

NEVADA STATE BOARD
of
DENTAL EXAMINERS



BOARD TELECONFERENCE MEETING

AUGUST 18, 2020

6:00 P.M.

PUBLIC BOOK

DRAFT MINUTES



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.

68 2. **Public Comment:** The public comment period is limited to matters specifically noticed on the agenda. No action may
69 be taken upon the matter raised during public comment unless the matter itself has been specifically included on the
70 agenda as an action item. Comments by the public may be limited to three minutes as a reasonable time, place and
71 manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her
72 discretion.
73

74 Lester Ho, an OBGYN in Reno spoke in support of Dr. Georgene Chase and asked that the Board reinstate
75 her license so that she may practice dentistry.
76

77 Charles Buchanan, a student at the University of Nevada Las Vegas (UNLV) School of Dental Medicine
78 (SDM), stated that he represented students in different states and spoke of the unique challenges the
79 graduating class of 2020 faced due to COVID-19. He spoke in favor of the exam alternatives presented
80 to the Board for consideration, and was also in favor of the Board offering a temporary license option to
81 2020 graduates until such time that they can take a clinical exam.
82

83 Emily Goodrich, RDH commented that dental hygienists have been restricted from using ultrasonic
84 scalers. She noted that hand scaling cannot fully address patients periodontal concerns. She noted that
85 the aerosol created from the dentists hand piece was no different than the aerosol created from the
86 hygienists' cavitron. She asked that the Board please reconsider this restriction so that they can return to
87 using ultrasonic scalers with APV devices.
88

89 Vanessa Karen with the Nevada Dental Hygienists' Association (NDHA) spoke in regards to concerns they
90 have received from the hygiene community regarding direction on reporting positive COVID-19 cases
91 that occur within the dental office. She referenced the language listed in the DHHS memo adopted by
92 the Board on April 30, 2020, and what they should do when faced with a positive case and the reporting
93 requirements listed in said memo. She stated positive cases within a dental office should be required to
94 be reported to the Board and contact traced in order to help mitigate the spread of the corona virus.
95 Furthermore, the NDHA requests that the Board make the positive COVID reporting form, as referenced in
96 the DHHS memo, available to the dental community.
97

98 Dr. Michael Bell, commented in regards to the CDC and how several entities of conspiring associates to
99 the CDC promulgated a national clinical epidemiological experiment using social distancing and face
100 mask wearing in a healthy population without establishing any clinical trial outcomes and without
101 empaneling an institution review board defining informed consent. He noted further that in this
102 experiment it was found that this was a novel virus that was not based on established scientific principles.
103 He noted that as a practicing dentist of over 31 years, when the HIV scenario came about, dental
104 professionals responded by implementing standards that he feels are more than sufficient in handling the
105 corona virus situation; and therefore felt that there should not be any new corona virus regulations
106 placed on dentists.
107

108 Travis Smith, a student at UNR, called in support of Dr. Chase and hoped that the Board would restore Dr.
109 Chase's license as she is a great asset to the community. He spoke highly of Dr. Chase and the countless
110 lives she has helped.
111

112 Dr. Bill Pappas commented that he was present to answer any questions related to the ADEX exam items
113 listed on the agenda for consideration.
114

115 Ilena Y. spoke in support of the reinstatement of Dr. Chase's license.
116

117 Julie Calvary stated that she was a disabled senior citizen, friend, and patient of Dr. Georgene Chase.
118 She spoke in favor of the Board reinstating Dr. Chase's license.
119

120 Nichelle Venable, RDH spoke in regards to agenda item 11. She noted the importance of performing
121 periodontal and root scaling treatments. She advocated for the Board to permit dental hygienists to
122 allow for the use of cavitrons so long as hygienists are conducting the appropriate pre-screenings.
123

124 Russell Kost stated he was present on behalf of BDO.
125
126

127 A participant by the name of Alicia stated that she was a third year dental student and spoke in support
128 of the proposed alternative exam options through WREB and ADEX.
129

130 Lori McDonald with TMCC spoke on behalf of the graduating class and advocated for the approval of
131 agenda items (6) and (7). She spoke of different alternatives she would ask the board to consider in
132 addition to accepting only the WREB and ADEX exams.
133

134 Sarah Herrman spoke in favor of the Board adopting the WREB and ADEX manikin exams.
135

136 Danyelle Chun, a licensed dental hygienist and current dental student at UNLV SDM, spoke in favor of the
137 Board accepting the WREB and ADEX manikin exams and advocated for permanent adoption of said
138 exam options.
139

140 Dr. Steve Recchia, a patient of Dr. Georgene Chase, advocated for the reinstatement of Dr. Chase's
141 license.
142

143 Lori McDonald commented that she believes that a manikin-based exam as set forth in agenda item (7)
144 was not a good option for dental hygienists.
145

146 Katrina Allen, a licensed dental hygienist and current dental student at UNLV SDM, firmly supported the
147 Board accepting the manikin based WREB and ADEX exams.
148
149

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

- 151 *a. Request to remove agenda item(s) (For Possible Action)
152
153

154 Board Member Moore requested that agenda items (5), (6), (7), and (8) be sent to the CE committee for
155 vetting purposes. Further, he asked that agenda item (17) be removed as the space was no longer
156 available.
157

- 158 *b. Approve Agenda (For Possible Action)
159

160 MOTION: Board Member Thompson moved that the Board approve the agenda with the
161 removed items noted by Board Member Moore. Motion seconded by Board
162 Member West. All were in favor, motion passed.
163

164 ***4. Old Business:**

- 165 **(a) Request for reinstatement of license that is currently suspended due to the failure to comply**
166 **with Paragraph 23(C) and 23(G) of the Disciplinary Stipulation Agreement** (For Possible Action)
167
168

- 169 (1) Georgene Chase, DDS
170

171 General Counsel, Mr. Phil Su, spoke regarding the matter involving Dr. Chase, and gave a brief synopsis of
172 the provisions in Dr. Chase's stipulation agreement and the reasons that lead to the suspension of her
173 license. Mr. Su stated that he had had extensive discussions with Counsel for Dr. Chase, Mr. Charles Zeh,
174 Esquire. He recommended that the Board reinstate Dr. Chase's license with the provision that she
175 complete a CE course for records management and ethics. Dr. Chase read a statement into the record
176 that addressed the history behind her inspiration and desire to become a dentist. Further, she addressed
177 her enthusiasm and dedication to being a dentist and desire to return to practice. Board Member
178 Moore called for a motion to approve the reinstatement of Dr. Chase's license to include a provision that
179 she complete a CE course in records keeping and ethics. Board Member Moore inquired of Mr. Su of the
180 number of hours being required of Dr. Chase to complete. Mr. Su stated that the course was offered
181 through her malpractice carrier and was a day long course of about (10) CE hours. Mr. Su inquired of Dr.
182 Chase on how long she believed she would need to complete the CE program. Dr. Chase responded
183 that the next course was offered in September.
184

185 MOTION: Board Member Thompson moved to reinstate Dr. Chase's license immediately with the
186 stipulation she has until the end of the current license renewal period (June 30, 2021) to
187 complete the CE course. Motion seconded by Board Member Lemon. All were in favor of
188 the motion, motion passed.
189

190
191
192
193
194
195
196
197
198
199
200
201
202
203
204
205
206
207
208
209
210
211
212
213
214
215
216
217
218
219
220
221
222
223
224
225
226
227
228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249

