

# 1 ☐ **CALIFORNIA DENTAL PRACTICE ACT & ETHICS** **WHERE'S THE LINE, & WHY?**

## 2 ☐ **WHY ARE WE HERE?**

- It's required for re-licensure
- Dental profession has the privilege & obligation to self-govern (within limits)
- The DPA regulates & defines dental practice limits, dedicated to protecting public over other interests

## 3 ☐ **WHERE IS IT WRITTEN?**

3 layers of state law:

State Constitution

Statutory laws – general ".....Code"

Cal Code of Regulations (CCR) – most specific

To read statutes go to Board website

<http://www.dbc.ca.gov/>

## 4 ☐ **WHERE IS IT WRITTEN?**

Statutory laws – general Codes including:

Government

Family

Corporations

Health & Safety

Revenue & Taxation

Welfare & Institutions

Labor

Penal

<http://www.dbc.ca.gov/>

## 5 ☐ **DENTAL HYGIENE BOARD OF CA**

## 6 ☐ **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

## 7 ☐ **DENTAL BOARD OF CALIFORNIA**

- Operates under Dept. of Consumer Affairs

- Evaluated ea. 4 years to demonstrate need for existence (Sunset Review)
- Governor appoints all but 2 public members
- Regulatory Board for licensed: DDS, RDA, RDAEF

#### 8 ☐ **DENTAL PRACTICE ACT TOPICS:**

- Definition of dentistry, specialties
- Education, qualifications, exams
- Approved dental school criteria
- 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 program to secure license)

#### 9 ☐ **DENTAL PRACTICE ACT INCLUDES:**

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

#### 10 ☐ **2024-5 CDB UPDATES**

- Licensure requirements
- Elective Facial Cosmetic Surgery permit changes
- Dentist & RDH licensure exams
- Foreign dental school approval expirations
- Licensure by credential requirements
- Fictitious name requirement clarification
- License renewal course requirements
- Updated Infection Control reg.
- Professional ethics.
- Name or gender change – board recognition and license update
- License renewal: fingerprinting may be required
- Stricter DA training requirements

#### 11 ☐ **ETHICS**

**(ADA, CDA, ADHA, CDHA)**

**PRINCIPLES OF ETHICS JUSTIFY**

**DENTAL CODE OF PROFESSIONAL CONDUCT**

Public trust = based on our commitment to high ethical standards

Ethical obligations may exceed legal codes

CDA adopts ADA code, based on American College of Dentist's Core Values:

Non-maleficence: First do no harm

DB disciplinary cases - always ethical & legal

12 ☐ **WHAT IS REQUIRED?**

- 1 CODE OF CONDUCT
- 2 ETHICS

13 ☐ **WHAT IS REQUIRED?**

- 1 CODE OF CONDUCT
- 2 • Knowledge
  - Skill
  - Technical competence
  - Legal qualifications

14 ☐ **WHAT IS REQUIRED?**

- 1 ETHICS
- 2 • Honesty
  - Compassion
  - Kindness
  - Integrity
  - Fairness
  - Charity

15 ☐ **ADA:****5 PRINCIPLES OF ETHICS**

1. Patient autonomy: pt's rights to self-determination & confidentiality within acceptable limits
2. Non-maleficence ("do no harm")
3. Beneficence ("do good")
4. Justice (fairness)
5. Veracity (truthfulness)

16 ☐ **1. PATIENT AUTONOMY: PT'S RIGHTS TO SELF-DETERMINATION & CONFIDENTIALITY WITHIN ACCEPTABLE LIMITS**

- Informed consent
- Right to records (reasonable time & cost)
- Irrespective of finances
- HIPAA rules
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17 ☐ **2. NON-MALEFICENCE (DO NO HARM)**

- Protect patient & staff from harm
- Keep knowledge & skills current
- Know one's limitations, refer when appropriate
- Practice within scope of practice

