NEVADA STATE BOARD of DENTAL EXAMINERS

Board Meeting

September 15, 2020

6:00 p.m.

PUBLIC BOOK

Draft Minutes
July 14, 2020 - Board Meeting

NEVADA STATE BOARD OF DENTAL EXAMINERS

Meeting Location:

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

Zoom Video and Teleconferencing was available for this meeting

Meeting Call-In Number: (669) 900 6833
Meeting ID#: 936 9903 1124
Zoom Video (via app) Password: 240659

Meeting Date & Time

Tuesday, July 14, 2020
6:00 p.m.

DRAFT MINUTES

BOARD OF DENTAL EXAMINERS NOTICE OF AGENDA & TELECONFERENCE MEETING

PUBLIC NOTICE:

The Nevada State Board of Dental Examiners may hold board meetings via video conference or telephone conference call. ***Due to the Governor's Executive Order in response to the COVID-19 pandemic, the Board office will not be open to the general public for this meeting. The general public is encouraged to participate via teleconference***

Public Comment time is available after roll call (beginning of meeting) and prior to adjournment (end of meeting). Public Comment is limited to three (3) minutes for each individual. You may provide the Board with written comment to be added to the record.

Persons wishing to comment may appear at the scheduled meeting/hearing or may address their comments, data, views, arguments in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118; ATTN: Angelica Bejar; FAX number (702) 486-7046; e-mail address nsbde@nsbde.nv.gov .** Written submissions should be received by the Board on or before **Monday, July 13, 2020 by 5:00 p.m.** in order to make copies available to members and the public.

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

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact the Board office at (702) 486-7044 to request supporting materials for the public body, or you may download the supporting materials for the public body from the Board's website at http://dental.nv.gov. In addition, the supporting materials for the public body are available at the Board's office located at 6010 S Rainbow Blvd, Ste. A-1, Las Vegas, Nevada.

Note: Asterisks (*) "**For Possible Action**" denotes items on which the Board may take action.
Note: Action by the Board on an item may be to approve, deny, amend, or tabled.

1. Call to Order

Roll call/ Quorum

Board Member Moore called the meeting to order at approximately 6:12 p.m. Executive Director, Mr. Frank DiMaggio, conducted the following roll call:

Dr. D. Kevin Moore (President)----------	PRESENT	W. Todd Thompson ------	PRESENT
Dr. David Lee (Secretary-Treasurer) --	PRESENT	Dr. Ronald Lemon --------	PRESENT
Dr. Elizabeth Park ----------	PRESENT	Dr. Ronald West ----------	PRESENT
Ms. Caryn Solie ----------	PRESENT	Ms. Gabrielle Cioffi ------	PRESENT
Mrs. Jana McIntyre ----------	PRESENT		

Others present: Phil Su, Esquire, General Counsel; Frank DiMaggio, Executive Director; Rigoberto Morales, IT Coordinator; Angelica Bejar, Public Information-Travel Administrator.

2. Public Comment: The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

Lester Ho, an OBGYN in Reno spoke in support of Dr. Georgene Chase and asked that the Board reinstate her license so that she may practice dentistry.

Charles Buchannan, a student at the University of Nevada Las Vegas (UNLV) School of Dental Medicine (SDM), stated that he represented students in different states and spoke of the unique challenges the graduating class of 2020 faced due to COVID-19. He spoke in favor of the exam alternatives presented to the Board for consideration, and was also in favor of the Board offering a temporary license option to 2020 graduates until such time that they can take a clinical exam.

Emily Goodrich, RDH commented that dental hygienists have been restricted from using ultrasonic scalers. She noted that hand scaling cannot fully address patients periodontal concerns. She noted that the aerosol created from the dentists hand piece was no different than the aerosol created from the hygienists' cavitron. She asked that the Board please reconsider this restriction so that they can return to using ultrasonic scalers with APV devices.

Vanessa Karen with the Nevada Dental Hygienists' Association (NDHA) spoke in regards to concerns they have received from the hygiene community regarding direction on reporting positive COVID-19 cases that occur within the dental office. She referenced the language listed in the DHHS memo adopted by the Board on April 30, 2020, and what they should do when faced with a positive case and the reporting requirements listed in said memo. She stated positive cases within a dental office should be required to be reported to the Board and contact traced in order to help mitigate the spread of the corona virus. Furthermore, the NDHA requests that the Board make the positive COVID reporting form, as referenced in the DHHS memo, available to the dental community.

Dr. Michael Bell, commented in regards to the CDC and how several entities of conspiring associates to the CDC promulgated a national clinical epidemiological experiment using social distancing and face mask wearing in a healthy population without establishing any clinical trial outcomes and without empaneling an institution review board defining informed consent. He noted further that in this experiment it was found that this was a novel virus that was not based on established scientific principles. He noted that as a practicing dentist of over 31 years, when the HIV scenario came about, dental professionals responded by implementing standards that he feels are more than sufficient in handling the corona virus situation; and therefore felt that there should not be any new corona virus regulations placed on dentists.

Travis Smith, a student at UNR, called in support of Dr. Chase and hoped that the Board would restore Dr. Chase's license as she is a great asset to the community. He spoke highly of Dr. Chase and the countless lives she has helped.

Dr. Bill Pappas commented that he was present to answer any questions related to the ADEX exam items listed on the agenda for consideration.

Ilena Y. spoke in support of the reinstatement of Dr. Chase's license.

Julie Calvary stated that she was a disabled senior citizen, friend, and patient of Dr. Georgene Chase. She spoke in favor of the Board reinstating Dr. Chase's license.

Nichelle Venable, RDH spoke in regards to agenda item 11. She noted the importance of performing periodontal and root scaling treatments. She advocated for the Board to permit dental hygienists to allow for the use of cavitrons so long as hygienists are conducting the appropriate pre-screenings.

Russell Kost stated he was present on behalf of BDO.

A participant by the name of Alicia stated that she was a third year dental student and spoke in support of the proposed alternative exam options through WREB and ADEX.

Lori McDonald with TMCC spoke on behalf of the graduating class and advocated for the approval of agenda items (6) and (7). She spoke of different alternatives she would ask the board to consider in addition to accepting only the WREB and ADEX exams.

Sarah Herrman spoke in favor of the Board adopting the WREB and ADEX manikin exams.

Danyelle Chun, a licensed dental hygienist and current dental student at UNLV SDM, spoke in favor of the Board accepting the WREB and ADEX manikin exams and advocated for permanent adoption of said exam options.

Dr. Steve Recchia, a patient of Dr. Georgene Chase, advocated for the reinstatement of Dr. Chase's license.

Lori McDonald commented that she believes that a manikin-based exam as set forth in agenda item (7) was not a good option for dental hygienists.

Katrina Allen, a licensed dental hygienist and current dental student at UNLV SDM, firmly supported the Board accepting the manikin based WREB and ADEX exams.

***3. <u>President's Report</u>:** (For Possible Action)

*a. Request to remove agenda item(s) (For Possible Action)

Board Member Moore requested that agenda items (5), (6), (7), and (8) be sent to the CE committee for vetting purposes. Further, he asked that agenda item (17) be removed as the space was no longer available.

*b. Approve Agenda (For Possible Action)

MOTION: Board Member Thompson moved that the Board approve the agenda with the removed items noted by Board Member Moore. Motion seconded by Board Member West. All were in favor, motion passed.

***4. <u>Old Business:</u>**

(a) <u>Request for reinstatement of license that is currently suspended due to the failure to comply with Paragraph 23(C) and 23(G) of the Disciplinary Stipulation Agreement</u> (For Possible Action)

(1) Georgene Chase, DDS

General Counsel, Mr. Phil Su, spoke regarding the matter involving Dr. Chase, and gave a brief synopsis of the provisions in Dr. Chase's stipulation agreement and the reasons that lead to the suspension of her license. Mr. Su stated that he had had extensive discussions with Counsel for Dr. Chase, Mr. Charles Zeh, Esquire. He recommended that the Board reinstate Dr. Chase's license with the provision that she complete a CE course for records management and ethics. Dr. Chase read a statement into the record that addressed the history behind her inspiration and desire to become a dentist. Further, she addressed her enthusiasm and dedication to being a dentist and desire to return to practice. Board Member Moore called for a motion to approve the reinstatement of Dr. Chase's license to include a provision that she complete a CE course in records keeping and ethics. Board Member Moore inquired of Mr. Su of the number of hours being required of Dr. Chase to complete. Mr. Su stated that the course was offered through her malpractice carrier and was a day long course of about (10) CE hours. Mr. Su inquired of Dr. Chase on how long she believed she would need to complete the CE program. Dr. Chase responded that the next course was offered in September.

MOTION: Board Member Thompson moved to reinstate Dr. Chase's license immediately with the stipulation the she has until the end of the current license renewal period (June 30, 2021) to complete the CE course. Motion seconded by Board Member Lemon. All were in favor of the motion, motion passed.

***5.** ~~**Temporary approval and acceptance of the alternatives to the current Western Regional Examining Board's (WREB) exam for dental licensure, including WREB Dental Licensing Examination COVID-19 Options for 2020, if completed during the period of May 1, 2020 through December 31, 2020 – NRS 631.240**~~ (For Possible Action)

Agenda item removed.

***6.** ~~**Temporary approval and acceptance of the Western Regional Examining Board's (WREB) Objective Structured Clinical Examination (OSCE) exam for dental hygiene licensure if completed during the period of May 1, 2020 through December 31, 2020 – NRS 631.300**~~ (For Possible Action)

Agenda item removed.

***7.** ~~**Temporary approval and acceptance of the use of manikins by American Board of Dental Examiners' (ADEX) for the Dental Periodontal Scaling Exercise portion of the ADEX dental exam for dental licensure and for the ADEX dental hygiene clinical examination for dental hygiene licensure if completed during the period of May 1, 2020 through December 31, 2020 – NRS 631.240 and NRS 631.300**~~ (For Possible Action)

Agenda item removed.

***8.** ~~**Temporary approval and acceptance of the restorative procedures in the American Board of Dental Examiners' (ADEX) exam for dental licensure to be completed on either a live patient or the CompeDont tooth during the period of May 1, 2020 through December 31, 2020 – NRS 631.240**~~ (For Possible Action)

Agenda item removed.

***9. Discussion and consideration, with possible approval, of a temporary license for dentists from the graduation class of 2020, and dental hygienists from the graduation class of 2020 to be granted during the period of July 14, 2020 through December 31, 2020 – Governor's Declaration of Emergency Directive 011** (For Possible Action)

Executive Director, Frank DiMaggio, stated that Governor Sisolak had issued a directive invoking a waiver of licensing provisions, which included Dentistry. He briefly summarized what the directive entailed as it pertained to dentistry and the length of time the directive was to be kept in place. Further, that pursuant to that directive, the Board had the authority to issue temporary licenses. Mr. DiMaggio directed the Board to review the draft memorandum provided to them in their meeting materials. He briefly discussed the details of the memorandum regarding the proposed provisions of the temporary qualifications for a temporary dental and/or dental hygiene license. Board Member Thompson inquired if the temporary license would be only available to 2020 graduates from Nevada or if it would be open to all 2020 graduates in other states as well. Board Member Moore stated that this temporary license option would be open to all 2020 graduates across the states and would primarily assist graduates that have not completed clinical exam. Board Member Park inquired if there was a stipulation of good standing for the licensed dentist who will be overseeing the temporary licensees during the five years. Board Member Moore asked for clarification of Board Member Park's question. Board Member Park indicated that she wanted to ensure that the hiring dentist that would be overseeing the temporary licensed employee is in good standing with the board. Board Member Moore stated that such verification would be included in the administrative process should the board decide to approve temporary licensing. Board Member Lee stated that the memorandum only states that the hiring dentist must have held a license for a minimum of five years; further, that it would be assumed that the licensed dentist would not be licensed if they were not in good standing with the Board. Board Member Moore stated that though they do not have a form created yet, in the motion, they may motion to add to the application process to conduct a license verification of the hiring dentist.

MOTION: Board Member Lee motioned to approve a temporary license for dentist and hygienists from the graduating class of 2020 per the memorandum dated July 14, 2020. There was discussion whether or not the motion should include verifying that the hiring dentist holds a license in good standing. Board Member Lee noted that the memorandum stated that

the hiring dentist must be licensed for a minimum of five years and therefore did not find it necessary to include such a caveat in his motion. It was noted that there are licensees that hold a current license that may have an active stipulation agreement. Board Member West stated that the details of the temporary license provisions can be discussed prior to finalizing it. Board Member Park stated she was comfortable with that and seconded the motion. Discussion: Board Member Solie inquired if the temporary license would have to go through a regulatory process, and would there be a public workshop scheduled. Board Member Moore stated that pursuant to the Governor's directive 011, it did not require a regulatory change, as the board would be adopting it under the provisions of the executive directive from the Governor. All were in favor; motion passed.

***10. <u>Consideration and approval/rejection of the recommendation from the Budget and Finance Committee regarding contracts for bookkeeping and accounting services</u>** (For Possible Action)

(a) Bookkeeping Services (For Possible Action)

(1) BDO *(formerly Piercy Bowler Taylor & Kern)*

Board Member Lee stated that the Board currently did not have an accounting service or an accounting company to do the bookkeeping and taxes. He noted that they have been gathering different proposals from various firms over the past few months. He noted that the Budget and Finance Committee met previously and they reviewed proposals from five different CPA firms for bookkeeping services and four different firms for the forensic accounting services. Based on that review, the Budget and Finance Committee recommended the firm BDO be hired for the Bookkeeping services and forensic accounting services. Board Member Moore called for a motion.

MOTION: Board Member West motioned to approve BDO for bookkeeping services. Motion seconded by Board Member McIntyre. Discussion: Board Member Lee noted that they were in possession of the contract and inquired if Board Member West would include the approval of the contract to his motion. Board Member West amended his motion to include the approval of the contract and to accept BDO for bookkeeping services. Board Member McIntyre seconded the amended motion. Discussion: Board Member Lemon stated that upon reviewing the documents, he found the fees to be comparably high. Board Member Lee stated that BDO offered the lowest fees in comparison to the other firms, and noted that the proposed rate for services was significantly cheaper than what they previously paid for the same services. It was noted that they were offering the Board a monthly flat rate. Mr. DiMaggio went over other fee details that were listed in the contract. With no further discussion, all were in favor, motion passed.

(b) Forensic Accounting Services (For Possible Action)

(1) BDO *(formerly Piercy Bowler Taylor & Kern)*

Board Member Moore called for a motion with discussion to follow.

MOTION: Board Member Lee motioned to approve BDO for forensic accounting services and their contract. Motion seconded by Board Member West. Discussion: Board Member Moore stated that Russ Kost and Mike Rosten were available to address Board Member Lemon's concerns with the hourly fees noted. Mr. Rosten stated that forensic accounting services were very unique in terms of application and result from the process. They can take many forms but it would depend on what the particular issues are. He noted that it would help for the Board to go on the record to note what the issues are for the forensic accounting or at least officially designate a committee to do that. In terms of the overall perspective of the engagement team on the forensic side it would consist of two or three levels of personnel and experience at different billing rates, which would be similar to law firms. He stated that as part of their proposal they included a look-back provision that would cap the effective hourly rate at $220 an hour. Board Member Lemon stated that he was asking, not challenging, for justification for the fee levels listed in the proposal. He indicated that his concern for the board was to avoid getting into situations where there may be unlimited expenses and the board maintaining a budget. There was discussion

that the Executive Director would be tasked with monitoring the costs and billing hours to ensure that the fees paid are within reason. Executive Director, Mr. DiMaggio, noted that the contract proposed is a contract through the state which caps the contract at $9,999.99 for a period of 12 months. Additional discussion ensued regarding the scope and depth of services to be offered. With no further discussion, all were in favor, motion passed.

***11. <u>Address and take possible action related to the COVID-19 outbreak and provide directives and/or recommendations of action to ensure safety of licensees, dental practices and the general public, including but not limited to, review and consideration, with possible approval of current CDC guidelines pursuant to NAC 631.178</u>** (For Possible Action)

Mr. Su stated that currently the DHHS memorandum that they adopted on April 30, 2020, is what controls practice during the COVID pandemic, and that this agenda item was to adopt CDC guidelines that have been put in place since that time. He noted that the CDC had not added any guidelines for COVID on April 30th when the board adopted the DHHS memorandum. Mr. Su stated that the most recent updates adopted by CDC were the June 17, 2020 dental settings guidelines. He further noted that CDC held a telephone meeting where they identified these guidelines for additional change to the 2003 guidelines for infection control in dental healthcare settings. Mr. Su directed the board to NAC 631.178(2) regarding the periodic review of the CDC guidelines to see if any changes made by the CDC would be applicable for the board to recognize and adopt. Board Member Park stated that upon reading the document she wanted to inquire of Mr. Su if the dental setting guidelines adopted by the CDC covered the topic of ultrasonic use for cavitrons for hygienists under the care of their practitioner. Mr. Su stated that new guidelines referenced only aerosol producing procedures. He noted that the intent was to defer to the dental professionals clinical judgement and whether or not the circumstances warranted the use of the aerosol generating procedures. Board Member Lee noted that the guidelines do reference ultrasonic use. Board Member Park stated that she would like to make a motion to restore deferring to clinicians the decree on whether or not to allow cavitron or ultrasonic use in their practice. Board Member Lee and Mr. Su noted that the guidelines stated that the use of scalers was not recommended. Mr. Su noted further that the guidelines stated to avoid using aerosol generating procedures, whenever possible, as well as to avoid using air water syringe and dental hand pieces. Further discussion ensued regarding same. Board Member Moore read a section of the same nature related to the use of aerosol generating procedures, which was followed by more discussion. Board Member Moore stated that the guidelines are clear on the stance regarding the use of aerosol generating procedures, however, that if the use of them is necessary then those practitioners must abide by the additional measures of precautions to be taken.

MOTION: Board Member Park moved to adopt the June 17, 2020 guidelines. Motion seconded by Board Member Solie. All were in favor of the motion, motion passed.

Board Member Moore asked of Mr. Su how the adoption of the new CDC guidelines would affect the DHHS memorandum previously adopted by the board. Mr. Su stated that it would be most effective to have a motion to have the adopted guidelines supercede the DHHS memorandum.

MOTION: Board Member Park moved that the June 17, 2020 CDC guidelines supersede the DHHS memorandum previously adopted by the board. Motion seconded by Board Member Lee. Discussion: Board Member Solie stated that there was information received from Dr. Antonina Capurro regarding exposure of COVID in a dental practice, and inquired if that would be adopted with the new CDC guidelines. Mr. Su stated that information provided by Dr. Cappuro was for informational purposes only and it was not part of the CDC guidelines and therefore not part of the vote. Board Member Park noted that the CDC guidelines comprehensively addressed the same information provided by Dr. Capurro. With no further discussion, all were in favor of the motion. Motion passed.

***12. Consideration and approval/rejection to hire part-time Anesthesia Evaluator Employee** (For Possible Action)

*a. Charles R Cordova, Jr., DDS – Moderate Sedation

Board Member Moore noted that Dr. Cordova's application met the criteria and called for a motion to approve.

MOTION: Board Member Lee motioned to approve to hire Dr. Charles R. Cordova, Jr., as a part-time Anesthesia Evaluator employee. Motion seconded by Board Member Thompson. All were in favor, motion passed.

***13. Consideration and approval/rejection to hire part-time Infection Control Employee** (For Possible Action)

*a. Ledena Brooke, RDH

MOTION: Board Member Lee motioned to approve to hire Ledena Brooke, RDH as a part-time Infection Control employee. Motion seconded by Board Member McIntyre. All were in favor, motion passed.

***14. 90-Day Extension of Temporary Anesthesia Permit** (For Possible Action)

(1) General Anesthesia (For Possible Action)
(a) Shawn B. Davis, DMD

Board Member Moore indicated that he and Board Member Lee reviewed the application, all was in order, and recommended approval to grant a 90-day extension of Dr. Davis' temporary General Anesthesia Permit.

MOTION: Board Member West moved that the Board approve to grant a 90-day extension of Dr. Davis' temporary General Anesthesia permit. Motion seconded by Board Member Thompson. All were in favor, motion passed.

(2) Moderate Sedation (patients 13 years of age & older) (For Possible Action)
(a) Jacob Hamblin, DDS
(b) Kostika Polena, DMD
(c) Jong M. Um, DDS

Board Member Moore indicated that he and Board Member Lee reviewed the applications; all was in order and they recommended the approval to grant a 90-day extension of Dr. Hamblin's, Dr. Polena's, and Dr. Um's temporary Moderate Sedation (13 years of age & older) permits.

MOTION: Board Member Thompson moved to approve to grant a 90-day extension of Dr. Hamblin's, Dr. Polena's, and Dr. Um's, temporary Moderate Sedation (patients 13 years of age & older) permits. Motion seconded by Board Member Lemon. All were in favor, motion passed.

***15. Approval of Temporary Anesthesia Permit** (For Possible Action)

(1) General Anesthesia (For Possible Action)
(a) Blair M. Thomas, DMD

Board Member Moore indicated that he and Board Member Lee reviewed the application, all was in order, and recommended approval of granting Dr. Thomas a temporary General Anesthesia permit.

MOTION: Board Member Thompson moved that the board grant Dr. Thomas a temporary General Anesthesia permit. Motion seconded by Board Member West. All were in favor, motion passed.

(2) Moderate Sedation (pediatric specialty) (For Possible Action)
(a) Terry C. Meads, Jr., DMD

Board Member Moore indicated that he and Board Member Lee reviewed the application, all was in order, and recommended approval of granting Dr. Meads a temporary Moderate Sedation (pediatric specialty) permit.

MOTION: Board Member West moved that the board grant Dr. Meads for a temporary Moderate Sedation (pediatric specialty) permit. Motion seconded by Board Member Lemon. All were in favor, motion passed.

***16. Approval of Board Member Dental Hygiene Review Panel Member April 2020 through December 31, 2020 – NRS 631.190** (For Possible Action)

(1) Caryn Solie, RDH – Dental Hygiene

Board Member Moore thanked Ms. Solie for joining the Board and inquired if she was still willing to serve on the review panel. Board Member Solie responded affirmatively.

MOTION: Board Member Park moved to approve Board Member Solie to the Dental Hygiene Review Panel. Motion seconded by Board Member Lee. All were in favor, with Board Member Solie abstaining, motion passed.

***17. ~~Discussion and approval of lease for Office located at 2575 Montessori Street; Las Vegas, NV 89117~~** (For Possible Action)

Agenda item removed.

18. Public Comment: This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. The Chairperson of the Board will impose a time limit of three (3) minutes. The Chairperson may allow additional time at his/her discretion.

Charles Buchannan stated that pursuant to NRS 631.240 (1) and (2) did not state anywhere that the exam must be performed on a live patient. He urged that the Continuing Education Committee look into clarifying the statute as it could be argued that the Board would have to accept the manikin exams. He noted that in the public documents, there are letters from April from ADEX regarding the live patient exams and requested that this matter not be delayed further. Board Member Moore kindly stated to Mr. Buchannan that the pandemic affected everyone in those months, the Board included, as they were short staffed and had vacant positions to fill. Further, that since May the Board did not have enough board members for a quorum. He noted that Ms. Solie was appointed to the Board just a few days prior to this board meeting. He asked for the continued patience as the Board worked diligently to address all pending concerns and matters.

Dr. Michael Bell expressed his frustrations related to the pandemic, or "plandemic" as he preferred to call it, and inquired what research had the board conducted to prove that there was a true virulent virus that has been novel and isolate. He went on further discussing a surrogate test that the CDC is using and relying on as they study COVID-19. He stated that without an isolated virus in a pure form, how do they know what is really happening. He spoke of the mask wearing and social distancing requirements were preplanned per Event 201. He asked that the Board conduct investigations on the CDC's actions and on what bases does the CDC have the rules they are implementing. Additional discussion ensued related to the adoption of the CDC guidelines by the Board.

A representative of the NDHA requested clarification on positive COVID reporting and if they were still required to use the COVID reporting form given by the DHHS. Board Member Moore referred her to review the CDC guidelines to what reporting requirements are. She inquired if based on the CDC guidelines would it be left to the clinician to determine if they can use ultrasonic pieces. Board Member

Moore stated that the guidelines clearly indicated that use of aerosol generating procedures was not recommended, but if they were deemed necessary there were specific measure they had to take.

Dr. William Pappas inquired if temporary licensure would be limited to graduates of Nevada schools or if it included 2020 graduates from other states, as well. Board Member Moore clarified that it was open to 2020 graduates from any state that was not able to complete the current exam requirements per the Nevada statutes. There was light discussion regarding the dental hygienists and dentists this would apply to. Board Member Park acknowledged Dr. Pappas' help regarding the ADEX exam information, and invited him to participate in the CE committee meeting.

19. Announcements:

Board Member Moore asked that all committee members look at all the committees they were on, and particularly asked if any was uncomfortable the chair for a particular committee notify him, and that they were welcome to request to become a regular member of the committee or to be removed from the committee altogether. He added that if they would like to be on another committee to notify him or Mr. DiMaggio as soon as possible.

***20. Adjournment** (For Possible Action)

Board Member Moore requested a motion to adjourn the meeting.

MOTION: Board Member Lee motioned for adjournment. Board Member Thompson seconded the motion. All were in favor, motion passed.

Meeting Adjourned at 7:55 p.m.
Respectfully submitted by:

_____
Frank DiMaggio, Executive Director

Agenda Item (4)(a)

Draft Minutes:
Board Meeting - 7/21/2020

NEVADA STATE BOARD OF DENTAL EXAMINERS

Meeting Location:

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

Zoom Video and Teleconferencing was available for this meeting

Meeting Call-In Number: (669) 900 6833
Meeting ID#: 993 5352 3571
Zoom Video (via app) Password: 806869

Meeting Date & Time

Tuesday, July 21, 2020
6:00 p.m.
DRAFT MINUTES

BOARD OF DENTAL EXAMINERS NOTICE OF AGENDA & TELECONFERENCE MEETING

PUBLIC NOTICE:

The Nevada State Board of Dental Examiners may hold board meetings via video conference or telephone conference call. ***Due to the Governor's Executive Order in response to the COVID-19 pandemic, the Board office will not be open to the general public for this meeting. The general public is encouraged to participate via Zoom***

Public Comment time is available after roll call (beginning of meeting) and prior to adjournment (end of meeting). Public Comment is limited to three (3) minutes for each individual. You may provide the Board with written comment to be added to the record.

Persons wishing to comment may appear at the scheduled meeting/hearing or may address their comments, data, views, arguments in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118; ATTN: Angelica Bejar; FAX number (702) 486-7046; e-mail address nsbde@nsbde.nv.gov .** Written submissions should be received by the Board on or before **Monday, July 20, 2020 by 5:00 p.m.** in order to make copies available to members and the public.

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

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact the Board office at (702) 486-7044 to request supporting materials for the public body, or you may download the supporting materials for the public body from the Board's website at http://dental.nv.gov. In addition, the supporting materials for the public body are available at the Board's office located at 6010 S Rainbow Blvd, Ste. A-1, Las Vegas, Nevada.

Note: Asterisks (*) **"For Possible Action"** denotes items on which the Board may take action.
Note: Action by the Board on an item may be to approve, deny, amend, or tabled.

1. Call to Order

Roll call/ Quorum

Board Member Moore called the meeting to order at approximately 6:24 p.m. and Mr. Frank DiMaggio conducted the following roll call:

Dr. D. Kevin Moore (President)---------- PRESENT	Dr. Ronald Lemon ----------PRESENT
Dr. David Lee (Secretary-Treasurer) ---- PRESENT	Dr. Ronald West ----------PRESENT
Dr. Elizabeth Park ----------PRESENT	Ms. Caryn Solie ----------PRESENT
W. Todd Thompson ----------EXCUSED	Ms. Gabrielle Cioffi ---------- PRESENT
Mrs. Jana McIntyre ---------- PRESENT	

Others present: Phil Su, Esquire, Board General Counsel; Frank DiMaggio, Executive Director.

2. Public Comment: The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

There was no public comment made.

***3. President's Report**: (For Possible Action)

*a. Request to remove agenda item(s) (For Possible Action)

There were no requests to remove any agenda items.

*b. Approve Agenda (For Possible Action)

MOTION: Board Member Lee moved to approve the agenda. Motion seconded by Board Member West. All were in favor; motion passed.

Board Member Solie stated that she would like to recuse herself from the ratification of the draft minutes.

***4. Secretary – Treasurer's Report:** (For Possible Action)

***a. Minutes** (For Possible Action)

(1) Infection Control Committee Meeting – 02/28/2020
(2) Employment Committee Meeting – 03/03/2020
(3) Board Meeting – 03/05/2020
(4) Employment Committee Meeting – 03/07/2020
(5) Anesthesia Committee Meeting – 03/12/2020
(6) Board Meeting – 03/12/2020
(7) Emergency Board Meeting – 03/16/2020
(8) Employment Committee Meeting – 04/07/2020
(9) Disciplinary Committee Meeting – 04/16/2020
(10) Board Meeting – 04/18/2020
(11) Continuing Education Committee Meeting – 04/24/2020
(12) Employment Committee Meeting – 04/24/2020
(13) Board Meeting – 04/30/2020

Board Member Lee stated that all board members should have had the opportunity to review the draft minutes and inquired if there were any amendments or changes to be made. He noted a discrepancy on the March 12th Board meeting minutes and stated that for agenda item (6)(d) regarding Catherine Buckley should have been excluded from the approval of the inspectors, and therefore noted that the minutes would need to be changed to reflect the exclusion of Ms. Buckley.

Mr. DiMaggio noted that for the April 24th Employment Committee meeting minutes, there was yellow highlight that needed to be removed.

MOTION: Board Member West motioned to approve the draft minutes with the noted changes to be made. Motion seconded by Board Member McIntyre. All were in favor; motion passed.

***5. General Counsel's Report:** (For Possible Action)

***a. Review Panel Report**

General Counsel for the Board, Mr. Phil Su, stated that the Review Panel had had three (3) meeting sessions thus far and had reviewed a total of 32 cases of which they were recommending that 21 cases be remanded; 7 cases were referred back for further investigation; 3 cases were regarding dental hygienists and would be forwarded to the Dental Hygiene Review Panel for review; and 1 proposed

stipulation agreement that he was currently negotiating with the licensees counsel. Board Member Moore clarified that there was no action required for this item as it was for informational purposes only. Board Member Lee inquired if the Board would need to approve the remands. Mr. Su stated that that was an excellent point and noted that at some point he would be preparing a full report for the board regarding the matters that will be presented before them for the recommended remands, which he will need to redact the names of the files since pursuant to statute the complaints are to remain confidential.

***6. New Business:** (For Possible Action)

Board Member Moore noted that the Employment Committee met prior to the Board meeting. He stated that the Board currently has a part-time investigator position that was overtasked with not just trying to figure out what transpired with the complaint but also with trying to obtain records and trying to distill some of the information from the complaints. He noted that some of the complaint files are hundreds of pages thick with information, among other things. He noted that the most recent audit requested that the Board have more oversight. He indicated that the Employment Committee was recommending to the Board that they create a Dental Examiner position that separates the basic gathering of the information and the investigatory process that involves talking to the patient, talking to the dentist, and gathering as much information as possible but not really looking at it from a medical or dental standpoint. He explained that the Dental Examiner would distill the information obtained into a synopsis for the Review Panel, which may alleviate the review panel from having to review all documents obtained during the investigation, and that it would give the review panel an extra pair of eyes. He stated that the position has not been specifically defined as to the duties, however, the discussion held by the Employment Committee had was to define the duties, the wage, etc. but have a very specific checklist they would want to have from the Dental Examiner before presenting the complaint case to the Review Panel. He stated that this position would eliminate the position of agenda item (6)(b), which is the part-time Board Investigator, which lumped the duties all into one person, whereas the Employment Committee is recommending separating the tasks amongst the proposed Dental Reviewer position which would be one section of what the previous investigator position was doing. Board Member Moore stated that the gathering of materials and requesting records would be tasked to the proposed position of agenda item (6)(c), the proposed temporary full-time Legal Secretary position, to assist in the backlog of the complaints.

