

1 NEVADA STATE BOARD OF DENTAL EXAMINERS
2 6010 S. Rainbow Boulevard, Suite A-1
3 Las Vegas, Nevada 89118
4 Wednesday, July 18, 2012 at 5:30 pm
5

6 Agenda

7 Infection Control Committee Meeting

8 (Chair: Mrs. Villigan; Dr. Blasco; Dr. Champagne; Dr. Soltani; Mr. McKernan; Mrs. Wark)
9

10 **Videoconferencing is available at the Board office, 6010 S Rainbow Boulevard, Suite A-1, in Las Vegas and at**
11 **the Nevada State Board of Medical Examiners, 1105 Terminal Way, Suite 301, Reno, Nevada 89502.**
12
13

14 **Please Note:** The Nevada State Board of Dental Examiners may 1) address agenda items out of sequence to accommodate
15 persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; 2) combine items for consideration
16 by the public body; 3) pull or remove items from the agenda at any time. The Board may convene in closed session to consider
17 the character, alleged misconduct, professional competence or physical or mental health of a person. *See* NRS 241.030. Prior to
18 the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an
19 individual the board may refuse to consider public comment. *See* NRS 233B.126.
20

21 Public comment is welcomed by the Board, but at the discretion of the Chair, may be limited to five minutes per person. A public
22 comment time will be available before any action items are heard by the public body and then once again prior to adjournment of
23 the meeting. The Chair may allow additional time to be given a speaker as time allows and in his/her sole discretion. Once all
24 items on the agenda are completed the meeting will adjourn. Prior to the commencement and conclusions of a contested case or
25 a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public
26 comment.
27

28 Call to Order

29
30 **1. Roll call and Establish a Quorum:**
31

32 Dr. Miller called the meeting to order and Ms. Kelly conducted the following roll call:
33

34 Mrs. Leslea Villigan-----PRESENT
35 Dr. Byron Blasco-----PRESENT- (in late)
36 Dr. M Masih Soltani-----EXCUSED
37 Dr. Jason Champagne-----PRESENT
38 Mr. James "Tuko" McKernan-----PRESENT
39 Mrs. Lisa Wark-----PRESENT
40

41 Others Present: John Hunt, Board Legal Counsel; Debra Shaffer, Interim Executive Director.
42

43 Public Attendees: Steven Saxe, DDS, NSSOMS President; Mary Bognos, RDH; Heather Rogers, NDHA
44 President; William Waggoner; Brendan Johnson; L. Christopher Rath, Counsel for Dr. Thomas; Christine
45 Haskins, UNLV; Brad Wilbur; Steve Fleming; Kelly Taylor; Cody Muggleston; Silvia Carpenter; William
46 Pappas, DDS; Ray Garey, LTGL; Lancette VanGuilder, RDH; Betty McGuire, RDH; Lynn Broisy, RDH;
47 Tony Guillen, Anesthesia Committee; Thomas Myatt, Anesthesia Committee; Jason Ferguson; Mike
48 Almaraz, Anesthesia Committee; Thomas Kutansky, Anesthesia Committee; Theresa Guillen, Infection
49 Control; Fred Hillerby, lobbyist for NSBDE.
50

51 **2. Public Comment: No public comment.**
52

53 **Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has**
54 **been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)**

55 ***3. Discussion Regarding Infection Control Inspection Findings Provided to Licensees Pursuant to**
56 **NAC 631.1785 (For Possible Action)**
57

58 Ms. Kelly inquired of Mrs. Villigan if she received an email regarding the conversation she had with Mrs.
59 Rosenbaum in relation to her comments meant for this meeting, that they be brought to the committee's attention,
60 due to her inability to be present at the meeting. She added that her comments were related to time and monitoring
61 and asked if she could make Mrs. Rosenbaums comments be known when the committee reaches that agenda item.
62 Mrs. Villigan acknowledged receipt of said email.
63