- *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

250 the hiring dentist must be licensed for a minimum of five years and therefore did not find it
251 necessary to include such a caveat in his motion. It was noted that there are licensees
252 that hold a current license that may have an active stipulation agreement. Board
253 Member West stated that the details of the temporary license provisions can be discussed
254 prior to finalizing it. Board Member Park stated she was comfortable with that and
255 seconded the motion. Discussion: Board Member Solie inquired if the temporary license
256 would have to go through a regulatory process, and would there be a public workshop
257 scheduled. Board Member Moore stated that pursuant to the Governor's directive 011, it
258 did not require a regulatory change, as the board would be adopting it under the
259 provisions of the executive directive from the Governor. All were in favor; motion passed.
260

261 ***10. Consideration and approval/rejection of the recommendation from the Budget and Finance**
262 **Committee regarding contracts for bookkeeping and accounting services** (For Possible Action)
263

264 **(a) Bookkeeping Services** (For Possible Action)

265 (1) BDO (formerly Piercy Bowler Taylor & Kern)
266

267 Board Member Lee stated that the Board currently did not have an accounting service or an accounting
268 company to do the bookkeeping and taxes. He noted that they have been gathering different
269 proposals from various firms over the past few months. He noted that the Budget and Finance
270 Committee met previously and they reviewed proposals from five different CPA firms for bookkeeping
271 services and four different firms for the forensic accounting services. Based on that review, the Budget
272 and Finance Committee recommended the firm BDO be hired for the Bookkeeping services and forensic
273 accounting services. Board Member Moore called for a motion.
274

275 MOTION: Board Member West motioned to approve BDO for bookkeeping services. Motion
276 seconded by Board Member McIntyre. Discussion: Board Member Lee noted that they
277 were in possession of the contract and inquired if Board Member West would include the
278 approval of the contract to his motion. Board Member West amended his motion to
279 include the approval of the contract and to accept BDO for bookkeeping services.
280 Board Member McIntyre seconded the amended motion. Discussion: Board Member
281 Lemon stated that upon reviewing the documents, he found the fees to be comparably
282 high. Board Member Lee stated that BDO offered the lowest fees in comparison to the
283 other firms, and noted that the proposed rate for services was significantly cheaper than
284 what they previously paid for the same services. It was noted that they were offering the
285 Board a monthly flat rate. Mr. DiMaggio went over other fee details that were listed in
286 the contract. With no further discussion, all were in favor, motion passed.
287

288 **(b) Forensic Accounting Services** (For Possible Action)

289 (1) BDO (formerly Piercy Bowler Taylor & Kern)
290

291 Board Member Moore called for a motion with discussion to follow.
292

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

308 that the Executive Director would be tasked with monitoring the costs and billing hours to
309 ensure that the fees paid are within reason. Executive Director, Mr. DiMaggio, noted that
310 the contract proposed is a contract through the state which caps the contract at
311 \$9,999.99 for a period of 12 months. Additional discussion ensued regarding the scope
312 and depth of services to be offered. With no further discussion, all were in favor, motion
313 passed.
314

315 ***11. Address and take possible action related to the COVID-19 outbreak and provide directives and/or**
316 **recommendations of action to ensure safety of licensees, dental practices and the general public,**
317 **including but not limited to, review and consideration, with possible approval of current CDC**
318 **guidelines pursuant to NAC 631.178** (For Possible Action)
319

320 Mr. Su stated that currently the DHHS memorandum that they adopted on April 30, 2020, is what controls
321 practice during the COVID pandemic, and that this agenda item was to adopt CDC guidelines that
322 have been put in place since that time. He noted that the CDC had not added any guidelines for
323 COVID on April 30th when the board adopted the DHHS memorandum. Mr. Su stated that the most
324 recent updates adopted by CDC were the June 17, 2020 dental settings guidelines. He further noted
325 that CDC held a telephone meeting where they identified these guidelines for additional change to the
326 2003 guidelines for infection control in dental healthcare settings. Mr. Su directed the board to NAC
327 631.178(2) regarding the periodic review of the CDC guidelines to see if any changes made by the CDC
328 would be applicable for the board to recognize and adopt. Board Member Park stated that upon
329 reading the document she wanted to inquire of Mr. Su if the dental setting guidelines adopted by the
330 CDC covered the topic of ultrasonic use for cavitrons for hygienists under the care of their practitioner.
331 Mr. Su stated that new guidelines referenced only aerosol producing procedures. He noted that the
332 intent was to defer to the dental professionals clinical judgement and whether or not the circumstances
333 warranted the use of the aerosol generating procedures. Board Member Lee noted that the guidelines
334 do reference ultrasonic use. Board Member Park stated that she would like to make a motion to restore
335 deferring to clinicians the decree on whether or not to allow cavitron or ultrasonic use in their practice.
336 Board Member Lee and Mr. Su noted that the guidelines stated that the use of scalers was not
337 recommended. Mr. Su noted further that the guidelines stated to avoid using aerosol generating
338 procedures, whenever possible, as well as to avoid using air water syringe and dental hand pieces.
339 Further discussion ensued regarding same. Board Member Moore read a section of the same nature
340 related to the use of aerosol generating procedures, which was followed by more discussion. Board
341 Member Moore stated that the guidelines are clear on the stance regarding the use of aerosol
342 generating procedures, however, that if the use of them is necessary then those practitioners must abide
343 by the additional measures of precautions to be taken.
344

345 MOTION: Board Member Park moved to adopt the June 17, 2020 guidelines. Motion seconded
346 by Board Member Solie. All were in favor of the motion, motion passed.
347

348 Board Member Moore asked of Mr. Su how the adoption of the new CDC guidelines would affect the
349 DHHS memorandum previously adopted by the board. Mr. Su stated that it would be most effective to
350 have a motion to have the adopted guidelines supercede the DHHS memorandum.
351

352 MOTION: Board Member Park moved that the June 17, 2020 CDC guidelines supersede the DHHS
353 memorandum previously adopted by the board. Motion seconded by Board Member
354 Lee. Discussion: Board Member Solie stated that there was information received from Dr.
355 Antonina Capurro regarding exposure of COVID in a dental practice, and inquired if
356 that would be adopted with the new CDC guidelines. Mr. Su stated that information
357 provided by Dr. Cappuro was for informational purposes only and it was not part of the
358 CDC guidelines and therefore not part of the vote. Board Member Park noted that the
359 CDC guidelines comprehensively addressed the same information provided by Dr.
360 Capurro. With no further discussion, all were in favor of the motion. Motion passed.
361
362
363
364
365

366 ***12. Consideration and approval/rejection to hire part-time Anesthesia Evaluator Employee**

367 (For Possible Action)

368
369 *a. Charles R Cordova, Jr., DDS – Moderate Sedation

370
371 Board Member Moore noted that Dr. Cordova's application met the criteria and called for a motion to
372 approve.

373
374 MOTION: Board Member Lee motioned to approve to hire Dr. Charles R. Cordova, Jr., as a part-time
375 Anesthesia Evaluator employee. Motion seconded by Board Member Thompson. All were
376 in favor, motion passed.

377
378
379 ***13. Consideration and approval/rejection to hire part-time Infection Control Employee** (For Possible Action)

380
381 *a. Ledena Brooke, RDH

382
383 MOTION: Board Member Lee motioned to approve to hire Ledena Brooke, RDH as a part-time
384 Infection Control employee. Motion seconded by Board Member McIntyre. All were in
385 favor, motion passed.

386
387 ***14. 90-Day Extension of Temporary Anesthesia Permit** (For Possible Action)

388 **(1) General Anesthesia** (For Possible Action)

389 (a) Shawn B. Davis, DMD

390
391 Board Member Moore indicated that he and Board Member Lee reviewed the application, all was in
392 order, and recommended approval to grant a 90-day extension of Dr. Davis' temporary General
393 Anesthesia Permit.

394
395
396 MOTION: Board Member West moved that the Board approve to grant a 90-day extension of Dr.
397 Davis' temporary General Anesthesia permit. Motion seconded by Board Member
398 Thompson. All were in favor, motion passed.

