

# **CALIFORNIA DENTAL PRACTICE ACT**

## **Presented by Marcella K.Oster**

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# Welcome

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# CALIFORNIA DENTAL PRACTICE ACT

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## Course Objectives

- Describe the legal issues for license renewal, including Continuing Education requirements and criminal history reporting.
- Record keeping and staff management
- How to comply with the legal requirements of the Dental practice Act

## Course Objectives

- Basic overview of the DPA and the new regulations, structure of the governing bodies of the DBC.
- Reviewing Citations, acts of violence, mandated reporters pertaining to the DPA.
- Current changes for education and new licensees

## DENTAL PRACTICE ACT

**Every state has a dental practice act. The mission statement for the California Dental Board states “Protection of the public shall be the highest priority, in exercising its licensing regulatory and disciplinary functions.**

## Dental Practice Act Mission

- **“Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount”**

## Services to the Public

- As a professional we serve the public with quality, competent and timely care within the area of the clinical circumstances presented by the patient. We must behave with honor and decency towards are patient and commit to uphold the professional code of ethics.

## DBC and Department of Consumer Affairs

- The consumer affairs is the umbrella that many different agencies fall under. The DBC is one of many. DCA oversees boards, committees, and bureaus. They regulate all health professions. I have to explain this more to meet the current requirements of this course. So let's move forward.

## DBC and the DCA

- The DCA regulates Health professions and other professions as:
  - Home furnishings
  - Auto repairs
  - Thermal insulation and more
- The Legislature mandates that each of these Boards be evaluated every 4 years to determine if the public needs their existence. Ouch!

## DBC

- The board consist of 14 members.
- 8 practicing Dentist (1 will be Faculty of Ca. dental school or nonprofit clinic)
- 4 public members
- 1 registered dental hygienist
- 1 registered dental assistant
- All dental professionals must be actively , legally engaged in the practice of dentistry in California for at least 5 years prior to their appointment

## DBC

- The DBC has the authority to create and promulate regulations in regard to the practice of dentistry. They can request for new regulations or a change in current regulations coming from several different sources such as organizations, individuals, and state agencies.

## Current Regulations

- Effective 12/7/2012
- Sponsored Free Health Care Events/section B&P code 901, It governs out of State dental practitioners with a valid, current, active licenses to participate in Free Health care Events in California. You must go onto the boards website and download Form 901-A and submit it 90 days prior to the event

## Dental Hygiene Committee of California

- DHCC consists of nine-members appointed by the Governor=4 public members, one practicing dentist and 4 dental hygienists.
- DHCC responsibilities: issuing, reviewing, and revoking licenses as well as developing, administering examinations.
- DHCC adopts, regulates, and determines fees and CE requirements for all hygiene licensee categories.

## DHCC-Top 500 Hygienist ?

The Dental Hygiene Committee of California has a list of 500 Hygienist that owe back taxes to Board of Equalization or Federal Tax Board.

## DHCC

- You either satisfy all outstanding tax obligations or enter into a payment installment program with the FTB or BOE.
- If you don't come into compliance they will have the DHCC suspend your license until the DHCC receives a release from the FTB or BOE.

## DHCC

- Check this website for your name
- [www.boe.ca.gov/cgi-bin/deliq.cgi](http://www.boe.ca.gov/cgi-bin/deliq.cgi)
- **If your name is on this list by error call either one:**
- **FTB 866-418-3702**
- **BOE 916-445-5167**

## Dental Hygiene Committee

- B&P code section 138 requires that all DHCC licenses provide notification to their patients that they are license by DHCC.
- Example: of course 48 point

## DHCC Notification Example

- Notification to Consumers: Dental Hygienists are licensed and regulated by the Dental Hygiene Committee of California

## DHCC Notification Example

- 916 263-1978
- www.DHCC.Ca.GOV

## DHCC

- Discuss with the Dentist or manager as to what method of notification to use:
- 1. Posting a sign in an area where you practice, that is conspicuous to patients and their representatives.
- Must be 48 point type in Arial font. (so everyone can read it)

## DHCC

- 2. Including the notification in a written statement, signed and dated by the patient or patient representative, and kept in the patient's file, stating the patient understands that you are licensed and regulated by the DHCC.

## DHCC

- 3. Including the Notification in a statement on Letterhead, care instructions, or other documents given to the patient or representative, where the Notification is placed immediately above the signature line for the patient. Make sure its 14 point.

## DHCC

- 4. You may wish to make the Notification available in other formats to accommodate your patients.

## DHCC on RDHAP

- B&P code Division 2, chapter 4, Article 9 States that RDHAP are not permitted to incorporate pursuant to section 13401 & 1340.5 of the corporation code.
- DHCC will return Fictitious Name permit Applications "that include" incorporate as part of the fictitious name.
- Any questions call the DHCC @ 916-263-1978



## Did you know?

- Effective Jan. 1, 2013
- A licensee who changes their email address is required to report the change in writing within 30 days.

## DENTISTRY IS NOT...

- Anesthetic for cosmetic tattooing - eyeliner, lip liner, etc.
- BOTOX for cosmetic purposes
- Weight management
- HBV vaccines for employees or patients

## Update on Botox

- Business & Professional Code 1625
- Botox or any related agents can only be used for the diagnosis & treatment of TMD/ Myofacial conditions as part of a comprehensive treatment plan. A Dentist may use any legally prescribed drugs to treat patients as long as the treatment is within scope of practice.

## Update on Botox

- A licensed California Dentist who has been granted a Permit to perform elective facial surgery may utilize Botox and similar drugs purely for cosmetic purposes as long as it is legally prescribed and within the scope of practice for their permit. Some permit holders may not be authorized to perform all cosmetic surgery procedures

## Update on Botox

- Business and professional Code 1638.1(f)
- It should be noted that all procedures authorized under the Elective Facial Cosmetic Surgery Permit must be performed in an acute care hospital or a certified surgical center as defined in this code.

## Most recent abuses of the DPA

- Botox injections for "Smile improvement" has been a big issue.
- Strangest on was a Dentist doing breast exams for TMD diagnosis.
- Really out of Scope of practice

### Scope of Practice in Other States

- **New York allows Dentists and Medical Doctors to split tongues**
- **Oregon allows Dentists to administer anesthesia for tattooing, lip and tongue piercing**

### Recent abuses of the DPA

- Misusing of Allied Dental Health Professionals out of their scope of practice.
- Spa dentistry using non-licensed individuals to perform facials and pedicures.

### CALIFORNIA DENTAL SCOPE OF PRACTICE

- **Includes ONLY Human teeth, jaws, and associated structures**
- **You may not clean or extract animal teeth**

### DENTAL AUXILIARIES

- **Dental Assistant**
- **Registered Dental Assistant (RDA)**
- **Registered Dental Assistant in Extended Functions (RDAEF)**
- **Registered Dental Hygienist (RDH)**
- **Registered Dental Hygienist with Extended Functions (RDHEF)**
- **Registered Dental Hygienist in Alternative Practice (RDHAP)**

### Boards Request

- The board is requesting all Dental License at renewal time to go online to fill out the Statistical Data/ California Business & Professional Code 1715.5 authorizes the Dental Board to collect information from the Dental Healthcare workers at the time of license renewal.

### Boards Request

- Workers may self report His/hers employment status, post graduate training, practice specialty, cultural background and foreign language proficiency.
- This information will be reported annually on the Boards website follow the links at the Boards website

## USE OF DENTAL AUXILIARIES

According to the California Dental Practice Act, a “dental auxiliary” is defined as a person who may perform dental assisting or dental hygiene procedures authorized by the act.

A Dental auxiliary also means a registered dental hygienist in alternative practice, who may provide authorized services by prescription provided by a dentist, physician or surgeon licensed to practice in California.

## DENTAL ASSISTANT

■ A “DENTAL ASSISTANT” is a person who may perform basic supportive dental procedures under the supervision of a licensed dentist and who may perform basic supportive procedures as authorized under supervision of a registered dental hygienist in alternative practice.

## 2016 Health survey

Recent legislation (AB 269) was signed into California law that requires the Dental Board of California (Board) to collect data from all licensees with the purpose of identifying areas in California that are underserved with professionals with cultural or linguistic competencies in the dental health care field. Effective January 1, 2009, all initial licensure applicants and license renewal applicants will be required to report the following information to the Board pursuant to Business and Professions Code Section 1715.5 as follows:

- Completion of any advanced educational programs accredited by the Commission on Dental Accreditation in a dental specialty recognized by the American Dental Association [Business & Professions Code § 1715.5(a)]
- Practice or employment status [Business & Professions Code § 1715.5(b)]
- Reporting information regarding cultural background and foreign language proficiency is optional.
- All survey information will be collected and aggregated annually to be reported on the Board web site. The survey is on the reverse side of licensee’s renewal forms. It is also online, as part of the online license renewal process.

## 2012 Changes For New RDA'S

- Dental Board Policy Changes:
- When filing to take the RDA Practical you must:
- Include proof of completion of X-ray and coronal polish certification, 8 hour infection Control course and CPR.
- Failure to provide will result in rejection and return.

## What if the RDA wants to be a permit holder?

- An RDA may apply for either one or both by submitting written evidence of the following:
  1. Completion of a board approved ortho or dental sedation course
  2. Passing a written exam administered by the board that encompasses the knowledge, skills, and abilities necessary to competently perform duties of the particular permit.
- A RDA with either permit will be referred to as “RDA with ortho assistant permit” or “RDA with dental sedation assistant permit”
- CE requirements will be fulfilled for each permit

## New RDAEF Category

- Currently, the 1,400 RDAEF’s in the State of California can take impressions and place provisional crowns but not permanent restorations.
- As of Jan. 1, 2010 the new category will be called RDAEF-2
- They must be a current RDAEF and take a special course which only two Colleges in California are offering at this time. New ones are being added each month.

### RDAEF-2

- This course will be an additional 280 hours and they must also pass the state exam.
  - When they become an RDAEF-2 they can now perform indirect and direct alloys and composites.
  - Endodontic points.
  - They can help cut in half the chair time for the Dentist.
- What a wonderful benefit!

### RDAEF 2012 Upgrade

- All currently licensed RDAEF'S who wish to perform the new functions must complete a new board approved course in these duties.
- 380 hours or approx. 29 days spread out in 8-9 months
- Some courses will involve online virtual classroom/ Sacramento City College

### RDAEF2 Scope of Practice 2012

- 1. Conduct preliminary evaluation of the patient's oral health, including, but not limited to, charting, intraoral and extra-oral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation.
- 2. Perform oral health assessments in school-based, community health project settings under the direction of a DDS,
- RDH, RDHAP.

### RDAEF2 Scope of Practice 2012

- 3. Cord retraction of gingiva for impression procedures.
- 4. Size and fit endodontic master points and accessory points.
- 5. Cement endodontic master points and accessory points
- 6. Take final impressions for permanent indirect restorations.

### RDAEF2 Scope of Practice 2012

- 7. Take final impressions for tooth-borne removable prosthesis.
- 8. Polish and contour existing amalgam restorations.
- 9. Place, contour, finish, and adjust all direct restorations.
- 10. Adjust and cement permanent indirect restorations.

### RDH

- RDH will not be able to perform any of the RDA, RDAEF, RDAEF-2 unless they keep each additional license current
- If an RDH would like to perform restorations:
  1. Obtain RDAEF license
  2. Complete the additional 280 hour course and pass the exam.
- At this time the Hygienist Association does not have the education programs in place

## Registered Hygienist

- The practice of Dental hygiene includes:
- Dental hygiene assessment
- Developing planning
- Implementation of dental hygiene care plan
- Oral health education
- Nutritional counseling
- Oral health screenings

## RDH specific duties

- Root planning
- Polish/contour restorations
- Oral exfoliative cytology
- Apply pit/fissure sealants
- Preliminary examination, including but not limited to:
- Periodontal charting, intra-extra oral exam of the soft tissue
- Charting, missing teeth, lesions, restorations, classifying occlusion, myofunctional evaluation
- Irrigate sub-gingival with an antimicrobial/antibiotic

## RDH duties with evidence of completion and Board approval

- Prior to performance the RDH must complete/pass courses approved by the board on the following
- Periodontal soft tissue curettage
- Administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity. (Sorry no Botox)
- Admin of nitrous oxide and oxygen when used as an analgesic
- Utilizing fail-safe type machines containing no other general anesthetic agent.

## RDH Question?

- RDH needs to give local anesthesia to a patient before lunch, but the Dentist needs to leave as soon as the RDH gives the injection. He/she says its OK as long as he/she is there during the injection. Is the Dentist correct?

## RDH Correct Answer

- No! The administration of local anesthesia is a direct supervision duty. The Dentist is liable and responsible for the patient until treatment is complete.

## RDH does not include

- Does not include:
- Diagnosis & comprehensive treatment planning
- Placing, condensing, carving or removal of permanent restorations
- Surgery or cutting on hard/soft tissue including but not limited to removal of teeth and cutting and suturing of soft tissue.
- Prescribing medications
- Administering general anesthesia or oral, parenteral conscious sedation.

### RDH Remember

- Remember that the supervising licensed Dentist is responsible to determining the competency of their Allied Dental Health Professional to perform allowable functions. Each ADHP must know his/her scope of practice. It's a criminal offense to perform illegal functions and grounds for license discipline on both Dentist and ADHP.
- If not on the list of allowable duties in the Dental Practice Act. It is not legal to perform.
- Example: Liposuction

### REGISTERED DENTAL HYGIENIST

- **RDH may NOT perform RDA duties without a current RDA license (current dual licenses)**

### RDH Question?

- My employer dentist is out of the office. Can I still treat patients and provide dental hygiene services?

