utilizes content that is owned or licensed by someone else, whether it's text content, images, or even software applications that expand web page functionality. Any dental practice that contracts out their website should have a pointed discussion with their web developer to ensure that all content that is visible: the text, images and photos, and even content that is not visible: the software functions like chatting review generation, third-party integration for patient information gathering, all represent authorized materials that are not improperly utilized.

Infection control in tech-oriented offices.

Wired devices have been greatly reduced over the years thanks to Bluetooth wireless technology and more efficient power storage devices, making infection control of tech devices easier than it was 10 years ago. But with more and more handheld devices along with other wireless gadgets used throughout the daily dental practice routine, special handling and staff training are constantly necessary to maintain strict infection control practices with these devices.

Computer Security Vulnerabilities & Cyber Risks

Malware, ransomware and email account hacking events are a very large problem now and will continue to be in the future. These problems represent risks where a data breach may occur, compromising patients' protected health information and financial information. Cybersafety protocols must be established and implemented by all staff members and should be a topic reviewed during ongoing training. This is especially important for those users who have email access and utilize web browsers on computers within the office computer network. Frequent and complete data backups are essential to limit the harm that could occur if a system is compromised and needs to be completely wiped out and subsequently recovered. Have passwords that are unique for each individual function or web site used, and limit the number of users that have access to those credentials.

Cures registration and checking

Whether you are a computerized dental practice or not, if you have DEA number and prescribe or dispense Schedule II-IV narcotics, the CURES mandate that took effect October 2, 2018 requires a change in prescription protocol for prescriptions that last a period longer than 5 days. Prescriptions that span less than five days can utilize the allowance built in to the new mandate which says checking the CURES system is not necessary:

... if a health care practitioner prescribes, orders, administers, furnishes, or dispenses a controlled substance to a patient as part of the patient's treatment for a surgical procedure, if the quantity of the controlled substance does not exceed a nonrefillable five-day supply of the controlled substance to be used in accordance with the directions for use ...

If you are writing prescriptions for longer than 5 days and must therefore consult the CURES system regularly, the web-based system helps you maintain an efficient protocol in your office by designating and utilizing staff delegates who can help with the prescription history lookup process.

Garrett Guess, DDS

Dr. Guess (pictured here with his family) is a Diplomate of the American Board of Endodontics, with a private endodontic practice in the La Jolla/UTC area. He developed EndoTrak, an endodontic practice management software program. Email: endo@drguess.com.




The 2019 SDCDS Officers and Directors were installed on November 27th. Also pictured are San Diego's Trustees to the CDA and the Executive Director.



Women's Dental Connection holds wellness workshop: L-R: Drs. Shivali Gohel-Garg, Christie Martinez, Heta Bhansali, Pamela MacPherson, Neena Patel, and Jessica Kim.

CALENDAR PLANNER 2019 SDCDS EVENTS

Jan 17 THURSDAY BLS Renewal

Jan 26 SATURDAY Dental Practice Act

Jan 30 WEDNESDAY Practice Transitions

Feb 23 SATURDAY GKAS

Mar 15 FRIDAY Manual Training

Mar 21 THURSDAY BLS Renewal

Apr 12 FRIDAY Cone Beam

Apr 27 SATURDAY Ethics in Denistry

More info about these courses and more
on our events page at sdcds.org

THURSDAY

JAN 17

BLS Renewal
FREE CE*



3CE units

Summary: Register early if your CPR card is expiring; limited spaces available.

Time: 6-9pm (5:30pm check-in)

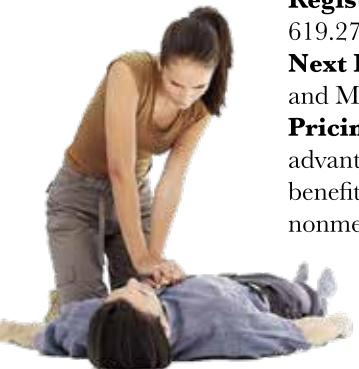
Includes: Pizza and salad, (please indicate special dietary needs when registering).

