

NEVADA STATE BOARD  
of  
DENTAL EXAMINERS



BOARD MEETING

SEPTEMBER 15, 2020

6:00 P.M.

**PUBLIC COMMENT BOOK**

**Public Comment from:  
Tiffany Richardson**

Tiffany M. Richardson  
Dental Hygiene Graduate 2020

September 11, 2020

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

**Re: Manikin exam for dental hygiene licensure**

To Whom It May Concern:

Thank you for taking the necessary measures to explore accommodations for our class. There were several questions voiced by board members at the Continuing Education (CE) meeting in August about the legitimacy and necessity of the Commission on Dental Competency Assessments (CDCA) American Board of Dental Examiners (ADEX) manikin and computerized clinical board exams. The items below are intended to resolve some of these concerns.

- Temporary Licensure
  - Our class has been unable to enjoy the board-approved (as of July 14, 2020) temporary license due to delays in our graduation.
  - Temporary licensure takes 6-8 weeks for approval. This does not allow enough time to obtain a license, procure employment, and screen for patients in time to take a clinical board.
  
- Live-Patient Exam Complications
  - We will NOT be permitted the use of our school clinic to screen for board patients and take radiographs.
  - We will NOT be able to screen patients using a temporary license.
  - The live-patient exam has been cancelled twice already thus far.
  - The live-patient exam poses greater health, safety, and cancellation risks during a pandemic due to COVID occupancy and social distancing guidelines.
  - Patient reliability and cooperation has been at an unparalleled low during this pandemic.
  
- Adequacy of Assessment:
  - More than half of all U.S. States, including Utah and California, accept the CDCA ADEX manikin and/or OSCE exams for dental hygiene licensure.
  - The ADEX manikin exam involves infection control periodontal charting/probing, calculus detection, and removal.
  - The accompanying OSCE computerized test measures knowledge of charting, assessment, intraoral photos, radiographs, tissue abnormalities, intraoral/extraoral exams, and medical emergencies.

- These tests are comparable to a live-patient exam.
- Confidence in Dental Hygiene Candidates:
  - Historically, the College of Southern Nevada boasts a 100% board pass rate.
  - Any doubt as to our ability to safely and adequately perform non-surgical periodontal therapy may be quelled by examining the extensive documented case studies we performed while at CSN.
  - Our rigorous and reputable program notoriously produces quality hygienists.
  - We are ready, capable, and willing to relieve the dental hygiene shortage in our community.

My hope is that this board will find that the acceptance of the CDCA ADEX manikin exam benefits both recent graduates and the community. Your time and attention to this matter is very much appreciated.

Respectfully,



Tiffany M. Richardson  
CSN Dental Hygiene Class of 2020

[Redacted contact information]

**Public Comment by:  
Nicole Miranda**

September 12, 2020

Nicole Miranda  
CSN Dental Hygiene Graduate 2020

**SUBJECT: Acceptance of ADEX manikin exam and OSCE exams for dental hygiene licensure**

To The Nevada State Board of Dental Examiners,

Thank you for meeting to discuss the possible acceptance of the CDCA ADEX and OSCE exams. My class has been anxiously awaiting the Boards decision as we have been left with no other avenue of becoming licensed for this year. I will these highlight issues and concerns below:

- Temporary License
  - The CSN Dental Hygiene Class of 2020 is still waiting for CSN to grant us our diplomas. This means that we cannot apply for our temporary licenses.
  - If CSN did grant us our diplomas now, it would still take 6-8 weeks for the application to process. That does not leave us with enough time to screen and find a patient for licensing.
- WREB and live patient exam
  - The WREB exam is set to be held at UNLV on November 6-8. It is a live patient exam.
  - It is the student's responsibility to find the perfect patient. It means that we must screen and take radiographs.
  - CSN has denied us screening time in their clinic.
  - We cannot screen in an office since we do not have our temporary licenses.
  - If we did find a clinic that would supervise and allow us to screen, students will need to pay out of pocket to take the necessary radiographs.

The Board expressed concerns on the validity and ability of these tests to measure competency. More than half of the United States have accepted ADEX and OSCE as a reliable way to evaluate a clinician's knowledge and skills. The two-part test covers many aspects such as infection control, periodontal charting, calculus removal, patient assessment, radiographs, and intraoral/extraoral assessment. Furthermore, CSN has a 100% board passing rate. The strict and meticulous program is well known to produce competent clinicians and has been doing so for many years. We are capable and ready and look forward to serving our community.