### RDH Correct Answer

- Yes! As long as you are performing only general supervision duties on patients of record .

### Current Hygiene Duty table

- See handout

### REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE - RDHAP

An RDHAP may perform dental hygiene services for a patient who has a written prescription for dental services issued by a dentist, physician, or surgeon licensed to practice in CA, and who has performed a physical examination and diagnosis of the patient prior to a prescription being provided. The prescription shall be valid for a time period based on the dentist's, physician's, or surgeon's professional judgment, not to exceed 18 months from the date of issue.

## RDHAP

- New changes the DHCC states that RDHAP can apply for a mobile dental hygiene clinic permit
- A RDHAP who would like additional offices must apply ahead of time for an additional office permit.
- All RDAHP must report their locations to the DHCC

## DEFINED LEVELS OF SUPERVISION - chap. 3, article 1, sec 1067

■**GENERAL -**  
supervision of dental procedures based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising Dentist during the performance of those procedures.

■**DIRECT -**  
supervision of dental procedures based on instructions given by a licensed dentist who must be physically present in the treatment facility during the performance of those procedures. The Doctor is not there to monitor the technique, but to monitor the patient.

## TABLE OF PERMITTED DUTIES

**See attachment B&P 1750.1, Sec. 1750-1758 for new changes as of Jan.1, 2011**

**Remember if a function is not on the list of allowable duties it is not legal to perform**

## Posting Duties

Regulation Section 1068 requires posting of dental auxiliary duties in a common area of the office

## Responsibilities Of The Supervising Dentist

- Determining the competency of the DA to perform basic supporting procedures
- Assuring each DA, OAP, DSAP, RDH, RDHEF, RDA, and RDAEF completes within 6 months of employment date, board-approved courses in Infection Control, CAL Dental Practice Act, and basic life support by American Heart or Red Cross.

## Responsibilities Of The Supervising Dentist

- Must check and approve all direct-supervision procedures performed by an RDAEF or RDHEF prior to the patient's dismissal from the office
- May utilize no more than three dental auxiliaries in extended functions

### Employer's Responsibility

- It's the employer's responsibility to verify that all licensed employees are currently licensed. You can do this online. It is a criminal offense to perform illegal functions and grounds for license discipline for both ADHP and DDS.

### "PERMIT HOLDER" Dental Assistants

**TWO new "PERMIT HOLDER" license categories will be established:**

- 1. Orthodontic Assistant Permit (OAP)**
- 2. Dental Sedation Assistant Permit (DSAP)**

### Ortho Assistant Permit

**DPA Section 1750.3a:**

**May perform, under direct supervision, all DA duties:**

- Sizing, fitting, adjusting, repositioning, curing in a position approved by the dentist, and removal of ortho bands and brackets
- Removing excess cement, supragingival

### "Permit Holder" Dental Assistants

- Each permit holder licensee shall be subject to the existing continuing education and renewal requirements.
- Each applicant for a "permit holder" license must complete a Dental Board-approved course or courses.
- Must have 6 months OJT before starting course work and must complete the 12 months OJT before taking the final exam.

### Ortho Assistant Permit

- Prepare teeth for bonding
- Activating bleaching agents with non laser, light-curing devices.
- Removal of excess cement from coronal surfaces of teeth under ortho treatment by means of an ultrasonic scaler
- Taking face bow transfers & bite registration

### Dental Sedation Assistant Permit

- Any duties that a dental assistant may perform.
- Monitoring of patients during the preoperative, intraoperative, and post operative phases, using noninvasive instrumentation such as pulse oximeters, electrocardiograms, capnography.
- Taking impressions for guards/splints



### Dental Sedation Assistant Permit

- Placement and removal of surgical dressings and sutures
- Adding medications to intravenous lines using a syringe, in the presence of a licensed dentist.
- Removal of intravenous lines
- Under the direct supervision of a license dentist or health care professionals authorized to administer conscious or general anesthesia in the dental office.

### Permit Holders

- New with AB2637 law:

Two permits for orthodontic assistant and dental sedation assistant require the same renewal requirements as a licensee, including completion of 25 units biennially.

### CE REQUIREMENTS FOR RENEWAL OF LICENSE - CCR 1017

- DENTISTS: 50 units/two years
- RDA 25 units/two years
- RDAEF 25 units/two years
- RDH 25 units/two years
- RDAEF 25 units/two years
- RDHAP 35 units/two years
- Maintain records for 6 years!! 3 renewal cycles
  - Home study classes 50%
  - Attendance classes 50%

### CE Courses

- Home study can be 20% and consists of : tape recorded
- Home study materials
- Video courses
- On-line computer courses
- Interactive-classroom-courses should be 80% consists;
- Lecture
- Telephone conferencing
- Live webinar

### CE's

- You may take up to 8 hours of CE per day.
- Remember to take Approved classes for license renewal and check the Boards website to confirm them

- (a) As a condition of renewal, all licensees are required to complete continuing education as follows:
- (1) Two units of continuing education in Infection Control specific to California regulations as defined in section 1016(b)(1)(A).
  - (2) Two units of continuing education in the California Dental Practice Act and its related regulations as defined in section 1016(b)(1)(B).
  - (3) A maximum of four units of a course in Basic Life Support as specified in section 1016(b)(1)(C).

### Radiation Safety B&P 1656

The Dentist and anyone who operates x-ray units must either:

- Pass a Dental Board Approved x-ray safety course

or

- Have passed the board-administered radiation safety exam by Jan.1, 1985.

Most dental schools now include a course on radiation safety.

### Dental Assistants & X-rays

- Although the Dental assistant is unlicensed each must have a California Radiation safety certificate if they are required to expose and process radiographs. Certification requiring successfully completing the Board approved course.

### New Fingerprinting Law

- Title 16. Dental Board of California  
Department of Consumer Affairs
- Effective July 1, 2011
- Sect.1007. If the Board asks Licensee to provide criminal history info., licensee shall respond with in 30 days. The licensee shall make available other documents and records with accurate information.

### New Fingerprinting Law

- Section 1008.
- As a condition of renewal of a license,(license before Jan.1, 1999) or for whom an electronic record of fingerprints does not exist, shall furnish to the Department of Justice a full set of fingerprints for record keeping and obtaining a criminal history. You will receive info with your renewal notice.

### New Fingerprinting Laws

- Failure to comply with the requirements of the section renders any renewal incomplete. Your license will not be renewed until compliance
- Failure to furnish a full set of fingerprints to the DOJ as required before or on the date of renewal is grounds for discipline by the Board.

### New Fingerprinting Laws

- Licensee shall pay any costs for furnishing the fingerprints and conducting the searches.
- Condition of renewal, certify that your fingerprints have been furnished to the DOJ
- Requirement is waived if you are serving in the military outside the country

### New Fingerprinting Law

- Licensee shall retain for at least 3 years from the renewal date, either a receipt showing the electronic transmission or receipt that the fingerprints were taken.
- Must disclose convictions, violations in this or any other state, or country, traffic fines under \$1000.00 not involving drugs, alcohol, or substance abuse, and disciplinary actions

### Fingerprinting Help

- Live Scan is your best deal in fingerprinting and they have many locations in the state of California.
- Go on the CDA website or the Boards/ department of Consumer affairs or DOJ website for local addresses.  
<http://ag.ca.gov/fingerprints/publications/contact.php>.
- You will need to download a Live Scan form for your licensee type

### New Fingerprinting Law

- DDS pays for fingerprinting and searches.
- Keep your records of sending the prints to DOJ for 3 years to have proof you did it.
- Everyone license after Jan. 1, 1999 must have fingerprinting done.

### LICENSURES

**A Foreign license is not considered valid in the state of California**

### New information

- The DBC has been mandated by Cal. Legislature to accept applications from foreign dental schools for consideration. The process would allow any student from an approved foreign dental school to be eligible for licensure in California, with the same requirements as a US dental school graduate.

### Licensure by Credentials

- Allows both the DDS & RDH to apply for licensure in California without completing the Ca. clinical exam process. Eligibility for LBC process is significant and limited to individuals who graduated from dental schools in the United States and have licenses from other states. These other state licenses must be current and in good standing. (no crimes or suspended, restricted)

## License Violations

- Business & Professions code section 119 states that it is a misdemeanor for any person to:
- Display or cause or permit to be displayed or have in his/her possession either of the following: a canceled, revoked, suspended, or fraudulent altered license
- A fake license
- Lend his/her license to another person, or knowing someone is using your license
- Displaying or represent someone's license to deceive.
- To duplicate or photograph or manufacture a license

## 2016 new fee's structures

- **Online**
  - **DDS \$525.00 active or inactive**
  - **Delinquent fee \$150.00 (30 days after expiration)**
  - **Retired DDS \$262.50 active or inactive**
  - **Delinquent fee \$131.25 (30 days after expiration)**
- Please note: Senate Bill 809 (DeSaulnier, Chapter 400, Statutes of 2013) requires healthcare professional who are authorized to prescribe or fill prescriptions for controlled substances to pay \$6.00 annually to support the Controlled Substance Utilization Review and Evaluation System (CURES) and Prescription Drug Monitoring Program (PDMP). This fee is collected at the time of a licensee's renewal. Effective April 1, 2014, all dentists will see an additional \$12.00 added to their renewal fee (\$6.00 per year). This \$12.00 will be transferred to the State of California Department of Justice, Office of the Attorney General to fund the CURES/PDMP. Renewal notices sent out with an expiration date of April 30, 2014 and later will have to pay this fee, no matter when the renewal fee is submitted. Failure to pay these additional fees will result in the renewal not being issued.

## 2016 Fee's

- **Please note: Senate Bill 809 (DeSaulnier, Chapter 400, Statutes of 2013) requires healthcare professional who are authorized to prescribe or fill prescriptions for controlled substances to pay \$6.00 annually to support the Controlled Substance Utilization Review and Evaluation System (CURES) and Prescription Drug Monitoring Program (PDMP). This fee is collected at the time of a licensee's renewal. Effective April 1, 2014, all dentists will see an additional \$12.00 added to their renewal fee (\$6.00 per year). This \$12.00 will be transferred to the State of California Department of Justice, Office of the Attorney General to fund the CURES/PDMP. Renewal notices sent out with an expiration date of April 30, 2014 and later will have to pay this fee, no matter when the renewal fee is submitted. Failure to pay these additional fees will result in the renewal not being issued.**

## "BreEZe"

- You will be able to apply for or renew your dental license online.
- Pay with a credit card, track your status of an application or licensing request.
- Submit address changes and obtain proof of license status.
- Also enables consumers to verify a license and file complaints.

## "BreEZe"

- How to use BreEZe .
- Users must create a profile at breeze.ca.gov
- Website will help you with registering and subscribing to notifications and more.
- For credit card payment BreEZe will use a secured 3<sup>rd</sup> party vendor. Pretty Cool!

## EXPIRED LICENSE

- No grace period on licenses
- Forfeit all professional liability coverage
- Renew your license on time
- Keep all your records-FOREVER!!!!
- With BreEZe we have no excuse now.

### Permit Processing Times by mail

- Dental License 90 days max. 90
- General Anesthesia Permit 30days max120
- Conscious Sedation Permit 30days max 75
- Fictitious Name Permit 30 days max 75
- Extramural Facilities 30 days max 75
- Referral Services 30 days max 30
- Radiation Safety 60days max 75

### Permit Processing Times by mail

- Special Permits 30days max 75
- Mobile Dental Clinics 30 days max 75
- Continuing Ed providers 45 days max75
- Renewals 30 days max 75

## REINSTATEMENT OF LICENSE

■DBC addresses each license on a case-by-case basis

■License may be reinstated within a 5-yr grace period

■Be prepared to make up all required CE units within that time

■In extreme cases reinstatement could mean going back to dental school

### Renewal Question?

- I have been out of the country for a month on vacation. I forgot to renew my license before I left. It's only been over due by a couple weeks and my schedule of patients is full. I'm sure there is some sort of grace period. Right?

### Renewal Answer

- Wrong. Put your instruments down and step away from the patient. You are out of compliance and not legal.

### Enforcement by the Board

- Complaints regarding fees, billing disputes general business practices, personality conflicts are not handled by the board.
- The boards purpose of enforcement is to investigate reported criminal and administrative violations in the dental profession. Complaints can come from health care providers, consumers, law enforcement, insurance companies and other sources. The board receives thousands of complaints each year.

### **Oral Conscious Sedation Certificate for Pediatric Patients**

■ **A certificate is required when a dentist intends to order or administer Oral Cons. Sedation to patients under 13 years old.**

■ **Applications can be based 3 ways**

■ **Completion of a program in oral/max surgery or pedo dentistry or perio dentistry**

■ **Complete practice residency or complete board approved oral max program**

■ **call 916 263-2300 ext.2333**

### **Updated name tag/ displaying**

- **New changes:** Every dental licensee must communicate to patient his/her name, license type and highest level of academic degree by one or both of the following methods:
- In writing at the patients initial office visit. ( 24 point )
- In a prominent display in an area visible to patients in his/her place of practice
- Same info must be on the offices website that is controlled by the office.

### **Notice to Consumers**

- Section 1065 effect: Nov.28, 2012
- A Licensed dentist engaged in the practice of dentistry shall provide notice to each patient of the fact that the dentist is licensed and regulated by the board. This notice shall include the following statement: Notice to consumers Dentist are licensed and regulated by the Dental Board of California. 48 point in public view

### **Notice to consumers**

**What it states:**

- **Notice to Consumers**
- **Dentist are Licensed and regulated by the Dental Board of California. (877) 729-7789**
- **www.dbc.ca.gov**

### **Controlled Substance Utilization Review and Evaluation System**

- C.U.R.E.S enrollment deadline has changed to July1, 2016.
- Changes comes after the governor signed AB679 (Allen). Cures program 2.0 is not fully operational at this time.
- All DDS who are authorized to prescribe , order, administer, furnish or dispense Controlled substances must register by 7/2016.