18 ☐ **2. NON-MALEFICENCE (DO NO HARM)**

- Never work while impaired

- Proper use of auxiliaries
- Postexposure response, bloodborne pathogens (DDS as source: disclosures, testing)
- No patient abandonment: proper end of care

### 19 ☐ 3. BENEFICENCE ("DO GOOD")

- Duty to serve others (public, patients, staff)
- Community service: maintain / elevate esteem of profession
- Balance competing ethical obligations to public & individual patients
  - Crisis management
- Profession's self-governance (Board, ADA, Cal. Dental Assoc.....)
- Mandated reporting (abuse, neglect)
- Safe & fair workplace

### 20 ☐ 4. JUSTICE (FAIRNESS)

- Deliver care without prejudice
- Applies to patients, colleagues, public
- Do not refuse care due to race, creed, color, gender, sexual orientation, gender identity, national origin or disability, including bloodborne pathogens
- Provide for emergency tx. of patients & return of pts.
- Report continual faulty tx. by other DDS
  - Inform patient if proven or justified
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### 21 ☐ 5. VERACITY (TRUTHFULNESS)

- Be trustworthy
- Communicate truth without deception
- Only make claims that are supported by science
- Charge ALL pts equally:
  - Truthful insurance claims
    - Dates, procedures, (un)necessary services....
- Disclose: all conflicts of interest
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### 22 ☐ 5. VERACITY (TRUTHFULNESS)

- Report adverse reactions
  - Pt. Hospitalized w/n 2 weeks of tx: notify DB
- Never misrepresent value or necessity of tx, or DDS or auxiliary's qualifications
- No false / misleading advertising by statement, omission or implication
- Gen. Practice vs. Specialist qualifications
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### 23 ☐ 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

## 24 ☐ **DDS LICENSING**

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

## 25 ☐ **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)*

## 26 ☐ **RULES WE MUST FOLLOW**

- 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

## 27 ☐ **DUTIES OF THE BOARD**

- General duties:
  - Enforce DPA
  - Examine license applicants
  - Apply & collect fees (permits, licenses, fines, exams)
- Compensation: per diem & expenses
- Employs assistants, attorneys, investigator

## 28 ☐ **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
  - Mandatory inspections of general & medical anesthesia & conscious sedation permit holders
  - Random audits - CE records

## 29 ☐ **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.

30 ☐ **THE RULES APPLY TO DENTISTS WHO:**

- Identify themselves in writing as a DDS
- Perform tx or diagnose any oral structures (or offer to)
- 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

31 ☐ **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 & free dental events (Faculty responsible) Assembly Bill (AB) 936 (Wood, Chapter 550, Statutes of 2023)
  - 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

32 ☐ **1 COUNCIL, 9 COMMITTEES**

Council: Dent Assisting

Committees:

- Diversion
- Elective Facial Cosmetic Surgery
- Enforcement
- Examination
- Access to Care
- Anesthesia
- Legislative & Reg
- Licensing, Cert & Permits
- Substance Use Awareness

33 ☐ **DENTAL ASSISTING COUNCIL  
MEETS QUARTERLY**

- All matters relating to Dent assistants
- Exams, licensing, permits
- Educ. & CE
- Duties, settings, supervision levels

- Standards of conduct, enforcement
- Infection control

#### 34 ☐ **NEW TERMS**

- "Conscious sedation" is now "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.)
- (BPC), § [1646.1](#), subd. (a) [https://www.dbc.ca.gov/formspubs/anesthesia\\_notice.pdf](https://www.dbc.ca.gov/formspubs/anesthesia_notice.pdf)
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#### 35 ☐ **NEW TERMS**

- "Gen. anesthesia" is now "deep sedation"
- Deep sedation of pts 7 yrs and younger requires "pediatric endorsement" permit

(BPC), § [1646.1](#), subd. (a)