399
400 **(2) Moderate Sedation** (patients 13 years of age & older) (For Possible Action)

401 (a) Jacob Hamblin, DDS

402 (b) Kostika Polena, DMD

403 (c) Jong M. Um, DDS

404
405 Board Member Moore indicated that he and Board Member Lee reviewed the applications; all was in
406 order and they recommended the approval to grant a 90-day extension of Dr. Hamblin's, Dr. Polena's,
407 and Dr. Um's temporary Moderate Sedation (13 years of age & older) permits.

408
409 MOTION: Board Member Thompson moved to approve to grant a 90-day extension of Dr.
410 Hamblin's, Dr. Polena's, and Dr. Um's, temporary Moderate Sedation (patients 13 years
411 of age & older) permits. Motion seconded by Board Member Lemon. All were in favor,
412 motion passed.

413
414
415 ***15. Approval of Temporary Anesthesia Permit** (For Possible Action)

416 **(1) General Anesthesia** (For Possible Action)

417 (a) Blair M. Thomas, DMD

418
419 Board Member Moore indicated that he and Board Member Lee reviewed the application, all was in
420 order, and recommended approval of granting Dr. Thomas a temporary General Anesthesia permit.

421
422
423 MOTION: Board Member Thompson moved that the board grant Dr. Thomas a temporary General
424 Anesthesia permit. Motion seconded by Board Member West. All were in favor, motion
425 passed.

429 **(2) Moderate Sedation (pediatric specialty)** (For Possible Action)

430 (a) Terry C. Meads, Jr., DMD

431
432 Board Member Moore indicated that he and Board Member Lee reviewed the application, all was in
433 order, and recommended approval of granting Dr. Meads a temporary Moderate Sedation (pediatric
434 specialty) permit.

435
436 MOTION: Board Member West moved that the board grant Dr. Meads for a temporary Moderate
437 Sedation (pediatric specialty) permit. Motion seconded by Board Member Lemon. All
438 were in favor, motion passed.

439
440
441 ***16. Approval of Board Member Dental Hygiene Review Panel Member April 2020 through December 31,**
442 **2020 – NRS 631.190** (For Possible Action)

443
444 (1) Caryn Solie, RDH – Dental Hygiene

445
446 Board Member Moore thanked Ms. Solie for joining the Board and inquired if she was still willing to serve
447 on the review panel. Board Member Solie responded affirmatively.

448
449 MOTION: Board Member Park moved to approve Board Member Solie to the Dental Hygiene
450 Review Panel. Motion seconded by Board Member Lee. All were in favor, with Board
451 Member Solie abstaining, motion passed.

452
453
454 ***17. Discussion and approval of lease for Office located at 2575 Montessori Street, Las Vegas, NV 89117**
455 (For Possible Action)

456
457 Agenda item removed.

458
459
460
461 **18. Public Comment:** This public comment period is for any matter that is within the jurisdiction of the public body. No
462 action may be taken upon the matter raised during public comment unless the matter itself has been specifically included
463 on the agenda as an action item. The Chairperson of the Board will impose a time limit of three (3) minutes. The Chairperson
464 may allow additional time at his/her discretion.

465
466 Charles Buchanan stated that pursuant to NRS 631.240 (1) and (2) did not state anywhere that the exam
467 must be performed on a live patient. He urged that the Continuing Education Committee look into
468 clarifying the statute as it could be argued that the Board would have to accept the manikin exams. He
469 noted that in the public documents, there are letters from April from ADEX regarding the live patient
470 exams and requested that this matter not be delayed further. Board Member Moore kindly stated to Mr.
471 Buchanan that the pandemic affected everyone in those months, the Board included, as they were
472 short staffed and had vacant positions to fill. Further, that since May the Board did not have enough
473 board members for a quorum. He noted that Ms. Solie was appointed to the Board just a few days prior
474 to this board meeting. He asked for the continued patience as the Board worked diligently to address all
475 pending concerns and matters.

476
477 Dr. Michael Bell expressed his frustrations related to the pandemic, or "plandemic" as he preferred to call
478 it, and inquired what research had the board conducted to prove that there was a true virulent virus that
479 has been novel and isolate. He went on further discussing a surrogate test that the CDC is using and
480 relying on as they study COVID-19. He stated that without an isolated virus in a pure form, how do they
481 know what is really happening. He spoke of the mask wearing and social distancing requirements were
482 preplanned per Event 201. He asked that the Board conduct investigations on the CDC's actions and on
483 what bases does the CDC have the rules they are implementing. Additional discussion ensued related to
484 the adoption of the CDC guidelines by the Board.

485
486 A representative of the NDHA requested clarification on positive COVID reporting and if they were still
487 required to use the COVID reporting form given by the DHHS. Board Member Moore referred her to
488 review the CDC guidelines to what reporting requirements are. She inquired if based on the CDC
489 guidelines would it be left to the clinician to determine if they can use ultrasonic pieces. Board Member

490
491
492
493
494
495
496
497
498
499
500
501
502
503
504
505
506
507
508
509
510
511
512
513
514
515
516
517
518
519
520
521
522
523
524

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

Request for Reimbursement:
D. Kevin Moore, DDS

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.

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

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 paid 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.

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

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:

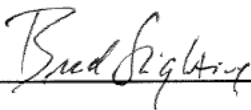
1/8/20
DATE

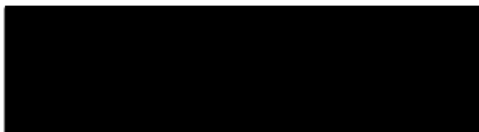
KEVIN MOORE, DDS



1/10/20
DATE

FABIAN VANCOTT





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]

[REDACTED]

[REDACTED]

[REDACTED]

--
Kevin Moore DDS

[REDACTED]



Kevin Moore

March 30, 2020

Invoice: [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	<u>\$ -2,232.50</u>
Net Professional Services	\$ 6,697.50
Total Disbursements	<u>\$.00</u>
Total This Invoice	\$ 6,697.50
Trust Funds Held on Account	\$ 2,500.00

Moore, Kevin
Matters Relating to Position with Nevada

Fabian VanCott
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

Fabian VanCott
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

Kevin Moore

March 30, 2020

Invoice: [REDACTED]
[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]
[REDACTED]
[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.

=====

CAUTION: This email originated from outside the Fabian VanCott organization. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

**LOBBYIST BID:
Alpha Omega Strategies
- Michael McDonald -**

Alpha Omega Strategies
Michael J. McDonald

June 11, 2020

Nevada State Board of Dental Examiners
Attn: Frank DiMaggio
6010 S. Rainbow Suite A1
Las Vegas, NV. 89118

Dear Mr. DiMaggio,

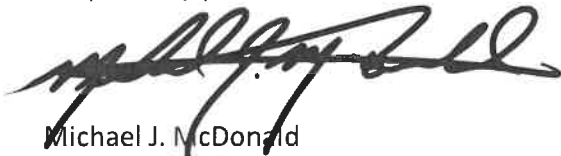
On behalf of Alpha Omega Strategies (AOS), I am excited to submit this proposal for consideration to represent the Nevada State Board of Dental Examiners.

I have been involved in local, state and federal politics for the last 27 years as either an elected official, lobbyist or consultant. AOS has represented clients in several fields, such as; law enforcement, hotel and gaming properties, education, land development, trial lawyers, low income and senior housing.

If chosen to represent the NSBDE again, AOS will be involved in all facets of the legislative process and in all matters concerning the "board" including bill tracking, client communications and interim activities between sessions. I will personally maintain contact with you and Mr. Su to provide informal and formal reports. My prior contract was for \$3428.57 per month, I am willing to continue consulting at that rate.

