

## 1 CALIFORNIA DENTAL PRACTICE ACT 2022

### 2 WHY ARE WE HERE?

- It's required for re-licensure
- Dental profession governs itself
- The DPA regulates & defines dental practice limits, dedicated to protecting public over other interests

### 3 NEW REGULATIONS CAN COME FROM:

- Organizations, individuals, state agencies
- State legislature approves bill
- Governor signs it or allows passage
- Bill becomes a statute, requires separate bill to change
- Dental Board writes & approves regulatory language to implement statute

### 4 WHERE IS IT WRITTEN?

3 layers of state law:

- State Constitution
- Statutory laws – general “.....Code” including:
  - Business & Professional Code
  - Health & Safety Code....
- Cal Code of Regulations (CCR) – most specific
- To read statutes go to Board website  
<http://www.dbc.ca.gov/>

## 5 DENTAL HYGIENE BOARD OF CA

### 6 DENTAL BOARD OF CALIFORNIA

- Operates as Bureau under Dept. of Consumer Affairs
- Evaluated ea. 4 years to demonstrate need for existence
- Governor appoints all but 2 public members
- Regulatory Board for licensed: DDS, RDA, RDAEF

### 7 DENTAL PRACTICE ACT INCLUDES:

- Definition of dentistry, specialties
- Education, qualifications, exams
- Approved dental school criteria
  - Foreign dental schools need CODA approval
- Committees & special permits
- Restorative materials fact sheet: risks & efficacy, must update for all pts.
  - Pts sign, provide & retain copies
  - [http://www.dbc.ca.gov/formspubs/pub\\_dmfs\\_english\\_webview.pdf](http://www.dbc.ca.gov/formspubs/pub_dmfs_english_webview.pdf)
- Diversion (addiction recovery without losing license)

### 8 DENTAL PRACTICE ACT INCLUDES:

- Health & safety codes, infection control

- Illegal acts, unprofessional conduct, gross negligence
- Prescriptions / drugs
- Criminal act & abuse reporting
- Ethics & consent

9  **THE 4 MOST COMMONLY CITED VIOLATIONS ARE:**

- Failure to produce patient records
  - 15 days
- Failure to follow infection-control guidelines
- Failure to comply with bloodborne requirements
  - OSHA & Board & police share info
- Unprofessional conduct

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10  **CASE: PATIENT REPORTED DDS NOT USING PPE**

11  **COVID-19 EVOLVING RULES, RECOMMENDATIONS:  
RISK BALANCED WITH URGENCY**

- Recommendations change & evolve
- Laws take time
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12  **HIERARCHY OF RULES**

- OSHA: Occupational Safety & Health Administration laws
  - Based on CDC recs
  - Both mandatory reg's & guidance (not mandatory)
- State Board laws
  - Include CDC & OSHA & ADA standards
- Civil & Health Dept.... laws
- FDA, EPA laws
- Instructions for use

13  **MUST POST IN OFFICE:**

*Appendix 3*

*Dental Board of California*

*Infection Control Regulations*

California Code of Regulations Title 16 Section §1005  
Minimum Standards for Infection Control

*All DHCP must comply with & follow OSHA laws  
(b) (1-3)*

14  **OSHA REG'S  
BLOODBORNE PATHOGEN STANDARD  
([29 CFR 1910.1030](#))**

(BBP DOES NOT ADDRESS RESPIRATORY SECRETIONS)

PERSONAL PROTECTIVE EQUIPMENT

[\(29 CFR 1910.132\)](#)

RESPIRATORY PROTECTION STANDARDS

[\(29 CFR 1910.134\)](#)

15  **OSHA REG'S**

- Aerosol Transmissible Diseases (ATD) standard  
(CCR Title 8, § 5199)
- Dentistry must screen symptomatic or suspected infectious patients to be exempt from 5199 isolation requirements
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- COVID Prevention  
(CCR Title 8, §3205)
- 3205(c)(7)(D)4 - provide respiratory protection to employees engaged in work tasks that expose them to aerosolized hazards (within context of other mitigation controls) – N95's for aerosolizing procedures.
- 
- Respiratory Protection  
(CCR Title 8, §5144)
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16  **COVID-19**

- Do not treat active COVID-19 cases in dental office.
- Workers must report exposure to employer
- Patients must be alerted if possible exposure occurred
- Workers must be informed if exposed: with written "Notice of Potential Exposure" within one business day
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17  **NEW HIRES**

- Do not ask vaccination questions until written employment offer is made
- Once hired, employer = obligated to ask vaccination status.
- CDA has sample vaccination tracking form

18  **CAL/OSHA EMERGENCY TEMPORARY STANDARD ETS LAW**

- Return-to-work criteria = based on vaccination status & test results.
- Isolation & quarantine periods vary: 0 – 10 days
- COVID-19 testing must be available during work hours, no cost

19  **DENTISTS MAY ORDER & ADMINISTER COVID & FLU VACCINES (1)**

- Exec. Order N-39-20, Dept of Consumer Affairs amended DDS scope of practice (BP&C 1625). CDC COVID-19 TRAINING REQUIRED (3 modules & certificates):
  - WB4460: Overview & Best Practices,
  - WB4464: Moderna vaccine info
  - WB4461: Pfizer-BioNTech vaccine info
- <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/COVID-19VaccineTraining->

[Dentists.aspx](#)

