

1 CALIFORNIA DENTAL PRACTICE ACT 2017

2 WHY ARE WE HERE?

- It's required for re-licensure
- The DPA regulates & defines dental practice limits, dedicated to protecting public
- Updates

What we will cover:

- Licensure / renewal
- The Dental Board, how to communicate
- DPA
- Committees
- Violations

3 DENTAL PRACTICE ACT INCLUDES:

- Definition of dentistry, specialties
- Foreign dental schools, dentists
- Education, qualifications, exams
- Special permits
- Restorative materials (give fact sheet)
 - http://www.dbc.ca.gov/formspubs/pub_dmfs_english_webview.pdf
- Radiation safety
- Diversion (addiction recovery without losing license)

4 PROP. 65: SAFE DRINKING WATER & TOXIC ENFORCEMENT ACT

Must post (update annually):

- Use of chemicals that cause CA or reproductive toxicity
- Bisphenol A (BPA) in composites, sealants (reproductive toxicity)
- Restorative materials
- Nitrous Oxide

List available: oehha.ca.gov/proposition-65

5 DENTAL PRACTICE ACT

- Health & safety codes, infection control
- Illegal acts, unprofessional conduct, gross negligence
- Prescriptions / drugs
- Criminal act reporting

6 DENTAL BOARD OF CALIFORNIA

- Previously: Board of Dental Examiners
- Operates as Bureau under Dept of Consumer Affairs
- Regulatory Board for licensed: DDS, RDA, RDAEF
- Highest priority of the Board = protection of the public

7 DUTIES OF THE BOARD

- General duties:

- Enforce DPA with “Seal”
- Examine license applicants
- Apply & collect fees
- Compensation: per diem & expenses
- Employs assistants, attorneys, investigators
- Collect information

8 **DUTIES OF THE BOARD**

- Regulatory authority
 - Inspect books, records, premises after complaint (failure to allow inspection = grounds for fines, license suspension, revocation) unless “good cause”
 - Keeps records of licenses, actions
 - Makes & enforces rules re: DPA
 - Mandatory inspections of general & medical anesthesia & conscious sedation permit holders
 - Random audits of CE records

9 **CDB EXECUTIVE OFFICER**

- Board’s Exec. Officer is authorized to adopt, amend, or repeal rules & regs necessary to enforce DPA.
- Exec. Officer can approve settlements for revocation, surrender, or interim suspension of licenses without Board vote.
- Title 16, Sec. 1001

10 **FCS CREDENTIALING COMMITTEE**

Elective Facial Cosmetic Surgery

- 2 oral & maxillofacial surgeons with FCS permit
- 1 oral and maxillofacial surgeon who is licensed by the Dental Board of California and the Medical Board of California, and is Board certified by the American Board of Oral and Maxillofacial Surgeons

11 **FCS CREDENTIALING COMMITTEE**

Elective Facial Cosmetic Surgery

- 1 physician and surgeon licensed by the Medical Board of California with a specialty in plastic and reconstructive surgery.
- 1 physician and surgeon licensed by the Medical Board of California with a specialty in otolaryngology

12 **DENTAL ASSISTING COUNCIL OF THE DENTAL BOARD OF CALIFORNIA § 1742**

- Considers all Dental assistant issues, advises Board on:
 - Requirements for licensure, exams, permits, renewal
 - Duties, settings, supervision
 - Standards of conduct, enforcement
 - Infection control requirements

- Appointed by Board:
 - Dental Assistant/board member, other Board member, 5 assistants

13 **DENTAL HYGIENE COMMITTEE OF CALIFORNIA (DHCC) § 1900-1966.6**

- Represents RDH's, RDH EF's (Extended Functions), RDH AP's (Alternative Practice)
- 1st of its kind in U.S.
- 9 members, appointed by Governor
 - 4 public
 - 1 practicing DDS
 - 4 RDH's: 1 educator, 1 RDHAP

14 **DENTAL HYGIENE COMMITTEE OF CALIFORNIA (DHCC) § 1900-1966.6**

- Issue, review, revoke licenses
- Develop & administer exams
- Adopts regulations
- Determines DH fees & CE regs
- Only DH Committee with complete control over school accreditation
- New DH Schools must Show need & feasibility to DHCC B4 CODA

15 **DH LICENSING**

- Cal accepts Western Regional Examination Board (WREB) exam for RDH license
- License fees:
 - renewal: \$80, delinquency: \$40