64 (1) Clarification of Time and Event Related Monitoring
65

66 Dr. Haskins indicated that it is her understanding that time related monitoring are needed only if something that
67 significantly penetrates the soft tissue and bone, such as implant related things. Furthermore, all surgical and non-
68 surgical things can event related monitoring. Mrs. Villigan inquired if even related monitoring needed to include a
69 date stamp. Dr. Haskin indicated it did not. Mrs. Villigan inquired that if dealing with event monitoring and the
70 licensee fails a spore test, how would they decipher which instruments to re-sterilize. Dr. Haskin indicated that if
71 they are unable to decipher which instruments were recently sterilized, then all instruments will have to be re-
72 sterilized. They realized that they have adopted two contradicting standards once from CDC and the other standard
73 from MMWR. Mrs. Villigan suggested re-wording, or eliminating one of the standards. Dr. Haskin suggested
74 eliminating the one from MMWR, since CDC is the one that is more precisely stated and it covers all situations. The
75 only exception is that they will need to see a date stamp on sterilizations. Dr. Haskin sought the legal advice of Mr.
76 Hunt. He indicated that it is always best to go with the date stamp. Dr. Haskin indicated that for implant
77 instruments, which is under event related monitoring, the date stamp on sterilized instruments should not be more
78 than six months, however, for other instruments under time related monitoring there is no time frame stated in the
79 standards. Dr. Haskin suggested that they abide by the 2003 guidelines but adopt the event time packaging from
80 2008. Ms. Kelly clarified for everyone that when inspectors have gone into inspect an office there seems to be
81 confusion with the staff, the licensees, and even with the inspectors, that in the 2003 guideline document event
82 related packaging at a minimum has a date stamp of sterilization on it. However, that in the 2008 guidelines, which
83 the Board also adopted, there is discussion of how they are moving away from an event related shelf-life practice to
84 an event related shelf-life practice. Clarifying it would make it less confusing for everyone. Dr. Haskin commented
85 that implant instruments are considered time related monitoring because they do involve penetration of the soft and
86 hard tissues, and therefore, must be time-stamped. Dr. Haskin offered to table this item until she can locate the exact
87 page that the implant instrument stamp requirement is located. The committee agreed to table until next time.
88
89

90 (2) Clarification of Requirements Regarding BI (Spore Test) on Loaner Sterilizers.
91

92 Mrs. Villigan indicated that often times if an office sterilizer is not sterilizing for whatever reason, and the sterilizer is
93 brought in a loaner is brought in the interim. Dr. Haskin indicated that if a loaner or a second-hand sterilizer is
94 brought in, the office needs to run a spore test to ensure that it sterilizes properly, due to the fact that the loan
95 sterilizers fall under the category of any new sterilizer to the practice. She added that if the office does not and it is
96 the service center that is loaning, they must be able to document the spore test. Dr. Haskin indicated that they must
97 be able to document the spore test. She indicated that the service centers should be.
98

99 (3) Clarification of Required Items in First Aid/ER Kits.
100

101 Mrs. Villigan indicated that an inspector brought to her attention that there should be some additional items in the
102 First Aid kit aside from the typical band-aids, Neosporin, etc, and suggested, perhaps, an epinephrine-pen. . She
103 inquired of Dr. Haskin if there were any guidelines in regards to such. Dr. Haskin indicated that the
104 recommendations are they an office have an oxygen source, an epinephrine-pen, Benadryl (for an allergic reaction),
105 and nitro-glycerin. She added that anyone with a sedation/anesthesia license needs to be sure that they are prepared
106 to be able to handle 14 different emergencies. Furthermore, if an office has an asthmatic respiratory crisis the office
107 needs to be prepared to handle it, which she added is listed in the Nevada Administrative Codes. Dr. Haskin inquired
108 if the committee would like her to draft a list that would be appropriate for the general practice, the First Aid and the
109 emergency management kit, she could do so that way they have two different sets of criteria for the individual

110 criteria. Mrs. Villigan very much liked the idea and asked if Dr. Haskin would provide them with the lists. .