I hope that the Board can see and understand why we are advocating for the approval of ADEX and OSCE. The delay in our graduation has made it highly improbable for us to utilize temporary licenses and to find a patient. The manikin exam is the safest and best option during this time, and I hope the Board agrees.

Thank you for your time and consideration,



Nicole Miranda

College of Southern Nevada Dental Hygiene Class of 2020

**Public Comment by:**

**Association of Dental Support  
Organizations**

**From:** [Board of Dental Examiners](#)  
**To:** [Angelica L. Bejar](#)  
**Cc:** [Frank DiMaggio](#)  
**Subject:** FW: Public Comment for September 15, 2020 Board Meeting  
**Date:** Monday, September 14, 2020 11:29:35 AM  
**Attachments:** [Correspondence to NSBDE - 9-15-20 Meeting In Re - Agenda Paragraph 6K.pdf](#)

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**From:** Bradley Rightnowar [mailto: [REDACTED]]  
**Sent:** Monday, September 14, 2020 11:20 AM  
**To:** Board of Dental Examiners  
**Cc:** Bradley Rightnowar; Tj Bolger; Mitch Goldman; Emmet emmet Scott; Preston Baldwin  
**Subject:** Public Comment for September 15, 2020 Board Meeting

The Association of Dental Support Organizations offers the following for Public Comment with regard to the subject matter identified on the Agenda at Paragraph 6(k) and entitled "Review, discussion, and consideration of updates to CDC Guidance for Dental Settings, and possible approval/rejection of the same – NAC 631.178 (For Possible Action) (1) August 4, 2020 CDC Update (2) August 28, 2020 CDC Update".

The Association of Dental Support Organizations respectfully requests that the correspondence attached hereto be incorporated into the public record.

Sincerely,

**Bradley A. Rightnowar**  
Senior Director & Counsel  
Government Affairs  
**Association of Dental Support Organizations**

 Association of  
Dental Support  
Organizations  
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Arlington, VA 22202

[REDACTED]

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legal opinions should be directed to your attorney.

September 14, 2020

**VIA EMAIL ONLY:** [nsbde@nsbde.nv.gov](mailto:nsbde@nsbde.nv.gov)

The Honorable Dr. Kevin Moore, DDS  
President of the State Board of Dental Examiners  
Nevada State Board of Dental Examiners  
6010 South Rainbow Boulevard  
Suite A-1  
Las Vegas, Nevada 89118

**Re:** *Written Comment: Paragraph 6, Section K – Review, discussion, and consideration of updates to CDC Guidance for Dental Settings, and possible approval/rejection of the same*

Dear President Moore,

The Association of Dental Support Organizations (“ADSO”) with four members supporting over one hundred dentists at more than 55 office locations throughout Nevada thanks the Nevada State Board of Dental Examiners (“NSBDE”) for its leadership during the COVID-19 pandemic. We recognize the delicate weighing of competing policy interests the NSBDE is confronted with during this time as it continually re-examines and re-evaluates the level of personnel protective equipment (PPE) necessary for care and treatment of oral health care recipients. With more than 10 million patient visits among our 70 members and over 5000 supported practices across the United States, we wanted to highlight what our collective data is demonstrating to be the most highly effective and the most cost-efficient use of PPE. For the reasons contained herein, we respectfully request the NSBDE keep its underlying recommendations which allow the use of a level three surgical mask with face shield as an acceptable alternative to a NIOSH-approved N95 respirator.

#### **I. ORAL HEALTH CARE IS HEALTH CARE AND IS VITAL TO PROTECTING THE PUBLIC AGAINST COVID-19**

We offer these insights because we believe oral health care is health care. We believe that good oral health care is critical in protecting the public against COVID-19. In fact, a recent paper released in the British Dental Journal argued a potential link between SARS-CoV-2 and a patient’s oral bacterial load was a plausible explanation as to why some patients are more likely to develop bacterial superinfections and other complications such as pneumonia, acute respiratory distress syndrome [“ARDS”], and sepsis.<sup>1</sup> Relying on studies from around the world, the paper recognized that “patients are more likely to die from post-viral infection complications than from COVID-19. ARDS was also the biggest cause of incident for SARS-CoV and MERS-CoV infections.”<sup>2</sup>