### **CURES**

- Cures requirement was established as a part of a bill enacted 2014 (SB809 DeSaulneir) Legistration required the DOJ in conjunction with the DCA and DBC to develop a streamlined application and approval process to provide access to the CURES database, also known as the California Prescription Drug Monitoring Program (PDMP) for licensed health care Practioner's and Pharmacists.

## Cures 2.0

- All California-licensed health care practitioners authorized to prescribe schedule II-IV controlled substance, and be registered to use Cures before July 1, 2016. You must register for Cures access if you meet these criteria, even if you are not prescribing or dispensing at this time. If you have a DEA # you must register.

## CURES 2.0

- In order to use the CURES 2.0 system you must use a secured browser:
- Microsoft Internet Explorer version 11 or greater
- Google Chrome
- Mozilla Firefox
- Safari
- Regardless of the browser, you must register for CURES
- [www.oag.ca.gov/cures](http://www.oag.ca.gov/cures)

## Existing CURES users

- If you do not use a secure browser, you can continue using CURES 1.0 on your current browser.
- Still need to confirm your account with DOJ and update security CURES on January 8, 2016.

## CURES

- If you have any questions on CURES contact them on the web: [cures@doj.ca.gov](mailto:cures@doj.ca.gov)
- Dispensed controlled substances prescriptions can be recorded in CURES. This allows prescribers to look up a patients current and past history of controlled substance use.

## Hydrocodone Drugs Reclassified

- The DEA's ruling comes from a U.S. Food and Drug Administration (FDA) recommendation that hydrocodone combination products have restrictive classification and schedule. Control over prescriptions from dentist and physicians is their goal.

## Hydrocodone Drugs Reclassified

- Drug Enforcement Agency classify Hydrocodone combination products, Vicodin and Norco as schedule II drugs instead of Schedule III.
- These drugs and other Opioids, are being abused and misused.
- Dental Offices are a big target for abusers.
- In California more than 1 Billion doses of Hydrocodone combo were dispensed 2013

### Hydrocodone Drugs Reclassified

- Steps to new DEA registration with a Schedule II classification:
- Go to the DEA registration website go under "Registration Support" select Registration Changes.
- Log in with your DEA registration info,
- Step 2 "Business Activity" select change
- Check applicable DEA schedules and select "Update"
- DEA registration schedule changes are posted in 24 hours Monday-Friday

### Reclassification changes

- Telephone and faxed prescriptions of Schedule II drugs are not permitted. In an emergency only a prescriber (not your RDA, RDH, Office staff) may call in a prescription for up to a 72-hour supply and then follow up with a written prescription to the pharmacy.
- Go on the DOJ website has a list of state approved prescription form printers you can purchase from.

### DEA Phone numbers in California

- |   |  |
|---|--|
| • Fresno/Central California (559) 487-5406  | • Riverside/Counties of Orange, Riverside, San Bernadino (951) 328-6200        |
| • Los Angeles Field Division, Counties of LA, Ventura, Santa Barbara, San Luis Obispo (213) 621-6942                | Sacramento /Northern CA. (916) 480-7250  |
| Oakland/Counties of Alameda, Contra Costa, Del Norte, Humboldt, Mendocino, Sonoma, Marin, Napa, Lake (510) 637-5665 | San Diego/Imperial (858) 616-4100  |
|   | San Jose/Counties/Cities of SF, SC,SB, Santa Cruz, SM, Monterey (408) 282-3477 |

### Labeling

- As of 2011 new labeling 50% label with 4 elements.
- Patients name
- Drug name and strength
- Directions for use
- Purpose or condition
- Remaining part of the label:
- Prescribers name and address
- Date medication was dispensed
- Quantity
- Expiration date of the effectiveness of the med

### NEW FORMS

- New Rx form must come from approved printer. [www.pharmacy.ca.gov/prescribe\\_dispense.htm](http://www.pharmacy.ca.gov/prescribe_dispense.htm)
- Features include watermark, ink that changes color when heated
- "VOID" appears on form if faxed or copied

- Quantity check off boxes
- Dentist's name, profession, license and DEA numbers must be pre-printed
- Must state Rx is void if more than a one c.s. per Rx or void if number of c.s. is not noted.
- H&S 11162.1

### Violation of the Dental Practice Act

Most common abuse in regards to the DPA:

- Over prescribing to patients, non-patients and self
- Lack of documentation, and not showing a relationship between the drug and dental treatment



### DRUG VIOLATIONS

H&S 11170, B&P 1681

- State/Federal conviction (example DUI)
- Obtain drugs illegally
- Drug use during treatment of patients which may cause you to be dangerous
- For questions or you need to report abuse
- Dental Board of California Diversion Program
- 916-263-2300 ext. 2297
- **ALL AREAS OF YOUR LIFE REFLECT ON YOUR LICENSE!!!**

### DRUG VIOLATIONS

**YOU MUST NEVER PRESCRIBE, ADMINISTER, OR FURNISH A CONTROLLED SUBSTANCE FOR YOURSELF!**  
H&S 11154, 111170

It is illegal to prescribe a controlled substance not issued in the usual course of treatment....Or to prescribe to an addict or habitual user to keep him/her comfortable. (Penalty - max 1 year in prison and/or \$20,000 fine H&S 11153, 11156)

It is illegal to :  
issue a prescription that is false or fictitious in any respect AND cannot antedate or postdate a prescription H&S 11157, 11174  
Fill a prescription for a controlled substance more than six months after it was written. H&S 11166

### DRUG VIOLATIONS

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It is illegal to fill a prescription for a controlled substance more than six months after it was written. H&S 11166

### Dentist and 2 Friends indicted for Rx Conspiracy

A Federal Grand Jury in Colorado indicted a Denver dentist and his 2 friends for obtaining controlled substances by fraud. From 2004-2009 the two friends would go fill the prescriptions the Dentist gave them and then give him half for his personal use.

Drugs involved: Oxycodone, hydrocodone, lorazepam, and zolpidem.

### Dental Board Diversion Program

- Each licentiate who request participation in a diversion program must agree to the following:
- Cooperate with the treatment program by the DBC
- Pay all costs related to the program
- Understand that failure to comply with the treatment program may result in termination .

### Diversion Program

- Duties of the Diversion Committee:
- Evaluate licentiates using the guidelines prescribe by the board and consider recommendations of any licentiate who want to serve as consultants on the admission of board of the diversion program
- Review & designate those treatment facilities that a licentiate may be referred to as a diversion program
- Receive & review information concerning a licentiate participating in the program
- Consider each case whether they can continue or resume the practice of dentistry or duties

### Diversion Records

- Upon completion of rehab/diversion program and the licentiate has been compliant. The committee will purge and destroy all records of diversion.

### Diversion Answer

- The Board considers many things in your personal life to impact your professional life. If an investigation of a dental professional primarily involves drugs or alcohol situations that do not involve patient harm and the individual enters and completes the diversion program, the Board will close the investigation without further action.

### Vital Signs

- **The National Standard of Care states that you must take blood pressure and a pulse rate on anyone 18 years or older before performing treatment, if you are using GENERAL or LOCAL anesthesia.**
- **Only exception is Nitrous Oxide.**
- **Make sure to note blood pressure and pulse rate reading in the chart**

### Administering IV Drugs

- **When using IVs make sure to use a IV board to hold the patient's arm in place.**
- **A Dentist in New York didn't use an IV board. The patient began to feel like she was falling and grabbed the Dentist's privates and he had to pry her fingers off. One finger got broken in the process.**
- **She won the suit because he could of prevented all this by using a IV Board.**

### ORAL CANCER SCREENING

- Standard of Care advises that everyone over 14 years of age should have a oral cancer exam.
- You can charge about \$24.00. Not all Insurance Companies will cover it.
- Lawsuits consist of wording stating failure to diagnosis.

### ORAL CANCER

- To be able to bill out using this code you must be using a oral cancer device.
- Like the Velscope or brush test, new technologies appearing monthly.
- Not just a usual visual oral cancer check

### **ORAL CANCER SCREENING**

- Velscope Vx Led Dental Camera System is a great unit to try
- Great for oral cancer screening and you can get it with a camera to document the exam.
- Brush Test: Send out to a lab
- Refer to an Oral Surgeon if you see something or feel that something is wrong.

### **PATIENT HEALTH HISTORY**

- Add new emerging diseases
- Chart new prescriptions patient is taking.
- Add to patient's health history if patient is undergoing radiation treatment.

### **Dental Materials Fact Sheet**

- Dentist must:
- Have form and verbal explanation
- Describe and compare the risks
- one per patient and upon request
- signed acknowledgment and placed in patient file
- Provide updated Fact sheet to patients
- Can have a laminated copy of Fact Sheet for patient review then have patient sign acknowledgment for patient file.

### **Requirements for Dental material Fact Sheet**

- Only required for "structure or device intended to remain in the mouth indefinitely"  
examples: amalgam rest.
- Not required for procedures where dental restorative materials are not used

### **PARENT ACCESS TO RECORDS**

- Parent needs to provide written demand for records for minors or elderly patients
- Records are given only to custodian or guardian parent or parent that is financially responsible for the minor or elderly patient.
- Records can be given to both parents if both are financially responsible without a court order.

### **MINOR PATIENTS**

- Dentist cannot disclose to parents if minor is pregnant or involved in disclosed drug use.
- Can document pregnancy or drug use in chart.
- Age of consent is 18

## Patients

- You may not be intimate with any of your patients unless you are married to them.
- We are licensed to examine patients in our scope of practice
- A Dentist in Woodland, Ca. has been charged with fondling patients. His license has been suspended.

## Electronic Records

- More info at [www.leginfo.ca.gov](http://www.leginfo.ca.gov)

## HIPAA/HITECH compliance deadline

- September 23, 2013 was the deadline for the omnibus rule/HITECH amendments to the Health Insurance Portability and Accountability Act (HIPAA).
- ADA is offering an online C.E course for \$41.00 for 1 unit of credit.
- CDA Compass has a sample Notice of Privacy Practices and sample Business Associates agreement available and they can help you out online.
- Just a note: I do not teach any HIPAA stuff and will refer you to information only.

## Diagnostic Code Changes ICD-10

- Effective Jan.1, 2016 International Classification of Diseases version 10, Clinical modification codes will affect limited California Dentist who treat these areas:
- Sleep Apnea, Oral Surgeons, Anesthesiologists, Pathologists. In the future all DDS in California will be required.
- Pediatric DDS who treat patients in hospitals/surgical centers will need to adopt the ICD-10 codes.

## Diagnostic Code Changes

- Clinical modification Codes will be the standard set of diagnostic coding.
- But this will not impact the use of Dental Procedure codes (CDT= Current Dental Terminology).
- For more info go to: [ada.org/ICD10](http://ada.org/ICD10)
- [cms.gov/ICD10](http://cms.gov/ICD10)

## MANDATED REPORTERS

**Section 11166 of the Penal Code requires any Health practitioner, which includes dental auxiliaries, who have knowledge of, or observes, a child in his/her professional capacity, employment whom he/she knows or suspects has been the victim of child abuse to report the instance to a child protective agency a.s.a.p..**

## Mandated Reporters

- Family Violence:
- Because of the familiar and sensitive connection between the victims and the abuser, family violence is uniquely different from any other crime.
- 25-30% of all Americans Families will experience domestic violence through caretaker to child, partner to partner and caretaker to elder abuse and violence
- Abuse can range from child to spouse, spousal beatings to sexual assaults to murder, family violence covers a wide range of crimes.

## Mandated Reporting in Dentistry

- 75% of intimate partners with physical abuse & neglect will have injuries to the head, neck, face and mouth.
- 65% of physical abuse & neglect to children involves injuries to the head, neck, face and mouth.
- Individuals will more likely seek regular dental care in the dental office.
- Abusers and care providers may avoid the same doctor but will often return to the same dentist

## Mandated Reporter Question?

- Lets say you're a hygienist, what can you do? You feel its none of your business about a patients personal business.

## Mandated Reporter Answer

- It effects all of us and as a licensed individual you are a mandated reporter you must report it it's the law!

## Elder Abuse/Dependent Adult Civil protection Act

- Ca. Penal code states Abuse: intentionally or recklessly causing or attempting to cause bodily injury or causing reasonable apprehensive of imminent serious bodily injury to himself, herself or another.
- Abuse of an Elder: Physical abuse, neglect, financial abuse, abandonment, isolation or physical pain, suffering, mental suffering

## Elder Abuse Indicators

- Multiple injuries in various stages of healing
- Injuries to the trunk, stomach, genitalia, thighs and buttocks
- Injuries to the face, ear, neck, upper arm
- Control marks on the wrists, forearms, biceps
- Dehydration, malnutrition, bedsores, misuse of meds, or excessive dirt or odor
- Burns in odd locations/ shapes like cigar burns

### Elder Abuse Statistics

- 90% of all abusers of elderly/dependent adults are family members
- Statistics from the House Select Committee on aging states one in twenty will be victims of elder abuse
- Women 75 or older are at the greatest risk who depend on daily care.

