

NEVADA STATE BOARD
of
DENTAL EXAMINERS



BOARD TELECONFERENCE MEETING

TUESDAY, SEPTEMBER 13, 2022

6:00 P.M.

PUBLIC BOOK

Agenda Item 5(c):
Authorized Investigative Complaints – NRS 631.360

NRS 631.360 Investigation, notice and hearing; subpoena; search warrant; continuances; retention of complaints; regulations. [Effective January 1, 2020.]

1. Except as otherwise provided in [NRS 631.364](#), the Board may, upon its own motion, and shall, upon the verified complaint in writing of any person setting forth facts which, if proven, would constitute grounds for initiating disciplinary action, investigate the actions of any person who practices dentistry, dental hygiene or dental therapy in this State. A complaint may be filed anonymously. If a complaint is filed anonymously, the Board may accept the complaint but may refuse to consider the complaint if anonymity of the complainant makes processing the complaint impossible or unfair to the person who is the subject of the complaint.

2. The Board shall, before initiating disciplinary action, at least 10 days before the date set for the hearing, notify the accused person in writing of any charges made. The notice may be served by delivery of it personally to the accused person or by mailing it by registered or certified mail to the place of business last specified by the accused person, as registered with the Board.

3. At the time and place fixed in the notice, the Board shall proceed to hear the charges. If the Board receives a report pursuant to subsection 5 of [NRS 228.420](#), a hearing must be held within 30 days after receiving the report.

4. The Board may compel the attendance of witnesses or the production of documents or objects by subpoena. The Board may adopt regulations that set forth a procedure pursuant to which the Executive Director may issue subpoenas on behalf of the Board. Any person who is subpoenaed pursuant to this subsection may request the Board to modify the terms of the subpoena or grant additional time for compliance.

5. The Board may obtain a search warrant from a magistrate upon a showing that the warrant is needed for an investigation or hearing being conducted by the Board and that reasonable cause exists to issue the warrant.

6. If the Board is not sitting at the time and place fixed in the notice, or at the time and place to which the hearing has been continued, the Board shall continue the hearing for a period not to exceed 30 days.

7. The Board shall retain all complaints received by the Board pursuant to this section for at least 10 years, including, without limitation, any complaints not acted upon.

[Part 11:152:1951] — (NRS A [1969, 95](#); [1981, 99](#); [1983, 1114](#); [1993, 784](#); [2007, 508](#); [2009, 883](#); [2013, 2219](#); [2017, 4415](#), effective January 1, 2020)

Agenda Item 6(a):

**Discussion, Consideration, and Possible Approval/
Rejection of Public Health Endorsement Application -
NRS 631.287**

NRS 631.287 Dental hygienists: Special endorsement of license to practice public health dental hygiene; renewal.

1. The Board shall, upon application by a dental hygienist who is licensed pursuant to this chapter and has such qualifications as the Board specifies by regulation, issue a special endorsement of the license allowing the dental hygienist to practice public health dental hygiene. The special endorsement may be renewed biennially upon the renewal of the license of the dental hygienist.

2. A dental hygienist who holds a special endorsement issued pursuant to subsection 1 may provide services without the authorization or supervision of a dentist only as specified by regulations adopted by the Board.

(Added to NRS by [2001, 2691](#); A [2013, 479](#))

Agenda Item 6(b):
Discussion, Consideration, and Possible
Approval/Rejection of Permanent Anesthesia
Permit – NAC 631.2235

NAC 631.2235 Inspections and evaluations: Grading; report of recommendation of evaluator; issuance of permit for passing; failure to pass; request for reevaluation; issuance of order for summary suspension. ([NRS 631.190](#), [631.265](#))

1. The persons performing an inspection or evaluation of a dentist and his or her office for the issuance or renewal of a general anesthesia permit or moderate sedation permit shall grade the dentist as passing or failing to meet the requirements set forth in [NAC 631.2219](#) to [631.2231](#), inclusive. Within 72 hours after completing the inspection or evaluation, each evaluator shall report his or her recommendation for passing or failing to the Executive Director, setting forth the details supporting his or her conclusion.

2. If the dentist meets the requirements set forth in [NAC 631.2219](#) to [631.2231](#), inclusive, the Board will issue the general anesthesia permit or moderate sedation permit, as applicable.

3. If the dentist does not meet the requirements set forth in [NAC 631.2219](#) to [631.2231](#), inclusive, the Executive Director shall issue a written notice to the dentist that identifies the reasons he or she failed the inspection or evaluation.