The authors recognized long known medical truths that “[p]eriodontitis and decay are the two most common oral diseases associated with an imbalance of pathological bacteria in the mouth. Cytokines (such as IL-1 and TNF) from periodontally diseased tissues can infiltrate the saliva through the gingival crevicular fluid and be aspirated to cause inflammation or infection within the lungs.” It therefore logically follows that “inadequate oral hygiene can increase the risk of inter-bacterial exchanges between the lungs and the mouth, increasing the risk of respiratory infections and potentially post-

<sup>1</sup> Sampson, V., Kamona, N. & Sampson, A., “Could there be a link between oral hygiene and the severity of SARS-CoV-2 infections?”. *Br Dent J* **228**, 971–975 (2020). <https://doi.org/10.1038/s41415-020-1747-8>

<sup>2</sup> *Id.* at 972.

viral bacterial complications.”<sup>3</sup> Ultimately, the paper “recommended that oral hygiene be maintained, if not improved, during a SARS-CoV-2 infection in order to reduce the bacterial load in the mouth and the potential risk of a bacterial superinfection.”<sup>4</sup>

The British Dental Journal’s findings are being supported by an academic paper in the Journal of the California Dental Association.<sup>5</sup> In analyzing IL-6 levels in periodontal disease within the context of COVID-19, that paper concluded:

**There are several biological reasons to consider periodontitis as a risk factor for respiratory diseases, and as such, it can contribute to the development of respiratory complications in COVID-19 patients. Several mechanisms are proposed as possible explanations for the link between the oral environment and the lungs, including systemic inflammation, bacterial load, gut dysbiosis and endothelial function. High serum IL-6 levels can predict COVID-19-related respiratory complications and the need for mechanical ventilation, hence dentists should focus on eliminating underlying conditions that promote systemic inflammation, such as periodontitis and other oral conditions. . . .**

**The potential of oral hygiene and periodontal interventions to decrease the burden of oral bacteria and inflammation, improve general health and protect against severe complications from coronavirus disease should not be underestimated.**<sup>6</sup>

Because patients suffering from periodontal disease are more likely to die from COVID-19, it is imperative that dentists remain available to treat patients. To remain available to patients, dentists need common sense workable PPE guidelines which utilize their expertise in infection control while protecting the public from COVID-19.

## **II. CURRENT DENTAL OFFICE PROTOCOLS AND PPE REQUIREMENTS ARE WORKING**

At the outset of the pandemic, the United States saw 80 percent of its dental practices shuttered. Those that remained opened, did so to provide urgent and emergent dental care. In March of 2020 we knew little about the disease – and while the Cybersecurity and Infrastructure Security Agency (CISA) identified dentists as part of the critical infrastructure workforce – dentists recognized the need to be supportive of our hospital systems by treating and thus reducing the number of dental patients entering the already fatigued emergency room departments nationwide. Despite the initial unknowns, dentists performed these procedures willingly to meet the best interests of their patients, preserve PPE, and protect our medical systems.

While we may not know everything about COVID-19, we do have sufficient data to know what works and what is unnecessary after millions of dentist-patient visits since the outset of the COVID-19 pandemic.

To be clear: there has not been a single reported case of COVID-19 transmission between dental teams and patients within a clinical dental setting - a fact the CDC readily admits. The protocols and procedures promulgated by the CDC and adopted by the NSBDE have been effective at preventing the spread of COVID-19. Inherent in all directives issued by the CDC is that dentists need flexibility in adhering to PPE guidelines – thus when PPE was absent in the marketplace or inapplicable because of a dentist’s physical features or health condition, that dentist could utilize equivalents such as a level three surgical mask with a face shield.

<sup>3</sup> *Id.* at 973.

<sup>4</sup> *Id.* at 974.

<sup>5</sup> Molayem, S, Cruvinel Pontes, C., “The Mouth-COVID Connection: IL-6 Levels in Periodontal Disease – Potential Role in COVID-19 Related Respiratory Complications”. J of CDA, October 2020, currently available online at <http://www.mouthcovid.com/>

<sup>6</sup> *Id.* at 27.