### Elder Abuse/Dependent Adult

- Dependent Adult: any person between 18-64 years residing in California who has a physical or mental limitations that restrict ability to carry out normal activities, physical and mental abilities diminishes because of age.
- An Elder is anyone residing in California who is 65 years of age or older

### Elder Abuse/ Dependent Adult

- Neglect: Failure to assist in personal hygiene, or in provision of food, clothing, shelter
- Failure to provide medical care for physical and mental health needs
- Failure to protect from health and safety hazards
- Failure to prevent malnutrition

### Elder Abuse 5 types of offenders

- Overwhelmed offenders: They enter a care giving position and can't handle it. Too much work for them
- Impaired Offenders: They have problems mental/physical that renders them unqualified
- Narcissistic Offender: motivated by personal gain, not the desire to help others, but to exploit.
- Domineering: Bullying, they believe their actions are justified and the victim deserves the abuse
- Sadistic Offender: feelings of power and importance by humiliating, terrifying and harming others.

### Elder abuse additional factors

- Stress of providing care
- Mental Illness
- Drug or alcohol abuse
- Unresolved family conflict
- History of family violence
- Vulnerability and dependence of the older person

### Mandated Reporters Radar

- R= Recognize: Signs and symptoms of abuse/neglect, make it a routine to screen.**
- A= Ask direct:** questions with compassion not judging.
- D= Document** your findings
- A= Assess** patient safety
- R= Review, refer, report**

## Establish Office Procedures

- Approach mandated reporter responsibilities as a team effort.
- One reporter can make a report on behalf of the team
- Employers are required to discuss with each mandated reporter what their responsibilities are
- Employers should have each mandated reporter sign and acknowledge the awareness and place it in the employee's file

## Mandated Reporter Compliance

- Train new mandated reporters
- In responsibilities and maintain signed statements in employee files
- Discuss abuse and neglect at staff meetings
- Provide clinical articles to staff members
- Encourage staff to discuss concerns within the office
- Remember you could be fined for noncompliance

## Clinical Protocol

- To gather "objective" observations begins when the patient enter the door of your practice.
- Protocol should include:
  - General physical assessment
  - Behavior assessment
  - Patient histories
  - Oral examination
  - Documentation
  - Consultation
  - Determination if "action" is necessary

## Remember

- We are not investigators. We make report of our suspicions and the appropriate agency will investigate. Ask yourself Do I have reasonable suspicion that this individual is being abused or neglected? If yes make the report.

## Reporting Question?

- We had a 11 year old child come into our office a week ago. She had a large bruise on her soft palate and had trouble sitting down into the dental chair. She was very shy. When I asked her about the bruise she started to cry. Wow what was I to do?

## Reporting Answer.

- First off be supportive and don't judge her and let her know she has done no wrong and you are there to help her. Start documenting what you see, her behavior, and take photographs. This child may have been sexually abused. Report with your office team and call the authorities. This child needs your help.

### Abuse Red Flags

- Repeated injuries ( multiple bruises)
- Inappropriate behavior
- Neglected appearance
- Strict, super critical parents or caregiver
- Extremely isolated families
- Mental and physical disabilities
- Be aware that any of these situations could be present and not be abuse or neglect.

### Abuse "Red Flags"

- Are all bruises indications of abuse? No
- Could they be indicators of abuse? Yes
- This where you as a professional need to make an judgment call.
- Approaching the parent or care provider: Remember this is a very delicate area and one that can be very intimidating to dental professionals.
- Sharing your concern with either one may be exactly what the abuser needs.

### Child Abuse or Neglect

- Includes: sexual abuse, sexual exploitation, other physical or emotional abuse, severe general neglect of the child's needs: food, clothing, shelter medical care.
- Willful cruelty or unjustifiable punishment of a child

### Dental Neglect

- Dental neglect is defined as the willful failure by a person or guardian to seek and obtain appropriate treatment for caries or infection or any other conditions of the teeth or supporting structures that:
  - Makes routine eating difficult or impossible
  - Cause chronic pain
  - Delays or retards a child's growth or development

### Dental Neglect

- Makes it difficult or impossible for a child to perform daily activities as playing or going to school.
- Lack of care that medically endangers the person

### Dental Neglect includes:

- Untreated rampant caries easily detected by a layperson
- Untreated pain, infection, bleeding or trauma affecting the oral-facial region
- History of a lack of follow through care with identified dental pathology



### Confronting the “Abuser”

- The parent or care-provider might be relieved to finally be given assistance in dealing with problems that they may have suspected but had no idea on how to confirm them or deal with it.
- Most often its not confrontational
- You do have the option of telling the parent that it is your legal obligation to report suspected abuse/neglect and that you are trying to assist the family / victim.

### Safety for Reporter and Victim

- If you have concern for the immediate safety of you or the victim call 911 and report it to law enforcement.
- If you are concern about your safety and staffs you can call Child Protection Services without telling the parent.
- Obtain histories from patient & care provider separately if possible. Do they match? Is the injury consistent with the history? Is this similar to injuries in the past?

### Reporters Confidentiality

- When a report is made your identity is kept confidential.
- If your case goes to court your identity will be known to court through written documents.
- Many cases don't make it to court and your appearance is not required.
- **Immunity:** Mandated reporter is immune from Civil or criminal liability when filing a report, whether or not it turns out the abuse has occurred.

### Patient/Provider Privilege

- Remember anyone can be sued. But if you are after reporting the State Law says you can petition the State for up to \$50,000 in compensatory legal fees.
- In the case of mandated reporting for abuse and neglect, the health care provider/patient privilege does not apply.
- If a child, parent, caregiver, elder, dependent adult, or Domestic violence victim confides in you that abuse or neglect has occurred you must report it and are not required to keep the information confidential.

### Just a note

- It is best to warn the patient that you are required to make a report, but it is not necessary. This is exempt from HIPAA regulations.

### Penalties for not reporting

- If a Dental Professional suspects abuse and or neglect and does not report it and the abuse is discovered to have occurred the professional can be liable for civil or criminal prosecution which can result in a fine of \$100,000 or jail up to 6 months. If the neglect or abuse results in death or bodily injury the penalty is up to 1 year in jail or \$5000.00 or both. This is new.
- This is true in these situations: Child abuse & neglect
- Elder abuse & neglect
- Dependent adult abuse & neglect
- Domestic violence physical assault only

### Reporting Question?

You're a hygienist and you treated a patient that you know was being abused. You want to report it, but your Dentist doesn't want to get involved. Bad for business. What do you do?

### Reporting Answer

- Follow the steps that you have learned. Remember it is against the penal code of California not to report suspected abuse.
- If you have reasonable suspicions of abuse you must report it. You're a Mandated Reporter!

### When to call?

- If a victim reports any symptoms, call the paramedics. Important questions to ask:
- Are you having trouble breathing?
- Are you having trouble swallowing?
- Is there any pain or tenderness?
- Who? Children to 18 years
- Elders age 65 and older
- Dependent adults of any age
- Violence in adults 18-65

### Community Resources

- Child help USA National child abuse hotline
- 1-800-422-4453 [www.childhelpusa.com](http://www.childhelpusa.com)
- California Long term Care Ombudsmen Crisis Line
- 1-800-231-4024
- Dental Professionals Against Violence
- 1-800-CDA-SMILE ext. 4921

### Profit on a Referral, Violation?

- Offers such as "bundle deal" on CT scans, radiographs from outside source or other referral for profit for patients is a violation of the California Dental Practice Act.
- When your office gets a financial kick back from an referral you are being paid for it and that is a violation of the CDPA. Be cautious and make sure you are in compliance with CDPA, call the DBC , or check with [cda.org/practice support](http://cda.org/practice-support).

### Referrals for profit?

- Dentist/Family member who owns imaging companies outside their office need to make sure they are in compliance with the CDPA.
- CDPA prohibits referrals for "diagnostic imagining goods or services if the licensee or immediate family has a financial interest with the person or in the entity that receives the referral.
- Follow the two exceptions, if not you could face civil penalties for \$5,000 per patient, and or misdemeanor violation.

## CDPA compliance with Referrals

- 1. If the service is performed in the office, prohibition of Section 650.01 shall not apply to any service for a specific patient that is performed within, or goods supplied by, a licensee's office or the office of a group practice.
- 2. Personal Services arrangement has been established. It must be in writing, specify all of the services to be performed, and the compensation to be paid must be set in advance, not to exceed fair market value, not determined by accounts volume or value of referrals.

## Legal case 3<sup>rd</sup> molar extraction

- Here is an example of when we should send the patient to an oral surgeon.
- Third-molar extraction: 23 year old patient sees her general DDS for #17, it had been swelling/painful on and off for months. X-ray shows partially impacted. Patient was advised to have #17 and other 3<sup>rd</sup> wisdoms extracted. Patient opted to have all 4 extracted. Patient was given the option to go to an oral surgeon for extraction and IV sedation, but she declined.

## Impacted #17 Case continued

- Patient returned one week later for extraction of #16 & #17. After extracting #16, the DDS gave a mandibular block injection to numb #17. He incise a layer of tissue covering the crown of 17. Eggshell-like bone was exposed covering a portion of the crown, and this bone was "chipped" away with an elevator. Next he used a high-speed hand piece to remove some bone on the buccal side. He elevated the tooth out of the socket without difficulty. No Sectioning or sutures were needed. Patient was given post op instructions and a prescription for Motrin and amoxicillin. Patient called the next day complaining of numbness and a altered taste on the left-side of her tongue.

## Legal case 3<sup>rd</sup> molar extraction

- Patient was back into the office and advised that this would clear up over days/weeks, but if it didn't go see a oral surgeon. After 2 weeks post-op no improvement, the patient is referred to an oral surgeon who determined the left lingual nerve had been transected. At 4 months post-extraction, microsurgical repair by the oral surgeon improvement is reported only moderate.
- Patient filed suit, claiming lack of informed consent and the DDS deviated from the standard of care by causing a complete transection of the lingual nerve. Plaintiff claimed pain and suffering, loss of enjoyment for 50 years.

## Legal case 3<sup>rd</sup> molar extraction

- A trial, the Patient's attorneys were seeking \$1 million policy to settle the case. The Dentist refused to settle.
- Patient claimed she was not advised of any alternatives or the risk of extractions. Dentist testified he did not have a informed consent in writing but that he discussed all risks and alternatives with patient. He also did not document these discussions in the chart.
- Now the jury will have to decide on who to believe.
- This case was in new York City.

## Legal case 3<sup>rd</sup> molar extraction

- Section 1682 of the Code states unprofessional conduct for: (e) Any Dentist to fail to obtain the written informed consent of a patient prior to administering general anesthesia or conscious sedation.
- Many cases on the dbc.gov go under informed consent where the boards had to evoke licenses and permits.
- Issues raised in the case were; Informed consent, surgical technique, x-rays, charting, failure to refer.

### Legal Case 3<sup>rd</sup> molar extraction

- Verdict was for the Dentist. But this case could of gone either way. The plaintiff's expert was caught embellishing the injuries during cross examination and this might of caused the jury to rethink the case.
- What to learn from this: understanding the CDPA hopefully will prevent us from taking short cuts in documentation, informed consent and proper x-rays.

### Informed Consent

- **Required for general anesthesia and conscious sedation.**
- **Doctor must educate patient about the:**
  - **Consequences of non treatment**
  - **Diagnosis, treatment options and the risks and benefits associated with each option**
  - **Costs and long-term prognosis of each option**
  - **Have patient read and sign informed consent/put in chart**

### Written Orders to Dental Technicians

- Section 1063. Any written authorization issued by a licensed Dentist to a dental technicians must include the following:
  - A. the date of its issuance
  - B. A description of the work authorized by the dentist to be done by the tech.
  - C. The signature of the dentist issuing the written authorization
  - D. The license number of the dentist

### Hiring new employees?

When interviewing new employees make sure that their license is current and a California Dental License.

Check online at the Dental Boards website

Remember your employees should be a reflection of you

**DENTAL ASSISTING CATEGORIES**  
*EFFECTIVE JANUARY 1, 2010*

Starting January 1, 2010, dental assisting scope of practice will include new duties and two new "add-on" specialty permits in orthodontics and dental sedation, for which all categories of dental assistants are eligible to obtain after completing required instruction. Along with the new duties, licensure and license renewal requirements will change for registered dental assistants and registered dental assistants in extended functions. Dentist employers will also be responsible for ensuring that unlicensed dental assistants complete courses in the California Dental Practice Act and infection control (8-hour) within a specified time, and that dental assistants maintain certification in basic life support.

**AUTHORIZED DUTIES**

**DENTAL ASSISTANT**

*(Business & Professions Code §1750)*

A dental assistant is an individual who, without a license, may perform basic supportive dental procedures, as authorized by law and by regulations adopted by the Dental Board, under the supervision of a licensed dentist. "Basic supportive dental procedures" are those procedures that have technically elementary characteristics, are completely reversible, and are unlikely to precipitate potentially hazardous conditions for the patient being treated.

General Supervision Duties

1. Extra-oral duties or procedures specified by the supervising licensed dentist, provided that these duties or procedures meet the definition of a basic supportive procedure
2. Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has completed an approved radiation safety course or passed a radiation safety exam.
3. Perform intraoral and extraoral photography.