Location: SDCDS Office

Register: sdcds.org
619.275.7188 or admin@sdcds.org

Next Renewal: March 21, 2019 and May 2, 2019

Pricing: member \$40 or take advantage of your 1 free member benefit CE for 2019.
nonmember \$60 | staff \$50



SATURDAY

JAN 26

Dental Practice Act and Infection Control



4CE units



Speaker:
Nancy Dewhirst


Summary: This course reviews the DPA topics and regulations that are required for re-licensure. Then review CDC Guidelines and State regulations for Infection Control.

Time: 8am-12:30pm(7am check-in)

Includes: Cont. breakfast, (please indicate special dietary needs when registering).

Location: Handlery Hotel
950 Hotel Circle North

Register: sdcds.org
619.275.7188 or admin@sdcds.org

Pricing: member/staff \$75
nonmember \$99

Sponsored by: Garfield Refinery, and PracticeCFO

WEDNESDAY

JAN 30

Practice Transitions



3CE units

Summary: Just as rapidly as dentistry is changing, so is the environment for dental practice sales. If you are considering selling your practice anytime in the next 5 years, you will find this content-rich seminar to be extremely valuable.

Learn:

- How Practices are Really Valued
- To Increase Your Value
- The Steps Involved in Transitioning
- To Avoid Pitfalls & Hazards
- Ways to Minimize your Tax Bite

Time: 6pm-9pm(5:30 pm check-in)

Includes: Dinner

Location: SDCDS office

Pricing: Free

RSVP: vanessa@kenrubincpa.com or call 619.229.6161



SATURDAY

FEB 23

ANNUAL Give Kids A Smile

Free Dental Screenings, Sealants and Fluoride Varnish

Summary: ADA's annual 'Give Kids A Smile' event is quickly approaching! This is an excellent opportunity for us to make a positive impact and give back to the greater San Diego community! This event will impact the lives of over 500 kids by providing them with 0-cost dental services: oral screenings, dental sealants & fluoride varnish application. All participating clinics will be provided with materials, forms, supplies and training to ensure site success. Spaces are limited so call or email Ryan today for more information or to reserve your spot!

Time: 8:30am-12pm

Register: sdcds.org
619.275.7190 & support@sdcds.org





This years locations:

Vista Community Clinic
1000 Vale Terrace Dr., Vista 92084

Neighborhood Healthcare
425 N. Date St., Escondido 92025

Operation Samahan, Inc.
9855 Erma Rd. #105, San Diego 92131

San Ysidro Health
330-340 E. 8th St., National City 91950

Mountain Health and Community Services
1372 Buchman Springs Rd., Campo 91906

Grossmont/Spring Valley Family Health Center
8788 Jamacha Rd., Spring Valley, CA 91977

La Maestra Community Health Centers
4305 University Ave. #120, San Diego, CA 92105

Funded by:

San Diego County Dental Foundation

First 5 San Diego

Share the Care

Live Well San Diego

FRIDAY

MAR 15

Manual Training



6CE units

Speaker:
Teresa Pichay, CHPC


Summary: Experts will help you write the manuals and provide you with the templates to facilitate the process. Bring a laptop, tablet or notebook and learn about updated information and bring questions.

Speakers: Teresa & Michelle from the CDA Practice Support Dept.

Time: 8:30am-3:30pm
(registration 8am)

Includes: Cont. breakfast & lunch (please indicate special dietary needs when registering).

Location: SDCDS Office

Pricing: TBD

Register: sdcds.org
619.275.7188 & admin@sdcds.org

Speaker:
Michelle Corbo, PHR


FRIDAY

APR 12

CBCT Principles, Interpretation & Applications



6CE units

Summary:

- principles of radiographic interpretation
- technological parameters and how they affect the image quality
- selection criteria , when to use it
- methodological approach of reviewing scans
- applications in dentistry
- its limitations and advantages
- how it can be used to improve diagnosis

Time: 8am-4pm(7am check-in)

Includes: Cont. breakfast, and lunch, (please indicate special dietary needs when registering).

Location: 4 points Sheraton 8110 Aero Dr.

Register: sdcds.org
619.275.7188 or admin@sdcds.org

Pricing: member/staff \$75
nonmember \$99

Sponsored by: Garfield Refinery, and PracticeCFO



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