Board Member Park inquired about the number of complaints that are backlogged. Mr. Su stated that there were approximately 120 to 150 case matters that are awaiting review by the dental review panel. He discussed further the current status of a number of complaints that had either been reviewed or were received since his employment. Board Member Park inquired if the position would be just until they are caught up on the backlog of complaints or if they anticipated keeping the position. Board Member Moore inquired if she was referring to the proposed Dental Reviewer position or the proposed Legal Secretary position. Board Member Park clarified that she was referring to the Legal Secretary position. Board Member Moore stated that they were only recommending it be a temporary position and for it to be determined since the position would be used to help the Board with the backlog of complaints. Board Member Lee stated that the reason that the position was a temporary position was due to the hiring freeze, but that they hoped it would eventually transition into a permanent position to assist with managing the complaint cases. He noted that the Legal Secretary, in the future, could be tasked with document gathering for the complaints. Board Member Park stated that it would be helpful to have the Legal Secretary available once the backlog of the complaints is caught up so that she could utilize that person to help if there are any issues with Infection Control as there may be some documentation that they might need to catch up with. Board Member's Lee and Moore both stated, yes, they could utilize the Legal Secretary to assist wherever they may be needed.

***a. Discussion and recommendation of the creation of a dental reviewer position to be presented to Board for approval** (For Possible Action)

Board Member Moore called for a motion to accept the recommendation from the Employment Committee to create a dental reviewer position. He noted that should the Board approve the position, the Employment Committee would then meet at a future date to vet all the details to present to the

Board for final approval.

MOTION: Board Member West moved to recommend the approval of the Dental Examiner position with future specifics of the exact duties and pay to be tasked to the Employment Committee for discussion for future approval by the Board. Motion seconded by Board Member Lee. Discussion: Board Member Solie stated that the title of 'examiner' was a misnomer and that the agenda calls them a reviewer. She added that calling them an 'examiner' would mean that they would be an examiner for licensure, similar to being a WREB or CDCA examiner. She recommended that the Board select a different word for the position. Board Member Moore stated that the committee did discuss the name and referenced NRS 631.190. There was discussion of why the committee elected not to use the term 'reviewer' which was followed by proposed term ideas for the position. Mr. Su suggested that perhaps they could task the Employment Committee with determining an alternate title for the position when discussing the duties of the position. Board Member West amended his motion to include that the future duties, the future pay scale, and the exact title of the position be determined by the Employment committee for discussion and review for the final board. Board Member Lee seconded the amended motion. Board Member Cioffi added that the Employment Committee also determine if the position would be a part-time or full-time position, and suggested the title "Complaint Analyst." Board Member Lee inquired if the position would be dental board members. Board Member Moore stated that though it was discussed by the Employment Committee it was not listed on the agenda and clarified to the Board that the Employment Committee in their discussions of the position suggested rotating Board Members to conduct the investigations, but it was mentioned that it was important to have a panel of specialists and general dentists, similar to the pool of inspectors and evaluators, to select from for the initial complaint process before it reaches the review panel. All were in favor; motion passed.

***b. Discussion and consideration of recommendation to elimination part-time Board investigator position for board approval** (For Possible Action)

Board Member Moore called for a motion.

MOTION: Board Member Lee motioned to eliminate the part-time Board Investigator position and notify Dr. Steven Hall that his position had been eliminated. Motion seconded by Board Member West. Discussion: Board Member Solie inquired if they would need to state an elimination date since it would take some time before the Employment Committee could meet to finalize the details of the new position and the Board may still need the investigator until such time that they have the new position filled. Board Member Lee stated that the elimination of the position was effective immediately. Mr. DiMaggio stated that Dr. Steven Hall has been on paid administrative leave since approximately mid-May. He noted that the Board has been without the services of any investigator since that time. He stated that the motion by Board Member Lee was to reflect that the elimination was effective immediately. All were in favor; motion passed.

***c. Approval/Rejection of recommendation from Employment Committee to approve a temporary full-time Legal Secretary position** (For Possible Action)

Board Member Moore called for a motion.

MOTION: Board Member Lee moved to approve the position. Motion seconded by Board Member McIntyre. Discussion: Board Member Park inquired of the pay range for the position. Board Member Moore stated that the advertisement for the position was already posted, so the approval was retro-active to them running the advertisement which listed the pay range to be $15 to $30 per hour. All were in favor; motion passed.

***d. Approval by Board to grant Executive Director Authority to interview and hire job applicants for staff positions other than General Counsel, Infection Control Inspectors, and Anesthesia Evaluators; and dismiss employees, other than General Counsel, Infection Control Inspectors, and Anesthesia Evaluators, on behalf of Board, retroactive to April 24, 2020** (For Possible Action)

Board Member Moore stated that this agenda item would grant the Executive Director the authority to interview and hire for employee positions with the exception of the General Counsel position, Infection Control Inspectors, and the Anesthesia Evaluators; while also authorizing him to dismiss any employees with the exceptions noted previously. He noted that it would be retroactive back to April 24, 2020. Board Member Park noted that she would need to leave the meeting. It was noted that Board Member Park's early departure from the meeting would affect the Board's quorum.

MOTION: Board Member Lee moved to approve. Motion seconded by Board Member West. All were in favor; motion passed.

Board Member Park agreed to stay to allow them to adjourn the meeting.

~~***e. Consideration and approval/rejection to hire part-time Infection Control Employee** (For Possible Action)~~

~~(1) Natalia Y. Hill, RDH~~

Due to loss of quorum, this item to be placed on the July 28, 2020 Board meeting agenda.

~~***f. Approval of Temporary Anesthesia Permit** (For Possible Action)~~

~~**(1) General Anesthesia** (For Possible Action)~~
~~(a) Pouya Sohrab Partovi, DDS~~

Due to loss of quorum, this item to be placed on the July 28, 2020 Board meeting agenda.

~~***g. Approval of Permanent Anesthesia Permit** (For Possible Action)~~

~~**(1) Moderate Sedation (Pediatric Specialty)** (For Possible Action)~~
~~(a) Robert Bruce Howell, DDS~~

Due to loss of quorum, this item to be placed on the July 28, 2020 Board meeting agenda.

~~***h. Approval of Voluntary Surrender of License** – NAC 631.160 (For Possible Action)~~

~~(1) Julian Freeman, DMD~~
~~(2) Benjamin A. Neibaur, DMD~~
~~(3) Joseph E. Morneau, DDS~~
~~(4) Michael C. Li, DDS~~
~~(5) Madelyn S. Blanton, RDH~~

Due to loss of quorum, this item to be placed on the July 28, 2020 Board meeting agenda.

~~***i. Appointment and proposed changes to Committees** (For Possible Action)~~
~~(1) Anesthesia Committee~~
~~(2) Budget and Finance Committee~~
~~(3) Committee on Dental Hygiene and Dental Therapy~~
~~(4) Continuing Education Committee~~
~~(5) Disciplinary Committee~~
~~(6) Employment Committee~~
~~(7) Examination Liaisons~~
~~(8) Infection Control Committee~~
~~(9) Legislative, Legal and Dental Practice Committee~~

Due to loss of quorum, this item to be placed on the July 28, 2020 Board meeting agenda.

6. Public Comment: This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. The Chairperson of the Board will impose a time limit of three (3) minutes. The Chairperson may allow additional time at his/her discretion.

There was no public comment.

7. Announcements

There were no announcements.

***8. Adjournment** (For Possible Action)

Board Member Moore called for adjournment.

MOTION: Board Member Lee motioned to adjourn the Board meeting at approximately 6:58 p.m. Motion seconded by Board Member West. All were in favor, motion passed.

Respectfully submitted:

_____

Frank DiMaggio, Executive Director

Agenda Item (4)(a)

Draft Minutes:
Employment Committee Meeting - 7/21/2020

NEVADA STATE BOARD OF DENTAL EXAMINERS

Meeting Location:

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

Zoom Video and Teleconferencing was available for this meeting

Meeting Call-In Number: (669) 900 6833
Meeting ID#: 945 8003 0423
Zoom Video (via app) Password: 909215

Meeting Date & Time

Tuesday, July 21, 2020
5:30 p.m.

Draft Minutes

NOTICE OF AGENDA & TELECONFERENCE MEETING FOR THE EMPLOYMENT COMMITTEE

(David Lee, DMD, (Chair); Ronald West, DMD; D. Kevin Moore, DDS; Jana McIntyre, RDH)

PUBLIC NOTICE:

The Nevada State Board of Dental Examiners may hold board meetings via video conference or telephone conference call. ***Due to the Governor's Executive Order in response to the COVID-19 pandemic, the Board office will not be open to the general public for this meeting. The general public is encouraged to participate via teleconference***

Public Comment time is available after roll call (beginning of meeting) and prior to adjournment (end of meeting). Public Comment is limited to three (3) minutes for each individual. You may provide the Board with written comment to be added to the record.

Persons wishing to comment may appear at the scheduled meeting/hearing or may address their comments, data, views, arguments in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118; FAX number (702) 486-7046; e-mail address nsbde@nsbde.nv.gov .** Written submissions should be received by the Board on or before **Monday, July 20, 2020 by 5:00 p.m.** in order to make copies available to members and the public.

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

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact the Board office at (702) 486-7044, to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at http://dental.nv.gov In addition, the supporting materials for the public body are available at the Board's office located at 6010 S Rainbow Blvd, Ste. A-1, Las Vegas, Nevada.

Note: Asterisks (*) **"For Possible Action"** denotes items on which the Board may take action.
Note: Action by the Board on an item may be to approve, deny, amend, or tabled.

1. Call to Order

Roll call/ Quorum

Committee Member Lee called the meeting to order at approximately 5:38 p.m. and Mr. Frank DiMaggio, Executive Director, conducted the following roll call:

Dr. Ronald West -------	PRESENT	Dr. D. Kevin Moore ---	PRESENT
Dr. David Lee ----------	PRESENT (Chair)	Mrs. Jana McIntyre --------	PRESENT

Others Present: Phil Su, Esquire, Board General Counsel; Frank DiMaggio, Executive Director; Rosalie Bordelove, DAG, Board Co-Counsel.

2. Public Comment: The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

There was no public comment made.

***3. ~~President~~ Chairman's Report**: (For Possible Action)

*a. Request to remove agenda item(s) (For Possible Action)
*b. Approve Agenda (For Possible Action)

Committee Member Lee had no request to remove items from the agenda and called for a motion to approve the agenda.

MOTION: Committee Member Moore moved to approve the agenda. Motion seconded by Committee Member West. All were in favor; motion passed.

***4. Discussion and recommendation of the creation of a dental reviewer position to be presented to Board for approval** (For Possible Action)

Committee Member Lee called for discussion. He stated what the current position was and the noted the task assigned to possibly change the position and process of how complaints are investigated. Committee Member Moore stated that the old position they had was a dental investigator who had various parts to their job, which included securing records that were relevant to the complaint, contacting the patient, the dentist or the hygienist named in the complaint; they would write reviews, and there was freedom for them to discuss possible solutions with the complainant. He further stated that the investigator would make recommendations sometimes for the Board to look at, but that it should go to the review panel. Further, that in order to make the process more formal, and have a more directed way of running the complaint process, they would change it so that there would be certain in-house duties that the staff would have. He noted that later in the agenda there would be discussion regarding having a legal secretary that would do the record securing and to make sure that all of the information related to the complaint is put together. Further, that the dental reviewer would essentially review all the material gathered and would write a specific report. When the review panel looks at the issue, the review panel will have all the records to look at and they would have an independent person that has reviewed the complaint, the records, and has written a report. He stated that the position would be a trained position with duties that the Board would outline and define that would allow better oversight by the Board. He stated that the members of the review panel would rotate reviewing a complaint, which would not preclude them from having a panel. Committee Member West inquired if this would create a sort of second review panel to help offset the load of complaints to be reviewed. Committee Member Moore explained that this position would review the entire case to help distill the investigative material to present to the review panel to hopefully expedite their review process. Mr. Su described in detail what the position would entail and how it would be beneficial to obtain someone with an investigation background and not limit it to someone with just dental experience. There was some discussion regarding what the dental reviewer position would entail. Committee Member Moore clarified that the position would be a person that did more than just render an opinion based on knowledge, it would be a person that knows how to not only conduct an investigation, but who also has the knowledge of dentistry.

Committee Member Moore stated that it would be good to have non-board members and specialists reviewing certain matters. There was discussion of rotating members of the review panel and/or board to conduct the reviews, and not jeopardize a quorum of board members when they hold a board meeting. Additional discussion ensued regarding Board formal hearings and how very few they hold. Committee Member Lee stated that it would best serve the board to utilize their board members to review the complaints and when they run into a quorum issue, it was

beneficial to know that they could appoint someone outside of the board to fill in at a formal hearing so that the Board could obtain a quorum. Committee Member Moore stated that by having a pool of dental reviewers, they could have one of them fill in at a Board formal hearing in the event that the Board cannot obtain a quorum of the Governor appointed Board member positions due to Board member being used to review complaints. There was discussion of granting the Executive Director the authority to appoint someone to fill in for a recused Board member at a formal hearing, which the Board would vote on at a future meeting. Committee Member West liked the idea of having a pool of individuals that the Executive Director could select from to temporarily appoint to the Board so that a quorum could be obtained during such occurrences. Committee Member Lee inquired if that could be applied to the committee when they are short members for a quorum or if it could only be applied when the Board is short a quorum for a meeting. Mr. DiMaggio clarified that they could only do so for Board Formal Hearing and not Committee or Board meetings. Committee Member McIntyre suggested that when complaints that are reviewed are found to not fall under the Board's jurisdiction, that the review panel member or dental reviewer should be able to tell the review panel that the Board did not have jurisdiction over those cases, and to send a letter stating so. She noted that the key to the review panel was training. Committee Member Moore stated that when a complaint is first received they believe that the General Counsel and the Executive Director should be reviewing them for jurisdiction. Committee Member Lee stated that the initial Dental Reviewers would be Board members. Committee Member Moore stated that the Employment Committee was suggesting having Board Members be the dental reviewers, but ultimately it would be for the Board to decide. Committee Member Lee stated that he was in favor of using the Board Members to act as dental reviewers initially.

There was discussion of defining the duties of the dental reviewer and the requirements, and the hourly rate of the position. Mr. DiMaggio spoke of the California Medical Board and how they have training programs that their board sponsors, and offers CME credit to those who complete their program. He also spoke of the Louisiana Medical Board and a similar position they have and their requirements to be completed. He noted that the Board would need to determine the requirements for the position, as well as the hourly rate. He further noted that the Board would need to determine if the reviewer will be a Board member, an employee, an independent contractor, or any combination thereof. Committee Member Lee noted that in the statutes a Board member can definitely investigate or the Board can appoint an investigator. Committee Member Lee inquired if it were certain that a board member could conduct the investigations. Mr. DiMaggio stated that he would defer the question to Mr. Su of whether or not a Board member could be a dental reviewer as opposed to just an investigator. Committee member Lee stated that the end result is a review of the investigation. He then stated that perhaps they should not use the term 'reviewer' because the review panel would actually be the ones reviewing the complaint. There was discussion regarding changing the term 'reviewer' to avoid confusion between the position and the review panel. There was discussion of several different possibilities to change the position title to. General Counsel, Mr. Su, stated that the committee should outline the duties of the position regardless and then provide several options of position title to help expedite the process for the Board.

MOTION: Committee Member West motioned to create a Dental Reviewer position for Board approval and to more closely define the position's rate and scale of pay, and the position could include Board Members and others to be determined and potential specialists. Committee Member Moore inquired whether, for the sake of semantics, Committee Member West would be inclined to call the position a Dental Consultant in lieu of 'Reviewer' and referenced NRS 631.190. Committee Member Lee stated that he was uncertain of using the term 'Reviewer' as it may be confused with the review panel. Mr. Su suggested the term 'Examiner.' Committee Member West amended his motion to change the language from 'Dental Reviewer' position to 'Dental Examiner' position. Motion seconded by Committee Member Moore. Discussion: Committee Member West clarified that the Board at a future time would determine if the position would be filled by a board member at the same time when

they discuss the pay rate for the position. Committee Member Moore asked if Committee Member West could clarify his motion for the record. Committee Member West stated that his motion was to recommend to the Board that they create a Dental Examiner position, and in the future, define specific duties, whether the position could be filled by a board member or an outside person approved by the Board, and how the pay scale would be done, but that the position be approved. Committee Member Moore reaffirmed his second to the motion. All were in favor, motion passed.

***5. Discussion and consideration of recommendation to eliminate part-time Board investigator position for board approval** (For Possible Action)

Committee Member Lee stated that the duties of this position would be taken over partly by the legal secretary and dental reviewer/examiner.

MOTION: Committee Member West moved to approve to recommend eliminating the part-time Board Investigator position. Motion seconded by Committee Member McIntyre. All were in favor; motion passed.

***6. Discussion and recommendation of temporary full-time Legal Secretary Position for potential retroactive approval by the Board** (For Possible Action)

Committee Member Lee stated that this would be for retroactive approval, but clarified that while the position was posted online, the position had not been filled. There was discussion of the setting the pay range for the position. Mr. DiMaggio stated that they had previously discussed a pay range of $15-$30. Committee Member West noted that in previous discussions with General Counsel, he was overwhelmed with the backlog of work and he felt that the temporary Legal Secretary position was necessary. He added that once General Counsel was caught up, the Legal Secretary could be used to help gather information for the complaints and assisting the Dental Examiner.

MOTION: Committee Member Moore moved the recommend the retroactive approval of the position. Motion seconded by Committee Member West. All were in favor; motion passed.

7. Public Comment: This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. The Chairperson of the Board will impose a time limit of three (3) minutes. The Chairperson may allow additional time at his/her discretion.

There was no public comment made.

8. Announcements

There were no announcements made.

***9. Adjournment** (For Possible Action)

Committee Member Lee asked for a motion for adjournment.

MOTION: Committee Member Moore made a motion to adjourn the meeting at approximately 6:12 p.m. Motion seconded by Committee Member West. All were in favor; motion passed.

Respectfully submitted:

_____

Frank DiMaggio, Executive Director

Agenda Item (4)(a)

Draft Minutes:
Board Meeting - 7/28/2020

NEVADA STATE BOARD OF DENTAL EXAMINERS

Meeting Location:

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

Zoom Video and Teleconferencing was available for this meeting

Meeting Call-In Number: (669) 900 6833
Meeting ID#: 938 3380 8015
Zoom Video (via app) Password: 043572

Meeting Date & Time

Tuesday, July 28, 2020
6:30 p.m.

DRAFT MINUTES

BOARD OF DENTAL EXAMINERS NOTICE OF AGENDA & TELECONFERENCE MEETING

PUBLIC NOTICE:

The Nevada State Board of Dental Examiners may hold board meetings via video conference or telephone conference call. ***Due to the Governor's Executive Order in response to the COVID-19 pandemic, the Board office will not be open to the general public for this meeting. The general public is encouraged to participate via Zoom***

Public Comment time was available after roll call (beginning of meeting) and prior to adjournment (end of meeting). Public Comment was limited to three (3) minutes for each individual. Participants may provide the Board with written comment to be added to the record.

Persons wishing to comment may appear at the scheduled meeting/hearing or may address their comments, data, views, arguments in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118; ATTN: Angelica Bejar; FAX number (702) 486-7046; e-mail address nsbde@nsbde.nv.gov .** Written submissions should be received by the Board on or before **Monday, July 27, 2020 by 3:00 p.m.** in order to make copies available to members and the public.

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

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact the Board office at (702) 486-7044 to request supporting materials for the public body, or you may download the supporting materials for the public body from the Board's website at http://dental.nv.gov. In addition, the supporting materials for the public body are available at the Board's office located at 6010 S Rainbow Blvd, Ste. A-1, Las Vegas, Nevada.

Note: Asterisks (*) **"For Possible Action"** denotes items on which the Board may take action.
Note: Action by the Board on an item may be to approve, deny, amend, or tabled.

1. Call to Order

Roll call/ Quorum

Board Member Moore apologized for starting late due to the Committee meeting running over, and called the meeting to order at approximately 6:59 p.m. Mr. Frank DiMaggio conducted the following roll call:

Dr. D. Kevin Moore (President)---------- PRESENT	Dr. Ronald Lemon ----------PRESENT
Dr. David Lee (Secretary-Treasurer) ---- PRESENT	Dr. Ronald West ----------PRESENT
Dr. Elizabeth Park ---------- PRESENT	Ms. Caryn Solie ---------- PRESENT
W. Todd Thompson ---------- PRESENT	Ms. Gabrielle Cioffi ---------- PRESENT
Mrs. Jana McIntyre ---------- PRESENT	

Executive Staff present: Phil Su, Esquire, Board General Counsel; Rosalie Bordelove, DAG, Board Co-Counsel; Frank DiMaggio, Executive Director; Angelica Bejar, Public Information-Travel Administrator.

2. Public Comment: The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

There was no public comment made.

***3. President's Report**: (For Possible Action)

*a. Request to remove agenda item(s) (For Possible Action)

There were no requests made.

*b. Approve Agenda (For Possible Action)

MOTION: Board Member Thompson moved to approve the agenda. Board Member Lee seconded the motion. All were in favor, motion passed.

***4. Secretary – Treasurer's Report:** (For Possible Action)

***a. Minutes** (For Possible Action)

(1) Budget and Finance Committee Meeting – 06/23/2020

Board Member Lee stated that all board members should have had the opportunity to review the draft minutes and inquired if there were any amendments or changes to be made.

MOTION: Board Member Lee moved to approve the minutes. Board Member Cioffi seconded the motion. All were in favor, motion passed.

5. General Counsel's Report: (Informational Purposes Only)

General Counsel, Mr. Su, stated that the Review Panel convened that week where they reviewed twenty (25) matters. He noted that they were recommending that eight (8) cases be remanded; one (1) matter to be referred to the Dental Hygiene Review Panel; five (5) were referred for proposed stipulation agreements, and eleven (11) were being referred back for additional investigation and/or follow-up at a future review panel meeting.

***6. Old Business:** (For Possible Action)

***a. Consideration and approval/rejection to hire part-time Infection Control Employee** (For Possible Action)

(1) Natalia Y. Hill, RDH

Board Member Moore stated that Ms. Natalia Hill applied for a part-time Infection Control Employee position, that she met the criteria, and he recommended approval.

MOTION: Board Member Park moved to approve the hire of Ms. Natalia Hill, RDH as a part-time Infection Control Employee. Board Member McIntyre seconded the motion. All were in favor, motion passed.

***b. Approval of Temporary Anesthesia Permit** (For Possible Action)

(1) General Anesthesia (For Possible Action)
(a) Pouya Sohrab Partovi, DDS

[Additional temporary anesthesia permit – GA for consideration under new business]

Board Member Moore stated that he and Board Member Lee reviewed the application for a temporary permit, all was in order, and they recommended approval of the temporary permit for Dr. Partovi.

MOTION: Board Member West moved to approve the temporary permit for Dr. Partovi. Board Member Thompson seconded the motion. All were in favor, motion passed.

***c. Approval of Permanent Anesthesia Permit** (For Possible Action)

(1) Moderate Sedation (Pediatric Specialty) (For Possible Action)
(a) Robert Bruce Howell, DDS

Board Member Moore stated that all was in order for Dr. Howell, evaluation was successful, and recommended approval of the permanent Moderate Sedation (pediatric specialty) permit.

MOTION: Board Member Thompson moved to approve the permanent Moderate Sedation (pediatric specialty) permit for Dr. Robert Bruce Howell. Board Member West seconded the motion. All were in favor, motion passed.

***d. Approval of Voluntary Surrender of License** – NAC 631.160 (For Possible Action)

(1) Julian Freeman, DMD
(2) Benjamin A. Neibaur, DMD
(3) Joseph E. Morneau, DDS
(4) Michael C. Li, DDS
(5) Madelyn S. Blanton, RDH

Mr. Su stated that he reviewed all the applications for voluntary surrender of license, and that all board members should have received a copy. He stated that all appeared to be in order. Mr. Su noted that approving a voluntary surrender license did not preclude the board from imposing action on a licensee.

MOTION: Board Member Park moved to approve the list of voluntary surrenders. Board Member West seconded the motion. All were in favor, motion passed.

***e. Appointment and proposed changes to Committees** (For Possible Action)

(1) Committee on Dental Hygiene and Dental Therapy
a. Caryn Solie, RDH

(2) Continuing Education Committee
a. D. Kevin Moore, DDS

(3) Examination Liaisons (ADEX Representatives)
a. David Lee, DMD
b. Caryn Solie, RDH

(4) Infection Control
a. Caryn Solie, RDH

Board Member Moore stated that Board Member Solie was kind enough to volunteer to sit on the committees noted. He welcomed volunteers to be appointed to any of the positions noted, and if not he would volunteer to fill a vacancy on the Continuing Education Committee.

MOTION: Board Member Park moved to approve the appointments to the committees as listed. Board Member Lemon seconded the motion. All were in favor, motion passed.

***7. New Business:** (For Possible Action)

***a. Select and approve interested Board members to attend the AADB meeting in Chicago on February 27-28, 2021** (For Possible Action)

Board Member Moore stated that he and Board Member Lee attended the AADB meeting last year, felt that it was beneficial to attend. He noted his interest in attending and stated that for anyone wishing to attend to notify staff.

***b. Approval of Temporary Anesthesia Permit** (For Possible Action)

(1) General Anesthesia (For Possible Action)
(a) Spencer Armuth, DMD

Board Member Moore stated that he reviewed the application for a permit, all was in order and he recommended approval of the temporary permit for Dr. Armuth.

MOTION: Board Member Lee moved to approve the temporary permit for Dr. Armuth. Board Member Lemon seconded the motion. All were in favor, motion passed.

8. Public Comment: This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. The Chairperson of the Board will impose a time limit of three (3) minutes. The Chairperson may allow additional time at his/her discretion.

No public comment was made.

9. Announcements

No announcements were made.

***10. Adjournment** (For Possible Action)

Board Member Moore called for adjournment.

MOTION: Board Member Park moved to adjourn the Board meeting at approximately 7:13 p.m. Board Member West seconded the motion. All were in favor, motion passed.

Respectfully submitted:

_____
Frank DiMaggio, Executive Director

Agenda Item (4)(a)

Draft Minutes:
Employment Committee Meeting - 7/28/2020

NEVADA STATE BOARD OF DENTAL EXAMINERS

Meeting Location:

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

Zoom Video and Teleconferencing was available for this meeting

Meeting Call-In Number: (669) 900 6833
Meeting ID#: 980 2881 6137
Zoom Video (via app) Password: 650963

Meeting Date & Time

Tuesday, July 28, 2020
6:00 p.m.

DRAFT MINUTES

NOTICE OF AGENDA & TELECONFERENCE MEETING FOR THE EMPLOYMENT COMMITTEE

(David Lee, DMD, (Chair); Ronald West, DMD; D. Kevin Moore, DDS; Jana McIntyre, RDH)

PUBLIC NOTICE:

The Nevada State Board of Dental Examiners may hold board meetings via video conference or telephone conference call. ***Due to the Governor's Executive Order in response to the COVID-19 pandemic, the Board office will not be open to the general public for this meeting. The general public is encouraged to participate by Zoom Meeting***

Public Comment time is available after roll call (beginning of meeting) and prior to adjournment (end of meeting). Public Comment is limited to three (3) minutes for each individual. You may provide the Board with written comment to be added to the record.

Persons wishing to comment may appear at the scheduled meeting/hearing or may address their comments, data, views, arguments in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118; FAX number (702) 486-7046; e-mail address nsbde@nsbde.nv.gov** . Written submissions should be received by the Board on or before **Monday, July 27, 2020 by 3:00 p.m.** in order to make copies available to members and the public.

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

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact the Board office at (702) 486-7044, to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at http://dental.nv.gov In addition, the supporting materials for the public body are available at the Board's office located at 6010 S Rainbow Blvd, Ste. A-1, Las Vegas, Nevada.

Note: Asterisks (*) **"For Possible Action"** denotes items on which the Board may take action.
Note: Action by the Board on an item may be to approve, deny, amend, or tabled.

1. Call to Order

Roll call/ Quorum

Committee Member Lee called the meeting to order at approximately 6:04 p.m., and Mr. Frank DiMaggio conducted the following roll call:

Dr. David Lee ----------	PRESENT (Chair)	Dr. D. Kevin Moore ----------	PRESENT
Dr. Ronald West -------	PRESENT	Mrs. Jana McIntyre ---------	PRESENT

Others Present: Phil Su, Esquire, Board General Counsel; Frank DiMaggio, Executive Director; Rosalie Bordelove, DAG, Board Co-Counsel.

2. Public Comment: The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

No public comment was made.

***3. President's Report**: (For Possible Action)

*a. Request to remove agenda item(s) (For Possible Action)

No items were requested for removal.

*b. Approve Agenda (For Possible Action)

MOTION: Committee Member Moore moved to approve the agenda. Committee Member McIntyre seconded the motion. All were in favor, motion passed.

***4. Discussion of position title change, proposed compensation, and job duties for Dental Examiner position, with recommendations to be made to the Board for approval** (For Possible Action)

Committee Member Lee stated that he would like to address the change of position title first. Committee Member McIntyre inquired if the position would be tasked with gathering information for the investigation and making a recommendation to the review panel. Committee Member Lee responded affirmatively, and clarified that they would be examining all the documents received for the investigation and making a recommendation to the review panel based on their findings. Committee Member West stated that he favored the term preliminary because he would like to see the dentist and complainant to potentially come to an agreement since many times complaints derive from lack of communication. There were several suggestions for the title of the position, such as: Preliminary Review Officer, Preliminary Review Evaluator; Dental Examiner; Preliminary Dental Examiner, Preliminary Complaint Examiner; Dental Complaint Examiner; Initial Complaint Analyst; and Initial Complaint Examiner. Committee Member West suggested gathering the three (3) top names to present to the Board. Mr. DiMaggio read the suggested names submitted by Board Member Caryn Solie, which were: Dental Complaint Researcher; Dental Complaint Interviewer; Dental Complaint Agent; Dental Complaint Intelligence Gatherer; Dental Complaint Analyzer; and Dental Complaint Evaluator. There was additional discussion regarding possible titles. There appeared to be a consensus of the initial terms "Preliminary Screening" for the title. There was discussion regarding any legal parameters that delineated the terms the Board may use for the title of a position. Upon additional discussion regarding the title they noted any concerns addressed in the most recent LCB audit related to the position and title. Mr. Su read NRS 631.190(2) into the record. Committee Member Moore suggested the title "Preliminary Screening Consultant." Committee Members West and McIntyre were in favor of the suggestion by Committee Member Moore. Committee Member West suggested that they keep the initial terms "Preliminary Screening" and offered options for the third word of the title, such as: (1) Analyst, (2) Consultant, and (3) Evaluator. The consensus was in favor of the title "Preliminary Screening Consultant" and agreed to move on to discuss the recommended proposed compensation.

Committee Member West asked Mr. DiMaggio to provide his experience from his previous employment of a similar position and the compensation for said position; which he acquiesced. Committee Member Moore suggested considering a flat rate per case. There was discussion on the sizes of the cases and the idea of proposing a flat rate per case reviewed and prepared. Committee Member McIntyre noted that some case files could be as little as 40 pages long, while other cases could be larger than 500 pages long. Committee Member Lee stated that the position should not be seen as an employee position, but rather as a gratuity based service to the Board and dental community. There was discussion regarding the length of time it may take to review a particular case.