I thank you for your consideration and look forward to your response.

Respectfully yours,



Michael J. McDonald
Alpha Omega Strategies

**LOBBYIST BID:
McDonald Carano
- Susan Fisher -**



MCDONALD CARANO FOR
The Nevada State Board of Dental Examiners

mcdonaldcarano.com

2300 West Sahara Avenue, Suite 1200 ■ Las Vegas, Nevada 89102 ■ 702.873.4100
100 West Liberty Street, Tenth Floor ■ Reno, Nevada 89501 ■ 775.788.2000
Mailing Address: P.O. Box 2670 ■ Reno, Nevada 89505



Joshua J. Hicks
jhicks@mcdonaldcarano.com

July 10, 2020

Frank DiMaggio
Executive Director
6010 S. Rainbow Blvd., Suite A-1
Las Vegas, NV 89118
fdimaggio@nsbde.nv.gov

Re: Request for Proposal Contract Government Liaison

Dear Mr. DiMaggio,

On behalf of the McDonald Carano Government Affairs & Advocacy Group, we are happy to present this proposal for advocacy services to the Nevada State Board of Dental Examiners. Our Firm was founded in Reno 70 years ago, so managing the interplay of the law, government, and effective advocacy has always been at the core of what we do.

McDonald Carano is one of Nevada's longest tenured and most respected law firms, with more than 50 attorneys in our offices in Reno and Las Vegas. Our team of attorneys and government affairs professionals handle most areas of business law, including commercial and complex litigation, labor and employment, real estate and land use, tax law, administrative law, and transactions.

Collectively, our Government Affairs & Advocacy team delivers decades of proven representation in advocacy, negotiation, lobbying, diplomacy, and relationship management. We provide the full range of requisite skills ranging from analyzing bills to drafting amendments in order to realize the best outcome for our clients. Each member of our team brings different qualifications to the table, thus giving us a broad range of knowledge to benefit the client.

Our Government Affairs & Advocacy team tracks and actively lobbies hundreds of bills from each legislative session and provides written updates and commentary weekly, or as needed, to assure timeliness. We interact with elected officials year-round, both in and out of the Legislature, to build and maintain relationships that we can then leverage to benefit our clients.

Our Government Affairs & Advocacy team delivers broad and honed professional experience. That experience includes serving as Chief of Staff to a Nevada Governor, serving

mcdonaldcarano.com
2300 West Sahara Avenue, Suite 1200 ■ Las Vegas, Nevada 89102 ■ 702.873.4100
100 West Liberty Street, Tenth Floor ■ Reno, Nevada 89501 ■ 775.788.2000
Mailing Address: P.O. Box 2670 ■ Reno, Nevada 89505

July 10, 2020

Page 2

as a Nevada Governor's general counsel (two of our members), service in the United States' Attorney's office and the federal judiciary, serving as an in-house lobbyist for one of the state's largest utilities, serving as an in-house lobbyist for a global technology company, and in-house policy and communications service for statewide non-profits.

During the 2019 Legislative Session, our team registered as lobbyists for clients ranging from small public entities to large international corporations. We have extensive experience working inside and outside public entities, and are confident that the Nevada State Board of Dental Examiners is a right-fit client due to our experience and knowledge.

Following is our proposal for a government affairs liaison contract. The Government Affairs & Advocacy team is aware of no conflicts of interest between the Firm and the Nevada State Board of Dental Examiners.

Our lead point of contact is:

	Susan L. Fisher, Senior Vice President
Email:	sfisher@mcdonaldcarano.com
Mailing Address:	100 West Liberty Street, 10 th Floor Reno, NV 89501
Office Phone:	775.788.2000
Cell Phone:	775.742.7080

Thank you for your consideration.

Sincerely,



Joshua Hicks



Susan L. Fisher

July 10, 2020
Page 3

TEAM EXPERIENCE

At McDonald Carano, we are—and always have been—dedicated to hiring dynamic professionals who bring a unique skillset to bear in enhancing the representation of our clients. In order to provide the best service to the Nevada State Board of Dental Examiners, we will form a team dedicated to accomplishing the scope set forth in this proposal.

We propose the following team to serve the Nevada State Board of Dental Examiners:

- Susan L. Fisher, Senior Vice President and Project Lead
- Joshua Hicks, Partner
- Lucas Foletta, Partner
- Lindsay Knox, Vice President
- Mackenzie Warren, Vice President, Attorney
- Maggie O’Flaherty, Policy Analyst
- Lauren Parobek Warden, Policy Coordinator

As the Senior Vice President for the Government Affairs and Advocacy Group and Project Lead, **Susan Fisher** will employ her extensive experience in the Nevada Legislature to realizing the Nevada State Board of Dental Examiner’s objectives. With nearly three decades of government affairs experience that includes owning her own lobbying practice, working in-house at one of the state’s largest utilities, and now as a seasoned practitioner at McDonald Carano, Ms. Fisher has represented entities large and small throughout Nevada before the Legislature, local governments, and the state.

Throughout her career, Susan has expertise representing industry associations and local government and has a knack for bridging gaps among divergent groups. She is knowledgeable on healthcare and general industry issues, as well as education and energy. Additionally, Susan has represented a myriad of occupational boards in the state, including the Board of Professional Engineers and Land Surveyors, the Osteopathic Board of Medicine, the Board of Oriental Medicine, State Board of Podiatric Examiners and Board of Chiropractic Medicine.

As the partner in charge of the firm’s Government Affairs practice, **Joshua J. Hicks** brings his experience as an attorney, as a lobbyist, and in the Governor’s Attorney General’s offices to the table. Mr. Hicks supplies the team with a broad perspective on issues that are complex and multi-dimensional, as well as provides perspective and identifies strategies for success that are not always obvious.

As a partner and former General Counsel to Nevada’s Governor, **Lucas Foletta** knows the ins and outs of the executive branch of government, as well as the Legislature. Mr. Foletta works extensively with regulatory agencies and the administrative side of government, while demonstrating diversity in all of the clients that he represents. His clients range from energy players to medical boards, such as the Nevada State Board of Optometry.

July 10, 2020

Page 4

Lindsay Knox serves as Vice President of Government Affairs & Advocacy has extensive experience testifying at the Legislature. She frequently appears before a multitude of interest groups speaking on a vast variety of issues. Her expertise rests in homebuilding and healthcare, including her particularly successful lobbying efforts in 2019 on the issues of Fiscal Home Rule and out-of-network billing. Her experience and knowledge regarding healthcare has helped her lead clients to successful outcomes. In addition to her work on behalf of other clients, Ms. Knox represents the Nevada Orthopaedic Society and the Regional Emergency Management Service Agency.

Mackenzie Warren, is a practicing attorney and Vice President of the Government Affairs & Advocacy Group. Mackenzie's previous experience in local and state government working as a journalist helped to build her practice today, including a deep understanding of Nevada government. Mackenzie has appeared before many of southern Nevada's municipalities and enjoys strong relationships at the Clark County Commission and Nevada Legislature. Throughout her career, she has focused on continuously cultivating important relationships across the state and is valued for her actionable, win-win solutions to difficult problems.

Policy Analyst **Maggie O'Flaherty** has experience in myriad rural and urban Nevada issues. Maggie served as an intern during the 2019 Legislative Session, where she helped testify on legislation, monitor bills and committee meetings, and keep the team informed on issues within the Legislative building. Maggie possesses a strong understanding of Nevada's legislative process and regularly conducts research and monitors legislative committees and commissions to stay attuned to emerging issues.

In her role as Policy Coordinator, **Lauren Parobek Warden** brings nearly a decade-worth of legislative experience and a keen set of eyes and ears to the team. Lauren serves as the right-hand to the Government Affairs & Advocacy Group by keeping track of agendas for scores of entities, updating clients on pertinent issues, and monitoring hearings. With her comprehensive understanding of our clients and their respective issues, she routinely provides our team with the most current information and is responsible for writing our daily client updates.