Direct Supervision Duties

1. Apply nonaerosol and noncaustic topical agents.
2. Apply topical fluoride.
3. Take intraoral impressions for all non-prosthetic appliances.
4. Take facebow transfers and bite registrations.
5. Place and remove rubber dams or other isolation devices.
6. Place, wedge, and remove matrices for restorative procedures.
7. Remove post-extraction dressings after inspection of the surgical site by the supervising licensed dentist.
8. Perform measurements for the purposes of orthodontic treatment.
9. Cure restorative or orthodontic materials in operative site with a light-curing device.
10. Examine orthodontic appliances.
11. Place and remove orthodontic separators.
12. Remove ligature ties and archwires.
13. After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.
14. Remove periodontal dressings.
15. Remove sutures after inspection of the site by the dentist.
16. Place patient monitoring sensors.
17. Monitor patient sedation, limited to reading and transmitting information from the monitor display during the intraoperative phase of surgery for electrocardiogram waveform, carbon dioxide and end tidal carbon dioxide concentrations, respiratory cycle data, continuous noninvasive blood pressure data, or pulse arterial oxygen saturation measurements, for the purpose of interpretation and evaluation by a supervising licensed dentist who shall be at the patient's chairside during this procedure.
18. Assist in the administration of nitrous oxide when used for analgesia or sedation. A dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the supervising licensed dentist who shall be present at the patient's chairside during the implementation of these instructions.

Under the supervision of a registered dental hygienist in alternative practice, a dental assistant may perform intraoral retraction and suctioning.

The board may specify additional allowable duties by regulation.

The duties of a dental assistant or a dental assistant holding a permit in orthodontic assisting or in dental sedation do not include any of the following procedures unless specifically allowed by law:

1. Diagnosis and comprehensive treatment planning.
2. Placing, finishing, or removing permanent restorations.
3. Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.
4. Prescribing medication.
5. Starting or adjusting local or general anesthesia or oral or parenteral conscious sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law.

*Requirements of the Dentist Supervising/Employing a Dental Assistant*

The supervising licensed dentist is responsible for determining the competency of the dental assistant to perform basic supportive dental procedures. The employer of a dental assistant is responsible for ensuring that the dental assistant who has been in continuous employment for 120 days or more, has already successfully completed, or successfully completes, all of the following within a year of the date of employment:

1. A board-approved course in the Dental Practice Act.
2. A board-approved course in infection control (8-hour).
3. A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent and that provides the student the opportunity to engage in hands-on simulated clinical scenarios.

The employer must ensure the dental assistant maintains certification in basic life support.

**REGISTERED DENTAL ASSISTANT**

*(Business & Professions Code §1752.4)*

A registered dental assistant may perform all of the following duties:

1. All duties that a dental assistant is allowed to perform.
2. Mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth.
3. Apply and activate bleaching agents using a nonlaser light-curing device.
4. Use of automated caries detection devices and materials to gather information for diagnosis by the dentist.
5. Obtain intraoral images for computer-aided design (CAD), milled restorations.
6. Pulp vitality testing and recording of findings.
7. Place bases, liners, and bonding agents.
8. Chemically prepare teeth for bonding.
9. Place, adjust, and finish direct provisional restorations.
10. Fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration.
11. Place post-extraction dressings after inspection of the surgical site by the supervising licensed dentist.
12. Place periodontal dressings.
13. Dry endodontically treated canals using absorbent paper points.
14. Adjust dentures extra-orally.
15. Remove excess cement from surfaces of teeth with a hand instrument.
16. Polish coronal surfaces of the teeth.
17. Place ligature ties and archwires.
18. Remove orthodontic bands.
19. All duties that the board may prescribe by regulation.

A registered dental assistant may only perform the following additional duties if he or she has completed a board-approved educational program in those duties:

1. Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.

2. The allowable duties of an orthodontic assistant permit-holder. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument.
3. The allowable duties of a dental sedation assistant permit-holder.
4. The application of pit and fissure sealants.

Except as provided in Business & Professions Code §1777, the supervising dentist shall be responsible for determining whether each authorized procedure performed by a registered dental assistant should be performed under general or direct supervision.

## **REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS**

*(Business & Professions Code §1753.4)*

On and after January 1, 2010, each person who holds a current and active registered dental assistant in extended functions license issued prior to January 1, 2010, who wishes to perform the duties specified below (B&P Section 1753.5) in (1), (2), (5), and (7) to (11), inclusive, must successfully complete an examination described in the "Licensure Requirements" section of this document.

*(Business & Professions Code §1753.5)*

A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform all duties and procedures that a registered dental assistant is authorized to perform. A registered dental assistant in extended functions licensed on or after January 1, 2010 may perform the following additional procedures under *direct* supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

1. Conduct preliminary evaluation of the patient's oral health, including, but not limited to, charting, intraoral and extra-oral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation.
2. Perform oral health assessments in school-based, community health project settings under the direction of a dentist, registered dental hygienist, or registered dental hygienist in alternative practice.
3. Cord retraction of gingiva for impression procedures.
4. Size and fit endodontic master points and accessory points.
5. Cement endodontic master points and accessory points.
6. Take final impressions for permanent indirect restorations.
7. Take final impressions for tooth-borne removable prosthesis.
8. Polish and contour existing amalgam restorations.
9. Place, contour, finish, and adjust all direct restorations.
10. Adjust and cement permanent indirect restorations.
11. Other procedures authorized by regulations adopted by the board.

All procedures required to be performed under direct supervision shall be checked and approved by the supervising licensed dentist prior to the patient's dismissal from the office.

A licensed dentist may simultaneously utilize in his or her practice no more than three registered dental assistants in extended functions or registered dental hygienists in extended. *(Business & Professions Code §1753.7)*

### *Employment/Practice at Primary Care Clinics*

Business & Professions Code §1777: While employed by or practicing in a primary care clinic or specialty clinic licensed pursuant to Section 1204 of the Health and Safety Code, in a primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code, or a clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code, the following shall apply:

- (a) A dental assistant, registered dental assistant, or registered dental assistant in extended functions may perform any extra-oral duty under the direct supervision of a registered dental hygienist or registered dental hygienist in alternative practice.

- (b) A registered dental assistant or a registered dental assistant in extended functions may perform the following procedures under the direct supervision of a registered dental hygienist or a registered dental hygienist in alternative practice, pursuant to subdivision (b) of Section 1763:
- (1) Coronal polishing.
  - (2) Application of topical fluoride.
  - (3) Application of sealants, after providing evidence to the board of having completed a board-approved course in that procedure.

## **SPECIALTY ASSISTANT PERMITS**

### Orthodontic

*(Business & Professions Code §1750.3)*

A DA, RDA, or RDAEF holding an orthodontic assistant permit may perform the following duties under the direct supervision of a licensed dentist:

1. All duties that a dental assistant is allowed to perform.
2. Prepare teeth for bonding, and select, preposition, and cure orthodontic brackets after their position has been approved by the supervising licensed dentist.
3. Remove only orthodontic brackets and attachments with removal of the bonding material by the supervising licensed dentist.
4. Size, fit, and cement orthodontic bands.
5. Remove orthodontic bands and remove excess cement from supragingival surfaces of teeth with a hand instrument.
6. Place and ligate archwires.
7. Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.
8. Any additional duties that the board may prescribe by regulation.

### Dental Sedation

*(Business & Professions Code §1750.5)*

A DA, RDA, or RDAEF holding a dental sedation assistant permit may perform the following duties under the direct supervision of a licensed dentist or other licensed health care professional authorized to administer conscious sedation or general anesthesia in the dental office:

1. All duties that a dental assistant is allowed to perform.
2. Monitor patients undergoing conscious sedation or general anesthesia utilizing data from noninvasive instrumentation such as pulse oximeters, electrocardiograms, capnography, blood pressure, pulse, and respiration rate monitoring devices. Evaluation of the condition of a sedated patient shall remain the responsibility of the dentist or other licensed health care professional authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside while conscious sedation or general anesthesia is being administered.
3. Drug identification and draw, limited to identification of appropriate medications, ampule and vial preparation, and withdrawing drugs of correct amount as verified by the supervising licensed dentist.
4. Add drugs, medications, and fluids to intravenous lines using a syringe, provided that a supervising licensed dentist is present at the patient's chairside, limited to determining patency of intravenous line, selection of injection port, syringe insertion into injection port, occlusion of intravenous line and blood aspiration, line release and injection of drugs for appropriate time interval. The exception to this duty is that the initial dose of a drug or medication shall be administered by the supervising licensed dentist.
5. Removal of intravenous lines.
6. Any additional duties that the board may prescribe by regulation.
7. The duties listed in numbers (2) to (5), inclusive, may not be performed in any setting other than a dental office or dental clinic.



## LICENSE REQUIREMENTS

### Dental Assistant

Although the dental assistant is an unlicensed dental professional, the employer of a dental assistant is responsible for ensuring that the dental assistant who has been in continuous employment for 120 days or more, has already successfully completed, or successfully completes, all of the following within a year of the date of employment:

1. A board-approved course in the Dental Practice Act.
2. A board-approved course in infection control (8-hour).
3. A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent and that provides the student the opportunity to engage in hands-on simulated clinical scenarios.

### Dental Assistant with Specialty Permit(s)

*(Business & Professions Code §1750.2 and 1750.4)*

#### Orthodontic Assistant Permit

1. Completion of at least 12 months of work experience as a dental assistant.
2. Successful completion of board-approved courses in the Dental Practice Act and infection control (8-hour), respectively.
3. Successful completion of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.
4. Successful completion of a board-approved orthodontic assistant course, which may commence after the completion of six months of work experience as a dental assistant.
5. Passage of a written examination administered by the board after completion of all of the other requirements of this subdivision.

#### Dental Sedation Assistant Permit

1. Completion of at least 12 months of work experience as a dental assistant.
2. Successful completion of board-approved courses in the Dental Practice Act and infection control (8-hour), respectively.
3. Successful completion of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.
4. Successful completion of a board-approved dental sedation assistant course, which may commence after the completion of six months of work experience as a dental assistant.
5. Passage of a written examination administered by the board after completion of all of the other requirements of this subdivision.

### Permit Renewal

A dental assistant who holds a specialty assistant permit must complete the same continuing education and license renewal requirements as are required for registered dental assistants in order to renew the permit.

**Registered Dental Assistant**

*(Business & Professions Code §1752.1)*

Submit written evidence to the Dental Board of either of the following eligibility requirements:

Graduation from an educational program in registered dental assisting approved by the board, and satisfactory performance on a written and practical examination administered by the board; or

1. Evidence of completion of satisfactory work experience of at least 15 months as a dental assistant in California or another state and satisfactory performance on a written and practical examination administered by the board.

"Satisfactory work experience" means performance of the duties of a dental assistant in a competent manner as determined by the employing dentist, who shall certify to such satisfactory work experience in the application.

The board shall give credit toward the work experience referred to in this section to persons who have graduated from a dental assisting program in a postsecondary institution approved by the Department of Education or in a secondary institution, regional occupational center, or regional occupational program, that are not, however, approved by the board. The credit shall equal the total weeks spent in classroom training and internship on a week-for-week basis. Graduates of programs not meeting established minimum criteria shall not qualify for satisfactory work experience as defined by this section.

Each applicant for RDA licensure on or after July 1, 2002, shall provide evidence of having successfully completed board-approved courses in radiation safety and coronal polishing as a condition of licensure. The length and content of the courses shall be governed by applicable board regulations.

In addition, individuals applying for RDA licensure shall demonstrate satisfactory performance on a written examination in law and ethics administered by the board and shall provide written evidence of successful completion within five years prior to application of all of the following:

- (1) A board-approved course in the Dental Practice Act.
- (2) A board-approved course in infection control (8-hour).
- (3) A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

**RDA with Specialty Permits**

An RDA may apply for an orthodontic assistant permit or a dental sedation assistant permit, or both, by submitting written evidence of the following:

1. Successful completion of a board-approved orthodontic assistant or dental sedation assistant course, as applicable.
2. Passage of a written examination administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.

An RDA with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an "RDA with orthodontic assistant permit," or "RDA with dental sedation assistant permit," as applicable.

**RDA Renewal**

Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant who also holds a permit as an orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirements for the specialty permit(s).

RDAs who first become licensed on and after January 1, 2010, shall provide evidence of successful completion of a board-approved course in the application of pit and fissure sealants prior to the first expiration of his or her license that requires the completion of continuing education as a condition of renewal. The license of a registered dental assistant who does not provide evidence of successful completion of that course shall not be renewed until evidence of course completion is provided.

**Registered Dental Assistant in Extended Functions**

*(Business & Professions Code §1753)*

Submit written evidence to the Dental Board of all of the following eligibility requirements:

1. Current licensure as a registered dental assistant or completion of the requirements for licensure as a registered dental assistant.
2. Successful completion of a board-approved course in the application of pit and fissure sealants.
3. Successful completion of either of the following:
  - (A) An extended functions postsecondary program approved by the board
  - (B) An extended functions postsecondary program approved by the board to teach the duties that registered dental assistants in extended functions were allowed to perform prior to January 1, 2010, and a course approved by the board in the procedures numbered (1), (2), (5), and (7) to (11), of the RDAEF duties listed above.
4. Passage of a written examination and a clinical or practical examination administered by the board. The board shall designate whether the written examination shall be administered by the board or by the board-approved extended functions program.

**RDAEF with Specialty Permits**

An RDAEF may apply for an orthodontic assistant permit or a dental sedation assistant permit, or both, by providing written evidence of the following:

1. Successful completion of a board-approved orthodontic assistant or dental sedation assistant course, as applicable.
2. Passage of a written examination administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.

An RDAEF with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an "RDAEF with orthodontic assistant permit," or "RDAEF with dental sedation assistant permit," as applicable.

**Requirements for RDAEFs licensed before January 1, 2010, to perform new RDAEF duties**

*(Business & Professions Code §1753.4)*

Each person who holds a current and active RDAEF license issued prior to January 1, 2010, who wishes to perform the duties specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of the RDAEF duties listed above, shall successfully complete an examination consisting of the procedures described below. The specific procedures shall be assigned by an RDAEF examination committee appointed by the board and shall be graded by examiners appointed by the board. Each applicant shall furnish the required materials necessary to complete the examination.