111
112 (4) Clarification of High Level Disinfectants and Chemical Sterilants.

113
114 Mrs. Villigan inquired if Dr. Haskin could provide an explanation of the difference between high level disinfection
115 and chemical sterilant. Dr. Haskin indicated that high level disinfectants are used as environmental used on your
116 tables, countertops, different surfaces, etc. They must contain the tuberculocidal claim. She noted to Mrs. Villigan that
117 she has a list that she can send to her that are high level disinfectants by brand. She explained what chemicals they
118 contain. She explained that Chemical sterilants are classic solutions used to cold sterilize, but she commented that
119 cold sterilization does not work so well. Mr. McKernan commented that there is a shelf-life of 28 days for any of the
120 chemical sterilants (cold sterilizations), and therefore, they must be sure to check for a date-stamp to be sure
121 sterilized items are not passing the 28 days. Dr. Haskin indicated that they are supposed to keep a log for anything
122 that is cold sterilized.

123
124 (5) Clarification of Chemical Sterilant and Manufacture Instructions on Using Litmus Paper to Test pH on a
125 Daily Basis.

126
127 Mrs. Villigan indicated that usually by reading the manufacturer instructions because some of them do say to use
128 litmus paper to test, to assure that the pH is correct.

129
130 (6) Discussion of Manufacturers instructions for use of product, sterilization, maintenance and label warnings

131
132 Mrs. Villigan indicated that Mrs. Rosenbaum's concern was that the procedures in sterilization, is that if you were to
133 take out a cassette that was in a package and it's wet, there may be a wicking phenomenon where bacteria can be
134 drawn into the cassette, and therefore, Mrs. Rosenbaum wanted to have this addressed. She commented that
135 individuals should read the instructions as some of them have changed and they address these potential issues.

136
137 (7) Clarification on Heat-Tolerant Handpieces and Removable Items Requiring Sterilization.

138
139 She asked for clarification on which items need to come off of the lines, such as hand-pieces, nose cones, that then
140 connect to a motor, and therefore, inquired if the motor needs to come off and be sterilized. Dr. Haskin indicated that
141 CDC does not currently have a specific recommendation at this time for non-heat tolerant motors. She commented
142 that they are taking it under consideration for 2014, and when they do they will then be requiring that any motor that
143 is heat-tolerant be sterilized. If they are not heat-tolerant, they will have to be sure to wipe down the motors with a
144 high level disinfectant.

145
146 (8) Clarification of Barrier Use Requirements and Optional

147
148 Mrs. Villigan indicated that on page 7 of the survey form, regarding the 'barriers' with the word 'optional' in
149 parenthesis and, therefore, want clarification. Dr. Haskin recommended removing 'optional'. Mrs. Villigan inquired
150 if there was something in CDC that indicates that is not required. Dr. Haskin pointed the committee to the section in
151 CDC that makes it clear that barriers are not optional.

152
153 (9) Discuss Revising Regulation Wording to Specify Requirements in Accordance with
154 Category Recommendations Delineated in the CDC Guidelines (2003 & 2008).

155
156 Ms. Kelly indicated that some required items and non-required items use the term indicated 'shall' which, for some,
157 are somewhat unclear. Therefore, licensees would like clarification. She recommended revising the language to
158 indicate that licensees 'shall follow the items that are strongly recommended by CDC and those items suggested, or
159 simply suggested and, therefore, encouraged but may not be required.' Dr. Haskin indicated that on the form the term
160 'shall' indicates to the public that the Board is there protecting them, especially since sometimes the standards
161 change, and by leaving the term 'shall' works for such potential changes. She indicated that the leeway that is in the
162 document will also protect the dental professionals. She indicated that she believes that the way it is currently
163 written in the survey provides two protections and should keep the term 'shall' in place. Ms. Kelly indicated that
164 perhaps, the regulation should say 'shall' and that the items that indicate 'suggested' are suggested items. Mrs.