Mr. Su stated that there have been times that the Review Panel will return a case for further investigation, and thus inquired if that would be something they would need to take into account when discussing the compensation. He asked if the Review Panel determines that they want additional information or if they request for a specialist to review the matter how would they approach compensation at that point. Committee Member Lee stated that they would still be compensated a flat rate per case. Committee Member West inquired if Committee Member Moore could discuss how Peer Review handled compensation. Committee Member Moore stated that when he was on peer review it was not a paid position; however, in peer review they would discuss of how to arbitrate both sides. He suggested that they clarify the duties of the position before determining the flat fee rate. He stated that the position should gather the documents, and based on what they review create a summary to provide to the review panel. There was discussion of setting the flat fee at a couple hundred dollars. Committee Member West suggested that on average a case could take 2 hours to review, and at $100 an hour, he proposed setting the flat rate at $200 per case. The committee members found that to be a reasonable rate.

There was discussion of keeping the job description fairly simple and what it entailed. Committee Member Moore stated that at the previous Employment Committee meeting they had discussed having the Legal Secretary, whenever one is hired, be the one to request the records for the complaints. Further, that duty of the consultant would be to review the records gathered and to provide a summary of the findings of information that has been gathered by staff. Furthermore, the summary created by the consultant would then be provided to the Review Panel. Mr. DiMaggio read into the record the proposed minimum requirements for the position, the duties of the position, and the qualities. Committee Member Lee suggested that under 'possible duties' where it states "Reviews dental records and facts independently and partially, the records be redacted to ensure that the consultant remains impartial. There was discussion on the practicality of redacting names from the complaints, especially when there are cases with responses and information from multiple practitioners. It was suggested possibly having someone from Northern Nevada review cases from Southern Nevada and vice versa. There was discussion regarding the integrity of knowing when to notify the office if they have any affiliation with a licensee in question and whether it would affect their ability to remain impartial during their review of the matter. It was suggested that there perhaps be a conflicts check that every consultant would need to complete upon receiving a case, as well as have a set of parameters to help determine if their affiliation would disqualify them from reviewing a particular matter. Committee Member Moore stated that they perhaps discuss the duties and minimum requirements due to lack of time. He suggested making a recommendation regarding the title for the position, as well as the recommended compensation. Committee Member Lee suggested that they approve the proposed list of duties and suggested the only change be that they include 'dental therapy' to the list of duties.

MOTION: Committee Member West moved to recommend to the Board the position title of 'Preliminary Screening Consultant,' to set the compensation at a flat rate of $200, and approve the proposed list of duties as presented but to add 'dental therapists' to the areas where dentists and dental hygienists are listed. Committee Member McIntyre seconded the motion. All were in favor, motion passed.

5. <u>Public Comment</u>: This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. The Chairperson of the Board will impose a time limit of three (3) minutes. The Chairperson may allow additional time at his/her discretion.

There was no public comment made.

6. Announcements

There were no announcements made.

***7. Adjournment** (For Possible Action)

Committee Member Lee called for a motion to adjourn the meeting.

MOTION: Committee Member West moved to adjourn the meeting at approximately 6:52 p.m. Committee Member McIntyre seconded the motion. All were in favor; motion passed.

Respectfully submitted:

_____

Frank DiMaggio, Executive Director

Agenda Item (4)(a)

Draft Minutes:
Anesthesia Committee & Anesthesia Sub-Committee Meeting - 7/29/2020

NEVADA STATE BOARD OF DENTAL EXAMINERS

Meeting Location:

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

Zoom Video and Teleconferencing Available for this meeting
Meeting Call-In Number: (669) 900 6833
Meeting ID#: 931 0144 5434
Zoom Video (via app) Password: 113631

Meeting Date & Time

Wednesday, July 29, 2020
6:00 p.m.

DRAFT MINUTES

NOTICE OF AGENDA & *COMBINED* TELECONFERENCE MEETING OF 1) THE ANESTHESIA COMMITTEE and 2) THE ANESTHESIA SUB-COMMITTEE

PUBLIC NOTICE:

The Nevada State Board of Dental Examiners may hold board meetings via video conference or telephone conference call. The public is welcomed to attend the meeting at The Board of Dental Examiners office located at 6010 S. Rainbow Blvd, Suite A1 Las Vegas, NV 89118.

Public Comment time is available after roll call (beginning of meeting) and prior to adjournment (end of meeting). Public Comment is limited to three (3) minutes for each individual. You may provide the Board with written comment to be added to the record.

Persons wishing to comment may appear at the scheduled meeting/hearing or may address their comments, data, views, arguments in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118, Attn: Angelica Bejar; FAX number (702) 486-7046; e-mail address nsbde@nsbde.nv.gov .** Written submissions should be received by the Board on or before **July 28, 2020 at 3:00 p.m.** in order to make copies available to members and the public.

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

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Angelica Bejar, at (702) 486-7044, option 4, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact Angelica Bejar at (702) 486-7044, option 4, to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at http://dental.nv.gov In addition, the supporting materials for the public body are available at the Board's office located at 6010 S Rainbow Blvd, Ste. A-1, Las Vegas, Nevada.

Note: Asterisks (*) **"For Possible Action"** denotes items on which the Board may take action.
Note: Action by the Board on an item may be to approve, deny, amend, or tabled.

1. Call to Order

- Roll call/ Quorum

Committee Member Moore called the meeting to order at approximately 6:04 p.m., and Mr. Frank DiMaggio conducted the following roll call:

Anesthesia Committee:	
Dr. D. Kevin Moore(Chair)	PRESENT
Dr. Ron West	PRESENT
Dr. W. Todd Thompson	PRESENT

Executive Staff Present: Phil Su, Esquire, General Counsel; Frank DiMaggio, Executive Director; Angelica Bejar, Public Information- Travel Administrator; Sandra Spilsbury, Site Inspection-CE Coordinator.

2. Public Comment: The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

Mr. Cory Pickens commented that he was on the agenda for a re-review of their program. Gave a brief history of the reason why they were being re-reviewed. He explained that a Nevada dentist was registered to take their course at a location and program that was not approved by the board. When the error was realized they refunded the dentist and had the dentist registered into the correct program at the correct location and noted that they have since then corrected the issue. He asked that they verify the legitimacy of any negative comments that may have gone around regarding ADMA. He thanked the committee for their time.

***3. Chairman's Report**: *D Kevin Moore, DDS* (For Possible Action)

(a) Request to remove agenda item(s) (For Possible Action)

Committee member Moore requested to table agenda item 4 due to receiving additional information prior to the meeting, and the committee needing time to review the additional information received.

(b) Approve Agenda (For Possible Action)

MOTION: Committee Member West moved to table agenda item (4) and to approve the agenda. Committee Member Thompson seconded the motion. All were in favor, motion passed.

***4. ~~Discussion, review, and consideration of the Dental IV Sedation Certification Program offered through the Academy of Dental and Medical Anesthesia (ADMA) to make recommendations on whether it satisfies program requirements for a moderate sedation (on patients 13 years of age & older) administering permit for possible reinstatement of their prior Board approval – NAC 631.2213(2)(a)(1) [by *combined* Anesthesia Sub-Committee and Anesthesia Committee]~~** (For Possible Action) - Dr. Moore

***a. ~~Discussion and recommendations [by the Anesthesia Committee] regarding agenda item (4) to present to the Full Board~~** (For Possible Action)

Agenda item (4) was tabled.

***5. Discussion and consideration of possible revisions to the current Moderate Sedation (for patients 13 years of age & older) Program Provider Application Form [by *combined* Anesthesia Sub-Committee and Anesthesia Committee]** (For Possible Action) - Dr. Moore

***a. Discussion and recommendations [by the Anesthesia Committee] regarding agenda item (5) to present to the Full Board** (For Possible Action)

Committee Member Moore stated that they would be looking at the Moderate Sedation Program Provider Application Form, and called for discussion. He noted that his would be a review of the application and process, and to see if the committee members were comfortable with the current structure of the form, which he briefly reviewed.

Committee Member Moore called for a roll call of the Anesthesia Sub-Committee. Mr. DiMaggio conducted the following roll call of the Anesthesia Sub-Committee:

Anesthesia Sub-Committee Roll Call:	
Dr. D. Kevin Moore(Chair)	PRESENT
Dr. Brendan Johnson	PRESENT
Dr. Amanda Okundaye	PRESENT
Dr. Edward Gray	EXCUSED
Dr. Jade Miller	PRESENT
Dr. Joshua Saxe	EXCUSED
Dr. Ted Twesme	PRESENT
Dr. Tomas Kutansky	PRESENT

A quorum of the Anesthesia Sub-Committee was confirmed at approximately 6:14 p.m.

Committee Member Thompson noted that the form was last revised in August of 2018 and he did not see any revisions to be made to the form. Committee Member West stated that there was not that many approved courses for Moderate Sedation available. He inquired if they wanted licensees to continue to participate in live training programs since some of the programs currently available are offering virtual training programs and if they were inclined to accept such course, which would allow programs to be tailored to fit the Board's training requirements; or would they continue to require that the courses remain face-to-face live training. Committee Member Johnson stated that from an academics perspective virtual learning would be doable, however, that doing away with a live training course with a live patient where they are also trained to monitor and on emergency scenarios, would not be ideal. He added that it would a great liability risk and was grossly opposed to allowing them to change it to virtual training. Committee Member West clarified that meant that the didactic aspect of the training possibly could be completed virtually. Sub-Committee Member Okundaye noted that while they are moving to a more virtual world, her input was that should the 60 hours be done virtually that they would need to have something to show that those 60 hours were actually completed since it wasn't in person. Her only concern with virtual training was she would want proof showing that they have reviewed and grasped the materials of the training. She noted the importance of having the administration of anesthesia training be done in person. There was discussion of considering having the didactic portion be completed virtually and the administration training completed in person, while considering the important aspects to keep in mind should they consider allowing a portion of the requirements be virtually completed. Committee Member Thompson stated that the application in question does not state how the training must be completed, and therefore did not feel that the review of the application merited a discussion of changing the form as presented.

MOTION: Committee Member Thompson made a motion to accept the current agenda item with the application form as is. Discussion: Committee Member West read section 2 of the form into the record and clarified that he was looking at the manner, purpose and method of how the education might be completed. Committee Member Moore inquired if any of the sections listed on the application would disallow part of the course from being completed virtually. Sub-Committee Member Okundaye stated that this year her course that she is teaching is part hybrid, and therefore, part of it is being completed virtually. She noted that given the current times they would not want to be so strict in this new climate. Additional discussion ensued regarding the possibility of allowing a portion of the training be completed virtually and the possible number of hours they would allow to be done virtually, and how many hours must be live training. There was discussion of possibly tabling the discussion of online training and live training hours. Committee Member Moore inquired if Committee Member Thompson stated a motion. Committee Member Thompson stated that his motion was to keep the form as is. He expressed his concerns with some of the discussion regarding changing the number of hours of live patient training and allowing for a portion of the hours to be completed virtually, while trying to be realistic of some of the hybrid courses currently being offered at the universities. He noted that he was against the idea of allowing a 60-hour course that consisted of all virtual training. Committee Member Moore seconded the motion. Discussion: Sub-Committee Member Miller noted that one option is that when a program provider submits an application, upon review they should be able to determine if that particular program had too many hours completed virtually. Ms. Sandra Spilsbury stated that she receives numerous calls from providers regarding concerns of their course possibly not meeting the requirements. Furthermore, that they hesitate submitting an application for their program and pay the application fee when the fee is not refundable, if they cannot guarantee that their program would be approved because it is not clearly defined if the didactic portion of the course may be completed online. She noted that many courses do offer the didactic portion online and will only know if their course meets the requirements by submitting the provider application and potentially lose the money should the course be denied for not meeting the criteria. Additional discussion ensued regarding where the live patient training be completed. She noted that the Board historically has not accepted courses that have the live patient training conducted in a private practice setting. Committee Member West inquired if the Sub-Committee members who are practicing permit holders, if they would be opposed to having a course done in a private practice versus requiring it be done in a hospital or approved Continuing Education setting. Sub-Committee Member Kutansky stated that

there have been some evaluations he has conducted where the permit holder had their training done at a university setting and were scary to proctor because they were undertrained. He noted that he was reluctant to make the criteria easier. There were concerns that with COVID-19, hospital settings may not be available for individuals to get the training. Sub-Committee Member Kutansky expressed his concern regarding the delicacy of the area that individuals are being trained for, the administration of anesthesia. There was some discussion regarding the settings that the training would take place. Sub-Committee Member Okundaye stated that the locations that the training takes place at must have ADA/CERP/AGD certification, which the certification criteria requires that the training must be in a university based program. Additionally, that it is nearly impossible to obtain ADA/CERP/AGD certification in a private practice setting. All were in favor of the motion, motion passed.

Committee Member Moore stated that he would make a note of Sub-Committee Member Okundaye's suggestion that the matter regarding the hours of training be revisited by the Committee at the end of the year, when they may have a better understanding of the effects of COVID-19.

***6. Discussion and consideration of possible revisions to the current Anesthesia Evaluator/Inspector Application Form [by Anesthesia Sub-Committee and Anesthesia Committee]**

(For Possible Action) - Dr. Moore

***a. Discussion and recommendations by the [Anesthesia Committee] of the possible revisions to the current Anesthesia Evaluator/Inspector Application Form to present to the Full Board**

(For Possible Action)

Committee Member Moore referred the committee and sub-committee members to the page with the requirements listed on the application form, and he proceeded to review each requirement. He continued on to discuss the terms "good standing" and how it may be defined, which he deferred to Mr. DiMaggio for discussion. Mr. DiMaggio stated that currently "good standing" was not defined in Nevada Chapter 631. He noted that it would be at the Board's discretion to define it. He added that he provided proposed drafts for the committee and sub-committee members to consider. Mr. DiMaggio briefly went over the proposed drafts he created for consideration. There was light discussion regarding liability coverage concerns, where it was noted that Nevada currently does not mandate liability coverage for dentists. Several committee and sub-committee members favored the proposed drafts as presented. Committee Member Moore asked Mr. DiMaggio to include a question regarding liability insurance coverage to the proposed drafts. He noted that he was not certain if the Board could require coverage if the statutes do not require licensees to obtain such coverage.

MOTION: Committee Member Thompson made the motion to accept the draft changes proposed by the Executive Director on the Anesthesia evaluator/inspector application form. Committee Member West seconded the motion. All were in favor, motion passed.

***7. Discussion and recommendations of possible revisions to the current Anesthesia Administering Permit Application Forms [by Anesthesia Sub-Committee and Anesthesia Committee]**

(For Possible Action) - Dr. Moore

i. General Anesthesia (For Possible Action)
ii. Moderate Sedation (pediatric specialty) (For Possible Action)
iii. Moderate Sedation (for patients 13 years of age & older) (For Possible Action)

***a. Discussion and recommendations [by the Anesthesia Committee] of the possible revisions to the current Anesthesia Administering Permit Application Forms to present to the Full Board**

(For Possible Action) - Dr. Moore

Committee Member Moore stated he listed these as a group and opens it up to suggestions for proposed changes. He inquired if there were any proposed changes to the forms. No proposed changes were offered.

MOTION: Committee Member Thompson made the motion to keep the forms as is. Committee Member West seconded the motion. All were in favor, motion passed.

***8. <u>Discussion, review, and possible consideration of revisions to the current Anesthesia Evaluation/Inspection Forms [by the Anesthesia Sub-Committee and Anesthesia Committee]</u>**
(For Possible Action) - Dr. Moore

i. General Anesthesia (For Possible Action)
ii. Moderate Sedation (For Possible Action)

Committee Member Moore stated this was to review the evaluation/inspection forms currently being used. It was briefly noted that it was suggested that they possibly change the headings where the drugs are listed. Sub-Committee Member Twesme noted that on the General Anesthesia (GA) Evaluation/Inspection form under section (7) Ancillary Equipment item (i) it states "electrocardioscope and defibrillator" which should be listed separately as they are two different items. Ms. Spilsbury noted that pursuant to NAC 631.2227, they had both items listed together, and therefore was unsure if they would be able to list them separately on the evaluation/inspection form. Sub-Committee Member Twesme stated that they would still be in compliance with the regulation if they were to separate them on the form as both items were still required equipment. It was noted to separate item (c) and make sphygmomanometer and stethoscope two separate items, since they must have both. Sub-Committee Twesme noted that it would be best separate them as there have been times where an office is only equipped with one item and not both as listed.

Sub-Committee Member Okundaye noted that on page 4 of the GA Evaluation/inspection form, under item (1) Bag valve mask with appropriate size masks, she noted that an adult sized masked would be more appropriate since the kids they see are measured by weight, which many of them better fit an adult sized mask, and therefore, did not feel that inspectors should be limiting it to certain offices only providing pediatric sized masks. She noted, however, that it could be addressed during calibration and didn't necessitate a change on the form. Sub-Committee Member Okundaye clarified that the bag can be an adult sized bag, however, that the mask sizes they must carry are from neo-natal to adult sized. It was agreed that the way it is written on the evaluation form is acceptable, but would like it addressed during calibration.

Sub-Committee Member Okundaye noted that there was one other area that she felt should also be discussed at a future calibration, which was on page three of the Moderate Sedation (MS) site inspection form, specifically under "'Drugs' item 1 – Vasopressor drug available?" it should be made clear that providers may use any of the acceptable drugs listed that may be used as a vasopressor. She suggested that they list the three that are acceptable and have the provider or inspector indicate which of the three drugs they have elected to use to satisfy this requirement for their MS permit. Sub-Committee Member Twesme asked for clarification if an epi-pen would be appropriate. Sub-Committee Member Okundaye stated yes. Additional discussion ensued on the list of appropriate drugs that inspectors should be referring to when conducting the inspections and that the provider should be allowed to select from the list of acceptable drugs to satisfy a particular category during inspection. Committee Member Moore stated that during calibration it will be noted that so long as the provider has a drug that is on the list of acceptable drugs then the provider should not be delayed in receiving a passing inspection. Sub-Committee Member Twesme suggested that perhaps Sub-Committee Member Okundaye could put together a list of acceptable drugs for the different categories that providers and inspectors could refer to. Committee Member Moore stated that they should have a class of drugs that would be acceptable and not have it so limited and specific based on preferred medications. He added further that the updated list of drugs be provided to providers and inspectors in their packets.

Sub-Committee Member Okundaye referred the committees to the Simulated Emergencies section, specifically item 14, that instead of stating Local Anesthesia "overdose" she preferred the term "toxicity" and suggested it be changed.

Sub-Committee Member Okundaye suggested removing 'Laryngospasm' from the simulated emergencies of the moderate sedation evaluation forms as they do not use it under that permit type. She noted, however, that if they do not change it, she would like it to be discussed at calibration. She stated they could discuss that scenario during the exam, and should they feel it fits that simulated emergency then they would be fine; she just wanted to point out that for moderate sedation providers it was not something they would see. Ms. Spilsbury noted that under NAC 631.2225, it did list an airway obstruction laryngospasm as one of the scenarios that is required for both the issuance of a permit and

for renewals of a permit, whether a general anesthesia permit or moderate sedation permit. Ms. Spilsbury noted further that for the use of the term "toxicity" instead of "overdose" the regulation lists "overdose" and perhaps that is why the form uses that term. Committee Member Moore stated he appreciated them bringing these suggestions to their attention, as he would like them to be reviewed by Mr. Phil Su for future regulation changes. There was lengthy discussion regarding the term 'laryngospasm' and the legal requirements of having to use the term in the emergency scenarios for general anesthesia and moderate sedation permits, with offered opinions from several committee members on its necessity as it related to general anesthesia and moderate sedation. Committee and sub-committee members appeared to agree to include 'airway obstructions/laryngospasms' to the moderate sedation permit evaluation form and to leave the language as is on the general anesthesia evaluation/inspection form.

***a. <u>Discussion and recommendations [by the Anesthesia Committee] of the possible revisions to the current Anesthesia Evaluation/Inspection Form to present to the Full Board</u>**
(For Possible Action) - Dr. Moore

MOTION: Committee Member West made the motion to recommend the following changes to the General Anesthesia Form: (1) under ancillary equipment split items (c) and (i) to list the equipment separately; and (2) change number 14 under emergency scenarios to read 'local anesthesia overdose/ toxicity. Committee Member Thompson seconded the motion. All were in favor, motion passed.

MOTION: Committee Member West made the motion to recommend the following changes to the Moderate Sedation form: (1) under emergency scenarios change the moderate sedation form to read 'airway obstructions/laryngospasm; and (2) change number 14 under emergency scenarios to read 'local anesthesia overdose/ toxicity. Committee Member Thompson seconded the motion. All were in favor, motion passed.

***9. <u>Discussion and consideration of possible revisions to the current Simulated Emergencies & Responses for corresponding anesthesia permits [by Anesthesia Sub-Committee and Anesthesia Committee]</u>** (For Possible Action) - Dr. Moore

i. General Anesthesia (For Possible Action)
ii. Moderate Sedation (pediatric specialty) (For Possible Action)
iii. Moderate Sedation (for patients 13 years of age & older) (For Possible Action)

***a. <u>Discussion and recommendations [by the Anesthesia Committee] of the possible revisions to the current Simulated Emergencies & Responses for corresponding anesthesia permits to present to the Full Board</u>** (For Possible Action) - Dr. Moore

Committee Member Moore stated that they would only be required to go into closed session if they were going to go into specifics. He noted that the scenarios were deemed confidential and that they had not been revised in years, and that he would like new scenarios written. Sub-Committee Okundaye stated that she would like to have both the Anesthesia Sub-committee and Anesthesia Committee members to meet during calibration and, perhaps, review and revise the emergency scenarios at that time. It was clarified that the Anesthesia Sub-Committee meet to review and revise the emergency scenarios during calibration, and then present the proposed revisions to the Anesthesia Committee for review and possible recommendation to the Board for approval.

MOTION: Committee Member West made the motion to have the Anesthesia Sub-Committee to thoroughly review the emergency scenarios to make appropriate changes to submit to the Anesthesia Committee for approval. At the request of Committee Member Moore, Committee Member West added to his motion to have the Anesthesia Evaluators partake in the review and revision of the emergency scenarios. Committee Member Thompson seconded the motion. All were in favor, motion passed.

Sub-Committee Member Twesme stated that he currently sat on the CDCA Anesthesia Committee and noted that they have an Anesthesia exam that can be purchased from CDCA for general anesthesia, pediatric moderate sedation, and moderate sedation, that included an exam that they could take; which includes them doing a virtual evaluation where they will review the appropriate drugs as it pertained to each permit type. He explained what the virtual evaluation entailed. He went on to briefly

discuss certain instances where evaluators have had to step in during an evaluation to help control a potential emergency situation, specifically in California. Committee Member Moore inquired if it would be possible to have him request for CDCA to give a presentation of this option, and that he would list it on a future agenda.

10. Public Comment: This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. The Chairperson of the Board will impose a time limit of three (3) minutes. The Chairperson may allow additional time at his/her discretion.

Dr. Cory Pickens, with the ADMA, commented on the virtual training as it pertained to the 60 hours of live training required, and stated that he believed that the 60 hours could be done virtually if they have a live instructor training them where questions can be answered in live time. He added that there should be testing in general areas based on those 60 hours, which would be based on whether or not the state wants to add a participation/proficiency aspect to the didactics and clinical portions of the training. He noted that the ADMA will not further anyone unless they can prove proficiency on the topics covered in the 60 hours; which included them having to pass a test on each topic, including clinical. He made additional comments regarding evaluations and stated that Nevada has always led the way in being progressive and issuing strong regulations for public safety that have a lot of common sense. He noted that he agreed with Sub-Committee Member Okundaye's recommendation to have an educational component added to the site inspection and to hold calibrations to ensure that the inspectors/evaluators and committee members are all on the same page.

Mr. Mercer, with the ADMA, stated that he had been in touch with Sandra Spilsbury via email and he respectfully requested an update on that agenda item and wanted to know if there was any additional information needed so that the board could move forward with their application. Ms. Spilsbury noted that the application was already reviewed by the Continuing Education Committee and their recommendations were presented to the Board for approval; however, the Board tabled the application pending review of the sedation course by the Anesthesia Committee. Mercer stated that he was inquiring specifically about the neuromodulators application and its status. Committee Member Moore stated that their application was tabled as the Board members wanted additional information regarding ADMA. Dr. Pickens stated that it was clearly understood.

Dr. Pickens commented that it appeared that there were emails with additional information provided to the Committee regarding ADMA and wondered if they would be provided with copies of the information that the Board was in receipt of so that they may provide a response. Committee Member Moore responded affirmatively.

11. Announcements

No announcements were made.

***12. Adjournment** (For Possible Action)

Committee member Moore called for a motion to adjourn the meeting.

MOTION: Committee Member West motioned to adjourn the meeting at approximately 7:38 p.m. Committee Member Thompson seconded the motion. All were in favor, motion passed.

Respectfully submitted:

_____

Frank DiMaggio, Executive Director

Agenda Item (4)(a)

Draft Minutes:
Employment Committee Meeting - 8/04/2020

NEVADA STATE BOARD OF DENTAL EXAMINERS

Meeting Location:

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

Zoom Video and Teleconferencing was available for this meeting

Meeting Call-In Number: (669) 900 6833
Meeting ID#: 927 3741 5615
Zoom Video (via app) Password: 902971

Meeting Date & Time

Tuesday, August 4, 2020
5:30 p.m.

DRAFT MINUTES

NOTICE OF AGENDA & TELECONFERENCE MEETING FOR THE EMPLOYMENT COMMITTEE

(David Lee, DMD, (Chair); Ronald West, DMD; D. Kevin Moore, DDS; Jana McIntyre, RDH)

PUBLIC NOTICE:

The Nevada State Board of Dental Examiners may hold board meetings via video conference or telephone conference call. ***Due to the Governor's Executive Order in response to the COVID-19 pandemic, the Board office will not be open to the general public for this meeting. The general public is encouraged to participate via teleconference***

Public Comment time is available after roll call (beginning of meeting) and prior to adjournment (end of meeting). Public Comment is limited to three (3) minutes for each individual. You may provide the Board with written comment to be added to the record.

Persons wishing to comment may appear at the scheduled meeting/hearing or may address their comments, data, views, arguments in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118; FAX number (702) 486-7046; e-mail address nsbde@nsbde.nv.gov .** Written submissions should be received by the Board on or before **Monday, August 3, 2020 by 3:00 p.m.** in order to make copies available to members and the public.

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

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact the Board office at (702) 486-7044, to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at http://dental.nv.gov In addition, the supporting materials for the public body are available at the Board's office located at 6010 S Rainbow Blvd, Ste. A-1, Las Vegas, Nevada.

Note: Asterisks (*) **"For Possible Action"** denotes items on which the Board may take action.
Note: Action by the Board on an item may be to approve, deny, amend, or tabled.

1. Call to Order

Roll call/ Quorum

Committee Member Lee called the meeting to order at approximately 5:32 p.m., and Mr. Frank DiMaggio conducted the following roll call:

Dr. David Lee ----------	PRESENT (Chair)	Dr. D. Kevin Moore ----------	PRESENT
Dr. Ronald West -------	PRESENT	Mrs. Jana McIntyre ---------	PRESENT

Executive staff present: Phil Su, Esquire, Board General Counsel; Frank DiMaggio, Executive Director; Angelica Bejar, Public Information-Travel Administrator.

2. Public Comment: The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

There was no public comment made.

***3. President's Report**: (For Possible Action)

*a. Request to remove agenda item(s) (For Possible Action)

No requests were made.

*b. Approve Agenda (For Possible Action)

MOTION: Committee Member Moore moved to approve the agenda. Committee Member West seconded the motion. All were in favor, motion passed.

***4. Discussion and consideration of the minimum job qualifications/requirements for the Dental Review/Preliminary Screening Consultant, with recommendations to be made to the Board for approval** (For Possible Action)

Committee Member Lee opened up the floor for discussion. Committee Member Moore brought up the 'No prior disciplinary history' and noted that the requirements for some of the positions are that they have to be licensed for five (5) years. It was clarified that 'disciplinary action' would refer to anything that was reportable to the National Practitioners Data Bank (NPDB). Committee Member Lee stated that they should clarify that on the list of requirements, and therefore it was suggested that it state "no disciplinary history." There was additional discussion on the same topic and it was agreed upon to change the language to "No prior reportable disciplinary history to the NPDB." There was discussion of possibly running a background check. The committee members were amenable to a background check. There was discussion regarding the reporting requirements that the licensees must abide by. Committee Member Moore stated that he would like to summarize the qualifications as it related to disciplinary action, and discussed with the committee the idea of leaving the requirement of "no pending complaints/ accusations." Committee Member West expressed that the did not favor the idea of listing 'no pending complaints/accusations' due to the fact that if a licensee had a pending complaint and it turned into action, the Board could then determine the kind of action – if any – to impose. Additional discussion ensued regarding actions the Board can take regarding pending complaints. The Committee further discussed that yearly the Employment Committee could review the consultants to ensure that they do not have any pending complaints or actions, and to ensure that they continue to meet the requirements prior to recommending them for possible reappointment. Mr. Phil Su stated that investigations were confidential and inquired if they would want Board staff check to see if a consultant has any pending matters and present that information to the Committee. Therefore, he was not sure if 'pending complaints/investigations' needed to be included. Upon further discussion, the committee members were amenable to the removal of "No pending complaints/accusations" from the list of requirements. There was discussion regarding the removal of bulleted item four "no complaint history within the last three years."

There was discussion regarding specialty licensure and the minimum requirements and requiring a minimum of five (5) years' experience. They went on to discuss the minimum requirements for a general practitioner and agreed that the minimum requirements for specialists should hold the same requirement of them having at least five (5) years of practice experience.

The committee members discussed the current active practice requirement and considered how the term 'active practice' may limit their pool. There was a concern that by limiting the consultants to someone one that is actively practicing, it may create issues. Committee Member Moore stated that he was comfortable with having a seasoned practitioner that was retired to be a consultant. There was discussion of possibly removing the 'active practice' requirement so as to not limit possible candidates. It

was discussed that the requirements should state that they must hold a current active license in good standing, since they will be required to maintain their continuing education requirements. It was agreed to remove the 'current active practice' and add to the first requirement to read "Current Active Nevada dental license in good standing." Mr. Su inquired if they would need to have a separate procedure or screening for a dental hygienist consultant when there are complaints related to dental hygiene practice. Committee Member McIntyre stated that she would replicate the requirements for the dental hygiene consultant to match the requirements of the dental consultant. The committee agreed to include dental therapy to the language.

MOTION: Committee Member West moved to recommend approving the minimum job qualifications as discussed, which were: must have a current Nevada dental/dental hygiene/dental therapy license in good standing; No prior reportable disciplinary history to the NPDB; a specialist must have a minimum of five (5) years of practice within their specialty; general practitioner dentists, dental hygienists, and dental therapists must have at least five (5) years of practice experience; and must be willing and available to testify at administrative hearings. Committee Member Moore seconded the motion. All were in favor, motion passed.

5. Public Comment: This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. The Chairperson of the Board will impose a time limit of three (3) minutes. The Chairperson may allow additional time at his/her discretion.

Dr. Joseph Wineman inquired if they were eliminating from the Preliminary Screening Consultant job description that specialists do not have to be actively practicing. Committee Member West responded that they did change the language to read that they only needed to hold an active license and did not have to be actively practicing which required them to maintain their CE's. Dr. Wineman clarified his understanding that they must have an active license in good standing and must have a minimum of 5 years of practice experience. Committee Member West responded affirmatively.

Amy Abittan stated that she was concerned with allowing practitioners, who are not actively practicing, to be a consultant; and that they are considering allowing a retired practitioner with an active license. Her concern was that the field is ever-changing and the retired licensed consultant may not be updated on the latest methodologies of practice. Committee Member West stated that the consultant would be gathering and assembling the facts obtained from the supporting materials for the complaint, and that they would not be judging the treatment rendered and in question. She stated that she understood the gathering of facts, however, still was concerned that the consultants potential lack of knowledge of certain newer methodologies or procedures could hinder their understanding of the materials gathered.

6. Announcements

No announcements were made.

***7. Adjournment** (For Possible Action)

Committee Member Lee called for a motion to adjourn the meeting.

