

NEVADA STATE BOARD
of
DENTAL EXAMINERS



BOARD TELECONFERENCE MEETING

TUESDAY, JANUARY 5, 2021

6:00 P.M.

PUBLIC BOOK

Agenda Item (5)(a)(1):

Draft Minutes

**Employment Committee Teleconference Meeting
10/28/2020**

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

NOTICE OF AGENDA & TELECONFERENCE MEETING FOR THE EMPLOYMENT COMMITTEE

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

Meeting Date & Time

Wednesday, October 28, 2020
6:00 p.m.

**This meeting was held exclusively through teleconference means,
in accordance with Emergency Directives issued by Governor Sisolak**

DRAFT MINUTES

PUBLIC NOTICE:

**** This meeting will be held via TELECONFERENCE ONLY, pursuant to Section 1 of the DECLARATION OF EMERGENCY DIRECTIVE 006 ("DIRECTIVE 006") issued by the State of Nevada Executive Department and as extended by Directives 016, 018, 021, 026, and 029. There will be no physical location for this meeting****

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Pursuant to Section 2 of Directive 006, members of the public may participate in the meeting by submitting public comment in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118; FAX number (702) 486-7046; e-mail address nsbde@nsbde.nv.gov**. Written submissions received by the Board on or before **Tuesday, October 27, 2020 by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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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.

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59 **1. Call to Order**60 - Roll call/Quorum
6162 Chairman Lee called the meeting to order at approximately 6:05 p.m., and Mr. Frank DiMaggio
63 conducted the following roll call:
64

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

65
66 Executive Staff: Phil W. Su, General Counsel; Frank DiMaggio, Executive Director.
67

- 68
- 2. Public Comment (By pre-submitted email/written form):**
- The public comment period is limited to matters
-
- 69
- specifically
- noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter
-
- 70 itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three (3)
-
- 71 minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson
-
- 72 may allow additional time at his/her discretion.
-
- 73

74 Pursuant to Section 2 of Directive 006, and extended by Directives 016, 018, 021, 026, and 029, members of the public may
75 participate in the meeting without being physically present by submitting public comment via email to nsbde@nsbde.nv.gov,
76 or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before **Tuesday, October**
77 **27, 2020 by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions
78 received prior to the adjournment of the meeting will be included in the permanent record.
7980 In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual,
81 the Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within the authority of, the
82 Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being irrelevant, repetitious,
83 slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of other speakers.
8485 Mr. DiMaggio read a statement regarding public comment into the record.
8687 ***3. Chairman's Report:** (For Possible Action)
8889 **(a) Request to remove agenda item(s)** (For Possible Action)
9091 There were no requests made.
9293 **(b) Approve Agenda** (For Possible Action)
9495 MOTION: Committee Member Moore made the motion to approve the agenda. Committee Member
96 West seconded the motion. All were in favor, motion passed.
9798 ***4. Review, discussion, and possible recommendation to the Board regarding Preliminary Screening**
99 **Consultant job applications** (For Possible Action)
100101 ***(a). Dentists** (For Possible Action)

(1) Kristen Beling, DDS	(11) Andrek Ingersoll, DMD	(21) George Rosenbaum, DDS
(2) Dwyte Brooks, DMD	(12) Salmeh Jafarifar, DDS	(22) Carol-Ann Rowe, DDS
(3) Steven DeLisle, DDS	(13) Karen Kucharski, DMD	(23) Frank Seo, DDS
(4) Robert Devin, DDS	(14) Robin Lobato, DDS	(24) Michael Sherman, DDS
(5) Phillip Devore, DDS	(15) John Mack, DDS	(25) Richard Sullivan, DDS
(6) Scott Futch, DDS	(16) James Mah, DDS	(26) Phong Tran Cao, DDS
(7) Manisha Gupta, DMD	(17) Jay Morgenstern, DMD	(27) Soo Uh, DDS
(8) Jeffrey Hadley, DDS	(18) Daniel Orr, DDS	(28) Fenn Welch, DDS
(9) George Harouni, DDS	(19) Quyen Pham, DDS	(29) Farshad Zaghi, DMD
(10) R. Bruce Howell, DDS	(20) Jahnavi Rao, DDS	(30) Donald Zundel, DDS

113 Committee Member Lee thanked everyone that submitted an application for the Preliminary Screening
114 Consultant position. He spoke briefly on the number of dentists and dental hygienists he would like the
115 committee to consider to move forward with for recommendation for board approval and calibration.
116

117 Mr. Phil Su stated that the committee would like to move into closed session, and invoked NRS 241.030,
118 which he read into the record.

119
120 MOTION: Committee Member West motioned to go into closed session at approximately 6:09 p.m.
121 Committee Member McIntyre seconded the motion. All were in favor, motion passed.
122

123 MOTION: Committee Member McIntyre motioned to return to open session at approximately 7:09
124 p.m. Committee Member West seconded the motion. All were in favor, motion passed.
125

126 Committee Member Lee stated that the Preliminary Screening Consultant would be employed on a part
127 time basis.

129 MOTION: Committee Member West motioned to recommend to employ the following dentists:
130 Kristen Beling, DDS; R. Bruce Howell, DDS; Andrek Ingersoll, DMD; Salmeh Jafarifar, DDS;
131 Karen Kucharski, DMD; James Mah, DDS; Michael Sherman, DDS; Richard Sullivan, DDS.
132 Committee Member McIntyre seconded the motion. All were in favor, motion passed.
133 Mr. Frank DiMaggio noted for clarification that the motion was to recommend the
134 dentist to the board for appointment on part time employment basis as a Preliminary
135 Screening Consultant.
136
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138 ***(b). Dental Hygienists** (For Possible Action)
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- | | |
|------------------------------|----------------------------|
| 140 (1) Kama Blasing, RDH | (8) Heather McIntosh, RDH |
| 141 (2) Maddelyn Dwelle, RDH | (9) Leilani Otuafi, RDH |
| 142 (3) Melissa Hartner, RDH | (10) Karen Portillo, RDH |
| 143 (4) Natalia Hill, RDH | (11) Katherine Reyes, RDH |
| 144 (5) Danielle Holt, RDH | (12) Samantha Sturges, RDH |
| 145 (6) Jill Hovis, RDH | (13) Laura Webb, RDH |
| 146 (7) Terrie Johnson, RDH | |

147
148 Committee Member Lee stated that they selected two (2) dental hygiene applicants, one from the
149 north and one from the south, which were Leilani Otuafi, RDH and Terrie Johnson, RDH.

150
151 MOTION: Committee Member West motioned to recommend Leilani Otuafi, RDH and Terrie
152 Johnson, RDH to the board for appointment on a part time employment basis as
153 Preliminary Screening Consultant. Committee Member seconded McIntyre the motion.
154 All were in favor, motion passed.
155

156 **5. Public Comment (Live public comment by teleconference):** This public comment period is for any matter
157 that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment
158 unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be
159 limited to three (3) minutes as a reasonable time, place and manner restriction, but may not be limited based upon
160 viewpoint. The Chairperson may allow additional time at his/her discretion.

161 Pursuant to Section 2 of Directive 006, and extended by Directives 016, 018, 021, 026, and 029, members of the public may
162 participate in the meeting without being physically present by submitting public comment via email to nsbde@nsbde.nv.gov,
163 or by mailing/faxing written messages to the Board office. Written submissions should be received by the Board on or before
164 **Tuesday, October 27, 2020 by 4:00 p.m.** in order to make copies available to members and the public.
165
166

167 In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual,
168 the Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within the authority of, the
169 Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being irrelevant, repetitious,
170 slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of other speakers.
171

172 Mr. DiMaggio read a statement regarding public comment into the record. There was no public
173 comment made.

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176

177 **6. Announcements**

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179 Committee Member Lee announced that the committee would meet regarding applications received
180 for future consideration.

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

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184 Committee Member Lee called for adjournment.

185
186 MOTION: Committee Member West motioned to adjourn the meeting at approximately 7:14 p.m.
187 Committee Member McIntyre seconded the motion. All were in favor, meeting adjourned.

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189
190
191 Respectfully Submitted:

192
193 _____
194 Frank DiMaggio, Executive Director
195

DRAFT

Agenda Item (5)(a)(2):

Draft Minutes

**Committee on Dental Hygiene & Dental Therapy
Teleconference Meeting
11/04/2020**



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

NOTICE OF AGENDA & TELECONFERENCE MEETING for the COMMITTEE on DENTAL HYGIENE & DENTAL THERAPY

(Elizabeth Park, DDS (Chair); Caryn Solie, RDH; Jana McIntyre, RDH)

Meeting Date & Time

Wednesday, November 4, 2020
6:00 p.m.

This meeting will be held exclusively through teleconference means, in accordance with Emergency Directives issued by Governor Sisolak

DRAFT MINUTES

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1. Call to Order

- Roll call/Quorum

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

Dr. Elizabeth Park ----- PRESENT
Ms. Caryn Solie ----- PRESENT
Mrs. Jana McIntyre -----PRESENT

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Other Public Attendees: Phil Su, General Counsel; Frank DiMaggio, Executive Director; Dr. Ron West, Board Member.

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Committee Member Park noted that she received information from the NDHA, and acknowledged their request to have a dental hygienist chair the committee. She added that she would like to discuss the subcommittee members. Committee Member McIntyre agreed with Committee Member Park in reviewing the subcommittee members and welcomed any outside comments.

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Committee Member Solie noted that she was very involved in the development of SB366, that she helped write the bill and get it passed. She does welcome the fact that they are going to be considering some of the content experts, such as Dr. Antonina Capurro, and the State Dental Hygienists, as well as including members from both the NDHA and NDA. Committee Member Park stated that she appreciated Committee Member Solie's perspective and admonished all of the associations that she was looking to have a collaborative energy when working with together with the Subcommittee.

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Committee Member Park addressed the goals of the committee and subcommittee.

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2. Public Comment (By pre-submitted email/written form): The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three (3) minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

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Committee Member Park acknowledged receipt of the NDHA's written public comment.

