San Mateo County Dental Society | Every Member. Every Day.

# MOUTHPIECE

### In This Issue:

- Message From Our President
- Opioid Crisis in America
- Minimizing Extractions and Surgery
- HR and COVID Related Q & A and much more.....



## 2020-21 Member Events Calendar

#### See upcoming events art **www.smcds.com** for details and registration.

#### New / revised course info highlighted in **bold text**

	NOVEMBER								
DATE	DAY	Түре	Торіс	Speaker/Contact	LOCATION	Тіме			
13-15	F-Su	L	CDA House of Delegates	Multiple	N/A, Virtual	All Day			
19	Th	CE1	Implants for Adolescents: Growth and Implant Placement	Arun B. Sharma, BDS, MSC	Webinar	6:30-8:30 P			
26	Th	н	Thanksgiving Holiday	SMCDS Office Closed					
DECEMBER									
3	Th	CE1	Responding to Impending Lower Reimbursements from Insurance Companies	Jeff Belkora, PhD	Webinar	6:30-8:30 P			
10	Th	CE1	Disaster Preparedness & Response: Dentistry's Role	Nancy Dewhirst, BS, RDH	Webinar	6-9 P			
8	Tu	G	SMCDS Leadership Meeting	President: Benjamin A. Yount, DDS	N/A, Zoom	6:30-8 P			
14	Μ	RCE	CANCELED BLS CPR Renewal Course	Richard A. Fagin, DDS	SMCDS	TBA			
25	F	Н	Christmas Holiday	SMCDS Office Closed					
31	Th	н	New Year's Eve	SMCDS Office Closed					
	JANUARY								
1	F	Н	New Year's Day Holiday	SMCDS Office Closed					
12	Tu	G	SMCDS Leadership Meeting & New Ldrshp Orientation	President: Brad L. Hart, DDS	N/A, Zoom	6:30-8 P			
21	Th	CE1	Tooth Trauma	Kenneth W. Tittle, DDS, MS	Webinar	6:30-8:30 P			
26	Tu	CE1	CDT Code Changes for 2021	Gary L. Dougan, DDS, MPH	Webinar	6:30-8 P			

	EVENT TYPE		EVENT TYPE		EVENT TYPE
AR	Allied Dental Relations	н	Holiday	PM1/4	Pract Mgmt 1=New Dent 4=Life Active
CE1	Core CE	HWS	Hands-On Workshop	PS	Professional Success
CE2	20% CE	L	Leadership	PS1/4	Prof Success 1=New Dent 4=Life Active
CO	Community Outreach	NDS	New Dentists Social	RCE	Required CE
FMB	Free Member Benefit	PG	Personal Growth	S	Social Event
G	Governance	PM	Practice Management	SCCE	Study Club CE

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### SAN MATEO COUNTY DENTAL SOCIETY Every Member, Every Day.

#### 2020 Executive Board

President: Benjamin A. Yount, DDS President Elect: Brad Hart, DDS Treasurer, Secretary: Purvi K. Zavery, DDS, MS Immediate Past President: Sara A. Andrews, DDS, MS 2017 Past President: Benson Wong, DDS CDA Trustee: Carliza A. Marcos, DDS Executive Director & Editor: Nakia Brandt

### MOUTHPIECE

**Published Quarterly** 

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## **President's Message**

**Ben Yount, DDS** 

So much has happened this year, it's gone by so quickly, and although it's been different from years past I've loved being your 2020 SMCDS President. I remember when Nakia, our Executive Director met me at my office in January to brief me on my presidential responsibilities and as a small token of gratitude she gifted me a toy car. I was floored because whoever knows me knows that I love cars. I have a 1974 Datsun 260Z that's low to the ground and loud. The car I drive daily is a 1990 Mazda Miata. It's a perfect commuter and one I regularly take the long way home after performing dentistry all day. Well, Nakia didn't gift me a model car representing my passion for sports cars. She went with the sensible choice of a Volvo XC60 SUV. The car sits on a shelf above my desk as if watching over me. Throughout the year I have glanced at it, picked it up, and opened its doors. It has been a symbol of my prudent responsibility as your leader of our dental society and with our members in the passenger seats I have always worked to guard my precious cargo. This year I really learned that we are not just a group of dentists that have dinner meetings. We are a band of brothers and sisters that share the best profession I know and we are essential.