MOTION: Committee Member Moore made a motion to adjourn the meeting at approximately 5:58 p.m. Committee Member West seconded the motion. All were in favor; motion passed.

Respectfully submitted:

_____

Frank DiMaggio, Executive Director

Agenda Item (4)(a)

Draft Minutes:
Board Meeting - 08/04/2020
(Open Session)

NEVADA STATE BOARD OF DENTAL EXAMINERS

Meeting Location:

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

Zoom Video and Teleconferencing was available for this meeting

Meeting Call-In Number: (669) 900 6833
Meeting ID#: 961 7781 8482
Zoom Video (via app): 198247

Meeting Date & Time

Tuesday, August 4, 2020
6:00 p.m.

DRAFT MINUTES

BOARD OF DENTAL EXAMINERS NOTICE OF AGENDA & TELECONFERENCE MEETING

PUBLIC NOTICE:

The Nevada State Board of Dental Examiners may hold board meetings via video conference or telephone conference call. ***Due to the Governor's Executive Order in response to the COVID-19 pandemic, the Board office will not be open to the general public for this meeting. The general public is encouraged to participate via Zoom***

Public Comment time is available after roll call (beginning of meeting) and prior to adjournment (end of meeting). Public Comment is limited to three (3) minutes for each individual. You may provide the Board with written comment to be added to the record.

Persons wishing to comment may appear at the scheduled meeting/hearing or may address their comments, data, views, arguments in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118; ATTN: Angelica Bejar; FAX number (702) 486-7046; e-mail address nsbde@nsbde.nv.gov** . Written submissions should be received by the Board on or before **Monday, August 3, 2020 by 3:00 p.m.** in order to make copies available to members and the public.

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

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact the Board office at (702) 486-7044 to request supporting materials for the public body, or you may download the supporting materials for the public body from the Board's website at http://dental.nv.gov. In addition, the supporting materials for the public body are available at the Board's office located at 6010 S Rainbow Blvd, Ste. A-1, Las Vegas, Nevada.

Note: Asterisks (*) **"For Possible Action"** denotes items on which the Board may take action.
Note: Action by the Board on an item may be to approve, deny, amend, or tabled.

1. Call to Order

Roll call/ Quorum

Board Member Moore called the meeting to order at approximately 6:11 p.m. , and Mr. Frank DiMaggio conducted the following roll call:

Dr. D. Kevin Moore (President)---------- PRESENT	Dr. Ronald Lemon ----------PRESENT
Dr. David Lee (Secretary-Treasurer) ---- PRESENT	Dr. Ronald West ----------PRESENT
Dr. Elizabeth Park ---------- PRESENT	Ms. Caryn Solie ---------- PRESENT
W. Todd Thompson ---------- PRESENT	Ms. Gabrielle Cioffi ---------- PRESENT
Mrs. Jana McIntyre ---------- PRESENT	

Executive Staff: Phil Su, Board General Counsel; Frank DiMaggio, Executive Director; Angelica Bejar, Public Information-Travel Administrator.

2. Public Comment: The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

No public comment was made.

***3. President's Report**: (For Possible Action)

*a. Request to remove agenda item(s) (For Possible Action)

Board Member Moore requested to table agenda item (4)(a) Phillip Devore, DDS

*b. Approve Agenda (For Possible Action)

MOTION: Board Member Lee moved to approve the agenda with agenda item (4)(a) tabled. Board Member Park seconded the motion. All were in favor, motion passed.

***4. Consideration and approval/rejection of the recommendation of the Disciplinary Committee to approve Stipulation Agreements** – NRS 622 (For Possible Action)

~~*a. Phillip Devore, DDS~~ *-- Tabled*
*b. Ammar Kerio, DMD

General Counsel, Mr. Su, stated that he had spoken with counsel for Dr. Ammar Kerio, Alexander McTarian, Esquire. He noted that the proposed Stipulation Agreement was defined by the previous review panel that had convened in 2019 regarding this matter. He added that the Stipulation agreement was previously negotiated with previous General Counsel for the Board and Mr. McTarian. He indicated that all parties had signed the proposed stipulation agreement; however, it was pending board approval. Mr. Su briefly discussed the grounds for the stipulation agreement and the negotiated terms of same.

MOTION: Board Member Lee moved to adopt the proposed stipulation agreement for Dr. Ammar Kerio. Board Member Lemon seconded the motion. Discussion: Board Member Lee asked what determines if a stipulation agreement is disciplinary or a non-disciplinary stipulation agreement. Mr. Su stated that it was not clear in the review panel notes how they determine if a recommendation for a proposed stipulation agreement should be disciplinary or non-disciplinary. Board Member West inquired if the refund fee to the patient reflected a part of the treatment fee or the entire treatment fee? Mr. Su stated that the patient was refunded the entire treatment fee, which was paid out-of-pocket by the patient. There was discussion of whether or not the patient was assisted in having the treatment redone elsewhere. Board Member Moore stated that generally that information is not included in the stipulation agreements. Mr. Su confirmed that there was nothing in the notes from the review panel of same. Board Member Solie inquired that if the treatment was not completed, was the patient then compensated so that they may go elsewhere to have the work redone. Mr. Su stated that any case that comes before the Board is reviewed strictly on the standard of care and did not necessarily deal with damages, pain and suffering, or economic damages as that would be more in-line with a malpractice lawsuit, and would be beyond the Board's purview. With no further discussion, all were in favor of the motion; motion passed.

***5. Consideration of Applicant's petition for review of Application for Dental Licensure – NRS 631.240 & NAC 631.050** (For Possible Action) *(May go into closed session pursuant to NRS 241.030)*

*a. Joshua M Corcran DMD

General Counsel, Mr. Su, stated that Dr. Corcran would like closed session.

MOTION: Board Member Moore made the motion to go into closed session. Board Member West seconded the motion. All were in favor, motion passed.

MOTION: Board Member Solie made the motion to return to open session. Board Member West seconded the motion. All were in favor of the motion, motion passed.

Mr. Su noted to Dr. Corcran that he had the option to withdraw his application if he so wished. Mr. Corcran inquired that if the board voted to continue the matter, would he be permitted to withdraw at that time. Mr. Su responded affirmatively. Mr. Corcran stated that he did not wish to withdraw. Board Member Thompson made the motion to grant Dr. Corcran to apply for a dental license; which was then seconded by Board Member Lemon. Mr. Su clarified that they were voting to approve/reject Dr. Corcran's application for a dental license.

MOTION: Board Member Thompson made the motion to approve the license application for Dr. Joshua Corcran. Board Member Lemon seconded the motion. Board Member Lee opposed; all others were in favor of the motion. Motion passed.

***6. <u>Approval of Public Health Endorsement</u>** – NRS 631.287 (For Possible Action)

*a. Michelle R. Scheitzach, RDH – Nevada Health Centers Program

Board Member Moore stated that all paperwork was in order, and recommended approval.

MOTION: Board Member Lee moved to approve the Public Health Endorsement for Michelle Scheitzach, RDH. Board Member West seconded the motion. All were in favor, motion passed.

***7. <u>Consideration and approval/rejection of the Employment Committees recommendation concerning the Dental Reviewer/Preliminary Screening Consultant position, compensation, job duties, and minimum job qualifications/requirements</u>** (For Possible Action)

Board Member Lee gave a brief synopsis of the discussions held at the Committee meeting that was held prior to the Board meeting. He quickly reviewed the list of requirements that the Employment Committee was recommending. Board Member Thompson inquired if the 'Current Nevada Dental license…' meant that a retired licensee that held an active license could apply for the position. Committee Member Lee answered affirmatively. Board Member Moore inquired if it would help to clarify that requirement by adding the term 'active' to the requirement so that it read 'Current Active Nevada Dental/Dental Hygiene/Dental Therapy License." The board members were in agreement to add the term 'active' to the proposed language. There was discussion of possibly further clarifying if the license type would have to be an unrestricted license. It was suggested that perhaps they list the requirement to be 'Current Active non-restricted Nevada Dental/Dental Hygiene/Dental Therapy license." There was discussion related to Limited License holders and whether their license would permit them to be considered as a consultant. The limitations for that license were briefly discussed. Mr. DiMaggio clarified for the record that the Employment Committee was recommending the job requirements be the following: Must be a Current Active Nevada Licensed Dentist/Dental Hygienist/Dental Therapist in good standing, with a minimum of five (5) years of practice. Mr. DiMaggio further went on to indicate that the Employment Committee was recommending the requirement that they have no prior reportable disciplinary history to the NPDB; and must be willing and available to testify at administrative hearings. It was noted that for dental specialists, they had a requirement that they must have at least five (5) years of experience in the specialty area. At the request of Board Member Moore, Mr. DiMaggio listed that the requirements to be as follows:

- Current Active non-restricted Nevada Dental/Dental Hygiene/Dental Therapy License in good standing with a minimum of five (5) years of practice
- No prior reportable NPDB disciplinary history
- If a holder of a specialist's license authorizing a dentist licensed in this State to practice in this State as a specialist in a special area of dentistry for which there is a certifying board approved by the Commission on Dental Accreditation of the American Dental Association, must have current Nevada specialist's license and a minimum of five (5) years of practice in the specialty area
- Must be willing and available to testify at administrative hearings

Board Member Solie requested for clarification on the proposed title for the position being discussed.

Board Member Lee stated that at a previous meetings held two weeks prior, the Employment Committee discussed several ideas for names and duties, the Committee voted to recommend the title "Preliminary Screening Consultant." Further, that they were recommending a compensation flat rate of two hundred dollars ($200) per case. Additionally, the Committee was recommending the duties as follows:

- Reviews dental records and facts independently and impartially
- Provides clinical expertise and testimony regarding complaints about the practice of dentistry/dental hygiene/ dental therapy
- Establishes whether or not a departure from the standard of care occurred
- Assists investigators, Board counsel, and Board members in understanding the dental/dental hygiene/dental therapy aspects of a case
- Simplifies complexity and clearly articulates findings and the basis for opinions throughout the disciplinary process
- Complies with Board requirements when performing reviews or evaluations
- Able to complete and submit a written report and professional opinion within 30 days of receipt of case materials

Board Member Lee clarified that the Board was to vote on the proposed position title, requirements, duties, and compensation.

MOTION: Board Member West motioned to approve the recommendations from the Employment Committee as discussed and outlined by Mr. DiMaggio and Board Member Lee. Board Member Lemon seconded the motion. Discussion: Board Member Moore clarified that those filling the position would be employees of the board. All were in favor, motion passed.

8. <u>Public Comment</u>: This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. The Chairperson of the Board will impose a time limit of three (3) minutes. The Chairperson may allow additional time at his/her discretion.

Dr. Joseph Wineman commented that he was a dentist in Henderson and the current Secretary for the NDA. He inquired why there was a delay in the application process for license applications for students graduating. He stated that the NDA had been told by applicants, that they have not been given a reason as to why there applications are being delayed when they call the Board to inquire. He noted that perhaps it was the recent reconstitution of the Board may be the reason for the delay, or perhaps license decisions are just slow due to COVID-19. He added that students were anxious to practice since they are fresh out of school and piling bills. On behalf of the NDA, he urges the Board to do whatever necessary to help expedite the process for those applicants that have completed the application process and are awaiting approval for licensure. Committee Member Moore inquired if Dr. Wineman was speaking in regards to UNLV SDM graduates or students from other schools. Dr. Wineman stated that the only information he had was that there have been graduates, most likely from UNLV, that are concerned that their applications have either been lost or possibly delayed. At the request of Board Member Moore regarding UNLV graduating students, Board Member Lemon stated that while he was not the most knowledgeable one to respond to this inquiry, he noted that he was not aware of any complaints regarding the licensure process from UNLV students. Committee Member Lee stated that all licenses pending review were current, with the exception of the stack of files to be reviewed that he had before him of applications that completed the process that past week and now needed his review.

9. <u>Announcements</u>

No announcements were made.

***10. Adjournment** (For Possible Action)

Board Member Moore called for adjournment.

MOTION: Board Member Lee motioned to adjourn the Board meeting at approximately 8:00 p.m. Board Member Thompson seconded the motion. All were in favor, motion passed.

Respectfully submitted:

_____

Frank DiMaggio, Executive Director

Agenda Item (4)(a)

Draft Minutes:
Disciplinary Committee Meeting
8/11/2020

NEVADA STATE BOARD OF DENTAL EXAMINERS

Meeting Location:

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

Zoom Video and Teleconferencing was available for this meeting
Meeting Call-In Number: (669) 900 6833
Meeting ID#: 941 5158 3881
Zoom Video (via app) Passcode: 792525

Meeting Date & Time

Tuesday, August 11, 2020
5:30 p.m.

DRAFT MINUTES

NOTICE OF AGENDA & TELECONFERENCE MEETING FOR THE DISCIPLINARY COMMITTEE

(Dr. Ron West (Chair); Dr. Todd Thompson; Dr. Ron Lemon; and Ms. Gabrielle Cioffi)

PUBLIC NOTICE:

The Nevada State Board of Dental Examiners may hold board meetings via video conference or telephone conference call. ***Due to the Governor's Executive Order in response to the COVID-19 pandemic, the Board office will not be open to the general public for this meeting. The general public is encouraged to participate via teleconference***

Public Comment time is available after roll call (beginning of meeting) and prior to adjournment (end of meeting). Public Comment is limited to three (3) minutes for each individual. You may provide the Board with written comment to be added to the record.

Persons wishing to comment may appear at the scheduled meeting/hearing or may address their comments, data, views, arguments in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118; FAX number (702) 486-7046; e-mail address nsbde@nsbde.nv.gov** . Written submissions should be received by the Board on or before **Monday, August 10, 2020 by 4:00 pm** in order to make copies available to members and the public.

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

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact at (702) 486-7044, to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at http://dental.nv.gov In addition, the supporting materials for the public body are available at the Board's office located at 6010 S Rainbow Blvd, Ste. A-1, Las Vegas, Nevada.

Note: Asterisks (*) **"For Possible Action"** denotes items on which the Board may take action.
Note: Action by the Board on an item may be to approve, deny, amend, or tabled.

1. **Call to Order**
   - Roll call/Quorum

   Chairman West called the meeting to order at approximately 5:32 p.m. and Mr. DiMaggio conducted the following roll call:

   Dr. Ronald West (Chair) --------Present
   Dr. Ron Lemon ----------Present
   Dr. Todd Thompson ----------Present
   Ms. Gabrielle Cioffi ----------Present

   Executive Staff Present: Phil Su, Esq., General Counsel; Frank DiMaggio, Executive Director; Angelica Bejar, Public Information – Travel Administrator.

2. Public Comment: The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

There was no public comment made, with the Exception that Ms. Katherine Gordon, Counsel for Dr. Davis noted her presence.

***3. Chairman's Report**: (For Possible Action)

(a) Request to remove agenda item(s) (For Possible Action)

There was no request to remove an agenda item.

(b) Approve Agenda (For Possible Action)

MOTION: Committee Member Lemon moved that the Committee approve the agenda. Committee Member Cioffi seconded the motion. All were in favor, motion passed.

***4. Review, discussion, and possible recommendations for approval/rejection/modification of stipulation agreement** (For Possible Action)

*a. Kerry Davis DDS (For Possible Action)

General Counsel, Mr. Phil Su, stated that this was a review of a stipulation that was entered into by the licensee which was based upon the review panel's findings and recommendations and the previous board counsel. He noted, however, that the stipulation agreement was never approved. Mr. Su briefly discussed the findings that led to the reasoning of the proposed stipulation agreement and the alleged violations committed by Dr. Davis and discussed the proposed provisions. Mr. Su clarified that the proposed stipulation agreement was non-disciplinary. Committee Member Thompson inquired how the Board was notified of Dr. Davis' failure to comply with the requirements of AB474. Mr. Su noted that the Pharmacy Board notified the Executive Director of a potential violation, and with that an authorized investigation was approved by the Board to look into the matter. Ms. Gordon discussed the events that transpired that lead the Pharmacy Board to notify the Dental Board of a potential violation by Dr. Davis. Further, that during the Board's investigation it was noticed the transgressions by Dr. Davis. It was clarified that Dr. Davis had already signed and agreed to the provisions of the proposed stipulation, however, that there were several reasons for delay given the transitions that the Board experienced. Ms. Gordon expressed Dr. Davis' concern regarding the ability to complete the required CE's in person due to the COVID-19 restrictions, and therefore, inquired if the Committee would consider permitting Dr. Davis to complete the additional 12 CE credits online. Members of the Committee were amenable to the request for Dr. Davis to complete his CE's remotely. Mr. Su stated that he could amend the stipulation agreement to reflect that due to COVID-19, the CE credits may be completed remotely so long as the course is live and interactive.

MOTION: Committee Member Thompson moved that the committee make the recommendation to adopt the proposed stipulation agreement with the modification that the twelve (12) additional CE credits may be completed remotely on-line or by webinar, due to COVID-19 restrictions, so long as the courses are accredited through AGD/PACE/ADA/CERP. Committee Member Lemon seconded the motion. All were in favor, motion passed.

Committee Member West asked that Mr. Su make the modifications to the proposed stipulation agreement, and asked Mr. DiMaggio to add it to the next scheduled Board meeting agenda for recommended adoption.

Committee Member Lemon inquired if Dr. Davis had any pending complaints. Mr. Su responded that there were none to his knowledge. There was light discussion clarifying that should there have been any other complaints related to Dr. Davis that it should be known. Mr. Su stated noted that any pending investigations by the Board are deemed confidential. However, he was not aware of any additional

complaints against Dr. Davis for the reasons described in the proposed stipulation agreement. Mr. DiMaggio inquired if Committee Member Lemon wanted to amend the motion that the Committee recommend the adoption of the proposed stipulation agreement provided that there were no additional complaints regarding violations of the PMP. Committee Member Lemon stated that he was not looking to amend the motion, but rather inquired for informational purposes only and to see if there was a pattern.

5. Public Comment: This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. The Chairperson of the Board will impose a time limit of three (3) minutes. The Chairperson may allow additional time at his/her discretion.

No public comment was made.

6. Announcements

No announcements were made.

***7. Adjournment** (For Possible Action)

Chairman West called for adjournment.

MOTION: Committee Member Lemon motioned to adjourn the meeting at approximately 5:51 p.m. Committee Member Thompson seconded the motion. All were in favor, motion passed.

Respectfully submitted:

_____

Frank DiMaggio, Executive Director

Agenda item (4)(a)

Draft Minutes:
Legislative, Legal, and Dental Practice Committee Meeting
8/13/2020

NEVADA STATE BOARD OF DENTAL EXAMINERS

Meeting Location:

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

Zoom Video and Teleconferencing Available for this meeting

Meeting Call-In Number: (669) 900 6833
Meeting ID#: 950 5411 8847
Zoom Video (via app) Passcode: 115011

Meeting Date & Time

Thursday, August 13, 2020
6:00 p.m.

DRAFT MINUTES

NOTICE OF AGENDA & TELECONFERENCE MEETING FOR THE LEGISLATIVE, LEGAL, AND DENTAL PRACTICE COMMITTEE

(Dr. Moore (Chair); Dr. Lee; Mrs. McIntyre; Ms. Cioffi)

PUBLIC NOTICE:

The Nevada State Board of Dental Examiners may hold board meetings via video conference or telephone conference call. ***Due to the Governor's Executive Order in response to the COVID-19 pandemic, the Board office will not be open to the general public for this meeting. The general public is encouraged to participate via teleconference***

Public Comment time is available after roll call (beginning of meeting) and prior to adjournment (end of meeting). Public Comment is limited to three (3) minutes for each individual. You may provide the Board with written comment to be added to the record.

Persons wishing to comment may appear at the scheduled meeting/hearing or may address their comments, data, views, arguments in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118; FAX number (702) 486-7046; e-mail address nsbde@nsbde.nv.gov .** Written submissions should be received by the Board on or before **Wednesday, August 12, 2020 by 4:00 p.m.** in order to make copies available to members and the public.

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

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact at (702) 486-7044, to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at http://dental.nv.gov In addition, the supporting materials for the public body are available at the Board's office located at 6010 S Rainbow Blvd, Ste. A-1, Las Vegas, Nevada.

Note: Asterisks (*) **"For Possible Action"** denotes items on which the Board may take action.
Note: Action by the Board on an item may be to approve, deny, amend, or tabled.

1. Call to Order

- Roll call/Quorum

Committee Member Moore called the meeting to order at approximately 6: pm, and Frank DiMaggio, Executive Director conducted the following Roll Call:

Dr. D. Kevin Moore (Chair) ---	PRESENT	Ms. Gabrielle Cioffi ---------	PRESENT
Dr. David Lee ----------	PRESENT	Mrs. Jana McIntyre --------	PRESENT

Executive Staff Present: Phil W. Su, General Counsel; Frank DiMaggio, Executive Director; Angelica Bejar, Public Information – Travel Administrator.

Others Present: Susan Fisher with McDonald Carano.

2. **Public Comment:** The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

There was no public comment made.

***3. President's Report**: (For Possible Action)

(a) Request to remove agenda item(s) (For Possible Action)

There were no requests made to remove agenda items.

(b) Approve Agenda (For Possible Action)

MOTION: Committee Member Lee made the motion to approve the agenda. Committee Member Cioffi seconded the motion. All were in favor, motion passed.

***4. Review, discussion, and possible recommendations for approval/rejection of Legislative Representative** (For Possible Action)

(a) Alpha Omega Strategies – Michael McDonald
(b) Perkins Co. – Richard Perkins
(c) McDonald Carano – Susan Fisher
(d) Lewis Roca - Alfredo Alonso

Committee Member Moore asked Mr. Su and Mr. DiMaggio to take lead on explaining the need for a lobbyist and the search for potential lobbyists for the Board. Mr. Su noted for the record why a government agency/licensing board would need a lobbyist and discussed the benefit of using lobbyists for purposes related to the rulemaking process every two years. He further noted that it was cost effective to hire a lobbyist on a part-time basis rather than hiring an employee to serve in the same capacity. He advised that it would be important to avoid choosing a firm that may have a potential conflict in representing and lobbying for the Board.

Mr. DiMaggio indicated that the Board received four (4) proposals which were as listed. Mr. DiMaggio noted that Mr. Michael McDonald with Alpha Omega Strategies contacted him that morning and withdrew his proposal. Mr. DiMaggio discussed the proposed fee structures listed in each proposal for the two year period. He also noted any other potential charges that may be incurred and their rates for said potential charges. Mr. DiMaggio noted that he contacted all three entities to see if they had any potential conflicts. He noted that he received responses from both Lewis Roca and McDonald Carano that they did not have any potential conflicts should they offer services to the Board. It was noted that Mr. DiMaggio had not received a response from Perkins Company as of the start of the meeting.

Committee Member Moore welcomed Ms. Susan Fisher from McDonald Carano to provide the committee additional information regarding their services. Ms. Fisher noted that Ms. Mackenzie Warren, an Associate with her firm, was present, as well. Ms. Fisher gave a synopsis of the services they offer, while noting that they did represent two other occupational Boards, the Nevada State Board of Osteopathic Medicine, and Nevada State Board of Engineers and Professional Land Surveyors. She discussed in detail the services they offer and how she believed their services would be beneficial to the Board. She further discussed what the Board can expect from their agency should they elect to move forward with their proposal. She noted other state occupational boards they had the pleasure of serving in the previous legislative session. She spoke about the team atmosphere and approach that leads their agency.

It was noted that there were no representatives from any other firm available at the meeting. Mr. DiMaggio acknowledged Ms. Fisher and her firm for providing the Board with legislative updates with the progress of the special legislative session and newsletter of all the bills. He noted that they have been providing him daily updates of the special session, and have done so complimentary.

Committee Member Moore called for the committee to discuss the bids before them and asked if anyone had any questions. Committee Member Lee stated that Alfredo Alonso with Lewis Roca came very highly recommended. He believed that the connections that Mr. Alonso had would be invaluable to the Board with all they are trying to accomplish in formulating new regulations. Committee Member McIntyre stated that she reviewed all the proposals and was impressed with Lewis Roca, and liked the size of their firm and the team concept. Committee Member Cioffi stated that she appreciated that Ms. Fisher making an appearance and liked what McDonald Carano had to offer. Committee Member Cioffi noted that while she saw all that Lewis Roca offered, many of their connections were not current. She noted that she was interested in McDonald Carano. Committee Member Moore inquired if the Board had any recourse if the firm they move forward with fails to provide the Board with updates and status reports of the bills pertinent to the Board, and if they fail to maintain open communication. Mr. DiMaggio stated that he and Mr. Su spoke with Ms. Fisher and Mr. Hicks, and they gave Mr. Su and he an overview of their communication methodology their firm uses during the legislative sessions. He stated further, that the spoke with the firm of Lewis Roca and they also discussed their team approach of open communication with their clients. He stated that it could be considered a breach of their contract, should a firm not perform the responsibilities agreed to. Mr. Su mentioned that any contract the Board entered into was subject to BOE approval, and therefore concurred with Mr. DiMaggio that it would be a deemed a breach of contract.

Committee Member Moore mentioned that his hesitation at the moment was that there was not something in writing to clearly states what would happen if the firm and the Board end up not being a good fit. He stated that he appreciated Ms. Fisher and Ms. Warren being present. Committee Member Moore suggested making a recommendation of 2 firms to the Board for consideration.

Ms. Fisher noted that because they are also a law firm, they are scrupulous about conflicts of interest; and they run a conflict check electronically of all the lawyers in the firms. She added that they structure their communication style based on how the board determines they would like it. Ms. Fisher stated that they work to update their clients on a daily basis. Further, she added that they would offer an out to both sides that would require a 30-day notice. Ms. Warren stated that they do have a team approach and noted that their firm consisted of attorneys. She added that they had deep relationships with legislators. Ms. Warren described the firms' communication methodologies in detail.

Committee Member Lee stated that he spoke with Mr. Alonso at Lewis Roca, who indicated that his also conducts a conflict check. He noted that the Board wants their lobbyist to help the Board get their bills passed, and that they need a firm that can do that for the Board.

MOTION: Committee Member Lee made the motion to recommend Lewis Roca for approval. Committee Member McIntyre seconded the motion. Committee Member Cioffi opposed; all others in favor. Motion passed.

Committee Member McIntyre excused herself from the meeting.

***5. <u>Review, discussion, and possible recommendation to grant authority to the Board's Secretary-Treasurer to execute and approve contract for legislative services</u>** (For Possible Action)

Mr. DiMaggio stated that the intent of item 5 was for the purpose of saving time due to the fact the Legislative session was approaching. Therefore, it was suggested that they consider granting the Secretary-Treasurer the authority to execute the contract for legislative services. It was clarified that the committee may only make recommendations to the Board, and that only the Board may approve a contract or grant the authority to the Secretary-Treasurer to execute a contract. He further noted that this agenda item would allow for an expedited process of the contract being executed since the contract must go before the BOE for approval.

MOTION: Committee Member Lee made the motion to recommend the approval to grant the Secretary-Treasurer the authority to execute and approve the contract for Legislative services. Committee Member Moore seconded the motion. Discussion: Committee Member Moore inquired if Committee Member Lee should be making the motion in favor of himself. Mr. Su advised that it would be best to have Committee Member Lee rescind his motion. Committee Member Lee rescinded his motion.

MOTION: Committee Member Moore made the motion to recommend the approval to grant the Secretary-Treasurer the authority to execute and approve the contract for Legislative services. Committee Member Cioffi seconded the motion. All were in favor; Committee Member Lee abstained from the motion. Motion passed.

6. Public Comment: This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. The Chairperson of the Board will impose a time limit of three (3) minutes. The Chairperson may allow additional time at his/her discretion.

Ms. Susan Fisher thanked the Board for the opportunity.

7. Announcements

There were no announcements.

***8. Adjournment** (For Possible Action)

Committee Member Moore asked for a motion for adjournment.

MOTION: Committee Member Lee made a motion to adjourn meeting at approximately 6:41 p.m. Committee Member Cioffi seconded the motion. All were in favor; motion passed.

Respectfully submitted:

_____

Frank DiMaggio, Executive Director

Agenda Item (6)(a)

Request for Reimbursement for Attorney Services: Kevin Moore, DDS

Policy Adopted 2/22/2019

Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste.1 • Las Vegas, NV 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

Policy Regarding Payment of Fees for Personal Counsel

As provided in this paragraph, it is the policy of the Nevada State Board of Dental Examiners (the "Board") to provide legal counsel at the Board's expense to represent any Board member, Board employee, Board investigator or other agent of the Board (collectively referred to herein as "Board personnel") named in any litigation arising directly out of their duties and/or actions taken in their capacity as Board personnel. Specifically, the representation provided at the Board's expense shall be provided through the Board's General Counsel, outside counsel retained by the Board, and/or the Attorney General's Office (collectively referred to herein as "Board counsel").

While Board personnel may, if desired, retain personal counsel other than Board counsel to represent them in a suit arising out of their duties or actions as Board personnel, it is the policy of the Board that the expense for such personal counsel retained by these individuals is the individual's responsibility. It is the Board's policy that, subject to the exceptions noted below, such fees and expenses will not be paid by the Board nor will the individual be reimbursed for fees paid to independently-retained counsel.

In the event that there are perceived extenuating circumstances by Board personnel which cause them to desire the retention of separate counsel other than Board counsel, the Board will evaluate requests for reimbursement of those fees on a case by case basis. In order for the Board to consider reimbursement of these fees, however, a request must be made to the Board prior to Board personnel incurring any such fees. Any reimbursement pursuant to this paragraph will be limited to the payment of an hourly rate not to exceed the hourly rate allowed pursuant to NRS 228.113 as paid to the Attorney General's Office.

In the event of an actual conflict of interest as identified by Board counsel that requires retention of counsel other than Board counsel for any Board personnel, the Board will have the discretion to hire independent, separate counsel at the Board's expense to represent Board personnel or to authorize the Board personnel to retain independent counsel at an hourly rate agreed to by the Board prior to retaining said counsel.

BRADLEY S. SLIGHTING
Of Counsel
Direct Dial: [redacted]
Cellular: [redacted]
[redacted]

LEGAL SERVICES AGREEMENT

Identification of Parties. This agreement is made between Fabian VanCott, hereinafter referred to as "Attorney," and Kevin Moore, DDS, hereinafter referred to as "Client."

Retention of Law Firm Rather Than Particular Attorney. Client is retaining a law firm, not any particular attorney, and the legal services to be provided to Client will not necessarily be performed by any particular attorney. It is anticipated, however, that the legal services will be performed principally by Bradley S. Slighting.

Delegation of Attorney Services. Attorney may delegate to other attorneys some of the legal services to be provided to Client under this agreement. Any such delegation will not affect Client's obligation to pay attorney's fees as provided for in this agreement.

Legal Services to be Provided. It is contemplated by this agreement that Attorney will provide legal services to Client relating to his position with the Nevada State Board of Dental Examiners. Client acknowledges that attorney has made no promises or guarantees concerning the outcome of the legal services to be provided under this agreement.

Attorney has advised Client that any settlement or judgment obtained as a result of the representation may be partly or wholly taxable. In addition, the payment of attorney's fees hereunder has tax consequences. Attorney has informed Client that any and all tax advice is specifically excluded from the scope of the services Attorney will provide under this agreement. Client has been informed by Attorney that Attorney is not an expert in tax law, and has recommended that Client obtain advice from a tax practitioner concerning the tax consequences of any recovery or any other tax matter.

Any tax advice that Attorney may give in the course of Attorney's representation of Client is not intended to, and will not, meet Treasury Department standards for legal opinions on which a taxpayer can rely for the purpose of avoiding tax penalties. To comply with these standards (see 31 CFR pt 10, referred to as "Circular 230"), a legal opinion must meet strict requirements. If Client wishes Attorney to provide such a legal opinion, a separate written agreement between Attorney and Client will be required.

Responsibilities of Attorney and Client. Attorney will perform the legal services called for under this agreement, keep Client informed of progress and developments, and respond promptly to Client's inquiries and communications.

