

**NEVADA STATE BOARD  
of  
DENTAL EXAMINERS**

BOARD MEETING

MAY 22, 2015

9:00 A.M.

**PUBLIC BOOK**



NEVADA STATE BOARD OF DENTAL EXAMINERS  
 6010 S Rainbow Boulevard, Suite A-1  
 Las Vegas, Nevada 89118  
 (702) 486-7044



Video Conferencing was available for this meeting at the Nevada State Board of Medical Examiners located at 1105 Terminal Way, Suite 301, Reno, NV 89502

**DRAFT MINUTES**

Friday, March 20, 2015  
 10:00 a.m.

**Board Meeting**

**Please Note:** 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.

At the discretion of the Chair, public comment is welcomed by the Board, but will be heard only when that item is reached and will be limited to five minutes per person. A public comment time will also be available as the last item on the agenda. The Chair may allow additional time to be given a speaker as time allows and in his/her sole discretion. Once all items on the agenda are completed the meeting will adjourn.

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*Asterisks (\*) denote items on which the Board may take action.  
 Action by the Board on an item may be to approve, deny, amend, or table.*

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1. Call to Order, roll call, and establish quorum

Dr. Pinther called the meeting to order and Mrs. Shaffer-Kugel conducted the following roll call:

- Dr. Timothy Pinther -----PRESENT
- Dr. Byron Blasco-----PRESENT
- Dr. J Gordon Kinard -----PRESENT
- Dr. Jade Miller-----EXCUSED
- Dr. Gregory Pisani-----PRESENT
- Dr. J Stephen Sill -----PRESENT
- Dr. Jason Champagne-----PRESENT
- Mrs. Leslea Villigan -----PRESENT
- Mrs. Theresa Guillen -----PRESENT
- Ms. Caryn Solie -----PRESENT
- Mrs. Lisa Wark -----PRESENT

Others Present: John Hunt, Board Legal Counsel; Debra Shaffer-Kugel, Executive Director.

Public Attendees: Annette Linciome, NDHA; Vincent Colosimo, Self; Kathleen Y\*\*\*\*, Self; Gail Lorenzo, Self; Robert Talley, DDS, NDA; Shari Peterson, CSN/NDHA; Terri Chandler, Future Smiles; Donna Hellwinkel, DDS, self.

57 2. **Public Comment:** (Public Comment is limited to five (5) minutes for each individual) No comments made.  
58

59 **Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has**  
60 **been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020).**

61  
62 Pledge of Allegiance.

63  
64 \*3. **Executive Director's Report** (For Possible Action)

65 \*a. **Minutes-NRS 631.190** (For Possible Action)

- 66 (1) 01/30/2015-Board Meeting
- 67 (2) 01/30/2015-Formal Hearing

70  
71 MOTION: A motion was made to approve the 01/30/2015 Board meeting minutes. A second was made to the  
72 motion. All were in favor.

73  
74 MOTION: Dr. Pisani made the motion to approve the minutes from the 01/30/2015 Formal Hearing. Motion was  
75 seconded by Mrs. Solie. All were in favor.

76  
77 \*b. **Financials-NRS 631.180** (For Possible Action)

- 78 (1) Review Balance Sheet and Statement of Revenues, Expenses and Balances for fiscal period July 1,  
79 2014 through January 2015 (For Possible Action)

80  
81  
82 Mrs. Shaffer-Kugel indicated that Mrs. Hummel was present to answer any questions. Mrs. Solie inquired about  
83 the miscellaneous expense would be ongoing. Mrs. Hummel reminded the Board of the expense the Board incurred  
84 to replace the door of an investigator, which was approved by the Board at a prior meeting. Ms. Hummel stated  
85 that it was not an anticipated expense, but noted that they will continue to see the miscellaneous expense through  
86 the end of the current fiscal year. Mrs. Hummel indicated the Board's revenue is significant than what was  
87 budgeted for income. She added that some expenses would level out the revenue with the exception, however, of  
88 items such as GL Suites that cost the Board funds in unanticipated expenses. She commented to the Board that a  
89 semi-annual review and planning meeting for this year is not anticipated. Mrs. Hummel stated that they will be  
90 going into their new budget period year and asked that a meeting be scheduled in May with the Budget and  
91 Finance committee to review and discuss the budget and especially personnel. Mrs. Solie inquired if the  
92 verification services would be reflective now that they are provided in-house. Mrs. Hummel answered  
93 affirmatively. Ms. Shaffer-Kugel advised the Board they were now using Lexis Nexis to conduct the background  
94 checks, which incurs a fee of three thousand three hundred dollars (\$3300) a year for two users. Mrs. Wark  
95 inquired if expenses over revenue budget would balance itself by the end of the year. Mrs. Hummel responded that  
96 it would, though there is a little bit of a timing difference, but would ultimately balance out.

97  
98 MOTION: A motion of approval was made. Motion was seconded by Mrs. Solie. All were in favor.

99  
100 \*c. **Authorized Investigative Complaint - NRS 631.360:** (For Possible Action)

- 101 (1) Dr X-NRS 631.3475(3) and NAC 631.155

102  
103 Mrs. Shaffer-Kugel went over the alleged violations.

104  
105 MOTION: Dr. Blasco made the motion to authorize. Motion seconded by Mrs. Wark. All were in favor.

- 106 (2) Dr Y-NRS 631.3475(5 and 7)

107  
108 Mrs. Shaffer-Kugel went over the alleged violations.

109  
110 MOTION: Dr. Blasco made the motion to authorize. Motion seconded by Mrs. Wark. All were in favor.

111  
112  
113

114 (3) Dr Z-NRS 631.348 (6), NRS 631.3475(4), and NRS 631.349

115  
116 Mrs. Shaffer-Kugel went over the alleged violations.

117  
118 MOTION: Mrs. Solie made the motion to authorize. Motion seconded by Mrs. Guillen. All were in favor.

119  
120 \*d. Contracts NRS - 631.190: (For Possible Action)

121  
122 (1) Approval for Lease regarding office located at 6010 S Rainbow Blvd., Suite A-1, Las Vegas, Nevada  
123 NRS 631.190 (For Possible Action)

124  
125 Mrs. Shaffer-Kugel indicated that as of May their lease will terminate, but have since negotiated a new lease that is  
126 a five-year lease. She noted that they had previously sub-leased to the Medical Board next door, however, that the  
127 Medical Board was able to negotiate their own lease, and therefore, the lease presented was for the Dental Board  
128 office space only. She commented to the Board that under paragraph three it advised them that the Board of  
129 Examiners would negotiate leases for all state agencies, but after further review it was determined that the Board  
130 was actually exempt from this requirement and would like to have paragraph three removed since it is no longer  
131 applicable. She added that they currently do not pay any cams and that they currently pay \$1.62 a square-foot. She  
132 also noted that they have not had an increase in their rent in two years. Dr. Kinard inquired about paragraph 24,  
133 regarding improvements and asked if they should strike 'Exhibit A' as it was left blank. Mrs. Shaffer-Kugel  
134 indicated to Dr. Kinard that there is an Exhibit for improvements that will eventually be submitted, and thus  
135 suggested if, perhaps, they should change the language to read 'pending 'Exhibit A'. Mrs. Wark inquired about the  
136 rent price and if that was the going rate for spaces in the surrounding area. Mrs. Hummel indicated that there is an  
137 8% increase and that it was the normal percentage increase. She added that the cam charges were already included  
138 in the rental price and that the cam charges were fixed and not variable.

139  
140 MOTION: Dr. Blasco made the motion to approve the lease with the removal of item 3 and Exhibit A. Motion was  
141 seconded by Mrs. Wark. Discussion: Mr. Hunt commented that the final approval must come from the Board of  
142 Examiners. All were in favor.

143  
144  
145 \*e. Travel – NRS 631.190: (For Possible Action)

146  
147 (1) Approval to Amend/Remove previously approved attendees for the AADB Mid-Year  
148 Meeting April 26-27, 2015 in Chicago, Illinois  
149 (For Possible Action)

- 150  
151 (a) Timothy Pinther, DDS  
152 (b) Gregory Pisani, DDS (to Replace Dr. Miller)  
153 (c) Jade Miller, DDS (For Removal)

154  
155 MOTION: Mrs. Guillen made the motion to approve. Motion seconded by Mrs. Solie. All were in favor.

156  
157  
158 \*4. Board Counsel's Report (For Possible Action)

159  
160 \*a. Legal Actions/Lawsuit(s) Update (For Possible Action)

161  
162 (1) District Court Case(s) Update

163  
164 Mr. Hunt indicated he sent out copies to the Board members of the US Supreme court ruling with North Carolina.  
165 He noted that the decision does not affect the State of Nevada because the board members are selected by the  
166 Nevada Association. Mr. Hunt went over the ruling and reasoning behind it.

167  
168 Mr. Hunt noted to the Board that there were no existing lawsuits.



172 \*b. Consideration of Stipulation Agreements (For Possible Action)  
173

174 (1) Walter Robison DDS  
175

176 Mr. Hunt went over the provisions of the proposed stipulation agreement. Dr. Kinard noted the stipulation  
177 agreement listed his name at the end of the stipulation agreement, and that it should now state the name of the  
178 current Board president.  
179

180 MOTION: Mrs. Wark made the motion to adopt the amended stipulation agreement. Motion was seconded by Dr.  
181 Pisani. All were in favor.  
182

183 (2) Jesse Cardenas DDS  
184

185 Mr. Hunt went over the provisions of the proposed stipulation agreement. Mrs. Solie inquired if there were any  
186 remuneration to patients, to which Mr. Hunt indicated there was.  
187

188 MOTION: Dr. Pisani made the motion to adopt the stipulation agreement. Motion was seconded by Dr. Kinard. All  
189 were in favor.  
190

191 (3) Loveline Reyes, DDS  
192

193 Mr. Hunt went over the provisions of the proposed stipulation agreement.  
194

195 MOTION: Mrs. Wark made the motion to adopt the stipulation agreement. Motion was seconded by Mrs. Solie.  
196 All were in favor.  
197

198  
199 \*c. Petition to Request approval to apply for licensure pursuant to the Stipulation and Voluntary  
200 Surrender Agreement dated February II, 2011. (For Possible Action)  
201

202 (1) Vincent Colosimo, DMD  
203

204 Mr. Hunt indicated that Dr. Colosimo was present and that they should have received a copy of his former  
205 stipulation agreement. Dr. Colosimo stepped forward. Mr. Hunt noted to the Board that Dr. Colosimo completed  
206 and complied with all the provisions of his stipulation agreement. He commented to the Board that they were to  
207 decide whether or not to allow Dr. Colosimo to apply for a dental license. He added that the State of Arizona  
208 reinstated his license upon him completing and complying with all their disciplinary requirements. Mr. Hunt  
209 asked Dr. Colosimo if he would like to exercise his right to enter into a closed session. Dr. Colosimo chose to  
210 remain in an open session. Mrs. Wark inquired of Dr. Colosimo if he was wanting to practice in Las Vegas or  
211 Arizona. Dr. Colosimo indicated that currently he practiced in Arizona, but that he would like to practice in Las  
212 Vegas to be near his family.  
213

214 MOTION: Dr. Sill made the motion to allow Dr. Colosimo to submit an application for dental licensure. Motion  
215 was seconded by Mrs. Wark. All were in favor.  
216

217  
218 \*5. Old Business-(For Possible Action)  
219

220 \*a. Approval for Dental Licensure by WREB – NRS 631.240(1)(b)(2) (For Possible Action)  
221

222 (1) Jocelynn V Sustaita DMD  
223

224 Dr. Pinter indicated that this item was tabled at the last board meeting, but has since then reviewed the  
225 application and recommended approval.  
226

227 MOTION: Mrs. Wark made the motion to approve the application. Motion was seconded by Mrs. Guillen. All  
228 were in favor; Dr. Pinther abstained  
229

230 \*6. New Business (For Possible Action)

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\*a. **Endorsement to the Western Regional Examining Board (WREB) for a Dental Hygiene Examiner**  
–NRS 631.190 (For Possible Action)

- (1) Sharon Peterson, RDH

MOTION: Dr. Blasco made the motion to approve. Motion was seconded by Mrs. Wark. All were in favor.

\*b. **Request for Advisory Opinion regarding dental assistants placing sealants is permissible under the supervision of a dental hygienist with a Public Health Endorsement pursuant to NAC 631.220 - NAC 631.279** (For Possible Action)

- (1) Mary T Chandler, RDH-Future Smiles

Mrs. Chandler stepped forward. Mrs. Solie noted to the Board that she is a Board of Directors member and that she will be refraining from any decision regarding this agenda item. Mrs. Chandler went over the details of her request for an advisory opinion. Mr. Hunt noted to the Board that under the current regulation it is not permitted. Mrs. Chandler inquired where, then, would the supervision fall for those with a PHE. She added that if a Dental Assistant would be permitted to place sealants PHE holders would be able to serve more children. Mr. Hunt stated that currently there was not a regulation that would allow a dental hygienist to supervise a dental assistant in a public health setting, and that ultimately the liability would lie with the dentist. He added further, that a PHE only allows a dental hygienist to practice independently in a public health setting. He noted that any change for this would have to be a statute change. Furthermore, that it was his legal opinion that the proper venue would be the legislature. He noted to the Board they could not render a decision because NAC 631.220(3) states that a dental hygienist may authorize a dental hygienist to assist them, but that it does not include sealants. Further, that if a change were made to allow this it could be added to section NAC 631.220(2) (a)-(f). Mrs. Shaffer-Kugel noted that in order to operate a public health setting it is required that they have a dental director and further, lists that the dental director must supervise and are the only one that can supervise and authorize a dental assistant to place a sealant. Therefore, the dental hygienist does not have the authority to supervise or authorize a dental assistant to place sealants. Mr. Hunt noted that if a change were to be made it would require a statute change. Therefore, the advisory opinion may be that they a dental hygienist cannot supervise a dental assistant to place dental sealants.

MOTION: Dr. Pisani issued the opinion that dental hygienists are not allowed to supervise dental assistants place sealants in a public health setting. Motion seconded by Dr. Kinard. All were in favor.