COVID-19 hit and we as a board had to change tactics so with the help of Nakia, Jim, Mike, and the late and beloved Shirley we went online. They sent out care packages to all of us in the form of much needed information to help us navigate through these tumultuous times. With the changes we made in our practices and within the profession we are stronger together. This all stems from the excellent leadership at CDA and ADA. They work tirelessly, but on the local level the society and its Leadership Council work tirelessly as well. If I were to discuss the backbone of SMCDS it is without a doubt Nakia and our staff. They operate in the background ensuring that the society runs seamlessly day in and day out so we dentists can do what we do best, care for our patients. One of the victories this year goes to Dr. Carliza Marcos. She has been our CDA Trustee and she is a wealth of knowledge who has kept us up to date with the latest news at the state and national level and for that we are so grateful. As you'll read in this edition of the Mouthpiece Dr. Carliza Marcos is moving on to become the secretary of CDA which after 4 years she will be the President of CDA. We are so proud of her and of SMCDS for cultivating such an amazing dentist and leader. Dr. Benson Wong will be in the driver's seat as our Trustee and having worked with him extensively I can assure you that he is skilled beyond his years.

I also wanted to inform everyone that we on the Executive Board have been looking to purchase a permanent home for SMCDS. We are in negotiations right now for a beautiful space that we all envision being at for years to come as a place for education, in-person seminars, and social gatherings. Doesn't that sound nice? SMCDS is doing big things and we're here to stay.

This year has also been one of hardship. Whether it be with the pandemic, social heartbreak, economic struggles, and with the loss of people near and far it's been a tough year. We will forever miss Shirley Powell who was part of the SMCDS team. We also lost Dr. Arthur A. Dugoni who needs no introduction as he was a legend among dentists and an all-around great guy. With his family's blessing 2021 will mark the inaugural Dugoni Distinguished Member Service Award that will go to a very special SMCDS member biannually. There are countless others whom we lost and I apologize for not listing them here, but our heart goes out to them and their family.

I want to finish by thanking you for instilling trust in me to lead our wonderful organization. For 2021 I'm passing on the torch to the excellent Dr. Brad Hart. He's easy going, loves downhill skiing, and don't worry as he too is into cars and he'll drive us into a fruitful future.

Yours Truly, Ben Yount DDS Cell: (650)436-7117 Office: (650)344-7888 Email: inkbendental@gmail.com



## **Trustee's Message**

Carliza A. Marcos, DDS

Happy November! It's hard to believe that we are into the last few weeks of 2020! This year has been described in many ways- unprecedented, extraordinary, bazaar, unusual. All that is true, but what is also true is that this year has tested us and shown how resilient we are as citizens and professionals. This year, more than ever, CDA has shown the value of membership.

From the very beginning of the pandemic in March when we were asked to shut down our practices to flatten the curve, CDA did not miss a beat. CDA leaders and staff worked tirelessly with our state legislators and county health departments to clarify the confusing mandates; CDA created workgroups to make scientific-based recommendations to help us re-open our practices safely for our staff and patients; and when it became apparent that our members are still struggling with workforce issues, CDA launched the Career Center in October. This service will match staff and associates with practices. In addition, CDA is developing a dental boot camp and an on-the-job training curriculum that members can utilize to train staff who may be pivoting into a new career. TDSC, the ground breaking dental supplies company that CDA started, will continue to be innovative and cost saving for our members. TDSC transitioned into a new era of partnership with Henry Schein. The TDSC website is now re-named "TDSC.com powered by Henry Schein".