Client will be truthful and cooperative with Attorney and will keep Attorney informed with complete and accurate factual information, documents, and other communications relevant to the subject matter of Attorney's representation or as otherwise reasonably requested by Attorney; Client will keep Attorney reasonably informed of developments and of Client's address, telephone number, and whereabouts; and Client will timely make any payments required by this agreement.

Hourly Fee. Client will pay to Attorney the sum of $300.00 per hour for the legal services provided under this agreement.

Attorney will charge in increments of one-tenth of an hour, rounded off for each particular activity to the next highest one-tenth of an hour. The minimum time charged for any particular activity will be one-tenth of an hour.

Attorney will charge for all activities undertaken in providing legal services to Client under this agreement including, but not limited to, the following: conferences, court appearances (preparation and participation), and depositions (preparation and participation); correspondence and legal documents (review and preparation); legal research; and telephone conversations.

The hourly rates for the attorneys providing legal services under this agreement may be adjusted by Attorney from time to time and may change during the course of this agreement.

Client acknowledges that Attorney has made no promises about the total amount of attorney's fees to be incurred by Client under this agreement.

Costs. Client will pay all "costs" in connection with Attorney's representation of Client under this agreement. Costs will be advanced by Attorney and then billed to Client. However, for substantial cost items, Attorney may, at his option, require that Client make advance payment. Costs include, but are not limited to, court filing fees, deposition costs, expert fees and expenses, investigation costs, long-distance telephone charges, messenger service fees, photocopying expenses, and process server fees.

Deposit for Fees and/or Costs. Client will pay to Attorney an initial retainer of $2,500.00 before Attorney provides any legal services to Client under this Agreement. Attorney, in its discretion and as a condition to further providing legal services under this agreement, may require a further or increased retainer. These retainer amounts will be held in an interest-bearing client trust account in compliance with policies and procedures established by the bar association in Nevada. In order to pay any costs which have been advanced, expenses incurred, and fees for services rendered by Attorney under this agreement, Attorney reserves the right to draw against any balance in the Attorney's trust account for Client's matter from time to time at Attorney's discretion to the extent of funds therein. The retainer is not a cap or fixed charge of the attorney's fees that may be required to complete the legal services to be provided under this agreement. Also, Attorney requires that it remain fully secured at all times as to all unpaid attorney's fees, costs, and expenses and, accordingly, in addition to the initial retainer, or any increase to the retainer, Client will both pay Attorney's invoices on a current basis and supplement the retainer

[redacted]

as necessary to ensure that Attorney remains fully secured. Any unused balance in the trust account at the end of Attorney's representation of Client will be refunded to Client after payment of any unpaid, fees, costs, and expenses. Client hereby grants Attorney a security interest and attorney's lien in Client's cause of action and in all funds (including all retainer amounts), papers, documents, materials, and other items which Attorney may possess in connection with this matter to secure the prompt payment of all attorney's fees, costs, and expenses of Attorney. Client authorizes and agrees that Attorney may retain from accounts recovered in this matter by settlement, judgment, or otherwise, amounts sufficient to pay all unpaid fees, costs, and expenses of Attorney in this matter or any other matter Attorney may be handling, or has handled, for Client. Client further authorizes Attorney to endorse Client's name to checks/drafts payable to Client for amounts recovered in this matter and to deposit said amounts in its client trust account to be disbursed as provided herein.

Attorney's billing statements are due and payable upon receipt. Subject, of course, to all ethical and professional obligations, Client agrees that Attorney may terminate its legal services and withdraw from representing Client in the event Attorney's billing statements are not paid in a timely manner, which Attorney considers to be within thirty (30) days of issue. Client further agrees that in the event a billing statement is not pad within thirty (30) days of issue, Attorney, in its discretion, may apply any retainer to any outstanding balance. Client would then be required to deposit replacement funds into Attorney's trust account to bring its balance back to the agreed upon retainer level. Client also agrees that Attorney, in its discretion, may assess a late charge on amounts that are not timely paid by multiplying the unpaid principal balance over 60 days past due by the periodic rate of 1.5 percent per month (18 percent per annum) until the principal balance is paid.

Discharge of Attorney. Client may discharge Attorney at any time by written notice effective when received by Attorney. Unless specifically agreed by Attorney and Client, Attorney will provide no further services and advance no further costs on Client's behalf after receipt of the notice. If Attorney is Client's attorney of record in any proceeding, Client will execute and return a substitution-of-attorney form immediately upon its receipt from Attorney. Notwithstanding the discharge, Client will remain obligated to pay Attorney at the agreed rate(s) for all services provided and to reimburse Attorney for all costs advanced.

Withdrawal of Attorney. Attorney may withdraw at any time as permitted under the Rules of Professional Conduct of the State Bar of Nevada. The circumstances under which the Rules permit such withdrawal include, but are not limited to, the following: (a) Client consents, (b) Client's conduct makes it unreasonably difficult for Attorney to carry out the employment effectively, and (c) Client fails to pay attorney's fees or costs as required by his or her agreement with Attorney.

Notwithstanding Attorney's withdrawal, Client will remain obligated to pay Attorney at the agreed rate(s) for all services provided, and to reimburse Attorney for all costs advanced, before the withdrawal.

[redacted]

Release, Retention, and Disposition of Client's Papers and Property. It is Attorney's policy to retain and ultimately destroy all files, documents, records, and writings, including electronic versions, relating to each engagement for which Attorney has been retained without notifying Client of the destruction of these items. Therefore, to be certain that Attorney has not retained any material that Client may need or desire, Attorney will return to Client all original documents Client has made available to Attorney if Client instructs Attorney in writing within ninety (90) days after Attorney mails to Client a letter informing Client that Attorney has completed the legal services set forth under the terms of this agreement.

Disclaimer of Guaranty. Although Attorney may offer an opinion about possible results regarding the subject matter of this agreement, Attorney cannot guarantee any particular result. Client acknowledges that Attorney has made no promises about the outcome and that any opinion offered by Attorney in the future will not constitute a guaranty.

Entire Agreement. This agreement contains the entire agreement of the parties. No other agreement, statement, or promise made on or before the effective date of this agreement will be binding on the parties.

Severability in Event of Partial Invalidity. If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement will be severable and remain in effect.

Modification by Subsequent Agreement. This agreement may be modified by subsequent agreement of the parties only by an instrument in writing signed by both of them.

Agreement to Arbitrate all Disputes (Including Fee and Malpractice Disputes) and Jury Waiver. Attorney and Client agree to submit to binding arbitration, under the Commercial Rules (U.S. Domestic) of the American Arbitration Association, all disputes arising between Attorney and Client about attorney's fees or costs under this agreement, or about this agreement itself, or about any other claim (including a claim of attorney malpractice) relating to Client's legal matter which arises out of Attorney's legal representation of Client.

CLIENT UNDERSTANDS AND ACKNOWLEDGES THAT, BY AGREEING TO BINDING ARBITRATION, HE WAIVES THE RIGHT TO SUBMIT THE DISPUTE FOR DETERMINATION BY A COURT AND THEREBY ALSO WAIVES THE RIGHT TO A JURY TRIAL.

The prevailing party shall be entitled to reasonable attorney's fees and costs incurred in enforcing any arbitration award or engaging in any court proceedings.

Governing Law. This agreement is governed by and must be interpreted under Nevada law.

Effective Date of Agreement. The effective date of this agreement will be the date on which it is executed by the last of the parties to do so. The attorney-client relationship will commence on

[redacted]

the effective date of this agreement. Attorney will not become Client's attorney nor will Attorney perform any legal services on behalf of Client before the effective date of this agreement.

Signatures and dates. The foregoing is agreed to by:

KEVIN MOORE, DDS

1/8/20
DATE

FABIAN VANCOTT

1/10/20
DATE

[redacted]

From: Kevin Moore
To: Frank DiMaggio; Phil W. Su
Subject: Fwd: Credit Card Authorization
Date: Wednesday, July 29, 2020 8:51:44 PM

---------- Forwarded message ---------
From: [redacted]fabianvancott.com>
Date: Wed, Apr 1, 2020 at 8:51 AM
Subject: Credit Card Authorization
To: Kevin Moore [redacted]

Good Morning,

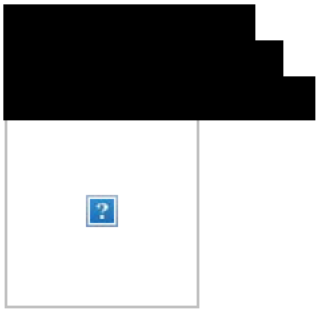
I spoke with Mr. Slighting and he indicated that we would be applying the $2500.00 in trust to your current balance. After applying that amount you have a remaining balance of $4197.50, Mr. slighting indicated you wanted to pay with the same card used before for your retainer. I wanted to double check that this was what you wanted and see if you wanted to pay that amount or a different amount. Please let me know and I can have accounting process for you.

Thank you,

[redacted]
FabianVanCott
[redacted]

--
Kevin Moore DDS

[redacted]



FabianVanCott

Kevin Moore

March 30, 2020
Invoice: [redacted]
[redacted] [redacted]
Matter: 1
Billing Attorney: BSS

Invoice Summary

For services rendered through February 29, 2020:

Re: Matters Relating to Position with Nevada Board of Dental Examiners

Professional Services	$ 8,930.00	
Less Courtesy Discount	$ -2,232.50	
Net Professional Services	$ 6,697.50	
Total Disbursements	$ .00	
Total This Invoice	**$ 6,697.50**	
Trust Funds Held on Account		$ 2,500.00

[redacted]

Moore, Kevin
Matters Relating to Position with Nevada

March 30, 2020
Invoice: [redacted]

Professional Services

Date	Atty	Description	Hours
12/12/19	BSS	[redacted]	3.70
12/13/19	BSS	[redacted]	2.50
12/16/19	BSS	[redacted]	1.30
12/22/19	BSS	[redacted]	1.00
12/30/19	BSS	[redacted]	1.70
12/31/19	BSS	[redacted]	.90
1/02/20	BSS	[redacted]	3.00

Moore, Kevin
Matters Relating to Position with Nevada

March 30, 2020
Invoice: [redacted]

Date	Atty	Description	Hours
1/04/20	BSS	[redacted]	1.00
1/06/20	BSS	[redacted]	4.00
1/07/20	BSS	[redacted]	.20
1/08/20	BSS	[redacted]	4.50
1/09/20	BSS	[redacted]	1.60
1/10/20	BSS	[redacted]	.20
1/13/20	BSS	[redacted]	3.00

Total Professional Services	**$ 8,930.00**
Less Courtesy Discount	$ -2,232.50
Net Professional Services	**$ 6,697.50**
Total This Invoice	**$ 6,697.50**

Fabian VanCott

Kevin Moore

March 30, 2020
Invoice: [redacted]
[redacted]
Matter: 1
Billing Attorney: BSS

Remittance Advice

Re: Matters Relating to Position with Nevada

Balance Due This Invoice **$ 6,697.50**

Please return this advice with payment to: Fabian VanCott
[redacted]

DUE UPON RECEIPT

[redacted]

From: FABIAN VANCOTT - GENERAL <[redacted]>
Sent: Wednesday, April 15, 2020 9:53 AM
To: [redacted]
Subject: Receipt from FABIAN VANCOTT - GENERAL

Receipt follows:

========== TRANSACTION RECORD ========== FABIAN VANCOTT - GENERAL

[redacted]

United States
WWW.FABIANVANCOTT.COM

TYPE: Purchase

ACCT: [redacted] $ 4,197.50 USD

CARDHOLDER NAME : Kevin Moore DDS
CARD NUMBER : [redacted]
DATE/TIME : 15 Apr 20 10:52:23
REFERENCE # : [redacted]
AUTHOR. # : [redacted]
TRANS. REF. : [redacted]

Approved - Thank You 100

Please retain this copy for your records.

Cardholder will pay above amount to
card issuer pursuant to cardholder
agreement.
==========

Agenda Item(6)(b)

Preliminary Screening Consultant Duties & Rate of Pay

Minimum job requirements/qualifications for “Preliminary Screening Consultant” position:

- Current active non-restricted Nevada dental/dental hygienist/dental therapist license in good standing with a minimum of five (5) years of practice.
- No prior reported National Practitioner’s Database (NPDB) disciplinary history.
- If a holder of a specialist’s license authorizing a dentist licensed in this State to practice in this State as specialist in a special area of dentistry for which there is a certifying board approved by the Commission on Dental Accreditation of the American Dental Association, must have current Nevada specialist’s license and a minimum of five (5) years of practice in the specialty area.
- Must be willing and available to testify at administrative hearings.

Compensation for this position will be at the flat rate of $200.00 per hour.

Duties of a “Preliminary Screening Consultant” position:

- Reviews dental records and facts independently and impartially.
- Provides clinical expertise and testimony regarding complaints about the practice of dentistry/dental hygiene/dental therapy.
- Establishes whether or not a departure from the standard of care occurred.
- Assists investigators, Board counsel, and Board members in understanding the dental/dental hygiene/dental therapy aspects of a case.
- Simplifies complexity and clearly articulates findings and the basis for opinions to lay persons throughout the disciplinary process.
- Complies with Board requirements when performing reviews or evaluations.
- Able to complete and submit a written report and professional opinion within 30 days of receipt of case materials.

Agenda Item (6)(d)

LOBBYIST BID:

Lewis Roca
- Alfredo Alonso -

LEWIS ROCA
REVISED PROPOSAL

Proposal to Provide Government And Regulatory Affairs Services to

Nevada State Board of Dental Examiners

August 10, 2020

Prepared for:

Frank DiMaggio
Executive Director
Nevada State Board of Dental Examiners

Table of Contents

Firm Overview.....2

Introduction to the Team

Government Relations

Nevada Representation and Experience

Client Services.....6

Commuication

Fees for Services

Attachments.....9

Attorney Biographies

Firm Overview

Lewis Roca Christie LLP is one of the largest in the Western U.S., with about 250 lawyers and offices in Arizona, California, Colorado, New Mexico, Nevada, and Wyoming. The following is a little about our firm's history and character.

Lewis and Roca began in 1950 and is known throughout the West as a firm committed to diversity, public service, and excellence. In 1966, we handled and won the *Miranda* case at the U.S. Supreme Court. In 1973, we were the first mid-sized or larger law firm in the Southwest or the Rocky Mountains to elect a woman partner, Mary Schroeder, who went on to become Chief Judge of the Ninth Circuit. In 1998, Lewis and Roca became one of the first major firms in the U.S. to elect a Hispanic, José Cárdenas, as its Managing Partner. Recent Secretary of Homeland Security Janet Napolitano was a partner, Senate Majority Leader Harry Reid was a partner of a firm that later merged with us in Nevada, and at least 29 of our former partners and colleagues have gone on to become judges. We started the highly regarded Florence Immigration and Refugee Rights Projects, which each year provides free legal services to thousands of immigrants who are detained in facilities in Arizona. We believe in, work for and celebrate diversity. We are an active member of the DuPont Legal Network; a student we hired at a DuPont Minority Job Fair a few years ago went on to get the highest score on the Arizona Bar exam. We have always recruited nationally. For decades the firm has handled matters throughout the U.S. and our intellectual property and gaming practices are sought after by companies around the world.

All firms claim they provide great service and value relationships with their clients. We believe we can demonstrate Lewis Roca Christie's deep commitment to such principles. Overall as a combined firm Lewis Roca is able to help clients facing legal challenges across a broader geographic area. Clients will benefit from the combined firm's expanded legal capabilities and larger geographic footprint.

Introduction to the Team

Thank you for providing Lewis Roca LLP the opportunity to be selected as outside counsel for the Nevada State Board of Dental Examiners (Dental Board). We believe that our Government Relations practice group will provide what we believe the Dental Board will find is unparalleled service, sensitivity, commitment and quality.

Sixty-four Lewis and Roca attorneys are recognized in the current edition of *The Best Lawyers in America* including the chair of our Indian Affairs practice. Over half of our lawyers have achieved *Martindale-Hubbell Legal Directory's* highest preeminent rating. Members of the firm hold leadership positions in key energy interest, economic development, trade and industry, civic, cultural and charitable organizations. Lewis and Roca is pleased to offer a qualified team of professionals to serve The Dental Board's needs. Complete resumes for each of the proposed team members are included.

Relationship Manager

Alfredo Alonso will serve as your relationship manager and the Dental Board's primary point of contact at the Firm. Mr. Alonso is the Principal of the Government Relations Practice Group. He works extensively in both northern and southern Nevada and has regularly represented clients before the Nevada Legislature and state and local government agencies since 1995.

Given Mr. Alonso's substantive experience, we believe he is more than qualified to serve as your relationship manager. We think that you will find him to be very approachable, responsive and sympathetic to the need to obtain high quality state and local government affairs services.

Mr. Alonso's direct contact information is:

Alfredo Alonso
Lewis and Roca LLP
1 East Liberty Street, Suite 300
Reno, Nevada 89501
Phone: [redacted]
Fax:
Email:

Government Relations

Lewis Roca has well established government relations practice in Nevada. As one of the Southwest's oldest and largest firms we have had the privilege to gain experience and develop relationships in great depth. Our thorough understanding of the politics and history of the region gives our clients a competitive edge.

It is our mission to construct a comprehensive agenda for you and to pursue it in a timely and meaningful way.

At Lewis Roca we will create a government relations plan that is designed to educate key people in the community about the need for appropriate legislation and policies which will strengthen your public policy interests. In the course of our representation, we strive to achieve the following:

- Raise the client's profile by building relationships with decision-makers who have jurisdiction and responsibility over matters affecting client interests.
- Create fact sheets and talking points that effectively convey your concerns to public officials.
- Identify acceptable outcomes in legislative and regulatory matters and continually access progress and prospects for success.
- Prepare, track and lobby for or against legislative proposals as needed to protect your interests.
- Attend hearings and meetings where legislation regulations that may impact you are developed and negotiated, and advocate your positions as necessary.
- Develop opportunities to work together with stakeholders having common interests, to devise a coordinated strategy.
- Monitor ongoing legislative and regulatory initiatives and contract opportunities.
- Conduct regular meetings to update you on the current status of our government relations strategy.

We help our clients understand the government decision-making process and we help you to craft, manage and promote your public policy message. We anticipate what is needed, we develop it, and we make it work.

Nevada Representation and Experience

Lewis Roca regularly represents its clients' interests before the Legislature, the Governor's Office and administrative agencies on a wide variety of matters. The firm's Government Relations group members also develop, coordinate and implement strategies before governmental bodies. We follow legislation and assist in developing, coordinating and implementing strategies before the Nevada Legislature, Nevada's Constitutional Officers other state and local governmental agencies.

Lewis Roca handles every client relationship with two principal goals: to provide responsive, consistent client contact and to deliver value to our clients through efficient and excellent work. Long-term mutually satisfying relationships with our clients are the lifeblood of Lewis and Roca. Accordingly, at the outset of our relationship, we would work with you to gain a full understanding of the precise scope of the regulatory and legislative matters to be handled, and the Board's priority of these matters. In follow-up to the information, we would learn all we can about your principal goals and concerns as they relate to the legislative and regulatory matters involved, and would tailor our strategic advice to meet your overall goals.

The primary objective of our Government Relations team is to establish, maintain and enhance your association's visibility and to protect your best interests in Nevada's political landscape. In order to successfully represent your company our priorities include:

- Establish a position of stature in the Nevada political community by building relationships with decision-makers who have jurisdiction and responsibility over matters affecting your association
- Raise awareness and create a positive perception in the public's eye
- Establish a position of stature in the Nevada political community
- Active representation during the legislative session, including preparation, tracking, and lobbying for legislative proposals to promote your association's interests
- Strategy for interim year including access to Interim Committee Meetings and Special Committee Meetings
- Share our thorough knowledge of the regulatory process with you
- Involve the association in the appropriate local government activities, political campaigns and relevant coalition building projects

Non-partisan

Our long-term success in government relations reflects an ability to work substantively and pragmatically with policymakers across the spectrum. We are not a partisan firm, but instead prefer to focus on substantial issues rather than political goals of affiliation. What this means for you as our client is not only an ability to connect with policymakers and lawmakers at all levels of government – state, county or municipal – but also the ability to work with the key decision makers regardless of political affiliation.

Client Service

Communication

Communication is the foundation for a cost-effective and successful client relationship. Lewis Roca will continue to work closely with your in-house representatives to clearly evaluate legislative issues and determine, from the outset, appropriate strategies for delivering high-quality legislative services of acknowledged and exceptional value.

We encourage regular meetings between our lawyers and your in-house representatives. Whether these meetings occur in person, by conference call or by videoconference, we think it is important that we get to know each other and communicate frequently so that we can better understand your goals and strategies, as well as your corporate culture and approach to legal matters. Frequently these meetings may take the form of informal discussions with only one or two lawyers and with no formal agenda. On occasion, it will likely make sense to get together in person. We can be available to come to you and welcome your in-house representatives to visit any of our office locations.

We encourage the implementation of Lewis and Roca's Client Service Assessment (CSA) tool. The program was designed to accomplish one goal: to ensure our delivery of high quality legal service. The assessment is conducted via interviews with our client's applicable in-house representatives. We measure a number of criteria including responsiveness, work product quality, project management, cost effectiveness, billing practices and other criteria appropriate for the particular relationship.

We do not measure for measurement's sake. Once we have received the feedback we develop an action plan to address any concerns. It is our way of enhancing our working relationship and making sure we continually improve the quality and consistency of our service. After implementation of the action plan, we follow-up with the client to determine if our steps are improving the issues identified. If not, further steps will be taken.

We are committed to working with the Dental Board to provide cost-effective government affair services. Our proposal for providing legislative and professional services is a periodic retainer of $5,000 per month during legislative session years and $3000 during the interim year.

The retainer payments shall cover state, local and regulatory services. Dental Board will be responsible for paying reasonable costs and expenses that we incur in connection with our representation. Such costs include charges for telephone calls, postage, facsimile transmissions, messengers, overnight deliveries, photocopying, and computerized database retrieval (e.g., Lexis and Westlaw), travel expenses of our attorneys, and fees charged by governmental agencies.

We have taken great care in creating a team of professionals and attorneys for the Dental Board who have superior legislative and legal experience as well as in-depth knowledge of their respective areas. Complete resumes for each of the proposed team members are included

Team Biographies

Relationship Manager

Alfredo Alonso will serve as your relationship manager and the Dental Board's primary point of contact at the Firm. Mr. Alonso is the Principal of the Government Relations Practice Group. He works extensively in both northern and southern Nevada and has regularly represented clients before the Nevada Legislature and state and local government agencies since 1995.

Mr. Alonso served as Deputy Press Secretary and as Legislative Assistant for Banking, Housing, and Urban Affairs for former Senator Jacob "Chic" Hecht from 1985-1989. He was subsequently retained by Congresswoman Vucanovich as her Senior Legislative Assistant where he was responsible for the development of legislation that affected gaming, small business, foreign affairs and banking, among other issues. He also served as the Congresswoman's policy analyst for the Committee on House Administration. Upon his return to Nevada, Mr. Alonso served as Deputy to Secretary of State Cheryl Lau. During his tenure as Deputy Secretary of State, he served as the State's election administrator and was responsible for assisting in the drafting and advocating for the much-heralded election reform laws of the 1993 Legislature.

Given Mr. Alonso's substantive experience, we believe he is more than qualified to serve as your relationship manager. We think that you will find him to be very approachable, responsive and sympathetic to the need to obtain high quality state and local government affairs services.

Mr. Alonso's direct contact information is:

Alfredo Alonso
Lewis and Roca LLP
1 East Liberty Street, Suite 300
Reno, Nevada 89501
Phone: [redacted]
Fax:
Email:

Legal Counsel

Garrett Gordon is a partner in the firm's Business Practice Section. He practices in the areas of land use law, real estate law, and government relations. Mr. Gordon has represented clients before numerous local governments and state agencies including city councils and planning commissions in Reno, Sparks, Las Vegas and Henderson, County boards and planning commissions in Clark and Washoe counties, the Nevada Ethics Commission, the Nevada Real Estate Commission, the Commission for Common Interest Communities and County and State Boards of Equalization.

He represents developers in a variety of projects including those involving the acquisition, entitlement and development of a Triple-A baseball stadium entertainment district, STAR Bonds, developer agreements, master planned communities, mixed use developments, aggregate mining sites, hotel/casino projects, real estate brokerage issues and real estate division compliance. His education and experience in urban planning adds a considerable depth of understanding to his Real Estate and Land Use practice.

Mr. Gordon also represents clients before the Nevada Legislature on a wide-variety of topics including land use, development, zoning, water rights, common-interest communities, gaming, liquor, vehicle, health care issues, real estate brokerage and real estate law.

Mr. Gordon's direct contact information is:

Garrett Gordon
Lewis and Roca LLP
1 East Liberty Street, Suite 300
Reno, Nevada 89501
Phone: [redacted]
Fax:
Email:

Government Affairs Coordinator

Alexandria Cannito is a Government Affairs Coordinator in the firm's Government Relations Practice Group. Ms. Cannito is involved in every facet of our practice, from monitoring legislative bills, planning our office's political fundraisers, working with clients on various state and local government affairs issues and helping to market our practice and the Firm. After successfully completing her first legislative session in 2019, she has proved that she is an invaluable asset to our team.

Prior to working at Lewis Roca Rothgerber Christie, Ms. Cannito worked for nearly five years at Reno's NBC affiliate news station, KRNV News 4. She began her news career as a morning video editor, and quickly moved up the ranks on the morning show as an associate producer then reporter, where she continued to be a staple of the News 4 Today team. She covered a wide range of stories from nonprofit fundraising events to the 2016 presidential election to the drought saving winter in northern Nevada.

Ms. Cannito has a B.A. in Broadcast Journalism from the University of Nevada, Reno which she earned while maintaining her role as the first recipient of the Nevada Broadcasters Association's Tony and Linda Bonnici Broadcasting Scholarship. She is currently earning her Master of Business Administration with an emphasis in Finance at the University of Nevada, Reno.

Ms. Cannito's direct contact information is:

Alexandria Cannito
Lewis and Roca LLP
1 East Liberty Street, Suite 300
Reno, Nevada 89501
Phone:
Fax:
Email:

Agenda Item (6)(h)

Pacific Training Institute for Facial Aesthetics (PTIFA)

Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste.1 • Las Vegas, NV 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

May 22, 2020

Pacific Training Institute for Facial Aesthetics
Attn: Carly Olynyk, Program Director
[redacted]

Dear Ms. Olynyk:

Thank you for your application to seek approval of the below-mentioned certification program for meeting the training requirement outlined under NAC 631.257(1). Please refer below for the approval number and details for this program.

NSBDE Approval #20-007
Title: Level 1 – Advanced Anatomy Review & Intro to Botulinum Toxin + Level 2 Basic Botuminum Toxin: Cosmetic Upper Face & Pain + Level 4 – Basic Facial Dermal Filler Program (Live Patient Instruction)
Location: University of British Columbia – [redacted]
A Smile Above – [redacted]
Instructor(s): Dr. Warren Roberts; Dr. Jan Roberts; Dr. Trevor Morhaliek; Dr. Kimit Rai
Approved: April 30, 2020 **Note: Your request for retroactive approval remains pending at this time. Request to be considered by the Board at a future meeting)
Total Program Hours: 72.0 (didactic + hands-on units)

Clinical instruction involving 'live patients' in Nevada must be under the supervision of a dentist(s) actively licensed in Nevada pursuant to NAC 631.2205. Should you elect to modify instructors or location in the future, please submit required documentation to the Board office for review. Further, any change to the program's content from what has been reviewed/approved by our Board may require a new application and Board approval. **Please ensure participants who express interest in attending your program in Canada and are not currently licensed in British Columbia, are properly informed of licensing requirements prior to registering for this program.

Please be advised of the following regarding your approved program:

- **If participants are to bring their own patient for completion of the program, the patient(s) utilized must be a "patient of record" of the treating dentist.**
- **As the program provider, a copy of participants in attendance including their patients' records are to be maintained.**
- **Neuromodulators, dermal or soft tissue filler injectable utilized during this program must be approved by the United States Food and Drug Administration.**

*Pursuant to Nevada Administrative Code 631.177 (2), **certificates of completion for this course must include at least the following information:** (a) the name and location of the course; (b) the date of attendance; and (c) the name, address and telephone number of the instructor. **To facilitate processing of certificates submitted by licensees, in addition to above information, please include the number of hours completed and the program approval number (#20-007) on issued certificates for this program.***

Should you have any questions, please feel free to contact the Board office at (702) 486-7044.

Sincerely,

Sandra Spilsbury
Site Inspection – CE Coordinator
cc: File

Sandra Spilsbury

From: Carly Olynyk <[redacted]
Sent: Tuesday, May 19, 2020 2:13 PM
To: Sandra Spilsbury
Cc: Warren Roberts
Subject: Re: FW: CE Application Follow-up

Hi Sandra,

Thank you for your email. We would like to request retroactive status from March 2017 for PTIFA's Levels 1, 2, & 4 (total 72 unit program). Please let me know if you require anything else.

Best,
Carly

On Tue, 5 May 2020 at 14:16, Sandra Spilsbury <[redacted]> wrote:

> Hi Carly,
>
> In anticipation of the next board meeting (date tbd), if you may please submit to our agency a letter (or an email) specifying a date you would like the Board to consider retroactive approval for the PTIFA's Levels 1, 2, & 4 (total 72 unit program). Thank you.
>
> Kind regards,
>
> *Sandra Spilsbury*
>
> Site Inspection – CE Coordinator
>
> Nevada State Board of Dental Examiners
>
> 6010 S Rainbow Blvd., Suite A-1
>
> Las Vegas, NV 89118
>
> [redacted]
>
> Office: (702) 486-7044
>
> Fax (702) 486-7046

Sandra Spilsbury

From: Carly Olynyk <[redacted]>
Sent: Friday, January 17, 2020 9:28 AM
To: Sandra Spilsbury
Cc: Warren Roberts; Etaoin Quinn
Subject: Re: COURTESY NOTICE of Board Meeting: January 17 - 18, 2020

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Sandra,

Thank you for the update. Is it possible to also include a retro-active clause in our application which would recognized members who have taken courses prior to this date?

Thank you in advance,
Carly

On Tue, 14 Jan 2020 at 13:08, Sandra Spilsbury <[redacted]> wrote:

Good afternoon Carly,

A courtesy copy of the agenda for the Board meeting scheduled January 17 – 18, 2020 is attached for your viewing.

Please advise if you or a representative from the PTIFA will be in attendance. Thank you.

Sandra Spilsbury

Site Inspection – CE Coordinator

Nevada State Board of Dental Examiners

6010 S Rainbow Blvd., Suite A-1

Las Vegas, NV 89118

[redacted]

Office: (702) 486-7044

Fax (702) 486-7046

PTIFA

STATUS UPDATES

ON APPLICATION

From: Sandra Spilsbury
To: Carly Olynyk
Subject: RE: COURTESY NOTICE of Board Meeting: January 17 - 18, 2020
Date: Wednesday, March 25, 2020 8:43:00 AM

Hi Carly,
I hope this email finds you, your family and friends all safe and healthy during these unprecedented times.

The Committee appointed by the Board who will be reviewing the PTIFA program (as well as other programs) had a tentative date to meet this month, however, due to the limitation on public meetings in light of the COVID-19, the tentative date has been postponed until further notice.

Kind regards,

Sandra Spilsbury
Site Inspection – CE Coordinator
Nevada State Board of Dental Examiners
6010 S Rainbow Blvd., Suite A-1
Las Vegas, NV 89118
[redacted]
Office: (702) 486-7044
Fax (702) 486-7046

From: Carly Olynyk [mailto:[redacted]
Sent: Friday, March 20, 2020 11:10 AM
To: Sandra Spilsbury
Cc: Warren Roberts; Etaoin Quinn
Subject: Re: COURTESY NOTICE of Board Meeting: January 17 - 18, 2020

Hi Sandra,

I am just checking to see if there has been any progress made with our application as a continuing education provider as it has been nine months since we formally applied for approval. Any update would be greatly appreciated.

