

## Upcoming Events

Mark Your Calendars!

### JANUARY 2010

- 1 Friday**  
*HAPPY NEW YEAR!*
- 8 Friday**  
*CPR - Memorial Education Center*
- 14 Thursday**  
*General Membership Meeting  
Vintage Gardens*
- 15 Friday**  
*CE OSHA/Dental Practice Act/  
Infection Control  
Jacob's Fine Dining*
- 18 Monday**  
*Martin Luther King Day*
- 24 Sunday**  
*National Compliment Day*

### FEBRUARY 2010

- 5 Friday**  
*Give Kids a Smile Day*  
  
*CPR - Memorial Education Center*
- 18 Thursday**  
*General Membership Meeting  
Vintage Gardens*

### 2010 SDS Officers

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**Jodi Sceville, DDS**

*Executive Director*  
**Robin Brown**



## President's Message

by Dr. Clarke V. Filippi, 2009 SDS President

THANK YOU! That is the message that I want to say to all of you. First, I want to thank all of the Stanislaus Dental Society members. At 82.3%, SDS has one of the highest membership percentages in all of California. Area dentists see the value of membership in organized dentistry.

Next I want to thank all of the board members and trustees that I have worked with during my tenure on the board; Drs. Randy Hayashi, Callin Lee, Greg Shinkwin, Mike Cadra, Mike Shaw, Corey Acree, Brad Pezoldt, Andy Fletcher, Elizabeth Demichelis, and Andy Soderstrom. It has been a pleasure to serve with all of you and I appreciate your contributions to SDS.

Thank you to the SDS committee chairs, Drs. John Swearingen, Mike Gerber, Lee Mettler, and Keith Kano; your commitment to SDS makes all of us better.

Thank you to the members that offered me advice and wisdom. At one time or another Drs. Bruce Valentine, Dennis Hobby, and Peter Soderstrom have answered seemingly silly, yet important questions for me.

I also want to thank in advance those of you who will be the future leaders of SDS. Our dental society cannot survive and prosper without the dedication of our volunteer leaders.

Finally, thank you to our Executive Director, Robin Brown. I have appreciated her enthusiasm and hard work on our behalf. I wish success to SDS and its officers in 2010. Our continued engagement in organized dentistry is our best way to face future challenges.

## Editor's Note

Well, we're coming to the end of the year and as always the year seems to have flown by. There have been some great things accomplished by the board this year. For example, we have found several ways to cut expenditures and increase efficiency in the day to day operations of the dental society. This of course, goes with the times but could not have been accomplished without a concerned, conscientious, and active board.

Additionally, the efforts to take the dental society online are progressing quite nicely. We are currently developing the layout of the website and deciding on the different components such as links, tabs, member login and the overall content of its first iteration. We are still counting on a January release, so be prepared!

I am please to announce that Dr. Jodi Sceville will be your next editor for the year 2010. She has worked hard on the communications committee and has many great ideas for the future of the APEX.

I want to thank everyone for your commitment to the Stanislaus Dental Society and the time and effort you place giving back to the profession which has blessed our lives.