The ADSO supported these procedures and protocols. Our members implemented the recommendations in the interim infection prevention and control guidance for dental settings. The procedures include patient screening prior to the appointment, the use of N95 masks or a level three surgical mask with a face shield during non-aerosol procedures, and the preprocedural rinse, which have proven to be effective in protecting dentists, their teams, and patients.

ADSO members have also worked to implement the recommendation to wear additional PPE but have faced significant challenges. While the CDC has consistently recommended the use of a NIOSH-approved N95 or equivalent or higher-level respirator during aerosol generating procedures, earlier guidance acknowledged there are critical shortages in supply. That guidance was clear that alternatives might be necessary, including the use of a level three surgical mask and face shield. In fact, the CDC currently has an illustration for healthcare personnel that shows a facemask and face shield as an acceptable alternative to a N95.<sup>7</sup> The previous guidance and grids the CDC provided led to the appropriate decision trees that enabled dental visits to occur safely, helped emergency rooms avoid dental emergencies which would be better served in a dental office setting, and helped people to reduce their bacterial load and arm themselves to fight COVID-19.

Against the backdrop of millions of patient visits without a singular clinical transmission of COVID-19, it is abundantly clear the CDC's guidance and that guidance's inherent flexibility to use PPE alternatives such as a level three surgical mask and face shield was (and remains) successful in protecting against COVID-19. Revisions coming from the CDC have not changed this flexibility.

### **III. THE NSBDE MUST CONTINUE TO KEEP ITS EFFECTIVE AND FLEXIBLE PROTOCOLS IN PLACE**

ADSO members strive to ensure our dental professionals are using the highest level of protection. However, our dentists have needed to seek alternatives due to PPE shortages. The CDC has made information available to health care professionals on strategies to deal with shortages – these strategies continue to be relevant, necessary, and in effect. ADSO members have purchased to N95 masks to use to meet the CDC's recommendations and the NSBDE's existing recommendations. Any movement away from these previous positions will result in wasted PPE. Additionally, some of the N95 equivalents, such as the KN95, will not be able to be fit tested and even if they were, multiple sizes of N95 respirators or their equivalents are not available. The fit testing requirements state the testing must be completed with each type of respirator worn. Unfortunately, supply chain problems have not allowed for the consistent ordering of a preferred size or brand, resulting in the need for additional fit testing with every order of N95s. Ear loop masks will never pass a fit test. Our members have also reported challenges in getting the material necessary to conduct a fit test as fit testing materials are not available.

In short, if dentists are required to wear N95 respirators, they would be unable to adhere to current fit testing standards and, in some instances, would be potentially unable to continue providing dental treatment. We respectfully request the NSBDE keep its underlying recommendations which allow the use of a level three surgical mask with face shield as an acceptable alternative to a NIOSH-approved N95 respirator. We are unaware of any data that would necessitate a revision away from this standard. ADSO's members are committed to continuing the trend of no transmission in a dental setting. The success of the industry in protecting patients demonstrates the earlier guidance was effective.

Infection control is a priority for ADSO and our members. We believe placing requirements on dentists that they are unable to meet poses a significant challenge to providing care in the dental office. This ultimately increases the risk of spreading COVID-19. We stand ready to work with you to balance the needs of ensuring safety and meeting the dental needs of

<sup>7</sup> [https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19\\_PPE\\_illustrations-p.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_PPE_illustrations-p.pdf)

patients across Nevada. We would be happy to discuss our concerns and the challenges our members are facing with respect to obtaining the highest quality PPE.

Thank you for your consideration in this important matter. Should you have any questions, the ADSO and its members are available at your convenience.

Sincerely,

*/s/ Bradley A. Rightnowar*

Bradley A. Rightnowar  
Counsel and Sr. Director of Government Affairs

BAR/bar

Public Comment by:

Kimberly Grover

September 14, 2020

MEMORANDUM FOR NEVADA STATE DENTAL BOARD

FROM: KIMBERLY GROVER  
CLASS OF 2020  
DENTAL HYGIENE PROGRAM

SUBJECT: Nevada State Dental Board Approval and Acceptance for the ADEX Manikin for Dental Hygiene Licensure

1. I was the class president of the College of Southern Nevada (CSN) chapter of the Student American Dental Hygiene Association (SADHA) from 2019-2020. I would like to advocate on behalf of myself and my class for the Nevada State Dental Board to approve and accept the American Board of Dental Examiners (ADEX) as a permanent pathway to Dental Hygiene licensures.

