

NEVADA STATE BOARD
of
DENTAL EXAMINERS

COMMITTEE ON
DENTAL HYGIENE MEETING

MARCH 20, 2015

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PUBLIC BOOK



American
Dental
Hygienists'
Association

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Nevada State Board of Dental Examiners
6010 S. Rainbow Blvd., Ste. A-1
Las Vegas, NV 89118

RE: Committee on Dental Hygiene

Dear Ms. Shaffer-Kugel:

The Nevada Dental Hygienists' Association respectfully requests that the Committee on Dental Hygiene convene to hear recommended changes in regards to the practice of dental hygiene in Nevada. We want to bring the following issues to the committee's attention in compliance with the responsibilities delegated to the Committee on Dental Hygiene and hope that we can work collaboratively to improve delivery of dental hygiene services to the public and afford greater public access and protection.

Issue #1

As public health dental hygiene practice is becoming more prevalent in Nevada, several non-dental entities are adopting policies or protocols which specify collaboration with a dental hygienist who holds a "special endorsement of their license to practice public health dental hygiene". This phraseology is often cumbersome although accurate. Those hygienists with a public health dental hygiene endorsement often refer to themselves as a Public Health Dental Hygienist as well as non-dental entities in an effort to be succinct and clear when drafting policy, grants, and performance protocols.

Therefore, NDHA is suggesting that the Committee on Dental Hygiene consider and generate an advisory opinion to the full Board in support of the creation of a new entity in the NAC definitions as indicated:

Definitions

"Public Health Dental Hygienist" defined.

"Public Health Dental Hygienist: means any person who practices the profession of dental hygiene and is licensed pursuant to this chapter and hold a special endorsement of their license to practice public health dental hygiene.

Also we recommend the following changes to NAC 631.210(5)

5. The Board may authorize a dental hygienist to perform the services set forth in paragraphs (a) to (n), inclusive, of subsection 1 without supervision by a dentist and without authorization from the licensed dentist of the patient on whom the services are to be performed, at a health facility, a school or a place in this State approved by the Board after the Board:

(a) Issues a special endorsement of the dental hygienist's license *to practice as a public health dental hygienist*.

(b) Approves the treatment protocol submitted by the *public health* dental hygienist which includes an explanation of the methods that the *public health* dental hygienist will use to:

(1) Treat patients; and

(2) Refer patients to a dentist for:

(I) Follow-up care;

(II) Diagnostic services; and

(III) Any service that the *public health* dental hygienist is not authorized to perform.

6. The Board may revoke the authorization described in subsection 5 if the:

(a) *Public health* dental hygienist fails to renew his or her license or it is cancelled, suspended or revoked;

(b) Board receives a complaint filed against the *public health* dental hygienist;

(c) *Public health* dental hygienist commits an act which constitutes a cause for disciplinary action; or

(d) *Public health* dental hygienist violates any provision of this chapter or [chapter 631](#) of NRS.

➔ Nothing in this subsection prohibits a *public health* dental hygienist from reapplying for authorization to perform the services described in subsection 5 if the Board revokes the authorization pursuant to this subsection.

Justification: The use of the term public health dental hygienist is more universally used in other states and delineates the individual as practicing in a manner specific to the parameters of the endorsement without using excessive verbiage. This designation would identify to the public that the public health dental hygienist is more appropriately practicing their profession in public health settings as specified in NRS & NAC 631. In examining both NRS and NAC it seems feasible that this new entity could be clarified with NAC and would not supersede any existing language in the NRS.

Issue #2

Many dental hygienists are concerned about violating the conditions of NAC 631.210 (1) which allows duties (a) – (n) to occur without the dentist present, understanding that the patient meets the parameters in the last segment of the section which reads:

Before performing any of the services set forth in this subsection, the dental hygienist must obtain authorization from the licensed dentist of the patient on whom the services are to be performed and the patient must have been examined by that dentist not more than 18 months before the services are to be performed. After performing any of the services set forth in this subsection, the dental hygienist shall refer the patient to the authorizing dentist for follow-up care or any necessary additional procedures that the

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dental hygienist is not authorized to perform.