#### 36 ☐ **DDS PERMITS**

- Gen. Anes. (GA)
- Medical. Gen. Anes. (MGA)
- Deep Sedation (Adults +/- Minors)
- Moderate Sedation (MS) (Adults +/- Minors)
- Oral Conscious Sedation – Adults
- Pediatric Minimal Sedation
- Elective Facial Cosmetic Surgery
- All require specific CE
- Renew ea. 2 years
- On-site inspections by Board

#### 37 ☐

- Elective Facial Cosmetic Surgery
  - 29 DDSs have permits
  - Jan, 2025: NO more limited privilege permits: Only full privilege cat. 1 or 11 permits
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#### 38 ☐ **REQUIREMENTS TO APPLY FOR ANES. PERMITS: UPDATED JAN. 2025 ON CDB WEBSITE**

#### 39 ☐ **WHO CAN TURN US IN? ....AND HOW?**

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

#### 40 ☐ **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

41 ☐ **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!

42 ☐ **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

43 ☐ **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

44 ☐ **DB RECOGNIZES NAME &/OR GENDER CHANGES**

- Those who change name in court to confirm gender identity or sex identifier, change in birth certificate, marriage license & certificate
  - Code of Civil Procedure sect. 1277.5
  - Health & Safety Code: Article 7, ch. 11, pt 1 div. 102
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45 ☐ **NAME &/OR GENDER CHANGES –**

- Calif. Safe at Home program:



–Confidentially change name in court related to:

- Domestic violence
- Stalking
- Sexual assault
- Human trafficking

Code of Civil Procedure sect. 1277(b)

#### 46 ☐ **NAME &/OR GENDER CHANGES (JAN 1, 2024)**

- Inform DB of official name / gender change
- DB will recognize change
- DB updates license & online publicly viewable licensing info.
- Records for previous name/gender are discoverable via DB (Cal. Pub. Records Act)
  - Enforcement investigations
  - Public online searches
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#### 47 ☐ **FICTITIOUS NAME PERMITS**

- Permit NOT required:
  - For corporation operating under corporate name
  - By individual using their own name
- Any partnership, corp., group of 3 dentists can apply
- Must have ownership of practice
- Valid dental license required
- May include descriptive terms: geographical and practice focus if truthful, not misleading  
BPC Sect. 1701, 1804
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#### 48 ☐ **FICTITIOUS NAME PERMITS**

- Permits are address-specific
  - Change of address requires new permit
- 2-year renewals, or delinquency fees
- If leave group - submit 'Letter of Disassociation for a Fictitious Name Permit' to DB
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#### 49 ☐ **SAFE DRINKING WATER & TOXIC ENFORCEMENT ACT (PROP. 65)**

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)

#### 50 ☐ **POST 6 REVISED LABOR LAW POSTERS**

- Paid sick leave
- Safety & protection on the job
- Minimum wage
- Workplace discrimination
- Harassment prevention
- CDA.org

#### 51 ☐ **LICENSING & QUALIFICATIONS**

#### 52 ☐ **DDS CAL. LICENSURE PATHWAYS**

- National Board written exams
  - Law & Ethics exam
  - Fingerprinting (for criminal history)
  - 2 Clinical Exams (w/n 5 yrs of application):
    - Western Regional Exam (WREB): competencies - diagnosis, tx. planning, restorative, endo, perio, prosthetic dent.
    - Amer. Board of Dental Examiners (ADEX)
    - Manikin exams
- [https://www.dbc.ca.gov/applicants/become\\_licensed\\_dds.shtml](https://www.dbc.ca.gov/applicants/become_licensed_dds.shtml)

#### 53 ☐ **DDS LICENSURE PATHWAYS**

- By (academic) residency: min. of 12 months GP residency or CODA\*-approved advanced program w/n 2 yrs prior to application

#### 54 ☐ **DDS LICENSURE PATHWAYS**

- By credential: May apply in Cal without clinical exam IF:
- Grad of U.S. Dental school, licensed in another state & proof of active clinical practice
- Passed & may not have failed national boards w/n 5 years (also passed regional written exams)