165 Villigan commented that the committee may need to revisit this subject.

166

167 (10) Revisions of Survey Form

168 a. Add Line Item for Possible Follow-Up Date/Time

169

170 All agreed to add a line item for a follow-up date/time.

171

172 (11) Re-Inspections

173 a. Full Re-Inspection with New Survey Completion or Limited to Identified Deficiencies

174 b. New Inspectors or Initial Inspection Inspectors

175

176 She indicated that currently when they go for a re-inspect if they should have the original inspector be the one to re-
177 inspect or if they should have a new inspector go in with new forms. The committee concurred that they felt it was
178 adequate and sufficient for the original inspector to conduct the re-inspection.

179

180 (12) Recording or Videotaping of Inspectors during Inspection

181

182 Mr. Hunt indicated that from a legal perspective, the Board cannot prevent an office from recording an inspection
183 and the inspectors involved. Ms. Kelly voiced her concern is that the inspectors may not be aware if they are going
184 to be videotaped by some offices without prior authorization that they could be subject to videotaping/recording.
185 Being that they are not public inspections. Mr. Hunt indicated that they cannot keep someone from videotaping;
186 therefore, there is no real concern so long as it is not intrusive to the inspectors. Ms. Kelly inquired if she should
187 perhaps notice inspectors that they may be videotaped /recorded while conducting an inspection. The committee
188 seemed to agree with providing advanced notice to inspectors.

189

190 (13) Discussion of One Survey Form Per Inspection or Inspectors to Complete Individual Form Per
191 Inspection.

192

193 Mrs. Villigan inquired if a team of inspectors could complete one individual form per inspection or if each
194 individual inspector should complete their own individual form. She commented that currently there are
195 two inspectors per site and to expedite the time of the inspection one inspection will inspect one area, and
196 the other inspector evaluates another section. She inquired if this was acceptable or if each individual
197 inspector needs to inspect the entire office using their own form independently. Dr. Blasco commented that
198 it would be double-inspecting to have them work independently. Mr. Hunt indicated that in using one
199 form, the intent is to inspect the office for the items listed, which is what the inspectors are doing, and they
200 must initial that they have inspected certain areas/aspects of the survey. Mr. McKernan commented that
201 having one form per inspection would be sufficient.

202

203 ***4. Possible recommendations to the Board based on Committee's review (For Possible Action)**

204

205 MOTION: Mrs. Wark made the motion to table to hold on making recommendations to the Board until
206 they receive the report from Dr. Haskins on items discussed today. Second by Mr. McKernan. All in favor.

207

208

209 **5. Public Comment:** Ms. Rogers commented that in teaching infection control in the past year, her only concern is
210 that in reading the CDC guidelines, that they read more than just the guidelines, because in the back of the guidelines
211 there is more information provided on recommendations. Ms. VanGuilder inquired if the Board would still be
212 holding inspections or if they will be placing inspections on hold until the new recommendations are being formed.
213 Dr. Miller indicated that they will continue conducting inspections.

214

215 **Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has**
216 **been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)**

217

218 6. Announcements: No announcements.

219

220 *7. Adjournment (For Possible Action) Mrs. Wark made the motion to adjourn. Second by Mr. McKernan. All in
221 favor.

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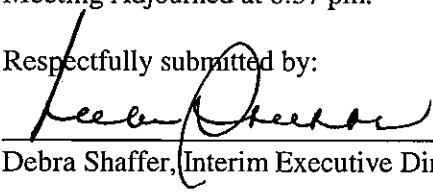
229 Meeting Adjourned at 6:37 pm.

230

231 Respectfully submitted by:

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234  _____
Debra Shaffer, Interim Executive Director

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