\*c. **Approval for Dental Licensure by WREB – NRS 631.240(1)(b)(2)** (For Possible Action)

- |                                 |                        |
|---------------------------------|------------------------|
| (1) Spencer D Armuth, DMD       | (5) Hyo J Mun, DDS     |
| (2) Junie Dave L Baldonado, DDS | (6) Woodstock Tom, DMD |
| (3) Mitchell D Duckworth, DDS   | (7) Mason T Tran, DDS  |
| (4) Joshua R Melton, DDS        | (8) Colin G Young, DMD |

Dr. Blasco indicated that he reviewed the applications and recommended approval.

MOTION: Mrs. Wark made the motion to approve. Motion seconded by Ms. Guillen. All were in favor; Dr. Blasco abstained.

\*d. **Approval for Specialty License by Credential (Board Recognized)–NRS 631.255 (1)(b)**  
(For Possible Action)

- (1) Timothy C Adams, DMD – Endodontics

Dr. Blasco indicated that this item was to be tabled.

288 \*e. Approval for Specialty License by Credential (Board Certified) – NRS 631.255(1)(a)  
289 (For Possible Action)

- 290  
291 (1) Ryan D Reyes, DDS – Periodontics  
292

293 Dr. Blasco indicated that he reviewed the application and recommended approval.

294  
295 MOTION: Mrs. Wark made the motion to approve. Motion seconded by Mrs. Solie. All were in favor; Dr. Blasco  
296 abstained.

297  
298 \*f. Approval for Dental Hygiene Licensure by ADEX – NRS 631.300(1)(b)(1) (For Possible Action)

- 299  
300 (1) Laura L Disano  
301 (2) Cecilia G Tourne  
302

303 Dr. Blasco indicated that he reviewed the applications and recommended approval.

304  
305 MOTION: Ms. Guillen made the motion to approve. Motion seconded by Mrs. Solie. All were in favor; Dr. Blasco  
306 abstained.

307  
308 \*g. Approval for Dental Hygiene Licensure by WREB – NRS 631.300(1)(b)(3) (For Possible Action)

- 309 (1) Laurel K Foerster (4) Kylee A M Shanks  
310 (2) Simone B Gennuso (5) Danielle R Tait  
311 (3) Kristen L McCray  
312

313  
314 Dr. Blasco indicated that he reviewed the applications and recommended approval.

315  
316 MOTION: Mrs. Wark made the motion to approve. Motion seconded by Mrs. Solie. All were in favor; Dr. Blasco  
317 abstained.

318  
319 \*h. Approval of Public Health Endorsement – NRS 631.287 (For Possible Action)

- 320  
321 (1) Nicole L Brewster, RDH – Huntridge Teen Clinic/Teen Scene Saturday Program  
322

323 Dr. Blasco indicated that he reviewed the application and recommended approval.

324  
325 MOTION: Mrs. Wark made the motion to approve. Motion seconded by Mrs. Solie. All were in favor; Dr. Blasco  
326 abstained.

327  
328 \*i. Approval of Voluntary Surrender of License – NAC 631.160 (For Possible Action)

- 329  
330 (1) Robert A Engler DDS  
331 (2) Kyle L Gawrys DDS  
332 (3) Ryan C Wait DDS  
333

334 Mrs. Shaffer-Kugel indicated that there were no pending matters for any of the licensees listed.

335  
336 MOTION: Dr. Pisani made the motion to approve. Motion seconded by Ms. Guillen. All were in favor.

337  
338 \*j. Approval of reactivation of license – NAC 631.170(4) (For Possible Action)

- 339  
340 (1) Gail J Lorenzo RDH  
341

342 Mrs. Shaffer-Kugel went over the application and indicated that Ms. Lorenzo had not actively practiced since 2010.  
343 Mrs. Lorenzo was present and stepped forward. She noted to the Board that historically, they would require a  
344 skills assessment or give the option to retake a clinical exam via WREB or ADEX.  
345

346 MOTION: Ms. Solie made the motion to approve the reactivation upon successful completion of a skills  
347 assessment or clinical examination. She further motioned to approve to reinstate the license without having to  
348 come before the Board again. Motion seconded by Mrs. Villigan. All were in favor.  
349

350 **\*k. Approval for Disciplinary Screening Officers-NRS 631.190 (For Possible Action)**

351  
352 (1) Sharon Peterson RDH

353 MOTION: Dr. Blasco made the motion to approve. Motion seconded by Mrs. Wark. All were in favor.  
354

355 **\*l. Approval for Anesthesia-Temporary Permit – NAC 631.2254 (For Possible Action)**

356  
357 (1) **Conscious Sedation** (For Possible Action)

358 a. Jeffrey W Higbee, DMD  
359

360 Dr. Blasco indicated that Dr. Miller and he reviewed the application and recommended approval.  
361

362 MOTION: Ms. Guillen made the motion to approve. Motion seconded by Mrs. Wark. All were in favor; Mrs. Blasco  
363 abstained.  
364

365 (2) **General Anesthesia** (For Possible Action)

366 a. Lisa M Gortari, DDS  
367

368 Dr. Blasco recommended approval.  
369

370 MOTION: Dr. Pisani made the motion to approve. Motion seconded by Ms. Guillen. All were in favor; Dr. Blasco  
371 abstained.  
372

373 **\*m. Approval for Anesthesia-Permanent Permit – NAC 631.2233 (For Possible Action)**

374  
375 (1) **Conscious Sedation** (For Possible Action)

376 (a) Afshin Arian, DMD

377 (b) Patrick N Andres, DDS  
378

379 Dr. Blasco recommended approval.  
380

381 MOTION: Mrs. Wark made the motion to approve. Motion seconded by Mrs. Solie. All were in favor; Dr. Blasco  
382 abstained.  
383

384  
385 **\*n. Approval for a 90-Day Extension of Anesthesia Permit – NAC 631.2254(2)**  
386 (For Possible Action)

387  
388 **\*(1) Conscious Sedation** (For Possible Action)

389 (a) Charles R Cordova Jr., DDS  
390

391  
392 **\*(2) General Anesthesia** (For Possible Action)

393 (a) Shaheen M Moezzi, DDS  
394

395 Dr. Blasco recommended approval.  
396

397 MOTION: Ms. Guillen made the motion to approve. Motion seconded by Dr. Kinard. All were in favor; Dr. Blasco  
398 abstained.  
399

400  
401  
402  
403

404 \*7. Resource Group Reports

405 \*a. Legislative and Dental Practice (For Possible Action)

406 (Chair: Dr. Pinther; Dr. Champagne; Dr. Blasco; Dr. Kinard; Mrs. Guillen, Mrs. Wark)

407 Report: Dr. Pinther gave a brief review of the bills that they have going before the legislature for potential changes.  
408 He spoke about AB 89 which was regarding reciprocity for veterans. Mrs. Shaffer-Kugel elaborated that the bill  
409 would allow credentialing for active/inactive military. She added that there was a bill requesting for changes to be  
410 made to conscious sedation regarding different levels of sedation and their definitions. She noted to them that  
411 there was a proposed change submitted to allow for the Secretary/Treasurer to review and approve application  
412 without having to go before a board meeting for approval of licensure. Another change being considered is to allow  
413 the Board to charge a fee for initial infection control requests. Dr. Talley indicated that an assemblywoman had  
414 inquired if AB 89 would allow licensure by credential for everyone or if it was strictly for veterans. Mrs. Shaffer-  
415 Kugel responded that it would only allow credentialing for active/inactive military and veterans. Mrs. Shaffer  
416 noted to the Board that there is a provision that would remove the ADEX exam minimum date requirement and the  
417 WREB five (5) year requirement.  
418  
419

420 \*b. Legal and Disciplinary Action (For Possible Action)

421 (Chair: Dr. Kinard; Dr. Pisani; Dr. Sill; Dr. Blasco; Mrs. Villigan; Mrs. Wark)

422 Mr. Hunt indicated that they held a DSO calibration on February 6<sup>th</sup> where they gave the DSO's updates and  
423 reminders of the procedures when conducting an investigation. Mrs. Shaffer-Kugel stated to the Board that there  
424 are close to 30 DSO's working for the Board.  
425  
426

427 \*c. Examinations Liaisons (For Possible Action)

428 \*(1) WREB Representatives (For Possible Action)

429 (Dr. Blasco and Mrs. Solie)

430 Dr. Blasco indicated that they are revamping CT exam. Mrs. Solie indicated that she attended the HERB meeting  
431 and added that WREB fees have decreased to \$650. She further noted that should a candidate fail the exam they  
432 are now able to do a retake the same day at the same location for an additional fee.  
433  
434

435 \*(2) ADEX Representatives (For Possible Action)

436 (Dr. Kinard)

437 No report

438 \*d. Continuing Education (For Possible Action)

439 (Chair: Dr. Sill; Dr. Blasco; Dr. Pisani; Mrs. Villigan; Ms. Solie)

440 No report

441 \*e. Committee of Dental Hygiene (For Possible Action)

442 (Chair: Mrs. Guillen; Mrs. Villigan, Ms. Solie; Dr. Sill)

443 No report – Meeting later today.

444 \*f. Specialty (For Possible Action)

445 (Chair: Dr. Pisani; Dr. Miller; Dr. Pinther)

446 No report

447 \*g. Anesthesia (For Possible Action)

448 (Chair: Dr. Miller; Dr. Pinther; Dr. Champagne, Dr. Kinard)

449 No report

462 \*h. **Infection Control** (For Possible Action)  
463 (Chair: Mrs. Villigan; Dr. Blasco; Dr. Champagne; Dr. Pisani; Ms. Solie; Mrs. Wark)  
464

465 No report  
466  
467

468 \*i. **Budget and Finance Committee** (For Possible Action)  
469 (Chair: Dr. Sill, Dr. Pinther, Mrs. Wark, Mrs. Guillen)  
470

471 No report  
472  
473

474 8. **Public Comment:** (Public Comment is limited to Five (5) minutes for each individual) No comments.  
475

Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)
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478 9. **Announcements:** Mrs. Shaffer-Kugel indicated that the Newsletter was going to be mailed out at the end of  
479 the month. She noted to the Board that the paper renewal was now available on the Board website. She noted  
480 further that the renewal portal was being finalized as there were new requirements being added.  
481

482 Dr. Talley indicated that the NDA ran reminders of the new prescription requirement in their journal.  
483

484 Mrs. Shaffer-Kugel noted that in the newsletter they ran a reminder that dental assistants were now required to  
485 maintain valid CPR certification, complete four hours of continuing education in Infection Control, and that the  
486 dentist must attest that they provided their dental assistants with a copy of NAC 631.210.  
487

488 Mrs. Shaffer-Kugel reminded the Board that the May 22<sup>nd</sup> meeting will be a 2-day meeting; they will hold a Board  
489 meeting on Friday, May 22<sup>nd</sup>, followed by a, tentative, full board hearing which may reconvene Saturday, May 23<sup>rd</sup>.  
490

491  
492 \*10. **Adjournment** (For Possible Action)  
493

494 MOTION: Mrs. Wark made the motion to adjourn. Motion seconded by Ms. Guillen. All were in favor.  
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501

Meeting Adjourned at 11:31 am.

Respectfully submitted by:

\_\_\_\_\_  
Debra Shaffer-Kugel, Executive Director



NEVADA STATE BOARD OF DENTAL EXAMINERS  
 6010 S Rainbow Boulevard, Suite A-1  
 Las Vegas, Nevada 89118  
 (702) 486-7044



Video Conferencing was available for this meeting at the Nevada State Board of Medical Examiners located at 1105 Terminal Way, Suite 301, Reno, NV 89502

**DRAFT MINUTES**

Friday, March 20, 2015  
 12:30 p.m.

**COMMITTEE ON DENTAL HYGIENE**

(Theresa Guillen, RDH (Chair), Leslea Villigan, RDH, Caryn Solie, RDH, and Byron Blasco, DMD)

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1. Call to Order, roll call, and establish quorum

- Mrs. Theresa Guillen -----PRESENT
- Mrs. Leslea Villigan -----PRESENT (via teleconference)
- Mrs. Caryn Solie -----PRESENT
- Dr. Byron Blasco -----PRESENT

Others Present: John Hunt, Board Legal Counsel; Debra Shaffer-Kugel, Executive Director.

Public Attendees: Theresa Chandler, Lincicome, Peterson – No northern attendees

2. **Public Comment:** (Public Comment is limited to five (5) minutes for each individual) Mrs. Lincicome asked that a correction be made to their name, that it should read “Nevada Dental Hygienists’ Association.”

Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

57 \*3. Recommendations from the Nevada Dental Hygiene Association–NRS 631.205 (For Possible Action)

58  
59 (1) Discuss and Recommend to define a Public Health Dental Hygienist

60  
61 Mrs. Peterson went over the letter she submitted (attached for the record). She stated that in the interest of being  
62 succinct, they currently do not have a definition for Dental Hygiene Public Health endorsed holder, and would like  
63 to clarify their duties by using existing language. She added that she would like the committee to consider this  
64 particular item as they feel it would be more clarifying for the public. Mr. Hunt clarified for the committee that the  
65 statute only defines a dental hygienist, and not a Public Health Endorsed Dental Hygienist (“PHEDH”). He noted  
66 to the committee that in speaking with Mrs. Peterson; his initial impression was that it would be a different license  
67 category. He further added that given the information provided, it would be for the committee to determine  
68 whether or not to recommend the proposed language for a statutory change that would create a new license  
69 category for Public Health Endorsed Dental Hygienists. Mrs. Peterson clarified that that they are not necessarily  
70 asking for a new license category, but rather their intent is to define what a PHEDH does. Mrs. Shaffer-Kugel  
71 suggested that perhaps it would be better to change the title to “Special Health Endorsement,” which would be  
72 similar to the process of issuing a permit. Furthermore, the endorsement/permit would be listed on the verification  
73 page online for any individual who holds the special permit/endorsement. Mrs. Peterson stated that the issue they  
74 are seeing when it comes to grant writing, which is a great part of the PHE programs, many insurance companies  
75 will not cover someone who isn’t working under an entity. The issue is that there are individuals who practice on  
76 their own. Mr. Hunt indicated that a regulation is supposed to clarify a statute, and that the PHE is already  
77 explained, therefore, a new definition should not be needed. Mrs. Peterson explained that the insurance  
78 companies must believe that a PHEDH does something differently than a regular dental hygienist that does not  
79 hold a PHE. Therefore, as the regulation currently stands it does not change the current issue at hand that they are  
80 facing with insurance companies.