- 20  **DENTISTS MAY ORDER & ADMINISTER COVID VACCINES (2)**
- Must give FDA authorized vaccine to over 16 yrs old. & be able to give rescue meds (epi & diphenhydramine) for allergic reactions.
- 21  **DH'S MAY ADMINISTER COVID VACCINES**
- Direct supervision (DDS or MD/surgeon authorized to order & administer vaccine)
    - All DDS rules apply
  - Same training as DDS
  - Plus 6 hrs practical training, approved by Accreditation Council for Pharmacy Educ. :
    - hands-on injection technique
    - assessment of RDH's injection technique
    - recognition & treatment of emergency reactions to vaccines
  - 
  -
- 22  **IS COVID-19 TESTING WITHIN A DENTIST'S SCOPE OF PRACTICE?**
- No formal CDB ruling, but "all necessary related procedures needed to provide dental treatment" = allowed
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- 23  **IS COVID-19 TESTING WITHIN A DENTIST'S SCOPE OF PRACTICE?**
- Yes, when used for screening: NOT for formal COVID-19 diagnosis (= medical practice & test results must be reported)
    - OSHA requires screening for ATD's
  - State prohibits dentists from obtaining Laboratory Field Services (LFS) licensure to process rapid tests in office and report positive cases to CDPH (Cal Dept. Pub. Health)
- 24  **CDA IS ADVOCATING FOR DENTISTS TO TEST FOR COVID IN OFFICES & RECEIVE PAYMENT USING WAIVED TESTS**
- "Waived, rapid tests" = simple, do not require lab instruments & technicians, low risk of errors
    - Ex: Pregnancy & A1C glucose tests
  - DDS must be appropriately trained & use FDA cleared COVID-19 tests.
  - >100 tests with emergency-use authorization for symptomatic pts only! (none for asymptomatic patients)
  - Test reliability = limited
  - Informed consent required
  -
- 25  **LEGAL REQUIREMENT TO PROVIDE IN-OFFICE TESTS**
- Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver from the Centers for Medicare & Medicaid Services (CMS)
  - Fees, renewal @ 2 yrs, inspection upon complaints
- 26  **EMPLOYEE COVID TESTING RULES (RETURN TO WORK)**

- Employers – prohibited from requiring COVID-19 antibody (serology) testing (U.S. Equal Employment Opportunity Commission, Amer. Disabilities Act)
- Viral (antigen) testing = allowed

## 27 IN-OFFICE TESTING

- Licensed RN's may test within dental practice
  - RDHs & RDAs may not
- CLIA waiver needed to perform rapid tests, not required to collect sample to send to lab
- Go to Calif. Coronavirus Testing Task Force page to locate testing kits / recourses
  - <https://testing.covid19.ca.gov/>

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## 28 COVID-19 RESOURCES

- CDC <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
- Join osap Organization for Safety, Asepsis and Prevention [www.osap.org](http://www.osap.org)
  - COVID-19 checklist: [https://cdn.ymaws.com/www.osap.org/resource/resmgr/dentaquest/INC-1353 Best Practices for .pdf](https://cdn.ymaws.com/www.osap.org/resource/resmgr/dentaquest/INC-1353_Best_Practices_for_.pdf)
  - Infection Control Coordinator certification:
    - DANB.org, osap.org
    - <https://www.osap.org/page/RoleofICPC?> – OSAP initiative
- CDA Practice Support
- ADA COVID-19 Workplace Hazard checklist
  - <https://files.constantcontact.com/315b0f2b001/a48e311e-2cf7-4d79-800c-5e3bc2053874.pdf>

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## 29 DUTIES OF THE BOARD

- General duties:
  - Enforce DPA with "Seal"
  - Examine license applicants
  - Apply & collect fees (permits, licenses, fines, exams)
- Compensation: per diem & expenses
- Employs assistants, attorneys, investigators
- Collect information

## 30 DUTIES OF THE BOARD

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

## 31 REMINDER: PAST RULINGS

Dec. 2016 All employees required to have two 10-min. Work-free breaks / 8 hr. day

32  **DEFINITION OF DENTISTRY**

- § 1625 - Dentistry is:
  - The diagnosis or treatment, by surgery or other method, of diseases and lesions
  - The correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures;

Such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation.

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

- Identify themselves in writing as a DDS
- Perform (or offer to) tx or diagnose any oral structures
- Indicate they will alter, construct, repair, or sell any appliance or restoration
- Examine (or offer to) oral structures with intent to treat
- Manage, lease, run any dental facility

34  **EXEMPTIONS**

- Legal executor of deceased DDS estate may operate practice 1 yr. if all legal notification and practice limits are observed
  - Students in approved programs
  - Emergency services rendered in good faith at scene away from office
  - Treatment of an emergency arising from prior tx by another DDS: (not liable for any civil damages)
  - DDS not liable for failure to inform if:
    - Pt unconscious
    - DDS thinks immediate tx necessary: no time
    - Pt incapable of giving consent, no time to seek from authorized person
- §1627

35  **2 TYPES OF BOARD COMMITTEES  
STANDING & AD HOC**

Standing committees:

- Exams
- Enforcement
- Diversion

36  **2 TYPES OF BOARD COMMITTEES  
STANDING & AD HOC**

Ad hoc committees:

- CE
- Licensure/permits
- Legislature
- Infection control

37  **DDS PERMITS**

- Oral Conscious Sedation for Adults
- Oral Conscious Sedation for Minors
- Conscious Sedation

- General Anesthesia
- Elective Facial Cosmetic Surgery
  - 26 DDSs have permits
- All require specific CE
- Renew ea. 2 years
- On-site inspections by Board

### 38 **PROPOSED CHANGES**

- Replace “conscious sedation” with “moderate sedation” meaning a drug-induced depression of consciousness during which a patient responds purposefully to verbal commands and meets other criteria. (Bus. & Prof. Code, § 1647.1.)
- Require a “pediatric endorsement” for gen. Anesthesia permits for pts. 7 yrs and younger
- Replace “gen. anesthesia” with “deep sedation”

### 39 **EXPANDED SEXUAL HARASSMENT PREVENTION TRAINING**

- January 1, 2020. [SB 1343](#)
- If  $\geq 5$  employees
- Managers require 2 hrs. Training
- Others require 1 hr.
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### 40 **REMINDER: PAST RULING**

- January 1, 2019: New infection control standard for procedures that expose dental pulp: irrigation must be “sterile or contain recognized disinfecting or antibacterial properties.”
- NOT your daily DUWL product
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- Post & comply with: CCR Title 16, sect §1005, CDC & OSHA rules (b) (1-3)  
B&PC §1683

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

#### 42 **YOU**

- Follow up
- Keep records
- Document!