Successful completion of two of the following procedures on a simulated patient head mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operator:

- (1) Place, condense, and carve an amalgam restoration.
- (2) Place and contour a nonmetallic direct restoration.
- (3) Polish and contour an existing amalgam restoration.

**RDAEF Renewal**

Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant in extended functions who also holds a permit as an orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirement for such permit or permits.

## TABLES OF PERMITTED DUTIES (CDA 2/2011)

Following are two separate tables of duties. The first table outlines the functions which Dental Assistants (DA), Registered Dental Assistants (RDA), Registered Dental Assistants in Extended Functions (RDAEF), Orthodontic Assistants (OA), and Dental Sedation Assistants (DSA) are allowed to perform in California. The second table lists the duties Registered Dental Hygienists (RDH), Registered Dental Hygienists in Extended Functions (RDHEF), and Registered Dental Hygienists in Alternative Practice (RHDAP) are allowed to perform. These tables are intended to provide summary information to interested parties. It is not intended to cover all aspects of applicable laws or provide a substitute for reviewing the laws that are cross-referenced below. It is highly recommended that applicants and licensees review the actual text of the laws cited at the link provided below. If a duty is not listed in the sections of law cited below, the dental auxiliaries are NOT allowed to perform the duty. Under each category of dental auxiliary is one of the following notations:

**“N”** means that the dental auxiliary is NOT permitted to perform the duty.

**“D”** means that the dental auxiliary may perform the duty under the Direct supervision of a dentist, which means supervision of dental procedures based on instructions given by a licensed dentist who must be physically present in the treatment facility during the performance of those procedures. The duty must be performed pursuant to the order, control and full professional responsibility of the supervising dentist. Procedures performed by Registered Dental Assistants in Extended Functions must be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.

**“C”** means that the dental auxiliary may perform the duty in the specified setting under the supervision of a dentist, Registered Dental Hygienist, or Registered Dental Hygienist in Alternative Practice.

**“G”** means that the dental auxiliary can perform the duty under the General supervision of a dentist, which means based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures. This is not the same as the “Without Supervision” designation in the dental hygiene table.

**“DD”** The supervising licensed dentist shall be responsible for determining whether each authorized procedure performed by a registered dental assistant should be performed under general or direct supervision, except as provided in Section 1777.

The sections of law noted below are contained in the Dental Practice Act located in Chapter 4, Division 2 of the California Business and Professions Code (BPC) and in Title 16, Sections 1085-1089 of the California Code of Regulations (CCR). For the actual text of the laws, the following link will take you to the page on the Dental Board’s web site <http://www.dbc.ca.gov/lawsregs/laws.shtml>.

**PROCEDURES DENTAL AUXILIARIES ARE NOT ALLOWED TO PERFORM**

DUTY	Section of Applicable Law
<b>Diagnosis and comprehensive treatment planning</b>	BPC 1750.1 and 1908 16CCR 1090
<b>Prescribing medication</b>	BPC 1750.1 and 1908 16CCR 1090
<b>Restorations, permanent</b> – placing, condensing, carving, or removal (except for RDAEFs licensed on or after 1/1/2010)	BPC 1750.1 and 1908 16CCR 1090 RDAEFs: 1753.5 and 1753.6
<b>Surgery</b> – or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue	BPC 1750.1 and 1908 16CCR 1090

**TABLE OF PERMITTED DUTIES – DENTAL ASSISTING**

DUTY	Section of Applicable Law	D A	R D A	R D A E F	O A	D S A
<b>Anesthesia, general</b> -- monitor patients undergoing conscious sedation or general anesthesia utilizing data from noninvasive instrumentation such as pulse oximeters, electrocardiograms, capnography, blood pressure, pulse, and respiration rate monitoring devices. <b>Evaluation of the condition of a sedated patient shall remain the responsibility of the dentist or other licensed health care professional authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside</b> while conscious sedation or general anesthesia is being administered. <i>Also see Sedation.</i>	BPC 1750.5	N	N	N	N	D
<b>Archwires</b> – place ligature ties and archwires	BPC 1750.3 1752.4 1753.5 1753.6	N	D D	D D	D	N
<b>Archwires</b> – remove ligature ties and archwires	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6	D	D D	D D	D	D
<b>Bases</b> -- place bases, liners, and bonding agents	BPC 1752.4 1753.5 1753.6	N	D D	D D	N	N

DUTY	Section of Applicable Law	D A	R D A	R D A E F	O A	D S A
<b>Bite registrations</b> – take facebow transfers and bite registrations	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6	D	D D	D D	D	D
<b>Bleaching agents</b> -- apply and activate bleaching agents using a nonlaser light-curing device	BPC 1752.4 1753.5 1753.6	N	D D	D D	N	N
<b>Bonding</b> -- chemically prepare teeth for bonding for restorative procedures	BPC 1752.4 1753.5 1753.6	N	D D	D D	N	N
<b>Bonding agents</b> -- place bases, liners, and bonding agents	BPC 1752.4 1753.5 1753.6	N	D D	D D	N	N
<b>Bonding and orthodontic brackets</b> – prepare teeth for bonding and select, reposition, and cure after their position has been approved by the supervising licensed dentist	BPC 1750.3	N	N	N	D	N
<b>Caries detection devices and materials, automated</b> -- use to gather information for diagnosis by the dentist	BPC 1752.4 1753.5 1753.6	N	D D	D D	N	N
<b>Cement, excess</b> -- remove from tooth surfaces with a hand instrument	BPC 1752.4 1753.6	N	D D	D D	N	N
<b>Cement, excess</b> – remove from supragingival surfaces of teeth undergoing orthodontic treatment <b>with an ultrasonic scaler</b> (RDAs and RDAEFs must have completed a board-approved registered dental assistant educational program or course in these duties.) OAs may perform this function also with a hand instrument under direct supervision.	BPC 1750.3 1752.4 1753.5 1753.6	N	D D	D D	D	N
<b>Computer-aided design (CAD), milled restorations</b> -- obtain intraoral images for	BPC 1752.4 1753.5 1753.6	N	D D	D D	N	N
<b>Cord retraction</b> of gingiva for impression procedures	BPC 1753.5 1753.6	N	N	D	N	N
<b>Crowns, temporary</b> – fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration	BPC 1752.4 1753.5 1753.6	N	D D	D D	N	N

DUTY	Section of Applicable Law	D A	R D A	R D A E F	O A	D S A
<b>Dentures</b> – adjust extra-orally	BPC 1752.4	N	D D	D D	N	N
<b>Dressings, periodontal</b> -- place	BPC 1752.4 1753.5 1753.6	N	D D	D D	N	N
<b>Dressings, post-extraction</b> – place after inspection of the surgical site by the supervising licensed dentist	BPC 1752.4 1753.5 1753.6	N	D D	D D	N	N
<b>Dressings, periodontal and post extraction</b> – remove periodontal dressings and remove post extraction dressings after inspection of the surgical site by the supervising licensed dentist.	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6	D	D D	D D	D	D
<b>Drug identification and draw</b> -- limited to identification of appropriate medications, ampule and vial preparation, and withdrawing drugs of correct amount as verified by the supervising licensed dentist	BPC 1750.5	N	N	N	N	D
<b>Drugs, medications, and fluids</b> – Only after the initial dose of a drug or medication has been administered by the supervising licensed dentist, add drugs, medication, or fluids to intravenous lines using a syringe, provided that a supervising licensed dentist is present at the patient's chairside. Limited to determining patency of intravenous line, selection of injection port, syringe insertion into injection port, occlusion of intravenous line and blood aspiration, line release and injection of drugs for appropriate time interval.	BPC 1750.5	N	N	N	N	D
<b>Endodontic filling point</b> -- fit trial	BPC 1753.6	N	N	D	N	N
<b>Endodontic master points and accessory points – size and fit;</b> (Licensed on or after 1/1/2010 or completed additional course and examination after 1/1/2010)	BPC 1753.5 1753.6	N	N	D	N	N
<b>Endodontic master points and accessory points – cement.</b> (Licensed on or after 1/1/2010 or completed additional course and examination after 1/1/2010) The Dental Board has clarified that cementation shall be done in preparation for lateral condensation, which must be performed by the dentist.	BPC 1753.5 1753.6	N	N	D	N	N
<b>Endodontic post and core castings</b> -- formulate indirect patterns for	BPC 1753.6	N	N	D	N	N
<b>Endodontically treated canals</b> – dry using absorbent paper points	BPC 1752.4 1753.5 1753.6	N	D D	D D	N	N

DUTY	Section of Applicable Law	D A	R D A	R D A E F	O A	D S A
<b>Evaluation of the patient's oral health</b> -- conduct preliminary evaluation, including, but not limited to, charting, intraoral and extra-oral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation. Exclude periodontal probing. (Licensed on or after 1/1/10 or completed additional course and examination after 1/1/10.)	BPC 1753.5 1753.6	N	N	D	N	N
<b>Extra-oral duties or procedures</b> specified by the supervising licensed dentist provided that these duties or procedures meet the definition of a basic supportive procedure specified in Section 1750	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6 1777	G  C	G  C	G  C	G	G
<b>Facebow transfers</b> – take facebow transfers and bite registrations	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6	D	D D	D D	D	D
<b>Fluoride, topical</b> -- apply (Assistants may operate under general direction when operating in a school-based setting or government run public health program, see section 1750.1(c))	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6 1777	D	D D  C	D D  C	D	D
<b>Impressions, removable prosthesis</b> – take final for tooth-borne, removable prosthesis (Licensed on or after 1/1/2010 or completed additional course and examination after 1/1/2010.)	BPC 1753.5 1753.6	N	N	D	N	N
<b>Impressions, permanent indirect restorations</b> – take final for permanent indirect restorations	BPC 1753.5 1753.6	N	N	D	N	N
<b>Impressions, nonprosthodontic appliances</b> – take intraoral impressions for all nonprosthodontic appliances	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6	D	D D	D D	D	D
<b>Intraoral retraction and suctioning</b>	1750.1	G	C	C	C	C
<b>Intravenous line</b> -- remove	1750.5	N	N	N	N	D
<b>Ligature ties</b> – place ligature ties and archwires	BPC 1750.3 1752.4 1753.5 1753.6	N	D D	D D	D	N



DUTY	Section of Applicable Law	D A	R D A	R D A E F	O A	D S A
<b>Ligature ties – remove</b> ligature ties and archwires	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6	D	D D	D D	D	D
<b>Light-curing device</b> -- cure restorative or orthodontic materials in operative site with light curing device	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6	D	D D	D D	D	D
<b>Liners</b> -- place bases, liners, and bonding agents	BPC 1752.4 1753.5 1753.6	N	D D	D D	N	N
<b>Matrices</b> -- place, wedge, and remove matrices for restorative procedures.	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6	D	D D	D D	D	D
<b>Monitoring</b> -- place patient monitoring sensors	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6	D	D D	D D	D	D
<b>Mouth-mirror inspection</b> of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth. This duty is not the same as evaluation of patient's oral health or oral health assessment.	BPC 1752.4 1753.5 1753.6	N	D D	D D	N	N
<b>Nitrous oxide</b> -- assist in the administration of nitrous oxide when used for analgesia or sedation. A dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the supervising licensed dentist who shall be present at the patient's chairside during the implementation of these instructions. This paragraph shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6	D	D D	D D	D	D
<b>Oral health assessments</b> -- perform oral health assessments in school-based, community health project settings under the direction of a dentist, registered dental hygienist, or registered dental hygienist in alternative practice. This duty is not the same as evaluation of patient's oral health or mouth mirror inspection. (RDAEF licensed on or after 1/1/2010 or completed additional course and examination after 1/1/2010.)	BPC 1753.5 1753.6  1911	N	N	C	N	N

DUTY	Section of Applicable Law	D A	R D A	R D A E F	O A	D S A
<b>Orthodontic appliances</b> -- examine	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6	D	D D	D D	D	D
<b>Orthodontic appliances, removable</b> -- after adjustment by the dentist, examine and seat appliances and deliver care instructions to the patient	BPC 1750.11750.5 1750.3 1752.4 1753.5 1753.6	D	D D	D D	D	D
<b>Orthodontic bands</b> -- remove	BPC 1752.4 1753.5 1753.6	N	D D	D D	D	N
<b>Orthodontic bands</b> -- size, fit, and cement	BPC 1750.3	N	N	N	D	N
<b>Orthodontic brackets</b> – prepare teeth for bonding and select, preposition, and cure after their position has been approved by the supervising licensed dentist	BPC 1750.3	N	N	N	D	N
<b>Orthodontic brackets and attachments</b> -- remove only orthodontic brackets and attachments with removal of the bonding material by the supervising licensed dentist	BPC 1750.3	N	N	N	D	N
<b>Orthodontic measurements</b> -- perform measurements for the purposes of orthodontic treatment	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6	D	D D	D D	D	D
<b>Orthodontic separators</b> -- place and remove	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6	D	D D	D D	D	D
<b>Photography</b> -- perform intraoral and extraoral photography	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6	G	G	G	G	G
<b>Polish coronal surfaces of the teeth</b> (RDAs licensed prior to 1/1/2010 must complete a board-certified course in coronal polishing)	BPC 1752.4 1753.5 1753.6 1777	N	D D C	D D C	N	N