Sincerely, Brad Pezoldt, DDS  
pezdds@yahoo.com

## AB 2637 - Dental assisting legislation

### What is known and what is not yet known

#### What is known now:

- The provisions of AB 2637 become effective January 1, 2010. AB 2637, signed into law in 2008, creates two new specialized dental assisting permit categories while allowing new duties and creating new training requirements for all existing dental assisting categories, including unlicensed dental assistants. The new law's complete provisions can be found as a Quick Link on the CDA Web site home page, as well as in the March 2009 issue of the CDA Update.
- Unlicensed dental assistants (DAs) can begin to perform their new allowable duties immediately, at their employing dentist's direction and discretion. In addition, dentists will now be required to ensure that their employed dental assistants, after they have been employed for 120 days, complete an 8-hour infection control course within 12 months of employment; complete a course on the Dental Practice Act, one time only, within 12 months of their date of employment; and maintain active certification in basic life support.
- **Who is considered a DA?:** Any employee who performs any of the duties of a DA, even if limited to infection control or sterilization duties, is considered a DA and is subject to the new training requirements.
- **CA Dental Practice Act course requirement:** DAs must complete a course on the Dental Practice Act, one time only, within 12 months of their date of employment. They may take the existing 2-hour CA Dental Practice Act course to satisfy this requirement.
- **Basic Life Support requirement:** DAs can take any American Heart Association (AHA) or American Red Cross (ARC) basic life support course that includes hands-on practice to satisfy AB 2637 requirements. They must keep this certification active throughout their employment as a DA.
  - To increase course availability, the dental board agreed to accept courses given by non AHA/ARC providers to satisfy this requirement as long as the course is equivalent to an AHA / ARC course and includes hands-on practice. Several online courses now offer the didactic portion of the course online and then direct the student to locations where they complete the required clinical segment.
- **Are any of the new education courses required by AB 2637 available yet?**
  - Several educational programs have received Dental Board approval for the required courses, including the 8-hour Infection Control course and the orthodontic assisting permit courses. Contact the Dental Board for information on approved courses.
  - The California Association of Orthodontists and the California Association of Oral and Maxillofacial Surgeons are developing orthodontic assisting permit and dental sedation assisting permit courses, specifically in formats that allow private dentists to teach the clinical requirements in their offices.
  - AB 2637 requires anyone who teaches the permit courses or the other required courses, such as pit and fissure sealants or infection control, to complete a 2-hour clinical teaching methodology course.
  - CDA is developing a 2-hour teaching methodology course, which should be available in early 2010. A toolkit for providing the 8-hour infection control course is also under development.

#### What is not yet known:

- **Are all unlicensed dental assistants required to take the 8-hour infection control course?:** Though one interpretation of AB 2637 is that it requires all DAs to take this course, it is not the only interpretation possible, which has created questions about the law's implementation. At the November Dental Board meeting the board instructed staff to contact Assembly Member Eng, the bill's author, to inquire about his intention for this portion of the legislation. Board members indicated they will use this information to make a decision on this point at a subsequent meeting. DAs have until at least January 1, 2011 to complete this requirement regardless of the final ruling.
- **When will the infection control issue be resolved?** The dental board indicated they would make a decision at their next meeting, scheduled for February 2010. Prior to the clear resolution of this issue, each dentist has discretion about when to require his/her DA employees to complete this education.
- **When will CDA's infection control course materials become available:** It is anticipated this course will become available through CDA by early 2010, but until the first provider has received dental board approval, the date cannot be precisely determined. Once an initial provider approval has occurred, CDA will make the materials widely available for components/individuals who wish to become course providers.

### Update on Red Flag Ruling

For those of you who have been following the Red Flag ruling you might have read the following statement by ADA President Ronald Tankersley on Passage of HR 3763, a bill exempting most dental practices and other small businesses from the FTC's Red Flags Rule:

*"On behalf of the 157,000 members of the American Dental Association, I want to thank the principal sponsors of HR 3763 for the introduction and overwhelming House passage of this legislation. The bill, introduced by Rep. John Adler (D-N.J.), Rep. Mike Simpson (R-Idaho) and Rep. Paul Broun (R-Ga.), will exempt small businesses, including most private-practicing dentists, from the Federal Trade Commission's 'Red Flags Rule.'*

Many members were confused thinking that the Red Flag rule had been overturned; however, only the House passed the legislation. It still has to clear the Senate and now the compliance deadline for small businesses was extended from November 1, 2009 to June 1, 2010. ADA-supported legislation (H.R. 3763), to exempt certain small businesses with 20 or fewer employees from the rule, was approved in the House of Representatives on October 20. The bill is currently being considered in the Senate. The ADA has worked very hard lobbying members of Congress and FTC representatives, and to get dentists to raise the issue with their respective representatives. CDA will continue to monitor this issue and provide updates on [cda.org](http://cda.org) and on [cdacompass.com](http://cdacompass.com).