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***3. Chairwoman's Report:** *Elizabeth Park, DDS* (For Possible Action)

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

No requests were made.

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***b. Approve Agenda** (For Possible Action)

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

Mr. DiMaggio clarified for the record, that the letter from the NDHA was a letter dated November 3,

119 2020 which was forwarded to all committee members and was added to the record.
 120
 121

122 ***4. New Business:** (For Possible Action)
 123

124 ***a. Discussion and formation of a Sub-Committee on Public Health Dental Hygiene and**
 125 **Dental Therapy, and appointment of members/agents to the said committee for**
 126 **recommendation to the full board for approval** (For Possible Action)
 127

- 128 (1) Elizabeth Park, DDS (Chair)
- 129 (2) Antonina Capurro, DMD – State Dental Health Officer
- 130 (3) Robert Talley, DDS – NDA
- 131 (4) Lancette VanGuilder, RDH – NDHA
- 132 (5) Jessica Woods, RDH – State Dental Hygiene Health Officer (Interim)

133
 134 Mr. DiMaggio noted to Committee Member Park that she could go line by line or she can accept
 135 them as a group. He noted that Board Member West expressed interest in sitting on the
 136 subcommittee.
 137

138 Committee Member Park inquired if there were any resumes for any of the proposed subcommittee
 139 members. Mr. DiMaggio noted that the individuals listed were proposed from the year prior and was
 140 not aware of any resumes being available. Committee Member Park stated that she sees that there
 141 was a lot of interest from individuals wanting to sit on the subcommittee and wants to ensure that the
 142 subcommittee has individuals with expert content sitting on the subcommittee. There was discussion
 143 regarding the formation of the subcommittee and developing a clear understanding of the purpose
 144 of the subcommittee and the tasks they are charged with executing. It was noted that the desire
 145 was to have a subcommittee of members that offer expertise on dental therapy and not necessarily a
 146 group of individuals with opinions.
 147

148 Committee Member Solie stated to Committee Member Park that when the bill was crafted, there was
 149 a great deal of collaboration with NDA and NDHA in crafting the language that was eventually
 150 passed. She noted that the bill does delineate that the Dental Therapist would practice under a
 151 practice agreement with a licensed Nevada dentist. Furthermore, that the bill delineates the duties
 152 that can be performed by the Dental Therapist and can be listed in the practice agreement.
 153

154 Mr. Phil Su read over the statute that outlines dental therapy and duties delegable.
 155

156 Committee Member Park expressed her concern with moving forward in approving the list of
 157 proposed individuals due to the limited background information available to her. Mr. Su noted that
 158 the individuals listed have qualifications beyond just an opinion on the matter of dental therapy.
 159 Additional discussion ensued regarding the goals of the subcommittee and what she was looking for in
 160 appointments of individuals that would offer more than just a strong opinion on the matter. Mr. Su
 161 suggested providing a directive to the subcommittee members. Board Member West noted that
 162 appointments to the subcommittee were not permanent and may be removed should they be found
 163 to be steering away from the mission of the subcommittee.
 164

165 Committee Member McIntyre stated that after listening to Mr. Su and Board Member West, it
 166 appeared that the Committee and the Board Members were the ones to make recommendations
 167 and have final approval; and that the Subcommittee would be called upon as needed.
 168

169 Committee Member Solie stated that she was also okay with approving them as a group and adding
 170 Board Member West.
 171

172 ///
 173

174 MOTION: Committee Member Solie motioned to recommend the appointment of Dr. Capurro,
 175 Ms. Woods, Mrs. VanGuilder, Dr. Talley and Dr. West to the Subcommittee with
 176 Committee Member Park as the chair for Board approval. Committee Member
 177 McIntyre seconded the motion. All were in favor, motion passed.
 178

179 **5. Public Comment (Live public comment by teleconference):** This public comment period is for any
 180 matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public
 181 comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public
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 187 the Board on or before **Tuesday, November 3, 2020 by 4:00 p.m.** in order to make copies available to members and the
 188 public.
 189

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 192 authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being
 193 irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the
 194 rights of other speakers.
 195
 196
 197

198 Mr. DiMaggio read a statement into the record.
 199

200 Dr. Aimee Abittan commented that she was involved with SB366 as far as editing. She asked if
 201 Committee Member Park actually read the bill in its entirety as it pertained to the subcommittee. She
 202 commented further that if resumes were going to be requested, it should have been done so
 203 beforehand since she has had since January to prepare for this. Dr. Abittan recommended that
 204 Committee Member Park, as the Chair of the Committee, perhaps be better prepared for these
 205 meetings by reading beforehand and doing her research on dental therapy.
 206

207 Ms. Lancette VanGuilder thanked the Committee for appointing her to the subcommittee. She
 208 wanted to clarify that she does consider herself a content expert since she and Committee Member
 209 Solie did contribute in writing the bill. She elaborated on her role in drafting SB366 and the others she
 210 collaborated with in doing so. She clarified that she was not asked to submit a CV and if they would
 211 like her to submit one, she was happy to do so.
 212

213 **6. Announcements**

214 No announcements were made.
 215
 216

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

218 Committee Member Park called for a motion to adjourn.
 219
 220

221 MOTION: Committee Member McIntyre motioned to adjourn the meeting at approximately 6:41 p.m.
 222 Committee Member Park seconded the motion. All were in favor, motion passed.
 223
 224
 225
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Respectfully submitted by:

 Frank DiMaggio, Executive Director

Agenda Item (5)(a)(3):

Draft Minutes

**Board Teleconference Meeting
11/10/2020**

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

PUBLIC MEETING NOTICE & BOARD MEETING AGENDA

Meeting Date & Time

Tuesday, November 10, 2020
6:00 p.m.

**This meeting will be held exclusively through teleconference means,
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DRAFT MINUTES

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///

63 **1. Call to Order**

64 - Roll call/Quorum

65
66 Board Member Moore called the meeting to order at approximately 6:05 p.m. Mr. Frank
67 DiMaggio conducted the following roll call:
68

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

69
70 Others Present: Phil Su, General Counsel; Frank DiMaggio, Executive Director.
71

72 **2. Public Comment (By pre-submitted email/written form):** The public comment period is limited to matters
73 specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless
74 the matter itself has been specifically included on the agenda as an action item. Comments by the public may be
75 limited to three (3) minutes as a reasonable time, place and manner restriction, but may not be limited based upon
76 viewpoint. The Chairperson may allow additional time at his/her discretion.
77

78 Pursuant to Section 2 of Directive 006, and extended by Directives 016, 018, 021, 026, and 029, members of the public
79 may participate in the meeting without being physically present by submitting public comment via email to
80 nsbde@nsbde.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on
81 or before **Monday, November 09, 2020 by 4:00 p.m.** may be entered into the record during the meeting. Any other
82 written public comment submissions received prior to the adjournment of the meeting will be included in the
83 permanent record.
84

85 In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law
86 Manual, the Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within
87 the authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by
88 being irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or
89 interfering with the rights of other speakers.
90

91 Mr. DiMaggio read a statement into the record regarding public comment. There was no public
92 comment submitted for this meeting.
93

94
95 ***3. President's Report:** (For Possible Action)
96

97 Board Member Moore welcomed Dr. York and Ms. Arias to the Board.
98

99 **(a) Request to remove agenda item(s)** (For Possible Action)
100

101 Board Member Moore requested to remove agenda items (4)(b) and (6)(a). He briefly explained
102 that both were not yet available.
103

104 **(b) Approve Agenda** (For Possible Action)
105

106 MOTION: Board Member Thompson motioned to approve the amended agenda. Board Member
107 seconded Lemon the motion. All were in favor, motion passed.
108

109 ***4. Secretary – Treasurer's Report:** (For Possible Action)
110

111 ***a. Minutes** (For Possible Action)
112

- 113 (1) Infection Control Committee Meeting – 09/23/2020
114 (2) Legislative, Legal, and Dental Practice Committee Meeting – 10/05/2020
115

116 Board Member Lee stated that the board members should have received a copy of the draft
117 minutes. He inquired if anyone had any amendments. There were no noted amendments.
118

119 MOTION: Board Member McIntyre motioned to approve the minutes. Board Member Moore
 120 seconded the motion. All were in favor, motion passed.

121
 122 ***b. Financials – NRS 631.180/NRS 631.190** (For Possible Action)

123
 124 (1) **Review Balance Sheet and Statement of Revenues, Expenses and Balances for**
 125 **period November 1, 2019 to June 30, 2020** (For Informational Purposes)

126
 127 (2) **Review Balance Sheet and Statement of Revenues, Expenses, and Balances for**
 128 **period July 1, 2020 to October 31, 2020** (For Informational Purposes)

129
 130 Agenda items were removed.

131
 132 ***5. Executive Director's Report:** (For Possible Action)

133
 134 Mr. DiMaggio welcomed Dr. York and Ms. Arias to the board and offered the assistance of the
 135 administrative staff to help them in their duties. He stated that the year has been very busy, and
 136 noted that there were some legislative matters that the board is working on and that they need to
 137 tend to; and that he and Mr. Phil Su were working on updating and reviewing regulations,
 138 particularly regulations pertaining to licensure and dental therapy. He noted that they were also
 139 working on drafting regulations for related to the administration of vaccines. He further noted that
 140 the regulation process was a lengthy one, and the Mr. Su was working diligently on the regulations
 141 in conjunction with the Board's lobbyist, Alfredo Alonso.

142
 143 Mr. DiMaggio noted that the Board's lease terminated in April 2020 and that they are currently on a
 144 month-to-month tenancy, which was not an optimal situation to be in. He noted that the Board
 145 began conducting searches for a potential new office. He stated that interestingly enough, they
 146 originally thought they could only lease, but through research found that they could possibly
 147 purchase a building, and upon conducting some benefit analysis the idea to purchase a building
 148 became economically feasible and a better option for the Board. Mr. DiMaggio noted that they
 149 looked into all the legal requirements, and the Board is able to purchase a building. He noted that
 150 they looked at several purchasing sites and narrowed down the options to a few sites. He noted
 151 that they were working expeditiously to find a new office location and were working with the
 152 Division of State Lands.