Sadly, this year has also been a year of great loss and turmoil. We've witnessed civil unrest throughout our state and nation. Many of us have personally been affected by loss due to COVID or stress-related sudden deaths. We will forever miss our friend and SMCDS employee, Shirley. We also lost a great man, Dean Arthur Dugoni. He was an irreplaceable legend who had inspired countless students and leaders. Dr. Dugoni was a SMCDS member while he practiced in South San Francisco. Of course, we ended up sharing him with the rest of world!

Dr. Dugoni was the last SMCDS leader who served as CDA President (and eventually ADA President). I will forever cherish his last message to me. He was one of the first to congratulate me when he found out that I won the nomination for CDA Secretary-Elect in late August. He was so pleased and proud to know that next year, all the Executive Committee Members will be UOP Dugoni graduates. That is a testament to his greatness and inspiration! I know I will never be able to fill his big shoes, but I will work hard every day to live up to his legacy.

Now as I write my last message as your trustee, I am grateful for my six years of service on the CDA Board of Trustees. I've learned so much and expect to continue learning. My journey in leadership has been possible because of the support of my brother, Anthony, and my office staff. I appreciate them so much! I also acknowledge our SMCDS past executive director Etta, our awesome new executive director Nakia, our hardworking staff Jim and Mike, our wonderful Executive Board and Leadership Council for their enthusiasm and hours of collaboration to keep our component strong. I am pleased to pass the torch to my good friend and your next trustee, Dr. Benson Wong. I have no doubt that he will represent our SMCDS members well.

I am excited to officially take on my new role on the CDA Executive Board at the conclusion of the first virtual CDA House of Delegates on November 13th. I fully understand that there is much work to do as we continue to help our members recover and thrive. My request of all of you is that you continue to support and volunteer in organized dentistry. We are stronger TOGETHER!

Be well. Have a safe Holiday season with your families. I pray that we can describe 2021 with more positive and happy words.

Respectfully submitted, Carliza Marcos (650) 309-7693

### **Membership Renewal**



#### 2021 Membership Renewal:

Keep SMCDS Strong – Renew Now! - Before the drop date

**RENEW TODAY.** Good news! NO increase in SMCDS member dues for 2021. IF you haven't paid yet, act NOW to avoid having your membership dropped after 1/31/21. You can still do your part to *keep your society's business running efficiently* by paying before the drop date.

#### Discounted/waived dues are available for:

- retirees post-graduate students dental school faculty members federal employees active military duty
- serving full-time for a charitable organization = temporary/permanent disability = financial hardship = medical illness
- leave of absence from dentistry
- If you're not sure about *why* you should renew and need reassurance of member benefits and the *power of organized dentistry*, please e-mail <u>mike@smcds.com</u>.
- IF you run into any snags in the process, call CDA Membership at 800.232.7645 or Mike on the SMCDS member line 650.637.1131.

#### **CHOOSE AUTOPAY TODAY!**

When you renew online, sign up for autopay. Equal monthly payments will be automatically deducted from your chosen checking or savings account, and your membership will automatically renew each year. Sign up by 12/31/20. See full details at <u>cda.org/autopay</u>.

### **MILESTONES**



### Retirements

John B. Dell, DDS – South San Francisco General Dentist and SMCDS member of 27 years has retired and sold his practice to SMCDS member dentist Maria-Doreen Bautista.

### In Memoriam

Dr. Arthur A. Dugoni 1925-2020 Dr. Arthur A. Dugoni led a purposeful life and leaves behind a legacy of leadership, innovation and excellence. He is remembered as an iconic figure in the dental profession who inspired the lives of thousands of people.

## New Members



Join us in celebrating 4 new members contributing over the course of the first half of 2020 to the voice that is SMCDS - 661 strong ...

Christine K. Ho, DDS UOP - 2016 - GP **Kevin K. Lee, DDS** UCLA - 2017 - GP, NYU - 2020 - Ortho Fannie D. Lopez, DDS Marquette - 2020 - GP

Kendra L. Thomas, DMD Rutgers - 2018 - GP

#### to 14 Advertisers Business Members Exhibitors Sponsors Study Clubs

who have generously supported our continuing education, professional success, practice management, workshop/clinical programs this past quarter.