16 **DH LAWS**

- License denied / suspended if fail to pay taxes
- No online license renewal
- RDH must be employed by DDS
- RDHAP may be:
 - self-employed as sole proprietor of alternative hygiene practice in areas certified as dental hx care shortage areas
 - employed by another RDHAP as independent contractor

17 **CURRENT DH ISSUES**

- Now: if location no longer meets dental care shortage criteria, RDHAP must close business - abandons pts.
- RDHAP's seek to improve collection for services
 - equal pay, insurance processes
- DHCC needs more employees

18 **INTERIM THERAPEUTIC RESTORATIONS (ITRS) BECOMES OPERATIVE 1/1/2018 AB 1174**

- RDHs, RDHAPs, RDHEFs, RDAEFs may place ITRs (gen supervision)
- Upon dx, tx plan of licensed DDS
 - Private & public settings

- Virtual dental home (telehealth)
- Requires formal training by DHCC / CDB approved course
- DH schools MUST qualify students (CODA Standard 2.18)

19 **WHAT IS ITR?**

- Removal of caries with hand instruments
- Local anes. Shall not be needed
- Direct provisional adhesive restoration (self-setting or resin-modified glass ionomer cement)
- Follow-up care (OH, fluoride...)
- Must be part of comprehensive dental plan in a dental home

20 **ITR SELECTION CRITERIA**

- To prevent further decalcification of carious lesions
- Young, uncooperative pts
- Pts. With special needs
- When traditional tx must be postponed or is not feasible
- Step-wise carious excavation prior to definitive tx.
- Lowers oral bacteria
 - AAPD, Oral Health Policies ref. manual V32/NO6 10/11
 -
 -

21 **DH ISSUES**

- DHCC considering “measure of continued competency” for license renewal
- Should level of supervision change for:
 - local anesthesia?
 - Nitrous oxide-oxygen analgesia?
 - Soft tissue curettage?
- Submit your inquiries: dhccinfo@dca.ca.gov

22 **ALL CLINICIANS: I.D. YOURSELF!**

- Must display (on name tag or in office):
 - Educ. Degree
 - Graduate / postgraduate educ. In specialty
 - License type & status
 - Board certification
 - For supervising physicians & surgeons; hours in facility

23 **SHOW YOUR QUALIFICATIONS**

- Top 5 minimally invasive cosmetic procedures being done:
 - Botox
 - Hyaluronic acid fillers
 - Chemical peel
 - Laser hair removal

–Microdermabrasion

- Must post degree/ qualifications
- Must be licensed

24 **NOTICE TO “CONSUMERS” OF LICENSURE BY DENTAL BOARD**

Every DDS MUST provide notice to each patient:

“Dentists are licensed and regulated by the Dental Board of California
(877) 729- 7789

<http://www.dbc.ca.gov>”

16 CCR 1065

25 **NOTICE TO CONSUMERS OF LICENSURE BY DENTAL BOARD**

Every DH MUST provide notice to each patient:

“Dental Hygienists are licensed and regulated by the Dental Hygiene Committee of California

Business and Professions Code

Division 2, Ch. 4, Article 9

Sections 1900 - 1966.6”

26 **CONTENT OF DPA**

- The practice of Dentistry defined:

§ 1625. Dentistry is the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation.

27 **THE RULES APPLY TO DENTISTS WHO:**

- Identify self in writing as DDS
- Perform (or offer to) tx or diagnose any oral structures
- Indicates he or his agents will alter, construct, repair, or sell any appliance or restoration
- Examine (or offer to) oral structures with intent to treat
- Manages, leases, runs any dental facility

28 **EXEMPTIONS**

- Legal executor of deceased DDS estate may operate practice 1 yr if all legal notification and practice limits are observed
- Students in approved programs
- Emergency services rendered in good faith at scene away from office
- Treatment of an emergency arising from prior tx by another DDS: (not liable for any civil damages)
- DDS not liable for failure to inform if:
 - Pt unconscious

- DDS thinks immediate tx necessary: no time
- Pt incapable of giving consent, no time to seek from authorized person §1627
- Unicode: U+00A7, UTF-8: C2 A7

29 **BOARD PROTECTS DENTISTS IN EMERGENCY ROLES**

- Mass disaster management
- Triage (sorting injuries)
- Management of injuries
- ID fatalities
- Epidemic management

30 **VIRTUAL DENTAL HOME**

- AB 648 (Teledentistry)
- Expands VDH to service locations of greatest need

31 **NEW LICENSURE BY PORTFOLIO**

- Dental students graduate with "portfolio" model exam process over the final year of dental school
- Not a requirement, but allowed
- First licensure-by-portfolio-examination: UOP