4. A dentist who has received a notice of failure from the Board pursuant to subsection 3:

(a) Must cease the administration of any general anesthesia, deep sedation or moderate sedation until the dentist has obtained the general anesthesia permit or moderate sedation permit, as applicable; and

(b) May, within 15 days after receiving the notice, request the Board in writing for a reevaluation. The request for a reevaluation must state specific grounds supporting it.

5. If the reevaluation is granted by the Board, it will be conducted by different persons in the manner set forth by [NAC 631.2219](#) to [631.2231](#), inclusive, for an original evaluation.

6. No dentist who has received a notice of failing an inspection or evaluation from the Board may request more than one reevaluation within any period of 12 months.

7. Pursuant to subsection 3 of [NRS 233B.127](#), if an inspection or evaluation of a dentist or his or her office indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the dentist pending proceedings for revocation or other action. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

Agenda Item 6(c):
Approval/Rejection of Temporary
Anesthesia Permit – NAC 631.2254

NAC 631.2254 Temporary permits. ([NRS 631.190](#), [631.265](#))

1. The Board may grant a temporary permit to administer general anesthesia and deep sedation or a temporary permit to administer moderate sedation to an applicant who meets the qualifications for a permit to administer that type of anesthesia or sedation pursuant to [NAC 631.2213](#).
2. A temporary permit is valid for not more than 90 days, but the Board may, in any case it deems appropriate, grant a 90-day extension of the permit.
3. The Board may require the holder of a temporary permit to pass an on-site inspection as a condition of retaining the permit. If the holder fails the inspection, his or her permit will be revoked. In case of revocation, the holder of a temporary permit may apply to be reinspected in accordance with the procedures set forth in [NAC 631.2235](#).

(Added to NAC by Bd. of Dental Exam'rs, eff. 11-28-90; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

Agenda Item 6(d):
Approval/Rejection of 90-Day Extension of
Temporary Anesthesia Permit – NAC
631.2254(2)

NAC 631.2254 Temporary permits. ([NRS 631.190](#), [631.265](#))

1. The Board may grant a temporary permit to administer general anesthesia and deep sedation or a temporary permit to administer moderate sedation to an applicant who meets the qualifications for a permit to administer that type of anesthesia or sedation pursuant to [NAC 631.2213](#).

2. A temporary permit is valid for not more than 90 days, but the Board may, in any case it deems appropriate, grant a 90-day extension of the permit.

3. The Board may require the holder of a temporary permit to pass an on-site inspection as a condition of retaining the permit. If the holder fails the inspection, his or her permit will be revoked. In case of revocation, the holder of a temporary permit may apply to be reinspected in accordance with the procedures set forth in [NAC 631.2235](#).

(Added to NAC by Bd. of Dental Exam'rs, eff. 11-28-90; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

Agenda Item 6(e):

Discussion, Consideration and Possible Decision Regarding Selection and Approval of a Full-Time Faculty Dental Educator from UNLV Dental School to represent Nevada on the ADEX Education Committee as Requested at the ADEX Annual Meeting held in Chicago on September 5, 2022

Agenda Item 6(f):

**Review, Discussion and Consideration of Update to
CDC Guidance and Possible Approval/Rejection of
the Same – NAC 631.178**

NAC 631.178 Adoption by reference of certain guidelines; compliance with guidelines required. ([NRS 631.190](#))

1. Each person who is licensed pursuant to the provisions of [chapter 631](#) of NRS shall comply with:

(a) The provisions of the *Guidelines for Infection Control in Dental Health-Care Settings-2003* adopted by the Centers for Disease Control and Prevention which is hereby adopted by reference. The publication is available, free of charge, from the Centers for Disease Control and Prevention at the Internet address

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>; and

(b) As applicable to the practice of dentistry, the provisions of the *Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008*, adopted by the Centers for Disease Control and Prevention which is hereby adopted by reference. The publication is available, free of charge, from the Centers for Disease Control and Prevention at the Internet address

http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf.

2. The Board will periodically review the guidelines adopted by reference in this section and determine within 30 days after the review whether any change made to the guidelines is appropriate for application in this State. If the Board does not disapprove a change to the guidelines within 30 days after the review, the change is deemed to be approved by the Board.