153
 154 ***6. General Counsel's Report:** (For Possible Action)

155
 156 ***a. Review Panel – NRS 631.3635** (For Possible Action)

157
 158 (1) **Discussion, consideration and possible approval/rejection of proposed findings**
 159 **and recommendations for matter by Review Panel** (For Possible Action)

160
 161 This agenda item removed.

162
 163 ***b. Litigation Update** (For Possible Action)

164
 165 Mr. Su stated that he would be invoking a closed session since the discussion was involving potential
 166 litigation.

167
 168 MOTION: Board Member Lee moved to go into closed session at approximately 6:20 p.m.
 169 Board Member McIntyre seconded the motion. All were in favor, motion passed.

170
 171 MOTION: Board Member Park motioned to return to open session at approximately 6:58
 172 p.m. Board Member Lemon seconded the motion.

173
 174 ///

175 Mr. DiMaggio conducted the following roll call:
176

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

177
178 Quorum maintained.

179
180
181 ***7. New Business:** (For Possible Action)

182
183 ***a. Consideration, discussion and possible approval/rejection of Application to Reactive**
184 **Inactive License – NAC 631.170** (For Possible Action)

185
186 (1) Simone Gennuso, RDH
187

188 Mr. DiMaggio gave overview of reactivation application process. He noted that Ms. Gennuso's
189 license was placed on inactive status in July 2018. Mr. DiMaggio further noted that Ms. Gennuso
190 properly submitted the reactivation application, submitted all necessary documents including the
191 required continuing education certificates, and paid all the necessary fees. For reference, Mr.
192 DiMaggio read NAC 631.170 into the record and noted the options available to the Board in
193 regards to any potential additional requirements they may impose in order to approve the
194 reactivation of licensure application. He clarified that Ms. Gennuso meets all the requirements for
195 reactivation; however, the Board has to decide if they will impose any additional requirements.
196 There was discussion regarding Ms. Gennuso's years of practice prior to her placing her license on
197 inactive status and inquired if there was any history of disciplinary issues, which there was no action
198 in her history as a dental hygienist. There was discussion in favor of reactivating Ms. Gennuso's
199 license without additional requirements to be completed, especially since Ms. Gennuso would be
200 working under the supervision and authorization of a licensed dentist.

201
202 MOTION: Board Member Thompson motioned to reinstate Ms. Gennuso's license with no
203 further stipulations. Board Member West seconded the motion. All were in favor,
204 motion passed.
205

206
207 ***b. Discussion, consideration and possible approval/rejection of the Anesthesia**
208 **Committee's recommendations to approve the proposed draft of the Anesthesia**
209 **Evaluator/Inspector Application form, including, but not limited to, the possibility of**
210 **adding profession liability insurance requirements – NAC 631.2213** (For Possible Action)
211

212 Mr. DiMaggio indicated that there were two forms for this agenda item. The first form was the
213 original application and the second form was the proposed amended application form. Discussion
214 ensued regarding the idea of possibly including a question on the amended form in regards to
215 malpractice insurance. It was noted during the discussion that malpractice insurance was not a
216 requirement for licensees to hold in the State of Nevada. Further, during discussion, it was noted
217 that Evaluators and Inspectors, as part-time employees, are paid under a W2 classification.
218 Lengthy discussion was held regarding the suggestion to add a question to the application asking if
219 the employee holds malpractice insurance, and to possibly require that part-time evaluator
220 employees to carry it.
221

222 MOTION: Board Member Park motioned to accept the proposed draft form as is. Board
223 Member West seconded the motion. All were in favor, motion passed.
224

225 *c. Discussion, consideration and possible approval/rejection of the Anesthesia
 226 Committee's recommendation to make no revisions to current Moderate Sedation (for
 227 patients 13 years of age & older) Program Provider Application Form – NAC 631.2213
 228 (For Possible Action)
 229

230 *d. Discussion, consideration and possible approval/rejection of the Anesthesia
 231 Committee's recommendation to make no revisions to the Administering Permit
 232 Application Forms – NAC 631.2213 (For Possible Action)
 233

- 234 (1) General Anesthesia
- 235 (2) Moderate Sedation (pediatric specialty)
- 236 (3) Moderate Sedation (for patients 13 years of age & older)
- 237

238 Board Member Moore indicated that he would like to combine (7)(c) and (7)(d) for consideration.
 239

240 MOTION: Board Member Thompson motioned to accept (7)(c) and (7)(d) as written. Board
 241 Member West seconded the motion. All were in favor, motion passed.
 242
 243

244 *e. Review, consideration, and possible approval/rejection of the Employment Committee's
 245 recommendation to employ Preliminary Screening Consultants on a temporary part-
 246 time basis – NRS 631.190 (For Possible Action)
 247

248 **(1) Dentists** (For Possible Action)
 249

- | | |
|---|--|
| (a) Kristin Beling, DDS (Endodontist) | (e) R. Bruce Howell, DDS (Pedodontist) |
| (b) Andrek Ingersoll, DMD (Pedodontist) | (f) Salmeh Jafarifar, DDS |
| (c) Karen Kucharski, DMD | (g) James Mah, DDS (Orthodontist) |
| (d) Michael Sherman, DDS | (h) Richard Sullivan, DDS |

250 **(2) Dental Hygienists** (For Possible Action)
 251
 252

- 253 (a) Leilani Otuafi, RDH
- 254 (b) Terrie Johnson, RDH
- 255

256 Board Member Lee indicated that the Employment committee met in October to review all 50
 257 applications for Preliminary Screening Consultant positions, and were able to narrow down their
 258 selections for calibration purposes to start. Board Member Park inquired if a complaint is filed
 259 against a specialist, will the complaint be sent to the specialist of the same specialty for review.
 260 Board Member Lee stated that it would depend on the complaint itself. There was discussion
 261 regarding the review of complaints and it was noted that the duties of the Preliminary Screening
 262 Consultant is to gather all the records and make a synopsis to present to the review panel for
 263 review. Board Member Lee noted that the specialists be utilized as deemed necessary.
 264

265 MOTION: Board Member West motioned to accept the Employment Committee's
 266 recommendation to employ the dentists, dental specialists and dental hygienists
 267 as listed under (7)(e)(1) and (2). Board Member McIntyre seconded the motion.
 268 Discussion: Board Member Moore stated that this group was a preliminary group,
 269 there were more applications of qualified licensees, and they will be looking to
 270 employ more licensees over time. All were in favor, motion passed.

271 ///
 272
 273 ///
 274
 275 ///
 276
 277 ///

278 ***f. Review, consideration, and possible approval/recommendation of the Dental Hygiene**
 279 **and Dental Therapy Committee's recommendation to appoint members to the Public**
 280 **Health Dental Hygiene and Dental Therapy Subcommittee – NRS 631.205** (For Possible Action)
 281

- 282 (1) Elizabeth Park, DDS (Chair)
 283 (2) Antonina Capurro, DMD – State Dental Health Officer
 284 (3) Robert Talley, DDS – NDA
 285 (4) Lancette VanGuilder, RDH – NDHA
 286 (5) Jessica Woods, RDH – State Dental Hygiene Health Officer (Interim)
 287 (6) Ronald West, DMD
 288

289 Board Member Moore indicated that like the Preliminary Screening Consultant position, this was a
 290 short list of individuals, and noted that many of those listed were from the previous year. He added
 291 that he is hoping to appoint additional persons to the subcommittee. Board Member Lee stated
 292 that anyone interested in being on the subcommittee should reach out to the Executive Director.
 293 Board Member Park commented that she drafted a mission statement for the subcommittee, which
 294 she then read into the record. She further commented that she is looking for a collaborative
 295 energy and wants individuals seeking to create more leadership.
 296

297 MOTION: Board Member Solie motioned to approve the subcommittee members. Board
 298 Member West seconded the motion. All were in favor, motion passed.
 299

300
 301 ***g. Approval/Rejection of Voluntary Surrender of License – NAC 631.160** (For Possible Action)
 302

- 303 (1) Elaine McConnell, RDH
 304 (2) Svetlana Puchalsky, RDH
 305

306 Mr. Su indicated that there were no pending matters for either licensee.
 307

308 MOTION: Board Member Park made a motion to approve the voluntary surrender of licenses
 309 for McConnell and Ms. Puchalsky. Board Member Lemon seconded the motion.
 310 All were in favor, motion passed.
 311

312 ***h. Approval/Rejection of Temporary Anesthesia Permits – NAC 631.2254** (For Possible Action)
 313

314 **(1) Moderate Sedation (Pediatric Specialty)** (For Possible Action)
 315

- 316 (a) Noura Rezapour, DMD
 317

318 Board Member Moore indicated that he and Board Member Lee reviewed the application; the
 319 applicant met the criteria, and recommended approval.
 320

321 MOTION: Board Member Thompson made a motion to approve the temporary moderate
 322 sedation (pediatric specialty) permit for Dr. Rezapour. Board Member Park
 323 seconded the motion. All were in favor, motion passed.
 324

325 ***i. Approval/Rejection of Permanent Anesthesia Permits – NAC 631.2235** (For Possible Action)
 326

327 **(1) Moderate Sedation (Pediatric Specialty)** (For Possible Action)
 328

- 329 (a) Weston J. Milne, DMD
 330

331 Board Member Moore indicated that he and Board Member Lee reviewed the application; Dr.
 332 Milne passed the evaluation and recommended approval.
 333

334 MOTION: Board Member Thompson made a motion to approve the permanent moderate
 335 sedation (pediatric specialty) permit for Dr. Milne. Board Member Lemon
 336 seconded the motion. All were in favor, motion passed.