All team members—and in fact the majority of the firm's practitioners—have extensive knowledge of public policy and intimate familiarity with Nevada's state legislative process stemming from long-standing professional involvement. Our team, individually and collectively, enjoys an extensive political network and continuous relationships with key legislators and their staff. Because of our ongoing work on behalf of healthcare and non-profit association clients, among others, we constantly monitor state issues and remain proficient with all state statutes. Members of the team are effective communicators and have enjoyed successful bipartisan relationships. We have interacted productively with legislators of both parties and representatives in the Office of the Governor and are dedicated to continuing to do so into the future.

REPRESENTATIVE CLIENTS

Healthcare

- Alta Skilled Nursing and Rehabilitation Center
- Keep Our Doctors In Nevada
- Nevada Orthopaedic Society
- Nevada State Board of Osteopathic Medicine
- Nevada State Society of Anesthesiologists
- Regional Emergency Medical Services Authority (REMSA)

Non-Profit Associations

- Builders Association of Northern Nevada
- Consumer Data Industry Association
- Nevada Home Builders Association
- Nevada Housing Alliance
- Nevada Mineral Exploration Coalition
- Nevada Museum of Art
- Nevada State Apartment Association
- Retail Association of Nevada
- American Cancer Society Cancer Action Network
- YMCA of Southern Nevada

Other Organizations

- Able Grid Energy Solutions
- Beacon Trust Co.
- C & S Waste Solutions
- Certified AG Laps
- Crown Castle Fiber, LLC
- Deep Roots Harvest
- Figure
- First Solar
- Infinite Campus, Inc.
- Las Vegas Raiders
- Manufacturing Home Community Owners Association
- McLane Company
- Microsoft Corporation
- Nevada Geothermal Utility Company
- Nevada State Board of Engineers and Professional Land Surveyors
- Public Employees' Retirement System of Nevada (PERS)
- Tow Operators of Northern Nevada
- Washoe County Franchise Auto Dealers

July 10, 2020

Page 6

SCOPE

Our team has demonstrated tangible success in advancing clients' interests and achieving measurable results. Three keys to our success are: 1) advance planning with clients; 2) maintaining strong relationships with local leaders and elected/appointed government officials; and 3) frequent and timely communication between the team lead and the client.

To best serve the Nevada State Board of Dental Examiners, we will, upon execution of a contract, request a meeting with the Executive Director and staff members to prioritize and discuss the objectives and concerns relative to state issues, attend (virtually) regular Board meetings, and develop a defined, actionable strategy. In the interim, we will help set up meetings with the Executive Director and members of the Board and elected officials, as needed, and monitor interim committees with issues that may pertain to the Board. The team will maintain regular communication with staff and the board members on a weekly basis and as needed when issues arise of which the Board should be aware.

Throughout the buildup to the 2021 Legislative Session, we will review weekly postings of bill draft requests (BDRs) and apprise the Board of issues and patterns that might be forming, as well as the BDR topics requested by key legislators, agency and committee targets, providing assessments of issues, prioritization of issues, and recommendations for effective action. We will, as appropriate, secure bill sponsors and supervise bill drafting, prepare and negotiate bill amendments, count votes and apprise the Nevada State Board of Dental Examiners prior to key decisions, and assist in drafting letters and talking points pertaining to legislation.

At the same time, the team will continue its ongoing practice of constantly refreshing its legislative and agency relationships, interacting on topical matters with the Governor's staff, and tracking local government events. Maintaining strong relationships based on frequent and open communication is a particular advantage to those we serve.

During the 2021 legislative session, the team will have a presence in Carson City at all times, representing the Board's positions accurately, persuasively, and professionally to state legislators and relevant staff and to the governor's office and executive branch. Our counsel will include tracking all relevant legislation, scheduling meetings between legislators and board members, communicating with the board regularly about legislation, and relaying the Board's concerns to those legislators positioned to support—or oppose—certain legislation.

During session the team lead will be in continuous communication with the Nevada State Board of Dental Examiners regarding their issues, notifying the Board within two working days of any legislation introduced that may affect the Board or its members, and will also prepare a weekly newsletter of happenings in Carson City to keep them abreast of all relevant issues trending in the Legislative building. Additionally, every week we will send a specifically catered bill tracker, and at the end of session, we will prepare an End of Session report with summaries of the bills that were tracked for the Board along with session highlights.

July 10, 2020
Page 7

The Government Affairs & Advocacy team collectively provides decades of lobbying experience with the Nevada State Legislature, as well as experience lobbying on healthcare issues, specifically. The team prides itself on consistently representing clients by working with them to define successful outcomes from the beginning and striving to obtain those distinct results. We believe that our representation presents a clear return on investment, which is evident from the fact that our clients consistently return to us for government affairs work after initial engagements are completed.

ISSUE MANAGEMENT PROCESS

- The team's issue management process is based on developing a clear understanding of the issues, identifying key stakeholders and policymakers and potential obstacles, and devising a strategy that parallels broad stakeholder support and limits objections. This process requires in depth discussions with the client about the nature of the issue and the implication of the client's interest in the matter for other stakeholders. It also requires clear communication of the client's position to the identified stakeholders (generally early in the process) to develop advance support and work together to identify obstacles and strategies for neutralizing the same.

LOBBYING STYLE

- The Government Affairs & Advocacy team believes that the key to lobbying success is credibility. Consequently, the team's lobbying style is based on obtaining a detailed understanding of client issues and positions so that we can accurately and reliably communicate them to policymakers and stakeholders. We also believe in listening to and digesting the concerns raised by others in the course of any policy debate in which we are a part. This allows us to gather a comprehensive outlook to any particular issue and fashion informed strategies for successfully advocating client interests.

COMMUNICATION PROCESS

- Successful communication with our clients is a key component of the Government Affairs & Advocacy team's success. We believe in communicating early on and often to ensure that our clients are properly apprised of important issues. That said, we believe that communication without analysis is not effective. Therefore, as we develop information about issues surrounding our clients' needs, we do more than simply pass it along. We endeavor to present that information in the context of the client's broader interests and provide an assessment of how the information impacts those specific interests. We also provide our view of what, if anything, can or should be done with the information in light of the client's other key stakeholder interests. In terms of the specific method and manner of our communication, we work with our clients to develop a system that works for them. Some prefer regular email, text and telephone communication as information arises while others require scheduled regular updates. In

July 10, 2020

Page 8

most cases, a blend of the two is most appropriate, with non-pressing matters addressed in scheduled update communications—via phone, email, or in person meetings—with more pressing issues addressed as they arise.

FEE STRUCTURE

- \$4,000 per month from August 1, 2020 through July 31, 2022.
- In addition to charges for our services, we will be entitled to payment or reimbursement for disbursements and other charges incurred in performing services on the Nevada State Board of Dental Examiner's behalf.