#### 55 ☐ **DDS LICENSURE BY CREDENTIAL (2)**

May apply in Cal without clinical exam IF:

- License not revoked, suspended, restricted
- Min. Of 5,000 hours clinical practice in U.S. - 5 of the last 7 immediate consecutive yrs
  - 2 yrs clinical practice or residency, other 3 yrs may be fulfilled w/ contract to teach or practice

- Must pass Law & Ethics exam, fingerprinting

56 ☐ **TEMP. LICENSURE: ACTIVE MILITARY PERSONNEL, SPOUSES, DOMESTIC PARTNERS**

- DB required to grant temp. license if:
- Licensed out of state, same scope of practice
- Expedited application, fees waived
- Applies to all dental & auxiliary license holders

57 ☐ **APPROVAL OF FOREIGN DENTAL SCHOOLS (JAN 1, 2024)**

- Applicant schools & previously approved schools must now successfully complete international accreditation by CODA, ADA, or comparable, approved, accrediting body

58 ☐ **DDS LICENSING (DENIAL)  
FORMERLY CONVICTED OR DISCIPLINED OF CRIMES**

- Disclosure is voluntary
- All applicants = fingerprinted for criminal history report
- History does not automatically prevent licensure
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59 ☐ **DDS LICENSING DENIAL OF  
FORMERLY CONVICTED OR DISCIPLINED OF CRIMES ??**

- Crimes substantially related to dental qualifications, functions, duties may disqualify applicant - determined by:
  - Nature & gravity of offense:
    - Serious felony
    - Crime requires registration (sex offender.....)
  - # of years elapsed since offense:
    - Conviction / incarceration, professional misconduct w/n 7 yrs
  - Nature of dental duties
- Board considers rehabilitation, clemency, pardons, dismissal

Penal Code section [1192.7](#), [290](#), subdivision (d)(2) or (3). (BPC, § [480](#), subd. (a)(1).), (CCR), tit. 16, § [1019](#), subs. (a)

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60 ☐ **2 RDA LICENSING PATHWAYS**

- May qualify by 15 mos. experience &/or completion of approved educational programs
- Plus must pass

- Board-approved written test & law & ethics exams
- X-Ray safety & coronal polishing certification, BLS courses

#### 61 ☐ **RDAEF LICENSING**

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

#### 62 ☐ **LICENSE RENEWAL**

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

#### 63 ☐ **ONLINE-ONLY LICENSE RENEWAL**

- Electronic renewals replaced mail
  - 24 – 48 hr. Status update
  - Pocket license: 2-3 weeks
- Will NOT receive renewal notice by mail
- WILL receive renewal reminder postcard ~ 90 days b4 expiration date (for each permit or license held)
- MUST renew through BreEZe: [www.BreEZe.ca.gov](http://www.BreEZe.ca.gov)
- ?'s (916) 263-2300 or [dentalboard@dca.ca.gov](mailto:dentalboard@dca.ca.gov)

#### 64 ☐ **RETIRED LICENSE REDUCED FEE STATUS REQUIREMENTS**

- Practiced in Cal 20 yrs or more
- Reached Social Security retirement age
- Reduced income: Mostly provide free dental services
  - May charge nominal fees, income must not disqualify for full SS benefits
  - Still owe any prior outstanding fees

#### 65 ☐ **RETIRED “ACTIVE” LICENSE**

- Pay reduced fee
- May offer dental services
- May prescribe meds
- 50 hours CE required / ea. 2 yrs
  - Including all mandatory CE

#### 66 ☐ **RETIRED “INACTIVE” LICENSE**

- Pay reduced fee
- May NOT offer dental services that require license
- May NOT prescribe meds
- Exempt from CE requirements

67 ☐ **LICENSE RENEWAL**

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

68 ☐ **UNLICENSED “DENTISTS”**

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

69 ☐ **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

70 ☐ **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/>

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

- Issue, review, revoke licenses
- Develop & administer exams
- Adopts regulations
- Determines DH fees & CE regs