### 43 **WHAT IF YOUR PATIENT REFUSES X-RAYS?**

#### 44 **INFORM PATIENT IN WRITING; DO NOT TREAT!**

PATIENTS HAVE REPORTED DENTISTS FOR REQUIRING X-RAYS!  
X-RAYS = STANDARD OF PRACTICE FOR ASSESSMENT & TX  
“ILLEGAL TO TREAT WITHOUT THEM”

45  **PATIENT'S PERCEPTION DETERMINES LITIGATION**

46  **WHO CAN TURN US IN?**

**....AND HOW?**

- Colleagues, consumers, law enforcement, insurance companies....
- Patients: not anonymous, public record created
- Colleagues: can be anonymous

47  **SUBMIT EMAIL ADDRESS TO BOARD**

- If licensed by DBC or DHBC
- Subject: "Electronic Mail Address Requirement"
- Name, license type, License #, email
- Send to: [dentalboard@dca.ca.gov](mailto:dentalboard@dca.ca.gov)
- Also notify Board - [address change](#)
- Privacy protected

48  **ALL LICENSED CLINICIANS: I.D. YOURSELF!**

- In writing, first visit OR
- Must display (on name tag OR license in office):
  - Educ. Degree
  - Graduate / postgraduate educ. In specialty
  - License type & status
  - Board certification
  - For supervising physicians & surgeons; hours in facility
- Also on website!

49  **NOTICE TO PATIENTS OF LICENSURE BY DENTAL BOARD**

Every DDS MUST provide notice to each patient (48 pt type) in office, & electronically for telehealth:

"Dentists are licensed and regulated by the Dental Board of California  
(877) 729- 7789  
<http://www.dbc.ca.gov>"  
16 CCR 1065

50  **NOTICE TO PATIENTS OF LICENSURE BY DENTAL HYGIENE BOARD**

Every DH MUST provide notice to each patient:

"Dental Hygienists are licensed and regulated by the Dental Hygiene Board of California  
Business and Professions Code

Division 2, Ch. 4, Article 9

Sections 1900 - 1966.6"

<https://www.dhbc.ca.gov/>

[dhbcinfo@dca.ca.gov](mailto:dhbcinfo@dca.ca.gov)

Phone: (916) 263-1978

Fax: (916) 263-2688

2005 Evergreen Street, Suite 1350

Sacramento, CA 95815



51  **PROP. 65: SAFE DRINKING WATER & TOXIC ENFORCEMENT ACT**

Must post (update annually):

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

List available: [oehha.ca.gov/proposition-65](http://oehha.ca.gov/proposition-65)

52  **ADVERTISING**

- Don't lie
- Unlawful: any form of false, fraudulent, misleading or deceptive claim, image, statement related to practicing dentistry or profiting from dental products
- Fee & discount ads must be accurate, precise with disclosures

53  **DDS LICENSING**

- Illegal to:
  - Misrepresent DDS credentials,
  - Sell, buy or counterfeit or fraudulently use dental degree, license or transcript or
  - Practice without valid license

54  **5 DDS LICENSURE PATHWAYS**

- 2 Exams:
  - Western Regional Exam (WREB)
  - Amer. Board of Dental Examiners (ADEX)
- Portfolio: complete required competency exams in Board approved school & graduate
  - Comp. Oral diag.
  - Tx planning
  - Perio
  - Endo
  - Restorations & prosthodontics

55  **5 DDS LICENSURE PATHWAYS**

- 2 Exams: WREB & ADEX
- Portfolio
- By residency: min. of 12 months GP residency or CODA\*-approved advanced program w/n 2 yrs
- By credential: license from another state & proof of active clinical practice
- Passed & may not have failed national boards w/n 5 years (also passed regional exams)
- Must pass Law & Ethics exam, fingerprinting

56  **DDS LICENSURE BY CREDENTIAL**

May apply in Cal without clinical exam IF:

- Grad of U.S. Dental school, licensed out-of state
- License not revoked, suspended, restricted
- Min. Of 5,000 hours clinical practice in U.S., last 5 of 7 last immediate consecutive yrs

- w/ 2 yrs clinical practice or residency, other 3 yrs may be fulfilled w/ contract to teach or practice

## 57 **2 RDA LICENSING PATHWAYS**

- May qualify by 15 mos. experience &/or completion of approved educational programs
- Plus: pass Board-approved written law & ethics exam, X-Ray safety & coronal polishing certification courses
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## 58 **RDAEF LICENSING**

- RDA must pass approved courses in all advanced RDAEF functions
- Pass written exam
- Clinical exam not required

## 59 **LICENSE RENEWAL**

- Ea. 2 years, end of birthday month
- No grace period; "practicing without a license"
- Fee assessed 30 days after lapsed

## 60 **REMEMBER: ONLINE-ONLY LICENSE RENEWAL**

- July 2021: Electronic renewals replace mail
- 24 – 48 hr. approval (mail: 4-6 wks)
- Will NOT receive renewal notice by mail
- WILL receive renewal reminder postcard ~ 90 days b4 expiration date (for each permit or license held)
- Set up BreEZe account early: [www.BreEZe.ca.gov](http://www.BreEZe.ca.gov)
- ?'s (916) 263-2300 or [dentalboard@dca.ca.gov](mailto:dentalboard@dca.ca.gov)

## 61 **LICENSE RENEWAL**

- Disciplinary cases:
  - "practicing with expired licenses"
  - Some for up to 20 years!
- Employer: responsible for (must check) licensure status of staff

## 62 **UNLICENSED "DENTISTS"**

- Poor infection control
  - Disease transmission
- Poor quality care
  - Adverse outcomes
- Drug risks, poor pain management (alcohol often used)
  - Accidents, injury, death

## 63 **THE CHALLENGES**

- 1 • Chasing unlicensed "dentists"
  - Keeping them from re-surfacing
  - Protecting & educating public
- 2 Chasing unlicensed "dentists"
  - Keeping them from re-surfacing
  - Protecting & educating public

64  **DENTAL HYGIENE BOARD OF CALIFORNIA (DHBC) § 1900-1966.6**

- Represents RDH's, RDH EF's (Extended Functions), RDH AP's (Alternative Practice)
- 1<sup>st</sup> of its kind in U.S.
- 9 members, appointed by Governor
  - 4 public
  - 1 practicing DDS
  - 4 RDH's: 1 educator, 1 RDHAP
- Contact DHBC: (916) 263-1978
- <https://www.dhbc.ca.gov/>

65  **DENTAL HYGIENE BOARD OF CALIFORNIA (DHBC) § 1900-1966.6**

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

66  **DH LICENSING: CAL ACCEPTS:**

Patient-based clinical exams:

- Western Regional Examination Board (WREB) exam
- Central Regional Dental Testing Services (CRDTS)

Temporarily:

- CRDTS, WREB & ADEX mannequin-based exam

67  **RDH LICENSURE BY CREDENTIAL**

(apply in Cal without clinical exam)

- Graduate of U.S. CODA accredited DH program
- Passed DH Nat. Boards & State Boards
- Verify completion of Board approved courses:
  - Local Anes.
  - Soft tissue curettage
  - N2O

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68  **RDHAP LICENSURE QUALIFICATIONS:**

- B.S. Degree & RDH license
- Active DH clinical practice -  $\geq$  2,000 hrs, last 36 mos.
- 150 hr approved educ. Program
- Pass written exam prescribed by DHBC

69  **CASE:**

- A DH lets his License lapse
- After 5 years, one month, he tries to renew
- Is this allowed?