337 *j. **Appointments of Adam York, DMD and Yamilka Arias, RDH to Board Committees – NRS**
 338 **631.190** (For Possible Action)
 339

340 Board Member Moore noted that the appointments of Dr. York and Ms. Arias were based on the
 341 vacancies the seats filled by previous board members. He noted that they were under no
 342 obligation to sit on any particular committee. Board Member Lee asked if Dr. York and Ms. Arias
 343 would introduce themselves.
 344

345 Dr. York gave a brief introduction of himself.
 346

347 Ms. Arias gave a brief introduction of herself.
 348

349 **(1) Appointment of Adam York, DMD to the following committees:** (For Possible Action)
 350

- 351 (a) Budget and Finance Committee
- 352 (b) Continuing Education
- 353 (c) Employment
- 354 (d) Infection Control
- 355

356 **(2) Appointment of Yamilka Arias, RDH to the following committees/panels:**
 357 (For Possible Action)
 358

- 359 (a) Dental Hygiene and Dental Therapy
- 360 (b) Disciplinary
- 361 (c) Continuing Education
- 362 (d) Dental Hygiene Alternate Review Panel
- 363

364 MOTION: Board Member Lee motioned to appoint both Dr. York and Ms. Arias to the
 365 committees and/or review panel as noted. Board Member McIntyre seconded the
 366 motion. All were in favor, motion passed.
 367
 368

- 369 **8. Public Comment (Live public comment by teleconference):** This public comment period is for any
 370 matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public
 371 comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the
 372 public may be limited to three (3) minutes as a reasonable time, place and manner restriction, but may not be limited
 373 based upon viewpoint. The Chairperson may allow additional time at his/her discretion.
 374

375 Pursuant to Section 2 of Directive 006, and extended by Directives 016, 018, 021, 026, and 029, members of the public
 376 may participate in the meeting without being physically present by submitting public comment via email to
 377 nsbde@nsbde.nv.gov, or by mailing/faxing written messages to the Board office. Written submissions should be
 378 received by the Board on or before **Monday, November 09, 2020 by 4:00 p.m.** in order to make copies available to
 379 members and the public.
 380

381 In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law
 382 Manual, the Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within the
 383 authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being
 384 irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering
 385 with the rights of other speakers.
 386

387 Mr. DiMaggio read a statement into the record.
 388

389 There was no public comment.
 390

391 ///

392 ///

393 ///

394 ///

395 ///

396 **9. Announcements**

397
398 No announcements were made.

399
400 ***10. Adjournment** (For Possible Action)

401
402 Board Member Moore called for a motion to adjourn.

403
404 MOTION: Board Member Lee made motioned to adjourn the Board meeting at
405 approximately 7:57 p.m. Board Member West seconded the motion. All were in
406 favor, motion passed.

407
408
409 Respectfully submitted by:

410 _____
411 Frank DiMaggio, Executive Director
412

DRAFT

Agenda Item (5)(a)(4):

Draft Minutes

**Infection Control Committee Meeting
12/02/2020**

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

NOTICE OF AGENDA & TELECONFERENCE MEETING FOR THE INFECTION CONTROL COMMITTEE

(Elizabeth Park, DDS (Chair); Ron Lemon, DMD; Caryn Solie, RDH; Adam York, DMD)

Meeting Date & Time

Wednesday, December 2, 2020
6:00 p.m.

**This meeting was held exclusively through teleconference means,
in accordance with Emergency Directives issued by Governor Sisolak**

DRAFT MINUTES

PUBLIC NOTICE:

**** This meeting will be held via TELECONFERENCE ONLY, pursuant to Section 1 of the DECLARATION OF EMERGENCY DIRECTIVE 006 ("DIRECTIVE 006") issued by the State of Nevada Executive Department and as extended by Directives 016, 018, 021, 026, and 029. There will be no physical location for this meeting****

Public Comment by pre-submitted email/written form, only, is available after roll call (beginning of meeting); **Live Public Comment by teleconference** is available prior to adjournment (end of meeting). Live Public Comment is limited to three (3) minutes for each individual.

Pursuant to Section 2 of Directive 006, members of the public may participate in the meeting by submitting public comment in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118; FAX number (702) 486-7046; e-mail address nsbde@nsbde.nv.gov**. Written submissions received by the Board on or before **Tuesday, December 01, 2020 by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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

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

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

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

Note: Asterisks (*) "**For Possible Action**" denotes items on which the Board may take action.

Note: Action by the Board on an item may be to approve, deny, amend, or tabled.

55 1. **Call to Order**

56 - Roll call/Quorum

57
58 Chairwoman Park called the meeting to order at approximately 6:00 p.m. and Mr. DiMaggio
59 conducted the following roll call:
60

Dr. Elizabeth Park (Chair) -----	PRESENT	Dr. Ronald Lemon -----	PRESENT
Dr. Adam York -----	PRESENT	Ms. Caryn Solie -----	PRESENT

61
62 Executive Staff Present: Phil Su, General Counsel; Frank DiMaggio, Executive Director.
63
64

- 65 2.
- Public Comment (By pre-submitted email/written form):**
- The public comment period is limited to matters
-
- 66
- specifically
- noticed on the agenda. No action may be taken upon the matter raised during public comment unless the
-
- 67 matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited
-
- 68 to three minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint.
-
- 69 The Chairperson may allow additional time at his/her discretion.
-
- 70

71 Pursuant to Section 2 of Directive 006, and extended by Directives 016, 018, 021, 026, and 029, members of the public
72 may participate in the meeting without being physically present by submitting public comment via email to
73 nsbde@nsbde.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on
74 or before **Tuesday, December 01, 2020 by 4:00 p.m.** may be entered into the record during the meeting. Any other
75 written public comment submissions received prior to the adjournment of the meeting will be included in the
76 permanent record.
7778 In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law
79 Manual, the Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within the
80 authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being
81 irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with
82 the rights of other speakers.
8384 There was no public comment received prior to the Board meeting, therefore none was read.
8586 ***3. Chairwoman's Report:** (For Possible Action)87
88 **(a) Request to remove agenda item(s)** (For Possible Action)89
90 Chairwoman Park requested to discuss agenda items (4) and (5) after agenda item (9).
9192 **(b) Approve Agenda** (For Possible Action)93
94 MOTION: Board Member Solie moved to adopt the amended agenda. Board
95 Member Lemon seconded the motion. All were in favor, motion passed.
96
9798 ***4. Review, discussion, and consideration of whether Senior Smiles Program is abiding by Covid-19**
99 **Infection Control requirements and possible recommendation to the Board whether an**
100 **Infection Control Inspection for Senior Smiles Program would be required so long as the**
101 **program is only utilizing single-use disposable instruments and providing only basic oral**
102 **hygiene care** (For Possible Action)
103104 Chairwoman Park stated that she does not feel that Senior Smiles Program addressed protocols
105 regarding Covid-19. Committee Member Solie stated that she felt that Senior Smiles Program
106 addressed that they would be in compliance with Covid-19 protocols and that she felt comfortable
107 in recommending the program have an Infection Control Inspection so long as they are only
108 utilizing single-use disposable instruments and providing basic oral hygiene. Committee Member

109 Lemon agreed with Committee Member Solie. Ms. Spilsbury stated that Senior Smiles Program was
 110 approved by the Board upon passing an Infection Control Inspection. Ms. Spilsbury also stated that
 111 since that approval, Minette Hamrey of Senior Smiles Program submitted clarification to Board since
 112 the procedures the program was offering were minimized to only utilizing single-use disposable
 113 items and basic oral hygiene and therefore inquired whether an Infection Control Inspection was
 114 still necessary. Committee Member Solie restated that she still felt that the program is safe.
 115 Chairwoman Park stated that the program is treating the most vulnerable and now with Covid-19
 116 inquired about how the program is going to address environmental infection control. Committee
 117 Member Solie stated that the program addresses all the protocols newly recommended for
 118 addition to the Infection Control survey form. Committee Member Solie also stated that the letter
 119 from Senior Smiles Programs indicates that the program is following the current CDC guidelines.
 120 Committee Member York stated that he thinks Chairwoman Park is retroactively asking Senior Smiles
 121 Program to address a protocol that was decided in the meeting. Chairwoman Park stated that she
 122 would feel more comfortable about the environmental aspect of the program if the program was
 123 providing care within a hospital. Mr. DiMaggio stated that the letter from Senior Smiles Program
 124 indicates the program will be providing care to nursing-home residents. Ms. Spilsbury stated that the
 125 Board is able to schedule Senior Smiles Program for an inspection and the program could have
 126 then thirty (30) days to address areas of concern. Chairwoman Park expressed that that is being too
 127 lenient with the program. Committee Member Lemon stated that it seems as though the
 128 Committee is doing an Infection Control Inspection of the program in the meeting and so the
 129 Committee should recommend to the Board that the program receive an inspection and if there
 130 are any concerns then the program would be given time to address such concerns.

131
 132 MOTION: Committee Member Lemon motioned to recommend to the full Board that
 133 Senior Smiles Program would be required to undergo an Infection Control
 134 Inspection. Committee Member Solie seconded the motion. All were in
 135 favor, motion passed.
 136
 137

138 ***5. Review, discussion, and consideration of whether Public Health Dental Hygiene Program is**
 139 **abiding by Covid-19 Infection Control requirements and possible recommendation to the**
 140 **Board to approve/reject the program – NAC 631.210** (For Possible Action)

141
 142 (a) Heavenly Smiles Mobile Dental Program
 143

144 Chairwoman Park commended the program but stated that she is uncomfortable because she is
 145 not sure that the vehicle being used for the program is abiding by Covid-19 protocols. Committee
 146 Member York and Committee Member Solie stated that they understand it that the mobile van is
 147 not yet in use for the Senior Smiles Program but that once the van is received then Senior Smiles
 148 Program would notify the Board and request an Infection Control Inspection of the van.
 149 Chairwoman Park invited Janet Crosswhite of Heavenly Smiles Mobile Dental Program to speak to
 150 the Committee. Ms. Crosswhite introduced herself and explained her program. Chairwoman Park
 151 asked if Janet Crosswhite was willing to undergo an inspection. Ms. Crosswhite stated that she is
 152 prepared and willing to undergo an inspection.