72 ☐ **DH CAL LICENSE REQUIREMENTS**

- Clinical exam not required if:
  - Grad of Cal CODA approved DH program & apply w/n 3 years
    - Competencies: ITR & dental X-Ray Decision-making
  - Pass DH Nat’l Board, RDH Law & Ethics, fingerprinting
  - BUT other states may require clinical exam if move
  -

73 ☐ **DH LICENSE REQUIREMENTS**

- Clinical exams required:
  - After 3 years from graduation
  - Out-of-state unless by credential
  - Foreign applicants
- CRDTS, CDCA/WREB/CITA (ADEX)
- Manikin exams

#### 74 ☐ **DH LICENSE REQUIREMENTS**

- Non- Cal graduates: pass courses in
  - Soft Tis Curettage
  - Local Anes.
  - N2O
  - Radiation safety
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#### 75 ☐ **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
  - 
  -

#### 76 ☐ **EXPEDITED RDH LICENSE APPLICATIONS**

- Protected immigrant, refugee status
- Military or spouse
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#### 77 ☐ **RDHAP LICENSURE QUALIFICATIONS:**

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

#### 78 ☐ **INACTIVE DH LICENSE STATUS**

- Must continue to pay renewal fee
  - CE not required while inactive
  - Allowed indefinitely
- To activate license:
- Complete required CE for 2 yr period
  - Return original inactive pocket license
  - Pay fee

79 ☐ **DISABLED DH LICENSE**

- If disability prevents practicing > 1 yr:
- CE requirements waived for renewal period
- Must pay renewal fee
- Must provide proof of disability & unemployment
- 

80 ☐ **RETIRED DH LICENSE**

- Must retire valid license, in good standing (NOT revoked, suspended, expired)
- Board can prosecute all violations
- Complete forms: "Application for a Retired RDH, RDHAP, or RDHEF License" DHBC RLC-01
- Pay \$80 fee, no renewal fees
- CE waived
- Must use "retired" with professional name
- MAY NOT PRACTICE ANY DH DUTIES REQUIRING DH LICENSURE

81 ☐ **RETIRED DH ALLOWED DUTIES, WITHOUT SUPERVISION**

To public, free of charge, @ gov. Or sponsored event:

- DH & oral hx education & training
  - OH screening
  - Apply fluoride varnish
  - Must refer pts with oral abnormalities to dentist for exam, diagnosis, tx plan
- BPC sect 464, 1905, 1906, 1944  
16 CCR §1119. Retired Licensure.

82 ☐ **RESTORING RETIRED DH LICENSE:**

- Submit "Application for Reactivation of a Retired RDH, RDHAP, or RDHEF License" DHBC RLC-02
- Pay fee
- Complete current CE requirements
- Fingerprints
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83 ☐ **DA TRAINING REQUIREMENTS - 2025**

- 8-hr CDB approved IC course & current BLS required PRIOR to:
  - work involving exposure to blood, saliva, or OPIM
  - Radiation safety course
  - Coronal polishing course
- Certificates must meet exact requirements
- New radiation safety course req.: (on hold)
  - Analog film not required
  - Updated course / clinical content
  - License and Program Compliance Unit at [LPCU.DBC@dca.ca.gov](mailto:LPCU.DBC@dca.ca.gov)
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84 ☐ **DA TRAINING REQUIREMENTS - 2025**

- No work experience required to enroll in ortho assistant course or apply for permit.

- Find applications on CDB website for:
- RDAEF exam & licensure
- Ortho. Assistant exam & permit
- Dental Sedation Assistant exam & permit

[www.dbc.ca.gov/applicants/dental\\_assisting\\_licenses\\_and\\_permits](http://www.dbc.ca.gov/applicants/dental_assisting_licenses_and_permits)

#### 85 ☐ **CE REQUIREMENTS**

- Dentists – 50 units
- RDH's – 25 units (RDHAP – 35)
- CE credits - limited to 8 hrs/day
- Mandatory CE: (mandated content, registered provider)
- Provider MUST be licensed CE provider or CERP or PACE approved:
  - Registered CE Provider: "Current-Active" Search BreZE
  - Infection Control (2 hrs.), CDPA (2 hrs.)

