

NEVADA STATE BOARD of DENTAL EXAMINERS



DENTAL HYGIENE & DENTAL THERAPY COMMITTEE
TELECONFERENCE MEETING

WEDNESDAY, JULY 24TH, 2024

6:00 P.M.

PUBLIC BOOK



2651 N. Green Valley Pkwy, Ste. 104 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

NOTICE OF AGENDA & TELECONFERENCE MEETING FOR THE DENTAL HYGIENE-DENTAL THERAPY COMMITTEE MEETING

Meeting Date & Time

WEDNESDAY, July 24th, 2024

5:30 P.M.

Meeting Location:

Nevada State Board of Dental Examiners
2651 N. Green Valley Pkwy., Suite 104
Henderson, NV 89014

Video Conferencing / Teleconferencing Available

To access by phone, call **Zoom** teleconference Phone Number: (669) 900 6833

To access by video webinar, visit **www.zoom.com** or use the Zoom app

Zoom Webinar/Meeting ID#: **829 1552 0366**

Zoom Webinar/Meeting Passcode: **395977**

PUBLIC NOTICE:

Public comment by pre-submitted email/written form and live public comment in person by teleconference is available after roll call (beginning of meeting and prior to adjournment (end of meeting)). Live Public Comment is limited to three (3) minutes for each individual.

Members of the public may submit public comment in written form to: **Nevada State Board of Dental Examiners, 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014; FAX number (702) 486-7046; e-mail address nsbde@dental.nv.gov**. Written submissions received by the Board on or before **Tuesday, July 23, 2024, by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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

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

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

Pursuant to NRS 241.020(2) you may contact at (702) 486-7044, to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at <http://dental.nv.gov>. In addition, the supporting materials for the public body are available at the Board's office located at 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014.

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

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

1. Call to Order

- Roll call/Quorum

2. Public Comment (Live public comment in person, by teleconference and pre-submitted email/written form):

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

Members of the public may submit public comment via email to nsbde@dental.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before **Tuesday, July 23, 2024, by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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

***3. Chairman's Report:** Dr. Branco, DMD & Ms. Arias Yamilka, RDH (For Possible Action)

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

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

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

***a. Discussion, Consideration and Possible Approval/Rejection for Public Health Dental Hygiene Program – NRS 631.190; NAC 631.210** (For Possible Action)

- (1) Robert Lorber, DMD PC – Public Health Dental Hygiene Program Application

***b. Discussion, Consideration and Possible Approval/Rejection of Public Health Endorsement Application – NRS 631.190; NRS 631.287** (For Possible Action)

- (1) Crystal Moreno, RDH – Robert Lorber, DMD PC
- (2) Julia Gillen, RDH – Robert Lorber, DMD PC
- (3) Laura Cambra, RDH - Robert Lorber, DMD PC
- (4) Mabel Yu-Ching, RDH - Robert Lorber, DMD PC
- (5) Wendy Seaver, RDH - Robert Lorber, DMD PC

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

Members of the public may submit public comment via email to nsbde@dental.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before **Tuesday, July 23, 2024, by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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

6. Announcements***7. Adjournment** (For Possible Action)**PUBLIC NOTICE POSTING LOCATIONS**

Office of the N.S.B.D.E., 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014
 State Board of Dental Examiners website: www.dental.nv.gov
 Nevada Public Posting Website: www.notice.nv.gov

Agenda Item 4(a):

**Discussion, Consideration & Possible
Approval/Rejection for Public Health
Dental Hygiene Program
NRS 631.190, NAC 631.210
(*For Possible Action*)**

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1963, 150](#); [1967, 865](#); [1993, 2743](#); [2009, 3002](#); [2017, 989, 2848](#); [2019, 3205](#), effective January 1, 2020)

NAC 631.210 Dental hygienists: Authorization to perform certain services; referral of patient to authorizing dentist for certain purposes. ([NRS 631.190](#), [631.310](#), [631.313](#), [631.317](#))

1. A dentist who is licensed in this State may authorize a dental hygienist in his or her employ to perform the following acts before a patient is examined by the dentist:

(a) Expose radiographs.