- NO, must re-apply, meet all requirements

70  **CASE:**

- A dental assistant is applying for a California license.
- He was licensed in Ohio, where he was jailed 5 years ago for “borrowing” supplies from his employer
- Is he required to disclose this on his application?

71  **YES!**

**LICENSE APPLICANTS MUST DISCLOSE PREVIOUS DISCIPLINE/LICENSE REMOVAL (FROM ANY STATE)**

72  **DOES DISCLOSURE OF PAST CONVICTIONS PREVENT LICENSURE? NO**

CASE:

- RDA was issued probationary license after disclosing past conviction on license application

73  **CE REQUIREMENTS**

- Dentists – 50 units
- RDH’s – 25 units (RDHAP – 35)
- Mandatory: (mandated content) by licensed provider:
  - Infection Control (2 hrs.), CDPA (2 hrs.)
  - CPR /BLS (≤ 4 hrs, Live course, skills assessment & written test)
    - Given by: Amer. Red Cross, Amer Heart Assoc, or CERP or PACE, & (proposed) American Safety Health Institute (ASHI)

74  **CE REQUIREMENTS**

- Special permit holders (GA, CS): subject- specific CE required for permit renewal
- DA’s must pass (DDS responsible, w/n 12 of hire):
  - IC (8 hours) & radiation safety once
  - CDPA (2 hr.) once
  - BLS must be kept current
- Keep CE certificates for 3 renewal periods

75  **PROPOSED CE CHANGES**

- Require CE on responsibilities & requirements of prescribing Schedule II opioid drugs & risks of addiction
- Add sexual harassment prevention CE as acceptable for mandatory CE credit
- Adopt “criterion-referenced passing score” for Law & Ethics exam instead of 75%

76  **MANDATORY CE**

- 80% must be scientifically oriented courses directly related to dental practice, benefiting patients
- 20% may primarily benefit DHCW, but must also benefit pt.
- 50/50 (live vs. remote) rule still applies
  - 50%: Clearly defined “live” course work
    - May be online if live
  - 50%: Clearly defined “home study”
    - Includes recorded / on-line / computer courses

77  **NON-ELIGIBLE CE SUBJECTS**

- Personal money management, "marketing"
- Basic subjects not related to dental practice
- General physical fitness, licensee's personal health;
- Basic skills - memory training & speed reading
- Courses where dentist is the primary beneficiary.
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78  **AUXILIARY SCOPE OF PRACTICE & SUPERVISION**79  **AUXILIARY SCOPE OF PRACTICE  
DPA LEGALLY DEFINES  
(UPDATES @ 7 YEARS)**

- Education, qualifications
- Allowable duties
- Level of supervision
- Allowable settings
- Illegal practices result in:
  - Criminal offenses
  - License discipline for person & anyone aiding & abetting

80  **RDA DUTIES, SETTINGS**

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

81  **SPECIAL PERMITS**

- 2 Dental Assistant categories
  - Orthodontic Assistant (OA)
  - Dental Sedation Assistant (DSA)
- DA's may earn permits
- IC & DPA CE required to keep permit
- Pass written exam

82  **SUPERVISION**

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

83  **SUPERVISION**

- Direct supervision:
  - Procedures based on instructions given by licensed dentist

- Dentist must be physically present in tx facility during performance of those procedures: (B&P C§ 1741)
- General supervision:
  - Procedures based on instructions given by licensed dentist
  - Dentist's physical presence not required during procedure

#### 84 **VIRTUAL DENTAL HOME**

- Reaches service locations of greatest need – general supervision
- Tele-dentistry requires documented verbal or written consent from pt.
- Must provide name, telephone #, practice address & license # prior to tx

#### 85 **WHAT IS ALLOWED?**

- DA: unlicensed, may perform:
  - specified dental supportive procedures under supervision of licensed dentist:
    - technically elementary, completely reversible, will not cause possible harm
    - Supervising licensed DDS determines competency
- RDA: licensed,
  - may perform: DA duties + other specified procedures, under varying supervision
  - Requires graduation from RDA program or 15 months DA experience + pass exam
- RDAEF: licensed + completed post-licensure clinical & didactic approved training & testing, may perform: RDA duties + others

#### 86 **UNLICENSED DA**

(Dr. Determines competency)

- Extra-oral duties may include:
  - Charting, recordkeeping
  - Sterilization
  - Infection Control
- Intra-oral duties may include:
  - Facebow transfers
  - Photography (intra & extraoral)
  - Bite registration
  - Impressions – non-prosthetic appliances

#### 87 **RDA MUST HAVE ADDITIONAL APPROVED TRAINING FOR: § 1752.4**

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

#### 88 **RDAEF (EXTENDED FUNCTIONS) DUTIES, SETTINGS § 1753.5**

89  **RDAEF DUTIES, SETTINGS**

- RDAEF: completed post licensure approved training & exam;
- All RDA duties plus;
- Higher risk duties: (supervision – D Dr. must check, approve prior to dismissal)
- Settings: under jurisdiction & control of dentist in approved facility
- DDS May use no more than 3 RDAEF's or RDHEF's  
B&PC § 1753.6-7
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90  **RDA & RDAEF MAY, UNDER DIRECT SUPERVISION OF RDH, RDHAP:**

- Perform coronal polishing
- Apply topical fluoride
- Apply sealants
- (with certification, in primary care, specialty clinics / hospitals)
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91  **RDH WHAT IS ALLOWED?**

- RDH: licensed, may perform all specified DH duties & DA & RDA duties under specified supervision if licensed before Dec. 31, 2005. If licensed after Jan 1, 2006, must earn RDA license (B&P 1907)
- RDHEF: same as RDAEF - operative duties under supervision, with training, same settings
- RDHAP: Same RDH scope, practice independently;
  - without supervision
  - but with prescription from dentist or physician & surgeon