LOBBYIST BID:
Lewis Roca
- Alfredo Alonso -

**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

- Communication
- 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: 775.321.3421
Fax: 775.823.2929
Email: AAlonso@lrrc.com

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: 775.321.3421
Fax: 775.823.2929
Email: AAlonso@lrrc.com

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: 775.321.3420
Fax: 775.823.2929
Email: GGordon@lrrc.com

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:

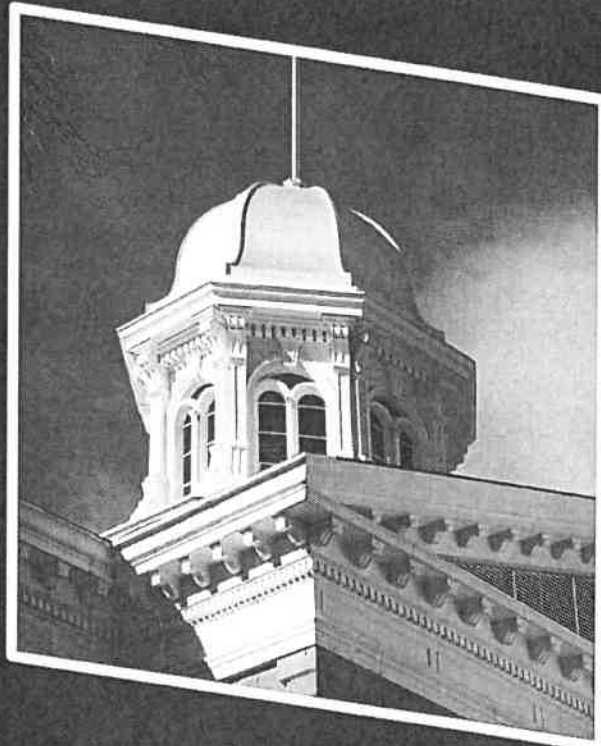
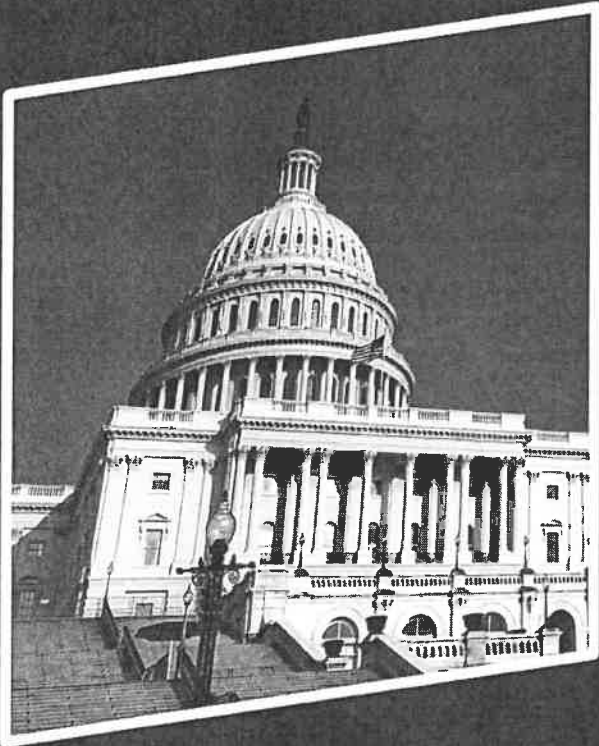
Alexandria Cannito
Lewis and Roca LLP
1 East Liberty Street, Suite 300
Reno, Nevada 89501
Phone: 775.321.3424
Fax: 775.823.2929
Email: ACannito@lrrc.com

**LOBBYIST BID:
Perkins Co.
- Richard Perkins -**



THE Perkins COMPANY

FEDERAL, STATE & LOCAL PUBLIC AFFAIRS



Nevada State Board of Dental Examiners Proposal

The Perkins Company
631 North Stephanie Street
Suite 202
Henderson, Nevada 89014



THE Perkins COMPANY

FEDERAL, STATE & LOCAL PUBLIC AFFAIRS

Our Mission

We are dedicated to helping our clients navigate Government's rocky waters, advocating for our clients' issues ethically and responsibly.

Firm Profile

Honesty, Respect & Determination

Since 2008, the Perkins Company has represented and advocated for clients at all levels of government. Regardless of strategy, the best representation is based on the same core principles: **honesty, respect** and **determination**. Whether shepherding a bill through the legislature, building coalitions around a client's goals or just keeping an eye on that political atmosphere, the Perkins Company will bring these principles to the table each and every time.

Honesty in all our dealings is paramount. While we obviously protect all of our clients' privileged information, the key to anybody's legitimacy in a negotiation is that their word can be trusted. We have worked tirelessly to build and maintain trust-based relationships with lawmakers, regulators and our colleagues to ensure we can be effective for our clients.

This honesty extends to conflicts of interest. We work diligently before taking on a new client to deal with any potential conflicts before they arise.

In the last decade, lobbyists have gotten a bad rap and – in many cases – rightfully so. Citizens have been confronted by stories of hubris amongst the lobby corps, nationally and locally. It is clear that, somewhere along the line, some people in this business lost respect for the institutions it is their job to lobby. At The Perkins Company we stress this respect for institutions, its members and the other people with whom we interact as a cornerstone of our business.

Honesty and respect on their own are next to meaningless without the determination to service our clients and get the work done. The Perkins Company is ready and equipped to do the research, build the coalitions and conduct the education required to accomplish our clients' goals. Often, Lobbyists have to get up-to-speed on issues affecting a client in short order, or quickly become experts on foreign issues. The Perkins Company is always ready to build our repertoire and put in the hours to accomplish our clients' goals.

As a result of the honesty, respect and determination we bring to the table, clients and lawmakers all turn to the Perkins Company for counsel and education. We take our duty to these individuals seriously, and we look forward the opportunity to demonstrate the quality of work we bring to the table.

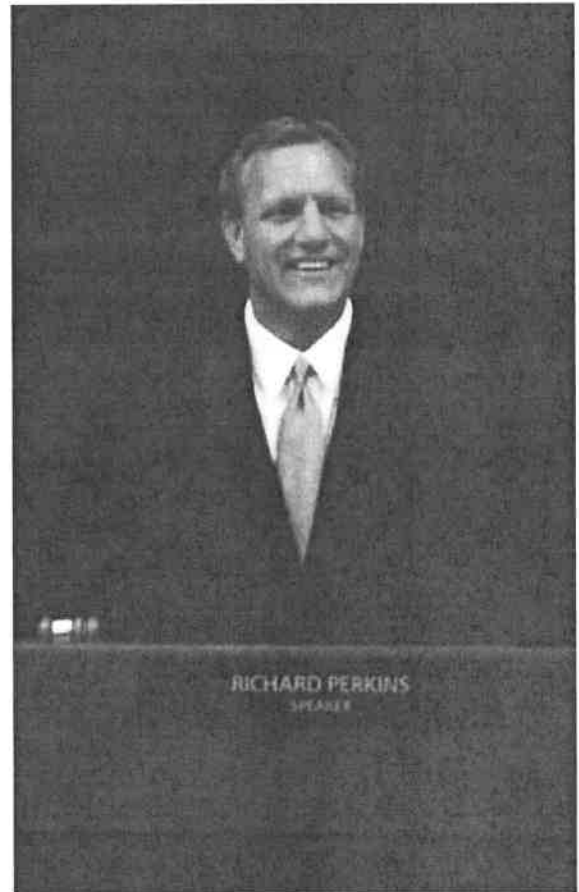
Our People President

Richard D. Perkins

Native Nevadan Richard Perkins spent 14 years in the Nevada Legislature, including 2 years as Democratic Floor Leader, 4 years as Majority Leader, and 6 years as Speaker of the Assembly. With a record for consensus and coalition-building, he is considered a bi-partisan leader and counts his friends in both major parties. In 2006, he chose not to seek re-election to the Legislature and focused on his law enforcement career as the Chief of the Henderson Police Department, a career he retired from after 25 years. As president of the Perkins Company, Richard oversees the quality political and strategic consulting services clients have come to expect.