32 **WHO CAN TURN US IN?
....AND HOW?**

- Patients: not anonymous, public record created, other DDS's brought in
- Staff: can be anonymous

33 **CAN A PATIENT TURN YOU IN FOR REQUIRING X-RAYS?**

34 **YES, BUT YOU WILL WIN!**

- X-ray info = standard of practice for assessment & tx

35 **LICENSURE BY PORTFOLIO**

- Dental students graduate with "portfolio" model exam process over the final year of dental school
- Not a requirement, but allowed

36 **OSHA COMPLIANCE =
BOARD COMPLIANCE**

- Written program
- Employee safety conditions
 - IC, physical & chemical safety
- Training / communication
 - Includes unlicensed DA IC training
- Facility, equipment, supplies
- Compliance by EVERYONE!

- OSHA & Board & police share info

37 LICENSE RENEWAL

- Ea. 2 years, end of birthday month
- No grace period; “practicing without a license”
- Fee assessed 30 days after lapsed
- Receive notice 60 days ahead, still your responsibility if no notice
- By mail: 6-8 weeks to update, 6-8 more weeks to get pocket lic.
- On line: 48 hrs, 2 -3 weeks (pocket lic)

38 LICENSE RENEWAL

- Disciplinary cases:
 - “practicing with expired licenses”
 - Some for up to 20 years!
- Employer: responsible for (must check) licensure status of staff
- Increased DDS renewal fees: \$537 with drug license

39 THE CHALLENGES

- Chasing unlicensed “dentists”
- Keeping them from re-surfacing
- Protecting public

40 CE REQUIREMENTS

- Dentists – 50 units
- ADHP’s – 25 units (RDHAP – 35)
- Must include Infection Control (2 hrs), CDPA (2 hrs) & CPR (mandated content)
- Special permit holders (GA, CS): subject- specific CE required for permit renewal
- DA’s must pass (once):
 - radiation safety
 - coronal polishing
 - Comprehensive infection control (Jan, 2010)

41 MANDATORY CE

- 80% must be scientifically oriented courses directly related to dental practice, benefiting patients
- 20% may primarily benefit DHCW, but must also benefit pt.
- 50/50 (live vs. remote) rule still applies
 - Clearly defined “live” course work
 - Clearly defined “home study” (\leq 25 hrs)
 - On-line / computer courses = home-study
- Increased provider responsibility for data on CE verification slips

42 NON-ELIGIBLE CE SUBJECTS

- Personal money management, “marketing”
- Basic subjects not related to dental practice

- General physical fitness, licensee's personal health;
- Basic skills - memory training & speed reading

43 **NON-ELIGIBLE**

- Computerization, new technology primarily for licensee's benefit
- Licensee self-improvement or staff motivation;
- Office production; financial planning; employee benefits; marketing or motivational topics to increase productivity or profitability;
- Courses where dentist is the primary beneficiary.

44 **Q:**

- Do we have to wear a name tag?

45 **A:**

- Yes, 18 pt. Type or larger
- Unless license is in public view

46 **PATIENT TREATMENT RECORDS:
CAN YOU INITIAL YOUR ENTRY?**

47 **YES....**

- Must sign or:
- May initial plus ID #
- Must date entry

48 **CAN YOU CHARGE FOR PROVIDING PATIENT RECORD COPIES?**

- Yes.
- "Reasonable cost-based fees"
- For supplies, time
- Both paper & electronic files

49 **HEALTH INFORMATION PORTABILITY & ACCOUNTABILITY
ACT**

50 **2 HIPAA STANDARDS**

- Privacy
 - Control of PHI disclosures
- Security
 - Safeguard PHI specifically in electronic form (ePHI)

51 **OMNIBUS RULE - 2013**

- Non-compliance = civil offense
- Penalties: \$100 - \$50,000 / offense
- Under DOJ: Unauthorized disclosure or misuse of protected health info. = criminal.
Fines - \$250,000 & 10 years prison
- Civil penalties also
- Applies to all covered entities: Medical, insurance, financial, government bodies

52 **HITECH****HEALTH INFO. TECHNOLOGY FOR ECONOMIC & CLINICAL HEALTH ACT**

- Part of: American Recovery & Reinvestment Act (2009)
- Purpose: to promote Electronic Health Records (EHRs)
 - Reduce costs
 - Increase efficiencies
 - Stimulate economy
- Expand privacy & security, & legal enforcement!
-