DUTY	Section of Applicable Law	D A	R D A	R D A E F	O A	D S A
<b>Pulp vitality</b> -- test and record findings	BPC 1752.4 1753.5 1753.6	N	D D	D D	N	N
<b>Radiography equipment</b> -- operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of Section 1656.	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6	G	G	G	G	G
<b>Restorations, direct</b> -- place, contour, finish, and adjust (Licensed on or after 1/1/2010 or completed additional course and examination after 1/1/2010)	BPC 1753.5 1753.6	N	N	D	N	N
<b>Restorations, direct provisional</b> -- place, adjust and finish	BPC 1752.4 1753.5 1753.6	N	D D	D D	N	N
<b>Restorations, existing amalgam</b> -- polish and contour (Licensed on or after 1/1/2010 or completed additional course and examination after 1/1/2010)	BPC 1753.5 1753.6	N	N	D	N	N
<b>Restorations, indirect provisional</b> -- fabricate, adjust, cement, and remove; includes stainless steel crowns when used as a provisional restoration	BPC 1752.4 1753.5 1753.6	N	D D	D D	N	N
<b>Restorations, permanent indirect</b> -- adjust and cement (Licensed on or after 1/1/2010 or completed additional course and examination after 1/1/2010.)	BPC 1753.5 1753.6	N	N	D	N	N
<b>Rubber dams or other isolation devices</b> -- place and remove	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6	D	D D	D D	D	D
<b>Sealants, pit and fissure</b> -- application of (RDA licensed prior to 1/1/2010 must complete an approved course prior to performing function. RDA licensed on or after 1/1/2010 must have completed the approved curriculum, or a separate approved course by the end of his or her first re-licensure period that requires CE completion.)	BPC 1752.4 1753.5 1753.6 1777	N	D D C	D D C	N	N
<b>Sedation</b> – monitor patients undergoing sedation, limited to reading and transmitting information from the monitor display <b>during the intraoperative phase of surgery</b> for electrocardiogram waveform, carbon dioxide and end tidal carbon dioxide concentrations, respiratory cycle data, continuous noninvasive blood pressure data, or pulse arterial oxygen saturation measurements, for the purpose of <b>interpretation and evaluation by a supervising licensed dentist who shall be at the patient's chairside during this procedure.</b>	BPC 1750.11750.5 1750.3 1752.4 1753.5 1753.6	D	D D	D D	D	D

DUTY	Section of Applicable Law	D A	R D A	R D A E F	O A	D S A
<p><b>Sedation, conscious</b> – monitor patients undergoing conscious sedation or general anesthesia, utilizing data from noninvasive instrumentation such as pulse oximeters, electrocardiograms, capnography, blood pressure, pulse, and respiration rate monitoring devices. <b>Evaluation of the condition of a sedated patient shall remain the responsibility of the dentist or other licensed health care professional authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside</b> while conscious sedation or general anesthesia is being administered. <i>Also see <b>Anesthesia, general</b></i></p>	BPC 1750.5	N	N	N	N	D
<p><b>Sutures</b> -- remove after inspection of the site by the dentist.</p>	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6	D	D D	D D	D	D
<p><b>Topical agents</b> -- apply nonaerosol and noncaustic agents</p>	BPC 1750.11750.5 1750.3 1752.4 1753.5 1753.6	D	D D	D D	D	D
<p><b>Ultrasonic scaler</b> – use of to remove excess cement from <b>supragingival surfaces of teeth undergoing orthodontic treatment</b> (RDAs and RDAEFs must have completed a board-approved registered dental assistant educational program or course in these duties.)</p>	BPC 1750.3 1752.4 1753.5 1753.6	N	D D	D D	D	N

## TABLE OF PERMITTED DUTIES – DENTAL HYGIENE

**“05”** means that a Registered Dental Hygienist or Registered Dental Hygienist in Extended Functions may perform the registered dental assisting duty under the same level of supervision if initial license was issued on or before December 31, 2005 or, if initial license was on or after January 1, 2006, the hygienist has completed the required education, or training, examination, and has obtained a license as a Registered Dental Assistant.

**“WS”** means the Registered Dental Hygienist may perform this function without supervision of a dentist. “Without supervision” differs from “general supervision” in that the dentist has not examined the patient prior to the provision of the service.

DUTY	Section of Applicable Law	R D H	R D H E F	R D H A P
<b>Anesthesia, local</b> – administer (after completing a Dental Hygiene Committee of California-approved course)	BPC 1909 1921	D	D	D
<b>Archwires</b> – place and remove ligature ties and archwires ( <i>see Ligature ties</i> )	BPC 1907 1921	G	G	G
<b>Bases</b> -- place bases, liners, and bonding agents	BPC 1907 1921	05	05	05
<b>Bite registrations</b> – take facebow transfers and bite registrations	BPC 1907 1921	G	G	G
<b>Bleaching agents</b> -- apply and activate bleaching agents using a nonlaser light-curing device	BPC 1910 1921	G	G	G
<b>Bonding</b> -- chemically prepare teeth for bonding <i>RDHEF – prepare enamel by etching for bonding; apply etchant for bonding restorative materials</i>	BPC 1907 1921	05	05	05
<b>Bonding</b> – prepare enamel by etching for bonding; apply etchant for bonding restorative materials	16CCR 1089	N	D	N
<b>Bonding agents</b> -- place bases, liners, and bonding agents	BPC 1907	05	05	05
<b>Caries detection devices and materials, automated</b> -- use of automated caries detection devices to gather information for diagnosis by the dentist	BPC 1914 1921	G	G	G
<b>Cement, excess on surfaces of teeth</b> -- remove with a hand instrument	BPC 1907 1921	G	G	G
<b>Cement, excess</b> -- remove from surfaces of teeth undergoing orthodontic treatment, with an ultrasonic scaler.	BPC 1907 1921	G	G	G
<b>Computer-aided design (CAD), milled restorations</b> -- obtain intraoral images for computer-aided design, milled restorations	BPC 1907 1921	05	05	05
<b>Cord retraction</b> of gingiva for impression procedures	16CCR 1089	N	D	N

DUTY	Section of Applicable Law	R D H	R D H E F	R D H A P
<b>Crowns, temporary</b> – fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration	BPC 1907 1921	05	05	05
<b>Curettage, soft tissue</b> (must FIRST complete a DHCC-approved course)	BPC 1909 1921	D	D	D
<b>Dentures</b> – adjust extra-orally	BPC 1907	05	05	05
<b>Dressings, periodontal</b> – place	BPC 1914	G	G	WS
<b>Dressings, post-extraction</b> – place after inspection of the surgical site by the supervising licensed dentist	BPC 1907	05	05	05
<b>Dressings, periodontal and post extraction</b> – remove periodontal dressings and remove post extraction dressings after inspection of the surgical site by the supervising licensed dentist.	BPC 1907 1921	G	G	G
<b>Endodontic filling point</b> -- fit trial	16CCR 1089	N	D	N
<b>Endodontic post and core castings</b> -- formulate indirect patterns for	16CCR 1089	N	D	N
<b>Endodontically treated canals</b> – dry using absorbent paper points	BPC 1907	05	05	05
<b>Exam, preliminary</b> – including but not limited to periodontal charting, intra and extra-oral examination of soft tissue, classifying occlusion, myofunctional evaluation	16CCR 1088	G	G	WS
<b>Extra-oral duties or procedures</b> specified by the supervising licensed dentist provided that these duties or procedures meet the definition of a basic supportive procedure specified in Section 1750	BPC 1907 1921	G	G	WS
<b>Facebow transfers</b> – take facebow transfers and bite registrations	BPC 1907	05	05	05
<b>Fluoride</b> -- apply	BPC 1910 1921	G	G	WS
<b>Fluoride, public health program</b> -- apply in a public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity	BPC 1911 1921	WS	WS	WS
<b>Hygiene preventive services</b> in a public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity	BPC 1911 1921	WS	WS	WS
<b>Impressions, cast restorations</b> – take final impressions for cast restorations	16CCR 1089	N	D	N
<b>Impressions, bleaching trays</b> – take for bleaching trays and placement of in-office, tooth whitening devices	BPC 1910 1921	G	G	G

DUTY	Section of Applicable Law	R D H	R D H E F	R D H A P
<b>Impressions, nonprosthodontic appliances</b> – take intraoral impressions for all nonprosthodontic appliances	BPC 1907 1921	05	05	05
<b>Impressions, space maintainers, orthodontic appliances and guards</b> – take intraoral	16CCR 1089	N	D	N
<b>Irrigate subgingivally</b> with an antimicrobial and/or antibiotic liquid solutions	BPC 1910 1921	G	G	WS
<b>Ligature ties</b> – place and remove ligature ties and archwires ( <i>see Archwires</i> )	BPC 1907 1921	05	05	05
<b>Light-curing device</b> – use nonlaser device to activate bleaching agent	BPC 1910 1921	G	G	G
<b>Light-curing device</b> -- cure restorative or orthodontic materials in operative site with	BPC 1907 1921	G	G	G
<b>Liners</b> -- place bases, liners, and bonding agents	BPC 1907 1921	05	05	05
<b>Matrices</b> -- place, wedge, and remove matrices for restorative procedures.	BPC 1907 1921	G	G	G
<b>Monitoring</b> -- place patient monitoring sensors	BPC 1907 1921	D	D	D
<b>Mouth-mirror inspection</b> of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth.	BPC 1907 1921	G	G	WS
<b>Nitrous oxide and oxygen</b> – administration, whether alone or in combination with each other (must FIRST complete a DHCC-approved course)	BPC 1909 1921	D	D	D
<b>Oral exfoliative cytology</b>	16CCR 1088	G	G	WS
<b>Oral health screenings</b>	BPC 1911 1921	WS	WS	WS
<b>Orthodontic appliances</b> -- examine	BPC 1907 1921	05	05	05
<b>Orthodontic appliances, removable</b> -- after adjustment by the dentist, examine and seat appliances and deliver care instructions to the patient	BPC 1907 1921	05	05	05
<b>Orthodontic bands</b> -- remove	BPC 1907 1921	05	05	05
<b>Orthodontic measurements</b> -- perform measurements for the purposes of orthodontic treatment	BPC 1907 1921	05	05	05
<b>Orthodontic separators</b> -- place and remove	BPC 1907 1921	05	05	05

<b>DUTY</b>	<b>Section of Applicable Law</b>	<b>R D H</b>	<b>R D H E F</b>	<b>R D H A P</b>
<b>Photography</b> -- perform intraoral and extraoral photography	BPC 1907 1921	G	G	WS
<b>Polish coronal surfaces of the teeth</b>	BPC 1910	G	G	WS
<b>Preventive and therapeutic interventions</b> – includes oral prophylaxis, scaling, and root planing	BPC 1910 1921	G	G	WS
<b>Pulp vitality</b> -- test and record findings	BPC 1907 1921	05	05	05
<b>Radiography equipment</b> -- operate dental radiography equipment for the purpose of oral radiography	BPC 1914 1921	G	G	WS
<b>Restorations</b> – polish and contour	16CCR 1088	G	G	WS
<b>Restorations, direct provisional</b> -- place, adjust and finish	BPC 1907 1921	05	05	05
<b>Restorations, indirect provisional</b> -- fabricate, adjust, cement, and remove; includes stainless steel crowns when used as a provisional restoration	BPC 1907 1921	05	05	05
<b>Root planing</b>	BPC 1910 1921	G	G	WS
<b>Rubber dams or other isolation devices</b> -- place and remove	BPC 1907 1921	05	05	05
<b>Scaling and root planing</b> – and other preventive and therapeutic interventions, including oral prophylaxis	BPC 1910 1921	G	G	WS
<b>Sealants, pit and fissure</b> -- application of	BPC 1910 1921	G	G	WS
<b>Sealants, pit and fissure, public health program</b> – apply pit and fissure sealants in a public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity	BPC 1911 1921	WS	WS	WS
<b>Sedation</b> – monitor patients undergoing sedation, limited to reading and transmitting information from the monitor display during the intraoperative phase of surgery for electrocardiogram waveform, carbon dioxide and end tidal carbon dioxide concentrations, respiratory cycle data, continuous noninvasive blood pressure data, or pulse arterial oxygen saturation measurements, for the purpose of interpretation and evaluation by a supervising licensed dentist who shall be at the patient's chairside during this procedure.	BPC 1907 1921	G	G	G
<b>Soft tissue curettage</b> – (after completing a DHCC-approved course)	BPC 1909 1921	D	D	D
<b>Sutures</b> -- remove after inspection of the site by the dentist.	BPC 1907 1921	G	G	G



DUTY	Section of Applicable Law	R D H	R D H E F	R D H A P
<b>Topical agents</b> -- apply nonaerosol and noncaustic agents	BPC 1914	G	G	WS
<b>Topical, therapeutic, and subgingival agents</b> – apply for the control of caries and periodontal disease	BPC 1910 1921	G	G	WS

# Scope of Practice for Registered Dental Hygienists, Registered Dental Hygienists in Extended Functions, and Registered Dental Hygienists in Alternative Practice

## **Business & Professions Code**

Section 1907. The following functions may be performed by a registered dental hygienist, in addition to those authorized pursuant to Sections 1908 to 1914, inclusive:

- (a) All functions that may be performed by a registered dental assistant.
- (b) All persons holding a license as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions as of December 31, 2005, are authorized to perform the duties of a registered dental assistant specified in this chapter. All persons issued a license as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions on or after January 1, 2006, shall qualify for and receive a registered dental assistant license prior to performance of the duties of a registered dental assistant specified in this chapter.