92  **WHAT RDH DUTIES REQUIRE DIRECT SUPERVISION?**93  **A:**

- Perio soft tissue curettage (pre-certification required)
- Local anesthesia limited to oral cavity (pre-certification required)
- Nitrous oxide & oxygen using fail-safe machines, no general anes. (pre-cert required)

94  **RDH SCOPE § 1911**

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

95  **RDH SCOPE INCLUDES § 1911**

- Root planing
- Polishing, contouring restorations
- Pit & fissure sealants
- Exams:
  - Perio charting
  - Charting of lesions, restorations, missing teeth
  - Classifying occlusion
  - Myofunctional eval

- Intra / extra-oral soft tissue exams
  - Sub-gingival irrigation (antimicrobials / antibiotics)
  - Oral exfoliative cytology
- 96  **RDH SCOPE DOES NOT INCLUDE:**
- Diagnosis, comprehensive tx plan
  - Placing, condensing, carving, or removal of permanent restorations
  - Surgery or cutting of hard and soft tissue including (not limited to) removal of teeth & cutting & suturing of soft tissues
- 97  **RDH SCOPE DOES NOT INCLUDE:**
- Prescribing medication
  - Admin gen anes, oral / parenteral conscious sedation
- 98  **DH LAWS**
- RDH must be employed by DDS
  - RDHAP may be:
    - self-employed as sole proprietor of alternative hygiene practice in areas certified as having dental healthcare shortage
    - employed by another RDHAP as independent contractor
- 99  ?
- The hygiene patient requires anesthesia.
  - Dr. will be there during the injection, but needs to leave right after.
  - Is this okay?
- 100  ?
- NO
  - Administration of local anes. = DS
  - DDS = liable & responsible for patient until tx = complete
- 101  **RDHAP (ALTERNATIVE PRACTICE) DUTIES, SETTINGS**
- Licensed with approved post-licensure training for AP
  - May treat a pt. for up to 18 mos. without proof of DDS visit.
  - Then, must have prescription from DDS or MD & surgeon: required to include:
    - Date services prescribed
    - Expiration date (up to 2 years)
    - DH services, special instructions
  - Prop AB 502: allows tx of pt. after 18 months without DDS's prescription
  -
- 102  **RDHAP**
- RDHAP must document relationship with dentist for referrals, emergencies
    - 1 or more dentist, with active licenses, not under discipline by board
- 103  **CASE:**
- Before Dr. Examined a patient, she instructed the RDA to examine the patient's mouth, chart obvious lesions and restorations and take emergency radiographs.
  - Is this allowed?



104  **CASE:**

- Before Dr. Examined a patient, she instructed the RDA to examine the patient's mouth, chart obvious lesions and restorations and take emergency radiographs.
- Is this allowed?
- YES. (if RDA is licensed for all tasks)

105  **CASE:**

- A DH lets his License lapse
- After 5 years, one month, he tries to renew
- Is this allowed?

106  **CASE:**

- A DH lets his License lapse
- After 5 years, one month, he tries to renew
- Is this allowed?
- NO, after 5 years must re-apply, meet all requirements

107  **Q:**

- Do we have to wear a name tag?

108  **A:**

- No, if license is in public view
- Workers must ID self
  - (Nametag: 18 pt. Type or larger)
- Unless safety risk

109  **PATIENT TREATMENT RECORDS:  
CAN YOU INITIAL YOUR ENTRY?**110  **YES BUT....**

- May initial PLUS ID #
- Or sign
- Must date entry

111  **HIPAA  
HEALTH INFORMATION PORTABILITY & ACCOUNTABILITY ACT  
PRIVACY OF ALL RECORDS**112  **2 HIPAA STANDARDS**

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

113  **CYBER-SECURITY DISASTERS**

- Avoid mistakes & purposeful attacks
- Keep data safe!
  - Data backup & restoration
    - Have you ever tried to restore your data?

- How are you backing up data?
- How many data sets do you have?
- Is all data encrypted? (256-bit encryption level?)
- How long can you be “down”?
- Learn & train to detect & prevent cyber attacks
- Update software & passwords

#### 114 **OMNIBUS RULE - 2013**

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

#### 115 **BE CAREFUL ABOUT PAPER**

#### 116 **BIGGEST RISKS**

- Hackers (remote access)
- Leaving information accessible
  - Encrypt and physically secure data
- Untrained staff, casual policies
- No data compromise insurance

#### 117 **HIPAA**

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

#### 118 **HAVE EMERGENCY PLANS**

##### **CDA & PCIHIPAA**

#### 119 **DR. HAS LEFT RDH & RDA ARE WORKING**

- Is it OK for RDA to do coronal polishing under direct supervision of RDH?

#### 120 **DR. HAS LEFT RDH & RDA ARE WORKING**

- Yes. BUT RDH must determine teeth are calculus-free PRIOR to polishing.
- RDA / RDAEF may also apply topical fluoride & sealants if trained – direct supervision of RDH or RHDEF
- Polishing is not “prophylaxis”  
(B&P C§1753.5)

121  **MANDATED REPORTING**

- 65% of physical child abuse = visible in head / neck region
- 75% of physical injuries from domestic violence are to head, face, mouth & neck
- Dentists, Hygienists, assistants (DA's & RDA's), within professional capacity / scope of employment = responsible to report suspected child, elder, domestic & disabled: abuse & neglect.
- Report "reasonable suspicions" (low threshold)
- Animal control officers = mandated reporters: bad people abuse animals & people
- \$1000 fine & jail for NOT Reporting (liable for civil or criminal prosecution)

122  **ABUSE = A CRIME  
PUNISHABLE BY IMPRISONMENT – COUNTY JAIL**

Anyone who willfully attempts to or does:

- Cause or permit any child to suffer
  - Inflict unjustifiable physical pain or mental suffering
  - Cause or permit injury or danger to body or health
- Cal Penal Code §273a

123  **IT IS A FELONY TO:**

- Inflict upon a child any cruel or inhuman corporal punishment or an injury resulting in a traumatic condition
  - Punishment: prison
- Cal Penal Code §273d