(b) Conduct an assessment of the oral health of the patient 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 the patient.

(c) After conducting an assessment pursuant to paragraph (b), develop a dental hygiene care plan to address the oral health needs and problems of the patient.

(d) Take impressions for the preparation of diagnostic models.

↪ 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.

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 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) 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.

(2) Implementation of a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (1).

(3) 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 preparation of diagnostic 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.

(e) Perform subgingival curettage.

(f) Remove sutures.

(g) Place and remove a periodontal pack.

(h) 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.

- (i) Train and instruct persons in the techniques of oral hygiene and preventive procedures.
- (j) Recement and repair temporary crowns and bridges.
- (k) Recement permanent crowns and bridges with nonpermanent material as a palliative treatment.
- (l) Place a temporary restoration with nonpermanent material as a palliative treatment.
- (m) 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.
- (n) Apply pit and fissure sealant to the dentition for the prevention of decay.

☞ 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.

3. 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) Place and secure orthodontic ligatures.
- (b) Fabricate and place temporary crowns and bridges.
- (c) 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.
- (d) Perform nonsurgical cytologic testing.
- (e) Apply and activate agents for bleaching teeth with a light source.
- (f) 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](#).

↪ 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.

4. If a dentist who is licensed in this State has in his or her employ and under his or her supervision a dental hygienist 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.

5. 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 4, 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.

6. The Board may authorize a dental hygienist to perform the services set forth in subsection 1 and paragraphs (a) to (n), inclusive, of subsection 2 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 6 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 6 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.

[Bd. of Dental Exam’rs, § XXIII, eff. 7-21-82] — (NAC A 7-30-84; 4-3-89; 3-11-96; R154-97, 1-14-98; R217-99, 4-3-2000; R231-03, 5-25-2004; R139-05, 12-29-2005; R066-11, 2-15-2012; R119-15, 6-28-2016)

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](#))

NRS 631.3453 Exemption from requirement to designate actively licensed dentist as dental director of dental office or clinic. The provisions of [NRS 631.3452](#) requiring the designation of an actively licensed dentist as a dental director do not apply to a program for the provision of public health dental hygiene or dental therapy if:

1. The program is owned or operated by a dental hygienist who holds a special endorsement of his or her license to practice public health dental hygiene pursuant to [NRS 631.287](#) or a dental therapist licensed pursuant to this chapter; and

2. Each person employed to provide public health dental hygiene pursuant to the program is either a dental hygienist who holds a special endorsement of his or her license to practice public health dental hygiene pursuant to [NRS 631.287](#) or a dental therapist licensed pursuant to this chapter.

(Added to NRS by [2013, 478](#); A [2019, 3217](#))

Agenda Item 4(a)(1):

**Robert Lorber, DMD PC
Public Health Dental Hygiene Program Application**

Nevada State Board of Dental Examiners



2651 N Green Valley Parkway, Ste.104 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

Application for Proposed Public Health Dental Hygiene Program

Name of Program: Robert Lorber DMD PC

Nevada State Business License No: NV20212184227

Location(s) of health facility, school, or place in the State of Nevada approved by the Board where the services for this program are intended to be performed (attach additional page if needed):

Address: See attached # A **City, State & Zip** _____

Will this program be providing professional liability coverage to licensees with a valid Nevada Dental Hygiene Public Health Endorsement who provide services for this program: NO **YES** *If Yes, provide policy information below:*

Name of Carrier: The Doctors Company

Policy No. 2039837 **Effective Date:** 01/25/2024 **Expiration Date:** 01/25/2025

Program Director/Administrator Contact Information:

Name: Robert Lorber DMD **NSBDE License No.:** 7471

Address: _____ **City, State & Zip Code:** _____

Telephone: _____ **Email Address:** _____

Program Protocol Summary:

- 1) Provide a detailed description of the intended population and mission of the proposed program (attach additional pages if needed):

Please see attached

- 2) Provide a detailed description of each service intended to be offered in the proposed program (attach additional pages if needed):