53 **ELECTRONIC TRANSACTIONS**

- Should be standardized (forms, terms, rules)
- More efficient, less costly, fewer mistakes:
 - Wrong referrals
 - Missing authorizations
 - “Leaked information”
 - Costly delays
- Medical / dental codes
- Unique identifiers (name vs. SS#)

54 **HIPAA**

- Must have written agreements with ANY entity that sees pt. Info.
 - File copy services
 - When electronic files / images used
 - Testimonials, social media, marketing
- Encrypt data & physically protect

55 **MANDATED REPORTING**

- 65% of physical child abuse = visible in head / neck region
- 75% of physical injuries from domestic violence are to head, face, mouth & neck
- Dentists, Hygienists, assistants = responsible to report suspected child, elder, domestic & disabled: abuse & neglect.
- \$1000 & jail for NOT Reporting (liable for civil or criminal prosecution)

56 **WHAT IS ABUSE?**

- Spectrum of repetitive behavior
- Non-accidental physical injury by another person
 - Physical abuse & neglect
 - Sexual abuse
 - Emotional abuse
- Fatal abuse is often preceded by minor maltreatment
 - (Pen. Code 11165.6)
-

57 **REPORTABLE ABUSE**

- 1 CHILD, ELDER & DEPENDENT ADULT, DOMESTIC VIOLENCE
- 2 • Child = through 18 yrs, non-accidental physical injury by another person
 - Physical abuse & neglect
 - Sexual abuse
 - Emotional abuse
 - (Pen. Code 11165.6)
- Elder = 65 yrs + older
- Special disabilities – any age
-

58 **REPORTABLE ABUSE**

- 1 CHILD, ELDER & DEPENDENT ADULT, DOMESTIC VIOLENCE
- 2 • Child = through 18 yrs,
 - Elder = 65 yrs + older
 - Special disabilities – any age
 -

59

- Provider/patient privilege does NOT apply
- Must report if patient / caregiver confides, you suspect abuse / neglect

60 **REPORT CHILD / ELDER ABUSE:
CALL, THEN WRITTEN REPORT**

- Must report suspected abuse to a county child protective agency or police
- Must report elder or dependent adult abuse to county
- Domestic (physical) violence: to local police
- What do you look for???

61 **CLINICAL SIGNS OF ABUSE**

- Bruises, bites, burns, lacerations, abrasions, head injuries, skeletal injuries (head, neck, limbs, etc)
- Fractured, abscessed teeth
- Healing or healed bones (X-rays)
- Bite marks
- Hair loss
- Strangulation marks

62 **STRANGULATION**

- 10% of violent deaths in US each year = strangulation
- Victims = 6 X more females than males

63 **STRANGULATION**

- Defined as: asphyxia due to closure of blood vessels &/or airway
- Only 11 lbs of pressure on both carotids for 10 sec. → unconsciousness

- 33 lbs of pressure closes trachea

64 **STRANGULATION: LOOK FOR:**

- Visible neck scratches, abrasions, bruises, scrapes
 - Defensive & attack wounds
- Voice changes: hoarseness, complete loss of voice
- Swallowing / breathing difficulty, pain: may progress to death up to 36 hours after injury

65 **DENTAL NEGLECT**

- Failure of fully informed parent / caregiver to seek or follow through with dental tx essential for adequate function & freedom from pain & infection

66

67

Condyloma acuminatum - generally transmitted by sexual contact

Most commonly found in the anogenital region;

Intraorally - frequently on labial mucosa.

Benign, papillary lesion (human papillomavirus)

Oral lesions are generally a result of oral-genital contact.

The identification of condyloma acumenatum in a child would require reporting of possible child abuse.

68 **ELDER ABUSE**

WHAT SHOULD YOU LOOK FOR?

- Bruises, physical injuries
- Fear, anger,
- Inappropriate behavior
- Depression
- Notice interaction between caregivers & elder or child

69 **DOCUMENTATION / REPORTING**

- Objective observations, descriptions
- Quote pt comments
 - "My husband whacked me hard this time!"
- **Patient / Provider privilege does NOT apply: MUST REPORT
- Observe demeanor, behavior
 - "pt ducked when husband raised arm to make a point"

70 **DOCUMENTATION / REPORTING**

- Child abuse: call, then send written report within 36 hours
- Elder & dependent adults: call, send written report within 2 working days of phone call
- Domestic (physical) violence: call, send written report within 2 days

