

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 as Bureau 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 INCLUDES:**

- 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
- 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 CDB UPDATES**

- Licensure requirements
- Dentist & RDH licensure exams
- Foreign dental school approval expirations
- Licensure by credential requirements
- Fictitious name requirement clarification
- License renewal course requirements
- Professional ethics.
- Name or gender change – board recognition and license update

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

- ADA may find member guilty of unethical conduct:
 - Suspension or expulsion from ADA
- Handouts

12 **WHAT IS REQUIRED?**

1 CODE OF CONDUCT

2 • Knowledge

• Skill

• Technical competence

- Legal qualifications

3 ETHICS

4 • Honesty

- Compassion
- Kindness
- Integrity
- Fairness
- Charity

13 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)

14 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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15 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
- Proper use of auxiliaries
- Never work while impaired
- Postexposure response, bloodborne pathogens (DDS as source: disclosures, testing)
- No patient abandonment: proper end of care

16 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, State Dental Assoc.....)
- Mandated reporting (abuse, neglect)
- Safe & fair workplace

17 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
 - Not discrimination if medical conditions require referral
- 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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18 **5. VERACITY (TRUTHFULNESS)**

- Be trustworthy
- Communicate truth without deception
- Only make claims that are supported by science
- Same \$ charges for ALL pts:
 - Truthful insurance claims
 - Dates, procedures, (un)necessary services....
- Disclosure: conflict of interest
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19 **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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20 **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

21 **DDS LICENSING**

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

22 **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)*

23 **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

24 **DUTIES OF THE BOARD**

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

25 **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

26 **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.

27 **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

28 **EXEMPTIONS**

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

29 **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

30 **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

31 **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
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32 **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)

33 **DDS PERMITS**

- Moderate Sedation (Adults +/-or Minors)
- Deep Sedation (Adults +/-or Minors)
- Elective Facial Cosmetic Surgery
 - 26 DDSs have permits
- All require specific CE
- Renew ea. 2 years
- On-site inspections by Board

34 **REMINDER: PAST RULING**

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

35 **COMMUNICATION ISSUES**

36 **PATIENT’S PERCEPTION DETERMINES LITIGATION**

37 **WHO CAN TURN US IN?**

....AND HOW?

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

38 **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

39 **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!

40 **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

41 **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

42 **NAME &/OR GENDER CHANGES (JAN 1, 2024)**

- Inform DB of name / gender change
- DB will recognize change: update license & online publicly viewable licensing info.
- Former name / gender is replaced
- When public online search of former name is done, referred to DB
- Enforcement records for previous name/gender are discoverable via DB (Cal. Pub. Records Ace).
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43 **NAME &/OR GENDER CHANGES – WHO QUALIFIES?**

- 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)

44 **NAME &/OR GENDER CHANGES – WHO QUALIFIES?**

- Those who change name in court to confirm gender identity
Code of Civil Procedure sect. 1277.5
- Those who obtain court order change name related to gender or sex identifier

–Usually connected to change in birth certificate, marriage license & certificate
Health & Safety Code: Article 7, ch. 11, pt 1 div. 102

45 **FICTITIOUS NAME PERMITS**

- Any partnership, corp., group of 3 dentists must have valid permit from DB
- Must have ownership of practice
- Valid dental license required
- Name must include at least family name of past, present or prospective partner & “dental group, practice or office”
- May include descriptive terms: geographical and practice focus if truthful, not misleading
BPC Sect. 1701, 1804

46 **UNICORN SMILES** ?

MUST BE A CORPORATION

47 **FICTITIOUS NAME PERMITS**

- Permit NOT required:
 - By corporation operating under corporate name
 - By individual using their own name
- Submit Letter of Disassociation for a Fictitious Name Permit to DB if leave group
- Permits are address-specific
 - Change of address requires new permit
- Renewal: delinquency fees
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48 **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

49 **POST 6 REVISED LABOR LAW POSTERS**

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

50 LICENSING & QUALIFICATIONS

51 DDS 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

52 DDS LICENSURE PATHWAYS

- By portfolio: all required competencies, “successfully completed” during school
 - Being eliminated
 - No reciprocity, expensive to update program, not popular
- By residency: min. of 12 months GP residency or CODA*-approved advanced program w/n 2 yrs prior to application

53 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)

54 DDS LICENSURE BY CREDENTIAL

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
- w/ 2 yrs clinical practice or residency, other 3 yrs may be fulfilled w/ contract to teach or practice
- Must pass Law & Ethics exam, fingerprinting
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55 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

56 APPROVAL OF FOREIGN DENTAL SCHOOLS (JAN 1, 2024)

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

accrediting body

- If school = approved at time of graduation, graduates eligible for licensure

57 **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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58 **DDS LICENSING DENIAL
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
 - # 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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59 **2 RDA LICENSING PATHWAYS**