81  
82 Mrs. Chandler indicated that Future Smiles has an umbrella policy that covers the PHEDH, but there are some  
83 PHEDH’s that are trying to work independently at approved location and not necessarily part of an entity. Her  
84 suggestion was that they add verbiage “deemed to be an essential community provider” to the current definition.  
85 Mrs. Shaffer-Kugel indicated that it would be a regulation change.

86  
87 MOTION: Mrs. Solie made the motion that until there is a legislative change regarding the PHEDH, there is no  
88 recommendation for the Board, however, should there be a change made, it is to be brought back before the  
89 committee. Motion seconded by Dr. Blasco. All were in favor.

90  
91 (2) Discuss and Recommend to change/amend NAC 631.210

- 92  
93 a). NAC 631.210(1)(a-n)  
94 b). NAC 631.210 (1)(f), (1)(c)(1) and (1)(c)(2)

95  
96 Mrs. Peterson brought to the committees’ attention the common situation occurring where Dental Hygienists  
97 want to practice ethically and under their scope of practice, but some are being dismissed from jobs because they  
98 are not willing to violate the dental practice act. She specified that currently under NAC 631.210 a dental hygienist  
99 can do (a-n) without a dentist present. She stated that the issue is the requirement of a DH being unable to see  
100 patients (new or returning) if the patient has not been seen by a dentist in the past 18 months. Further, that under  
101 the regulation a dental hygienist cannot do any of the precursory prep before being seen by a dentist; a dental  
102 assistant, on the other hand, is allowed to do the precursory prep, which is unfair to the educated and licensed  
103 dental hygienist. Therefore, they would like to remove these rules that are inhibiting a dental hygienist, who is  
104 more educated than a dental assistant, from providing the dentist with the precursory information than a Dental  
105 Assistant. It is suggested that they, perhaps, combine sections (1) and (2) of the regulation. Mrs. Shaffer-Kugel  
106 expressed her concern regarding dental hygienists that perform scaling and root planning without the Dentist  
107 being aware that in some cases the scaling and root planning were not necessary. She explained that the  
108 regulations were created to protect the public. She added that a dental assistant can only do the duties delegable  
109 to them under the supervision of a dentist.

110  
111 They began to discuss the possible options for proposed changes. Option 1: remove the language and exclude the  
112 diagnostic → NAC 631.210 (1f) (1c1) (1c2) that the DH would be able to do the data collection then take it to the  
113 dentist and then be able to proceed to see a patient.

114



115 Mrs. Solie indicated that (c1 and 2 and f) could be placed above under (a), and move the 18 month requirement to  
116 the dental assistants section. Mrs. Shaffer-Kugel indicated that they could place it before section one, therefore  
117 creating a new section (1), and section (1) would become section (2); then they could use the same language under  
118 the dental assistant regulation. Mr. Hunt indicated that the first step would be to make a new paragraph one, and  
119 the rest to be left as is. Further, add the language to the dental assistant regulation NAC 631.220.  
120

121 Option 2: remove the language noted and add it to dental assistant regulation. It is recommended that NAC  
122 631.210 be amended to include a section that prior to a patient becoming a patient of record or treated, a dental  
123 hygienist would be able to perform [outside the 18 month examination parameter] (1c1) (1c2), (1cf), and (1d1).  
124 It is recommended to add to NAC 631.220 to allow a DA to do (1k1) prior to a dentist.  
125

126 MOTION: Mrs. Solie made the motion to recommend to the Board that NAC 631.210 be amended to create a new  
127 section one (1) to state that a licensed dental hygienist may perform the following acts prior to be a patient being  
128 seen/examined by dentist to do (1c1), (1c2), (1d1), and (1f). [This is to be language drafted by the committee and  
129 present it to the Board for recommendation.] Motion seconded by Dr. Blasco. All were in favor.  
130

131 MOTION: Mrs. Solie made the motion to recommend to the Board to amend NAC 631.220 that a dental assistant  
132 may perform (1) (k1) prior to examination of a patient by a dentist. Motion seconded by Dr. Blasco. All were in  
133 favor.  
134

- 135 (3) Discuss and Recommend to change/amend NRS 631.105-Supervision by a dentist
  - 136 (4) Discuss and Recommendations regarding Emergency Management
- 137

138 Mrs. Peterson stated that they were not requesting to change the supervision by a dentist, but rather were looking  
139 at asking if section (2) could be under the same parameter as section (1). They would like to have (1) and (2) under  
140 the authorization section of NAC 631.210, and would like section (2) and (3) moved to section (1) so that they may  
141 be able to perform those duties with the authorization of the dentist. Further, that the same protocol would be  
142 applied if they were cleaning the patient's teeth. It was inquired to know what the difference between the terms  
143 'supervision' and 'authorization' were. Mrs. Shaffer-Kugel indicated that the difference is that under 'supervision' a  
144 dentist is present to react in the event of an emergency to protect the public. Whereas, 'authorization' only  
145 requires that a dentist grant authorization to perform certain duties/treatment without their supervision or  
146 presence in the office. Mrs. Peterson expressed her opinion that a dental hygienist should stay with a patient to  
147 respond to an emergency, and that in the time it would take to go get the dentist, the dental hygienist herself could  
148 address the emergency immediately.  
149

150 Mrs. Chandler inquired about the possibility of opening up the ability for a dental hygienist to treat patients with  
151 lasers or to anesthetize without a dentist being present. Mrs. Peterson inquired why there needs to be dental  
152 supervision when utilizing lasers and anesthetizing a patient. Mr. Hunt explained that the liability scheme is that a  
153 dentist, whether present or not, is ultimately liable. Therefore, a dentist is not going to want to allow a dental  
154 hygienist to do procedures that regardless if they are not present, would hold them, the dentist, liable.  
155

156 Mrs. Solie made the motion to recommend to the Board that NAC 631.210(2) items (a, b, c, d, e, and f) be placed in  
157 the items that were placed in new proposed section (1) and also include that section (3) 'may be authorized' by a  
158 dentist. No second was made; motion unsuccessful.  
159

160 Dr. Blasco indicated that in an effort to protect the public, he does not have a problem with some items, but some  
161 things he would have an issue with. He recommended that a dental hygienist could do items (a, b, c, e, and f).  
162

163 Recess: 2:27 p.m.

Returned to meeting: 2:34 p.m.

164  
165 MOTION: Mrs. Solie made the motion to recommend to the Board that NAC 631.210 be amended to have section  
166 (a, b, c, e, and f) placed under the authorized provision, which would state that a dentist may authorize a dental  
167 hygienist to administer local anesthesia. Motion seconded by Dr. Blasco. All were in favor.  
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4. **Public Comment:** (Public Comment is limited to Five (5) minutes for each individual) Mrs. Chandler thanked the committee for their time. Mrs. Lincicome stated that this was a gratifying event and thanked the committee.

Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

5. **Announcements:** Mrs. Shaffer-Kugel indicated that the recommendations will be placed on the May 22<sup>nd</sup> Board meeting agenda.

\*6. **Adjournment** (For Possible Action)

MOTION: Dr. Blasco made the motion to adjourn. Motion seconded by Mrs. Villigan. All were in favor.

Meeting Adjourned at 2:39 p.m.

Respectfully submitted by:

\_\_\_\_\_  
Debra Shaffer-Kugel, Executive Director

**Nevada State Board of Dental Examiners**

**Balance Sheet**

As of March 31, 2015

Mar 31, 15

**ASSETS**

**Current Assets**

**Checking/Savings**

10000 · Wells Fargo-Operating 267,566.91

10010 · Wells Fargo-Savings 1,001,977.83

**Total Checking/Savings** 1,269,544.74

**Accounts Receivable**

11000 · Accounts Receivable 107,323.33

**Total Accounts Receivable** 107,323.33

**Other Current Assets**

11050 · Reimbursements Receivable 347.36

11200 · Prepaid Expenses 32,051.30

11210 · Prepaid Insurance 4,920.52

**Total Other Current Assets** 37,319.18

**Total Current Assets** 1,414,187.25

**TOTAL ASSETS** 1,414,187.25

**LIABILITIES & FUND BALANCE**

**Liabilities**

**Current Liabilities**

**Accounts Payable**

20000 · Accounts Payable 33,321.59

**Total Accounts Payable** 33,321.59

**Other Current Liabilities**

**22125 · DDS Deferred Revenue**

22126-5 · 2017 DDS Active Licenses 600.00

22126-3 · 2015 DDS Active Licenses 134,635.97

22126-4 · 2015 DDS Inactive/Retired Fees 7,740.78

22900 · DDS-Permits 2,730.81

22901 · DDS-Limited License 1,765.74

22902 · DDS-Ltd Lic-Supervisor 2,174.99

**Total 22125 · DDS Deferred Revenue** 149,648.29

**22136 · RDH Deferred Revenue**

22138-1 · 2016 RDH Active 245,749.21

22138-2 · 2016 RDH Inactive/Retired 8,690.65

**Total 22136 · RDH Deferred Revenue** 254,439.86

20500 · Fines Payable-State of Nevada 3,850.00

23750 · Accrued Vacation/Sick Leave 24,713.52

23820 · Employee HSA/DB Payable 314.10

**Total Other Current Liabilities** 432,965.77

**Total Current Liabilities** 466,287.36

**Total Liabilities** 466,287.36

**Fund Balance** 947,899.89

**TOTAL LIABILITIES & FUND BALANCE** 1,414,187.25

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July 2014 through March 2015

Ordinary Income/Expense	<u>Jul '14 - Mar 15</u>	<u>Budget</u>	<u>\$ Over Budget</u>
<b>Income</b>			
<b>40000 · Dentist Licenses &amp; Fees</b>			
40100 · DDS Active License Fee	394,351.87	381,600.00	12,751.87
40102 · DDS Inactive License Fee	22,507.86	22,500.00	7.86
40135 · DDS Activate/Inactive/Suspend	6,650.00	3,825.00	2,825.00
40136 · DDS Activate Revoked License	850.00	1,000.00	(150.00)
40140 · Specialty License App	875.00	1,125.00	(250.00)
40145 · Limited License App	625.00	1,125.00	(500.00)
40115 · Limited License Renewal Fee	4,734.26	6,750.00	(2,015.74)
40146 · Limited License-S Application	0.00	100.00	(100.00)
40116 · LL-S Renewal Fee	2,802.28	3,078.00	(275.72)
40150 · Restricted License App	1,350.00	1,800.00	(450.00)
40180 · Anesthesia Site Permit App	12,050.00	7,497.00	4,553.00
40182 · CS/GA/Site Permit Renewals	8,192.52	8,145.00	47.52
40183 · CS/GA Site Permit Relnp	0.00	9,450.00	(9,450.00)
40175 · Conscious Sedation Permit Appl	7,950.00	6,000.00	1,950.00
40160 · Conscious Sedation Permit Relnp	9,350.00	6,372.00	2,978.00
40170 · General Anesthesia Permit Appl	3,350.00	2,250.00	1,100.00
40155 · General Anesthesia Permit Relnp	7,550.00	3,375.00	4,175.00
40212 · DDS ADEX License Application	9,600.00	10,800.00	(1,200.00)
40205 · DDS Credential Appl Fee-Spcilty	20,400.00	10,800.00	9,600.00
40211 · DDS WREB License Application	55,225.00	26,400.00	28,825.00
<b>Total 40000 · Dentist Licenses &amp; Fees</b>	<b>568,413.79</b>	<b>513,992.00</b>	<b>54,421.79</b>
<b>50000 · Dental Hygiene Licenses &amp; Fees</b>			
40105 · RDH Active License Fee	143,825.79	145,125.00	(1,299.21)
40106 · RDH Inactive License Fee	5,159.35	5,962.50	(803.15)
40130 · RDH Activate/Inactive/Suspend	5,412.50	1,800.00	3,612.50
40126 · RDH Reinstate Revoked License	1,700.00	2,500.00	(800.00)
40110 · RDH LA/N2O Permit Fee	3,100.00	2,700.00	400.00
40224 · RDH ADEX License Application	600.00	1,800.00	(1,200.00)
40222 · RDH WREB License Application	22,200.00	13,500.00	8,700.00
<b>Total 50000 · Dental Hygiene Licenses &amp; Fees</b>	<b>181,997.64</b>	<b>173,387.50</b>	<b>8,610.14</b>
<b>50750 · Other Licenses &amp; Fees</b>			
40220 · License Verification Fee	3,625.00	2,925.00	700.00
40227 · CEU Provider Fee	7,350.00	2,835.00	4,515.00
40240 · Check Return Fee	0.00	45.00	(45.00)
40225 · Duplicate License Fee	775.00	450.00	325.00
40555 · Fines	0.00	225.00	(225.00)
40185 · Lists/Labels Printed	7,702.00	5,400.00	2,302.00
40600 · Miscellaneous Income	290.00	270.00	20.00
<b>Total 50750 · Other Licenses &amp; Fees</b>	<b>19,742.00</b>	<b>12,150.00</b>	<b>7,592.00</b>

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July 2014 through March 2015

