

NEVADA STATE BOARD
of
DENTAL EXAMINERS

PUBLIC BOARD MEETING

MAY 22, 2015

9:00 A.M.

ADDITIONAL ITEMS II

PUBLIC BOOK

Dear Theresa Guillen, RDH:

My name is Ekanem Ita and I have been a hygienist in the state of Nevada since 2008. I am in favor of dental hygienist being able to use a laser device without Dr. supervision. I am also in favor of dental hygienist being able to take x-rays on new pts and pt of record who have not been seen in 18 months. Somebody has to take x-rays on these patients and I don't see a dental assistant being more qualified than a dental hygienist to take x-rays. I also believe the hygienist should be allowed to do a periodontal assessment and an oral cancer exam before the Dr. sees the patient. I believe the process of gathering information is the expertise of the hygienist and this would benefit everyone and allow for a more efficient flow in the dental office.

I am against the hygienist being able to administer local anesthesia without the supervision of the dentist. I feel the hygienist is trained very well and often has a lot of experience in this area but my concern is that at the end of the day after the Dr Sees the last exam the hygienist will be left all alone in the office to do a deep cleaning. Usually the front office and the dental assistant will be gone or leaving shortly. I believe this is the circumstance that will pop up more and more "oh please I know it's the end of the day and this patient needs a deep cleaning. We are all leaving and hey you are allowed to give injections without the Dr being on site anyway". If something happens to the patient and medical treatment is needed, it is not in the best interest of the patient to have only the hygienist in the office to to run a medical emergency by themselves. Usually someone needs to get the oxygen, another the first aide/ medical kit, someone may need to make a phone call and someone needs to watch the patient. I feel the patient is best cared for in an emergency if there is a "TEAM" available and allowing a hygienist to give local anesthesia without supervision will lead to abuse in terms of hygienist doing SRP's on the last patient of the day while everyone else is gone. My concern for supervision in this area has more to do with the context the hygienist will be made to administer local anesthesia. I also feel that there should always be supervision with nitrous oxide use also for many of the same reasons.

Ekanem Ita RDH B.S



Dawit Goshimea DDS.



Received
MAY 19 2015
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PRICE & SUTHERLAND

EXCEPTIONAL DENTISTRY WITH A GENTLE TOUCH

This letter is in support of changing the dental by-laws in regards to hygienist's not taking x-rays or data collection on new patients, or those not seen for over 18 months. Let me first state that I understand and agree with what I think the intent of the statute is, which is that only the dentist can diagnose, and that the dentist must do the exam, and make diagnosis before the hygienist starts any treatment. I have heard anecdotal stories from new patients of having quad scaling done without ever seeing the dentist, so I do understand the concern.

However, treatment by hygiene before an exam is, I feel a separate and different issue from not allowing the hygienist to take x-rays and collect records on patients when the dentist is present in the office.

I guess I don't understand why a hygienist, who is eminently trained and qualified, has to stand aside while an assistant has to come and take his/her radiographs. I feel it is only reasonable to allow the hygienist, with the doctor present in the office, to take x-rays, probings, etc., before the dentist comes in to do the exam, and before any treatment is initiated. This is what they went to school for, what they are trained for, and what they are eminently capable of, and what they will be doing at regular intervals thereafter.

Sincerely,



Dr. Stephen Price, D.D.S.

Received
MAY 19 2015
NSBDE

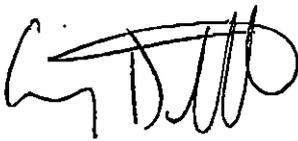
PRICE & SUTHERLAND

EXCEPTIONAL DENTISTRY WITH A GENTLE TOUCH

To whom it may concern:

In reference to the Nevada Administrative Code (NAC) 631.210 (1), as a practicing general dentist, I understand the code and intent behind it. However, I do believe it falls short on some fronts. Hygiene students, just as dental students, are trained in school to gather pertinent data including diagnostic radiographs, periodontal measurements and an overall portrayal of oral health among other duties. Diagnosing disease should remain strictly a duty performed by a licensed dentist. With that said, if a dentist is physically in the office, I believe a hygienist is fully qualified to gather pertinent diagnostic data from a new patient as well as an existing patient in preparation for an exam to be completed by the dentist. I do agree that no treatment shall be done until the patient (new or existing) has been examined by a licensed dentist.

Sincerely,



Dr. Casey D Sutherland, D.M.D.

Received

MAY 19 2015

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Nevada Dental Association

May 21, 2015

Dear Board of Dental Examiner Members,

The Nevada Dental Association supports a regulation change that would allow Dental Hygienists and Dental Assistants to do certain procedures **before** the dentist examines the patient.

These would include **only**: the taking of radiographs and study models at the direction of the dentist to help the dentist diagnose and develop a treatment plan for the patient. **The Association feels the rest of the regulations should remain as written.**

The Nevada Dental Association would be **opposed** to any regulation change that would allow a dental hygienist to give local anesthesia or use nitrous oxide on a patient without a dentist present in the building. Liability issues for the dentist and the safety of the patient are the main concerns.

Sincerely,

Robert H. Talley DDS
Executive Director
Nevada Dental Association