153
 154 MOTION: Chairwoman Park made a motion to recommend to the full Board
 155 approval of Heavenly Smiles Program upon passing an Infection Control Inspection. Committee
 156 Member Solie seconded the motion. All were in favor, motion passed.
 157

158
 159 ///

160
 161 ///

162 *6. **Review, discussion, and possible recommendation to the Board to approve/reject hiring part-**
 163 **time Infection Control Inspection Employees** (For Possible Action)
 164

165 (a) Lynda K Martinez, DDS
 166

167 Chairwoman Park stated that she would like to take action on agenda items (6)(a) through (6)(c)
 168 as a group. Mr. DiMaggio stated that there was notation in Chairwoman Park's committee book
 169 regarding agenda item (6)(c) Terrie A Johnson, RDH indicating that Ms. Johnson has not held a
 170 Nevada license for the five (5) year period which is a requirement for the Infection Control
 171 Inspector position. Mr. DiMaggio stated that Ms. Johnson was approved at a Board Meeting for the
 172 Preliminary Screening Consultant position. Chairwoman Park stated that the Committee should
 173 instead take action on the Infection Control Inspector applicants separately since Ms. Johnson is
 174 not qualified by statute to be an Infection Control Inspector. Chairwoman Park read agenda item
 175 (6)(a) and inquired about whether Dr. Martinez works in Northern or Southern Nevada. Committee
 176 Member Solie stated that Dr. Martinez works in Northern Nevada.
 177

178 MOTION: Committee Member Solie moved to recommend to the full Board to
 179 approve Lynda K Martinez, DDS for the part-time Infection Control
 180 Inspector position. Chairwoman Park seconded the motion. All were in
 181 favor, motion passed.
 182

183 (b) Nicole M Rundle, RDH

184 Chairwoman Park read agenda item (6)(b) and inquired about whether Ms. Rundle works in
 185 Northern or Southern Nevada. Ms. Spilsbury stated that Ms. Rundle works in Northern Nevada.
 186 Committee Member Lemon stated that there was a comment on Ms. Rundle's application
 187 indicating that she restricts herself to work in the Reno, NV and Sparks, NV areas or within a fifty (50)
 188 mile radius and asked if that works for what the Board needs in Northern Nevada. Chairwoman Park
 189 stated that the Board is underserved in that area so that restriction would be permissible.
 190

191 MOTION: Committee Member Solie moved to recommend to the full Board to
 192 approve Nicole M Rundle, RDH for the part-time Infection Control Inspector
 193 position. Committee Member Lemon seconded the motion. All were in
 194 favor, motion passed.
 195

196 (c) Terrie A Johnson, RDH
 197

198 Chairwoman Park read agenda item (6)(c) and restated that Ms. Johnson does not meet the
 199 requirement of holding a Nevada dental license for five (5) years. Chairwoman Park asked if Mr. Su
 200 had any comment about the requirement. Mr. Su restated that holding a Nevada dental license for
 201 five (5) years is a requirement and added that Ms. Johnson was on the teleconference call if the
 202 Committee would like to entertain comment from her. Chairwoman Park invited Ms. Johnson to
 203 speak. Ms. Johnson greeted the Committee Members and asked the Committee to consider her for
 204 the Infection Control Inspector position even though she has only been practicing in Nevada for
 205 two (2) years. Ms. Johnson asked to the Committee to consider her seventeen (17) years of
 206 experience in dental hygiene. Ms. Johnson stated that she feels her two (2) years of experience
 207 practicing in Nevada has given her sufficient knowledge of the current Infection Control practices
 208 and policies and therefore she can be valuable as an Infection Control Inspector. Chairwoman
 209 Park commended Ms. Johnson for volunteering her time and asked Ms. Johnson if working as an
 210 Infection Control Inspector would be conflicting with time also working as a Preliminary Screening
 211 Consultant. Ms. Johnson stated that she applied for several positions at the Board and she did not
 212 know which positions were part-time and full-time and simply applied to positions that interested
 213 her. Ms. Johnson stated that she is available to help the Board in different ways since she does not
 214 have a home office. Chairwoman Park asked Ms. Johnson what license she holds besides a

215 Nevada license. Ms. Johnson stated she holds an Ohio license. Chairwoman Park asked Ms.
 216 Johnson if the remainder of her dental career was in Ohio. Ms. Johnson stated that for fourteen (14)
 217 years she practiced in Ohio, she took one (1) year off, and then began practicing in Nevada for (2)
 218 years. Chairwoman Park stated that the requirement does not indicate that Ms. Johnson qualifies
 219 for the Infection Control Inspection position. Chairwoman Park asked Ms. Johnson if she was a
 220 member of the Ohio Board. Ms. Johnson stated that she was not a member of the Ohio Board.
 221 Chairwoman Park stated she had no further questions or comments for Ms. Johnson and invited the
 222 remainder of the Committee to discuss. Committee Member Solie stated that she wanted to echo
 223 Chairwoman Park's compliments for Ms. Johnson's willingness to volunteer but stated that the
 224 Board cannot disregard the requirement. Committee Member Solie stated that she strongly
 225 encouraged Ms. Johnson to reapply when she meets the position requirement.

226
 227
 228 MOTION: Chairwoman Park moved to recommend to the full Board to approve
 229 Terrie A Johnson, RDH for the part-time Infection Control Inspector
 230 position. Committee Member Solie seconded the motion. Committee
 231 Member Lemon inquired about what the rationale is behind the
 232 requirement that an applicant hold a Nevada license for five (5) years for
 233 the position and if the Committee is able to make a recommendation to
 234 the Board to amend the requirement. Mr. Su stated that he did not want
 235 to raise that issue and take the Committee off track but stated that the
 236 requirement is not based off the statute and it is a requirement that the
 237 Board had previously agreed upon. Mr. Su explained that the requirement
 238 to hold a Nevada license for five (5) years per the statute is for a Board
 239 Member. Mr. Su stated that Board agreed upon putting that requirement
 240 on the application form and therefore the Board must agree to amend
 241 the application form. Mr. Su restated that the requirement was agreed
 242 upon by the Board and is not statutory based. Mr. Su concluded that the
 243 requirement can be discussed and acted upon at another meeting. There
 244 was no further discussion. None were in favor, motion did not pass.
 245

246 ***7. Review, discussion, and possible recommendations to the Board regarding possible revisions to**
 247 **the Infection Control Survey Form** (For Possible Action)

248
 249 Chairwoman Park asked the Committee if any member had comment to what they have read in
 250 the Committee Book so far regarding possible revisions to the Infection Control Survey Form.
 251 Chairwoman Park made a comment that the Committee can consider an addendum to the form
 252 with a Covid-19 calibration and written protocols for employees, PPE, respiratory protection,
 253 screening patients, and offices that need to respond in action to positive exposure to Covid-19.
 254 Committee Member Solie stated that she liked a suggestion from an Infection Control Inspector
 255 recommending that the Covid-19 portion of the survey be a separate sheet instead of integrating
 256 that portion into the one hundred and eight (108) questions on the survey form. Committee
 257 Member Solie stated that once the pandemic is over it would be easier to remove a separate
 258 page than rewrite the whole form. Committee Member Solie stated that she also liked a suggestion
 259 from an Infection Control Inspector recommending that there be a date on the bottom of the
 260 survey form noting when the form was last revised. Ms. Spilsbury stated that at the top of the survey
 261 form there is already a date noting when the form was last revised which was 2016. Chairwoman
 262 Park agreed with Committee Member Solie that the Covid-19 portion of the survey form should be
 263 a separate page. Chairwoman Park stated that she wanted to present these suggestions to the
 264 Board and asked the Committee if any member had comment to the revisions she is
 265 recommending to the Board. Committee Member Solie stated that she would like to hear the
 266 opinions on aerosol and ventilation from the three (3) doctors in the Committee because a lot of
 267 dental hygienists have questions about aerosol and ventilation. Committee Member York stated

268 that there needs to be written protocols regarding aerosol and ventilation but that a standardized
269 set of rules regulating aerosol and ventilation can be extremely restrictive. Committee Member York
270 stated that he would like to be flexible in creating such rules before cementing them onto the
271 survey form. Chairwoman Park stated that the rules can be generalized and that she agreed with
272 Committee Member York that the regulations should not be restrictive since the Board cannot
273 mandate whether or not doctors can control all parameters of their practice. Chairwoman Park
274 clarified that she wants the Board to acknowledge that there should be aerosol considerations and
275 that she wants the Board to work in unison with entities such as the Occupational Safety and Health
276 Administration in considering respiratory protection. Committee Member York stated he is okay with
277 a statement that indicates aerosol concerns and air quality are being addressed in dental offices.
278 Committee Member Lemon commented that the dental school received statistics indicating that
279 less than 3% of students have been infected by Covid-19 and inquired about what the reasoning is
280 for more regulation when there is not any data showing dental offices are not safe with existing
281 protocols in place. Chairwoman Park stated that the Committee is not recommending regulations
282 to the Board but that the Board needs to address non-compliant offices and ensure that offices
283 have written protocols regarding Covid-19. Committee Member Solie commented for clarification
284 that in theory an Infection Control Inspector would check a box indicating that the dental office is
285 in compliance with the CDC guidelines. Chairwoman Park explained that she wants dental offices
286 to have their own written protocols and not just simply show the CDC guidelines they are supposed
287 to be following.