124  **WHAT IS ABUSE?**

- Spectrum of repetitive behavior
  - Non-accidental physical injury by another person
  - An act or failure to act resulting in:
    - Physical abuse / neglect or:
    - Sexual abuse / exploitation, including attempted abuse or:
    - Emotional abuse
  - Fatal abuse is often preceded by minor maltreatment
- (Pen. Code §11165.6, §11160)

125  **REPORTABLE ABUSE**

1 CHILD, ELDER & DEPENDENT ADULT, DOMESTIC VIOLENCE

- 2 • Child = under 18 yrs.,
- Elder = 65 yrs. + older
  - Special disabilities – any age
- (Pen. Code §11165.6)

- 126 
  - Provider/patient privilege does NOT apply
  - Must report if patient / caregiver confides, you suspect abuse / neglect
- 127  **REPORT CHILD / ELDER ABUSE:  
CALL, THEN WRITTEN REPORT**
  - Must report suspected child abuse to a county welfare agency or police / sheriff
  - Must report elder or dependent adult abuse to county welfare
  - Domestic (physical) violence: to local police
  - Call, written report – 36 hrs.

Cal Penal Code § 11165.9, 11166(a)
- 128  **CLINICAL SIGNS OF ABUSE**
  - Bruises, burns, lacerations, abrasions, head, skeletal or pattern injuries (head, neck, limbs, etc.) – new & repeated
  - Fractured, abscessed, missing teeth
  - Healing or healed bones (X-rays)
  - Bite marks
  - Hair loss
  - Strangulation marks
  - Restraint marks
  - Bleeding (nose, eyes, ears, mouth)
- 129  **STRANGULATION**
  - 10% of violent deaths in US each year = strangulation
  - Victims = 6 X more females than males
- 130  **STRANGULATION**
  - Defined as: asphyxia due to closure of blood vessels &/or airway
  - Only 11 lbs. of pressure on both carotids for 10 sec. → unconsciousness
  - 33 lbs. of pressure closes trachea
- 131  **STRANGULATION: LOOK FOR:**
  - Visible neck scratches, abrasions, bruises, scrapes
    - Defensive & attack wounds
  - Voice changes: hoarseness, complete loss of voice
  - Swallowing / breathing difficulty, pain: may progress to death up to 36 hours after injury
- 132  **DENTAL NEGLECT**
  - Failure of fully informed parent / caregiver to seek or follow through with dental tx essential for adequate function & freedom from pain & infection
- 133  **ELDER / DEPENDENT ADULT ABUSE=**
  - Willfully causing, permitting, inflicting or attempting:
  - Physical abuse, neglect, fiduciary abuse, abandonment, isolation, sexual assault
  - Other treatment resulting in physical harm, pain or mental suffering
  - Deprivation of goods & services necessary to avoid physical harm or physical suffering
  - 90% caused by family members

Cal Penal Code §368, Cal Welfare & Institutions Code §15510.07

134  **ELDER ABUSE**

**WHAT SHOULD YOU LOOK FOR?**

- 1 • Bruises, physical injuries, restraint marks
- Dehydration, malnutrition, very poor oral & body hygiene
  - Fear, anger, depression
  - Inappropriate behavior
  - Notice interaction between caregivers & elder

135

136  **CAREGIVERS MAY BE:**

- Overwhelmed
- Impaired
- Narcissistic
- Domineering or bullying
- Sadistic

137  **DOCUMENTATION / REPORTING**

- Objective observations, descriptions
- Observe demeanor, behavior
- “pt. Became quiet and fearful near caregiver”
- Get histories from pt. & caregiver separately. Do they Match?
- Is injury consistent with history?
- Is there a history of similar injuries?
- X-Rays, photos, models

138  **CALL, THEN WRITE A REPORT**

- If immediate danger: 911!!!
- Call law enforcement or:
- Call County Child or adult Protective Services ASAP
- Submit written report – 36 hours
- Reporter is immune from criminal & civil liability!
- NOT reporting = misdemeanor
- 

CPC §11165.9, 11172

139  **EMPLOYEE ACKNOWLEDGEMENT REQUIRED**

- Employees must sign a statement acknowledging responsibility (C.P.C. 11166.5[a])
- Employer provides statement & copy of Penal Code sect. 11165.7, 11166 and 11167
- Sign, date & witness forms
- Place in personnel file & give copies to employee
- Employer “encouraged” to provide training
- Lack of training does not exempt worker

140  **LEGAL PROTECTION OF MANDATED REPORTERS**

- Restriction, sanction, prevention of reporting by employers/managers is illegal

- Establish internal process
- Reporters have immunity from criminal or civil liability
- Reporter’s identity is protected within agencies but might be revealed in court

#### 141 **REPORT FORMS**

- Cal. DOJ, Bureau of Criminal Identification & Info. (916) 227-3285 to get (child) NCR form SS 8572
- Elder or Dependent Adult Abuse Report (SOC 341) – <http://www.cdss.ca.gov/Adult-Protective-Services>
- Suspected Child Abuse Report (BCIA 8572) – <https://oag.ca.gov/childabuse/forms>
- Suspicious Injury Report (CAL OES 2-920)-  
<http://www.caloes.ca.gov/GrantsManagementSite/Documents/2-920%20Mandated%20Suspicious%20Injury%20Report.pdf>

#### 142 **RESOURCES**

- Childhelp USA National Child Abuse Hotline: 1-800-422-4453 <http://www.childhelpusa.org>
- California Long Term Care Ombudsmen Crisis Line: 1-800-231-4024
- California Department of Aging Information Line: 1-800-510-2020 <http://www.aging.ca.gov>
- The National Domestic Violence Hotline: 1-800-799-SAFE
- Crime and Violence Prevention Center, California Attorney General’s Office  
<http://www.safestate.org>
- Dental Professionals Against Violence: 1-800-CDA-SMILE ext. 4921
- 

#### 143 **CAN A DDS USE BOTOX?**

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

#### 144 **ORAL PIERCING IS NOT PRACTICING DENTISTRY**

#### 145 **CONTROLLED SUBSTANCES ACT (CSA) = FEDERAL LAW**

- 21 U.S.C. §§801-890, 21 CFR §§1300-1316
- Abide by most stringent law: usually State
- Practitioner’s Manual:  
<https://www.deadiversion.usdoj.gov/pubs/manuals/pract/index.html>
- Drug violations: DDS held responsible for office  
Citations based only on act, irrespective of intent or knowledge