TDIC Insurance Solutions Vantage Wealth Management - Tom O'Brien C-Dental X-Ray, Inc. Dental & Medical Counsel Yaeger Dental Supply Roam Commercial Realty California Life and Disability Bank of America Practice Solutions

#### Rectangle Health UniFirst Bayside Realty Partners California Dental Association Dental Power Placement Service Michael Lam, MD Northern California Practice Sales WEO Media

**SMCDS BUSINESS MEMBER** 





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**CJ** Williams

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Platinum 2020

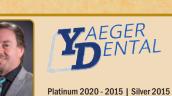
**California Life and Disability** califeltc.com Michael Wong, CLTC, DDS 650.502.1511 mike@califeltc.com



VEALTH MANAGEMEN

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SMCDS BUSINESS MEMBERS acknowledged on this Wall of Fame contribute in meaningful ways\* throughout each year of their membership to our society's fiscal health, industry intelligence, and community presence. \*Event sponsorships, educational seminars / workshops, table clinics with timely dental industry / small business information, special product offers / pricing discounts, products and services relevant to your professional success and the oral health of our community. BUSINESS MEMBERSHIPS are an important source of non-dues revenue that has helped SMCDS to increase and improve member programs without raising SMCDS dues for more than a decade. We count on Business Members to engage professionally with members - as consultants focused on identifying and fulfilling your needs. In exchange, we encourage you to consider SMCDS BUSINESS MEMBERS as preferred providers when in the market for products and services. Membership Levels: Premier \$5,500 Platinum \$4,000 Gold \$2,900 Silver \$2,100

## THE OPIOID CRISIS IN AMERICA

The United States is currently experiencing an opioid epidemic as drug overdose deaths have become a leading cause of injury and death. In 2016, there were over 64,000 drug overdose deaths and opioid were involved in at least 42,000 of those deaths. Unfortunately prescription related opioid deaths are now outpacing illicit opioid deaths. There are hundreds of thousands of additional emergency room visits for non-fatal opioid related incidents. In addition to taxing emergency rooms and emergency medical response systems, opioid drug misuse is linked to wide spread outbreaks of infectious disease, heavy economic toll from medical visits, loss of life, lost productivity and healthcare and rehabilitation spending.

In 2018 and the CDC convinced the government to immediately respond to the epidemic and in response the government made sweeping changes with the implementation of the Opioid Crisis Response Act. It is a multipronged approach at attempting to curb the influx of illegal narcotic and synthetic narcotics from entering our country. The act starts by increasing the criminalization of drug related distribution, increasing dollars to recognize, treat and rehabilitate people affected by this crisis, address the pharmaceutical manufacturing, distribution and marketing of narcotics and forcing states to make healthcare providers aware of the issues and put forth legislation and protocols making it more difficult for patients to have easy access to prescription narcotics. This has led this state to create a tracking system for controlled substances (CURES) and changing the way prescriptions are created and eliminating the ability to simply phone in narcotic prescriptions just to name a few.

Unfortunately we are healthcare providers have contributed to the crisis. Through awareness clinicians are rethinking their acute and chronic pain management protocols. However, there have been only anecdotal recommendations and there is still a lack of formal training in the pre-doctorate training programs. Changes are being made by educators but that does little for the thousands of practicing doctors. Awareness and understanding of the crisis is the critical first step in controlling the epidemic.