Perkins' extensive political and law enforcement network reaches all corners of Nevada and all across the country. He is also very involved in the National Speakers' Conference (Past President), the State Legislative Leaders Foundation (past Board Member), the National Conference of State Legislatures, the Council of State Governments, the International Association of Chiefs of Police, and many other political, policy, and law enforcement organizations. He has developed a network of elected and police officials whom he considers friends in other states and on Capitol Hill who include U.S. Senate Majority Leader Harry Reid, the entire Nevada delegation, dozens of other members of Congress, and many Governors, Speakers, and other legislators

For fourteen years, Perkins helped guide Nevada's \$14 billion biennial budget that included more than 425 state agencies. In this time he worked closely with HHS officials to draft budget, build programs and write policy. His relationships with career leaders in HHS and other departments remain to this day. In this time, Perkins also established the Nevada State College, spearheaded K-12 education funding and reforms, provided leadership on energy and water issues and developed expertise in gaming, labor/management, health care, and public lands issues.



Richard Perkins, by the numbers:

- 6 years as Speaker of the Nevada Assembly
- 4 years as majority leader in the Nevada Assembly.
- 2 years as Democratic Floor leader.
- 25 years with the Henderson Police Department, where he retired as Chief of Police.
- 3 children: Ashley, Rikki and Alexander.

Perkins served as the President of the National Speakers Conference in 2005 and still serves on its executive committee. Richard participated with the National Conference of State Legislatures (NCSL) Law and Criminal Justice Committee and Task Force on Homeland Security and Emergency Preparedness. Perkins has been a guest speaker on anti-terrorism, criminal justice and many other topics for the NCSL, State Government Affairs Council (SCAC), and the Council of State Governments (CSG). In 2004, Perkins was invited as a guest lecturer at an international anti-terrorism conference in Gdansk, Poland.



After a distinguished career in the ranks, Perkins became the Police Chief for Nevada's second largest city in April of 2006. Throughout his career, he was recognized for his work with crime victims and in 1991 was honored by the Clark County District Attorney and the Nevada Attorney General. Perkins attended the 183rd Session of the FBI National Academy in 1995, and is active in the Nevada Sheriffs and Chiefs Association (NSCA) and the International Association of Chiefs of Police (IACP).

**Richard Perkins,
in his own words**

When times are tough, it's important to have quality representation. I look forward to working with you to ensure you meet your goals.

Richard is the proud father of five children. Privately, he enjoys hunting, fishing, reading, traveling and competitive sports. Perkins holds two degrees – one in Criminal Justice, one in Political Science – from the University of Nevada, Las Vegas. Perkins is a Council of State Governments Toll Fellow, an American Swiss Foundation Young Political Leader, a Leadership Las Vegas graduate, an attendee of the John F. Kennedy School of Government at Harvard University and is listed in Who's Who in American Politics. Chief Perkins also serves on the Board of Directors for Paramount Bank of Nevada, Opportunity Village and several other non-profit boards and committees.

Perkins is proud to serve our clients as President and chief lobbyist for the Perkins Company. From current clients like Newmont Mining or the City of Henderson or former clients like the Building Trades Council or Diageo Liquor, Perkins has brought his all to the lobbying arena. Politics is about relationships, integrity, and credibility and Richard Perkins brings all three to the table. In a fast-paced environment where many situations can be handled with a phone call, it's difficult to imagine a circumstance in which he wouldn't know who to contact.

Our People
Client Services Manager
Brian S. Evans

Brian Evans first joined The Perkins Company in the 2013 Legislative Session as an administrative assistant. Brian brought a background of dedication, hard work and motivation that helped him grow in the legislative process. Brian returned for the 2015 Legislative Session as a lobbyist, taking on a more significant role within The Perkins Company. Brian helped with efforts on behalf of various clients ranging from issues in healthcare, education, local government, energy and gaming. Brian lobbied on key bills that enacted laws in areas of tort reform, network adequacy, telehealth, Medicaid and insurance, HOA's, taxes and local government control. Brian later worked



for the Nevada State Medical Association developing a further understanding of healthcare issues before re-joining The Perkins Company full time as a client service manager.

Brian was born and raised in Northern Nevada where he attended Galena High School in Reno. Brian later went on to earn his Baccalaureate degree in Business Administration from Grand Canyon University in Phoenix, AZ, where he also played on the baseball team all 4 years. During his college years, Brian took many classes in history and political science that developed a strong interest in U.S. history as well as Federal and State law. This ultimately served Brian well when he joined The Perkins Company.

Our People
Director of Strategic Communications
Mari Nakashima

Mari Nakashima specializes in brand development, crisis communications, and issues management. She has worked in the political and public policy arena at the state and national level for more than a decade. Most recently she served as the Communications Director for Nevada Governor Brian Sandoval. In that capacity she managed all media relations, expanded the governor's online and social media presence, served as his primary speech writer, and worked to help build and strengthen the "new Nevada" brand as envisioned by Governor Sandoval and his administration



During her time with the Sandoval administration, Mari led the planning and execution of major media events. Most notably her work supporting three special legislative sessions resulted in Tesla, the NFL Raider franchise and other significant businesses locating in Nevada. In addition, funds to expand the Las Vegas Convention and Visitors Authority and provide significant new resources for the hiring of more police officers in Southern Nevada were established.

Mari also regularly coordinated with federal, state, local, non-profit, and community partners to effectively communicate both the governor's and state of Nevada's message or priorities. In 2015, she was given the unique opportunity to manage the 2015 Inauguration Ceremony including building the program and statewide media presence. Mari's experience also includes working with the governor and his team in drafting and refining two State of the State addresses and producing the event.

Prior to state service, Mari worked in the private sector for a local marketing and public relations company where she served as the account representative for both public and private clients. Her experience also includes service in the offices of Congressman Joe Heck, Congressman Dean Heller who now serves as Nevada's Senior Senator, and the Republican National Committee. She is a native Nevadan, proud graduate of the University of Nevada, Las Vegas and mother of two daughters, Darla and Scarlett.

Our People

Policy Director

Leo Drozdoff

Leo Drozdoff is a national and state leader in the fields of environmental protection, energy and health care. He has been heralded by Governors, Senators, Congressmen and Legislators of both parties as an effective and pragmatic leader. He has been judged by business leaders, local government officials, NGOs and tribes as a consensus builder who delivers results. His most recent public sector experience includes serving as Director of Nevada's Department of Conservation and Natural Resources (DCNR) and as Chairman of Nevada's Public Employee Benefit Program Board (PEBP). As the most senior member of Governor Brian Sandoval's Cabinet upon his retirement in 2016, Leo directed an agency with a \$160 Million operating budget which consisted of over 900 employees. Major agencies within the Department are: Environmental Protection, Water Resources (State Engineer), Forestry, State Parks, State Lands and Historic Preservation (SHPO).



As the DCNR Director, Leo was responsible for the development and implementation of policy and leading staff to meet executive and legislative goals for the betterment of the citizens of Nevada. In this capacity, Leo negotiated Lake Tahoe legislation that resulted in a bi-State regional plan which included matching legislation in Nevada and California, negotiated a management and financial commitment agreement between the State of the Nevada and the Department of Energy (that agreement was signed by Governor Brian Sandoval and Energy Secretary Ernest Moniz), secured a \$1.1 Billion judgement while working with the Department of Justice and EPA to ensure the clean-up of perchlorate in Southern Nevada and the Colorado River System, and led a government streamlining project that resulted in returning DCNR to 2005 spending levels, a reduction of full time employees and the elimination of over 20 outdated regulations, among other accomplishments.

As Chairman of the PEBP Board from 2011 until 2016, Leo and the Board provided direction and oversight to an executive agency that provides health insurance and other benefits to 30,000 public employees, retirees and their families. Under his leadership and facing insolvency and unprecedented losses during the Great Recession, the Board fundamentally transformed the program to a high deductible health plan with health savings accounts, giving public employees greater choice and predictability in their health care decisions as well as the ability to save money tax free for many years, maintained a less than 1% yearly cost increase of the health plans over a four year period while national medical inflation rose more than 40%, and he also led the Board's efforts to successfully integrate the requirements of the Affordable Care Act into the Nevada program.