#### 86 ☐ **CE REQUIREMENTS**

##### **MANDATED CONTENT, APPROVED PROVIDER**

- BLS ( $\leq$  4 hrs CE, live course, skills assessment & written test)
  - Given by: Amer. Red Cross, Amer Heart Assoc, or approved by: CERP, PACE, ASHI
- Dentists: 2 hr CE on responsibilities & requirements of prescribing Schedule II opioid drugs & risks of addiction

#### 87 ☐ **CE REQUIREMENTS**

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

#### 88 ☐ **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

#### 89 ☐ **SEXUAL HARASSMENT PREVENTION TRAINING**

- If  $\geq$  5 employees
- Managers require 2 hrs. Training



- Others require 1 hr.
- Renew @ 2 yrs
- Acceptable as mandatory CE
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90 ☐ **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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91 ☐ **AUXILIARY SCOPE OF PRACTICE & SUPERVISION**

92 ☐ **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

93 ☐ **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

94 ☐ **SPECIAL ASSISTANT 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

95 ☐ **SUPERVISION**

- G: General
- D: Direct
- CR: Course Required prior to performing duties

96 ☐ **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

#### 97 ☐ **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

#### 98 ☐ **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

#### 99 ☐ **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-prosthodontic appliances

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

#### 101 ☐ **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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102 ☐ **RDA & RDAEF MAY, UNDER DIRECT SUPERVISION OF RDH, RDHAP:**

- Perform coronal polishing
- Apply topical fluoride
- Apply sealants
- 

103 ☐ **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

104 ☐ **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

105 ☐ **RDH SCOPE INCLUDES § 1911**

- Root planing
- Polishing, contouring restorations
- Pit & fissure sealants
- ITRs: interim Therapeutic Restorations (Gen sup)
- 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

106 ☐ **?**

- The hygiene patient requires anesthesia.
- Dr. will be there during the injection, but needs to leave right after.
- Is this okay?

107 ☐ **?**

- NO
- Administration of local anes. = DS
- DDS = liable & responsible for patient until tx = complete

108 ☐ **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
- 

#### 109 ☐ **RDHAP**

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

#### 110 ☐ **CASE:**

- An RDHAP, working remotely, administered local anesthetic and performed soft tissue curettage after consulting with a DDS.
- Is this allowed?

#### 111 ☐ **CASE:**

- An RDHAP administered local anesthetic and performed soft tissue curettage after consulting with a DDS.
- Is this allowed?
- Yes, but he/she must have:
  - O2 and
  - Another person present: qualified in BLS

#### 112 ☐ **Q:**

- Do we have to wear a name tag?

#### 113 ☐ **A:**

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

#### 114 ☐ **PATIENT TREATMENT RECORDS: CAN YOU INITIAL YOUR ENTRY?**

#### 115 ☐ **YES BUT....**

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

#### 116 ☐ **HIPAA HEALTH INFORMATION PORTABILITY & ACCOUNTABILITY ACT PRIVACY OF ALL RECORDS**

#### 117 ☐ **2 HIPAA STANDARDS**

1. Privacy
  - Control of PHI disclosures
2. Security

- Safeguard PHI specifically in electronic form (ePHI)
- Unauthorized disclosure or misuse of protected health info. = criminal. Fines - \$250,000 & 10 years prison (Omnibus rule)

#### 118 ☐ **CYBER-SECURITY DISASTERS**

- Avoid mistakes & purposeful attacks
- Keep data safe!
  - Data backup & restoration
    - Have you ever tried to restore your data?
    - Is all data encrypted? (256-bit encryption level?)
  - Learn & train to detect & prevent cyber attacks
  - Update software & passwords
  -