	<u>Jul '14 - Mar 15</u>	<u>Budget</u>	<u>\$ Over Budget</u>
<b>Total Income</b>	770,153.43	699,529.50	70,623.93
<b>Expense</b>			
<b>60500 · Bank Charges</b>			
60500-1 · Bank Service Fees	36.50	0.00	36.50
60500-2 · Merchant Fees	3,601.67	4,221.00	(619.33)
<b>Total 60500 · Bank Charges</b>	<u>3,638.17</u>	<u>4,221.00</u>	<u>(582.83)</u>
<b>68000 · Conferences &amp; Seminars</b>	4,948.70	10,555.00	(5,606.30)
<b>63000 · Dues &amp; Subscriptions</b>	3,795.08	3,316.50	478.58
<b>65100 · Furniture &amp; Equipment</b>	1,020.68	1,150.00	(129.32)
<b>65500 · Finance Charges</b>	792.52	42.00	750.52
<b>66500 · Insurance</b>			
66500-1 · Liability	4,598.97	5,346.00	(747.03)
66500-2 · Workers Compensation	562.33	765.00	(202.67)
<b>Total 66500 · Insurance</b>	<u>5,161.30</u>	<u>6,111.00</u>	<u>(949.70)</u>
<b>66520 · Internet/Web/Domain</b>			
66520-1 · GL Suites	32,319.68	26,325.00	5,994.68
66520-2 · E-mail, Website Services	1,558.71	1,476.00	82.71
66520-3 · Internet Services	1,163.33	1,152.00	11.33
66520-4 · Jurisprudence Exam Website	198.00	200.00	(2.00)
<b>Total 66520 · Internet/Web/Domain</b>	<u>35,239.72</u>	<u>29,153.00</u>	<u>6,086.72</u>
<b>73500 · Information Technology</b>			
73500-1 · Computer Repair/Upgrade	541.00	1,600.00	(1,059.00)
<b>Total 73500 · Information Technology</b>	<u>541.00</u>	<u>1,600.00</u>	<u>(1,059.00)</u>
<b>66600 · Office Supplies</b>	6,291.33	4,050.00	2,241.33
<b>66650 · Office Expense</b>			
68710 · Miscellaneous Expenses	6,312.77	1,035.00	5,277.77
68700 · Repairs & Maintenance			
68700-1 · Janitorial	4,500.00	4,500.00	0.00
68700-2 · Copier Maintenance (7545P)	2,882.44	3,015.00	(132.56)
68700-3 · Copier Maintenance (7435P)	1,753.42	1,642.50	110.92
<b>Total 68700 · Repairs &amp; Maintenance</b>	<u>9,135.86</u>	<u>9,157.50</u>	<u>(21.64)</u>
68724 · Scanning Services	27,106.00	27,000.00	106.00
68725 · Security	630.00	690.00	(60.00)
68715 · Shredding Services	773.88	348.75	425.13
68720 · Utilities	3,489.03	3,027.00	462.03
<b>Total 66650 · Office Expense</b>	<u>47,447.54</u>	<u>41,258.25</u>	<u>6,189.29</u>

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July 2014 through March 2015

	<u>Jul '14 - Mar 15</u>	<u>Budget</u>	<u>\$ Over Budget</u>
67000 · Printing	8,551.44	2,050.00	6,501.44
67500 · Postage & Delivery	11,106.84	8,100.00	3,006.84
<b>68500 · Rent/Lease Expense</b>			
68500-1 · Equipment Lease	1,136.19	1,137.00	(0.81)
68500-2 · Office			
68500-3 · Office Sub-Lease Income	(26,725.14)	(26,725.14)	0.00
68500-2 · Office - Other	72,754.20	72,754.20	0.00
<b>Total 68500-2 · Office</b>	<u>46,029.06</u>	<u>46,029.06</u>	<u>0.00</u>
68500-4 · Storage Warehouse	2,602.24	1,920.00	682.24
<b>Total 68500 · Rent/Lease Expense</b>	<u>49,767.49</u>	<u>49,086.06</u>	<u>681.43</u>
<b>75000 · Telephone</b>			
75000-1 · Telephone-Office	1,931.08	1,710.00	221.08
75000-2 · Board Teleconference	222.94	180.00	42.94
<b>Total 75000 · Telephone</b>	<u>2,154.02</u>	<u>1,890.00</u>	<u>264.02</u>
75100 · Travel (Staff)	3,102.11	1,800.00	1,302.11
73550 · Per Diem (Staff)	141.00	450.00	(309.00)
<b>73600 · Professional Fee</b>			
73600-1 · Accounting	14,842.50	16,500.00	(1,657.50)
73600-4 · Legislative Services	13,500.00	13,500.00	0.00
73600-2 · Legal-General	20,823.14	41,940.00	(21,116.86)
<b>Total 73600 · Professional Fee</b>	<u>49,165.64</u>	<u>71,940.00</u>	<u>(22,774.36)</u>
73700 · Verification Services	7,134.00	5,985.00	1,149.00
<b>72000 · Employee Wages &amp; Benefits</b>			
72100 · Executive Director	75,629.44	67,350.01	8,279.43
72300 · Credentialing & Licensing Coord	43,766.09	43,587.00	179.09
72132 · Site Inspection Coordinator	29,196.93	29,268.00	(71.07)
72200 · Technology/Finance Liaison	35,552.97	34,974.00	578.97
72130 · Public Info & CE Coordinator	23,883.56	24,008.00	(124.44)
72140 · Administrative Assistant (P/T)	11,618.05	10,764.00	854.05
72010 · Payroll Service Fees	1,271.00	936.00	335.00
72005 · Payroll Tax Expense	4,267.19	4,500.00	(232.81)
72600 · Retirement Fund Expense (PERS)	47,027.34	47,097.00	(69.66)
65525 · Health Insurance	36,028.00	36,378.00	(350.00)
<b>Total 72000 · Employee Wages &amp; Benefits</b>	<u>308,240.57</u>	<u>298,862.01</u>	<u>9,378.56</u>
<b>72400 · Board of Directors Expense</b>			
72400-1 · Director Stipends	4,960.00	4,400.00	560.00
72400-2 · Committee Mtgs-Stipends	650.00	450.00	200.00
72400-3 · Director Travel Expenses	3,091.67	3,550.00	(458.33)

**Nevada State Board of Dental Examiners**  
**Statement of Revenues, Expenses and Fund Balance**  
July 2014 through March 2015

	<u>Jul '14 - Mar 15</u>	<u>Budget</u>	<u>\$ Over Budget</u>
72400-4 · Semi-Annual Review/Planning Mtg	0.00	5,500.00	(5,500.00)
72400-9 · Refreshments - Board Meetings	1,444.01	800.00	644.01
<b>Total 72400 · Board of Directors Expense</b>	<b>10,145.68</b>	<b>14,700.00</b>	<b>(4,554.32)</b>
<b>60001 · Anesthesia Eval Committee</b>			
60001-1 · Evaluator's Fee	7,724.51	17,775.00	(10,050.49)
60001-4 · Travel Expense	4,004.66	3,600.00	404.66
<b>Total 60001 · Anesthesia Eval Committee</b>	<b>11,729.17</b>	<b>21,375.00</b>	<b>(9,645.83)</b>
<b>73650 · Investigations/Complaints</b>			
72550 · DSO Coordinator	2,775.00	4,500.00	(1,725.00)
73650-1 · DSO Consulting Fee	29,392.50	40,500.00	(11,107.50)
73650-2 · DSO Travel Expense	4,330.56	9,337.50	(5,006.94)
73650-3 · Legal Fees-Investigations	204,520.21	184,448.00	20,072.21
73650-6 · Reimb Investigation Expenses	(155,648.06)	(121,500.00)	(34,148.06)
<b>Total 73650 · Investigations/Complaints</b>	<b>85,370.21</b>	<b>117,285.50</b>	<b>(31,915.29)</b>
<b>60002 · Infection Control Inspection</b>			
60002-1 · Initial Inspection Expense	6,196.25	10,800.00	(4,603.75)
60002-2 · Reinspection Expense	654.17	2,776.50	(2,122.33)
60002-3 · Random Inspection Expense	650.00	1,800.00	(1,150.00)
60002-4 · Travel Expense	2,393.33	3,752.00	(1,358.67)
<b>Total 60002 · Infection Control Inspection</b>	<b>9,893.75</b>	<b>19,128.50</b>	<b>(9,234.75)</b>
<b>Total Expense</b>	<b>665,377.96</b>	<b>714,108.82</b>	<b>(48,730.86)</b>
<b>Net Ordinary Income</b>	<b>104,775.47</b>	<b>(14,579.32)</b>	<b>119,354.79</b>
<b>Other Income/Expense</b>			
<b>Other Income</b>			
40800 · Interest Income	472.93	1,125.00	(652.07)
<b>Total Other Income</b>	<b>472.93</b>	<b>1,125.00</b>	<b>(652.07)</b>
<b>Net Other Income</b>	<b>472.93</b>	<b>1,125.00</b>	<b>(652.07)</b>
<b>Net Income Over Expenses</b>	<b>105,248.40</b>	<b>(13,454.32)</b>	<b>118,702.72</b>

## **RADIATION STAKEHOLDERS' MEETING NOTIFICATION**

The Division of Public and Behavioral Health, the Radiation Control Program has created Stakeholders' informational meetings to address topics of concern to licensees and registrants. A different topic is discussed at each meeting. Some meetings/topics concern all of the licensees and registrants, while some are more specific to a particular industry or modality. The goal of these meetings is to have industry input through open communication with the regulated community. The topic for this meeting will be the requirement and use of personnel dosimetry by licensees and registrants.

The next meeting is scheduled for Wednesday June 24<sup>th</sup> in Las Vegas at Division of Public and Behavioral Health, Nevada Early Intervention, 3811 West Charleston, Suite 112, Las Vegas, Nevada 89119 and in Carson City at Division of Public and Behavioral Health, 4150 Technology Way, Suite 204, Carson City, Nevada 89706. The meeting will begin at 3 pm. During this meeting the Radiation Control program will give guidance, explain the regulatory requirements, address issues and suggest possible changes for future regulation. This meeting is for the regulated community and we welcome your attendance and input.





PETITION FOR ADVISORY OPINION

Applicant/Licensee: Marianne Sampson, RDH Date: 4-14-2015  
Address: [Redacted] Suite No.: \_\_\_\_\_  
City: [Redacted] State: [Redacted] Zip Code: [Redacted]  
Telephone: [Redacted] Fax: \_\_\_\_\_ Email: [Redacted]

In the matter of the petition for an advisory opinion of NRS & NAC Chapter 631:

This request is for clarification of the following statute, regulation, or order:

(Identify the particular aspect thereof to which the request is made.)

Note: If you require additional space you may attach separate pages to the petition form.

see attached

The substance and nature of this request is as follows:

(State clearly and concisely petitioner's question.)

Note: If you require additional space you may attach separate pages to the petition form.

See attached

(Please submit any additional supporting documentation with the petition form)

Wherefore, applicant/licensee requests that the Nevada State Board of Dental Examiners grant this petition and issue an advisory opinion in this matter.

Marianne Sampson, RDH  
Applicant/Licensee Signature

Marianne Sampson, RDH, BSDH  
College of Southern Nevada Outreach Coordinator  
6375 W. Charleston BLVD, WCA 108  
Las Vegas, NV 89146

Received

APR 14 2015

NSBDE

Petition for an advisory opinion of NRS & NAC Chapter 631:

*This request is for clarification of the following statute, regulation, or order:*

This request is for clarification of the Public Health Endorsement as it pertains to CSN faculty supervising dental hygiene students performing community services in public health settings. All CSN supervising faculty are Nevada licensed dental hygienists.

*The substance and nature of this request is as follows:*

The CSN dental hygiene program has a course titled Community Dental Health Experience. This provides students with an outreach experience to provide dental public health services for persons with little or no access to dental care. Student rotations include Future Smiles (various locations), Acelero Head Start (all locations), and the Florence McClure Women's Correctional Facility (FMWCC).

For the CSN faculty to supervise students at Future Smiles and Acelero Head Start, we have been required by NSBDE to carry a Public Health Endorsement in order to supervise student procedures in these public health settings. Procedures include adult and child prophylaxis, sealants, fluoride varnish treatments, and radiographs.

The CSN Dental Hygiene program has a long standing affiliation agreement with FMWCC to allow dental hygiene students to work under the supervision of their facility dentist and provide preventive oral health care services to inmates at the facility. Two students go to the site every Tuesday and Thursday throughout the spring semester. For security clearance purposes, the schedule for CSN visits is made well in advance. My request is to establish that in the event of the facility dentist's absence, a PHE faculty member could accompany the DH students to FMWCC and supervise their treatment services as is done in other public health settings.

Marianne Sampson RDH, BSDH  
Instructor/ Outreach Coordinator  
College of Southern Nevada  
6375 W. Charleston Blvd WCA108  
Las Vegas, NV 89146

March 5, 2015

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

Dear Board Members,

Attached are the applications to have an additional program added to the Special Health Endorsements for myself and an additional CSN Outreach Supervisor, Anne Neumann, RDH BSDH. The additional program is the Florence McClure Women's Correctional Center. A letter of support from the facilities Director of Nursing, Bob Faulkner, is attached.

CSN has a longstanding affiliation agreement with FMWCC for student's to provide preventive dental services to inmates, under the direction of the facility dentist. This provides the students the opportunity to improve their skill prior to graduation and to provide a community service to an underserved population. The facility dentist and assistant are usually only able to handle emergencies, minor restorative needs, extractions, and dentures for this large population of inmates. Occasionally the dentist needs to be away from the facility, and I am requesting this addition to my Special Health Endorsement so that as the Outreach coordinator, I may accompany and supervise my students in duties as outlined by NAC 631.210 in the event of the dentist's absence.

Please consider approving this program at the next Board meeting.

If approved, please grant this additional program to our current Special Health Endorsements.

If additional information is needed, please contact me by cell phone at: [REDACTED]

Thank you for your consideration,

Marianne Sampson, RDH BSDH

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APR 14 2015  
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# 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

## Notification of Additional Program through Special Health Endorsement

Licensee Name. Marianne Sampson License No. 2909

Licensee's Mailing Address. [Redacted]  
[Redacted]

Do you have a current special health endorsement? Yes  No

Name of Additional Program. Florence McClure Women's Correctional Center  
Nevada Department of Corrections

Address for Additional Program. 4370 Smiley Road  
Las Vegas, NV 89115

Telephone Number for Additional Program. 702 668-7300

Name of Program Director. Bob Faulkner - Director of Nursing Services

.....  
\*\*Please note\*\* You may only provide public health dental hygiene after receiving a special health endorsement approved by the Board and you may only provide these services at the following, Board approved programs, health care facility, health facility and schools pursuant to NAC 631.210(7). Please verify with the Board office regarding Board approved programs.

.....  
For Office Use.