### EQUAL OPPORTUNITY IS THE LAW POSTER

The 2010 law poster has been updated to include information required by the Genetic Information Nondiscrimination Act of 2008. You can download the updated poster from the U.S. Department of Labor Web site, <http://www.dol.gov/ofccp/regs/compliance/posters/pdf/eeopost.pdf>. Members should place the updated poster over the old poster in the set provided by CDA and the component dental societies.

**The SDS office has received many calls from members and patients regarding whether or not a patient is entitled to their dental records. The answer to this question is, yes. Legally, the dentist/doctor must provide the patient access to their dental/medical records, including x-rays, under the following parameters of the Health & Safety Code of the HIPAA act:**

### Health and Safety Code 123110

123110. (a) Notwithstanding Section 5328 of the Welfare and Institutions Code, and except as provided in Sections 123115 and 123120, any adult patient of a health care provider, any minor patient authorized by law to consent to medical treatment, and any patient representative shall be entitled to inspect patient records upon presenting to the health care provider a written request for those records and upon payment of reasonable clerical costs incurred in locating and making the records available. However, a patient who is a minor shall be entitled to inspect patient records pertaining only to health care of a type for which the minor is lawfully authorized to consent. A health care provider shall permit this inspection during business hours within five working days after receipt of the written request. The inspection shall be conducted by the patient or patient's representative requesting the inspection, who may be accompanied by one other person of his or her choosing.

(b) Additionally, any patient or patient's representative shall be entitled to copies of all or any portion of the patient records that he or she has a right to inspect, upon presenting a written request to the health care provider specifying the records to be copied, together with a fee to defray the cost of copying, that shall not exceed twenty-five cents (\$0.25) per page or fifty cents (\$0.50) per page for records that are copied from microfilm and any additional reasonable clerical costs incurred in making the records available. The health care provider shall ensure that the copies are transmitted within 15 days after receiving the written request.

(c) Copies of X-rays or tracings derived from electrocardiography, electroencephalography, or electromyography need not be provided to the patient or patient's representative under this section, if the original X-rays or tracings are transmitted to another health care provider upon written request of the patient or patient's representative and within 15 days after receipt of the request. The request shall specify the name and address of the health care provider to whom the records are to be delivered. All reasonable costs, not exceeding actual costs, incurred by a health care provider in providing copies pursuant to this subdivision may be charged to the patient or representative requesting the copies.

(d) (1) Notwithstanding any provision of this section, and except as provided in Sections 123115 and 123120, any patient or former patient or the patient's representative shall be entitled to a copy, at no charge, of the relevant portion of the patient's records, upon presenting to the provider a written request, and proof that the records are needed to support an appeal regarding eligibility for a public benefit program. These programs shall be the Medi-Cal program, social security disability insurance benefits, and Supplemental Security Income/State Supplementary Program for the Aged, Blind and Disabled (SSI/SSP) benefits. For purposes of this subdivision, "relevant portion of the patient's records" means those records regarding services rendered to the patient during the time period beginning with the date of the patient's initial application for public benefits up to and including the date that a final determination is made by the public benefits program with which the patient's application is pending.

(2) Although a patient shall not be limited to a single request, the patient or patient's representative shall be entitled to no more than one copy of any relevant portion of his or her record free of charge.

(3) This subdivision shall not apply to any patient who is represented by a private attorney who is paying for the costs related to the patient's appeal, pending the outcome of that appeal. For purposes of this subdivision, "private attorney" means any attorney not employed by a nonprofit legal services entity.

(e) If the patient's appeal regarding eligibility for a public benefit program specified in subdivision (d) is successful, the hospital or other health care provider may bill the patient, at the rates specified in subdivisions (b) and (c), for the copies of the medical records previously provided free of charge.

(f) If a patient or his or her representative requests a record pursuant to subdivision (d), the health care provider shall ensure that the copies are transmitted within 30 days after receiving the written request.