#### 119 ☐ **BIGGEST RISKS**

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

#### 120 ☐ **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

#### 121 ☐ **DR. HAS LEFT. RDH & RDA ARE WORKING**

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

#### 122 ☐ **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)

#### 123 ☐ **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)
- \$1000 fine & jail for NOT Reporting (liable for civil or criminal prosecution)

124 ☐ **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

125 ☐ **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)

126 ☐ **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

127 ☐ **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)
  - 
  -

128 ☐

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

129 ☐ **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)

130 ☐ **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)

131 ☐ **STRANGULATION**

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

132 ☐ **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

133 ☐ **STRANGULATION: LOOK FOR:**

- Visible neck scratches, abrasions, bruises, scrapes
  - Defensive & attack wounds
- Voice changes: hoarseness, complete loss of voice
- Swallowing / breathing difficulty, pain:

134 ☐ **DENTAL NEGLECT**

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

135 ☐ **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

136 ☐ **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

137 ☐ **CAREGIVERS MAY BE:**

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

138 ☐ **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

139 ☐ **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

140 ☐ **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

141 ☐ **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

142 ☐ **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>

#### 143 ☐ **SCOPE OF PRACTICE**

#### 144 ☐ **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 29 DDSs have permits)
- Category 1 permit: facial bone & cartilage structures
- Category 11 permit: soft-tissue contouring, rejuvenation
- 
- 

#### 145 ☐ **DRUGS**

#### 146 ☐ **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>

Any drug violations: DDS held responsible for office

Citations based only on act, irrespective of intent or knowledge

#### 147 ☐ **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 (codeine, opium, hydrocodone drugs: Norco, Percocet, morphine, Demerol, Vicodin,)
- 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)

#### 148 ☐ **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/cures-pdmp](http://oag.ca.gov/cures-pdmp)
- (Civ: 1798-1798.1)
- Must register if have DEA #
- 

#### 149 ☐ **PRESCRIPTION DISPENSING**

- Labeling requirements:
  - Patients name
  - Doctor's office name

- Date dispensed
- Name of drug
- Dosage
- Quantity
- Exp. Date
- Directions for use
- Child-proof containers
- 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 office or pharmacy

#### 151 ☐ **PRESCRIPTIONS**

- ☐ 1 • Jan 1, 2022:
  - E-prescriptions required for all drugs
  - BUT have paper back-up
  - twelve (12) character serial number & corresponding barcode

#### 152 ☐ **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

#### 153 ☐ **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, +/- history of OD / substance-use disorder
  - AB 2760

–

#### 154 ☐ **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

155 ☐ **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

156 ☐ **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

157 ☐ **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."

158 ☐ **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
  - DUI...
- Failure to notify CDB of indictment, guilty verdict by military, any state or fed authority = felony

159 ☐ **CASE: LICENSE REVOKED**

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

160 ☐ **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

161 ☐ **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.

#### 162 ☐ **EXAMPLES OF GROSS NEGLIGENCE VIOLATIONS**

- Failing to properly review pt. Health history prior to 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.
- Extensive restorative tx., no FMX

#### 163 ☐ **EXAMPLE OF BATTERY**

- Covering person's mouth & nose to quiet them
- 

#### 164 ☐ **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)
- Ethics: patient autonomy

#### 165 ☐ **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
- 

#### 166 ☐ **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

#### 167 ☐ **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

#### 168 ☐ **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

#### 169 ☐ **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.*

#### 170 ☐ **INCAPACITATED ADULTS: CONSENT**

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

#### 171 ☐ **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

#### 172 ☐ **PROTECT INDIVIDUAL AUTONOMY**

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

#### 173 ☐ **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
- 

174 ☐ **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 discretion, no discrimination)
- 

175 ☐ **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....)

176 ☐ **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

177 ☐ **CALIFORNIA DENTAL PRACTICE ACT & ETHICS**  
**WHERE’S THE LINE, & WHY?**