Verify Program/Facility. \_\_\_\_\_

Date Licensees additional program information was updated. \_\_\_\_\_ by \_\_\_\_\_

Received  
APR 14 2015  
NSBDE



BOARD OF COMMISSIONERS  
BRIAN SANDOVAL  
GOVERNOR  
ADAM PAUL LAKALT  
ATTORNEY GENERAL  
BARBARA CEGAUSKE  
SECRETARY OF STATE



STATE OF NEVADA  
DEPARTMENT OF CORRECTIONS

FLORENCE McCLURE WOMEN'S  
CORRECTIONAL CENTER  
4370 SMILEY ROAD  
LAS VEGAS, NV 89115  
PHONE: 702-868-7200



GREG COX  
DIRECTOR  
E. E. McDAHIEL  
DEPUTY DIRECTOR  
JO GENTRY  
WARDEN

March 4, 2015

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

RE: Public Health Dental Hygiene Endorsement

Dear Board Members:

The Florence McClure Women's Correctional Center is the sole custodial facility for women within the Nevada Department of Corrections. It is also the intake facility for female inmates in Nevada. FMWCC has a longstanding affiliation with the College of Southern Nevada Dental Hygiene Program. Prior to their graduation, fourth semester dental hygiene students complete a semester of community outreach service. CSN Students and Outreach Coordinators who pass the requirements for NDOC Volunteers provide preventive dental treatment for inmates at this facility following an initial exam by the facility dentist. This is a mutually beneficial arrangement which enhances the education of the students while allowing us to provide dental services that we otherwise would not have the means to provide.

Treatments may include:


- Dental prophylaxis
- Scaling and root planing
- Coronal polish
- Application of fluoride varnish
- Exposure dental radiographs

Administration of local anesthesia (only under the supervision of the FMWCC dentist as provided in NAC 631.210)

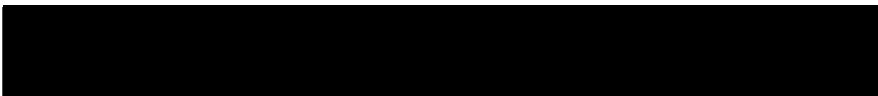
Anne Neumann &

Please approve the enclosed request by CSN outreach coordinator Marianne Sampson for Public Health Dental Hygiene Endorsement for the purpose of supervising CSN volunteer student dental hygienists at the Florence McClure Women's Correctional Center.

Sincerely,

  
Bob Faulkner  
Director of Nursing Services I

Received  
APR 14 2015  
NSBDE



## Legislative Update April 27, 2015

The past fortnight saw another Nevada Legislature deadline come and go, this one the deadline for non-exempt bills to pass out of their house of origin. A total of 15 bills died, 11 in the Assembly and 4 in the Senate. Based on the drama of the deadline day floor sessions, one might have expected far more casualties on this list. ([Bills that Missed the April 21, 2015 Deadline - 78th \(2015\) Session](#))

The bill in the spotlight on deadline day was SB 252, the Governor's business license fee. It passed out of the Senate 17-4, after negotiations between Senate Majority Leader Roberson (R) and the Senate Democratic Caucus, led by Senator Ford. Some of the more draconian prevailing wage and collective bargaining proposals will likely be watered down, and important election reform bills were exempted from the deadline, allowing time for more negotiation. ([NV Senate Passes Sandoval Tax Plan- RGJ](#))

SB 252 now heads to the Assembly where AB 464, the Assembly leadership alternative tax plan, has been exempted from the deadlines. The work on a final tax plan will start in earnest after this Friday's Economic Forum meeting, where the economists will give the Legislature the final revenue projections for the next biennium. Many observers believe some hybrid of the two plans, along with changes to the Live Entertainment Tax, is likely to occur. See Jon Ralston's blog ([What a tax deal might look like- Ralston Reports](#)) for one take on a possible compromise. Whether Governor Sandoval will weigh in forcefully on his BLF, and use some his significant political capital, remains to be seen. He has said he is open to other ideas, and the policy and political fight should heat up after May 1.

Assemblywoman Michelle Fiore (R) showed she can still generate headlines, this time while on the floor during debate on AB 408, her return of federal land (aka the "Bundy" bill) which failed on a vote of 8-34. ([Legislature Abuzz Over Edwards v. Fiore Flap- RGJ](#)) The growing, and very visible, animosity within the Assembly Republican caucus will not make the tax fight ahead, or the stressful closing days of the Session, any easier.

On the Senate side, things got heated during the fight on a vote for SB 439, the regulatory bill for transportation network companies (Lyft and Uber). During the previous bill, Sen. Roberson and Senate Republicans were annoyed when the Democrats attempted amendments on his equal pay bill, SB 167. The equal pay bill passed, but the animosity carried over to the Lyft/Uber bill, and a heated debate between Senators Atkinson and Roberson occurred on the floor. The bill failed along party lines, as it required a 2/3 vote to pass. The bill was eligible for exemption from the passage deadlines, the waiver was later granted, and the fate of the bill remains uncertain. The related insurance bill, SB 440, passed out of the Senate on party lines and has been heard in Assembly Commerce and Labor.

Some of the other hotly-contested bills that have, or will, occupy Legislators' minds:

- SB 444, which already came out of the Senate, is now being debated in the Assembly and may be one to watch. Brought by Wynn to weaken the strict anti-SLAPP law currently in



place, it was heard with much fanfare Friday. Just two years ago legislation was passed which aims to protect the press and public from suits filed against them after critical public commentary.

- The hotly debated transgender bathroom bill, AB 375, failed by a close margin.
- SB 193, proposing to change the overtime laws and increase the minimum wage rate, has already made it out of the Senate and was heard by an Assembly committee this last week.
- Bills to reform the public employee pension and healthcare systems, along with collective bargaining and prevailing wage bills, remain in flux and will likely be a part of endgame negotiations to wind down the Session and pass a tax bill.

Former Assemblywoman and candidate for Lt. Governor, Lucy Flores announced she's running for Congressional District 4. This sets up a democratic primary fight between Flores and current Senator Ruben Kihuen, who had previously announced.

The next deadline is Friday, May 15<sup>th</sup>, the second house committee passage deadline for non-exempt bills.

### Priority

Bill Number	Topic	Summary	Sponsor	Current Location	Next Action
AB53 (R1)	Administrative hearings, standard of proof	Revises provisions relating to administrative procedure. (BDR 18-160)	Assembly Govt. Affairs (for AG)	Senate Government Affairs	
AB59 (R1)	Office leases	Revises the authority of the Administrator of the State Public Works Division of the Department of Administration regarding leases for certain office rooms for state agencies, boards and commissions. (BDR 27-299)	Assembly Govt. Affair (for State Public Works)	Senate Government Affairs	

<b>AB89 (R1)</b>	<b>Professional licensing, reciprocity, veterans</b>	<b>Makes various changes to provisions relating to certain professions. (BDR 53-295)</b>	<b>Assembly Commerce (for Governor)</b>	<b>Senate Commerce</b>	<b>04/29/2015 Senate Commerce 8:30 AM RM# 2135</b>
<b>SB114 (R1)</b>	<b>Prescriptions for controlled substances</b>	<b>Makes changes relating to prescriptions for certain controlled substances. (BDR 40-239)</b>	<b>Sen. Hardy</b>	<b>Assembly Health &amp; Human Services</b>	

## Secondary

<b>Bill Number</b>	<b>Topic</b>	<b>Summary</b>	<b>Sponsor</b>	<b>Current Location</b>	<b>Next Action</b>
AB135 (R1 Exempt)	Retention and disposal of official state records	Revises provisions relating to schedules for the retention and disposal of official state records. (BDR 19-547)	Assembly Govt. Affairs (for Sunset Subcommittee)	Assembly Ways & Means	
AB150 (77th Session)	Governmental Oversight & Accountability Committee	Creates the Legislative Committee on Governmental Oversight and Accountability. (BDR 17-739)	Asm. Daly	Chief Clerk's Desk	
AB236 (R1)	Public engagement, Internet	Enacts provisions related to the promotion of public engagement by state agencies. (BDR 18-697)	Asm. Neal	Senate Government Affairs	
AB355 (Exempt)	Administrative regulations	Revises provisions governing administrative regulations. (BDR 18-843)	Asm. Fiore	Assembly Ways & Means	
SB70 (R1)	Meetings of public bodies	Revises provisions governing meetings of public bodies. (BDR 19-155)	Senate Govt. Affairs (for AG)	Assembly Government Affairs	
SB137 (R1)	Dental benefits and policies	Enacts provisions governing stand-alone	Sen. Hardy	Assembly Commerce & Labor	04/29/2015 Assembly Commerce & Labor



		dental benefits and policies of health care. (BDR 57-575)			1:30 PM RM# 4100
SB159	Insurance, dental care evaluation	Revises provisions relating to insurance. (BDR 57-829)	Sen. Kieckhefer	Assembly Commerce & Labor	04/29/2015 Assembly Commerce, WORK SESSION 1:30 PM RM# 4100
SB251	Interstate Medical Licensure Compact	Ratifies the Interstate Medical Licensure Compact. (BDR 54-576)	Sen. Hardy	Assembly Commerce & Labor	04/29/2015 Assembly Commerce & Labor 1:30 PM RM# 4100
SB273 (R1)	Health care records	Revises provisions relating to health care records. (BDR 54-589)	Sen. Hardy	Assembly Commerce & Labor	04/29/2015 Assembly Commerce & Labor 1:30 PM RM# 4100
SB288 (R1)	Controlled substances, database	Revises provisions relating to prescribing controlled substances. (BDR 40-889)	Sen. Denis	Assembly Health & Human Services	
SB292 (Waiver)	Professional negligence	Revises provisions relating to certain civil actions involving negligence. (BDR 3-954)	Sen. Roberson	Senate Judiciary	
SB341 (R1)	Dentists, health insurance	Revises provisions relating to dentists. (BDR 57-261)	Sen. Smith	Assembly Commerce & Labor	
SB501 (R1 Exempt)	State Dental Health Officer, State Public Health Dental Hygienist	Revises provisions relating to the State Dental Health Officer and the State Public Health Dental Hygienist. (BDR 40-1162)	Senate Finance (for Dept of Admin)	Senate Finance	



# 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

## VOLUNTARY SURRENDER OF LICENSE

STATE OF Nevada

COUNTY OF Clark

I, Adam Persly, hereby surrender my Nevada  
Dental /Dental Hygiene (circle one) license number 4192 on 23 day of  
December, 2014.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

\_\_\_\_\_  
Licensee Signature

\_\_\_\_\_  
Date

2/20/15

\_\_\_\_\_  
Notary Signature



Licensee Current Mailing Address: \_\_\_\_\_



Home Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Received  
FEB 23 2015  
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# Nevada State Board of Dental Examiners

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## VOLUNTARY SURRENDER OF LICENSE

STATE OF NEVADA

COUNTY OF WASHOE

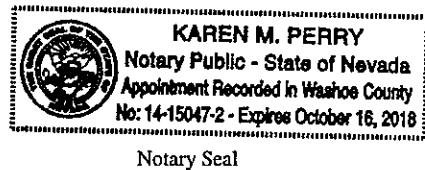
I, Peter M. DiGRAZIA, hereby surrender my Nevada  
Dental /Dental Hygiene (circle one) license number 0562 on 30<sup>th</sup> day of  
June, 2015.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

*Peter M. DiGrazia*  
Licensee Signature

APR 1 28 / 2015  
Date

*Karen M. Perry*  
Notary Signature



~~Licensee Current Mailing Address:~~ [REDACTED]  
~~Home Phone~~ [REDACTED] ~~Cell Phone:~~ [REDACTED]

Received  
MAY 01 2015  
NSBDE  
02/2013



# 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

## VOLUNTARY SURRENDER OF LICENSE

STATE OF CALIFORNIA

COUNTY OF SAN DIEGO

I, Katie V. Duong, hereby surrender my Nevada  
Dental Dental Hygiene (circle one) license number 5100 on 30 day of  
June, 2015.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Katie Duong  
Licensee Signature

APR 19, 2015  
Date

[Signature]  
Notary Signature



Licensee Current Mailing Address: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Received  
APR 15 2015  
NSBDE

## Recommendations of the Committee on Dental Hygiene to the Board

- (1) Discuss and Recommend to define a Public Health Dental Hygienist

Board Legal Counsel advised the Committee since currently NRS Chapter 631 does not identify licensure for a Public Health Dental Hygienist before a regulation could be developed to regulate Public Health Dental Hygienist a statute would have to be enacted by the Nevada Legislature to create a license for a Public Health Dental Hygienist . Therefore the Committee recommended no action be taken at this time until a proper BDR is submitted to the Committee for further consideration.

- (2) Discuss and Recommend to change/amend NAC 631.210 and NAC 631.220

- a). NAC 631.210(1)(a-n) and NAC 631.210 (1)(c)(1) 1(f) and 1(c)(1 and 2), NAC 631.210 (2 and 3)

**The Committee on Dental Hygiene recommends to amend NAC 631.210 as follows.**

1. A dentist licensed in this state may authorize a dental hygienist to perform the following acts prior to the patient being examined by the dentist.
  - (a) Expose radiographs
  - (b) Assessment of the oral health of patients through medical and dental histories, radiographs, indices, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of patients
  - (c) Development of a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (1)
  - (d) Taking of impressions for the preparation of diagnostic models;
2. A dentist who is licensed in this State may authorize a dental hygienist in his or her employ to:
  - (a) Remove stains, deposits and accretions, including dental calculus.
  - (b) Smooth the natural and restored surface of a tooth by using the procedures and instruments commonly used in oral prophylaxis, except that an abrasive stone, disc or a bur may be used only to polish a restoration. As used in this paragraph, "oral prophylaxis" means the preventive dental procedure of scaling and polishing which includes the removal of calculus, soft deposits, plaques and



stains and the smoothing of unattached tooth surfaces in order to create an environment in which hard and soft tissues can be maintained in good health by the patient.

- (c) Provide dental hygiene care that includes:
  - (1) implementation of a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (1).
  - (2) Evaluation of oral and periodontal health after the implementation of the dental hygiene care plan described in subparagraph (2) in order to identify the subsequent treatment, continued care and referral needs of the patient.

(d) Take the following types of impressions:

- (1) Those used for the fabrication of temporary crowns or bridges; and
- (2) Those used for the fabrication of temporary removable appliances, provided no missing teeth are replaced by those appliances

(e) Perform subgingival curettage

(f) Place and remove a periodontal pack

(g) Remove excess cement from cemented restorations and orthodontic appliances. A dental hygienist may not use a rotary cutting instrument to remove excess cement from restorations or orthodontic appliances

(h) Train and instruct persons in the techniques of oral hygiene and preventive procedures.