71 **CALL, THEN WRITE A REPORT**

- If immediate danger: 911!!!
- Child Protective Services
- Childhelp USA National Child Abuse Hotline: 800-422-4453
- County Adult Protective Services
- Elder & Dependent Adult Abuse / Neglect Hotline: 888-436-3600
- National Domestic Violence Hotline: 800-799-7233

72 **EMPLOYEE ACKNOWLEDGEMENT REQUIRED**

- Employees must be trained and sign a statement of understanding, training and willingness to comply with law (C.P.C. 11166.5[a])
- Sign, date & witness forms
- Place in personnel file & give copies to employee
- *The Reporter Responsibility and Sample Employee Form* – supplied by Cal. Dept. of Social Services Office of Child Abuse Prevention

73 **AUXILIARY SCOPE OF PRACTICE
DPA LEGALLY DEFINES:**

- Allowable duties
- Level of supervision
- Allowable settings
- Illegal practice
 - Criminal offense
 - License discipline for person & anyone aiding & abetting
- Education, qualifications

74 **RDA DUTIES, SETTINGS**

- Allowed duties specifically listed
- All other duties NOT allowed (illegal duties represent dentistry; require knowledge, skill, training of licensed dentist)
- All auxiliary duties & settings (supervision), must be posted in office, visible to all employees

75 **SPECIAL PERMITS**

- 2 Dental Assistant categories
 - Orthodontic Assistant (OA)
 - Dental Sedation Assistant (DSA)
 - RDA's & DA's may earn permits

76 **SUPERVISION**

- Direct supervision:
 - Procedures based on instructions given by licensed dentist
 - Dentist must be physically present in tx facility during performance of those procedures
- General supervision:
 - Procedures based on instructions given by licensed dentist
 - Dentist's physical presence not required during procedure

77 **SUPERVISION**

- N: Not permitted
- C: Allowed in specified setting, under supervision of DDS, RDH, RDHAP
- DD: Dentist decides (G or D)
- G: General
- D: Direct
- WS: Without supervision

78 **HOW DOES D DIFFER FROM WS?**

- Direct: Dr. must be present & has examined pt, prescribed care
- WS: without supervision: Dr. has not examined patient prior to tx

79 **WHAT IS ALLOWED?**

- DA: unlicensed, May perform:
 - specified dental supportive procedures under supervision of licensed dentist:
 - technically elementary, completely reversible, will not cause possible harm
- RDA: licensed,
 - may perform: DA duties + other specified procedures, under varying supervision
- RDAEF: licensed + completed post-licensure clinical & didactic approved training & testing, may perform: RDA duties + others

80 **RDA ALLOWED DUTIES § 1752.4****SECTION SIGN****UNICODE: U+00A7, UTF-8: C2 A7**

- Mouth mirror inspection, charting
- Apply, activate bleaching agents: nonlaser light-curing device
- Automated caries detection devices
 - for dentist to diagnose

81 **RDA ALLOWED DUTIES § 1752.4****SECTION SIGN****UNICODE: U+00A7, UTF-8: C2 A7**

- Imaging for CAD milled restorations
- Pulp testing, recording
- Place bases, liners, bonding agents
- Chemically prep teeth for bonding

82 **RDA ALLOWED DUTIES § 1752.4**

- Place, adjust, finish direct temps
- Fabricate, adjust, cement, remove indirect temps, including stainless steel crowns IF PROVISIONAL
-

83 **WHO IS RESPONSIBLE IF PATIENT DOESN'T RETURN FOR FINAL RESTORATIONS?**

84 **YOU**

- Follow up
- Keep records
- Document!

85 **RDA ALLOWED DUTIES § 1752.4**

- Place post-ext. dressings (after Dr. inspects site)
- Place perio dressings
- Dry endo canals (with paper points)

86 **RDA ALLOWED DUTIES § 1752.4**

- Adjust dentures extra-orally
- Remove excess cement from teeth using hand instrument
- Polish coronal surfaces
- Place ligature ties & archwires
- Remove ortho bands

87 **RDA ALLOWED DUTIES
WITH APPROVED TRAINING § 1752.4**

- Remove excess supra-gingival ortho cement using ultrasonic scaler
- Apply pit & fissure sealants
- Orthodontic permitted duties
- Dental sedation assistant permitted duties
- DD except if working with RDHAP § 1777

88 **RDAEF DUTIES, SETTINGS
§ 1753.6**

- RDAEF: Licensed before Jan. 1, 2010, completed post licensure approved training & exam;
- All RDA duties plus: (supervision – D or DD):
 - Cord retraction for impressions
 - Final impressions for permanent indirect restorations
 - Formulate indirect patterns for endo post & core castings
 - Fit trial endo filling points
 - Pit & fissure sealants
 - Remove excess subgingival cement with hand instrument
- Must demonstrate additional approved training to do more