(Added to NAC by Bd. of Dental Exam'rs, eff. 9-6-96; A by R025-05, 11-17-2005; R201-09, 8-13-2010)



CDC streamlines COVID-19 guidance to help the public better protect themselves and understand their risk

Press Release

Embargoed Until: Thursday, August 11, 2022, 3:00 PM ET




Contact: [Media Relations](#)

(404) 639-3286

Today, CDC is streamlining its COVID-19 guidance to help people better understand their risk, how to protect themselves and others, what actions to take if exposed to COVID-19, and what actions to take if they are sick or test positive for the virus. COVID-19 continues to circulate globally, however, with so many tools available to us for reducing COVID-19 severity, there is significantly less risk of severe illness, hospitalization and death compared to earlier in the pandemic.

“We’re in a stronger place today as a nation, with more tools—like vaccination, boosters, and treatments—to protect ourselves, and our communities, from severe illness from COVID-19,” said Greta Massetti, PhD, MPH, MMWR author. “We also have a better understanding of how to protect people from being exposed to the virus, like wearing high-quality masks, testing, and improved ventilation. This guidance acknowledges that the pandemic is not over, but also helps us move to a point where COVID-19 no longer severely disrupts our daily lives.”

In support of this update CDC is:

- Continuing to promote the importance of being [up to date with vaccination](#) to protect people against serious illness, hospitalization, and death. Protection provided by the current vaccine against symptomatic infection and transmission is less than that against severe disease and diminishes over time, especially against the currently circulating variants. For this reason, it is important to stay up to date, especially as new vaccines become available.
- Updating its guidance for people who are not up to date on COVID-19 vaccines on what to do if exposed to someone with COVID-19. This is consistent with the existing guidance for people who are up to date on COVID-19 vaccines.
- Recommending that instead of quarantining if you were exposed to COVID-19, you wear a high-quality mask for 10 days and get tested on day 5.
- Reiterating that regardless of vaccination status, you should isolate from others when you have COVID-19.
 - You should also isolate if you are sick and suspect that you have COVID-19 but do not yet have test results.
 - If your results are positive, follow CDC’s full isolation recommendations.
 - If your results are negative, you can end your isolation.
- Recommending that if you test positive for COVID-19, you stay home for at least 5 days and isolate from others in your home. You are likely most infectious during these first 5 days. Wear a high-quality mask when you must be around others at home and in public.
 - If after 5 days you are fever-free for 24 hours without the use of medication, and your symptoms are improving, or you never had symptoms, you may end isolation after day 5.
 - Regardless of when you end isolation, avoid being around people who are more likely to get very sick from COVID-19 until at least day 11.
 - You should wear a high-quality mask through day 10.
- Recommending that if you had [moderate illness](#)  (if you experienced shortness of breath or had difficulty breathing) or [severe illness](#)  (you were hospitalized) due to COVID-19 or you have a weakened immune system, you need to isolate through day 10.
- Recommending that if you had [severe illness](#)  or have a weakened immune system, consult your doctor before ending isolation. Ending isolation without a viral test may not be an option for you. If you are unsure if your symptoms are moderate or severe or if you have a weakened immune system, talk to a healthcare provider for further guidance.

- Clarifying that after you have ended isolation, if your COVID-19 symptoms worsen, restart your isolation at day 0. Talk to a healthcare provider if you have questions about your symptoms or when to end isolation.
- Recommending screening testing of asymptomatic people without known exposures will no longer be recommended in most community settings.
- Emphasizing that physical distance is just one component of how to protect yourself and others. It is important to consider the risk in a particular setting, including local COVID-19 Community Levels and the important role of ventilation, when assessing the need to maintain physical distance.

Actions to take will continue to be informed by the [COVID-19 Community Levels](#), launched in February. CDC will continue to focus efforts on preventing severe illness and post-COVID conditions, while ensuring everyone have the information and tools, they need to lower their risk.

This updated guidance is intended to apply to community settings. In the coming weeks CDC will work to align stand-alone guidance documents, such as those for healthcare settings, congregate settings at higher risk of transmission, and travel, with today's update.

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[U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES](#) 

CDC works 24/7 protecting America's health, safety and security. Whether disease start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America's most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.

Page last reviewed: August 11, 2022



Ending Isolation and Precautions for People with COVID-19: Interim Guidance

Updated Aug. 31, 2022

CDC's [COVID-19 Community Levels](#) recommendations do not apply in healthcare settings, such as hospitals and nursing homes. Instead, healthcare settings should continue to use [community transmission rates](#) and continue to follow CDC's infection prevention and control recommendations for healthcare settings.