(g) This section shall not be construed to preclude a health care provider from requiring reasonable verification of identity prior to permitting inspection or copying of patient records, provided this requirement is not used oppressively or discriminatorily to frustrate or delay compliance with this section. Nothing in this chapter shall be deemed to supersede any rights that a patient or representative might otherwise have or exercise under Section 1158 of the Evidence Code or any other provision of law. Nothing in this chapter shall require a health care provider to retain records longer than required by applicable statutes or administrative regulations.

(h) This chapter shall not be construed to render a health care provider liable for the quality of his or her records or the copies provided in excess of existing law and regulations with respect to the quality of medical records. A health care provider shall not be liable to the patient or any other person for any consequences that result from disclosure of patient records as required by this chapter. A health care provider shall not discriminate against classes or categories of providers in the transmittal of X-rays or other patient records, or copies of these X-rays or records, to other providers as authorized by this section. Every health care provider shall adopt policies and establish procedures for the uniform transmittal of X-rays and other patient records that effectively prevent the discrimination described in this subdivision. A health care provider may establish reasonable conditions, including a reasonable deposit fee, to ensure the return of original X-rays transmitted to another health care provider, provided the conditions do not discriminate on the basis of, or in a manner related to, the license of the provider to which the X-rays are transmitted.

(i) Any health care provider described in paragraphs (4) to (10), inclusive, of subdivision (a) of Section 123105 who willfully violates this chapter is guilty of unprofessional conduct. Any health care provider described in paragraphs (1) to (3), inclusive, of subdivision (a) of Section 123105 that willfully violates this chapter is guilty of an infraction punishable by a fine of not more than one hundred dollars (\$100). The state agency, board, or commission that issued the health care provider's professional or institutional license shall consider a violation as grounds for disciplinary action with respect to the licensure, including suspension or revocation of the license or certificate.

(j) This section shall be construed as prohibiting a health care provider from withholding patient records or summaries of patient records because of an unpaid bill for health care services. Any health care provider who willfully withholds patient records or summaries of patient records because of an unpaid bill for health care services shall be subject to the sanctions specified in subdivision (i).

For more details on HIPAA requirements, go to, <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>

SDS MEMBERS AT THE HOUSE OF DELEGATES – 2009



*Dr. Acree, is that you?*



*Drs. Soderstrom, Demichelis, Hobby, Robin (not a Dr.),  
Filippi & Acree*



*Nice Hat!*



*Dr. Elizabeth Demichelis and other members  
of the CDP committee*



*Dr. Andy Soderstrom  
2010 CDA Vice-President*

STANISLAUS DENTAL FOUNDATION  
ANNUAL DINNER



*Mike Zagaris, speaker at  
the Foundation Dinner*



*Dr. Elizabeth Demichelis*



*Rebecca Mitre, Dr. Filippi, Maria Cuevas  
MJC Scholarship Recipients with  
Dr. Clarke Fillipi at Staff Night*



*Dr. Ron Champion wins a raffle prize  
at the Foundation Dinner!*



## "New Strategies to Protect Yourself when Negotiating or Renewing Your Dental Office Lease-Part 1"

by Law Offices of Barry H. Josselson, A Professional Law Corporation\* (This is the first of a three part series)

During challenging economic times (such as that which the dental profession is currently confronting), the terms and provisions of your dental office lease contribute significantly to the financial success of your dental practice. All office leases deal with issues such as (i) annual rent increases, (ii) the right to sublease or assign your dental office lease to another dentist who purchases your practice, (iii) the right to exercise an option to renew to remain in your premises at your election, (iv) the allocation of responsibility between you and the landlord for making and paying for repairs, and (v) the landlord's right to recapture or take back your premises should you decide to sell your dental practice.

Your or your dental real estate attorney's discovering these hidden provisions in the lease, negotiating fairly these critical terms of your lease with the landlord, and being proactive in structuring your lease to address your long term professional and financial needs are a prerequisite for securing a fair lease and establishing a satisfactory landlord tenant relationship.