288
289 MOTION: Chairwoman Park motioned to adopt the presentation of a separate sheet
290 considering the Covid-19 regulations and written protocols for the
291 following: all employees' use of PPE; respiratory protection for aerosol
292 generating procedures; patient and employee screening; office action if
293 staff or patient has been exposed to Covid-19; and environmental
294 infection control, to recommend to the Board. Committee Member
295 Lemon seconded the motion. Committee Member Solie inquired about
296 what the scoring format of the separate checklist was going to be.
297 Chairwoman Park stated that the separate checklist would follow the
298 same checkbox and scoring format as the survey form. Ms. Spilsbury asked
299 Chairwoman Park what the levels would be for each protocol since the
300 mandate for such protocols is new and a high level of deficiency could
301 result in office closure. Chairwoman Park stated that the levels for the
302 protocols should be a level one (1) but invited the Committee to share
303 their opinions. Committee Member Lemon stated that he does not agree
304 with level one (1) because that would mean an office has to shut down
305 and dentists need to write such protocols. Committee Member Lemon
306 also asked how much time the Board is going to give offices to write such
307 protocols and when does the mandate of protocols become effective.
308 Chairwoman Park asked Committee Member Lemon if he feels two (2)
309 weeks would be sufficient time for dentists to prepare written protocols.
310 Committee Member Lemon stated that Chairwoman Park should be
311 asking a practicing dentist and asked Committee Member York if two (2)
312 weeks would be sufficient time to prepare written protocols. Committee
313 Member York stated that he is comfortable with a level three (3) which
314 requires offices to take action within thirty (30) days. Chairwoman Park
315 and Committee Member Lemon agreed as they were also comfortable
316 with a level three (3) for written protocols. Chairwoman Park amended her
317 motion to include that the level of critical for each written protocol would
318 be a level three (3). All were in favor, motion passed.
319

320 ***8. Review, discussion, and possible recommendations to the Board regarding training materials**
 321 **and calibration training for Infection Control Inspectors** (For Possible Action)

322 MOTION: Chairwoman Park motioned to tabled agenda item (8). Committee
 323 Member York seconded the motion. All were in favor, motioned passed.

324
 325
 326 ***9. Review, discussion, and possible recommendation to the Board regarding offices found to be**
 327 **non-compliant with applicable CDC guidelines and the parameters to be set for non-compliant**
 328 **offices – NAC 631.178** (For Possible Action)

329
 330 MOTION: Chairwoman Park motioned to table agenda item (9). Committee Member
 331 Lemon seconded the motion. All were in favor, motion passed.

332
 333
 334 **10. Public Comment (live public comment by teleconference):** This public comment period is for any
 335 matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless
 336 the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three
 337 minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow
 338 additional time at his/her discretion.

339
 340 Pursuant to Section 2 of Directive 006, and extended by Directives 016, 018, 021, 026, and 029, members of the public may participate in
 341 the meeting without being physically present by submitting public comment via email to nsbde@nsbde.nv.gov, or by mailing/faxing
 342 written messages to the Board office. Written submissions should be received by the Board on or before **Tuesday, December 01, 2020 by**
 343 **4:00 p.m.** in order to make copies available to members and the public.

344
 345 In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual, the Chair
 346 may prohibit comment if the content of that comment is a topic that is not relevant to, or within the authority of, the Nevada State
 347 Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive,
 348 inflammatory, irrational, or amounting to personal attacks or interfering with the rights of other speakers.

349
 350 Ms. Franco called on Dr. Joseph Wineman and he asked Chairwoman Park if the Preliminary
 351 Screening Consultant position requires a history of holding a Nevada dental license for five (5) years
 352 and how non-compliant offices are being identified. Chairwoman Park asked Dr. Wineman to
 353 submit his questions to Mr. DiMaggio.

354
 355
 356 **11. Announcements**

357
 358 There were no announcements.

359
 360
 361 ***12. Adjournment** (For Possible Action)

362
 363 Chairwoman Park called for a motion to adjourn.

364
 365 MOTION: Chairwoman Park moved to adjourn the meeting. Committee Member
 366 Lemon seconded the motion. All were in favor, motion passed.

367
 368
 369 Respectfully submitted:

370
 371
 372 _____
 Frank DiMaggio, Executive Director

Agenda Item (8)(a):

Board Meeting dates for the calendar year of 2021



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

PROPOSED 2021 BOARD MEETING DATES

Tuesdays @ 6:00 p.m.

February 2nd

March 16th

April 6th

May 18th

June 15th

July 20th

August 17th

September 21st

October 5th

November 16th

December 7th

AADB Meeting Dates

(For Informational Purposes)

February 27th – 28th (Virtual Meeting)

October 30th – 31st

Agenda Item (9)(a)(1):

CDC Update - December 4, 2020

Guidance for Dental Settings

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

Updated Dec. 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.

Additional Key Resources

- [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)
- [Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic](#)
- [Information about managing school sealant programs during COVID-19 on CDC's Considerations for School Sealant Programs page.](#)

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/atraumatic restorative techniques (hand instruments only).

If aerosol generating procedures are necessary for dental care, use four-handed dentistry, high evacuation suction and dental dams to minimize droplet spatter and aerosols. The number of DHCP present during the procedure should be limited to only those essential for patient care and procedure support.

Preprocedural mouth rinses (PPMR)

There is no published evidence regarding the clinical effectiveness of PPMRs to reduce SARS-CoV-2 viral loads or to prevent transmission. Although SARS-CoV-2 was not studied, PPMRs with an antimicrobial product (chlorhexidine gluconate, essential oils, povidone-iodine or cetylpyridinium chloride) may reduce the level of oral microorganisms in aerosols and spatter generated during dental procedures.

Implement Universal Use of Personal Protective Equipment (PPE)

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

DHCP should continue to adhere to [Standard Precautions](#) (and [Transmission-Based Precautions](#), if required based on the suspected diagnosis).

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

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

DHCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), DHCP should follow [Standard Precautions](#) (and [Transmission-Based Precautions](#), if required based on the suspected diagnosis).

DHCP should implement the use of **universal eye protection** and wear eye protection in addition to their surgical mask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters, including those where splashes and sprays are not anticipated.

During aerosol generating procedures DHCP should use an **N95 respirator** or a respirator that offers an equivalent or higher level of protection such as other disposable filtering facepiece respirators, powered air-purifying respirators (PAPRs), or elastomeric respirators.

Respirators should be used in the context of a comprehensive respiratory protection program, which includes medical evaluations, fit testing and training in accordance with the Occupational Safety and Health Administration's (OSHA) Respiratory Protection standard ([29 CFR 1910.134](#) [↗](#)).

Respirators with exhalation valves are not recommended for source control and should not be used during surgical procedures as unfiltered exhaled breath may compromise the sterile field. If only a respirator with an exhalation valve is available and source control is needed, the exhalation valve should be covered with a facemask that does not interfere with the respirator fit.

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

Before entering a patient room or care area:

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

After completion of dental care:

1. Remove gloves.
2. Remove gown or protective clothing and discard the gown in a dedicated container for waste or linen.
Discard disposable gowns after each use.
Launder cloth gowns or protective clothing after each use.
3. Exit the patient room or care area.
4. Perform hand hygiene (wash your hands with soap and water for at least 20 seconds or use a hand sanitizer).
5. Remove eye protection.
Carefully remove eye protection by grabbing the strap and pulling upwards and away from head. Do not touch the front of the eye protection.
Clean and disinfect reusable eye protection according to manufacturer's reprocessing instructions prior to reuse.
Discard disposable eye protection after use.
6. Remove and discard surgical mask or respirator.
Do not touch the front of the respirator or mask.
Surgical mask: Carefully untie the mask (or unhook from the ears) and pull it away from the face without touching the front.
Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
7. Perform hand hygiene.

Employers should select appropriate PPE and provide it to DHCP in accordance with OSHA's PPE standards (29 CFR 1910 Subpart I) [\[1\]](#). 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

PPE Supply Optimization Strategies

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

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

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

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

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

Hand Hygiene

Ensure DHCP practice strict adherence to [hand hygiene](#), including:

- Before and after all patient contact, contact with potentially infectious material, and before putting on and after removing personal protective equipment (PPE), including gloves. Hand hygiene after removing PPE is particularly

important to remove any pathogens that might have been transferred to bare hands during the removal process.

Use ABHR with at least 60% alcohol or wash hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.

Dental healthcare facilities should ensure that hand hygiene supplies are readily available to all DHCP in every patient care location.

Equipment Considerations

After a period of non-use, dental equipment may require maintenance and/or repair. Review the manufacturer's instructions for use (IFU) for office closure, period of non-use, and reopening for all equipment and devices. Some considerations include:

Dental unit waterlines (DUWL):

- Test water quality to ensure it meets standards for safe drinking water as established by the Environmental Protection Agency (< 500 CFU/mL) prior to expanding dental care practices.

- Confer with the manufacturer regarding recommendations for need to shock DUWL of any devices and products that deliver water used for dental procedures.

- Continue standard maintenance and monitoring of DUWL according to the IFUs of the dental operatory unit and the DUWL treatment products.

Autoclaves and instrument cleaning equipment

- Ensure that all routine cleaning and maintenance have been performed according to the schedule recommended per manufacturer's IFU.

- Test sterilizers using a biological indicator with a matching control (i.e., biological indicator and control from same lot number) after a period of non-use prior to reopening per manufacturer's IFU.

Air compressor, vacuum and suction lines, radiography equipment, high-tech equipment, amalgam separators, and other dental equipment: Follow protocol for storage and recommended maintenance per manufacturer IFU.

For additional guidance on reopening buildings, see CDC's [Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation](#).

Optimize the Use of Engineering Controls

CDC does not provide guidance on the decontamination of building heating, ventilation, and air conditioning (HVAC) systems potentially exposed to SARS-CoV-2. To date, CDC has not identified confirmatory evidence to demonstrate that viable virus is contaminating these systems. CDC provides the following recommendations for proper maintenance of ventilation systems and patient placement and volume strategies in dental settings.

Properly maintain ventilation systems.

- Ventilation systems that provide air movement in a clean-to-less-clean flow direction reduce the distribution of contaminants and are better at protecting staff and patients. For example, in a dental facility with staff workstations in the corridor right outside the patient operatories, supply-air vents would deliver clean air into the corridor, and return-air vents in the rear of the less-clean patient operatories would pull the air out of the room. Thus, the clean air from the corridor flows past the staff workstations and into the patient operatories. Similarly, placing supply-air vents in the receptionist area and return-air vents in the waiting area pulls clean air from the reception area into the waiting area.