Dental hygienists are excellent resources to collect data for a dental examination. It seems logical and practical that dental hygienists be allowed to perform the following duties prior to the dentist examination in order to provide valuable data for the dentist to utilize in his comprehensive examination:

- 1) "expose radiographs" [NAC 631.210 (1) (f)] and
- 2) provide an "assessment of the oral health of patients through medical and dental histories, radiographs, indices, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of patients" [NAC 631.210 (1) (c)(1)]
- 3) as well as the "development and implementation of a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (1)." [NAC 631.210 (1) (c)(2)]

Therefore, NDHA is suggesting that the Committee on Dental Hygiene consider and generate an advisory opinion to the full Board in support of amending the parameter at the end of NAC 631.210(1) to

- 1) exclude NAC 631.210 (1) (f), NAC 631.210 (1) (c)(1), and NAC 631.210 (1) (c)(2) from the parameter or
- 2) exclude the parameter all together.

Justification: This parameter on section 1 indicates that a patient must be seen first by the dentist and that a diagnosis with treatment plan outlines services to be provided for the patient. Then those duties can be delegated to the hygienist to be performed when the dentist is not present. Interpretation of this parameter (according to how it is written) is that all new patients must be seen first by the dentist. In private practice, often new patients are placed on the dental hygienist's schedule first prior to an examination by the dentist. In addition, when the dentist is not present in the office, new patients are being placed on the dental hygienist's schedule. NDHA sees this as a violation of the regulation because no diagnosis or treatment plan has been created to delegate duties. We recognize and endorse that if a dentist is not present in the office, that the dental hygienist should only see patients that have a current treatment plan within the past 18 months. However there is a conflict with the parameters of what a dental hygienist can perform and what a dental assistant can perform on a new patient prior to seeing the dentist when he/she is present in the office. A dental assistant can perform any duty listed in NAC 631.220 (1) under the dentist's authorization and supervision but is not subject to the 18 month examination parameter, the dental assistant has more liberty to see a new patient and perform work whereas the dental hygienist cannot perform any duties listed in NAC 631.210 (1) until the dentist has examined the new patient. NDHA sees the 18 month examination parameter as more restrictive than the more liberal parameters given to an individual who is not licensed or registered under Chapter 631.

Issue #3

The use of the term "supervision by a dentist" as defined in:

NRS 631.105 "Supervision by a dentist" defined. "Supervision by a dentist" means

that a dentist is:

1. Physically present in the office where the procedures to be supervised are being performed, while these procedures are being performed; and
2. Capable of responding immediately if any emergency should arise.

(Added to NRS by 1987, 857)

has generated concern among both dental hygienists and dentists in regards to those supervised duties delegable to a dental hygienist in NAC 631.210 and duties delegable to a dental assistant in NAC 631.220. These duties specifically indicate that a dental assistant can only perform duties when a dentist is present in the office (or limited duties when supervised by a dental hygienist) and that a dental hygienist can only perform duties in NAC 631.210 (2) & (3) when a dentist is present in the office. NDHA would like to declare that based on member testimony and direct observation of practice by its members that the use of the term "supervision" is inaccurately adhered to in some Nevada dental practices. Additionally, the purpose of supervision as indicated in the following definitions require an active process of watching, directing and validating quality of work which rarely occurs in the provision of duties delegable to a dental hygienist. Nevada's definition of supervision as it applies to duties delegable to a dental hygienist in NAC 631.210 (2) & (3), is redundant because according to NDHA members and non-members, dentists have confidence in delegating these duties to the point that they do not need to actively watch or direct the actions of or evaluate post-procedure the dental hygienist in performance of section 2 & 3 duties.

Therefore, NDHA is suggesting that the Committee on Dental Hygiene consider and generate an advisory opinion to the full Board in support of moving the duties delegable in NAC 631.210 (2) & (3) to NAC 631.210 (1) and renumber the remaining sections to eliminate the supervisory requirement of dental hygienists.

Justification:

- What is the purpose of the dentist requirement to be physically present where and when the dental hygienist duties are performed when the dentist is not actively watching or directing the procedures?
- What is the rationale for indicating that the dentist is the only person capable of responding to an emergency?