**1. Annual rent increases.** Your rent payments have a diminished value each year to the landlord because of the eroding effects of inflation. Consequently, landlords provide for annual rent increases to maintain the original dollar value of their rent when the office lease commenced. Request, therefore, that your annual rent increase by the consumer price index and not by any fixed amount which exceeds the consumer price index. Many landlords increase rent by an amount that exceeds the inflation rate; however, if your lease provides that repairs and maintenance to your building are passed through to you and the other tenants, there is no compelling reason for the landlord to seek an annual increase over and above the annual inflation rate.

Be careful, also, of rent increase clauses which state that the annual increase shall be tied to inflation with a certain minimum guaranteed increase (e.g., 3%) and a certain maximum cap beyond which the rent shall not increase (e.g., 6%). Some landlords discreetly provide that the "cumulative" annual increases shall not be less than the minimum or greater than the maximum amounts listed in the lease. The word "cumulative" permits the landlord to add up and average all of the annual increases and, therefore, the maximum number stated in your lease does not provide you as much protection as you might think. For example, let's say your lease prohibits increases above 6% per year. In year 1, inflation is 2%; year 2, inflation is 2%; and in year 3, inflation explodes to 12%. You might think that your 6% ceiling would protect you; however, because the "cumulative" sum of the 3 years of inflation equals 16% (2% + 2% + 12%), the landlord could still increase your rent by 12% because the "cumulative" sum in the lease has averaged less than 6% per year (a total "cumulative" increase of 18% for the 3 year period in question is permitted). Review carefully your annual rent increase provisions.

The next issue will address your right to assign or sublet your dental office lease and options to renew.

Law Offices of Barry H. Josselson, A Professional Law Corporation, 2009. Any reprinting, copying, or reproduction of this article requires the prior written consent of Barry H. Josselson, Esq.

\*Barry H. Josselson's law firm is devoted exclusively to the representation of dentists and advises more than 3,200 dentists regarding their dental legal and business matters. His law offices are located in the cities of Orange, San Diego, Walnut Creek, and Sacramento, California. Mr. Josselson currently serves as an instructor in the UCLA School of Dentistry Graduate Practice Residency program and guest lectures at the UCSF, USC, and Loma Linda Schools of Dentistry and the UNLV School of Dental Medicine. Mr. Josselson may be reached at 800-300-3525, via e-mail at bhjlaw@sbcglobal.net, or via website at www.josselson.com or www.dentallawfirm.com.

## Stanislaus Dental Foundation Experiences Major Changes in 2009 Looking forward to 2010

Our Stanislaus Dental Foundation (SDF) Traditional Panel (created in 1982) boasts 876 dentists servicing statewide and 202 dentists servicing locally. The New SDF PPO Panel became official on October 1, 2009. It now has 362 dentists servicing statewide with 123 dentists servicing locally. Our numbers are competitive. As most of you are aware, the formation of the PPO Panel came too late to retain Stanislaus County Employees. Notwithstanding, SDF is moving forward. The addition of this panel is a valuable asset to SDF and gives greater flexibility and marketability to our product. SDF continues to allow employer groups to design the benefit package they would like to offer, with services provided by quality professionals. Now the employer groups have additional choices. Our goal is to retain local dental claims administration, local dental claims review and local clinical review in order to achieve the highest standard of care. **If you are not already a member, please consider adding your support. Call (209) 527-2430.**

*As a protection to the participants under the dental plans, each network dentist must be a member of the ADA (which includes membership in the CDA and local dental society) and pledge to meet the high standards of practice and ethics established by the Association.*

## INPUT Study Club

by Amanda Brewer DDS SDS Member

With meetings held in Modesto, the INPUT (Innovative New Procedures Utilizing Technology) Study Club was started in 1990. Originally founded by Drs. Roger Rempfer and Roy Brown, INPUT started as an implant study club. Eventually the members decided they wanted a study club centered around a wide range of topics in dentistry rather than being a narrow-focus study club. Each year we have a retreat where we have guest speakers. Over the years some of these speakers have included Dr. Charlie English, Dr. Sam Strong, Dr. Ed McLaren, Hufford Financial, The McGill Advisory, and Pride Institute. In addition to our retreat, we hold monthly meetings. These meetings feature two presentations given by club members.