The most alarming statistic in the opioid crisis is the steep rise in narcotic use and deaths in the adolescent, teenage and the early 20's populations . In 2016, 3.6 percent of adolescents ages 12-17 reported misusing opioids over the past year. This percentage is twice as high among older adolescents and young adults ages 18-25. The vast majority of this misuse is due to prescription opioids, not heroin due to the easy access to these drugs. Adolescent and teenage drug use causes a negative ripple effect throughout families, schools and society. Scientific evidence supports that the most vulnerable population for developing new problems with opioid misuse, abuse and addiction is the adolescent, teenage and early 20's populations due to ongoing brain development. Understanding why this population is so susceptible to use and addiction is critical in controlling this epidemic. Not only we as healthcare providers must be aware of this crisis and do what we can to help, but middle school and high school educators must become aware of the crisis and the warning signs and symptoms of drug misuse.

Through awareness and education on why the adolescent and teenage brains are so susceptible to misuse and addiction and what we can do as healthcare providers to do our part in controlling this epidemic is the first and most critical step in controlling this epidemic.



### Minimizing Extractions & Surgery: Today's Orthodontic Options

Alexa Alborzi, DDS, MDS

The world of orthodontics is quite a different one today than when I started 27 years prior. Yet, as I had predicted 15 years ago speaking with one of the sales representatives from the company that I purchased my Damon Self-Ligating brackets, it was going to be another 25 years before all orthodontists in practice would utilize the new technology. Even 18 years ago when I adopted this new technology it was tried and proven effective, but this is how the world of technology in health care rolls! I now see more similar systems around to compete with that innovative original system which I still love and use and it's a welcomed change.

What changed in orthodontics? Did teeth suddenly move differently than before? No, it was the degree of forces placed on teeth that changed. It became proven and shown by Dr. Dwight Damon that you didn't have to use high forces to move teeth and 18 years later I find that you still don't need those high forces from years past. Heavy forces caused root resorption and difficulties in tooth movement necessitating extractions, expanders, and headgear. The utilization of light forces allow the dentition to move and create alveolar space for crowded cases which one would have never dreamed of not extracting or doing surgical corrections for crossbites.

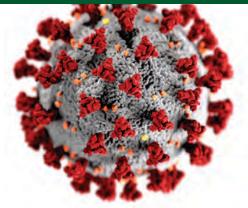
So then Invisalign came along!! Thanks to a bright student from Stanford University thinking outside of the metal box of braces. He saw how positioners also moved teeth and came up with the technologies that now we almost take for granted. A light force way of moving teeth and those of us who are in the know and believed in it started treating patients with plastic aligners and not brackets. My first Invisalign patient was in 1999 and what an amazing opportunity it created for all the adults who just wanted to straighten their teeth. They would never have gotten traditional braces even if they were clear! These advances in orthodontics have made for quite a journey. It is very different than using metal, but the diagnosis and treatment planning required are the same for any treatment modality.

In the last 10 years we have also seen significant attention paid to the airway. Sleep apnea has come to be one of the illnesses best diagnosed by dental professionals and the role of orthodontic treatment and ensuring the airway is not impinged is imperative. Extractions impinge on tongue space and narrow the airway. Headgear stops upper jaw development and also impinges on the airway. These types of treatments should be seriously considered when treating a patient comprehensively. Jaw development that is expansive and forward moving always helps with opening the airway and the earlier it is started the better the final outcome will be.

Orthodontics is an art and science that allows us to not only create tremendous beauty, but also health for our patients. Someone ordering their smile online will never benefit from what us dentists provide. I encourage you to educate your patients on the technological strides in orthodontics and how we can not only make beautiful smiles, but we can improve the health and wellness of our patients.

Hope to see you soon.





### HR and Covid-related Q&A

Ali Oromchian, Esq.

#### Questions regarding record keeping that is specific to PTO and benefits

What employee benefit records should employers keep and for how long?