Thank you,
Carly

On Fri, 17 Jan 2020 at 09:28, Carly Olynyk [redacted] wrote:

> Hi Sandra,
>
> Thank you for the update. Is it possible to also include a retro-active clause in our application which would recognized members who have taken courses prior to this date?

Thank you in advance,
Carly

On Tue, 14 Jan 2020 at 13:08, Sandra Spilsbury <[redacted]> wrote:

> Good afternoon Carly,
> A courtesy copy of the agenda for the Board meeting scheduled January 17 – 18, 2020 is attached for your viewing.
>
> Please advise if you or a representative from the PTIFA will be in attendance. Thank you.

Sandra Spilsbury
Site Inspection – CE Coordinator
Nevada State Board of Dental Examiners
6010 S Rainbow Blvd., Suite A-1
Las Vegas, NV 89118
[redacted]
Office: (702) 486-7044
Fax (702) 486-7046

From: Sandra Spilsbury
Sent: Friday, January 10, 2020 4:49 PM
To: 'Carly Olynyk'
Subject: RE: COURTESY NOTICE Meeting has been RESCHEDULED for Saturday, January 18, 2020

Hi Carly,
The next Board meeting for the Nevada State Dental Board to consider the PTIFA's certification program has been scheduled for **January 18, 2020 at 9:00 am**. The official notice will follow by mail next week.

Please feel free to contact me with any questions.

Kind regards,

Sandra Spilsbury
Site Inspection – CE Coordinator
Nevada State Board of Dental Examiners
6010 S Rainbow Blvd., Suite A-1
Las Vegas, NV 89118
[redacted]
Office: (702) 486-7044
Fax (702) 486-7046

From: Sandra Spilsbury
Sent: Thursday, October 31, 2019 2:42 PM
To: 'Carly Olynyk'
Subject: RE: Cancelled Meeting for November 1, 2019

You're very welcome.

As a courtesy reminder, the PTIFA's certification program must be considered for approval by the Board at a public Board meeting.

Unfortunately, the next Board meeting date is still to be determined. Please know I am aware of the urgency and as soon as a date is confirmed, you will be notified.

Sandra Spilsbury
Site Inspection – CE Coordinator
Nevada State Board of Dental Examiners
6010 S Rainbow Blvd., Suite A-1
Las Vegas, NV 89118
[redacted]
Office: (702) 486-7044
Fax (702) 486-7046

From: Carly Olynyk [mailto:[redacted]
Sent: Thursday, October 31, 2019 1:57 PM
To: Sandra Spilsbury
Cc: Warren Roberts; Etaoin Quinn
Subject: Re: Cancelled Meeting for November 1, 2019

Hi Sandra,

Thank you for your email and for the notification. Is there anyway to speed up the review process? We have a number of Nevada dentists who have requested to complete training prior to 2020. Your response and urgency to this matter is greatly appreciated.

Thank you,
Carly

On Thu, 31 Oct 2019 at 13:42, Sandra Spilsbury <[redacted]> wrote:

> Dear Ms. Olynk:

At the request of the Governor, please be advised the meeting scheduled for November 1, 2019 has been cancelled (see attached).

You will be notified of the next meeting once a rescheduled date has been confirmed for the Board to consider your entity's application. Your official notice will follow by mail.

Thank you for your understanding and apologize for any inconveniences.

Kind regards,

Sandra Spilsbury
Site Inspection – CE Coordinator
Nevada State Board of Dental Examiners
6010 S Rainbow Blvd., Suite A-1
Las Vegas, NV 89118
[redacted]
Office: (702) 486-7044
Fax (702) 486-7046

--
Carly Olynyk | Executive Director

The Pacific Training Institute for Facial Aesthetics

[redacted]

Website | Facebook | Twitter | Support Study Club

Interested in successfully integrating botulinum toxin, dermal fillers and lasers within your practice? Join our online Support Study Club and gain access to online case support, the member forum, patient education and communication tools, team training videos and more!

--
Carly Olynyk | Executive Director

The Pacific Training Institute for Facial Aesthetics

[redacted]

Website | Facebook | Twitter | Support Study Club

> *Interested in successfully integrating botulinum toxin, dermal fillers and lasers within your practice? Join our online Support Study Club and gain access to online case support, the member forum, patient education and communication tools, team training videos and more!*

--
Carly Olynyk | Executive Director

The Pacific Training Institute for Facial Aesthetics

[redacted]

Website | Facebook | Twitter | Support Study Club

Interested in successfully integrating botulinum toxin, dermal fillers and lasers within your practice? Join our online Support Study Club and gain access to online case support, the member forum, patient education and communication tools, team training videos and more!

Nevada State Board of Dental Examiners
6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

PROVIDER APPROVAL APPLICATION: INJECTION OF NEUROMODULATORS, DERMAL AND SOFT TISSUE FILLERS CERTIFICATION PROGRAM

Instructor(s) Name: Dr. Warren Roberts, Dr. Jan Roberts, Dr. Trevor Morhallek, Dr. Kimit Rai

Program Title and Objectives [Must relate directly to the practice of dentistry]:
Revised Course Program Submission:

Level 1 – Advanced Anatomy Review & Intro to Botulinum Toxin
Level 2 – Basic Botulinum Toxin: Cosmetic Upper Face & Pain
Level 4 – Basic Facial Dermal Filler

Number of Participants: 12 (Level 2), 8 (Level 4)
Hours of Actual Instruction: L1 = 16, L2 = 24, L4 = 32
Registered Facility Name and Address
University of British Columbia – 2350 Health Sciences Mall, Vancouver, BC
A Smile Above – 451 Bute Street, Vancouver, BC

Date(s) of Program: Monthly courses. Please see 2019 & 2020 course dates on calendar at PTIFA.com
Entity Submitting Request: Pacific Training Institute for Facial Aesthetics
Business Address: [redacted] Delta, BC V4M 2K6
City, State & Zip: [redacted]
Business Telephone: August 30, 2019
Date of Request:

C.Olynyk

Signature of Person Authorized to Represent Program

PLEASE ATTACH NAME(S) AND CURRICULUM VITAE(S) FOR EACH INSTRUCTOR, THE OUTLINE OF COURSE (including method of presentation), AND A LETTER SIGNED BY THE PERSON(S) WHO HOLD PROPRIETARY RIGHTS TO THE PROGRAM GRANTING THE BOARD PERMISSION TO REVIEW THEIR PROGRAM.

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE.

Approved by:

Number of Hours Approved:
Effective Date of Approval:
Disapproved [Explanation]:

#20-007 Board Approved on 4.30.2020

Agenda Items (6)(i) and (6)(j)

ADEX:
Letter from President of ADEX
- William G. Pappas, D.D.S.

ADEX

AMERICAN BOARD OF DENTAL EXAMINERS, INC.

William Pappas, D.D.S., President
Jeffery Hartsog, D.M.D., Vice-President
Conrad McVea, III, D.D.S., Secretary
Renee McCoy-Collins, D.D.S., Treasurer
Bruce Barrette, D.D.S., Past President

April 29, 2020

Nevada State Board of Dental Examiners
D Kevin Moore, DDS, President
6010 S Rainbow, Blvd, Suite A-1
Las Vegas, NV 89118

Dear President Moore:

On April 2, 2020, the ADEX Dental Examination Committee evaluated the results of a mode effects study evaluating the CompeDont™ tooth as a potential restorative simulated examination platform. The research design of the mode effects study was developed in collaboration with independent psychometricians, and six dental schools throughout the United States. A mode effects study is the appropriate required methodology when proposing an alternate examination process. The tooth has been in development for over three years, and the attached report contains the results of that study. This project was not undertaken in response to the COVID-19 pandemic and was scheduled to be reported to the ADEX member dental boards this August, but since the results have been finalized, they are being provided to you. As a result of the study outcomes, representatives from 30 ADEX member dental boards voted 29-1 to allow the restorative procedures in the ADEX Dental Examination process to be completed on either a live patient or the CompeDont™ tooth.

As part of this process all of the other available typodont teeth, both with and without caries, were evaluated and found to be an inadequate examination simulation. Unlike the CompeDont™ tooth, which has enamel of the same hardness and character of a natural tooth, caries which are variable, transitioning from infected dentin to affected to dentin to sclerotic dentin, and propagates along the DEJ as in a natural tooth, the other available typodont teeth were the same or similar to teeth used in D1 and D2 preclinical training and do not simulate a natural tooth. The CompeDont™ tooth allows administration of the ADEX examination, and all restorative criteria evaluated, just as with the patient.

We know many of our member dental boards are being petitioned to alter examination standards and content. In addition, graduation requirements may be reinterpreted and adjusted which might allow reduced clinical training. ADEX understands that the psychomotor performance examinations become even more important in this environment. ADEX would not consider an off-the-shelf solution which would not offer an examination that would identify the competency issues that are currently tested, or merely reproduce an exercise used in pre-clinical training in dental school. We are pleased to be able to offer for consideration a valid non-patient alternative for those dental boards that would want such an alternative. There would be no PPE requirements, no infectious aerosol, but all of the grading criteria, including preparation modification evaluation, remain in place. The CompeDont™ will provide a challenge in both preparation and restoration for the Class II and the Class III, and are available only to the ADEX testing agencies, the Commission on Dental Competency Assessments (CDCA) and the Council of Interstate Testing Agencies (CITA).

For the Dental Periodontal Scaling Exercise and the Dental Hygiene Clinical Examination (including periodontal probing, calculus detection and calculus removal), the psychometric analysis for a feasibility study will be presented to the ADEX Board of Directors for evaluation and possible adoption of manikin examinations to serve those needs at a properly noticed meeting on May 15, 2020. ADEX will provide you with the analysis and the results of that meeting as soon as possible after that meeting.

1930 Village Center Circle, 3-386 • Las Vegas, NV 89134
Telephone (503) 724-1104
OFFICE@adexexams.org
www.adexexams.org

If you choose to utilize the CompeDont™ for these challenging times or you would like to move to a patient free examination, the ADEX examination offers the most widely accepted, independent examination for the dental profession. Please contact the ADEX office or our testing agencies, CDCA and CITA, for more information on how to bring the CompeDont™ to your state.

Very Truly Yours,

William G. Pappas, D.D.S.
President, ADEX

Attachment

WGP/kk

Agenda Item (6)(i):

ADEX:
Use of Typodont in Dental Hygiene and Dental Periodontal Scaling

ADEX
AMERICAN BOARD OF DENTAL EXAMINERS, INC.

ADEX™ Approves Use of Typodont In Dental Hygiene and Dental Periodontal Scaling Clinical Licensure Examinations

2020 ADEX™ Press Release

For Release: May 18, 2020
Email Inquiries: office@adexexams.org

LAS VEGAS, NEVADA — The American Board of Dental Examiners, ADEX™, has approved the use and offering of a selected typodont as an option in the dental hygiene licensure examination and the dental periodontal scaling challenge. The typodont selected will be used in calculus detection, calculus removal, and periodontal probing exercises for the ADEX Dental Hygiene Patient Treatment Clinical Examination after completing a feasibility study under the supervision of ACS Ventures, LLC. This will offer dental hygiene licensure boards/agencies the choice to accept this non-patient professional proficiency demonstration or continue to accept the patient required participation for dental hygiene.

Further, the feasibility study included analysis of periodontal scaling proficiency utilizing the selected typodont and was accepted by the ADEX Board of Directors to be offered as an option for the periodontal scaling exercise part of the ADEX Dental Licensure Clinical Examination. This too would give licensure boards, that intend to accept a non-patient clinical assessment of candidates for licensure, an option for such acceptance of demonstrated proficiency.

"While facing circumstances as a result of the COVID-19 crisis, ADEX has endeavored to critically and psychometrically provide licensing jurisdictions options given the current conditions in delivery of dental education, dental treatment, and independent dental skills evaluation. With the previous addition of the CompeDont™ to the ADEX™ dental testing repertoire, licensure boards and agencies have additional non-patient assessment modalities upon which to aid in licensure evaluation during these unprecedented times. These hands-on skill assessments are joined by our computerized Objective Clinical Simulated Examination (OSCE) in both dentistry and dental hygiene, the longest running, continually maintained OSCE in the dental profession in North America," said ADEX President William G. Pappas, D.D.S. "ADEX™ has taken additional steps in dental hygiene by approving and offering both patient and non-patient demonstration options, if desired by licensing boards, to meet the current unique obstacles presented by the COVID-19 crisis," added Beth Jacko-Clemence, R.D.H, and Chair of the ADEX Dental Hygiene Examination Committee. This committee utilized practicing licensed hygienists, hygiene educators, and hygiene students to conduct the feasibility study prior to acceptance and adoption of the use of this particular typodont for examination purposes.

The offering of the typodont based dental hygiene examination and typodont based dental periodontal scaling exercise will commence this summer in the examination series currently scheduled to resume by both The Commission on Dental Competency Assessments (CDCA) and the Council of Interstate Testing Agencies (CITA). As always, it will be at the discretion of state licensing boards/agencies whether to accept these additional offerings in testing modality.

For any questions about the ADEX™ examination please contact: ADEX™ at office@adexexams.org For questions about the administration of ADEX examinations, please contact The Commission on Dental Competency Assessments at: www.cdcaexams.org or the Council of Interstate Testing Agencies at www.citaexam.com

ACS VENTURES

BRIDGING THEORY & PRACTICE

CDCA Typodont Evaluation Report for the ADEX Dental Hygiene Examination

May 29, 2020

Prepared by:
Russell Keglovits, M.Ed.
719.233.4315
rkeglovits@acsventures.com
Chad W. Buckendahl, Ph.D.
402.770.0085
cbuckendahl@acsventures.com

Introduction

In April 2020, the Commission on Dental Competency Assessments (CDCA) conducted a product evaluation of a simulated patient (i.e., typodont). The evaluation was designed to determine the suitability of the typodont for use in a clinical skills (i.e., psychomotor skills) assessment for dental hygiene candidates. The results of the evaluation include the summary judgements of 30 subject matter experts (SMEs) who were each provided a typodont and a web based survey for data collection on their experience and perceptions. The CDCA identified ACS Ventures, LLC (ACS) to assist with the design of the product evaluation study and then independently analyze the results. This report summarizes the methodology, results, and conclusions of the study.

Study Method

To determine the feasibility of using a typodont in the assessment of prospective dental hygienists, multiple sources of validity evidence were collected and analyzed. This evidence consisted of a review of the content and response processes, reliability, and fairness. Content and responses processes were specifically aimed at the degree to which the typodont represents actual practice and the degree to which tasks and scoring criteria remain consistent between modes. It is both pragmatic and a matter of industry expectations (AERA, APA, & NCME 2014) to evaluate the effect of adding or transitioning to a new administration mode. The use of a typodont in the assessment represents a potential, additional mode option if jurisdictions are not able to administer the current examination.

The pursuit of the validity evidence is in service to two evaluation questions: Does the proposed mode result in technical characteristics that are comparable to the current mode? Does the proposed mode yield comparable evidence to support conclusions about entry level competency?

The study consisted of 30 SMEs who served as field test participants. They completed periodontal probing before and after treatment (i.e., instrumentation), calculus detection, and calculus removal skills on the typodont. These field testers included students, dental hygiene faculty, and practitioners.

Quantitative Data Analyses and Summary

The quantitative data collected were with respect to the amount of agreement among SMEs regarding the pocket depth determined both pre- and post-treatment, and the presence and size of calculus deposits prior to scaling. These data were evaluated for the percent of interrater agreement on each of these skills and were observed to be relatively high (from 82% to 95%). This source of reliability informs readers as to the consistency of the SME judgements for each skill evaluated in this study. In addition, historical reliability data regarding probing, detection, and removal were used to check the reasonableness of the new findings. These data are presented in the following table.

Table 1 – Periodontal probing, calculus detection, and calculus removal agreement results

	Field Test	2018	2016
Perio probing – Pre-treatment (+/- 1 mm)	93%	96%	95%
Perio probing – Post-treatment (+/- 1 mm)	95%	N/A	N/A
Calculus detection – Presence and absence (S/M/L)	82%	85%-91%	86%-90%
Calculus detection – Presence and absence (M/L only)	85%	N/A	N/A
Calculus detection – Presence and absence (L only)	92%	N/A	N/A
Calculus removal	92%	91%	N/A

As shown in the table, the calculus detection analysis was performed for different combinations of deposit sizes. Small, medium, and large deposits are represented by the letters S, M, and L, respectively. The least amount of agreement was found in the calculus detection activity when all three sizes of deposits were included in the rate. This rate represents a relatively high rate of agreement and is within 4% of the historical rates of comparison. When deposits were limited to just the medium and large, or just large, the level of agreement increases. Additional discussion of deposit size is included in the next section of this report.

The periodontal probing analysis was performed as a strict interrater agreement rate using the most prevalent examiner rating (i.e., mode) as the reference criterion. For this analysis, SMEs were determined to have agreed when they agreed with each other to a tolerance of plus or minus one millimeter. This metric was chosen as an alternative to a measure of agreement with the intended pocket depth suggested by the typodont manufacturer given. In approaching the analysis in this way, we were able to replicate the current practice on the patient-based examination.

Qualitative Data Analysis and Summary

Field testers were also asked to complete a qualitative survey regarding their experience with and perceptions of the typodont. This survey consisted of three question types: dichotomous questions for which a yes or no choice must be made; a 5-response option Likert rating from strongly disagree to strongly agree; and open ended comment questions, some of which were prompted by a "No" response from questions of the first type.

The survey aimed to collect data in six categories: Calculus Detection; Calculus Removal; Tissue; Periodontal Probing; Typodont Teeth; Ultrasonic Usage. The data were analyzed by category, response type, and SME type (non-student and student). The yes or no questions were with respect to the operational aspects of the typodont and were generally answered favorably across all categories. The Likert items were designed to measure the degree to which the SMEs believed the experience was realistic. The most prevalent responses to these survey questions were "Agree" and "Not ideal, but sufficient." Finally, the open-ended comments were coded and counted. The recurrent comments were split between favorable and unfavorable across categories expressing a neutral disposition toward the typodont.

The following highlights the qualitative survey results:

Calculus Detection

- Realistic feel of calculus deposits? – Yes (73%), No (27%)
- Realistic placement? – Yes (87%), No (13%)
- Detection similar to that of a patient? Agree (30%), Sufficient (37%), Disagree (33%)
- Respondent Comments:
    - Calculus is too smooth
    - Stiffness of the tissue limited accuracy
    - Calculus deposits difficult to detect
    - Burnished/small deposits were difficult to detect

Calculus Removal

- Deposits come off in layers? – Yes (80%), No (20%)
- Realistic using hand instruments? – Yes (77%), No (23%)

- Removal similar to that of a patient? Agree (57%), Sufficient (23%), Disagree (20%)
- Respondent Comments:
    - Tooth material came off with hand scaling
    - Calculus behaved realistically
    - Teeth became loose/fell out
    - Teeth were soft

Tissue

- Did the sulcus remain intact after scaling? – Yes (90%), No (10%)
- Could you damage the tissue while hand scaling? – Yes (60%), No (40%)
- Tissue simulates the gingiva found with a patient? Agree (33%), Sufficient (33%), Disagree (33%)
- Respondent Comments:
    - Impressed with tissue
    - Tough/rubbery tissue
    - Not realistic
    - Realistic tissue

Periodontal Probing

- Distinguish between enamel and cementum? – Yes (53%), No (47%)
- Mobility during scaling? – Yes (37%), No (63%)
- Teeth similar to that of a patient? Agree (37%), Sufficient (27%), Disagree (36%)
- Respondent Comments:
    - Tooth/teeth came out
    - Teeth are soft
    - Teeth did not move when scaled
    - Did not have gloss or sheen as expected

Typodont Teeth

- Distinguish between enamel and cementum? – Yes (53%), No (47%)
- Mobility during scaling? – Yes (37%), No (63%)
- Teeth similar to that of a patient? Agree (37%), Sufficient (27%), Disagree (36%)
- Respondent Comments:
    - Tooth/teeth came out
    - Teeth are soft
    - Teeth did not move when scaled
    - Did not have gloss or sheen as expected

Ultrasonic Usage

- Eleven SMEs in the study an ultrasonic scaler.
- Was there any negative effect on the tissue with the ultrasonic? Yes (0%), No (100%)
- Was there any damage to the tooth surface by the ultrasonic? Yes (36%), No (64%)
- Calculus removal experience was similar to a patient? Agree (55%), Sufficient (37%), Disagree (9%)
- Respondent Comments:
    - Teeth are soft
    - Realistic

Conclusions

Regarding the technical characteristics of the current mode, examiner agreement for probing, calculus detection, and calculus removal was comparable with historical rates. Regarding the degree to which the mode yields comparable evidence to support conclusions about entry level competency, the study found that small and some medium deposits were more difficult to detect and may not represent entry-level skills.

The qualitative data indicated that, with some caveats noted in ratings and comments, the typodont was realistic. Field tester responses to the survey questions were a mixture of favorable and unfavorable ratings which were significantly skewed towards favorability. Therefore, the collection of evidence supports use of this typodont in ADEX examination exercises for jurisdictions that may want to offer both a psychomotor performance examination and a fully non-patient licensure pathway. Notwithstanding this conclusion, the data also suggests that a patient-based demonstration of clinical skills remains a superior comparative option.

References

American Educational Research Association (AERA), American Psychological Association (APA), & National Council on Measurement in Education (NCME) (2014). *Standards for educational and psychological testing*. Washington, D.C.: American Educational Research Association.

ACS VENTURES

BRIDGING THEORY & PRACTICE

CDCA High Fidelity Restorative Simulation Mode Effects Study

April 20, 2020

Prepared by:
Susan Davis-Becker, Ph.D. &
Chad W. Buckendahl, Ph.D.

Introduction

In 2019, the CDCA began data collection for a study to evaluate a new type of simulated tooth – the CompeDont™ DTX High Fidelity tooth – as a possible alternative for the demonstration of skills in the ADEX dental licensure examination. Although development of the tooth had been occurring for a few years prior, this was the first larger scale effort to review the performance in a testing setting. The CDCA identified ACS Ventures, LLC (ACS) to evaluate the fidelity of this tooth through a mode effects study where use of this CompeDont™ tooth in a examination setting was compared to traditional examination results. A mode effects study is designed to evaluate examinees' performance on knowledge, skills, or abilities that are administered in more than one format or mode. Common types of mode effects studies are ones that compare a testing program that is administering a test using paper-pencil and computer-based formats. For a clinical skills demonstration, the administration modes being compared in this study are a simulated tooth in a typodont versus a natural tooth in a patient. Specifically, this evaluation compared candidate performance, types of errors, and rater agreement. This report summarizes the results of this study.

Data and Analyses

In Fall 2019, the CDCA partnered with six dental schools to conduct pilot administrations of the Anterior Restoration procedure (inclusive of preparation and restoration) of the ADEX examination using the CompeDont™ tooth. In total, 548 examinees completed the Anterior Restoration. Examinees represented a diverse group of students from schools selected from multiple geographic regions. In addition, 238 of these examinees (43%) also completed the Posterior Restoration part of the ADEX examination on a patient (i.e., standard administration conditions) as a point of comparison. Across the six administration sites, 66 trained and calibrated examiners participated in the study by evaluating the performance on CompeDont™ and/or natural teeth.

Posterior Restoration

Because this was a pilot exam set up for the mode effects study, the first focus of the analysis was on the Posterior Restoration tasks that 43% of the examinees completed using a patient as they would in the current operational examination. The purpose of including this element in the study was to determine how performance in the pilot exam compared to an operational exam environment. Specifically, the results from this administration allow for a direct comparison to the results from the 2019 and 2018 operational examination results (e.g., pass rate, types of errors). The results (see Table 1) indicate the pass rate for the pilot exam was slightly lower than the 2019 examinations (5% lower) and the 2018 examinations (3% lower). This observation may be due to variation in the sample of examinees relative to the population. In addition, this may also be somewhat influenced by the timing of the study occurring a few months earlier in the training program than when candidates generally take the examination.

Looking closer at the performance of examinees, the most frequent errors were identified from each administration mode. For the preparation part of the task, the same three errors (Caries, Gingival Contact, Adjacent Tooth Damage) were the most frequent for both the pilot exam and the operational examinations. For the restoration part of the task, there were two consistently frequent errors – interproximal contact and margin excess. Finally, the rater agreement (i.e., how often ratings were confirmed) was consistently high between the operational administrations and the mock exam. This collection of evidence suggests that examinees performed similarly in this pilot exam as they would on an operational examination with a slightly lower pass rate. Therefore, even though the new CompeDont™ tooth was tested in a pilot exam (not an operational one), the results are likely to be comparable to those from an operational exam.

Table 1. Comparison of Posterior Restoration Results – Pilot Exam vs. 2018/2019 Operational Exams

	Mock Exam	2019 Operational Exam	2018 Operational Exam
Pass Rate	90%	95%	93%
Most Frequent Errors – Preparation	Caries Gingival contact Adjacent tooth damage	Caries Gingival contact Adjacent tooth damage	Caries Gingival contact Adjacent tooth damage
Most Frequent Errors – Restoration	Interproximal Contact-open/irregular Margin Excess Centric/Excursive Contacts	Interproximal Contact – open irregular Margin Excess Margin Deficiency	Interproximal Contact – open/irregular & closed Margin Excess Margin Deficiency
Rater Agreement	98%	98%	98%

Anterior Restoration

All Anterior Restorations were performed on the CompeDont™ tooth and, given the comparability of the pilot exam results for the Posterior Restoration, the results of this administration were compared to those from the 2018 and 2019 operational administration (see Table 2). The pass rate for the CompeDont™ tooth was meaningfully lower than the 2019 and 2018 examinations (15% and 14% lower, respectively). When examining performance on the preparation task, two types of errors (Caries Remaining and Outline Extension) were the most common for both the CompeDont™ tooth and operational administrations. For the restoration task, the same three errors were common between modes: Margin Excess, Interproximal Contact, and Margin Deficiency. Finally, the rater agreement was consistently high between the operational administrations with the patient and the pilot exam with the CompeDont™ tooth. This collection of evidence suggests that the CompeDont™ tooth was a similar, but more challenging, task for the examinees. Additional analysis to understand the differences in pass rates is described in the next sections of this report.

Table 2. Comparison of Anterior Restoration Results – CompeDont™ Tooth Pilot Exam vs. 2018/2019 Operational Exams

	CompeDont™ Tooth – Pilot Exam	2019 Operational Exam	2018 Operational Exam
Pass Rate	80%	95%	94%
Most common Errors – Preparation	Caries Remaining Outline Extension Axial Walls	Caries Remaining Unrecognized Exposure Outline Extension	Caries Remaining Gingival contact Adjacent tooth damage Outline extension
Most common errors – Restoration	Margin Excess Interproximal contact – open/irregular Margin Deficiency	Interproximal Contact – open/irregular Margin Excess Margin Deficiency	Interproximal contact – open/irregular Margin Excess Margin Deficiency
Rater Agreement	97%	98%	98%

To better understand the differences observed in the pass rates, the results from the CompeDont™ tooth were further explored to determine why 20% of the examinees in the sample failed the Anterior Restoration task. Table 3 shows the specific frequency by which the most common errors were observed for the preparation and restoration tasks between the CompeDont™ tooth-mock exams and the 2018 operational exam. The most notable difference is in the frequency by which a Caries Remaining error was

observed in the preparation task – 15% with the CompeDont™ tooth compared to less than 1% in the 2018 operational exam. To ensure this was not an artifact of the pilot exam situation, the frequency of Caries Remaining was evaluated for the Posterior Restoration. The 2018 operational administration resulted in 1% of examinees having a Caries Remaining error while the pilot exam showed 2.5% having a Caries Remaining error. Therefore, the difference observed in Table 3 is not an artifact of the study but rather likely due to intended design characteristics of the tooth that are further discussed next.

Table 3. Comparison of Error Frequency – CompeDont™ Tooth Pilot Exam vs. 2018 Operational Exam

	CompeDont™ Tooth – Pilot Exam	2018 Operational Exam
Preparation		
Caries	15%	<1%
3 Sub Rule: Outline Extension, Gingival Clearance, Axial Walls	7%	<1%
Restoration		
Margin Excess	2%	<1%
Interproximal Contact	1%	<1%

An important design feature of the CompeDont™ tooth is that carious lesions are presented in a way that is more representative of how caries are observed and treated in practice within a typical patient population. Specifically, the CompeDont™ tooth was designed to have varying degrees of average or moderate levels of caries present. This design characteristic requires candidates to exercise their clinical judgment in addition to their psychomotor skills. As a result, it was expected that virtually all CompeDont™ teeth would require modification from an ideal preparation to perform the procedure because of where the caries would be observed. This is different from the current examination where candidates bring their own patients and that a much smaller percentage of these require modifications.

During the examination, candidate requests for modification from an ideal preparation are handled procedurally through a review and approval process. As part of this study, candidate performance was further evaluated based on whether they requested a modification in the pilot exam and these results were compared to the 2018 operational exam. As shown in Table 4, there were many more modifications with the CompeDont™ tooth as compared to the operational exam (74% compared to 31%). As noted above, because the goal with the simulated tooth was to be more representative of job-related practice, this was expected. In fact, an even higher percentage of modifications for the CompeDont™ tooth were expected as compared with the current examination data. In the 2018 results, the pass rates between those who had a modification and those who did not are very similar (94% and 96%). However, the pass rates for the CompeDont™ tooth were much higher for those who had a modification compared to those who did not (83% compared to 73%).

Table 4. Comparison of Exam Results by Modification (Yes/No) – CompeDont™ Tooth Pilot Exam vs. 2018 Operational Exam

	CompeDont™ Tooth – Pilot Exam	2018 Operational Exam
Modifications (any approved)		
Count (%)	408 (74%)	1018 (31%)
Pass Rate	83%	94%
No Modifications		
Count (%)	140 (26%)	2264 (69%)
Pass Rate	73%	96%

A follow up question to this finding was whether the pass rate differentiation for the CompeDont™ tooth was due to examinees not knowing when to request a modification (when one was needed) or requesting the wrong modification. The results in Table 5 include the pass rate by whether examinees had any modifications approved and/or denied. The results show that most examinees either had all their modification requests approved (group 1) or did not request any modifications (group 4). The other two smaller groups were those that had at least one modification request denied (and at least one accepted – group 2, or none accepted – group 3). These results indicate that the highest pass rate was observed for those examinees who had one or more modification requests accepted (i.e., they understood what to request and when to request). In addition, 26% of examinees did not request a modification with their pass rate being notably lower (73%).

Table 5. Comparison of Exam Results by Modification Request Status

Modification Status	Count	Pass Rate
1. One or more approved (no denials)	325 (59%)	85%
2. One or more accepted & one or more denial	52 (9%)	77%
3. One or more requested – all denied	31 (6%)	71%
4. No modifications requested	140 (26%)	73%
Total	**548**	**80%**

Results and Conclusions

The purpose of this mode effects study was to evaluate the feasibility of the CompeDont™ tooth as a possible alternative to a patient for the ADEX Dental restoration examinations. Data were collected from pilot examinations administered to over 500 dental students from six different schools evaluated by over 60 examiners. The results of this analysis suggest the feasibility of the simulated tooth administered in a typodont as comparable to the operational examination based on the comparison of the Posterior Restoration results from previous administration results. Focusing on the Anterior Restoration, the results indicate that use of the CompeDont™ tooth was sensitive to identify the same critical deficiencies identified in the patient-based examinations. An additional feature of the use of the CompeDont™ tooth is that the normal variation observed in practice by dentists can be modeled to further evaluate candidates' clinical judgment in addition to their psychomotor skills.