In addition to serving as Director of DCNR and Chairman of the PEBP Board, Leo has 30 years of highly recognized experience in the public and private sectors. He holds a BS in Civil Engineering from Bucknell University and an MBA with a management focus from the University of Nevada. He is a licensed civil engineer in the State of Nevada.

Our People

Mike Willden

Mike Willden is an experienced health and human services, state budget and governmental policy leader. Mike retired in January 2019 following an impressive 45-year career in Nevada state government. Mike's public career included more than four decades of service within the Department of Health and Human Service, including 13 years as the Director, a gubernatorial appointment which spanned three different governors, finishing in 2014. Mike ended his state service employed as former Governor Brian Sandoval's Chief of Staff, a position he held for nearly five years.



For 25 years, Mike worked in the state's Welfare Administration Division, beginning as a case worker and promoting to a number of positions until ultimately becoming the state Welfare Administrator. In this capacity, Mike managed the Division of Welfare and Supportive services and multiple agencies which are now housed within the Divisions of Child and Family Services and Aging and Disability Services. In 2001, Mike was appointed the Director of the Nevada Department of Health and Human Services by then-Governor Kenny Guinn. Governors Jim Gibbons and Brian Sandoval reappointed him to that position when they were elected in 2007 and 2011, respectively.

While the head of DHHS, Mike oversaw the state's expansion of Medicaid under the Affordable Care Act in 2013. Mike was an influential voice in Governor Sandoval's decision to opt-in to the Medicaid expansion, marking the first Republican administration in the nation to do so. As part of this implementation, more than 250,000 Nevadans were granted access to Medicaid which cut the state's uninsured rate in half.

As the Governor's Chief of Staff, Mike led the executive staff and cabinet through two regular legislative sessions and two special sessions. In Mike's final 2 years serving as Chief of Staff, he helped put together a \$8.1 billion General Fund state budget that marked the highest in Nevada history. During his tenure in the top executive office, Nevada experienced dynamic population growth driven by the state's aggressive economic development policies. Mike also spearheaded the statewide effort to combat the national opioid epidemic. Nevada's four prong approach to tackling this crisis, which claimed the life of one Nevadan every day, was heralded as one of the nation's most comprehensive and progressive policies in the ongoing battle against prescription drug abuse.

Mike hails from Lincoln County, Nevada and is a proud native of the Silver State. He holds a Bachelor's Degree in Business Administration from Southern Utah University.

Confidential Proposal

Qualifications, Background, and Experience

Richard Perkins is the lead lobbyist for The Perkins Company. His experience in legislative matters, and particularly health care matters, extends back to his freshman legislative session in 1993. In his capacity as a lawmaker, and later as a legislative leader, Richard assisted in crafting health care policy in Nevada as a legislator for fourteen years and has operated on the government relations side for eight years. He has had great success in guiding and rebranding clients. As a trusted former colleague and a respected member of the lobby corps, Richard's counsel is frequently sought by elected officials when faced with making decisions on various policy proposals.

Brian Evans has been a contributing member of The Perkins Company for three legislative sessions, a total of six years. During that time, he also spent several months reporting directly to the Nevada State Medical Association. Brian's grasp of health care issues, as well as his relationships with legislative and executive branch staff responsible for health care policy, is significant.

Mari Nakashima brings her public relations, media, and communications skills to bear for clients in a unique way. Her grasp of messaging as it influences politics is unmatched. Having spent years working for Governor Brian Sandoval handling the 24/7 media and communications cycles brings a significant advantage to our clients and positions them for success.

Leo Drozdoff is a highly respected leader in public policy in Nevada. He brings a great deal of credibility and knowledge to bear for our clients. Having served on Governor Sandoval's Cabinet and provided common sense solutions to various sectors of state government, Leo has earned the trust of those in the Executive and Legislative Branches of Nevada government.

Mike Willden joins The Perkins Company following a 45-year career in Nevada State service. Most recently, Mike served nearly five years as Chief of Staff for former Governor Brian Sandoval. Prior to being Chief of Staff, he served for 13 years as the Director of Health and Human Services, the largest state agency, and was appointed as DHHS Director by three Governors. Mike has taken part in every Legislative Session since 1981, preparing budgets and testifying on HHS issues.

The Perkins Company prides itself on its dedication to clients and reputation for being among the hardest working lobby firms in Carson City – no one will better serve their clients or have better access to decision-makers. We prefer to work behind the scenes, building coalitions with like-minded groups, leaving nothing to chance. Once the groundwork has been laid, Richard uses his profile as the former Speaker of the Assembly, his relationships with leadership, and his knowledge of the process to ensure his clients maintain a distinct advantage.

Re-statement of the Issues

The Nevada State Board of Dental Examiners (Board) is the entity that is statutorily designated to regulate the Dental industry in Nevada under NRS Chapter 631 and NAC Code 631. The Board is charged with developing and maintaining programs to ensure only qualified professionals are licensed to practice dentistry and dental hygiene, and to ensure violators of the act are sanctioned. The Board's office is located in Las Vegas and receives complaints from the public and licensed practitioners. On occasion the Board will seek to modernize its practice act and/or seek to obtain authorities to better accomplish its statutory mission.

The Board will face several challenges over the next few years. The growth in the Silver State alone is daunting. But, including advances in dental practices, conforming to and clarifying challenging health care policies such as the new opioid prescribing rules, withstanding those who wish to encroach upon the dental industry's scope of practice, there is much to be prepared for. Since the Nevada Legislature only meets every other year, any statutory changes desired need to be researched, prepared, and presented in a short time frame.

The Perkins Company employs a number of strategies to accomplish client goals. The primary factors in determining which strategies are best include consideration of the client's stated goals, the client's culture, and the client's infrastructure – as such, The Perkins Company may be more aggressive in some settings, or more reserved, depending on the legislative environment and what is required to achieve the best possible outcomes. The Perkins Company is well-equipped to execute any strategy necessary to accomplish the goals of the client, understanding that preservation of the client's reputation and agenda are keys to long-term success.

Although the biennial Regular Legislative Session garners the most attention in the media and business world, the most successful legislative strategies are grounded in work performed during the interim period between legislative sessions. During this period is when key relationships are built and maintained, legislative champions are identified, legislators and candidates are educated, and other financial/educational support is strategically exercised in order to set the stage for success in the Regular Session.

Our team members are embedded in the political and policy landscapes in Nevada. We share your team's understanding that a combined strategy of community outreach, and education, are crucial components in effectuating public policy change. We know that we can raise those efforts to a higher level with our knowledge of the key players and an understanding of Nevada's dynamic culture. Additionally, a crucial role in changing policies and effecting change includes the day to day monitoring of related issues and lobbying of legislation. Our experience is unsurpassed and can identify those who are truly supportive of your goals and others who may be insincere in their support. We can also identify the motives of the players and identify why some may choose to oppose our efforts or disengage instead of supporting the policies the Board advocates for.

We are well-equipped to develop and execute the Board's strategy as it evolves. To endure success, a comprehensive strategy is always necessary. In this case, the efforts will include both the Executive and Legislative Branches of Nevada government, including supporting good public servants for elected office. It will also require identifying potential opponents and supporters and keeping its own house in order.

Cost and Fees

The Perkins Company will provide comprehensive Government and Legislative Affairs services (as described above) at the state level from July 1, 2020 to June 30, 2022. The fee for those services will be \$5,000 per month.

CDC Guidelines - August 4, 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 $\geq 100.0^{\circ}\text{F}$ 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 $\geq 100.0^{\circ}\text{F}$ 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/attraumatic 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