### Section 1908.

- (a) The practice of dental hygiene includes dental hygiene assessment and development, planning, and implementation of a dental hygiene care plan. It also includes oral health education, counseling, and health screenings.
- (b) The practice of dental hygiene does not include any of the following procedures:
  - (1) Diagnosis and comprehensive treatment planning.
  - (2) Placing, condensing, carving, or removal of permanent restorations.
  - (3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.
  - (4) Prescribing medication.
  - (5) Administering local or general anesthesia or oral or parenteral conscious sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other, or local anesthesia pursuant to Section 1909.

Section 1909. A registered dental hygienist is authorized to perform the following procedures under direct supervision of a licensed dentist, after submitting to the committee evidence of satisfactory completion of a course of instruction, approved by the committee, in the procedures:

- (a) Soft-tissue curettage.
- (b) Administration of local anesthesia.
- (c) Administration of nitrous oxide and oxygen, whether administered alone or in combination with each other.

Section 1909.5. Courses of instruction for direct supervision duties added to the scope of practice of dental hygiene on or after July 1, 2009, shall be submitted by the committee for approval by the dental board.

Section 1910. A registered dental hygienist is authorized to perform the following procedures under general supervision:

- (a) Preventive and therapeutic interventions, including oral prophylaxis, scaling, and root planing.
- (b) Application of topical, therapeutic, and subgingival agents used for the control of caries and periodontal disease.
- (c) The taking of impressions for bleaching trays and application and activation of agents with nonlaser, light-curing devices.
- (d) The taking of impressions for bleaching trays and placements of in-office, tooth-whitening devices.

### Section 1911.

- (a) A registered dental hygienist may provide, without supervision, educational services, oral health training programs, and oral health screenings.
- (b) A registered dental hygienist shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan.
- (c) In any public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity, a registered dental hygienist may provide, without supervision, dental hygiene preventive services in addition to oral screenings, including, but not limited to, the application of fluorides and pit and fissure sealants. A registered dental hygienist employed as described in this subdivision may submit, or allow to be submitted, any insurance or third-party claims for patient services performed as authorized in this article.

Section 1912. Any procedure performed or service provided by a registered dental hygienist that does not specifically require direct supervision shall require general supervision, so long as it does not give rise to a situation in the dentist's office requiring immediate services for alleviation of severe pain, or immediate diagnosis and treatment of unforeseeable dental conditions that, if not immediately diagnosed and treated, would lead to serious disability or death.

Section 1913. Unless otherwise specified in this chapter, a registered dental hygienist may perform any procedure or provide any service within the scope of his or her practice in any setting, so long as the procedure is performed or the service is provided under the appropriate level of supervision required by this article.

Section 1914. A registered dental hygienist may use any material or device approved for use in the performance of a service or procedure within his or her scope of practice under the appropriate level of supervision, if he or she has the appropriate education and training required to use the material or device.

Section 1915. No person other than a registered dental hygienist, registered dental hygienist in alternative functions, or registered dental hygienist in extended functions or a licensed dentist may engage in the practice of dental hygiene or perform dental hygiene procedures on patients, including, but not limited to, supragingival and subgingival scaling, dental hygiene assessment, and treatment planning, except for the following persons:

- (a) A student enrolled in a dental or a dental hygiene school who is performing procedures as part of the regular curriculum of that program under the supervision of the faculty of that program.
- (b) A dental assistant acting in accordance with the rules of the dental board in performing the following procedures:
  - (1) Applying nonaerosol and noncaustic topical agents.
  - (2) Applying topical fluoride.
  - (3) Taking impressions for bleaching trays.
- (c) A registered dental assistant acting in accordance with the rules of the dental board in performing the following procedures:
  - (1) Polishing the coronal surfaces of teeth.
  - (2) Applying bleaching agents.
  - (3) Activating bleaching agents with a nonlaser light-curing device.
  - (4) Applying pit and fissure sealant.
- (d) A registered dental assistant in extended functions acting in accordance with the rules of the dental board in applying pit and fissure sealants.
- (e) A registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions licensed in another jurisdiction, performing a clinical demonstration for educational purposes.

Section 1920.

- (a) A person who holds a current and active license as a registered dental hygienist in extended functions or a registered dental hygienist in alternative practice on July 1, 2009, shall automatically be issued a license as a registered dental hygienist, unless the person holds a current and active registered dental hygienist license.
- (b) A registered dental hygienist license issued pursuant to this section shall expire on the same date as the person's registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions license, and shall be subject to the same renewal and other requirements imposed by law or regulation on a license.

Section 1921. In addition to any other duties or functions authorized by law, a registered dental hygienist in extended functions or a registered dental hygienist in alternative practice may perform any of the duties or functions authorized to be performed by a registered dental hygienist.

Section 1925. A registered dental hygienist in alternative practice may practice, pursuant to subdivision (a) of Section 1907, subdivision (a) of Section 1908, and subdivisions (a) and (b) of Section 1910, as an employee of a dentist or of another registered dental hygienist in alternative practice, as an independent contractor, as a sole proprietor of an alternative dental hygiene practice, as an employee of a primary care clinic or specialty clinic that is licensed pursuant to Section 1204 of the Health and Safety Code, as an employee of a primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code, as an employee of a clinic owned or operated by a public hospital or health system, or as an employee of a clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.

Section 1926. A registered dental hygienist in alternative practice may perform the duties authorized pursuant to subdivision (a) of Section 1907, subdivision (a) of Section 1908, and subdivisions (a) and (b) of Section 1910 in the following settings:

- (a) Residences of the homebound.
- (b) Schools.
- (c) Residential facilities and other institutions.
- (d) Dental health professional shortage areas, as certified by the Office of Statewide Health Planning and Development in accordance with existing office guidelines.

Section 1927. A registered dental hygienist in alternative practice shall not do any of the following:

- (a) Infer, purport, advertise, or imply that he or she is in any way able to provide dental services or make any type of dental health diagnosis beyond evaluating a patient's dental hygiene status, providing a dental hygiene treatment plan, and providing the associated dental hygiene services.
- (b) Hire a registered dental hygienist to provide direct patient services other than a registered dental hygienist in alternative practice.

Section 1928. A registered dental hygienist in alternative practice may submit or allow to be submitted any insurance or third-party claims for patient services performed as authorized pursuant to this article.

Section 1929.

- (a) A registered dental hygienist in alternative practice may hire other registered dental hygienists in alternative practice to assist in his or her practice.
- (b) A registered dental hygienist in alternative practice may hire and supervise dental assistants performing intraoral retraction and suctioning.

Section 1931.

- (a) (1) A dental hygienist in alternative practice may provide services to a patient without obtaining written verification that the patient has been examined by a dentist or physician and surgeon licensed to practice in this state.
- (2) If the dental hygienist in alternative practice provides services to a patient 18 months or more after the first date that he or she provides services to a patient, he or she shall obtain written verification that the patient has been examined by a dentist or physician and surgeon licensed to practice in this state. The verification shall include a prescription for dental hygiene services as described in subdivision (b). Failure to comply with this paragraph or subdivision (b) shall be considered unprofessional conduct.
- (b) A registered dental hygienist in alternative practice may provide dental hygiene services for a patient who presents to the registered dental hygienist in alternative practice a written prescription for dental hygiene services issued by a dentist or physician and surgeon licensed to practice in this state. The prescription shall be valid for a time period based on the dentist's or physician and surgeon's professional judgment, but not to exceed two years from the date it was issued.
- (c) The committee shall seek to obtain an injunction against any registered dental hygienist in alternative practice who provides services pursuant to this section, if the committee has reasonable cause to believe that the services are being provided to a patient who has not received a prescription for those services from a dentist or physician and surgeon licensed to practice in this state.

## **Title 16 of the California Code of Regulations**

*Note: The provisions of Business & Professions Code Sections 1907 and 1909 supercede the struck out sections of the regulations, although the text remains part of the regulation.*

Section 1088. RDH Duties and Settings.

- (a) Unless specifically so provided by regulation, the prohibition contained in Section 1085(a), subsections (1) through (8) of these regulations shall apply to duties performed by a registered dental hygienist.
- ~~(b) A registered dental hygienist may perform all duties assigned to dental assistants and registered dental assistants, under the supervision of a licensed dentist as specified in these regulations.~~
- (c) Under general supervision, a registered dental hygienist may perform the following duties in addition to those provided by Section 1760(b) of the Code:
  - (1) Root planing;

- (2) Polish and contour restorations;
- (3) Oral exfoliative cytology;
- (4) Apply pit and fissure sealants;
- (5) Preliminary examination, including but not limited to:
  - (A) Periodontal charting;
  - (B) Intra and extra-oral examination of soft tissue;
  - (C) Charting of lesions, existing restorations and missing teeth;
  - (D) Classifying occlusion;
  - (E) Myofunctional evaluation;
- (6) Irrigate sub-gingivally with an antimicrobial and/or antibiotic liquid solution(s).
- (7) ~~The following direct supervision duties of dental assistants and registered dental assistants:~~

~~(A) Dental Assistant.~~

- ~~(1) Taking impressions for diagnostic and opposing models;~~
- ~~(2) Applying non-aerosol and non-caustic topical agents;~~
- ~~(3) Removing post-extraction and periodontal dressings;~~
- ~~(4) Removing sutures;~~
- ~~(5) Taking intra-oral measurements for orthodontic procedures;~~
- ~~(6) Checking for loose bands;~~
- ~~(7) Removing ligature ties;~~
- ~~(8) Applying topical fluoride;~~
- ~~(9) Placing elastic separators.~~

~~(B) Registered Dental Assistant~~

- ~~(1) Test pulp vitality;~~
- ~~(2) Removing excess cement from supragingival surfaces of teeth;~~
- ~~(3) Sizing stainless steel crowns, temporary crowns and bands;~~
- ~~(4) Temporary cementation and removal of temporary crowns and removal of orthodontic bands.~~
- ~~(5) Placing post-extraction and periodontal dressings.~~

~~(d) A registered dental hygienist may perform the procedures set forth below under the direct supervision of a licensed dentist when done so pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures shall be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.~~

- ~~1. (1) Placement of Antimicrobial or Antibiotic Medicaments which do not later have to be removed.~~
- ~~2. (2) All duties so assigned to a dental assistant or a registered dental assistant, unless otherwise indicated;~~
- ~~3. (3) Periodontal soft tissue curettage (Evidence of satisfactory completion of a board-approved course of instruction in this function must be submitted to the board prior to any performance thereof);~~
- ~~4. (4) Administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity (Evidence of satisfactory completion of a board-approved course of instruction in this function must be submitted to the board prior to any performance thereof);~~
- ~~5. (5) Administration of nitrous oxide and oxygen when used as an analgesic, utilizing fail-safe type machines containing no other general anesthetic agents. (Evidence of satisfactory completion of a board-approved course of instruction in this function must be submitted to the board prior to any performance thereof.)~~

**Section 1089. RDHEF Duties and Settings.**

- (a) Unless specifically provided by regulation, the prohibitions contained in Section 1085(a) (1) through (8) shall apply to RDHEFs.
- (b) An RDHEF may perform all duties assigned to dental assistants, registered dental assistants and registered dental hygienists.
- (c) An RDHEF may perform the procedures set forth below under the direct supervision of a licensed dentist when done so pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures shall be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.
  - (1) Cord retraction of gingivae for impression procedures;
  - (2) Take impressions for cast restorations;
  - (3) Take impressions for space maintainers, orthodontic appliances and guards;
  - (4) Prepare enamel by etching for bonding;
  - (5) Formulate indirect patterns for endodontic post and core castings;
  - (6) Fit trial endodontic filling points;
  - (7) Apply etchant for bonding restorative materials.

(d) Settings. Registered dental hygienists in extended functions may undertake the duties authorized by this section in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or an equivalent facility approved by the Board.

**Section 1090. RDHAP Duties and Settings.**

(a) Unless specifically so provided by regulation, an RDHAP may not perform the following functions or any activity which represents the practice of dentistry or requires knowledge, skill and training of a licensed dentist:

- (1) Diagnosing and treatment planning;
- (2) Surgical or cutting procedures on hard or soft tissue;
- (3) Fitting and adjusting of correctional and prosthodontic appliances;
- (4) Prescribing medication;
- (5) Placing, condensing, carving or removal of permanent restorations, including final cementation procedures;
- (6) Irrigating and medicating canals, try-in cones, reaming, filing or filling of root canals;
- (7) Taking of impressions for prosthodontic appliances, bridges, or any other devices which may be worn in the mouth;
- (8) Administering local or general anesthesia, oral or parental conscious sedation.

(b) Under the supervision of a licensed dentist, an RDHAP may perform the duties assigned to registered dental hygienists by Section 1088, under the same levels of supervision and in the same settings as specified in that section, in addition to those duties permitted by Section 1768(b)(3).

(c) Independently and without the supervision of a licensed dentist, an RDHAP may, upon the prescription of a dentist or a physician and surgeon licensed in California, perform the duties assigned to a registered dental hygienist by Section 1088(c).

1. (1) All prescriptions shall contain the following information:
2. (A) The pre-printed name, address, license number, and signature of the prescribing dentist or physician and surgeon.
3. (B) The name, address and phone number of the patient.
4. (C) The date the services are prescribed and the expiration date of the prescription. The prescription shall be for dental hygiene services and, if necessary, include special instructions for the care of that patient.

**Section 1090.1. RDHAP Documentation of Dentist Relationship.**

Prior to the establishment of an independent practice, an RDHAP shall provide to the board documentation of an existing relationship with at least one dentist for referral, consultation, and emergency services, on the form entitled: Documentation of RDHAP Relationship with Dentist, (rev. 5/99), which is hereby incorporated by reference. The dentist's license shall be current, active and not under discipline by the board. Any change shall be reported to the Board in writing, within 30 days following such change.