(i) Recement and repair temporary crowns and bridges.

(j) Recement permanent crowns and bridges with nonpermanent material as a palliative treatment.

(k) Place a temporary restoration with nonpermanent material as a palliative treatment.

(l) Administer local intraoral chemotherapeutic agents in any form except aerosol, including, but not limited to:

- (1) Antimicrobial agents;
- (2) Fluoride preparations;
- (3) Topical antibiotics;
- (4) Topical anesthetics; and
- (5) Topical desensitizing agents.

(m) Apply pit and fissure sealant to the dentition for the prevention of decay.

(n) Remove sutures.

(o) Place and secure orthodontic ligatures.

(p) Fabricate and place temporary crowns and bridges.



- (q) Perform nonsurgical cytologic testing.
- (r) Apply and activate agents for bleaching teeth with a light source

3. A dentist who is licensed in this State may authorize a dental hygienist in his or her employ who has:

(a) Successfully completed a course of continuing education in the administering of local anesthetics or nitrous oxide-oxygen analgesia, or both, which has been approved by the Board; or

(b) Graduated from an accredited program of dental hygiene which includes the administering of local anesthetics or nitrous oxide-oxygen analgesia, or both, in its curriculum,

È the dentist may authorize the dental hygienist to administer local anesthetics or nitrous oxide-oxygen analgesia, or both, as appropriate, if the dental hygienist has received from the Board a certificate or permit certifying the hygienist for this level of administration. The dental hygienist must obtain the authorization from the licensed dentist of the patient on whom the services are to be performed.

4. A dental hygienist in a health care facility may administer local intraoral chemotherapeutic agents and, if he or she has complied with paragraph (a) or (b) of subsection 3, may administer local anesthetics or nitrous oxide-oxygen analgesia, or both, as appropriate, if he or she first:

(a) Obtains written authorization from the licensed dentist of the patient to whom the local anesthetics, nitrous oxide-oxygen analgesia or local intraoral chemotherapeutic agents are to be administered; and

(b) Submits to the Secretary-Treasurer a written confirmation from the director of the health care facility that the facility has licensed medical personnel and necessary emergency supplies and equipment that will be available when the local anesthetics, nitrous oxide-oxygen analgesia or local intraoral chemotherapeutic agents are administered.

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

5. A dentist who is licensed in this State may authorize a dental hygienist in his or her employ





and under his or her supervision to:

(a) Fit orthodontic bands and prepare teeth for orthodontic bands if the bands are cemented or bonded, or both, into the patient's mouth by the dentist who authorized the dental hygienist to perform this procedure

(b) Use a laser that has been cleared by the Food and Drug Administration to perform intrasulcular periodontal procedures or tooth whitening procedures if:

(1) The use of such a laser for those purposes is within the scope of the education, experience and training of the dental hygienist;

(2) Before operating the laser, the dental hygienist has provided proof to the supervising dentist that the dental hygienist has successfully completed a course in laser proficiency that:

(I) Is at least 6 hours in length; and

(II) Is based on the *Curriculum Guidelines and Standards for Dental Laser Education*, adopted by reference pursuant to NAC 631.035; and

(3) The supervising dentist has successfully completed a course in laser proficiency that:

(I) Is at least 6 hours in length; and

(II) Is based on the *Curriculum Guidelines and Standards for Dental Laser Education*, adopted by reference pursuant to NAC 631.035.

È The dental hygienist must obtain authorization from the licensed dentist of the patient on whom the services authorized pursuant to this subsection are to be performed

6. The Board may authorize a dental hygienist to perform the services set forth in subsections 1, 2, 3, and 4 inclusive, without supervision by a dentist and without authorization from the licensed dentist of the patient on whom the services are to be performed, at a health facility, a school or a place in this State approved by the Board after the Board:

(a) Issues a special endorsement of the dental hygienist's license.

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

(1) Treat patients; and

(2) Refer patients to a dentist for:

(I) Follow-up care;

(II) Diagnostic services; and

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

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

(a) Dental hygienist fails to renew his or her license or it is cancelled, suspended or revoked;

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





- (c) Dental hygienist commits an act which constitutes a cause for disciplinary action; or
- (d) Dental hygienist violates any provision of this chapter or chapter 631 of NRS.

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

8. As used in this section:

- (a) "Health care facility" has the meaning ascribed to it in NRS 162A.740.
- (b) "Health facility" has the meaning ascribed to it in subsection 6 of NRS 449.260.
- (c) "School" means an elementary, secondary or postsecondary educational facility, public or private, in this State.

**The Committee on Dental Hygiene recommends to amend NAC 631.220 as follows.**

1. A dentist who is licensed in the State of Nevada may authorize a dental assistant in his or her employ and under his or her supervision to perform the following acts prior to the patient being examined by the dentist:
  - (a) Expose radiographs
  - (b) Taking of impressions for the preparation of diagnostic models;
2. A dentist who is licensed in the State of Nevada may authorize a dental assistant in his or her employ and under his or her supervision only to do one or more of the following the examination of the patient:
  - (a) Retract a patient's cheek, tongue or other tissue during a dental operation.
  - (b) Remove the debris that normally accumulates during or after a cleaning or operation by the dentist by using mouthwash, water, compressed air or suction.
  - (c) Place or remove a rubber dam and accessories used for its placement.
  - (d) Place and secure an orthodontic ligature.
  - (e) Remove sutures.
  - (f) Place and remove a periodontal pack.
  - (g) Remove excess cement from cemented restorations and orthodontic appliances. A dental assistant may not use a rotary cutting instrument to remove excess cement from restorations or orthodontic appliances.
  - (h) Administer a topical anesthetic in any form except aerosol.
  - (i) Train and instruct persons in the techniques of oral hygiene and preventive procedures.



(j) Take the following types of impressions:

- (1) Those used for the preparation of counter or opposing models;
- (2) Those used for the fabrication of temporary crowns or bridges; and
- (3) Those used for the fabrication of temporary removable appliances, provided

no missing teeth are replaced by those appliances.

(k) Fabricate and place temporary crowns and bridges. This procedure must be checked and approved by the supervising dentist before dismissal of the patient from the office of the dentist.

(l) Retract gingival tissue if the retraction cord contains no medicaments that have potential systemic side effects.

(m) Remove soft plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with a rubber cup or brush and a suitable polishing agent. A licensed dentist or dental hygienist shall determine that the teeth to be polished are free of calculus or other extraneous material.

(n) Administer a topical fluoride.

(o) Apply pit and fissure sealant to the dentition for the prevention of decay. This procedure must be checked and approved by the supervising dentist before dismissal of the patient from the office of the dentist.

(p) Fit orthodontic bands and prepare teeth for orthodontic bands if the bands are cemented or bonded, or both, into the patient's mouth by the dentist who authorized the dental assistant to perform this procedure.

2. A dentist who is licensed in the State of Nevada may authorize a dental hygienist to supervise a dental assistant in the assistance of the hygienist's performance of one or more of the following:

(a) Expose radiographs.

(b) Retract a patient's cheek, tongue or other tissue during a dental operation.

(c) Remove the debris that normally accumulates during or after a cleaning or operation by the dental hygienist by using mouthwash, water, compressed air or suction.

(d) Train and instruct persons in the techniques of oral hygiene and preventive procedures.

(e) Remove soft plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with a rubber cup or brush and a suitable polishing agent. A licensed dentist or dental hygienist shall determine that the teeth to be polished are free of calculus or other extraneous material.

(f) Administer a topical fluoride.



3. A dental hygienist, who is authorized by the Board to perform the services described in subsection 5 of NAC 631.210, may authorize a dental assistant under his or her supervision to assist the hygienist in the performance of the services described in paragraphs (a) to (f), inclusive, of subsection 1.

4. Discuss and Recommend to change/amend NRS 631.105-Supervision by a dentist

**No Action to be taken**

5. Discuss and Recommendations regarding Emergency Management

**No Action to be taken**



April 20, 2015

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

RE: changes to code (NAC) 631.210 (1) (a-n)

Dear Sirs,

I would like to voice my support for the changes to the above mentioned code to allow hygienists to utilize their data accumulating skills. We have been trained in our hygiene schools to chart existing restoration, record full mouth periodontal probings, complete oral cancer screenings, take blood pressures, as well as expose and process radiographs. Hygienists evaluate the patient's periodontal health and recommend procedures to bring the patient back to healthy levels. We are trained and perform these services on all the patients of the practice. It doesn't really matter at what point in the appointment these are accomplished.

I would support keeping the 18 month requirement/time limit for dental patient exams and radiographs. From a legal standpoint, this is still needed to protect the dental professional. When patients are made aware of the letter of the law, they are more apt to have the exam and necessary radiographs. If they still decline, they are dismissed from the practice without legal repercussions to the dental professional.

Sincerely,



Elizabeth Griego RDH

Received  
APR 23 2015  
NSBDE

DR. MORRIS GALLAGHER, DDS

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April 27, 2015

Theresa Guillen, RDH  
c/o Nevada State Board of Dental Examiners  
6010 S. Rainbow Blvd., Ste. A-1  
Las Vegas, NV 898118

To Whom it may concern,

Having received notice of the recent concerns regarding revisions necessary in NAC 631.210 (1) (a) - (n); I am writing in support of the necessary changes.

In many offices throughout Nevada, we utilize our dental hygienist to collect data and complete assessments. Collecting these assessments prior to the dental exam would ensure the diagnosis to be as accurate as possible. Working as a dental team provides the best treatment plan for each patient, using efficient time management and considering all angle of necessary treatment.

Thank you for your time and hard work to ensure the safety of our patients here in Nevada.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Gallagher, DDS".

Dr. Morris Gallagher, DDS

Received  
MAY 01 2015  
NSBDE

JEANNA SECRIST, RDH

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April 27, 2015

Theresa Guillen, RDH  
c/o Nevada State Board of Dental Examiners  
6010 S. Rainbow Blvd., Ste. A-1  
Las Vegas, NV 898118


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Thank you for your time and hard work to ensure the safety of our patients here in Nevada.

Sincerely,



Jeanna Secrist, RDH

Received  
MAY 01 2015  
NSBDE

KELSEY HAWKES, RDH

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April 27, 2015

Theresa Guillen, RDH  
c/o Nevada State Board of Dental Examiners,  
6010 S. Rainbow Blvd., Ste. A-1  
Las Vegas, NV 898118

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Having received notice of the recent concerns regarding revisions necessary in NAC 631.210 (1) (a) - (n); I am writing in support of the necessary changes.

In many offices throughout Nevada, the dental hygienist is utilized in collecting data and completing assessments. Collecting these assessments prior to the dental exam would ensure the diagnosis to be as accurate as possible. Working as a dental team provides the best treatment plan for each patient, using efficient time management and considering all angle of necessary treatment.

Thank you for your time and hard work to ensure the safety of our patients here in Nevada.

Sincerely,



Kelsey Hawkes, RDH

Received  
MAY 01 2015  
NSBDE



May 4, 2015

Nevada Board of Dental Examiners  
6010 S. Rainbow Blvd. Ste. A-1  
Las Vegas Nevada  
Attention: Theresa Guillen RDH

Received  
MAY 07 2015  
NSBDE

Dear Ms. Guillen,

I am writing to support the change of wording for NAC 631.210 to allow dental hygienists to do assessments on patients prior to the dentist seeing them so that the dentist may have more complete information for treatment planning. As you know, dental hygienists have the education and skills to take xrays, do periodontal probing and review health histories. It would be very beneficial to the dental practice to have the dental hygienist do these things.

I am a full-time employed dental hygienist in the state of Nevada.

I would request that this letter be entered into the official record.

Thank you,



Laura Helber RDH  
President-Elect Southern Nevada Dental Hygiene Association



May 5, 2015

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

Attention: Theresa Guillen RDH

---

Dear Ms. Guillen,

I am writing in regards to the upcoming meeting where you will be considering changing the wording for NAC 631.210. I believe it would be better to allow hygienists to take xrays and periodontal probings prior to the comprehensive exam performed by me. By allowing these indicies to be performed it gives me better tools to treatment plan what is in my patient's best interest, and would make for a more efficient appointment for the patient.

I am in favor of changing the verbage of this regulation.

Please enter my letter into the official record.

Thank you,



Michelle Marinez-Pham DDS

Received  
MAY 08 2015  
NSBDE

May 5, 2015

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

Attention: Theresa Guillen RDH

Dear Ms. Guillen,

I am writing in regards to the upcoming meeting where you will be considering changing the wording for NAC 631.210. I believe it would be better to allow hygienists to take xrays and periodontal probings prior to the comprehensive exam performed by me. By allowing these indicies to be performed it gives me better tools to treatment plan what is in my patient's best interest, and would make for a more efficient appointment for the patient.

I am in favor of changing the verbage of this regulation.

Please enter my letter into the official record.