Consult with facilities operation staff or an HVAC professional to

- Understand clinical air flow patterns and determine air changes per hour.

- Investigate increasing filtration efficiency to the highest level compatible with the HVAC system without significant deviation from designed airflow.

Investigate the ability to safely increase the percentage of outdoor air supplied through the HVAC system (requires compatibility with equipment capacity and environmental conditions).

Limit the use of demand-controlled ventilation (triggered by temperature setpoint and/or by occupancy controls) during occupied hours and when feasible, up to 2 hours post occupancy to assure that the ventilation rate does not automatically change. Run bathroom exhaust fans continuously during business hours.

Consider the use of a portable high-efficiency particulate air (HEPA) air filtration unit while the patient is undergoing, and immediately following, an aerosol generating procedure.

Select a HEPA air filtration unit based on its Clean Air Delivery Rate (CADR). The CADR is an established performance standard defined by the Association of Home Appliance Manufacturers and reports the system's cubic feet per minute (CFM) rating under as-used conditions. The higher the CADR, the faster the air cleaner will work to remove aerosols from the air.

Rather than just relying on the building's HVAC system capacity, use a HEPA air filtration unit to reduce aerosol concentrations in the room and increase the effectiveness of the turnover time.

Place the HEPA unit near the patient's chair, but not behind the DHCP. Ensure the DHCP are not positioned between the unit and the patient's mouth. Position the unit to ensure that it does not pull air into or past the breathing zone of the DHCP.

Consider the use of upper-room ultraviolet germicidal irradiation (UVGI) as an adjunct to higher ventilation and air cleaning rates.

Patient placement

Ideally, dental treatment should be provided in individual patient rooms, whenever possible.

For dental facilities with open floor plans, to prevent the spread of pathogens there should be:

At least 6 feet of space between patient chairs.

Physical barriers between patient chairs. Easy-to-clean floor-to-ceiling barriers will enhance effectiveness of portable HEPA air filtration systems (check to make sure that extending barriers to the ceiling will not interfere with fire sprinkler systems).

Operatories should be oriented parallel to the direction of airflow if possible.


Where feasible, consider patient orientation carefully, placing the patient's head near the return air vents, away from pedestrian corridors, and toward the rear wall when using vestibule-type office layouts.

Patient volume

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

Environmental Infection Control

DHCP should ensure that environmental cleaning and disinfection procedures are followed consistently and correctly after each patient (however, it is not necessary that DHCP should attempt to sterilize a dental operatory between patients).

Clean and disinfect the room and equipment according to the [Guidelines for Infection Control in Dental Health-Care Settings—2003](#)  .

Routine cleaning and disinfection procedures (e.g., using cleaners and water to clean surfaces **before** applying an Environmental Protection Agency (EPA)-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed.

Refer to [List N](#)  on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

Alternative disinfection methods


The efficacy of alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light against SARS-CoV-2 virus is not known. EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19.

CDC does not recommend the use of sanitizing tunnels. There is no evidence that they are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or damage.

EPA only recommends use of the [surface disinfectants identified on List N](#)  against the virus that causes COVID-19.

Manage [laundry](#) and [medical waste](#) in accordance with routine policies and procedures.

Sterilization and Disinfection of Patient-Care Items

Sterilization protocols do not vary for respiratory pathogens. DHCP should perform routine cleaning, disinfection, and sterilization protocols, and follow the recommendations for Sterilization and Disinfection of Patient-Care Items present in the [Guidelines for Infection Control in Dental Health Care Settings – 2003](#) .

DHCP should follow the manufacturer's instructions for times and temperatures recommended for sterilization of specific dental devices.

Education and Training

Provide DHCP with job- or task-specific [education and training](#) on preventing transmission of infectious agents, including refresher training.

[Training: Basic Expectations for Safe Care](#)

Ensure that DHCP are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and the environment during the process of removing such equipment.

[Using Personal Protective Equipment \(PPE\)](#)

[Healthcare Respiratory Protection Resources Training](#)

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

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

If a patient arrives at your facility and is suspected or confirmed to have COVID-19, defer non-emergent dental treatment and take the following actions:

If the patient is not already wearing a cloth face covering, give the patient a facemask to cover his or her nose and mouth.

If the patient is not manifesting [emergency warning signs for COVID-19](#), send the patient home, and instruct the patient to call his or her primary care provider.

If the patient is manifesting [emergency warning signs for COVID-19](#) (for example, has trouble breathing), refer the patient to a medical facility, or call 911 as needed and inform them that the patient may have COVID-19.

If emergency dental care is medically necessary for a patient who has, or is suspected of having, COVID-19, DHCP should follow CDC's [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#).

Dental treatment should be provided in an individual patient room with a closed door.

DHCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to [Standard Precautions](#) and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.

Avoid aerosol generating procedures (e.g., use of dental handpieces, air/water syringe, ultrasonic scalers) if possible.

If aerosol generating procedures must be performed

Aerosol generating procedures should ideally take place in an airborne infection isolation room.

DHCP in the room should wear an N95 or equivalent or higher-level respirator, such as disposable filtering facepiece respirator, PAPR, or elastomeric respirator, as well as eye protection (goggles or a face shield that covers the front and sides of the face), gloves, and a gown.

The number of DHCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.

Clean and disinfect procedure room surfaces promptly as described in the section on [environmental infection control](#).

Limit transport and movement of the patient outside of the room to medically essential purposes.

Patients should wear a facemask or cloth face covering to contain secretions during transport. If patients cannot tolerate a facemask or cloth face covering or one is not available, they should use tissues to cover their mouth and nose while out of their room or care area.

Consider scheduling the patient at the end of the day.

Do not schedule any other patients at that time.

To clean and disinfect the dental operatory after a patient with suspected or confirmed COVID-19, DHCP should delay entry into the operatory until a sufficient time has elapsed for enough air changes to remove potentially infectious particles. CDC's [Guidelines for Environmental Infection Control in Health-Care Facilities \(2003\)](#) provides a table to calculate time required for airborne-contaminant removal by efficiency.

Definitions

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

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

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

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

Community Transmission


No to minimal community transmission: Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting

Minimal to moderate community transmission: Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases


Substantial community transmission: Large scale community transmission, including communal settings (e.g., schools, workplaces)

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

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

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

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

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

Last Updated Dec. 4, 2020

Agenda Item (9)(b)(1):

***Appointment of Member to Public Health Dental Hygiene
and Dental Therapy Subcommittee***

Steven Saxe, DMD

CURRICULUM VITAE
Steven Allan Saxe, DMD

Private Practice:

1570 South Rainbow Boulevard
Las Vegas, Nevada 89146-2956

Education:

1. Sinai Hospital of Detroit, Michigan Oral and Maxillofacial Surgery Residency with rotations at Veterans Hospital in Allen Park, Grace Hospital in Detroit, Children's Hospital of Michigan, University of Detroit School of dentistry, Providence Hospital, Craniofacial Surgery, Dr. Ian Jackson. (July 1988 to May 1992)
2. Washington University School of Dental Medicine, St. Louis, Missouri. (August 1984 to May 1988)
3. University of Nevada Las Vegas Las Vegas, Nevada – earned Bachelor of Science Degree in Biology. (December 1983)

Dental Boards Certification:

Northeast Regional Boards, Michigan License
Nevada Boards
California Boards

Professional Activities:

1. Oral Cancer Research Fellowship
Sinai Hospital of Detroit
Detroit, Michigan
July 22, 1987 to August 7, 1987
2. Alpha Omega Externship in Oral Surgery
Dr. Kenneth Rotskoff, D.M.D., M.D.
St. Louis, Missouri
Spring 1987

3. Washington University School of Dental Medicine
Honors Program in Oral Surgery at Veterans Association
Medical Center, St. Louis, Missouri and Scott Air Force
Base in Bellville, Illinois
4. Oral and Maxillofacial Surgery Division, Chairman and
founder of the Southern Nevada Craniofacial and Cleft
Palate Team; Special Children's Clinic established October
1992, Las Vegas, Nevada
5. Delegate to the Clark County dental Society.
6. Oral and Maxillofacial Surgery Division Chairman,
Columbia Sunrise Children's Hospital
7. General practice residency Founder & Program Director
University of Nevada School of Medicine
8. Clinical Assistant Professor Department of Surgery
University of Nevada School of Medicine
9. President of Nevada Division of the American Association
of Oral and Maxillofacial Surgeons
10. Alternate/ Delegate to AAOMS House of Delegates
11. Department Chairman of Oral & Maxillofacial Surgery
Mountain View Hospital Las Vegas, Nevada
12. Department Chairman of Oral & Maxillofacial Surgery
Sunrise Hospital and Sunrise Children's Hospital Las
Vegas, Nevada
13. Clinical Professor in Oral & Maxillofacial Surgery UNLV
School of Dental Medicine
14. Nevada Delegate to the American Dental Association
15. Inspector and Evaluator of General Anesthesia Nevada
State Board of Dental Examiners
16. Treasurer Southern Nevada Dental Society

Professional Affiliations:

1. Fellow of the American Association of Oral and
Maxillofacial Surgery
2. Fellow of the American College of Oral and Maxillofacial
Surgery

3. Diplomat of the America Board of Oral and Maxillofacial Surgery
4. American Dental Association
5. Alpha Omega Dental Fraternity
6. Southern Ontario Surgical Orthodontic Study Group
7. Nevada Dental Association/Southern Nevada Dental Society
8. Member Chalmers J. Lyons Academy of Oral and Maxillofacial Surgery
9. Dental Director and founder of University of Nevada School of Medicine General Practice Dental Residency
10. Pierre Fauchard Academy
11. Michigan dental Association
12. Detroit Academy of Oral and Maxillofacial Surgeons
13. Diplomat National Dental Board of Anesthesiology
14. Fellow of the International College of Dentists

Research Experience:

1. Interpretation of Panoramic Radiographs to locate the position of the Mandible Foramen.
January 1984 to June 1984
Dr. Ray Rawson, D.D.S.
Las Vegas, Nevada
2. Analysis of Analog EMG Data collected at the Museum of Comparative Zoology at Harvard.
Computer Digitizing and Analysis of Spine x-ray films collected at the Museum of Comparative Zoology at Harvard. Full-time during the summer of 1985 and part-

time during academic year 1985-1986, in the Anatomy Lab of Dr. R.Z. German, Ph.D., W.U.S.D.M.