Although limitations of the simulation include a lack of some of the patient-based characteristics (e.g., saliva, tongue, patient anxiety), the benefit of additional standardization of the environment for candidates and better representation of job-related characteristics of the tooth may outweigh these limitations. The lower pass rate observed during the pilot examination for the simulated tooth suggests that its use does not offer an easier pathway to licensure and may currently be more challenging. The question is whether it is a fair approach to measuring the clinical judgment and psychomotor skills needed for restoration procedures. The difference in pass rates may be explained in part by the timing of the pilot exam (e.g., examinees taking the exam at an earlier date than normal). However, most of the difference can be attributable to the lack of recognition of caries and a need to modify a preparation from the ideal when it is warranted. Evidence of high examiner reliability provides a source of support. When compared with the current examination where candidates select a patient on which to perform the procedure with rates of modification being relatively low, the CompeDont™ tooth may be a better representation of the job-related environment to measure the important clinical judgments and skills that candidates will need to demonstrate in practice.

Agenda Item (6)(i)

ADEX:
Non-Patient Clinical Examination Option for Dental Hygiene

THE COMMISSION ON
DENTAL COMPETENCY
ASSESSMENTS

Search for:

Yearly Archives: 2020

ADEX Approves Non-Patient Clinical Examination Option for Dental Hygiene

For immediate release, May 21, 2020 | Linthicum Heights, MD

Direct inquiries to sbeeler@cdcaexams.org

Back to CDCA Newsroom

Exam Provides Psychomotor Performance Evaluation

The Commission on Dental Competency Assessments (CDCA) will soon be able to offer dental hygiene licensure candidates a new option to demonstrate readiness for practice. The American Board of Dental Examiners (ADEX) approved the use of a typodont for clinical examinations last week after reviewing an analysis and feasibility study. Read the ADEX announcement here.

The ADEX Dental Hygiene Committee approved the manikin-based option for use in the Patient Clinical Treatment Exam (PTCE) is a response to the COVID-19 crisis should states wish to require a psychomotor demonstration of skills in the absence of patients. The ADEX Examination for Dental Hygiene licensure is made up of two parts, the PTCE and the Computer Simulated Clinical Examination OSCE (CSCE OSCE). Examinations using the approved typodont will be available in early July through CDCA.

Earlier this spring the ADEX Dental Examination Committee approved use of the CompeDont™, a psychometrically validated simulated tooth, for use in the Restorative Examination for dentistry.

At least 11 states already permit the use of a manikin for dental hygiene examinations and/or accept the CSCE OSCE only for licensure. States seeking support in making these decisions are encouraged to contact the CDCA as representatives will be made available to participate in conference calls and meetings. The typodont is also approved for use in Periodontal Scaling assessments for dental licensure candidates.

Agenda Item (6)(j)

ADEX:
Restorative Exam -
CompeDont vs. Patient Based

Restorative Examination Performance: *CompeDont*™ vs. Patient Based

2020 Patient Based Restorative Candidates (n=2600+)

- Anterior Restorative = **94%** Pass Rate
- Posterior Restorative = **94%** Pass Rate
- Average = **94%** Pass Rate

2020 *CompeDont*™ Restorative Candidates n=880)

- Anterior Restorative = **95%** Pass Rate
- Posterior Restorative = **93%** Pass Rate
- Average = **94%** Pass Rate

*Data Courtesy of CDCA

Agenda Item (6)(k):

CDC Guidelines • August 28, 2020

Guidance for Dental Settings
Dental Settings

Interim Infection Prevention and Control Guidance for Dental Settings During the Coronavirus Disease 2019 (COVID-19) Pandemic

Updated Aug. 28, 2020

Print

Key Points

- Recognize dental settings have unique characteristics that warrant specific infection control considerations.
- Prioritize the most critical dental services and provide care in a way that minimizes harm to patients from delaying care and harm to personnel and patients from potential exposure to SARS-CoV-2 infection.
- Proactively communicate to both personnel and patients the need for them to stay at home if sick.
- Know the steps to take if a patient with COVID-19 symptoms enters your facility.

This guidance was updated August 28, 2020 and complements CDC's

- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
- Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic

Summary of Recent Changes

- Guidance has been rearranged for clarity.
- Updated the definition of fever to either measured temperature ≥100.0°F or subjective fever to align with CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.
- In areas with moderate to substantial community transmission, during patient encounters with patients not suspected of SARS-CoV-2 infection, CDC recommends that dental healthcare personnel (DHCP):
  - Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters, including those where splashes and sprays are not anticipated.
  - Use an N95 respirator or a respirator that offers an equivalent or higher level of protection during aerosol generating procedures.
- Added language that protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.
- Included additional guidance on physical distancing and how to respond to SARS-CoV-2 exposures among DHCP and others.

Background

This interim guidance has been updated based on currently available information about coronavirus disease 2019 (COVID-19) and the current situation in the United States. As dental healthcare facilities begin to restart elective procedures in accordance with guidance from local and state officials, there are precautions that should remain in place as a part of the ongoing response to the COVID-19 pandemic. Most recommendations in this updated guidance are not new (except as noted in the summary of changes above); they have been reorganized into the following sections:

1. Recommended infection prevention and control (IPC) practices for routine dental healthcare delivery during the pandemic
2. Recommended IPC practices when providing dental healthcare for a patient with suspected or confirmed SARS-CoV-2 infection

Dental settings should balance the need to provide necessary services while minimizing risk to patients and dental healthcare personnel (DHCP). CDC has developed a framework for healthcare personnel and healthcare systems for delivery of non-emergent care during the COVID-19 pandemic. DHCP should regularly consult their state dental boards and state or local health departments for current local information for requirements specific to their jurisdictions, including recognizing the degree of community transmission and impact, and their region-specific recommendations.

Transmission: SARS-CoV-2, the virus that causes COVID-19, is thought to spread primarily between people who are in close contact with one another (within 6 feet) through respiratory droplets produced when an infected person coughs, sneezes, or talks. Airborne transmission from person-to-person over long distances is unlikely. However, COVID-19 is a new disease, and we are still learning about how the virus spreads and the severity of illness it causes. The virus has been shown to persist in aerosols for hours, and on some surfaces for days under laboratory conditions. SARS-CoV-2 can be spread by people who are not showing symptoms.

Risk: The practice of dentistry involves the use of rotary dental and surgical instruments, such as handpieces or ultrasonic scalers and air-water syringes. These instruments create a visible spray that can contain particle droplets of water, saliva, blood, microorganisms, and other debris. Surgical masks protect mucous membranes of the mouth and nose from droplet spatter, but they do not provide complete protection against inhalation of infectious agents. There are currently no data available to assess the risk of SARS-CoV-2 transmission during dental practice.

Recommendations

1. Recommended infection prevention and control (IPC) practices for routine dental healthcare delivery during the pandemic

CDC recommends using additional infection prevention and control practices during the COVID-19 pandemic, along with standard practices recommended as a part of routine dental healthcare delivery to all patients. These practices are intended to apply to all patients, not just those with suspected or confirmed SARS-CoV-2 infection (See Section 2 for additional practices that should be used when providing dental healthcare for patients with suspected or confirmed SARS-CoV-2 infection). These additional practices for all patients include:

Consider if elective procedures, surgeries, and non-urgent outpatient visits should be postponed in certain circumstances.

Provide dental treatment only after you have assessed the patient and considered both the risk to the patient of deferring care and the risk to DHCP and patients of healthcare-associated SARS-CoV-2 transmission. Ensure that you have the appropriate amount of personal protective equipment (PPE) and supplies to support your patients. If PPE

and supplies are limited, prioritize dental care for the highest need, most vulnerable patients first – those at most risk if care is delayed. DHCP should apply the guidance found in the Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic to determine how and when to resume non-emergency dental care. DHCP should stay informed and regularly consult with the state or local health department for region-specific information and recommendations. Monitor trends in local case counts and deaths, especially for populations at higher risk for severe illness.

Implement Teledentistry and Triage Protocols

- Contact all patients prior to dental treatment.
  - Telephone screen all patients for symptoms consistent with COVID-19. If the patient reports symptoms of COVID-19, avoid non-emergent dental care and use the Phone Advice Line Tool for Possible COVID-19 patients. If possible, delay dental care until the patient has ended isolation or quarantine.
  - Telephone triage all patients in need of dental care. Assess the patient's dental condition and determine whether the patient needs to be seen in the dental setting. Use teledentistry options as alternatives to in-office care.
  - Request that the patient limit the number of visitors accompanying him or her to the dental appointment to only those people who are necessary.
  - Advise patients that they, and anyone accompanying them to the appointment, will be requested to wear a cloth face covering or facemask when entering the facility and will undergo screening for fever and symptoms consistent with COVID-19.

Screen and Triage Everyone Entering a Dental Healthcare Facility for Signs and Symptoms of COVID-19

- Take steps to ensure that everyone (patients, DHCP, visitors) adheres to respiratory hygiene and cough etiquette and hand hygiene while inside the facility.
  - Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, break rooms) to provide instructions (in appropriate languages) about hand hygiene and respiratory hygiene and cough etiquette. Instructions should include wearing a cloth face covering or facemask for source control, and how and when to perform hand hygiene.
  - Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with at least 60% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.
  - Install physical barriers (e.g., glass or plastic windows) at reception areas to limit close contact between triage personnel and potentially infectious patients.
  - Remove toys, magazines, and other frequently touched objects from waiting room that cannot be regularly cleaned and disinfected.
- Ensure that everyone has donned their own cloth face covering, or provide a facemask if supplies are adequate.
- Screen everyone entering the dental healthcare facility for fever and symptoms consistent with COVID-19 or exposure to others with SARS-CoV-2 infection.
  - Document absence of symptoms consistent with COVID-19.
  - Actively take their temperature. Fever is either measured temperature ≥100.0°F or subjective fever.
  - Ask them if they have been advised to self-quarantine because of exposure to someone with SARS-CoV-2 infection.
- Properly manage anyone with symptoms of COVID-19 or who has been advised to self-quarantine:
  - If a patient is found to be febrile, has signs or symptoms consistent with COVID-19, or experienced an exposure for which quarantine would be recommended, DHCP should follow all precautions recommended in Section 2 Recommended IPC practices when providing dental healthcare for a patient with suspected or confirmed SARS-CoV-2 infection.

  - If a patient has a fever strongly associated with a dental diagnosis (e.g., pulpal and periapical dental pain and intraoral swelling are present) but no other symptoms consistent with COVID-19 are present, dental care can be provided following the practices recommended in Section 1. Recommended infection prevention and control (IPC) practices for routine dental healthcare delivery during the pandemic.
  - If a DHCP is found to be febrile or has signs or symptoms consistent with COVID-19, he or she should immediately return home, should notify occupational health services or the infection control coordinator to arrange for further evaluation, or seek medical attention.
- People with COVID-19 who have ended home isolation can receive dental care following Standard Precautions.

Monitor and Manage DHCP

- Implement sick leave policies for DHCP that are flexible, non-punitive, and consistent with public health guidance.
- As part of routine practice, DHCP should be asked to regularly monitor themselves for fever and symptoms consistent with COVID-19.
- DHCP should be reminded to stay home when they are ill and should receive no penalties when needing to stay home when ill or under quarantine.
- If DHCP suspect they have COVID-19:
  - Do not come to work.
  - Notify their primary healthcare provider to determine whether medical evaluation is necessary.
- Information about when DHCP with suspected or confirmed COVID-19 may return to work is available in the Interim Guidance on Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19.
- For information on work restrictions for health care personnel with underlying health conditions who may care for COVID-19 patients, see CDC's Healthcare Workers Clinical Questions about COVID-19: Questions and Answers on COVID-19 Risk.

Create a Process to Respond to SARS-CoV-2 Exposures Among DHCP and Others

- Request that patients contact the dental clinic if they develop signs or symptoms or are diagnosed with COVID-19 within 2 days following the dental appointment.
- If DHCP experience a potential work exposure to COVID-19, follow CDC's Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19.
  - Information on testing DHCP for SARS-CoV-2 is available in the Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2.
- If patients or DHCP believe they have experienced an exposure to COVID-19 outside of the dental healthcare setting, including during domestic travel, they should follow CDC's Public Health Guidance for Community-Related Exposure. Separate guidance is available for international travelers.
- For more information, including frequently asked questions on infected healthcare personnel, see CDC's Healthcare Workers Clinical Questions about COVID-19: Questions and Answers on Infection Control.

Implement Universal Source Control Measures

Source control refers to use of facemasks (surgical masks or procedure masks) or cloth face coverings to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have signs and symptoms of COVID-19.

- Patients and visitors should, ideally, wear their own cloth facemask covering (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a facemask covering, they should be offered a facemask or cloth face covering, as supplies allow.

  - Patients may remove their cloth facemask covering when in their rooms or patient care area but should put it back on when leaving at the end of the dental treatment.
  - Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- DHCP should wear a face mask or cloth face covering **at all times** while they are in the dental setting, **including in breakrooms or other spaces where they might encounter co-workers.**
  - When available, surgical masks are preferred over cloth face coverings for DHCP; surgical masks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
  - Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required, as cloth face coverings are not PPE.
  - Respirators with an exhalation valve are not currently recommended for source control, as they allow unfiltered exhaled breath to escape. If only a respirator with an exhalation valve is available and source control is needed, the exhalation valve should be covered with a facemask that does not interfere with the respirator fit
  - Some DHCP whose job duties do not require PPE (such as clerical personnel) may continue to wear their cloth face covering for source control while in the dental setting.
  - Other DHCP (such as dentists, dental hygienists, dental assistants) may wear their cloth face covering when they are not engaged in *direct patient care* activities, and then switch to a respirator or a surgical mask when PPE is required.
  - DHCP should remove their respirator or surgical mask, perform hand hygiene, and put on their cloth face covering when leaving the facility at the end of their shift.
- Educate patients, visitors, and DHCP about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering.

Encourage Physical Distancing

Dental healthcare delivery requires close physical contact between patients and DHCP. However, when possible, physical distancing (maintaining 6 feet between people) is an important strategy to prevent SARS-CoV-2 transmission. Examples of how physical distancing can be implemented for patients include:

- Limiting visitors to the facility to those essential for the patient's physical or emotional well-being and care (e.g., care partner, parent).
  - Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets.
- Scheduling appointments to minimize the number of people in the waiting room.
  - Patients may opt to wait in a personal vehicle or outside the dental facility where they can be contacted by mobile phone when it is their turn for dental care.
  - Minimize overlapping dental appointments.
- Arranging seating in waiting rooms so patients can sit at least 6 feet apart.

For DHCP, the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in breakrooms or co-workers or visitors in other common areas. Examples of how physical distancing can be implemented for DHCP include:

- Reminding DHCP that the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions.

- Emphasizing the importance of source control and physical distancing in non-patient care areas.
- Providing family meeting areas where all individuals (e.g., visitors, DHCP) can remain at least 6 feet apart from each other.
- Designating areas for DHCP to take breaks, eat, and drink that allow them to remain at least 6 feet apart from each other, especially when they must be unmasked.

Consider Performing Targeted SARS-CoV-2 Testing of Patients Without Signs or Symptoms of COVID-19

In addition to the use of universal PPE (see below) and source control in healthcare settings, targeted SARS-CoV-2 testing of patients without signs or symptoms of COVID-19 might be used to identify those with asymptomatic or pre-symptomatic SARS-CoV-2 infection and further reduce risk for exposures in some healthcare settings. Depending on guidance from local and state health departments, testing availability, and how rapidly results are available, facilities can consider implementing pre-admission or pre-procedure diagnostic testing with authorized nucleic acid or antigen detection assays for SARS-CoV-2. Testing results might inform decisions about rescheduling elective procedures or about the need for additional Transmission-Based Precautions when caring for the patient. Limitations of using this testing strategy include obtaining negative results in patients during their incubation period who later become infectious and false negative test results, depending on the test method used.

Administrative Controls and Work Practices

- DHCP should limit clinical care to one patient at a time, whenever possible.
- Set up operatories so that only the clean or sterile supplies and instruments needed for the dental procedure are readily accessible. All other supplies and instruments should be in covered storage, such as drawers and cabinets, and away from potential contamination. Any supplies and equipment that are exposed but not used during the procedure should be considered contaminated and should be disposed of or reprocessed properly after completion of the procedure.
- Avoid aerosol generating procedures (see below for definition) whenever possible, including the use of high-speed dental handpieces, air/water syringe, and ultrasonic scalers. Prioritize minimally invasive/atraumatic restorative techniques (hand instruments only).
- If aerosol generating procedures are necessary for dental care, use four-handed dentistry, high evacuation suction and dental dams to minimize droplet spatter and aerosols. The number of DHCP present during the procedure should be limited to only those essential for patient care and procedure support.
- Preprocedural mouth rinses (PPMR)
    - There is no published evidence regarding the clinical effectiveness of PPMRs to reduce SARS-CoV-2 viral loads or to prevent transmission. Although SARS-CoV-2 was not studied, PPMRs with an antimicrobial product (chlorhexidine gluconate, essential oils, povidone-iodine or cetylpyridinium chloride) may reduce the level of oral microorganisms in aerosols and spatter generated during dental procedures.

Implement Universal Use of Personal Protective Equipment (PPE)

For DHCP working in facilities located in areas with no to minimal community transmission

- DHCP should continue to adhere to Standard Precautions (and Transmission-Based Precautions, if required based on the suspected diagnosis).
- DHCP should wear **a surgical mask, eye protection (goggles or a face shield that covers the front and sides of the face), a gown or protective clothing, and gloves** during procedures likely to generate splashing or spattering of blood or other body fluids. Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.

For DHCP working in facilities located in areas with moderate to substantial community transmission

- DHCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), DHCP should follow Standard Precautions (and Transmission-Based Precautions, if required based on the suspected diagnosis).
- DHCP should implement the **use of universal eye protection** and wear eye protection in addition to their surgical mask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters, including those where splashes and sprays are not anticipated.
- **During aerosol generating procedures DHCP should use an N95 respirator or a respirator that offers an equivalent or higher level of protection such as other disposable filtering facepiece respirators, powered air-purifying respirators (PAPRs), or elastomeric respirators.**
  - Respirators should be used in the context of a comprehensive respiratory protection program, which includes medical evaluations, fit testing and training in accordance with the Occupational Safety and Health Administration's (OSHA) Respiratory Protection standard (29 CFR 1910.134).
  - Respirators with exhalation valves are not recommended for source control and should not be used during surgical procedures as unfiltered exhaled breath may compromise the sterile field. If only a respirator with an exhalation valve is available and source control is needed, the exhalation valve should be covered with a facemask that does not interfere with the respirator fit.

There are multiple sequences recommended for donning and doffing PPE. One suggested sequence for DHCP is listed below. Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices (see PPE Optimization Strategies).

- Before entering a patient room or care area:
  1. Perform hand hygiene (wash your hands with soap and water for at least 20 seconds or use a hand sanitizer).
  2. Put on a clean gown or protective clothing that covers personal clothing and skin (e.g., forearms) likely to become soiled with blood, saliva, or other potentially infectious materials.
     - Gowns and protective clothing should be changed if they become soiled.
  3. Put on a surgical mask or respirator.
     - Mask ties should be secured on the crown of the head (top tie) and the base of the neck (bottom tie). If mask has loops, hook them appropriately around your ears.
     - Respirator straps should be placed on the crown of the head (top strap) and the base of the neck (bottom strap). Perform a user seal check each time you put on the respirator.
  4. Put on eye protection (goggles or a face shield that covers the front and sides of the face).
     - Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.
     - Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
  5. Put on clean non-sterile gloves.
     - Gloves should be changed if they become torn or heavily contaminated.
  6. Enter the patient room or care area.
- After completion of dental care:
  1. Remove gloves.
  2. Remove gown or protective clothing and discard the gown in a dedicated container for waste or linen.
     - Discard disposable gowns after each use.
     - Launder cloth gowns or protective clothing after each use.
  3. Exit the patient room or care area.
  4. Perform hand hygiene (wash your hands with soap and water for at least 20 seconds or use a hand sanitizer).
  5. Remove eye protection.

- Carefully remove eye protection by grabbing the strap and pulling upwards and away from head. Do not touch the front of the eye protection.
- Clean and disinfect reusable eye protection according to manufacturer's reprocessing instructions prior to reuse.
- Discard disposable eye protection after use.

6. Remove and discard surgical mask or respirator.
   - Do not touch the front of the respirator or mask.
   - Surgical mask: Carefully untie the mask (or unhook from the ears) and pull it away from the face without touching the front.
   - Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
7. Perform hand hygiene.

Employers should select appropriate PPE and provide it to DHCP in accordance with OSHA's PPE standards (29 CFR 1910 Subpart I) ↗. DHCP must receive training on and demonstrate an understanding of:

- when to use PPE;
- what PPE is necessary;
- how to properly don, use, and doff PPE in a manner to prevent self-contamination;
- how to properly dispose of or disinfect and maintain PPE;
- the limitations of PPE.

Dental facilities must ensure that any reusable PPE is properly cleaned, decontaminated, and maintained after and between uses. Dental settings also should have policies and procedures describing a recommended sequence for safely donning and doffing PPE.

PPE Supply Optimization Strategies

Major distributors in the United States have reported shortages of PPE, especially surgical masks and respirators. The anticipated timeline for return to routine levels of PPE is not yet known. CDC has developed a series of strategies or options to optimize supplies of PPE in healthcare settings when there is limited supply, and a burn rate calculator that provides information for healthcare facilities to plan and optimize the use of PPE for response to the COVID-19 pandemic. Optimization strategies are provided for gloves, gowns, facemasks, eye protection, and respirators.

These policies are only intended to remain in effect during times of shortages during the COVID-19 pandemic. DHCP should review this guidance carefully, as it is based on a set of tiered recommendations. Strategies should be implemented sequentially. Decisions by facilities to move to contingency and crisis capacity strategies are based on the following assumptions:

- Facilities understand their current PPE inventory and supply chain;
- Facilities understand their PPE utilization rate;
- Facilities are in communication with local healthcare coalitions and federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) regarding identification of additional supplies;
- Facilities have already implemented engineering and administrative control measures;
- Facilities have provided DHCP with required education and training, including having them demonstrate competency with donning and doffing, with any PPE ensemble that is used to perform job responsibilities, such as provision of patient care.

For example, extended use of facemasks and respirators should only be undertaken when the facility is at contingency or crisis capacity and has reasonably implemented all applicable administrative and engineering controls. Such controls include selectively canceling elective and non-urgent procedures and appointments for which PPE is typically used by DHCP. Extended use of PPE is not intended to encourage dental facilities to practice at a normal patient volume during a PPE shortage, but only to be implemented in the short term when other controls have been exhausted. Once the supply of PPE has increased, facilities should return to conventional strategies.

Respirators that comply with international standards may be considered during times of known shortages. CDC has guidance entitled Factors to Consider When Planning to Purchase Respirators from Another Country which includes a webinar, and Assessments of International Respirators.

Hand Hygiene

Ensure DHCP practice strict adherence to hand hygiene, including:

- Before and after all patient contact, contact with potentially infectious material, and before putting on and after removing personal protective equipment (PPE), including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
- Use ABHR with at least 60% alcohol or wash hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
- Dental healthcare facilities should ensure that hand hygiene supplies are readily available to all DHCP in every patient care location.

Equipment Considerations

- After a period of non-use, dental equipment may require maintenance and/or repair. Review the manufacturer's instructions for use (IFU) for office closure, period of non-use, and reopening for all equipment and devices. Some considerations include:
  - Dental unit waterlines (DUWL):
    - Test water quality to ensure it meets standards for safe drinking water as established by the Environmental Protection Agency (< 500 CFU/mL) prior to expanding dental care practices.
    - Confer with the manufacturer regarding recommendations for need to shock DUWL of any devices and products that deliver water used for dental procedures.
    - Continue standard maintenance and monitoring of DUWL according to the IFUs of the dental operatory unit and the DUWL treatment products.
  - Autoclaves and instrument cleaning equipment
    - Ensure that all routine cleaning and maintenance have been performed according to the schedule recommended per manufacturer's IFU.
    - Test sterilizers using a biological indicator with a matching control (i.e., biological indicator and control from same lot number) after a period of non-use prior to reopening per manufacturer's IFU.
  - Air compressor, vacuum and suction lines, radiography equipment, high-tech equipment, amalgam separators, and other dental equipment: Follow protocol for storage and recommended maintenance per manufacturer IFU.
- For additional guidance on reopening buildings, see CDC's Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation.

Optimize the Use of Engineering Controls

CDC does not provide guidance on the decontamination of building heating, ventilation, and air conditioning (HVAC)

systems potentially exposed to SARS-CoV-2. To date, CDC has not identified confirmatory evidence to demonstrate that viable virus is contaminating these systems. CDC provides the following recommendations for proper maintenance of ventilation systems and patient placement and volume strategies in dental settings.

- Properly maintain ventilation systems.
    - Ventilation systems that provide air movement in a clean-to-less-clean flow direction reduce the distribution of contaminants and are better at protecting staff and patients. For example, in a dental facility with staff workstations in the corridor right outside the patient operatories, supply-air vents would deliver clean air into the corridor, and return-air vents in the rear of the less-clean patient operatories would pull the air out of the room. Thus, the clean air from the corridor flows past the staff workstations and into the patient operatories. Similarly, placing supply-air vents in the receptionist area and return-air vents in the waiting area pulls clean air from the reception area into the waiting area.
    - Consult with facilities operation staff or an HVAC professional to
        - Understand clinical air flow patterns and determine air changes per hour.
        - Investigate increasing filtration efficiency to the highest level compatible with the HVAC system without significant deviation from designed airflow.
        - Investigate the ability to safely increase the percentage of outdoor air supplied through the HVAC system (requires compatibility with equipment capacity and environmental conditions).
    - Limit the use of demand-controlled ventilation (triggered by temperature setpoint and/or by occupancy controls) during occupied hours and when feasible, up to 2 hours post occupancy to assure that the ventilation rate does not automatically change. Run bathroom exhaust fans continuously during business hours.
    - Consider the use of a portable high-efficiency particulate air (HEPA) air filtration unit while the patient is undergoing, and immediately following, an aerosol generating procedure.
        - Select a HEPA air filtration unit based on its Clean Air Delivery Rate (CADR). The CADR is an established performance standard defined by the Association of Home Appliance Manufacturers and reports the system's cubic feet per minute (CFM) rating under as-used conditions. The higher the CADR, the faster the air cleaner will work to remove aerosols from the air.
        - Rather than just relying on the building's HVAC system capacity, use a HEPA air filtration unit to reduce aerosol concentrations in the room and increase the effectiveness of the turnover time.
        - Place the HEPA unit near the patient's chair, but not behind the DHCP. Ensure the DHCP are not positioned between the unit and the patient's mouth. Position the unit to ensure that it does not pull air into or past the breathing zone of the DHCP.
    - Consider the use of upper-room ultraviolet germicidal irradiation (UVGI) as an adjunct to higher ventilation and air cleaning rates.
- Patient placement
    - Ideally, dental treatment should be provided in individual patient rooms, whenever possible.
    - For dental facilities with open floor plans, to prevent the spread of pathogens there should be:
        - At least 6 feet of space between patient chairs.
        - Physical barriers between patient chairs. Easy-to-clean floor-to-ceiling barriers will enhance effectiveness of portable HEPA air filtration systems (check to make sure that extending barriers to the ceiling will not interfere with fire sprinkler systems).
        - Operatories should be oriented parallel to the direction of airflow if possible.
    - Where feasible, consider patient orientation carefully, placing the patient's head near the return air vents, away from pedestrian corridors, and toward the rear wall when using vestibule-type office layouts.

- Patient volume
    - Ensure to account for the time required to clean and disinfect operatories between patients when calculating your daily patient volume.

Environmental Infection Control

- DHCP should ensure that environmental cleaning and disinfection procedures are followed consistently and correctly after each patient (however, it is not necessary that DHCP should attempt to sterilize a dental operatory between patients).
    - Clean and disinfect the room and equipment according to the Guidelines for Infection Control in Dental Health-Care Settings—2003 .
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to clean surfaces **before** applying an Environmental Protection Agency (EPA)-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed.
    - Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Alternative disinfection methods
    - The efficacy of alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light against SARS-CoV-2 virus is not known. EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19.
    - CDC does not recommend the use of sanitizing tunnels. There is no evidence that they are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or damage.
    - EPA only recommends use of the surface disinfectants identified on List N against the virus that causes COVID-19.
- Manage laundry and medical waste in accordance with routine policies and procedures.

Sterilization and Disinfection of Patient-Care Items

- Sterilization protocols do not vary for respiratory pathogens. DHCP should perform routine cleaning, disinfection, and sterilization protocols, and follow the recommendations for Sterilization and Disinfection of Patient-Care Items present in the Guidelines for Infection Control in Dental Health Care Settings – 2003 .
- DHCP should follow the manufacturer's instructions for times and temperatures recommended for sterilization of specific dental devices.

Education and Training

- Provide DHCP with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.
    - Training: Basic Expectations for Safe Care
- Ensure that DHCP are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and the environment during the process of removing such equipment.
    - Using Personal Protective Equipment (PPE)

- Healthcare Respiratory Protection Resources Training

2. Recommended infection prevention and control (IPC) practices when providing dental healthcare for a patient with suspected or confirmed SARS-CoV-2 infection

Surgical procedures that might pose higher risk for SARS-CoV-2 transmission if the patient has COVID-19 include those that generate potentially infectious aerosols or involve anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract (see Surgical FAQ).

- If a patient arrives at your facility and is suspected or confirmed to have COVID-19, defer non-emergent dental treatment and take the following actions:
  - If the patient is not already wearing a cloth face covering, give the patient a facemask to cover his or her nose and mouth.
  - If the patient is not manifesting emergency warning signs for COVID-19, send the patient home, and instruct the patient to call his or her primary care provider.
  - If the patient is manifesting emergency warning signs for COVID-19 (for example, has trouble breathing), refer the patient to a medical facility, or call 911 as needed and inform them that the patient may have COVID-19.
- If emergency dental care is medically necessary for a patient who has, or is suspected of having, COVID-19, DHCP should follow CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.
- Dental treatment should be provided in an individual patient room with a closed door.
- DHCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and **use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection.** Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.
  - Avoid aerosol generating procedures (e.g., use of dental handpieces, air/water syringe, ultrasonic scalers) if possible.
  - If aerosol generating procedures must be performed
    - Aerosol generating procedures should ideally take place in an airborne infection isolation room.
    - DHCP in the room should wear an N95 or equivalent or higher-level respirator, such as disposable filtering facepiece respirator, PAPR, or elastomeric respirator, as well as eye protection (goggles or a face shield that covers the front and sides of the face), gloves, and a gown.
    - The number of DHCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.
    - Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control.
  - Limit transport and movement of the patient outside of the room to medically essential purposes.
    - Patients should wear a facemask or cloth face covering to contain secretions during transport. If patients cannot tolerate a facemask or cloth face covering or one is not available, they should use tissues to cover their mouth and nose while out of their room or care area.
  - Consider scheduling the patient at the end of the day.
  - Do not schedule any other patients at that time.
- To clean and disinfect the dental operatory after a patient with suspected or confirmed COVID-19, DHCP should delay entry into the operatory until a sufficient time has elapsed for enough air changes to remove potentially infectious particles. CDC's Guidelines for Environmental Infection Control in Health-Care Facilities (2003) provides a table to calculate time required for airborne-contaminant removal by efficiency.

Definitions

Aerosol generating procedures – Procedures that may generate aerosols (i.e., particles of respirable size, <10 μm). Aerosols can remain airborne for extended periods and can be inhaled. Development of a comprehensive list of aerosol generating procedures for dental healthcare settings has not been possible, due to limitations in available data on which procedures may generate potentially infectious aerosols and the challenges in determining their potential for infectivity. There is neither expert consensus, nor sufficient supporting data, to create a definitive and comprehensive list of aerosol generating procedures for dental healthcare settings. Commonly used dental equipment known to create aerosols and airborne contamination include ultrasonic scaler, high-speed dental handpiece, air/water syringe, air polishing, and air abrasion.

Airborne infection isolation rooms – Single-patient rooms at negative pressure relative to the surrounding areas, and with a minimum of 6 air changes per hour (12 air changes per hour are recommended for new construction or renovation). Air from these rooms should be exhausted directly to the outside or be filtered through a high-efficiency particulate air (HEPA) filter directly before recirculation. Room doors should be kept closed except when entering or leaving the room, and entry and exit should be minimized. Facilities should monitor and document the proper negative-pressure function of these rooms.