## SDS Members Inducted

Dr. Andrew Soderstrom and Dr. Elizabeth Demichelis were inducted as Fellows of the International College of Dentists at the ADA's 80th Annual Convocation in Honolulu, Hawaii on October 2, 2009.

An honorary organization for the recognition of outstanding and meritorious service to the profession and community, the College presented Drs. Soderstrom and Demichelis with a membership plaque, a gold lapel pin and a gold key symbolic of the fellowship for conspicuous service rendered to the art and science of Dentistry.

In an impressive cap and gown ceremony about 230 dentists from the United States were inducted into the College at this year's ceremony witnessed by hundreds of members and guests. The College, with representative chapters in more than 80 countries, has approximately 10,500 members, including more than 6,200 in the United States.



Dr. Elizabeth Demichelis



Dr. Andrew Soderstrom

## SDS Continuing Education

by Dr. Corey Acree, SDS Treasurer and CE Chair

On Friday, October 9 Stanislaus Dental Society presented, The Three E's- Ergonomics, Economics and Ethics. We had a great speaker, George Wolff who reviewed with us correct working posture, strength training and stretches to keep our bodies healthy throughout our careers. George is a great communicator and well-studied in this area. Thank you, George for taking time to be with us. Pete Forbes spoke to us about the need to stay focused on the long-term investing for retirement and to be well diversified and have a professional on your team. Jaime Welcher from TDIC gave us an update on how to minimize risk while treating patients and reviewed informed consent, dealing with angry patients and avoiding claims of patient abandonment. She made it very clear how important it is to educate our patients and to document this in the patient chart. TDIC suggests that if your patients are not compliant and do not accept your recommended treatment that you excuse them from your practice instead of continuing to fill out denial of treatment consent forms and continue seeing them in your practice. This was very controversial and we had some great discussion. Thank you, TDIC!

We have already got a start on planning 2010 and we are excited to offer the following classes:

### 2010 SDS Continuing Education courses – Jacob's Fine Dining

Friday, January 15 8:30am - 3:30pm – 'OSHA / Dental Practice Act / Infection Control' – Leslie Canham, RDH (6 units)

Friday, April 30 8:30am - 1:30pm – 'Attracting and Retaining Patients with Technology' – Lorne Lavine DMD (5 units)

Friday, July 16 8:30am - 1:30pm – 'Pearls of the Practice' – Speakers TBD (5 units)

October TBD

### 2010 SDS CPR courses – Membership Education Center – McHenry Village

Friday, January 8 – 8:00am - 11:00am

Friday, February 5 – 8:00am - 11:00am

Friday, March 19 – 8:00am - 11:00am

Friday, April 23 – 8:00am - 11:00am

Friday, May 7 – 8:00am - 11:00am

Friday, June 4 – 8:00am - 11:00am

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## SDS Membership Status Update

**259 Total members**

202 Active Members

4 Permanent Disability

7 Lifetime Active

38 Lifetime Retired

5 Retired

3 Affiliates

CDA Market Share – 82.3%

## SDS Welcomes its Newest Members!

### General Practice

Tannaz Ahmadi DDS

Rafael Cardenas DDS

Eliza Hyatt DDS

Stephen Nozaki DDS



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Your contributions in the form of articles, photos and/or ideas are greatly appreciated. The APEX Staff is currently accepting articles of general membership interest. This can include an accomplishment, interesting hobby, innovative idea, volunteer effort, etc. Please feel free to submit an article or call for an interview. All articles are subject to editorial review. Requests for donations may be made by members but must be limited to 50 words or less.

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APEX assumes no responsibility for those expressions of opinion or supposed facts published herein. They are not regarded as expressing the view of the SDS unless so stated. Acceptance of advertising is in no way professional approval or endorsement.