#### 146 **CONTROLLED SUBSTANCES ACT SCHEDULES**

- Sched. 1: no accepted medical use (Heroin, LSD) – illegal to use in dentistry
- Sched. 11: high potential for abuse, severe psychological or physical dependency (Vicodin, morphine, codeine, opium)
- Sched. 111: lower potential for abuse than sched. 11 (Tylenol w/codeine)

- Sched. 1V: lower potential for abuse than sched. 111 (Darvon, Xanax)
- Sched. V: lowest potential for abuse (Robitussin AC, Phenergan w/codeine)

#### 147 **CURES 2.0**

“Controlled Substance Utilization Review & Evaluation /System”

- = State database of patients with controlled-substance abuse history
- Dr.’s may access only for pt. care
- HIPAA & state health info. privacy laws apply.
- Access: [oag.ca.gov/ures-pdmp](http://oag.ca.gov/ures-pdmp)
- (Civ: 1798-1798.1)
- Must register if have DEA #
- 

#### 148 **SCHED. II PRESCRIPTIONS:**

**MUST YOU ALWAYS CHECK PT’S PRESCRIPTION HISTORY WITH CURES 2.0?**

- Yes, unless for surgical procedure,
- Quantity  $\leq$  nonrefillable 5-day supply

#### 149 **PRESCRIPTION DISPENSING**

- Labeling requirements (dispensing in coin envelope or container):
  - Patients name
  - Doctor’s office name
  - Date dispensed
  - Name of drug
  - Dosage
  - Quantity
  - Exp. Date
  - Directions for use
- Meet State & Local laws for storage – at ALL locations drugs are kept
- Records must be kept in 3 places: pt. Chart, separate in log & out log
- 

#### 150 **“DISPENSING” SCHEDULE II & III DRUGS FOR LATER USE**

- Report monthly to CURES
- Lock up controlled drugs
- Maintain a log
- Prior to dispensing, offer to write prescription & have written disclosure of patient’s choice to obtain meds at pharmacy
- Child-proof containers now required

#### 151 **CASE: REPORTING TO CURES?**

- Dr. Prescribed Vicodin (sched. 11) to patient and only recorded it in the chart.
- RDA asked if this is legal:
  - Do they need to report it to CURES?
  - Do they need to keep a separate log?

#### 152 **CASE: REPORTING TO CURES?**

- Report it to CURES? NO

- Keep a separate log? NO
- Must record in chart:
  - Pt. name & address
  - Date of transaction
  - Name, strength, quantity of drug
  - Pathology & purpose prescribed
  - Separate log not required

### 153 **PRESCRIPTIONS**

- 1 • Jan 1, 2022:
  - E-prescriptions required for all drugs
  - BUT have paper back-up
  - Serial number is not reported on an e-prescription. The Electronic Prescription Reference Number is reported on an e-prescription.

### 154 **E-PRESCRIPTION EXEMPTIONS**

- Temporary technical / electrical failures
  - MUST record in chart w/n 72 hours after services are restored
- Prescriptions dispensed outside CAL
- Drugs for terminally ill (Section 11159.2 of the Health and Safety Code)
- 

### 155 **PAPER PRESCRIPTIONS – BACK-UP TO ELECTRONIC**

- (AB) 1753 MUST use DOJ Approved Security Prescription Printers and required security prescription forms with unique twelve (12) character serial number & corresponding barcode compliant with the requirements introduced in AB 149 & HSC 11162.1.

Serial # AAANNNANNNNN

### 156 **E-PRESCRIBING LINKS**

- California Legislation Information webpage – AB 2789
- DEA's Electronic Prescriptions for Controlled Substances procedures, visit [https://www.dea diversion.usdoj.gov/ecommm/e\\_rx/index.html](https://www.dea diversion.usdoj.gov/ecommm/e_rx/index.html)
- AB 2789: [https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=201720180AB2789](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB2789)
- Section 11159.2: [https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=11159.2.&lawCode=HSC](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=11159.2.&lawCode=HSC)
- Business and Professions Code Section 688: [https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=688.&lawCode=BPC](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=688.&lawCode=BPC)
- AB 149: <https://oag.ca.gov/sites/all/files/agweb/pdfs/pdmp/ab149-joint-statement.pdf>
- State Attorney General: <https://oag.ca.gov/security-printers/approved-list>

### 157 **REMINDER**

- When prescribing opioids to minors, must have mandatory informed-consent discussion about:
  - Risk of opioid addiction & overdose
  - Higher risk for those with mental / addiction disorders



- Danger: opioids + alcohol or CNS depressants (benzodiazepines)
- SB 1109

158  **REMINDER:**

- Prescriber must offer naloxone (FDA-approved opioid reversal drug) IF:
  - Dosage  $\geq$  90 morphine milligram-equivalents (MEQ) /day
  - Opioid prescribed with benzodiazepine
  - Pt. = risk for OD, +/-or history of OD / substance-use disorder
  - AB 2760
- 

159  **WHAT DO YOU DO WITH OUT-OF-DATE, DAMAGED, UNWANTED CONTROLLED SUBSTANCES?**

- Transfer to “reverse distributors”
- Local DEA field office has authorized list
- Use official forms, keep records 2 years
  - Sched. II drugs: Use DEA form 222
  - Sched. III-V drugs: can use invoice

160  **CASE: DDS - LICENSE REVOKED  
IMPROPER PRESCRIBING OF DRUGS**

- Prescribed several drugs to his stepsons who were not his pts.
- Prescribed for non-dental related problems.
  - Ear infections
  - Sinus infections
  - Refilled asthma meds.
- Prescribed antibiotic Azithromycin several times over 2 - year period
- Convicted of insurance fraud & unlawful practice of medicine

161  **PRESCRIBING ABUSES**

- Lack of documentation
- Over prescribing to both patients and non-patients
  - Must show doctor-patient relationship
  - Must show relationship between drugs & dental treatment
  - Dr. must see pt. first,
  - ONLY Dr. may prescribe

162  **CAN A DDS PRESCRIBE PERCODAN FOR PERSONAL LIPOSUCTION?**

163  **NO**

164  **UNPROFESSIONAL CONDUCT**

- Concerns both patients & employees:
  - Lack of informed consent
  - Negligence
  - Sexual misconduct
- B & P Code 1680 “the committing of any act / acts of gross immorality substantially related

to the practice of dentistry is considered unprofessional conduct.”