89 **RDAEF DUTIES, SETTINGS
§ 1753.5**

- RDAEF: Licensed after Jan. 1, 2010, completed post licensure approved training & exam;

- All RDA duties plus: (supervision – D or DD):
 - Preliminary eval: oral health (not limited to: charting, intraoral & extraoral soft tissue, occlusion classification, myofunctional eval.
 - Assess oral health in community health settings supervised by DDS, RDH, RDHAP
 - Place retraction cord for impressions
 - Take final impressions for permanent restorations & tooth-borne removable prosthesis

90 **RDAEF DUTIES, SETTINGS**

§ 1753.5

- Polish & contour existing amalgams
- Size, fit & cement endo master & accessory points
- Place, contour, adjust all direct restorations
- Adjust & cement permanent indirect restorations
- Remove excess subgingival cement – hand instrument
- Settings: under jurisdiction & control of dentist in approved facility
- DDS May use no more than 3 RDAEF's or RDHEF's § 1753.7

91 **RDH WHAT IS ALLOWED?**

- RDH: licensed,
 - May perform all specified DH duties & DA & RDA duties under specified supervision
 - RDH licensed after 1/1/2006 must also have RDA license to perform RDA duties!
- RDHEF: same as RDAEF - operative duties under supervision, with training, same settings
- RDHAP: Same RDH scope, practice independently;
 - without supervision
 - but with prescription from dentist or physician & surgeon

92 **WHAT RDH DUTIES REQUIRE DIRECT SUPERVISION?**

93 **A:**

- Placement of non-removable medicaments
- All direct supervised RDA duties unless otherwise indicated
- Perio soft tissue curettage (pre-certification required)
- Local anesthesia limited to oral cavity (pre-certification required)
- Nitrous oxide & oxygen using fail-safe machines, no general anes. (pre-cert req)

94 **IS THIS OK?**

- RDH takes laser training but does not have an official certificate.
- She uses the laser for sulcular "sterilization" after scaling.
- Dr. did not specifically prescribe use of the laser, and has left.

95 **YES § 19120-1914**

- A DH may use any material or device approved for use in the performance of a service or procedure within his/her scope of practice under appropriate supervision if he/she has the appropriate education and training required.
- Duties not requiring D supervision are GS

96 **RDH SCOPE § 1911**

- Includes assessment, development, planning & implementation of DH care plan.
- Oral health educ, training, screenings
- Pts with abnormalities will be referred to dentist

97 **RDH SCOPE DOES NOT INCLUDE:**

- Diagnosis, comprehensive tx plan
- Placing, condensing, carving, or removal of permanent restorations
- Surgery or cutting of hard and soft tissue including (not limited to) removal of teeth & cutting & suturing of soft tissues

98 **RDH SCOPE DOES NOT INCLUDE:**

- Prescribing medication
- Admin gen anes, oral / parenteral conscious sedation

99 **DIRECT OR GENERAL SUPERVISION?**

- Dr is coming back from lunch, RDH needs to administer anesthesia.
- Dr. calls when she is in the parking lot.
- Can RDH anesthetize before Dr. arrives?

100 **NO**

101 **IS THIS OK?**

- A dental hygiene patient needs subgingival irrigation with liquid antibiotic.
- The Dr. Left for a meeting.
- The DH irrigates, records it and dismisses the patient.

102 **YES**

- RDH & RDHEF: General
–BUT.... Must be prescribed by DDS
- RDHAP: WS

103 **IS THIS OK?**

- The hygienist notices an atypical lesion on the lateral border of the tongue.
- The DDS is not in the office and has not seen the lesion.
- The hygienist takes a sample using an oral exfoliative cytology kit and dismisses the patient.

104 **NO**

- This is general supervision:
- DDS must prescribe
- EXCEPT for RDHAP (WS)

105 **RDHAP DUTIES, SETTINGS**

- Licensed, completed approved AP post-licensure training
- May treat a pt for up to 18 mos. without proof of DDS visit.
- Then, must have prescription from DDS or MD & surgeon: required to include:
 - Date services prescribed
 - Expiration date (up to 2 years)
 - DH services, special instructions

106 **RDHAP LAWS**

-
- RDHAP's can apply for mobile DH clinic permit
- RDHAP's must apply for additional office permit before opening more offices
- Prop AB 502: eliminate requirement for DDS's prescription to continue tx of pt after 18 months

107 **RDHAP**

- RDHAP must document relationship with dentist for referrals, emergencies
 - 1 or more dentist, with active licenses, not under discipline by board

108 **IS THIS OK?**

- RDHAP runs a mobile clinic.
- She hires an RDH and an assistant to perform within their licensure.