This page is intended for use by healthcare professionals who are caring for people in the community setting under isolation with COVID-19. For more information for the general population in the community, please see [Isolation and Precautions for People with COVID-19](#).

These recommendations do not apply to [healthcare personnel](#) in the healthcare setting, and do not supersede state, local, tribal, or territorial laws, rules, and regulations. For healthcare settings, please see [Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) and [Interim Infection Prevention and Control Recommendations for Healthcare Personnel](#). For more details, including details on certain non-healthcare settings, please review [Setting-Specific Guidance](#).

Summary of Recent Changes

Updates as of August 31, 2022 ^

- Updated guidance reflects new recommendations for isolation and precautions for people with COVID-19.
- Removed Assessment for Duration of Isolation and Key Findings From Transmission Literature sections so page provides most current information.

[View Previous Updates](#)

Key Points

- People who are infected but asymptomatic or people with mild COVID-19 should isolate through at least day 5 (day 0 is the day symptoms appeared or the date the specimen was collected for the positive test for people who are asymptomatic). They should wear a mask through day 10. A [test-based strategy](#) may be used to remove a mask sooner.
- People with [moderate](#) [🔗](#) or [severe](#) [🔗](#) COVID-19 should isolate through at least day 10. Those with severe COVID-19 may remain infectious beyond 10 days and may need to extend isolation for up to 20 days.
- People who are [moderately or severely immunocompromised](#) should isolate through at least day 20. Use of serial testing and consultation with an infectious disease specialist is recommended in these patients prior to ending isolation.

To prevent SARS-CoV-2 transmission, see CDC's recommended [prevention strategies](#). For details on when to get tested for COVID-19, see [Test for Current Infection](#).

Recommendation for Ending Isolation

For people who are [mildly ill](#) with SARS-COV-2 infection and not moderately or severely immunocompromised:

- Isolation can be discontinued at least 5 days after symptom onset (day 0 is the day symptoms appeared, and day 1 is the next full day thereafter) if fever has resolved for at least 24 hours (without taking fever-reducing medications) **and** other symptoms are improving.
- Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.
- A [high-quality](#) mask should be worn around others at home and in public through day 10. A [test-based strategy](#) may be used to remove a mask sooner.
- If symptoms recur or worsen, the isolation period should restart at day 0.
- People who [cannot wear a mask](#), including children < 2 years of age and people of any age with certain disabilities, should isolate for 10 days.
- In certain high-risk congregate settings that have high risk of secondary transmission, CDC recommends a 10-day isolation period for residents.

More details: [Isolation and Precautions for People with COVID-19](#)

For people who test positive, are asymptomatic (never develop [symptoms](#)) and not moderately or severely immunocompromised:

- Isolation can be discontinued at least 5 days **after the first positive viral test** (day 0 is the date the specimen was collected for the positive test, and day 1 is the next full day thereafter).
- A [high-quality mask](#) should be worn around others at home and in public through day 10. A [test-based strategy](#) may be used to remove a mask sooner.
- If a person develops [symptoms](#) within 10 days of testing positive, their 5-day isolation period should start over (day 0 changes to the first day of symptoms).
- People who [cannot wear a mask](#), including children < 2 years of age and people of any age with certain disabilities, should isolate for 10 days.
- In certain high-risk congregate settings that have high risk of secondary transmission, CDC recommends a 10-day isolation period for residents.

More details: [Isolation and Precautions for People with COVID-19](#)

For people who are [moderately ill](#) and not moderately or severely immunocompromised:

- Isolation and precautions can be discontinued 10 days after symptom onset (day 0 is the day symptoms appeared, and day 1 is the next full day thereafter).

For people who are [severely ill](#) and not moderately or severely immunocompromised:

- Isolation should continue for at least 10 days after symptom onset (day 0 is the day symptoms appeared, and day 1 is the next full day thereafter).
- Some people with severe illness (e.g., requiring hospitalization, intensive care, or ventilation support) may remain infectious beyond 10 days. This may warrant extending the duration of isolation and precautions for up to 20 days after symptom onset (with day 0 being the day symptoms appeared) **and** after resolution of fever for at least 24 hours (without the taking fever-reducing medications) **and** improvement of other symptoms.
- Serial testing prior to ending isolation can be considered in consultation with infectious disease experts.