165  **UNPROFESSIONAL CONDUCT 16 CCR §1018.05**

- Past felony convictions may affect licensure
- New convictions if substantially related to RDA, RDH, or DDS qualifications, functions or duties must be reported w/n 30 days to the DBC, may be grounds for license revocation
- Failure to notify CDB of indictment, guilty verdict by military, any state or fed authority = felony

166  **CASE: LICENSE REVOKED**

- RDA convicted of robbery 6 months ago. Did not disclose to Board.
- While serving jail time, license was revoked

167  **UNPROFESSIONAL CONDUCT  
FAILURE TO:**

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

168  **UNPROFESSIONAL CONDUCT**

- Failure to refer to a specialist
- Not practicing within the standard of care provisions
- Failing to complete CE's
- Falsely reporting CE's
- Not reviewing most recent X-Rays prior to tx.

169  **CASE:**

- My Dr. Asked me to have the patient sign a form before we release her records. It includes a “release from all claims”.
- Is this legal?
- 

170  **CASE:**

- NO - this is unprofessional conduct
- May not require “release from all claims” or limit patient’s ability to file a complaint with Board

171  **EXAMPLES OF INCOMPETENCE & NEGLIGENCE**

- Not having a tx plan or discussing it with pt.
- Covering person’s mouth & nose to quiet them

172  **EXAMPLES OF GROSS NEGLIGENCE**

- Failing to properly review pt. Health history
- Not taking FMX during 18 mos. of tx.
- Treating intoxicated pt. who also took a Halcion before tx.
- Failing to obtain a biopsy – lesion present for 7 years

- No perio exam over 4 yrs. of tx.

173  **PROBATION MAY INCLUDE:**

- Training and/or written or practical exam
- Physical / medical exam
- Restricted / limited scope of practice
- Restitution of fees to patients or those who paid for services
- Alternative community service in lieu of suspension UNLESS violation relates to quality of care
- 
- 

174  **MUST NOTIFY PATIENTS OF PROBATION:**

- Prior to tx.
- Details of probation, practice restrictions
- End date of probation
- How to access Board documents
- Exceptions: emergency tx. in urgent care facility, pt. unable to comprehend disclosure
- 

175  **CONSENT: OPPORTUNITY TO MANAGE PT & PROTECT SELF**

- 2 best risk management strategies:
  - Malpractice insurance
  - Consent
- Who is least likely to be sued?
  - Best communicators!
- Consent is ALWAYS part of EVERY malpractice case
- WHY? Everyone has the right to make decisions about their body (even bad decisions)

176  **CONSENT**

- Not getting consent & tx beyond consent (medical malpractice) = battery
- Forgetting consent = negligence
- Consent establishes responsibility
- ALWAYS record consent, even verbal
- Informed refusal: must provide enough info for decision
- 

177  **CONSENT: 2 TYPES**

- Simple (when risks = low & commonly understood)
  - Cleanings, simple fillings
- Informed (written): required for surgery, extensive tx, or large number of simple procedures
- Must explain: Nature of tx, risks, complications, likelihood of success, expected benefits & alternatives (including NO tx & those risks), conflict of interest
- Harmful or offensive touching without effective consent = battery

178  **INFORMED CONSENT**

- Must be made knowingly & given freely
- Express vs. Implied consent
- Methods:
  - Verbal
  - Written
  - Pictures
  - Video & audio recordings
  - Forms
- DR. Determines capacity to consent:
  - Pt. = rational, understands & freely commits
- Dentist alone = responsible, must be involved in consent

#### 179 **CONSENT TO TREAT MINORS**

- Under age of 18 = minor
- Minors cannot legally consent to their tx or financially commit
  - Includes minors who are pregnant or are mothers
- Dr.'s must not treat without clearly documented parental consent (potential liability)
- EXCEPTION: fully documented consent prior to serial tx (ortho) – renew if changes, or yearly

Cal. Fam. Code §6500

#### 180 **MINORS MAY CONSENT IF:**

- Minor is married (validated)
- Minor is on active duty in U.S. Military
- Minor is emancipated by court
- Minor is 15 yo, living away from home & managing own finances

Cal. Fam. Code 7112, *et seq.*

#### 181 **INCAPACITATED ADULTS: CONSENT**

- Power of consent goes to legal decisionmaker or nearest available family member
- Requires caregivers authorization affidavit: get consent for EVERY procedure
- 

#### 182 **PROTECT INDIVIDUAL AUTONOMY**

##### **INFORMED CONSENT & INFORMED REFUSAL**

#### 183 **WHO CAN GIVE CONSENT FOR MINORS?**

- Adoptive parents: yes, same as bio parents
- Step parents: NO, never unless adopted child
- Older sibling?
- Teen mother?
- Aunt, other family, not legal guardian?
- Minor living with adult family member & parents agree, need caregivers authorization affidavit

#### 184 **FINES - CONSIDERATIONS**

- Citations follow violations. But fines vary:
- Good or bad faith exhibited
- Nature & severity of violation
- Evidence of willful violation
- History of similar violations
- Cooperation with Board
- Attempted mitigation of harm or injury caused by violation
- Other matters requested by Board
- 

#### 185 **ETHICS & BEHAVIOR**

##### **OUR OATH PROMISES:**

- Compassion & kindness
- Competence – justly expected by patients
- Integrity (honor & decency)
- Veracity (honesty)
- Service to public
- Obligation to inform & explain
- Accepting patients (reasonable descretion, no discrimination)
- 

#### 186 **APPLY DENTAL LAWS & DPA REGULATIONS DAILY**

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

#### 187 **COMMUNICATING WITH THE BOARDS**

- <http://www.dbc.ca.gov/>
- 877-729-7789 (Toll Free)  
916-263-2300 (Direct)  
714-247-2100 (Tustin Field Office)
- Cal DPA with Related Statutes & Regs  
– 800-223-1940, [www.lexisnexis.com](http://www.lexisnexis.com)
- DHBC: <https://www.dhbc.ca.gov/>  
[dhbcinfo@dca.ca.gov](mailto:dhbcinfo@dca.ca.gov)  
Phone: (916) 263-1978  
Fax: (916) 263-2688  
TDIC Risk Management Advice Line 800.733.0633
- *CDA practice support*
- *CDA Legal Reference Guide*