- In general, all payroll records (including benefits) should be kept for 3 years so you can make it a general statement for that
- For FFCRA leave, employees can request either orally or written, need the following information as soon as possible:
  - Dates for requested leave
  - Reason for leave
  - Statement that they are unable to work because of the state
  - Name of government entity issuing quarantine or isolation order (if applicable)
  - Name of health care provider issuing guidance for self-quarantine (if applicable)
- For childcare related requests:
  - Name of child
  - Name of school/childcare provider that has become unavailable
  - Statement that there is no other suitable person available to care for child

#### FFCRA exemptions and FFCRA leave and pay

#### Are dentists exempt from providing FFCRA to their employees?

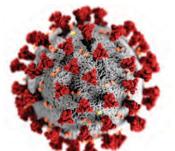
• **Previous DOL Health Care Exemption:** Previous definition was vague and didn't clarify if dental was included, didn't specifically state that dentists could exempt themselves under this definition. Focused more on front line workers in the healthcare industry.

#### How do I get reimbursed from giving FFCRA leave to my employees?

- Must meet IRS document requirements in order to be eligible for the tax credits.
- File a Form 941 to report the FFCRA wages.
- From the IRS: "Eligible Employers will report their total qualified leave wages and the related credits for each quarter on their federal employment tax returns, usually Form 941, Employer's Quarterly Federal Tax Return. Form 941 is used to report income and social security and Medicare taxes withheld by the employer from employee wages, as well as the employer's portion of social security and Medicare tax.
- In anticipation of receiving the credits, Eligible Employers can fund qualified leave wages (and allocable qualified health plan expenses and the Eligible Employer's share of Medicare tax on the qualified leave wages) by accessing federal employment taxes, including withheld taxes, that are required to be deposited with the IRS or by requesting an advance from the IRS." Source: https://www.irs.gov/newsroom/covid-19 -related-tax-credits-how-to-claim-the-credits-faqs#40.

#### What if my employees have used up all of their FFCRA leave?

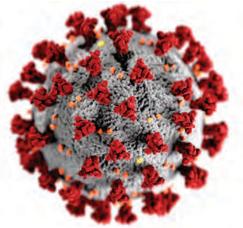
- They can use any accrued sick leave/vacation/PTO they may have.
- They can look into your state's disability insurance, if applicable in your state.
- Otherwise, they can take the time off unpaid.



continued on page 12

### HR and Covid-related Q&A

continued from page 11



#### Can employers restrict employee travel in light of the Covid-19 landscape?

- With the holidays coming up this issue may come up more with your employees.
- Can always deny vacation requests based on business needs since it's not a required benefit, however you'll
  want to be sure you are consistent with all employees (as long as it's truly vacation and not a protected
  leave)

#### How can dental practices protect themselves and their employees when it comes to Covid-19 exposure?

- Follow all CDC, OSHA, and local health guidelines for dental practices to ensure you are protecting both your patients and your employees and to reduce your liability
- Take employee & patient temperatures as they enter the practice, have the proper PPE in place, plexiglass dividers, symptoms check, etc.

#### How can employers prevent potential wrongful termination claims in regard to Covid-19?

- Consult with an HR Specialist or employment attorney to ensure you have the necessary documentation in
  place and have lowered your risk prior to terminating and employee that has taken leave under FFCRA, has
  been exposed to or have tested positive for COVID-19, or has made any complaints regarding COVID-19 in
  the practice (i.e. if they complained that safety protocols not being followed would be a high risk termination
  due to retaliation claims)
- As with any new regulations, they fine tune and clarify requirements along the way which makes it tricky to
  ensure you are following all of the latest rules/guidelines. Missteps are so easy to make in this environment
  with all of the changing regulations and laws, they are happening overnight.

#### Are there any updates to the CARES Act that employers should be aware of?

- "Question: The Paycheck Protection Program Flexibility Act of 2020 (Flexibility Act) extended the deferral period for borrower payments of principal, interest, and fees on all PPP loans to the date that SBA remits the borrower's loan forgiveness amount to the lender (or, if the borrower does not apply for loan forgiveness, 10 months after the end of the borrower's loan forgiveness covered period). Previously, the deferral period could end after 6 months. Are lenders and borrowers required to modify promissory notes used for PPP loans to reflect the extended deferral period?
- Answer: The extension of the deferral period under the Flexibility Act automatically applies to all PPP loans. Lenders are required to give immediate effect to the statutory extension and should notify borrowers of the change to the deferral period. SBA does not require a formal modification to the promissory note. A modification of a promissory note to reflect the required statutory deferral period under the Flexibility Act will have no effect on the SBA's guarantee of a PPP loan."

