

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://wwwdbc.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
-

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
-

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
-

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](https://www.dbc.ca.gov/formspubs/anesthesia_notice.pdf) subd. (a) 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](https://www.dbc.ca.gov/formspubs/anesthesia_notice.pdf) subd. (a)

36 **DDS PERMITS**

- Gen. Anes. (GA)
- Medical. Gen. Anes. (MGA)
- Deep Sedation (Adults +/or Minors)
- Moderate Sedation (MS) (Adults +/or 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
- 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

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

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://wwwdbc.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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-
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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
- ?'s (916) 263-2300 or 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)
- 1st 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
-
-

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
-

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
-
-

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
-

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

wwwdbc.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 BreEZe
 - 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
-

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 – 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 US.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
- (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, +/or 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
- DHBC: <https://www.dhbc.ca.gov/>
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
WHERE'S THE LINE, & WHY?**

& ETHICS