Please see attached

Cont. Application for Proposed Public Health Dental Hygiene Program

- 3) Provide specific treatment protocols which include an explanation of the methods the dental hygienist who holds a valid Nevada Dental Hygiene Public Health Endorsement will use to:

a) Treat patients (attach additional pages if needed)

Please see attached

b) Refer patients to a dentist for follow-up care; diagnostic services; and any other service that a dental hygienist is not authorized to perform (attach additional pages if needed)

Please see attached

- 4) Provide specific protocols which include an explanation of the methods the dental hygienist who holds a valid Nevada Dental Hygiene Public Health Endorsement will use for emergencies:

Please see attached

- 5) Provide infection control protocols for clinical and sterilization equipment (attach additional pages if needed):

Note: A program may be subject to an Initial Infection Control Inspection. Fee for inspection is \$250.

Please see attached

- 6) Provide a detailed description of how recordkeeping will be maintained on patients as well as services rendered by Nevada licensees with an active Nevada Dental Hygiene Public Health Endorsement for this program (attach additional pages if needed):

Please see attached


Signature of Program Director/Administrator

7/8/24
Date

Alice Maxwell	2300 Rock Blvd, Sparks 89431
Lemmon Valley	255 W Patrician Dr Reno, NV 89506
Echo Loder Elementary School	600 Apple St, Reno, NV 89502
Donner Springs ES	5152 Escuela Way, Reno, NV 89502
Hidden Valley ES	2115 Alphabet Dr. Reno, NV 89502
ROGER CORBETT ELEMENTARY	1901 VILLANOVA DR, RENO, NV 8950
ANDERSON ELEMENTARY	1055 BERRUM LN RENO, NV 89509
SANDY VALLEY SCHOOL	1420 E PEARL AVE, SANDY VALLEY, NV 89019
EDNA F HINMAN ES	450 E MERLAYNE DR. HENDERSON, NV 89011
MARION CAHLAN ELEMENTARY	2801 FORT SUMTER DR. NORTH LAS VEGAS, NV
SIERRA NEVADA ACADEMY C.S	5600 FOX AVENUE, RENO, NV 89506
GLENN DUNCAN ELEMENTARY	1200 Montello St. Reno, NV, 89512
AGNES RISLEY ES	1900 SULLIVAN LN, SPARKS, NV 89431
DEPOALI MIDDLE SCHOOL	9300 WILBUR MAY PKWY, RENO, NV 89521
LINCOLN PARK ES	201 LINCOLN WAY, SPARKS, NV 89431
SUN VALLEY E.S	5490 LEON DR, SUN VALLEY, NV 89433
GREENBRAE E.S	1840 4TH ST, SPARKS, NV 89431
HERBERT A. DERFELT E.S	1900 S LISA LN, LAS VEGAS, NV 89117
FREDERIC W. WATSON E.S	5845 N COMMERCE ST, NORTH LAS VEGAS, NV
VAUGHN MIDDLE SCHOOL	1200 BRESSON AVE, RENO, NV 89502
SMITHRIDGE ELEMENTARY	4801 NEIL RD, RENO, NV 89502
DESERT SKIES MIDDLE SCHOOL	7550 DONTILLA DR, SUN VALLEY, NV 89433
PINE MIDDLE SCHOOL	4800 NEIL RD, RENO, NV 89502
NATCHEZ ELEMENTARY	1 NV-447, WADSWORTH, NV 89442
BERNICE MATHEWS E.S	2750 ELEMENTARY DR, RENO, NV 89512
JESSE D. SCOTT E.S	5700 BRUCE ST, N LAS VEGAS, NV 89081
JUDITH D. STEELE E.S	6995 W ELDORADO LN, LAS VEGAS, NV 89113
WALTER E JACOBSON E.S	8400 BOSECK DR, LAS VEGAS, NV 89145
DANIEL F. GOLDFARB ES	1651 ORCHARD VALLEY DR, LAS VEGAS, NV 89142
ROBERT MITCHELL ELEMENTARY	1216 PRATER WAY, SPARKS, NV 89431
DODSON ELEMENTARY	4355 HOUSTON DR, RENO, NV 89502
SILVER LAKE ELEMENTARY SCHOOL	8719 RED BARON BLVD, RENO, NV 89506
DILWORTH MIDDLE SCHOOL	255 PRATER WAY, SPARKS, NV 89431
ESTHER BENNETT ELEMENTARY SCHOOL	5900 SIDEHILL DR, SUN VALLEY, NV 89433
SPARKS MIDDLE SCHOOL	2275 18TH ST, SPARKS, NV 89431
AGGIE ROBERTS ELEMENTARY SCHOOL	227 CHARTER OAK ST HENDERSON, NV 89074
EILEEN B BROOKMAN ELEMENTARY	6225 E WASHINGTON AVE, LAS VEGAS, NV 89110
GILBERT ACADEMY OF CREATIVE ARTS	2101 W CARTIER AVE, N LAS VEGAS, NV 89032
DON AND DEE SNYDER ELEMENTARY	8951 W FORD AVE, LAS VEGAS, NV 89148
JEROME MACK MIDDLE SCHOOL	4250 E KAREN AVE, LAS VEGAS, NV 89121
GEORGE E. HARRIS ELEMENTARY SCHOOL	3850 E. TWAIN AVENUE, LAS VEGAS, NV 89121
ELMCREST ELEMENTARY SCHOOL	855 MC DONALD DR, RENO, NV 89503
LOIS ALLEN ELEMENTARY SCHOOL	5155 MC GUFFEY RD, SUN VALLEY, NV 89433