Source: https://home.treasury.gov/system/files/136/Paycheck-Protection-Program-Frequently-Asked-Questions.pdf



### Mask and Respirator Types

	Agency Approval	Sizes/Fit	Fit testing required?*	Decontamination and Reuse	Турез	Notes**
Cloth/non-surgical masks	None	Varies/ Loose	No	Yes	Many	Recommended by the CDC to be worn by individuals when outside the home in order to limit spread of the virus. <sup>i</sup>
Surgical masks	FDA	None/ Loose	No	No	ASTM levels 1, 2, 3	Level 3 provides protection for moderate to heavy amounts of fluid, spray or aerosols. Filtration efficiency for sub-micron particulates is ≥ 95% for Level 1, ≥ 98% for Levels 2 and 3. <sup>ii</sup>
N95 and other filtering facepiece respirators (FFPR)	NIOSH and FDA FDA EUA	Varies/ Tight	Yes	Normally, no. Extended use permitted during pandemic. FDA EUA allows use of specific decontamination technologies.	N95, surgical N95, N99, N100, R95, P95, P99, P100 List of approved FFPRs	Have an APF of 10 (reduces particulates to 1/10 <sup>th</sup> of what is present in unfiltered air). Filtration efficiency indicated by number. Material is rated: <sup>111</sup> N – not resistant to oil R – some resistance to oil P – strongly resistant to oil
KN95 and other imported, non-NIOSH- approved FFP respirators	Other countries' standards FDA EUA	Varies dependent on model/ Tight	Yes	Normally, no. Extended use permitted during pandemic. Decontaminated FFPRs not permitted.	Full list is on the FDA website	Under the EUA, these are considered equivalent to or better than the N95.

## BACK TO PRACTICE



Masks and Respirator Types | 2 of 2

cda.org/back-to-practice

	Agency Approval	Sizes/Fit	Fit testing required?*	Decontamination and Reuse	Турез	Notes**
Elastomeric respirators	NIOSH FDA EUA	None/ Tight	Yes	Yes	Half-mask or Full facepiece List of approved elastomerics	Have an APF of 10. Uses same protection classification as FFPRs. Have replaceable filters (some can be disinfected and re-used). Some have disposable (rubber-like) facepiece. Use of loupes is limited. Rigid non-flexible elastomeric respirators should be fit tested to avoid potential leaks.
Powered air purifying respirators (PAPRs)	NIOSH FDA EUA	None/ Loose	No	Yes	Half-mask or full facepiece Helmet or Hood Hood and Helmet List of approved PAPRs	Have an APF of 25. Use of loupes is not possible with most units, although newer models can accommodate them. Training required for donning/doffing, cleaning, maintenance. Most use rechargeable batteries. Not all have replaceable filters.

\* An initial fit testing and medical evaluation should be conducted for each employee. More information can be found in the CDA Back to Practice Respiratory Protection Program resource.

\*\* Use of loupes and headlights should be determined on a case-by-case basis.

#### Glossary

- APF Assigned protection factor
- ASTM American Society for Testing and Materials

EUA – Emergency use authorization; effective until end of pandemic is declared

FDA – U.S. Food and Drug Administration

NIOSH - CDC National Institute of Occupational Safety and Health

## BACK TO PRACTICE

cda

cda.org/back-to-practice

Masks and Respirator Types 3 of 3

#### **Photo sources**

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<sup>&</sup>lt;sup>1</sup>N95 Respirators, Surgical Masks, and Face Masks, U.S. Food and Drug Administration, https://www.fda.gov/medical-devices/personal-protectiveequipment-infection-control/n95-respirators-surgical-masks-and-face-masks, accessed July 17, 2020