Thank you,

  
Jody Lin DDS

Received  
MAY 08 2015  
NSBDE

# 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

# CURRENT EVALUATION GUIDELINES

# Simulated Emergencies and their Algorithms

## 1. Laryngospasm / Airway Obstruction

- a. Administer 100% oxygen
- b. Suction foreign material
- c. Push on chest, listen for air
- d. Attempt positive-pressure ventilation

### Airway Obstruction

- a. Perform Heimlich maneuver
- b. If Unable to ventilate, perform
  1. Cricothyrotomy
  2. Tracheostomy

## 2. Bronchospasm

- a. Provide positive-pressure oxygen
- b. Provide albuterol inhaler
- c. Administer drugs
  - Epinephrine 5 ml 1:10,000 solution
  - Diphenhydramine 25 to 50 mg

## 3. Aspiration

- a. Allow patient to cough
- b. Position head down or to side
- c. Remove foreign material
- d. Administer 100% oxygen

## 4. Angina Pectoris

- a. Terminate surgery
- b. Administer nitroglycerin (one tablet) sublingually
- c. Administer 100% oxygen
- d. Monitor patient
- e. Repeat nitroglycerin administration after 5 minutes
- f. Assume myocardial infarction if there is no relief after third dose of nitroglycerin; proceed to morphine, oxygen, nitroglycerin, aspirin (MONA)

## 5. Myocardial Infarction

- a. Administer 100% oxygen
- b. Administer nitroglycerin
- c. Administer aspirin
- d. Activate emergency medical services (911)
- e. Monitor electrocardiography, blood pressure, pulse oximetry
- f. Establish IV lines
- g. Administer morphine for pain and diazepam for anxiety
- h. Administer ASA 325 mg
- i. Treat dysrhythmias

**6. Hypotension**

- g. Identify cause and correct
- h. Administer 100% oxygen and terminate procedure
- i. Administer IV drugs if needed

**7. Hypertension**

- a. Identify cause and correct
- b. Administer 100% oxygen and terminate procedure
- c. Administer IV drugs if needed

**8. Cardiac Arrest**

Possible Responses

- a. Basic CPR
- b. Positive pressure oxygen
- c. Start IV

**9. Severe Allergic Reaction**

- a. Maintain airway and provide 100% oxygen
- b. Place patient in supine or Trendelenburg position
- c. Monitor
- d. Administer IV fluids
- e. Administer drugs:
  - 1. Epinephrine 0.3 mg (repeat until stable)
  - 2. Diphenhydramine 50 mg IV
  - 3. Steroids

**10. Seizures/Convulsions**

- a. Prevent injury
- b. Administer IV diazepam
- c. Monitor patient after grand mal seizure for possible respiratory depression

**11. Hypoglycemia**

Treatment (patient is good source of information)

(Hypoglycemia = Insulin Shock: most common, most life threatening)

1. **POSITION COMFORTABLY**
2. Administer **100% OXYGEN**
3. **ORAL CARBOHYDRATE** if conscious
4. **50% DEXTROSE IV** if unconscious
5. Medical assistance if severe

**12. Asthma**

- a. **POSITION** comfortably
- b. Administer **OXYGEN**
- c. **ISUPREL INHALER:** one inhalation, may repeat once     **ISOFENTERONOL**
- d. If step #3 is not successful, use  
**EPINEPHRINE:** 1:1000 0.5cc IV  
                                1:1000 0.3cc IM
- e. If step #4 is not successful, use **AMINOPHYLLIN** (slowly/5 min): 125-250 mg IV  
(can cause hypotension if given rapidly)

**13. Respiratory Depression**

Possible Responses:

- a. Positive pressure oxygen with mask
- b. Drug antagonist

**14. Allergic Reaction: to or overdose from local anesthesia**

Treatment

- a. **POSITION SUPINE** with legs elevated
- b. Administer **OXYGEN** (while diagnosing and readying **EPINEPHRINE**)
- c. Check vital signs continuously. Perform CPR if indicated
- d. **EPINEPHRINE: 1:10,000 p.5cc IV (via Butterfly)**  
1:1000 0.3cc IM/SC
- e. **BENADRYL 50 mg IV or IM**
- f. **DEXAMETHASONE (Hexadrol) 20 mg IV**
- g. Call for help if not controlled
- h. Bronchodilator (**AMINOPHYLLIN**) if respiratory problem does not respond to Epinephrine
- i. Transport to Emergency Care Facility. Reaction can reoccur within 24 hours.

**15. Hyperventilation Syndrome**

- a. Monitor patient and provide verbal reassurance
- b. Increase carbon dioxide intake with artificial dead space (eg: paper bag, mask and anesthesia bag with low-flow oxygen).
- c. Possibly administer IV diazepam

**16. Syncope**

- a. Place patient in a supine position and raise the feet
- b. Administer oxygen

## Allergic Reaction Algorithm (AO 2015)

### **R - Recognition of Emergency**

Check for evidence of an acute allergy (flushing, urticaria, nausea, angioedema, wheezing, hypotension, itching)  
Call for assistance: retrieve O<sub>2</sub>, AED, and emergency kit  
Remove all materials from mouth

### **P - Position**

Position patient comfortably  
*With airway compromise*, sit upright

### **A - Airway**

Assess airway patency  
*If obstructed*, head tilt-chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)  
Monitor for upper airway obstruction (due to airway edema)

### **B - Breathing**

Check breathing  
*If breathing*, O<sub>2</sub> as directed by pulse oximetry; otherwise 100% O<sub>2</sub> @ 10 L/min via facemask  
*If not breathing*, call 911; positive pressure ventilation with BVM @ 10L/min 100% O<sub>2</sub>

### **C - Circulation**

Assess pulse (carotid artery)  
*If pulse*, check heart rate and blood pressure; record vital signs at least every 5 minutes  
*If no pulse*, call 911; move to **Cardiac Arrest Algorithm**

### **D - Diagnosis, Definitive Therapy**

Auscultate lungs; examine airway for signs of airway edema  
*For cutaneous reaction*, consider *diphenhydramine (Benadryl)*, 50 mg (0.5 mg/kg in children) IM (deltoid or upper thigh)  
*For anaphylaxis*  
(1.) Administer *1:1,000 epinephrine* (1mg/mL) 0.3mg IM (upper thigh), repeat every 5 minutes until stable  
    May use *EpiPen* IM (upper thigh) in adults, *EpiPen Jr* IM (upper thigh) in children  
(2.) Call 911  
(3.) Administer *diphenhydramine*, 50 mg (0.5 mg/kg in children) IM (deltoid or upper thigh)  
(4.) Consider *albuterol*, 4-6 puffs inhalation for bronchospasm  
*If hypotensive*, place in supine position with legs elevated

### **E - Emergency Medical Services**

*If EMS activated*, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

## Bronchospasm (Asthma Attack) Algorithm (AO 2015)

### R - Recognition of Emergency

Check for evidence of bronchospasm (expiratory wheezing; dyspnea; may be gradual to sudden in onset)

May have increased respiratory efforts

Call for assistance: retrieve O<sub>2</sub>, AED, and emergency kit

Remove materials from mouth

### P - Position

Comfortable for patient, usually sitting upright

### A - Airway

Assess airway patency

### B - Breathing

Assess breathing

*If breathing*, reassure patient; may consider oxygen as directed by pulse oximetry; otherwise 100% O<sub>2</sub> @ 10 L/min via facemask

*If not breathing*, call 911; positive pressure ventilation with BVM @ 10L/min 100% O<sub>2</sub>\*

### C - Circulation

Assess pulse

*If pulse*, check heart rate and blood pressure; record vital signs at least every 5 minutes

*If no pulse*, call 911; move to **Cardiac Arrest Algorithm**

### D - Diagnosis, Definitive Therapy

Auscultate lungs; examine airway for signs of airway edema

Administer *albuterol* inhaler 1-3 puffs (90 mcg each puff) repeat every 2-3 minutes up to 12 puffs

Consider calling 911 if symptoms not relieved

May use spacer (*AeroChamber*) for child or sedated/unconscious adult

For severe bronchospasm not responsive to *albuterol*

Administer *1:1000 epinephrine* (1mg/mL), 0.3 mg (0.3 mL) IM (upper thigh), repeat every 5 minutes until stable

May use *EpiPen* IM (upper thigh) in adults, *EpiPen Jr* IM (upper thigh) in children

Call 911

### E - Emergency Medical Services

*If EMS activated*, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

\*Adults: 1 breath every 5-6 seconds; infants to adolescents: 1 breath every 3-5 seconds. Watch for chest rise; avoid stomach insufflation



## **Hyperglycemia Algorithm** (AO 2015)

### **R - Recognition of emergency**

Hyperventilation, tachycardia, confusion, possibly 'sweet' breath, hypotension  
Medical history evidence of hyperglycemia risk (e.g., history of insulin-dependent diabetes)  
Call for assistance: retrieve O<sub>2</sub>, AED, and emergency kit  
Remove materials from mouth

### **P - Position**

Comfortable for patient, usually sitting upright  
*If unconscious*, supine with legs elevated

### **A - Airway**

Assess airway patency  
*If obstructed*, head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)

### **B - Breathing**

Check breathing  
*If breathing*, O<sub>2</sub> as directed by pulse oximetry; otherwise 100% O<sub>2</sub> @ 10 L/min via facemask  
*If not breathing*, call 911; positive pressure ventilation with BVM @ 10L/min 100% O<sub>2</sub>\*

### **C - Circulation**

Check pulse (up to 10 seconds; carotid artery ages ≥ 1 year)  
*If pulse*, check heart rate and blood pressure; record vital signs at least every 5 minutes  
*If no pulse*, call 911; move to **Cardiac Arrest Algorithm**

### **D - Diagnosis, Definitive Therapy**

Call 911-EMS will administer *insulin* as needed  
*If glucometer is available*, measure blood glucose (best to check blood sugar on diabetic patients before and after treatment)

### **E - Emergency medical services**

*If EMS activated*, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

\*Adults: 1 breath every 5-6 seconds; infants to adolescents: 1 breath every 3-5 seconds. Watch for chest rise; avoid stomach insufflation

## **Hypoglycemia Algorithm** (AO 2015)

### **R - Recognition of emergency**

Diaphoresis, tachycardia, confusion, and potentially loss of consciousness  
Medical history evidence of hypoglycemia risk (e.g., history of insulin-dependent diabetes)  
Call for assistance: retrieve O<sub>2</sub>, AED, and emergency kit  
Remove materials from mouth

### **P - Position**

Comfortable for patient, usually sitting upright  
*If unconscious*, supine with legs elevated

### **A - Airway**

Assess airway patency  
*If obstructed*, head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)

### **B - Breathing**

Assess breathing  
*If breathing*, oxygen as directed by pulse oximetry; otherwise 100% O<sub>2</sub> @ 10 L/min via facemask  
*If not breathing*, call 911; positive pressure ventilation with BVM @ 10L/min 100% O<sub>2</sub>\*

### **C - Circulation**

Assess pulse  
*If pulse*, check heart rate and blood pressure; record vital signs at least every 5 minutes  
*If no pulse*, call 911; move to **Cardiac Arrest Algorithm**

### **D - Diagnosis, Definitive Therapy**

*If glucometer is available*, measure blood glucose (best to check blood sugar on diabetic patients before and after treatment)  
*If awake*, administer oral fluids containing *sugar*  
*If unconscious*, call 911

### **E - Emergency medical services**

*If EMS activated*, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

\*Adults: 1 breath every 5-6 seconds; infants to adolescents: 1 breath every 3-5 seconds. Watch for chest rise; avoid stomach insufflation

## **Hypertension Algorithm** (AO 2015)

### **R - Recognition of Emergency**

Take blood pressure

Hypertensive urgency: BP above 220/120 mm Hg but no signs or symptoms

Hypertensive crisis: hypertension with evidence of myocardial ischemia, neurologic dysfunction, significant bradycardia, pulmonary edema, signs of stroke or visual disturbances

Call for assistance: retrieve O<sub>2</sub>, AED, and emergency kit

Remove materials from mouth

### **P - Position**

Comfortable for patient, usually sitting upright

### **A - Airway**

Assess airway patency

*If obstructed*, head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)

### **B - Breathing**

Assess breathing

*If breathing*, oxygen as directed by pulse oximetry; otherwise 100% O<sub>2</sub> @ 10 L/min via facemask

*If not breathing*, call 911; positive pressure ventilation with BVM @ 10L/min 100% O<sub>2</sub>\*

### **C - Circulation**

Assess pulse

*If pulse*, check heart rate and blood pressure; record vital signs at least every 5 minutes

*If no pulse*, call 911; move to **Cardiac Arrest Algorithm**

### **D - Diagnosis, Definitive Therapy**

Look for specific cause of hypertension (e.g., anxiety, cardiovascular disease, drug interaction, full bladder, hypoxia, pain) and treat specific cause (e.g., provide additional local anesthesia for pain control)

*If hypertensive urgency*, consider immediate physician referral

*If hypertensive crisis*, call 911

### **E - Emergency Medical Services**

*If EMS activated*, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

\*Adults: 1 breath every 5-6 seconds; infants to adolescents: 1 breath every 3-5 seconds. Watch for chest rise; avoid stomach insufflation

## **Hypotension Algorithm** (AO 2015)

### **R - Recognition of emergency**

Blood pressure is significantly below normal for the patient or causing signs and symptoms of hypoperfusion (e.g., dizziness, lightheadedness, nausea)

Call for assistance: retrieve O<sub>2</sub>, AED, and emergency kit

Remove materials from mouth

### **P - Position**

Supine with legs elevated

### **A - Airway**

Assess airway patency

*If obstructed*, head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)

### **B - Breathing**

Check breathing

*If breathing*, oxygen as directed by pulse oximetry; otherwise, 100% O<sub>2</sub> @ 10 L/min via facemask

*If not breathing*, call 911; positive pressure ventilation with BVM @ 10L/min 100% O<sub>2</sub>\*

### **C - Circulation**

Check pulse (carotid artery)

*If pulse*, check heart rate and blood pressure; record vital signs at least every 5 minutes

*If no pulse*, call 911; move to **Cardiac Arrest Algorithm**

### **D - Diagnosis, Definitive Therapy**

Look for specific cause of hypotension (e.g., anxiety, cardiovascular disease, hypovolemia, drugs, hypercarbia, hypoxia, pain, postural change)

Treat the specific cause (e.g., give O<sub>2</sub> for hypoxia)

*If treatment of the specific cause fails to resolve the problem*, call 911

### **E - Emergency medical services**

*If EMS activated*, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

\*Adults: 1 breath every 5-6 seconds; infants to adolescents: 1 breath every 3-5 seconds. Watch for chest rise; avoid stomach insufflation.