For people who are [moderately or severely immunocompromised](#) (regardless of COVID-19 symptoms or severity):

- [Moderately or severely immunocompromised](#) patients may remain infectious beyond 20 days. For these people, CDC

recommends an isolation period of at least 20 days, and ending isolation in conjunction with serial testing and consultation with an infectious disease specialist to determine the appropriate duration of isolation and precautions.

- The criteria for serial testing to end isolation are:
 - Results are negative from at least two consecutive respiratory specimens collected \geq 24 hours apart (total of two negative specimens) tested using an antigen test or nucleic acid amplification test.
 - Also, if a moderately or severely immunocompromised patient with COVID-19 was symptomatic, there should be resolution of fever for at least 24 hours (without the taking fever-reducing medication) and improvement of other symptoms. Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.
 - Re-testing for SARS-CoV-2 infection is suggested if symptoms worsen or return after ending isolation and precautions.
- If a patient has persistently positive nucleic acid amplification tests beyond 30 days, additional testing could include molecular studies (e.g., [genomic sequencing](#)) or viral culture, in consultation with an infectious disease specialist.
- For the purposes of this guidance, moderate to severely immunocompromising conditions include, but might not be limited to, those defined in the interim clinical considerations for people with [moderate to severe immunocompromise](#) due to a medical condition or receipt of immunosuppressive medications or treatments.
 - Other factors, such as end-stage renal disease, likely pose a lower degree of immunocompromise, and there might not be a need to follow the recommendations for those with moderate to severe immunocompromise.
 - Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions should be tailored to each patient and situation.

More details: [Isolation and Precautions for People with COVID-19](#)

Previous Updates

[Updates from Previous Content: Ending Isolation and Precautions Webpage](#) 

As of January 14, 2022

- Updated guidance to reflect new recommendations for isolation for people with COVID-19.
- Added new recommendations for duration of isolation for people with COVID-19 who are moderately or severely immunocompromised.

As of September 14, 2021

- Combined guidance on ending isolation and precautions for adults with COVID-19 and ending home isolation webpages.
- Included evidence for expanding recommendations to include children.
- Edited to improve readability

As of February 18, 2021

- Some severely immunocompromised persons with COVID-19 may remain infectious beyond 20 days after their symptoms began and require additional SARS-CoV-2 testing and consultation with infectious diseases specialists and infection control experts.

As of February 13, 2021

- Added new evidence and recommendations for duration of isolation and precautions for severely immunocompromised adults.
- Added information on recent reports in adults of reinfection with SARS-CoV-2 variant viruses.

[Updates from Previous Ending Home Isolation Webpage Content](#) 

As of February 18, 2021

- Some severely immunocompromised persons with COVID-19 may remain infectious beyond 20 days after their symptoms began and require additional SARS-CoV-2 testing and consultation with infectious diseases specialists and infection control experts.

Updates as of July 20, 2020

- A test-based strategy is no longer recommended to determine when to discontinue home isolation, except in certain circumstances.
- Symptom-based criteria were modified as follows:
 - Changed from “at least 72 hours” to “at least 24 hours” have passed *since last* fever without the use of fever-reducing medications.
 - Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19.
- For patients with severe illness, duration of isolation for up to 20 days after symptom onset may be warranted. Consider consultation with infection control experts.
- For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

Updates as of July 17, 2020

- Symptom-based criteria were modified as follows:
 - Changed from “at least 72 hours” to “at least 24 hours” have passed *since last* fever without the use of fever-reducing medications
 - Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19

Updates as of May 29, 2020

Added information around the management of persons who may have prolonged viral shedding after recovery.

Updates as of May 3, 2020

- Changed the name of the ‘non-test-based strategy’ to the ‘symptom-based strategy’ for those with symptoms. Added a ‘time-based strategy’ and named the ‘test-based strategy’ for asymptomatic persons with laboratory-confirmed COVID-19. Extended the home isolation period from 7 to 10 days *since symptoms first appeared* for the symptom-based strategy in persons with COVID-19 who have symptoms and from 7 to 10 days after the date of their first positive test for the time-based strategy in asymptomatic persons with laboratory-confirmed COVID-19. This update was made based on evidence suggesting a longer duration of viral shedding and will be revised as additional evidence becomes available. This time period will capture a greater proportion of contagious patients; however, it will not capture everyone.
- Removed specifying use of nasopharyngeal swab collection for the test-based strategy and linked to the [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for Coronavirus Disease 2019 \(COVID-19\)](#), so that the most current specimen collection strategies are recommended.

Updates as of April 4, 2020

- Revised title to include isolation in all settings other than health settings, not just home.