<sup>&</sup>lt;sup>ii</sup> Choose the Right Mask, Cardinal Health, https://www.cardinalhealth.com/content/dam/corp/web/documents/whitepaper/Face%20Mask%20 Selection%20Guide.pdf, accessed July 17, 2020

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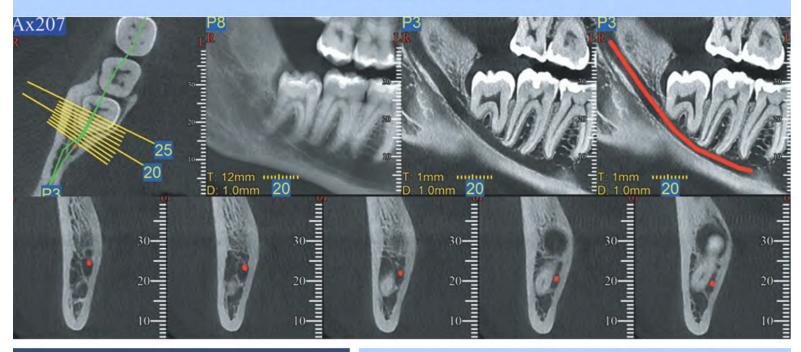


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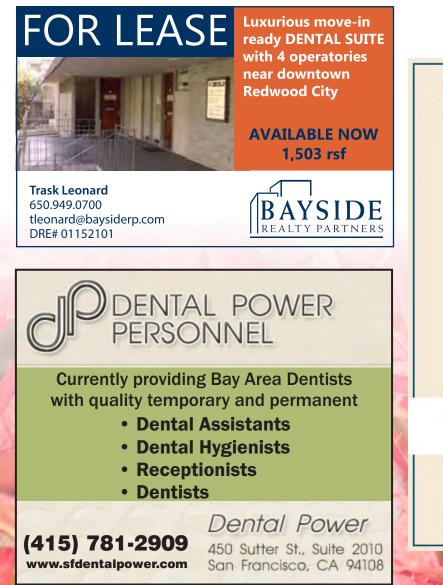
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Th 11/19	Arun B. Sharma, BDS, MSC	Implants for Adolescents: Growth and Implant Placement				
6:30-8:30pm Webinar 2 Core CE	GM Meeting	<i>Course Description</i> This presentation on implants will focus on two separate areas that have been a part of clinical research and patient management – Ectodermal Dysplasia and Alveolar Clefts. Dr. Sharma will discuss the use of osseointegration in children, based on these two studies and the appropriate timing to use implants in children who are congenitally missing teeth.				
Th 12/3	Jeff Belkora, PhD	Responding to Impending Lower Reimbursements				
		from Insurance Companies				
6:30-8:30pm Webinar		<i>Course Description</i> Even before the pandemic struck, dentists were facing lower reimbursements from insurance				
2 Core CE	Practice	companies. COVID-19 has now increased the financial pressure on dental practices. We will diagnose some of the problems associated with lower reimbursements, and discuss how dentists				
	Managemen	may best respond to protect the quality of patient care, and the financial health of their practices. We'll also review a case study illustration for audience members who may be embarking on a practice transition. In this case study, we will look at how lower reimbursements are influencing practice valuations.				
		See full details: audience preparation, advance homework assignment, learning objectives, and learning strategies/curriculum at: <u>smcds.com/calendar.html</u> .				
Th 12/10	Nancy Dewhirst BS, RDH	Disaster Preparedness & Response: Dentistry's Role				
6-9pm	1 Constant	Course Description				
<mark>Webinar</mark>	Continuing	You will learn how to use your skills, training and experience to prepare for, assess and respond to				
3 Core CE	Education	disasters. Shelter-in-place or evacuation strategies and scenarios are presented for a variety of situations; including natural disasters, man-made disasters including chemical or radiation				
	For staff too!	exposure, terrorist acts, fire and explosions. Learn how dental professionals are uniquely prepared to help others in a disaster and receive an introduction to basic triage principles.				