Air changes per hour: the ratio of the volume of air flowing through a space in a certain period of time (the airflow rate) to the volume of that space (the room volume). This ratio is expressed as the number of air changes per hour.

Cloth face covering: Textile (cloth) covers that are intended for source control. They are not personal protective equipment (PPE) and it is uncertain whether cloth face coverings protect the wearer.

Community Transmission

- No to minimal community transmission: Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting
- Minimal to moderate community transmission: Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases
- Substantial community transmission: Large scale community transmission, including communal settings (e.g., schools, workplaces)

Dental healthcare personnel (DHCP) – Refers to all paid and unpaid persons serving in dental healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including:

- body substances
- contaminated medical supplies, devices, and equipment
- contaminated environmental surfaces
- contaminated air

Facemask : Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are preferred in dental settings because they are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

Respirator: Is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by CDC/National Institute for Occupational Safety and Health (NIOSH), including those

intended for use in healthcare.

Respirator use must be in the context of a complete respiratory protection program in accordance with OSHA Respiratory Protection standard (29 CFR 1910.134). DHCP should be medically cleared and fit tested if using respirators with tight-fitting facepieces (e.g., a NIOSH-approved N95 respirator) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.

Last Updated Aug. 28, 2020

Agenda Item (6)(k):

CDC Guidelines
August 04, 2020

Guidance for Dental Settings
Dental Settings

Interim Infection Prevention and Control Guidance for Dental Settings During the Coronavirus Disease 2019 (COVID-19) Pandemic

Updated Aug. 4, 2020 Print

Updated Aug. 4, 2020

Key Points

- Recognize dental settings have unique characteristics that warrant specific infection control considerations.
- Prioritize the most critical dental services and provide care in a way that minimizes harm to patients from delaying care and harm to personnel and patients from potential exposure to SARS-CoV-2 infection.
- Proactively communicate to both personnel and patients the need for them to stay at home if sick.
- Know the steps to take if a patient with COVID-19 symptoms enters your facility.

This guidance was updated August 4, 2020 and complements CDC's

- Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
- Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic

Summary of Recent Changes

- Guidance has been rearranged for clarity.
- Updated the definition of fever to either measured temperature ≥100.0°F or subjective fever to align with CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.
- In areas with moderate to substantial community transmission, during patient encounters with patients not suspected of SARS-CoV-2 infection, CDC recommends that dental healthcare personnel (DHCP):
  - Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters, including those where splashes and sprays are not anticipated.
  - Use an N95 respirator or a respirator that offers an equivalent or higher level of protection during aerosol generating procedures.
- Added language that protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.
- Included additional guidance on physical distancing and how to respond to SARS-CoV-2 exposures among DHCP and others.

Background

This interim guidance has been updated based on currently available information about coronavirus disease 2019 (COVID-19) and the current situation in the United States. As dental healthcare facilities begin to restart elective procedures in accordance with guidance from local and state officials, there are precautions that should remain in place as a part of the ongoing response to the COVID-19 pandemic. Most recommendations in this updated guidance are not new (except as noted in the summary of changes above); they have been reorganized into the following sections:

1. Recommended infection prevention and control (IPC) practices for routine dental healthcare delivery during the pandemic
2. Recommended IPC practices when providing dental healthcare for a patient with suspected or confirmed SARS-CoV-2 infection

Dental settings should balance the need to provide necessary services while minimizing risk to patients and dental healthcare personnel (DHCP). CDC has developed a framework for healthcare personnel and healthcare systems for delivery of non-emergent care during the COVID-19 pandemic. DHCP should regularly consult their state dental boards and state or local health departments for current local information for requirements specific to their jurisdictions, including recognizing the degree of community transmission and impact, and their region-specific recommendations.

Transmission: SARS-CoV-2, the virus that causes COVID-19, is thought to spread primarily between people who are in close contact with one another (within 6 feet) through respiratory droplets produced when an infected person coughs, sneezes, or talks. Airborne transmission from person-to-person over long distances is unlikely. However, COVID-19 is a new disease, and we are still learning about how the virus spreads and the severity of illness it causes. The virus has been shown to persist in aerosols for hours, and on some surfaces for days under laboratory conditions. SARS-CoV-2 can be spread by people who are not showing symptoms.

Risk: The practice of dentistry involves the use of rotary dental and surgical instruments, such as handpieces or ultrasonic scalers and air-water syringes. These instruments create a visible spray that can contain particle droplets of water, saliva, blood, microorganisms, and other debris. Surgical masks protect mucous membranes of the mouth and nose from droplet spatter, but they do not provide complete protection against inhalation of infectious agents. There are currently no data available to assess the risk of SARS-CoV-2 transmission during dental practice.

Recommendations

1. Recommended infection prevention and control (IPC) practices for routine dental healthcare delivery during the pandemic

CDC recommends using additional infection prevention and control practices during the COVID-19 pandemic, along with standard practices recommended as a part of routine dental healthcare delivery to all patients. These practices are intended to apply to all patients, not just those with suspected or confirmed SARS-CoV-2 infection (See Section 2 for additional practices that should be used when providing dental healthcare for patients with suspected or confirmed SARS-CoV-2 infection). These additional practices for all patients include:

Consider if elective procedures, surgeries, and non-urgent outpatient visits should be postponed in certain circumstances.

Provide dental treatment only after you have assessed the patient and considered both the risk to the patient of deferring care and the risk to DHCP and patients of healthcare-associated SARS-CoV-2 transmission. Ensure that you have the appropriate amount of personal protective equipment (PPE) and supplies to support your patients. If PPE and supplies are limited, prioritize dental care for the highest need, most vulnerable patients first – those at most risk if care is delayed. DHCP should apply the guidance found in the Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic to determine how and when to resume non-emergency dental care. DHCP should stay informed and regularly consult with the state or local health department for region-specific information and recommendations. Monitor trends in local case counts and deaths, especially for populations at higher risk for severe illness.

Implement Teledentistry and Triage Protocols

- Contact all patients prior to dental treatment.

- Telephone screen all patients for symptoms consistent with COVID-19. If the patient reports symptoms of COVID-19, avoid non-emergent dental care and use the Phone Advice Line Tool for Possible COVID-19 patients. If possible, delay dental care until the patient has ended isolation or quarantine.
- Telephone triage all patients in need of dental care. Assess the patient's dental condition and determine whether the patient needs to be seen in the dental setting. Use teledentistry options as alternatives to in-office care.
- Request that the patient limit the number of visitors accompanying him or her to the dental appointment to only those people who are necessary.
- Advise patients that they, and anyone accompanying them to the appointment, will be requested to wear a cloth face covering or facemask when entering the facility and will undergo screening for fever and symptoms consistent with COVID-19.

Screen and Triage Everyone Entering a Dental Healthcare Facility for Signs and Symptoms of COVID-19

- Take steps to ensure that everyone (patients, DHCP, visitors) adheres to respiratory hygiene and cough etiquette and hand hygiene while inside the facility.
  - Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, break rooms) to provide instructions (in appropriate languages) about hand hygiene and respiratory hygiene and cough etiquette. Instructions should include wearing a cloth face covering or facemask for source control, and how and when to perform hand hygiene.
  - Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with at least 60% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.
  - Install physical barriers (e.g., glass or plastic windows) at reception areas to limit close contact between triage personnel and potentially infectious patients.
  - Remove toys, magazines, and other frequently touched objects from waiting room that cannot be regularly cleaned and disinfected.
- Ensure that everyone has donned their own cloth face covering, or provide a facemask if supplies are adequate.
- Screen everyone entering the dental healthcare facility for fever and symptoms consistent with COVID-19 or exposure to others with SARS-CoV-2 infection.
  - Document absence of symptoms consistent with COVID-19.
  - Actively take their temperature. Fever is either measured temperature ≥100.0°F or subjective fever.
  - Ask them if they have been advised to self-quarantine because of exposure to someone with SARS-CoV-2 infection.
- Properly manage anyone with symptoms of COVID-19 or who has been advised to self-quarantine:
  - If a patient is found to be febrile, has signs or symptoms consistent with COVID-19, or experienced an exposure for which quarantine would be recommended, DHCP should follow all precautions recommended in Section 2 Recommended IPC practices when providing dental healthcare for a patient with suspected or confirmed SARS-CoV-2 infection.
  - If a patient has a fever strongly associated with a dental diagnosis (e.g., pulpal and periapical dental pain and intraoral swelling are present) but no other symptoms consistent with COVID-19 are present, dental care can be provided following the practices recommended in Section 1. Recommended infection prevention and control (IPC) practices for routine dental healthcare delivery during the pandemic.
  - If a DHCP is found to be febrile or has signs or symptoms consistent with COVID-19, he or she should immediately return home, should notify occupational health services or the infection control coordinator to arrange for further evaluation, or seek medical attention.
- People with COVID-19 who have ended home isolation can receive dental care following Standard Precautions.

Monitor and Manage DHCP

- Implement sick leave policies for DHCP that are flexible, non-punitive, and consistent with public health guidance.
- As part of routine practice, DHCP should be asked to regularly monitor themselves for fever and symptoms consistent with COVID-19.
- DHCP should be reminded to stay home when they are ill and should receive no penalties when needing to stay home when ill or under quarantine.

- If DHCP suspect they have COVID-19:
  - Do not come to work.
  - Notify their primary healthcare provider to determine whether medical evaluation is necessary.
- Information about when DHCP with suspected or confirmed COVID-19 may return to work is available in the Interim Guidance on Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19.
- For information on work restrictions for health care personnel with underlying health conditions who may care for COVID-19 patients, see CDC's Healthcare Workers Clinical Questions about COVID-19: Questions and Answers on COVID-19 Risk.

Create a Process to Respond to SARS-CoV-2 Exposures Among DHCP and Others

- Request that patients contact the dental clinic if they develop signs or symptoms or are diagnosed with COVID-19 within 2 days following the dental appointment.
- If DHCP experience a potential work exposure to COVID-19, follow CDC's Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19.
  - Information on testing DHCP for SARS-CoV-2 is available in the Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2.
- If patients or DHCP believe they have experienced an exposure to COVID-19 outside of the dental healthcare setting, including during domestic travel, they should follow CDC's Public Health Guidance for Community-Related Exposure. Separate guidance is available for international travelers.
- For more information, including frequently asked questions on infected healthcare personnel, see CDC's Healthcare Workers Clinical Questions about COVID-19: Questions and Answers on Infection Control.

Implement Universal Source Control Measures

Source control refers to use of facemasks (surgical masks or procedure masks) or cloth face coverings to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have signs and symptoms of COVID-19.

- Patients and visitors should, ideally, wear their own cloth facemask covering (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a facemask covering, they should be offered a facemask or cloth face covering, as supplies allow.
  - Patients may remove their cloth facemask covering when in their rooms or patient care area but should put it back on when leaving at the end of the dental treatment.
  - Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- DHCP should wear a face mask or cloth face covering **at all times** while they are in the dental setting, **including in breakrooms or other spaces where they might encounter co-workers**.
  - When available, surgical masks are preferred over cloth face coverings for DHCP; surgical masks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
  - Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required, as cloth face coverings are not PPE.
  - Respirators with an exhalation valve are not currently recommended for source control, as they allow unfiltered exhaled breath to escape. If only a respirator with an exhalation valve is available and source control is needed, the exhalation valve should be covered with a facemask that does not interfere with the respirator fit
  - Some DHCP whose job duties do not require PPE (such as clerical personnel) may continue to wear their cloth face covering for source control while in the dental setting.
  - Other DHCP (such as dentists, dental hygienists, dental assistants) may wear their cloth face covering when they are not engaged in *direct patient care* activities, and then switch to a respirator or a surgical mask when PPE is required.
  - DHCP should remove their respirator or surgical mask, perform hand hygiene, and put on their cloth face covering when leaving the facility at the end of their shift.

- Educate patients, visitors, and DHCP about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering.

Encourage Physical Distancing

Dental healthcare delivery requires close physical contact between patients and DHCP. However, when possible, physical distancing (maintaining 6 feet between people) is an important strategy to prevent SARS-CoV-2 transmission. Examples of how physical distancing can be implemented for patients include:

- Limiting visitors to the facility to those essential for the patient's physical or emotional well-being and care (e.g., care partner, parent).
    - Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets.
- Scheduling appointments to minimize the number of people in the waiting room.
    - Patients may opt to wait in a personal vehicle or outside the dental facility where they can be contacted by mobile phone when it is their turn for dental care.
    - Minimize overlapping dental appointments.
- Arranging seating in waiting rooms so patients can sit at least 6 feet apart.

For DHCP, the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in breakrooms or co-workers or visitors in other common areas. Examples of how physical distancing can be implemented for DHCP include:

- Reminding DHCP that the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions.
- Emphasizing the importance of source control and physical distancing in non-patient care areas.
- Providing family meeting areas where all individuals (e.g., visitors, DHCP) can remain at least 6 feet apart from each other.
- Designating areas for DHCP to take breaks, eat, and drink that allow them to remain at least 6 feet apart from each other, especially when they must be unmasked.

Consider Performing Targeted SARS-CoV-2 Testing of Patients Without Signs or Symptoms of COVID-19

In addition to the use of universal PPE (see below) and source control in healthcare settings, targeted SARS-CoV-2 testing of patients without signs or symptoms of COVID-19 might be used to identify those with asymptomatic or pre-symptomatic SARS-CoV-2 infection and further reduce risk for exposures in some healthcare settings. Depending on guidance from local and state health departments, testing availability, and how rapidly results are available, facilities can consider implementing pre-admission or pre-procedure diagnostic testing with authorized nucleic acid or antigen detection assays for SARS-CoV-2. Testing results might inform decisions about rescheduling elective procedures or about the need for additional Transmission-Based Precautions when caring for the patient. Limitations of using this testing strategy include obtaining negative results in patients during their incubation period who later become infectious and false negative test results, depending on the test method used.

Administrative Controls and Work Practices

- DHCP should limit clinical care to one patient at a time, whenever possible.
- Set up operatories so that only the clean or sterile supplies and instruments needed for the dental procedure are readily accessible. All other supplies and instruments should be in covered storage, such as drawers and cabinets, and away from potential contamination. Any supplies and equipment that are exposed but not used during the procedure should be considered contaminated and should be disposed of or reprocessed properly after completion of the procedure.
- Avoid aerosol generating procedures (see below for definition) whenever possible, including the use of high-speed dental handpieces, air/water syringe, and ultrasonic scalers. Prioritize minimally invasive/atraumatic restorative techniques (hand instruments only).
- If aerosol generating procedures are necessary for dental care, use four-handed dentistry, high evacuation suction and dental dams to minimize droplet spatter and aerosols. The number of DHCP present during the procedure should

be limited to only those essential for patient care and procedure support.

- Preprocedural mouth rinses (PPMR)
  - There is no published evidence regarding the clinical effectiveness of PPMRs to reduce SARS-CoV-2 viral loads or to prevent transmission. Although SARS-CoV-2 was not studied, PPMRs with an antimicrobial product (chlorhexidine gluconate, essential oils, povidone-iodine or cetylpyridinium chloride) may reduce the level of oral microorganisms in aerosols and spatter generated during dental procedures.

Implement Universal Use of Personal Protective Equipment (PPE)

For DHCP working in facilities located in areas with no to minimal community transmission

- DHCP should continue to adhere to Standard Precautions (and Transmission-Based Precautions, if required based on the suspected diagnosis).
- DHCP should wear **a surgical mask, eye protection (goggles or a face shield that covers the front and sides of the face), a gown or protective clothing, and gloves** during procedures likely to generate splashing or spattering of blood or other body fluids. Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.

For DHCP working in facilities located in areas with moderate to substantial community transmission

- DHCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), DHCP should follow Standard Precautions (and Transmission-Based Precautions, if required based on the suspected diagnosis).
- DHCP should implement the **use of universal eye protection** and wear eye protection in addition to their surgical mask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters, including those where splashes and sprays are not anticipated.
- **During aerosol generating procedures DHCP should use an N95 respirator or a respirator that offers an equivalent or higher level of protection such as other disposable filtering facepiece respirators, powered air-purifying respirators (PAPRs), or elastomeric respirators.**
  - Respirators should be used in the context of a comprehensive respiratory protection program, which includes medical evaluations, fit testing and training in accordance with the Occupational Safety and Health Administration's (OSHA) Respiratory Protection standard (29 CFR 1910.134).
  - Respirators with exhalation valves are not recommended for source control and should not be used during surgical procedures as unfiltered exhaled breath may compromise the sterile field. If only a respirator with an exhalation valve is available and source control is needed, the exhalation valve should be covered with a facemask that does not interfere with the respirator fit.

There are multiple sequences recommended for donning and doffing PPE. One suggested sequence for DHCP is listed below. Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices (see PPE Optimization Strategies).

- Before entering a patient room or care area:
  1. Perform hand hygiene (wash your hands with soap and water for at least 20 seconds or use a hand sanitizer).
  2. Put on a clean gown or protective clothing that covers personal clothing and skin (e.g., forearms) likely to become soiled with blood, saliva, or other potentially infectious materials.
     - Gowns and protective clothing should be changed if they become soiled.
  3. Put on a surgical mask or respirator.
     - Mask ties should be secured on the crown of the head (top tie) and the base of the neck (bottom tie). If mask has loops, hook them appropriately around your ears.
     - Respirator straps should be placed on the crown of the head (top strap) and the base of the neck (bottom strap). Perform a user seal check each time you put on the respirator.
  4. Put on eye protection (goggles or a face shield that covers the front and sides of the face).
     - Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.
     - Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
  5. Put on clean non-sterile gloves

5. Put on clean non-sterile gloves.
    - Gloves should be changed if they become torn or heavily contaminated.
6. Enter the patient room or care area.

- After completion of dental care:
    1. Remove gloves.
    2. Remove gown or protective clothing and discard the gown in a dedicated container for waste or linen.
        - Discard disposable gowns after each use.
        - Launder cloth gowns or protective clothing after each use.
    3. Exit the patient room or care area.
    4. Perform hand hygiene (wash your hands with soap and water for at least 20 seconds or use a hand sanitizer).
    5. Remove eye protection.
        - Carefully remove eye protection by grabbing the strap and pulling upwards and away from head. Do not touch the front of the eye protection.
        - Clean and disinfect reusable eye protection according to manufacturer's reprocessing instructions prior to reuse.
        - Discard disposable eye protection after use.
    6. Remove and discard surgical mask or respirator.
        - Do not touch the front of the respirator or mask.
        - Surgical mask: Carefully untie the mask (or unhook from the ears) and pull it away from the face without touching the front.
        - Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
    7. Perform hand hygiene.

Employers should select appropriate PPE and provide it to DHCP in accordance with OSHA's PPE standards (29 CFR 1910 Subpart I). DHCP must receive training on and demonstrate an understanding of:

- when to use PPE;
- what PPE is necessary;
- how to properly don, use, and doff PPE in a manner to prevent self-contamination;
- how to properly dispose of or disinfect and maintain PPE;
- the limitations of PPE.

Dental facilities must ensure that any reusable PPE is properly cleaned, decontaminated, and maintained after and between uses. Dental settings also should have policies and procedures describing a recommended sequence for safely donning and doffing PPE.

PPE Supply Optimization Strategies

Major distributors in the United States have reported shortages of PPE, especially surgical masks and respirators. The anticipated timeline for return to routine levels of PPE is not yet known. CDC has developed a series of strategies or options to optimize supplies of PPE in healthcare settings when there is limited supply, and a burn rate calculator that provides information for healthcare facilities to plan and optimize the use of PPE for response to the COVID-19 pandemic. Optimization strategies are provided for gloves, gowns, facemasks, eye protection, and respirators.

These policies are only intended to remain in effect during times of shortages during the COVID-19 pandemic. DHCP should review this guidance carefully, as it is based on a set of tiered recommendations. Strategies should be implemented sequentially. Decisions by facilities to move to contingency and crisis capacity strategies are based on the following assumptions:

- Facilities understand their current PPE inventory and supply chain;
- Facilities understand their PPE utilization rate;

- Facilities are in communication with local healthcare coalitions and federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) regarding identification of additional supplies;
- Facilities have already implemented engineering and administrative control measures;
- Facilities have provided DHCP with required education and training, including having them demonstrate competency with donning and doffing, with any PPE ensemble that is used to perform job responsibilities, such as provision of patient care.

For example, extended use of facemasks and respirators should only be undertaken when the facility is at contingency or crisis capacity and has reasonably implemented all applicable administrative and engineering controls. Such controls include selectively canceling elective and non-urgent procedures and appointments for which PPE is typically used by DHCP. Extended use of PPE is not intended to encourage dental facilities to practice at a normal patient volume during a PPE shortage, but only to be implemented in the short term when other controls have been exhausted. Once the supply of PPE has increased, facilities should return to conventional strategies.

Respirators that comply with international standards may be considered during times of known shortages. CDC has guidance entitled Factors to Consider When Planning to Purchase Respirators from Another Country which includes a webinar, and Assessments of International Respirators.

Hand Hygiene

Ensure DHCP practice strict adherence to hand hygiene, including:

- Before and after all patient contact, contact with potentially infectious material, and before putting on and after removing personal protective equipment (PPE), including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
- Use ABHR with at least 60% alcohol or wash hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
- Dental healthcare facilities should ensure that hand hygiene supplies are readily available to all DHCP in every patient care location.

Equipment Considerations

- After a period of non-use, dental equipment may require maintenance and/or repair. Review the manufacturer's instructions for use (IFU) for office closure, period of non-use, and reopening for all equipment and devices. Some considerations include:
  - Dental unit waterlines (DUWL):
    - Test water quality to ensure it meets standards for safe drinking water as established by the Environmental Protection Agency (< 500 CFU/mL) prior to expanding dental care practices.
    - Confer with the manufacturer regarding recommendations for need to shock DUWL of any devices and products that deliver water used for dental procedures.
    - Continue standard maintenance and monitoring of DUWL according to the IFUs of the dental operatory unit and the DUWL treatment products.
  - Autoclaves and instrument cleaning equipment
    - Ensure that all routine cleaning and maintenance have been performed according to the schedule recommended per manufacturer's IFU.
    - Test sterilizers using a biological indicator with a matching control (i.e., biological indicator and control from same lot number) after a period of non-use prior to reopening per manufacturer's IFU.
  - Air compressor, vacuum and suction lines, radiography equipment, high-tech equipment, amalgam separators, and other dental equipment: Follow protocol for storage and recommended maintenance per manufacturer IFU.
- For additional guidance on reopening buildings, see CDC's Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation.

Optimize the Use of Engineering Controls

CDC does not provide guidance on the decontamination of building heating, ventilation, and air conditioning (HVAC) systems potentially exposed to SARS-CoV-2. To date, CDC has not identified confirmatory evidence to demonstrate that viable virus is contaminating these systems. CDC provides the following recommendations for proper maintenance of ventilation systems and patient placement and volume strategies in dental settings.

- Properly maintain ventilation systems.
    - Ventilation systems that provide air movement in a clean-to-less-clean flow direction reduce the distribution of contaminants and are better at protecting staff and patients. For example, in a dental facility with staff workstations in the corridor right outside the patient operatories, supply-air vents would deliver clean air into the corridor, and return-air vents in the rear of the less-clean patient operatories would pull the air out of the room. Thus, the clean air from the corridor flows past the staff workstations and into the patient operatories. Similarly, placing supply-air vents in the receptionist area and return-air vents in the waiting area pulls clean air from the reception area into the waiting area.
    - Consult with facilities operation staff or an HVAC professional to
        - Understand clinical air flow patterns and determine air changes per hour.
        - Investigate increasing filtration efficiency to the highest level compatible with the HVAC system without significant deviation from designed airflow.
        - Investigate the ability to safely increase the percentage of outdoor air supplied through the HVAC system (requires compatibility with equipment capacity and environmental conditions).
    - Limit the use of demand-controlled ventilation (triggered by temperature setpoint and/or by occupancy controls) during occupied hours and when feasible, up to 2 hours post occupancy to assure that the ventilation rate does not automatically change. Run bathroom exhaust fans continuously during business hours.
    - Consider the use of a portable high-efficiency particulate air (HEPA) air filtration unit while the patient is undergoing, and immediately following, an aerosol generating procedure.
        - Select a HEPA air filtration unit based on its Clean Air Delivery Rate (CADR). The CADR is an established performance standard defined by the Association of Home Appliance Manufacturers and reports the system's cubic feet per minute (CFM) rating under as-used conditions. The higher the CADR, the faster the air cleaner will work to remove aerosols from the air.
        - Rather than just relying on the building's HVAC system capacity, use a HEPA air filtration unit to reduce aerosol concentrations in the room and increase the effectiveness of the turnover time.
        - Place the HEPA unit near the patient's chair, but not behind the DHCP. Ensure the DHCP are not positioned between the unit and the patient's mouth. Position the unit to ensure that it does not pull air into or past the breathing zone of the DHCP.
    - Consider the use of upper-room ultraviolet germicidal irradiation (UVGI) as an adjunct to higher ventilation and air cleaning rates.
- Patient placement
    - Ideally, dental treatment should be provided in individual patient rooms, whenever possible.
    - For dental facilities with open floor plans, to prevent the spread of pathogens there should be:
        - At least 6 feet of space between patient chairs.
        - Physical barriers between patient chairs. Easy-to-clean floor-to-ceiling barriers will enhance effectiveness of portable HEPA air filtration systems (check to make sure that extending barriers to the ceiling will not interfere with fire sprinkler systems).
        - Operatories should be oriented parallel to the direction of airflow if possible.
    - Where feasible, consider patient orientation carefully, placing the patient's head near the return air vents, away from pedestrian corridors, and toward the rear wall when using vestibule-type office layouts.
- Patient volume
    - Ensure to account for the time required to clean and disinfect operatories between patients when calculating your daily patient volume.

Environmental Infection Control

- DHCP should ensure that environmental cleaning and disinfection procedures are followed consistently and correctly after each patient (however, it is not necessary that DHCP should attempt to sterilize a dental operatory between patients).
    - Clean and disinfect the room and equipment according to the Guidelines for Infection Control in Dental Health-Care Settings—2003 .
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to clean surfaces **before** applying an Environmental Protection Agency (EPA)-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed.
    - Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Alternative disinfection methods
    - The efficacy of alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light against SARS-CoV-2 virus is not known. EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19.
    - CDC does not recommend the use of sanitizing tunnels. There is no evidence that they are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or damage.
    - EPA only recommends use of the surface disinfectants identified on List N against the virus that causes COVID-19.
- Manage laundry and medical waste in accordance with routine policies and procedures.

Sterilization and Disinfection of Patient-Care Items

- Sterilization protocols do not vary for respiratory pathogens. DHCP should perform routine cleaning, disinfection, and sterilization protocols, and follow the recommendations for Sterilization and Disinfection of Patient-Care Items present in the Guidelines for Infection Control in Dental Health Care Settings – 2003 .
- DHCP should follow the manufacturer's instructions for times and temperatures recommended for sterilization of specific dental devices.

Education and Training

- Provide DHCP with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.
    - Training: Basic Expectations for Safe Care
- Ensure that DHCP are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and the environment during the process of removing such equipment.
    - Using Personal Protective Equipment (PPE)
    - Healthcare Respiratory Protection Resources Training

2. Recommended infection prevention and control (IPC) practices when providing dental healthcare for a patient with suspected or confirmed SARS-CoV-2 infection

Surgical procedures that might pose higher risk for SARS-CoV-2 transmission if the patient has COVID-19 include those that generate potentially infectious aerosols or involve anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract (see Surgical FAQ).

- If a patient arrives at your facility and is suspected or confirmed to have COVID-19, defer non-emergent dental treatment and take the following actions:

    - If the patient is not already wearing a cloth face covering, give the patient a facemask to cover his or her nose and mouth.
    - If the patient is not manifesting emergency warning signs for COVID-19, send the patient home, and instruct the patient to call his or her primary care provider.
    - If the patient is manifesting emergency warning signs for COVID-19 (for example, has trouble breathing), refer the patient to a medical facility, or call 911 as needed and inform them that the patient may have COVID-19.
- If emergency dental care is medically necessary for a patient who has, or is suspected of having, COVID-19, DHCP should follow CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.
- Dental treatment should be provided in an individual patient room with a closed door.
- DHCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and **use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection.** Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.
    - Avoid aerosol generating procedures (e.g., use of dental handpieces, air/water syringe, ultrasonic scalers) if possible.
    - If aerosol generating procedures must be performed
        - Aerosol generating procedures should ideally take place in an airborne infection isolation room.
        - DHCP in the room should wear an N95 or equivalent or higher-level respirator, such as disposable filtering facepiece respirator, PAPR, or elastomeric respirator, as well as eye protection (goggles or a face shield that covers the front and sides of the face), gloves, and a gown.
        - The number of DHCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.
        - Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control.
    - Limit transport and movement of the patient outside of the room to medically essential purposes.
        - Patients should wear a facemask or cloth face covering to contain secretions during transport. If patients cannot tolerate a facemask or cloth face covering or one is not available, they should use tissues to cover their mouth and nose while out of their room or care area.
    - Consider scheduling the patient at the end of the day.
    - Do not schedule any other patients at that time.
- To clean and disinfect the dental operatory after a patient **with suspected or confirmed COVID-19**, DHCP should delay entry into the operatory until a sufficient time has elapsed for enough air changes to remove potentially infectious particles. CDC's Guidelines for Environmental Infection Control in Health-Care Facilities (2003) provides a table to calculate time required for airborne-contaminant removal by efficiency.

Definitions

Aerosol generating procedures – Procedures that may generate aerosols (i.e., particles of respirable size, <10 μm). Aerosols can remain airborne for extended periods and can be inhaled. Development of a comprehensive list of aerosol generating procedures for dental healthcare settings has not been possible, due to limitations in available data on which procedures may generate potentially infectious aerosols and the challenges in determining their potential for infectivity. There is neither expert consensus, nor sufficient supporting data, to create a definitive and comprehensive list of aerosol generating procedures for dental healthcare settings. Commonly used dental equipment known to create aerosols and airborne contamination include ultrasonic scaler, high-speed dental handpiece, air/water syringe, air polishing, and air abrasion.

Airborne infection isolation rooms – Single-patient rooms at negative pressure relative to the surrounding areas, and with a minimum of 6 air changes per hour (12 air changes per hour are recommended for new construction or renovation). Air from these rooms should be exhausted directly to the outside or be filtered through a high-efficiency particulate air (HEPA) filter directly before recirculation. Room doors should be kept closed except when entering or leaving the room, and entry and exit should be minimized. Facilities should monitor and document the proper negative-pressure function of these rooms.

Air changes per hour: the ratio of the volume of air flowing through a space in a certain period of time (the airflow rate) to the volume of that space (the room volume). This ratio is expressed as the number of air changes per hour.

Cloth face covering: Textile (cloth) covers that are intended for source control. They are not personal protective equipment (PPE) and it is uncertain whether cloth face coverings protect the wearer.

Community Transmission

- **No to minimal community transmission:** Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting
- **Minimal to moderate community transmission:** Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases
- **Substantial community transmission:** Large scale community transmission, including communal settings (e.g., schools, workplaces)

Dental healthcare personnel (DHCP) – Refers to all paid and unpaid persons serving in dental healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including:

- body substances
- contaminated medical supplies, devices, and equipment
- contaminated environmental surfaces
- contaminated air

Facemask : Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are preferred in dental settings because they are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

Respirator: Is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by CDC/National Institute for Occupational Safety and Health (NIOSH), including those intended for use in healthcare.

Respirator use must be in the context of a complete respiratory protection program in accordance with OSHA Respiratory Protection standard (29 CFR 1910.134). DHCP should be medically cleared and fit tested if using respirators with tight-fitting facepieces (e.g., a NIOSH-approved N95 respirator) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.

Last Updated Aug. 4, 2020