3. Interpretation and reviewing Orthognathic surgery case files (May 1987). Dr. K.S. Rotskoff, D.M.D., St. Mary's Hospital Center of St. Louis, Missouri.

Awards:

- 1987 - Student Table Clinic Fourth Place (Temporomandibular Joint Arthroscopic Surgery)
- 1986 - Student Table Clinic Fourth Place (Tongue Function and Intraoral Transport)
- 1988 - Quintessence Award for Academic Achievement.
- 1988 - American Academy of Oral Pathology, Oral Pathology Award
- 1988 - Alpha Omega Undergraduate Scholarship Award

Academic Publications:

German, R.A., Saxe, S.A., Hiiemae, K.M., Crompton, A.W.
Food Transport through the Anterior Oral Cavity in Macaques.

American Journal of Physical Anthropology 1989 Nov: 80(3): 369-77

- Saxe, S.A., In Prep
1. Eosinophilic Granuloma a case report
 2. 20 year Retrospective Study of Head and Neck Cancer at Sinai Hospital of Detroit

Agenda Item (9)(b)(2):

***Appointment of Member to Public Health Dental Hygiene
and Dental Therapy Subcommittee***

Michael Moore, DDS

November 11, 2020

Michael Moore, DDS, MPH

[REDACTED]

Nevada State Board of Dental Examiners
Attention: President Kevin Moore, DDS
6010 S. Rainbow Blvd. #1
Las Vegas, Nevada 89118

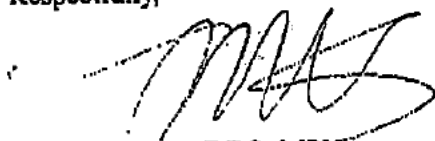
Dear Dr. Moore and members of the board:

I am writing to respectfully request membership on the Dental Hygiene and Dental Therapy subcommittee (NRS 631.205). I am very interested in the successful incorporation of the dental therapist into practice in the state of Nevada. I have been involved in providing oral health care to underserved populations in a variety of settings for the past 42 years. It is my belief that I can share my knowledge and experience in a manner that will be beneficial to the safe, ethical, and effective implementation of the dental therapist in the state of Nevada.

With access to care being a paramount need in the state of Nevada and the dental therapist being a viable part of the solution, we must create a collaborative work environment between dentists and dental therapists that creates access to care for the many Nevadans that currently have no access to needed treatment. How the state defines the scope of practice education and collaboration will be vital to the success of this new provider.

Thank you for your attention to this matter. I very much look forward to hearing from you.

Respectfully,



Michael Moore, DDS, MPH

Nevada license #0966

[REDACTED]

Received
NOV 12 2020
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Agenda Item (9)(b)(3):

***Appointment of Member to Public Health Dental Hygiene
and Dental Therapy Subcommittee***

Adam Gatan, DMD

Curriculum Vitae

Name: Adam Joseph Gatan

Contact:



College Education

Date	School
2007-2009	University of Pennsylvania School of Dental Medicine (Certificate in Endodontics)
2003-2007	University of Nevada Las Vegas School of Dental Medicine (Doctorate in Dental Medicine degree)
2001-2003	University of Nevada, Las Vegas- Biology major
2000-2001	University of Nevada, Reno- Biology major

College Awards

Date	Award
2009	Louis I. Grossman Award (top endodontic resident UPENN)
2007	Cum Laude (UNLV SDM)
2004-2005	ADA Minority Dental Student Scholarship
2003	Dean's List UNLV
2002	Dean's List UNLV
2001-2002	Alan-Ladd Johnston scholarship
2000	Dean's List UNR
2000-2010	Millennium scholarship

Committees and Programs

University of Nevada, Las Vegas, School of Dental Medicine

Date	Committee/Program/Leadership
2009-2015	Board member of UNLV SDM Alumni Association
2008-2011	American Association of Endodontists Membership Services
2007-Present	Class of 2009 President
2006-2007	Honor Council Committee
2006	Accreditation Site Visit Committee
2005- 2006	ADEA Vice Chair for local chapter

2004- 2007	Team 1 clinic student team leader for Class of 2007
2004-2005	Admissions Committee Student member
2004-2005	Class of 2007 Curriculum Committee student representative
2004	Accreditation Site Visit Committee
2003	Search Committee for Associate Dean of Student Affairs for UNLV School of Dental Medicine

University of Nevada, Las Vegas (undergraduate)

2002-2003	UNLV Predental Club: Founder, V.P.
2002	Undergraduate Mentorship Program UCSF Dental School

Community Service

Date	Service
2010-current	Sergeant Ferrin Veteran's Dental Clinic
2005	Participation in "Give Kids a Smile"
2004	Participation in "Give Kids a Smile"
2004	Participation in "Reading is Fundamental Community Challenge"
2004	Oral hygiene instruction given to 2 nd grade students
2003-2004	Co-advisor of UNLV predental club "Dental Prospects"
2001	75 hours of volunteer work at St. Rose Dominical Hospital

Work Experience

Company	Dates employed	Position
UNLV SDM	08/09-2012	Endodontic Faculty
Seven Hills Endodontics & Red Rock Endodontics	08/09-current	Endodontist
Pennsylvania Dental Associates (Dr. Homer Safavi)	08/08-03/09	General Dentist

References

Character	Title	Phone #
Dr. Marshal Brownstein	Associate Dean of Student Affairs UNLV SDM	702-774-2525
Dr. Syngcuk Kim	Chairman Dept. of Endodontics University of Pennsylvania SDM	215-898-4616

Agenda Item (9)(b)(4):

***Appointment of Member to Public Health Dental Hygiene
and Dental Therapy Subcommittee***

Kelly Taylor, RDH

KELLY J. TAYLOR, RDH

Qualifications Profile

Patient focused and dedicated **dental professional** with proven strengths in periodontal therapy, evaluation of oral health status for a diverse population of patients including communication, motivation, and organizational skills. It is my desire to educate, motivate, and empower the clients that I serve to take responsibility for their dental health creating a positive impact on their overall health and lifestyle.

Professional Licenses

- 2003 Nevada Dental Hygiene License
- 2002 California Dental Hygiene License

Professional Awards/ Certifications

- 2019 Installation Sigma Phi Alpha Honor Society
- 2017 Chair Advisory Committee for Oral Health
- 2010 Laser Certification Course- Standard Proficiency
- 2007 President Southern Nevada Dental Hygienists Association
- 2005 President San Diego County Dental Hygienists Association
- 2002 National Board-Certified Dental Hygienist
- 2002 Southwestern College Student of Distinction Award
- 2002 Southwestern College Dental Hygiene Leadership / Community Involvement Award

Educational Background

- 2002 Associates Degree in Applied Science- Dental Hygiene**
Southwestern College- Chula Vista, California
- 2020 Bachelors of Science Degree- Dental Hygiene**
College of Southern Nevada- Las Vegas, NV

Professional Experience:

- 06/2012 - Current** **Moore Family Dentistry**
8409 West Lake Mead Boulevard • Las Vegas, Nevada 89128 • (702) 254-6700
- 02/2010 - 06/2017** **Future Smiles**
3074 Arville Street • Las Vegas, Nevada 89103 • (702) 889-3763
- 07/2009 - 06/2011** **Kevin Khorshid, DDS**
1725 South Rainbow Boulevard, Suite 18 • Las Vegas, Nevada 89146 • (702) 228-1700
- 2009 - 2010** **Eric Bernzweig, DDS**
6835 West Charleston Boulevard • Las Vegas, Nevada 89117 • (702) 869-8200
- 2008 - 2010** **Seal Nevada South- UNLV School of Dental Medicine**
Christina A. Demopolous, DDS, MPH- Director in Residence
1001 Shadow Lane, M/S 7425 • Las Vegas, Nevada 89106 • (702) 774-2545
- 2002 - 2006** **Richard J. Hagstrom, DDS**
8923 La Mesa Boulevard • La Mesa, California 91941 • (619) 434-0028
- 2002-2006** **Share the Care- San Diego County Health District**
3851 Roscerans Street • San Diego, California 92110 • (619) 692-8858

Received
DEC 22 2020
NSBDF

Agenda Item (9)(e)/(9)(f)/(9)(g):

**Current List of
Committee/Subcommittee/Review Panel Members**

Board President:	D. Kevin Moore, DDS
Board Secretary –Treasurer:	David Lee, DMD

ANESTHESIA	
COMMITTEE	SUB-COMMITTEE
Dr. Moore (Chair)	Dr. Kevin Moore (Chair)
Dr. Thompson	Dr. Amanda Okundaye
Dr. West	Dr. Brendan Johnson
	Dr. Edward Gray
	Dr. Jade Miller
	Dr. Joshua Saxe
	Dr. Ted Twesme
	Dr. Tom Kutansky

BUDGET & FINANCE COMMITTEE
Dr. Lee
Dr. Thompson
Dr. West
Ms. Cioffi
Dr. York

COMMITTEE ON DENTAL HYGIENE & DENTAL THERAPY	PUBLIC HEALTH DENTAL HYGIENE & DENTAL THERAPY SUBCOMMITTEE
Dr. Park (Chair)	Dr. Park (Chair)
Ms. Solie	Dr. West
Mrs. McIntyre	Ms. Jessica Woods
Ms. Arias	Ms. Lancette VanGuilder
	Dr. Robert Talley
	Dr. Antonina Capurro

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