109 **NO**

- RDHAP's can not hire and supervise RDH's
- RDHAP's can hire other RDHAP's
- They can hire & supervise dental assistants for intraoral retraction and suction

110 **CAN A DDS HIRE 4 RDAEF'S & 4 RDHEF'S?**111 **NO**

- DDS can simultaneously utilize no more than 3:
- RDAEF's OR RDHEF's

112 **Q:**

- Can RDA's bleach teeth?

113 **A:**

- Since 2000, RDA's may apply agent, activate with non-laser light (DD)
- (DA's, OA's, DSA's may not)

114 **Q:**

- Who may place fluoride varnishes?

115 **A:**

- Considered non-toxic
- All auxiliaries may place

116 **Q:**

- Can RDA's use ultrasonic scalers?

117 **A:**

- Only if completed approved training
- Only supragingivally
- Only to remove ortho cement

118 **MOST RECENT ABUSES**

- Botox injections
 - "improved smiles"
 - cosmetic enhancement
- Hiring RDAs for RDH duties
- Aiding & abetting unlicensed practice of dentistry
- Spa dentistry by non-licensed estheticians / manicurists
- Sedation dentistry without permit

119 **CASE: DDS LICENSE REVOKED
AIDING & ABETTING**

- DDS allowed / instructed RDA to perform oral scaling & prophylaxis
- Fined substantially, lost license for "aiding & abetting the unlicensed practice of dentistry"
 - San Francisco, CA

120 **CAN A DDS USE BOTOX?**

- Therapeutic use: yes, if within scope of practice & if trained
- Cosmetic use: yes, if have Elective Facial Cosmetic Surgery permit (from DBC) & within scope of practice (only 26 DDSs have permits)
- Category 1 permit: facial bone & cartilage structures
- Category 11 permit: soft-tissue contouring, rejuvenation
-
-

121 **PEDIATRIC DEATHS
RELATED TO DENTISTRY (U.S.)**

- 46 confirmed deaths since 1974
- Greatly under-estimated stats
- Most are related to:
 - Anesthetics / drugs
 - Airway obstruction

122 **ADA RECOMMENDS PARENTS ASK:**

- Who will provide preoperative evaluation (including pt. history)?
- How long should child be without food & drink?
- What is the pre-op med & how is it monitored?

- What training & experience does the anesthesia provider have?
- Do assistants have current emergency resuscitation training?

123 **ADA RECOMMENDS PARENTS ASK:**

- Does State require special licensure for the level of sedation provided?
 - Does Dr. & staff have this licensure?
- In addition to local anesthesia what level of sedation will be given?
 - minimal: relaxed / awake
 - moderate: sleepy / awake
 - deep sedation: barely awake
 - general anesthesia: unconscious

124 **ADA RECOMMENDS PARENTS ASK:**

- How will the child be monitored before, during & after the procedure until released to go home?
- Are appropriate emergency medications & equipment immediately available if needed?
- After the procedure:
 - Will the provider give instructions and emergency contact information after child is released?

125 **OKLAHOMA VIOLATIONS**

- No written or practiced IC policy
- Dental assistants performing IV sedation illegally, unsupervised
 - Insert IV's
 - Determine drugs & doses (before Dr. checks)
 - No drug logs
 - Drugs unlocked, unorganized, scattered
 - Outdated meds

126 **TAMPER-RESISTANT PRESCRIPTION FORMS: MUST BE PRE-PRINTED**

- For controlled substance prescriptions
- Effective July 1, 2012
- Printers of forms must be approved by Dept. of Justice
- MUST REPORT theft / loss of forms within 3 days
- Ordering & receiving forms = strictly mandated
 - § 11164

127 **PRESCRIPTION DRUG MONITORING PROGRAM**

- = State database of patients with controlled-substance abuse history
- Dr.'s may access only for pt. care
- HIPAA & state health info. privacy laws apply.
- Dr.'s with DEA #'s apply online for access to the program at: oag.ca.gov/cur-es-pdmp
- Need updated browser

128 **CURES 2.0**

- "Controlled Substance Utilization Review & Evaluation /system"
- DOJ training videos
 - Employee & prescriber rules of use
 - How to access & use info
- DOJ Cal. Info. Practices Act
- (Civ. 1798-1798.1)