To obtain a license to practice dental hygiene in the state of Nevada, an individual must be a graduate of a dental hygiene program that is accredited by the Commission on Dental Accreditation. These dental hygiene programs must conform to standard 5-3 which indicates required demonstration of competency in emergency management as indicated:

Emergency Management

5-3 The program must establish, enforce, and instruct students in preclinical/clinical/laboratory protocols and mechanisms to ensure the management of emergencies. These protocols must be provided to all students, faculty and appropriate staff. Faculty, staff and students must be prepared to assist with the management of emergencies.

Examples of evidence to demonstrate compliance may include:

- accessible and functional emergency equipment, including oxygen
- instructional materials
- written protocol and procedures

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- emergency kit(s)
- installed and functional safety devices and equipment
- first aid kit accessible for use in managing clinic and/or laboratory accidents

Nowhere in the accreditation standards does it indicate that students, faculty and appropriate staff must be supervised by a dentist to manage emergencies. NDHA acknowledges that the dentist as the owner of a practice or supervisor of dental assistants or dental hygienists is at liberty to actively watch or direct their staff in the event of an emergency. However the board has established that the dentist does not need to be present for duties indicated in NAC 631.210 (1) and a rationale and justification has never been provided by the Board, under the guise of protecting the public, as to why the duties in NAC 631.210 (2) & (3) need the supervision of a dentist if they do not actively watch, direct or evaluate the performance of the dental hygienist.

NDHA declares that licensed dental hygienists are qualified to manage medical emergencies specific to the dental hygiene care that they provide since their formal training. Dental hygienists are required to have training in Healthcare Provider CPR for licensure and renewal and are capable of providing CPR. Dental hygienists can also discern when a situation presents where EMS needs to be activated. It is not the ownership of the practice or the educational degree conferred that qualifies one to respond appropriately and in a timely manner to a medical emergency. Case in point, when EMS is activated the person that responds to the dental office emergency is an Emergency Medical Technician who must have at least a Certificate of Achievement but could have an Associate of Applied Science degree. Both of these educational designations supersede the authority of a DDS/DMD or RDH during a medical emergency. Therefore, a dental hygienist does not need the supervision of a dentist to manage medical emergencies occurring during the provision of duties delegable to a dental hygienist that have been deemed appropriate to perform by virtue of their education and clinical demonstration for licensure.

NDHA representatives look forward to the opportunity to discuss these issues with the committee and appreciate your service on behalf of public protection.

Respectfully,



Annette Lincicome, RDH
NDHA President

Shari Peterson RDH, M.Ed.
NDHA Legislative Chair

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Supporting Evidence

Definitions of supervision:

“The action or process of watching and directing what someone does or how something is done : the action or process of supervising someone or something” (2015, Merriam-Webster)

“Direct Supervision Levels; dentist needs to be present”

“General Supervision Levels; dentist needs to authorize prior to services, but need not be present” (2013, ADHA)

“Most states allow dental hygienists to provide services under general supervision in some settings. This usually means that a dentist must authorize the procedures performed but need not be physically present in the treatment facility when they are performed. However, state dental practice acts vary widely as do definitions of general supervision and the scope of services dental hygienists are allowed to perform. In some states dental hygienists can practice only under direct supervision, which means that a dentist must be physically present in the facility while the dental hygienist provides care.” (2005, AADB)

“Supervision: The authorization, direction, oversight and evaluation by a dentist of the activities performed by allied dental personnel.

Personal supervision. A dentist is personally operating on a patient and authorizes the allied dental personnel to aid treatment by concurrently performing a supportive procedure.

Direct supervision. A dentist is in the dental office or treatment facility, personally diagnoses the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel and, before dismissal of the patient, evaluates the performance of the allied dental personnel.

Indirect supervision. A dentist is in the dental office or treatment facility, has personally diagnosed the condition to be treated, authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel and will evaluate the performance of the allied dental personnel.

General supervision. A dentist is not required to be in the dental office or treatment facility when procedures are being performed by the allied dental personnel, but has personally diagnosed the condition to be treated, has personally authorized the procedures and will evaluate the performance of the allied dental personnel.

Public Health Supervision. That oversight where a licensed dental hygienist may provide dental hygiene services, as specified by state law or regulations, when such services are provided as part of an organized community program in various public health settings, as designated by state law, and with general oversight of such programs by a licensed dentist designated by the state.” (ADA Comprehensive Policy Statement on Dental Auxiliaries, 1996)

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