## **Hyperventilation Syndrome Algorithm** (AO 2015)

### **R - Recognition of Emergency**

Increased rate of ventilation; patient visibly anxious; chest pain/palpitation, paresthesia  
Call for assistance: retrieve O<sub>2</sub>, AED, and emergency kit  
Remove materials from mouth

### **P - Position**

Comfortable for patient, usually sitting upright

### **A - Airway**

Monitor for upper airway obstruction

### **B - Breathing**

Monitor breathing rate-try to get them to slow down and relax  
Reassure patient

### **C - Circulation**

Check heart rate and blood pressure; record vital signs at least every 5 minutes

### **D - Diagnosis, Definitive Therapy**

Auscultate lungs

*If wheezing*, go to **Bronchospasm Algorithm**

Coach patient to breathe more slowly

Have patient rebreathe CO<sub>2</sub>

Consider *nitrous oxide*

*If unable to reverse signs and symptoms*, consider calling 911

### **E - Emergency Medical Services**

*If EMS activated*, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

## **Syncope Algorithm** (AO 2015)

### **R - Recognition of emergency**

Sudden loss of consciousness

Call for assistance: retrieve O<sub>2</sub>, AED, and emergency kit

Remove materials from mouth

### **P – Position**

Supine with legs elevated

### **C – Circulation**

Check pulse (up to 10 seconds; carotid artery ages  $\geq 1$  year)

*If pulse*, check heart rate and blood pressure; record vital signs at least every 5 minutes

*If no pulse*, call 911; move to **Cardiac Arrest Algorithm**

### **A – Airway**

Assess airway patency

*If obstructed*, head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)

### **B – Breathing**

Check breathing

*If breathing*, oxygen as directed by pulse oximetry; otherwise 100% oxygen, 10 L/min via facemask

*If not breathing*, call 911; positive pressure ventilation with BVM @ 10L/min 100% O<sub>2</sub>\*

### **D - Diagnosis, Definitive Therapy**

Search for cause of syncope (e.g., fear, hypotension, hypoxia, hypoglycemia, arrhythmia, stroke, postural hypotension, epilepsy)

Call 911 if there is suspicion that the loss of consciousness may reflect a potentially serious condition

### **E - Emergency medical services**

*If EMS activated*, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

\*Adults: 1 breath every 5-6 seconds; infants to adolescents: 1 breath every 3-5 seconds. Watch for chest rise; avoid stomach insufflation

## Respiratory Depression Algorithm (AO 2015)

### R-Recognition of emergency

Absence of breathing or decrease in respiratory rate/volume  
Generally associated with loss of consciousness or altered mentation  
Call for assistance: retrieve O<sub>2</sub>, AED, and emergency kit  
Remove materials from mouth

### P-Position

Comfortable position if conscious  
*If unconscious*, supine position with legs elevated

### A-Airway

Assess airway patency  
*If obstructed*, head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)  
*If apneic*, perform rescue breathing\*

### B-Breathing

Check breathing  
*If breathing*, oxygen as directed by pulse oximetry; otherwise 100% O<sub>2</sub>, 10 L/min via facemask  
*If not breathing*, call 911; positive pressure ventilation using BVM at 10L/min 100% O<sub>2</sub>\*

### C-Circulation

Check pulse (up to 10 seconds; carotid artery ages  $\geq 1$  year)  
*If pulse*, check heart rate and blood pressure; record vital signs at least every 5 minutes  
*If no pulse*, call 911; move to **Cardiac Arrest Algorithm**

### D-Diagnosis, Definitive Therapy

Auscultate lungs  
May consider the use of airway adjuncts  
Search for cause of respiratory depression (e.g., syncope, medications, hypoglycemia, stroke, hypercarbia)  
Call 911 if the respiratory depression is not easily managed (difficult airway), no likely cause is identified (e.g., syncope), or does not resolve within a few minutes

### E-Emergency medical services

*If EMS activated*, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

\*Adults: 1 breath every 5-6 seconds; infants to adolescents: 1 breath every 3-5 seconds. Watch for chest rise; avoid stomach insufflation



# Airway Obstruction–Foreign Body Algorithm (AO 2015)

## R - Recognition of Emergency

Assess mild vs. severe airway obstruction

Mild: good air exchange; responsive and can cough forcefully

Severe: poor or no air exchange; weak or ineffective cough or no cough; high-pitched noise while inhaling or no noise at all; increased respiratory difficulty; possible cyanosis; unable to speak; clutching the neck with the thumb and fingers, making the universal choking sign; unable to move air

Sudden disappearance of tooth, instrument or foreign object/debris in mouth

Remove all retrievable material from mouth

Call for assistance: retrieve O<sub>2</sub>, AED, and emergency kit

## P - Position

*If sudden loss of object without airway obstruction*, let the patient attempt to expel the foreign object

*If acute partial or total loss of airway*, position yourself to perform the Heimlich maneuver

*If patient is unconscious*, place into supine position

## A - Airway

*If patient is cooperative and breathing*, let the patient attempt to expel the foreign object

*If partial obstruction and can cough*, encourage vigorous coughing; examine airway for retrieval of lost object; repeat sequence; call 911 if problem worsens or persists

*If total obstruction or with significant partial obstruction and inability to cough*, perform Heimlich maneuver (ages  $\geq 1$  year; chest thrusts in pregnant women, obese patients; back blows and chest compressions in infants) until ventilation restored or patient becomes unresponsive

*If patient becomes unresponsive*, call 911; place in supine position; examine airway quickly and remove an object if you see it; begin CPR

## B - Breathing

Breathing check incorporated above

## C - Circulation

*If awake*, check pulse and blood pressure; record vital signs at least every 5 minutes

*If pulse but unresponsive*, call 911; open the airway, remove the object if you see it; begin CPR; each time you give breaths, open the victim's mouth wide and look for the object; if you see an object, remove it with your fingers; if you do not see an object, keep doing CPR

*If no pulse*, move to **Cardiac Arrest Algorithm**

## D - Diagnosis, Definitive Therapy

Consider chest, head and neck, and/or abdominal radiographs to identify location of object

## E - Emergency Medical Services

*If EMS is activated*, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

## Seizure Algorithm (AO 2015)

### **R - Recognition of Emergency**

Generalized tonic-clonic (*grand mal*) or clonic seizures  
Call for assistance: retrieve O<sub>2</sub>, AED, and emergency kit

### **P - Position**

Remove materials from mouth only if possible to do so safely  
Supine position  
Protect the patient against physical injury

### **A - Airway**

Assess airway patency  
*If obstructed*, perform head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)

### **B - Breathing**

Assess breathing  
*If breathing*, O<sub>2</sub> as directed by pulse oximetry; otherwise 100% O<sub>2</sub> @ 10 L/min via facemask  
*If not breathing*, call 911; positive pressure ventilation with BVM @ 10L/min 100% O<sub>2</sub>\*  
Patient may experience respiratory depression while in a postictal state; be prepared to assist breathing

### **C - Circulation**

Assess pulse (carotid artery)  
*If pulse*, check heart rate and blood pressure; record vital signs at least every 5 minutes if possible  
*If no pulse*, call 911; move to **Cardiac Arrest Algorithm**

### **D - Diagnosis, Definitive Therapy**

Call for family member to come assist you in evaluating the seizure (they will have a better idea of what is typical vs. atypical for this particular patient)  
Look for specific cause of seizure (e.g., epilepsy history, syncope)  
May administer *midazolam*, 0.075mg/kg up to a total dose of 10mg IM (adults) or 0.1 mg/kg up to a total dose of 3 mg IM (children), usually for prolonged, repeated seizures  
May administer *midazolam* IN (intra-nasally) 0.2mg/kg up to 10mg  
Call 911 for new, continuous, or recurring seizures

### **E - Emergency Medical Services**

*If EMS activated*, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

\*Adults: 1 breath every 5-6 seconds; infants to adolescents: 1 breath every 3-5 seconds. Watch for chest rise; avoid stomach insufflation

## **Local Anesthesia Overdose Algorithm** (AO 2015)

### **R - Recognition of Emergency**

Patient begins to act differently after local anesthesia is given (agitated, confused, slurred speech, drowsy/unconscious, seizures)

Call for assistance: retrieve O<sub>2</sub>, AED, and emergency kit

### **P - Position**

Remove materials from mouth

Supine position

Protect the patient against physical injury

### **A - Airway**

Assess airway patency

*If obstructed*, perform head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)

### **B - Breathing**

Check breathing

*If breathing*, O<sub>2</sub> as directed by pulse oximetry; otherwise 100% O<sub>2</sub> @ 10 L/min via facemask

*If not breathing*, call 911; positive pressure ventilation with BVM @ 10L/min 100% O<sub>2</sub>\*

*If the patient has a seizure*, they may experience respiratory depression while in a postictal state; be prepared to assist breathing

### **C - Circulation**

Check pulse (carotid artery)

*If pulse*, check heart rate and blood pressure; record vital signs at least every 5 minutes

*If no pulse*, call 911; move to **Cardiac Arrest Algorithm**

### **D - Diagnosis, Definitive Therapy**

Call 911, inform them that you think it might be a local anesthetic overdose

For the most part, this is a preventable condition

### **E - Emergency Medical Services**

*If EMS activated*, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

**\*Adults:** 1 breath every 5-6 seconds; infants to adolescents: 1 breath every 3-5 seconds. Watch for chest rise; avoid stomach insufflation

## Angina Algorithm (AO 2015)

### R - Recognition of Emergency

Patient complains of chest/upper gastric pain/pressure; may radiate to left arm, jaw, back  
May have nausea, dyspnea, palpitation, dizziness, anxiety, diaphoresis, hypotension, jugular venous distension

Call for assistance: retrieve O<sub>2</sub>, AED, and emergency kit

Remove material from mouth

### P - Position

Comfortable for patient, usually sitting upright

### A - Airway

Assess airway patency

*If obstructed*, head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)

### B - Breathing

Assess breathing

*If breathing*, provide supplement oxygen via facemask @ 10L/min 100% O<sub>2</sub>

*If evidence of breathing difficulty not breathing*, call 911; positive pressure ventilation with BVM @ 10L/min 100% O<sub>2</sub>

### C - Circulation

Assess pulse

*If pulse*, check heart rate and blood pressure, record vital signs at least every 5 minutes

*If no pulse*, call 911; move to **Cardiac Arrest Algorithm**

### D - Diagnosis, Definitive Therapy

*If no history of angina pectoris or pain different from patient's experience*, call 911

*If systolic BP > 90mm Hg and no recent phosphodiesterase inhibitor use* (e.g., Viagra®, Cialis®, Levitra®), administer **nitroglycerin** 0.4mg sublingual tablet or spray\*

*If no relief after one dose of nitroglycerin*, consider it to be a myocardial infarction; call 911

*If 911 called*, administer 325mg **aspirin** chewed then swallowed with water (*Contraindicated* if aspirin allergy)

*If chest pain is severe*, may consider 50% **nitrous oxide**

### E - Emergency Medical Services

Facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

\*Nitrates may cause severe hypotension refractory to vasopressor agents

## **Stroke Algorithm** (AO 2015)

### **R - Recognition of emergency**

Sudden headache, loss of balance, or altered consciousness, thought, speech, or vision;  
complaint of sudden numbness or weakness of the face, arm, or leg, especially on one side  
of the body

Call for assistance: retrieve O<sub>2</sub>, AED, and emergency kit

Remove materials from mouth

### **P - Position**

Comfortable for patient, usually sitting upright

### **A - Airway**

Assess airway patency

*If obstructed*, head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust,  
oral/nasal airway)

### **B - Breathing**

Assess breathing

*If breathing*, oxygen as directed by pulse oximetry; otherwise 100% O<sub>2</sub> @ 10 L/min via  
facemask

*If not breathing*, call 911; positive pressure ventilation with BVM @ 10L/min 100% O<sub>2</sub>\*

### **C - Circulation**

Assess pulse

*If pulse*, check heart rate and blood pressure; record vital signs at least every 5 minutes

*If no pulse*, call 911; move to **Cardiac Arrest Algorithm**

### **D - Diagnosis, Definitive Therapy**

Look for altered speech, facial droop, arm drift (Cincinnati Prehospital Stroke Scale)

*If stroke suspected*, call 911

### **E - Emergency medical services**

*If EMS activated*, facilitate access of emergency personnel by waiting for arrival and  
escorting to office (if third office person)

\*Adults: 1 breath every 5-6 seconds; infants to adolescents: 1 breath every 3-5 seconds. Watch  
for chest rise; avoid stomach insufflation

## **Myocardial Infarction Algorithm** (AO 2015)

### **R - Recognition of Emergency**

Patient may complain of substernal, crushing chest pain or pressure that may radiate to the left side of the body (shoulder, jaw, arm); nausea; dyspnea; palpitation; dizziness; anxiety; diaphoresis

Call for assistance: retrieve O<sub>2</sub>, AED, and emergency kit

Call 911

Remove all materials from mouth

### **P - Position**

Position patient comfortably, usually sitting upright

### **C - Circulation**

Assess pulse (carotid artery)

*If pulse*, check heart rate and blood pressure; record vital signs at least every 5 minutes; continuously monitor pulse oximetry and heart rate

*If no pulse*, call 911; move to **Cardiac Arrest Algorithm**

### **A - Airway**

Patients will be conscious and talking to you verifying a patent airway

### **B - Breathing**

Patients will be conscious and talking to you verifying breathing

### **D - Drugs**

Administer O<sub>2</sub> via facemask @ 10L/min 100% O<sub>2</sub>

*If systolic BP > 90mm Hg and no recent phosphodiesterase inhibitor use (e.g., Viagra®, Cialis®, Levitra®), administer **nitroglycerin** 0.4mg sublingual tablet or spray\**

Administer 50% **nitrous oxide**

Administer 325mg **aspirin** chewed then swallowed with water (*Contraindicated* if aspirin allergy)

### **E - Emergency Medical Services**

Facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

## **Cardiac Arrest Algorithm** (AO 2015)

### **R - Recognition of Emergency**

Sudden loss of consciousness (not breathing and no pulse)  
Call for assistance: retrieve O<sub>2</sub>, AED, and emergency kit  
Remove all materials from mouth

### **P - Position**

Supine with legs elevated

### **C - Circulation**

Assess pulse (up to 10 sec; carotid artery for ages  $\geq 1$  year)  
*If no pulse*, call 911; start BLS: “*Push Hard, Push Fast*,” at least 100 compressions/min; 30:2 compressions:breaths; 15:2 for children (ages 1 year to prepubescent) with 2 rescuers; continue until AED available or patient starts to move

### **A - Airway**

Head tilt-chin lift

*If it is difficult to provide positive pressure ventilation with BVM*, consider airway adjuncts (jaw thrust, oral/nasal airway)

### **B - Breathing**

Positive pressure ventilation with BVM @ 10L/min 100% O<sub>2</sub> (2 breaths for every 30 compressions)

### **D - Defibrillation** (ages $\geq 1$ year)

As soon as AED is available, turn it on

Follow instructions from AED

Connect adult or pediatric pads

Stop compressions while AED is analyzing rhythm

Immediately resume compressions after shock or no shock

AED will prompt you to the analyze rhythm every 2 minutes

### **E - Emergency Medical Services**

Facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)