***6.i Discussion and consideration of the Continuing Education Committee's recommendation for approval of the 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, and possible approval/rejection of temporary approval and acceptance of such – NRS 631.240 and NRS 631.300***

2. In 2018, the ADHA House of Delegates announced official advocacy for multiple pathways to initial licensure and support for the elimination of the traditional clinical exam. I am here today advocating for approval of this measure. As of today, over half of the U.S. states have approved these exams due to the Covid-19 pandemic that has no end in sight. This has raised logistical and safety concerns for the students, patients, and examiners.

The ADEX manikin exam involves infection control, periodontal charting/probing, calculus detection, and removal. The second part, OSCE computerized exam measures knowledge of charting, assessment, interoral photos, radiographs, tissue abnormalities, interoral/extraoral exams, and medical emergencies. The two of these exams together are comparable to a live-patient exam.

The ADEX manikin exam is currently our only pathway to licensure. The board had previously approved a temporary license for dental hygiene graduates, but the College of Southern Nevada (CSN) will not graduate us until December, making the temporary license pathway not available for us. Since we are no longer enrolled at CSN and just awaiting graduation we are not allowed to screen and take radiographs at the school for potential for live-patient board exam that is currently scheduled for November 8-9, 2020 at UNLV, making the live-patient exam pathway not available to us. The ADEX mannikin exam, if approved, the only pathway to Dental Hygiene licensure.

3. Our Nevada communities are suffering due to a statewide dental hygienist shortage. Hygienists are crucial in the prevention of oral diseases, early detection of oral cancers, and preventative periodontal maintenance. Our community needs us!

4. My hope for my future and my community is that the board will approve and accept the ADEX manikin exam for Dental Hygiene licensure.

//SIGNED//

KIMBERLY L. GROVER

CSN SADHA President, 2019-2020



**Added 9/15/2020**

**Public Comment by:**

**Dr. Sue Zatarain**

**From:** [Board of Dental Examiners](#)  
**To:** [Angelica L. Bejar](#)  
**Cc:** [Frank DiMaggio](#)  
**Subject:** FW: September 15th Meeting  
**Date:** Tuesday, September 15, 2020 1:26:23 PM

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**From:** Z dentistry [mailto:drz@zdentistry.com]  
**Sent:** Tuesday, September 15, 2020 12:55 PM  
**To:** Board of Dental Examiners  
**Subject:** September 15th Meeting

Hello,

First of all, thank you all, volunteer Board Members and Staff to the Board of Examiners. I appreciate the difficulty of the tasks you all have faced for more than a year. Thank you all for serving the State of Nevada.

I am hoping the Board will be able to address the situation of hygienists in Nevada.

We have a crucial shortage of hygienists in Nevada. The shortage was serious before the COVID pandemic and now it has become crucial. The hourly wage I pay hygienists has gone up 10% in a year. Last spring, I hired a hygienist who quit after several days of paid training for another job. Now that hygienists are looking into the jaws of COVID with every patient, some of them are simply retiring from their profession. Dental offices are in a situation of buying hygiene staff out from under one another.

- Please give consideration to a plan for increasing the number of hygienists in Nevada. Perhaps this would include streamlining the credentialing process.

Dental offices in Nevada have been directed to not use cavitrons - an instrument that is a huge aid to hygienists. It is next to imperative when doing a Scaling and Root Planing (SRP). SRPs are one of the most valuable Health Care Services offered to patients. We understand that aerosol created by a cavitron is the reason why it has been banned in Nevada during the time of COVID.

- Please give guidance as to what needs to be in place for us to use the cavitron again. For Example, We have ordered Chairside Aerosol Collection Units for all operatories and High Vacuum Units (specifically for hygienists) to mitigate aerosol. I would argue that these measures, when in place should allow for us to use the cavitron.
- Please give guidance on enforcement of the 'ban' on cavitrons. I find it distressing to hear that cavitrons are being used in some Nevada offices at this time. The door is open to dentists to see what is going on down the street and to act accordingly. Once people start making their own rules about what is acceptable, the Board of Examiners and the Governor have lost control.

Again, thank you for your time and attention to the mission of the Board of Dental Examiners.

Sincerely,

Sue Zatarain

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