129 **PRESCRIPTION DISPENSING**

- Labeling requirements (dispensing in coin envelope or container):
 - Patients name
 - Doctor's office name
 - Date dispensed
 - Name of drug
 - Dosage
 - Quantity
 - Exp. Date
 - Directions for use

130 **CAN YOU "CALL IN" PRESCRIPTIONS?
(FOR CONTROLLED DRUGS)**131 **YES**

- In emergencies
- Pharmacist creates paper script, signs it
- DDS confirms in writing - 72 hours if high abuse potential drugs
- Pharmacist notifies DoJ within 7 days
- Include all required info and license #'s in accessible records
-
- Exceptions?

132 **DEA RECLASSIFICATION OF HYDROCODONE-CONTAINING MEDS**

- Examples: norco, Percocet, morphine, demerol, Vicodin
- Now = Schedule II drug
- Requires Sched. II authority to prescribe
- Visit DEA website - confirm your registration = up-to-date (pharmacists will check)

133 **HYDROCODONE DRUGS**

- Emergency prescriptions may be denied if called in
- No renewals allowed

134 **NEW HYDROCODONE DRUG**

- FDA approved Hysingla ER
- Reduces, (does not totally prevent) drug abuse
- Not approved for (should NOT be used for) "as-needed" pain relief

- Fatal overdose potential

135 **PRESCRIBING ABUSES**

- Over prescribing to both patients and non-patients
 - Must show doctor-patient relationship
 - Must show relationship between drugs & dental treatment
 - Dr. must see pt first,
 - ONLY Dr. may prescribe
- Lack of documentation
- Records: must be kept in 3 places: pt. Chart, separate in log & out log

136 **UNPROFESSIONAL CONDUCT**

- Concerns both patients & employees:
 - Lack of informed consent
 - Negligence
 - Sexual misconduct
- B & P Code 1680 “the committing of any act / acts of gross immorality substantially related to the practice of dentistry is considered unprofessional conduct.”

137 **UNPROFESSIONAL CONDUCT**

- Past felony convictions may affect licensure
- New convictions if substantially related to RDA, RDH, or DDS qualifications, functions or duties must be reported to the DBC, may be grounds for license revocation

138 **UNPROFESSIONAL CONDUCT**

FAILURE TO:

- Tx plan
- Show consistency in tx planning – below standard of care
- Do or record periodontal charting
- Inform of conditions, financial obligations, gather consent for tx, review history prior to tx

139 **CONSENT**

- 2 types: simple (when risks = commonly understood & remote)
 - Cleanings, simple fillings
- Informed: required for surgery, extensive tx, or large number of simple procedures
- Must explain: Nature of tx, risks, complications, likelihood of success, expected benefits & alternatives (including NO tx & those risks)
- NOT getting consent & tx beyond consent = Battery

140 **CONSENT TO TREAT MINORS**

- Under age of 18 = minor
- Minors cannot legally consent to tx or financially commit
- Dr.’s must not treat without clearly documented parental consent (potential liability)
- ONLY EXCEPTION: ortho maintenance, all consents documented fully prior

141 **CAN BIO PARENTS**

GIVE CONSENT?

- Married: yes, unless disagree
- Unmarried moms: yes, always
- Unmarried dads: yes, if no question of paternity & mom agrees
- Divorced:
 - Yes either parent can consent if both have joint custody & they agree!
 - No, if court orders 1 parent has medical/dental decision rights

142 **MINOR CONSENT**

- Adoptive parents: yes, same as bio parents
- Step parents: NO, never unless adopted child
- Older sibling?
- Teen mother?
- Aunt, other family, not legal guardian?

143 **UNPROFESSIONAL CONDUCT**

- Failure to refer to a specialist
- Not practicing within the standard of care provisions

144 **APPLY DENTAL LAWS & DPA REGULATIONS DAILY**

- Protect yourself & staff
- Protect your patients
- Improve public image
- How?
 - Good will, “patients first”
 - Listen! Communicate!
 - Follow up (post-op calls....)

145 **COMMUNICATING WITH THE BOARD**

- <http://www.dbc.ca.gov/>
- 877-729-7789 (Toll Free)
- 916-263-2300 (Direct)
- 714-247-2100 (Tustin Field Office)
- Cal DPA with Related Statutes & Regs, 2008
 - 800-223-1940, www.lexisnexis.com
- DHCC: dhccinfo@dca.ca.gov