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

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

61 **LICENSE RENEWAL**

- Ea. 2 years, end of birthday month
- No grace period; "practicing without a license"

- Fee assessed 30 days after lapsed

62 **REMEMBER: 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

63 **RETIRED LICENSE REDUCED FEE STATUS: DR. MUST:**

- Practiced in Cal 20 yrs or more
- Reached Social Security retirement age
- Customarily provide free dental services
 - May charge nominal fees, income must not disqualify for full SS benefits
 - Still owe any prior outstanding fees
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64 **RETIRED “ACTIVE” LICENSE**

- Pay reduced fee
- May offer dental services
- May prescribe meds
- 50 hours CE required / ea. 2 yrs
 - Including all mandatory CE
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65 **RETIRED “INACTIVE” LICENSE**

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

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

67 **UNLICENSED “DENTISTS”**

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

–Accidents, injury, death

68 **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

69 **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/>

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

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

71 **DH LICENSE REQUIREMENTS**

- DH Nat’nl Board & w/n 3 years, one of:
 - Western Regional Examination Board (WREB) exam
 - Central Regional Dental Testing Services (CRDTS)= Patient-based clinical exams
 - American Board of Dent. Examiners (ADEX)
 - RDH Law & Ethics

72 **DH LICENSE REQUIREMENTS**

- CRDTS, WREB & ADEX transitioning to mannequin-based exams
- Non- Cal graduates: pass courses in
 - Soft Tis Curettage
 - Local Anes.
 - N2O
 - Radiation safety

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73 **EXPEDITED RDH LICENSE APPLICATIONS**

- Protected immigrant, refugee status
- Military or spouse

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74 **RDH LICENSURE BY CREDENTIAL**

(apply in Cal without clinical exam)

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

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75 **RDHAP LICENSURE QUALIFICATIONS:**

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

76 **CASE:**

- A DH lets his License lapse
- After 5 years, one month, he tries to renew his license
- Can it be reinstated?

77 **CASE:**

- A DH lets his License lapse > 5 yrs
- Can he reinstate his license?
- NO, must re-apply as first time applicant, meet all requirements
- Licenses automatically cancel @ 5 years

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

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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 **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.)

84 **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
- Sexual harassment prevention CE is acceptable for mandatory CE credit

85 **CE REQUIREMENTS**

- Special permit holders (GA, CS): subject- specific CE required for permit renewal
- DA's must pass (DDS responsible, w/n 12 months of hire):
 - IC (8 hours) & radiation safety once

- CDPA (2 hr.) once
- BLS must be kept current
- Keep CE certificates for 3 renewal periods

86 **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

87 **SEXUAL HARASSMENT PREVENTION TRAINING**

- January 1, 2020. SB 1343
- If ≥ 5 employees
- Managers require 2 hrs. Training
- Others require 1 hr.
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88 **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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89 **AUXILIARY SCOPE OF PRACTICE & SUPERVISION**

90 **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

91 **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

92 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

93 SUPERVISION

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

94 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

95 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

96 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

97 UNLICENSED DA

(Dr. Determines competency)

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

98 **RDAEF (EXTENDED FUNCTIONS) DUTIES, SETTINGS
§ 1753.5**

99 **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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100 **RDA & RDAEF MAY, UNDER DIRECT SUPERVISION OF RDH, RDHAP:**

- Perform coronal polishing
- Apply topical fluoride
- Apply sealants
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101 **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

102 **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

103 **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
- 104 ?
- The hygiene patient requires anesthesia.
 - Dr. will be there during the injection, but needs to leave right after.
 - Is this okay?
- 105 ?
- NO
 - Administration of local anes. = DS
 - DDS = liable & responsible for patient until tx = complete
- 106 **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
 -
- 107 **RDHAP**
- RDHAP must document relationship with dentist for referrals, emergencies
 - 1 or more dentist, with active licenses, not under discipline by board
- 108 **CASE:**
- An RDHAP, working remotely, administered local anesthetic and performed soft tissue curettage after consulting with a DDS.
 - Is this allowed?
- 109 **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
- 110 **Q:**

- Do we have to wear a name tag?

111 **A:**

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

112 **PATIENT TREATMENT RECORDS:
CAN YOU INITIAL YOUR ENTRY?**113 **YES BUT....**

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

114 **HIPAA
HEALTH INFORMATION PORTABILITY & ACCOUNTABILITY ACT
PRIVACY OF ALL RECORDS**115 **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)

116 **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
 -

117 **BE CAREFUL ABOUT PAPER**118 **BIGGEST RISKS**

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

119 **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

120 **DR. HAS LEFT.**

RDH & RDA ARE WORKING

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

121 **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)

122 **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)

123 **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

124 **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

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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 **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)
 -
 -

127

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

128 **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)

129 **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)