## Peer Review Update

Dr. John Swearingen is currently the chair of the Peer Review Committee which is a CDA benefit for members only. It is a process that is used to resolve treatment questions between the patient and the CDA dentist. The review is limited to the treatment in question and the decision is binding on the patient and doctor. This process keeps the complaint out of the legal system and significantly reduces the cost to both the patient and the dentist. A critical factor of peer review is that the treatment under question or being reviewed cannot have been altered by a subsequent dentist. Dr. Swearingen will be presenting a program on Peer Review at a general membership meeting this year. He also just returned from Jamaica where he worked in a rural clinic providing dental services for children. He found the experience very rewarding and would like to share his experience and other opportunities for dentists to improve the oral health of others. The trip to Jamaica came about ten days after Dr. Swearingen ran his first marathon in York City. He never did catch up to his wife Deborah, who not only ran faster but had a half-hour head start!



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## 2010 SDS Committee Chairs

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APEX – **Jodi Sceville, DDS**

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Community Health – **Nicholas Poblete, DDS**

Continuing Education – **Corey R. Acree, DDS**

Dental Liason – **Lawrence J. Bartlett, DDS**

Ethics – **Michael J. Gerber, DDS**

Forensic Odontology and

State Emergency – **Garry L. Found, DDS**

Legislative – **Andrew P. Soderstrom, DDS**

New Professionals – **Clarke V. Filippi, DDS**

Peer Review – **John C. Swearingen, DDS**

Program – **Michael P. Shaw, DDS**

Staff Relations – **Clarke V. Filippi, DDS**

Well Being – **Lawrence J. Bartlett, DDS**

**APEX**

BULLETIN OF THE STANISLAUS DENTAL SOCIETY

## Well intentioned sick employees should stay home!

The deadline is looming, rumors of layoffs are swarming and you get the flu. Think the heroic thing to do is to "go in and work through the pain?" Wrong! According to Dr. Mary Capelli-Schellpfeffer, medical director of Loyola University Health System Occupational Health Services, who says that people who come to work sick are more likely to hinder than help their company.

"An organization can be severely impacted by people coming to work when they're sick. We know illness can spread from person to person causing entire work groups to be impacted. But less obvious is how job performance, organization, productivity, creativity and financial stability can all be affected," said Capelli-Schellpfeffer.

People often think because they wash their hands or take over-the-counter medications, they aren't spreading the illness. Not so. "Just being in a room and breathing when a person is sick can spread the illness not to mention coughing and sneezing. If you're sick you shouldn't be in the workplace. It interrupts business and puts others at risk of infection."

Sickness can interrupt productivity by creating a distraction and causing both the infected person and coworkers to focus on the illness instead of their jobs. It also blurs the lines between personal and professional lives and relationships. "It's good for people to feel like a team and care about each other, but it's not healthy for people to be invasive of each other's privacy, including their medical privacy," said Capelli-Schellpfeffer. "It disrupts the interactions of the team and can be corrosive, even setting the stage for future judgments, misunderstandings and biases."

Illness in the workplace can affect how outsiders such as clients and customers view the stability of the company as well. "If you contact a company and are greeted by someone coughing and sneezing, what is your initial reaction? It takes away from the integrity of the company brand and causes people to look at an organization in a way that was not intended. If the person on the other end of the line is sick it can bring into question the stability of the company as well. 'How much is the company hurting if they have sick employees working?'"

Still, calling in sick can feel like an automatic job-eliminator for many in this turbulent economy. Some may feel staying home with the flu makes one look weak and uncommitted when trying to appear strong and highly devoted. To ensure an environment of wellness and productivity, managers need to keep an open dialogue with employees about attendance policies and sick days. "Encourage employees who are sick to use their sick time. Many don't know they have it because they've never had to use it," said Capelli-Schellpfeffer. "Make sure to plan ahead so if you have a deadline there are procedures in place - like how to work from home. By making small changes and preparing for illness we can protect each other and our businesses."

While news cycles and the public's attention span about the flu rises and wanes, the flu is not going away and most likely will only get worse this fall. Though there is a cost involved in promoting wellness, it is small in comparison to the pricey hit companies take when their workforce is impaired by illness. A flu shot program is an investment that yields big returns for businesses.

**Source: Newswise.**