130 **STRANGULATION**

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

131 **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

132 **STRANGULATION: LOOK FOR:**

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

133 **DENTAL NEGLECT**

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

134 **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

135 **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

136 **CAREGIVERS MAY BE:**

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

137 **DOCUMENTATION / REPORTING**

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

138 **CALL, THEN WRITE A REPORT**

- If immediate danger: 911!!!
- Call law enforcement or:
- Call County Child or adult Protective Services ASAP

- Submit written report – 36 hours
- Reporter is immune from criminal & civil liability!
- NOT reporting = misdemeanor
-

CPC §11165.9, 11172

139 **EMPLOYEE ACKNOWLEDGEMENT REQUIRED**

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

140 **LEGAL PROTECTION OF MANDATED REPORTERS**

- Restriction, sanction, prevention of reporting by employers/managers is illegal
 - Establish internal process
- Reporters have immunity from criminal or civil liability
- Reporter’s identity is protected within agencies but might be revealed in court

141 **REPORT FORMS**

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

142 **RESOURCES**

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

143 **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 26 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
- (Civ: 1798-1798.1)
- Must register if have DEA #
-

149 ? **SCHED. II PRESCRIPTIONS:**

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

- Yes, 1st prescription & every 6 mos.
- Except for surgical procedure when quantity ≤ nonrefillable 5-day supply

150 **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
-

151 **“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

152 **DISPENSERS OF CONTROLLED SUBSTANCES MUST REPORT DISPENSATIONS TO CURES USING VERSION 4.2B OF ASP FORMAT AS OF AUG. 1, 2024**

- Version 4.1 – no longer accepted
- Allow time for software implementation – update early online
- OAG’s CURES Website:
[https://urldefense.com/v3/_https://oag.ca.gov/cures_!!Em4Sr2!KlytOA1r9udjWzc88PnAh2ANA WkzpkOTX3Rn7lLcu2esZ8jRoehx0LNZexP9uGLUnvO0-3emao5eLz-UvBqEqPrxhz66Q\\$](https://urldefense.com/v3/_https://oag.ca.gov/cures_!!Em4Sr2!KlytOA1r9udjWzc88PnAh2ANA WkzpkOTX3Rn7lLcu2esZ8jRoehx0LNZexP9uGLUnvO0-3emao5eLz-UvBqEqPrxhz66Q$)
- DCA’s CURES information page: https://www.dca.ca.gov/licensees/cures_update.shtml
-

153 **PRESCRIPTIONS**

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

154 **E-PRESCRIPTION EXEMPTIONS
MAY WRITE PAPER SCRIPT:**

- Temporary technical / electrical failures
 - MUST record in chart w/n 72 hours after services are restored
- Prescriptions dispensed outside CAL
- Drugs for terminally ill (Section 11159.2 of the Health and Safety Code)
- E-prescription exemptions may be granted, must renew annually

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

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

Serial # AAANNNANNNNN

156 **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

157 **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

158 **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

159 **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

160 **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

161 **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.”

162 163 **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

164 **CASE: LICENSE REVOKED**

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

165 **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

166 **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.

167 **EXAMPLES OF GROSS NEGLIGENCE VIOLATIONS**

- Failing to properly review pt. Health history
- Not taking FMX during 18 mos. of tx.
- Treating intoxicated pt. who also took a Halcion before tx.
- Failing to obtain a biopsy – lesion present for 7 years
- No perio exam over 4 yrs. of tx.

168 **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

169 **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

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170 **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

171 **EXAMPLE OF BATTERY**

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

172 **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

173 **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

174 **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.*

175 **INCAPACITATED ADULTS: CONSENT**

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

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176 **PROTECT INDIVIDUAL AUTONOMY****INFORMED CONSENT &
INFORMED REFUSAL**177 **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

178 **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

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179 **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 discession, no discrimination)

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180 **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....)

181 **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*

182 **CALIFORNIA DENTAL PRACTICE ACT & ETHICS
WHERE'S THE LINE, & WHY?**

183 **X-RAY DOSIMETERS – PORTABLE EQUIPMENT**

- Are dosimeters required when using portable x-ray systems?

184 **X-RAY DOSIMETERS – PORTABLE EQUIPMENT – REQUIRED?**

- CODE OF FEDERAL REGULATIONS, NUCLEAR REGULATORY COMMISSION, 10 CFR 20
- (Incorporated by reference in Section 30253, California Code of Regulations (CCR), Title 17.)
- REQUIRES:
- Dosimeters, evaluated monthly
- Records must be available to Dept. of Public Health
- Must use FDA approved device following IFUs
- Backscatter shield permanently attached, unbroken
- Training and records
- EXEMPTION: dosimeters NOT required for Dexcowin DX3000, KaVo Nomad Pro2, Aribex Nomad, Aribex Nomad Pro, Nomad Pro2, Aribex Nomad eXaminer, and Nomad 75kV
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185 **CALIFORNIA REQUIRES X-RAY SHIELDS
[TITLE 17 OF THE CALIFORNIA CODE OF REGULATIONS \(CCR\)](#)**