PALMER ELEMENTARY SCHOOL	5890 KLONDIKE DR, SUN VALLEY, NV 89433
VETERANS MEMORIAL ELEMENTARY SCHOOL	1200 LOCUST ST, RENO, NV 89502
ABC DAYCARE CENTER	4845 SUN VALLEY BLVD, SUN VALLEY, NV 89433
BAILEY CHARTER ELEMENTARY SCHOOL	210 GENTRY WY, RENO, NV 89502
STEAD ELEMENTARY SCHOOL	10580 STEAD BLVD, RENO, NV 89506
HELEN HERR ELEMENTARY SCHOOL	6475 EAGLE CREEK LN, LAS VEGAS, NV 89156
DISKIN ELEMENTARY SCHOOL	4220 RAVENWOOD DR, LAS VEGAS, NV 89147
DESKIN ELEMENTARY SCHOOL	4550 N PIONEER WAY, LAS VEGAS, NV 89129
DOROTHY LEMELSON S.T.E.M ACADEMY ELEMENTARY	2001 SOARING EAGLE DR, RENO, NV 89512
HUFFAKER ELEMENTARY SCHOOL	980 WHEATLAND RD, RENO, NV 89511
ECHO LODER ELEMENTARY SCHOOL	600 APPLE ST, RENO, NV 89502
LIBBY BOOTH ELEMENTARY SCHOOL	1450 STEWART ST, RENO, NV 89502

Program Protocol Summary:

1) Provide a detailed description of the intended population and mission of the proposed program (attach additional pages if needed):

Tooth decay is the most common childhood disease, resulting in over 51 million school hours lost each school year due to poor oral health. To improve the oral health of at-risk populations, working in collaboration and with the approval of the Clark and Washoe County school districts; the Healthy Smiles School Dental Program is privileged to provide preventative dental services and oral health education at no cost to underserved students in the Washoe and Clark County school districts. Our target population are underserved students who are uninsured, underinsured, or Medicaid/CHIP recipients within schools with fifty percent or higher free and reduced price lunch enrollment. Healthy smiles provides preventative dental services to pre-k through high school students who have completed a Healthy Smiles parent/guardian consent form. The services include an oral health screening, prophylaxis, fluoride treatment, sealants, and oral health education. Services will be provided by a hygienist using portable equipment. All OSHA standards are fully adhered to and incorporated into the program. All treatments are non-invasive and are performed within the school during the school year.

Offering preventative services allow us to detect carious lesions at an early stage as well as prevent future cases of oral disease. At the completion of our services, each student is provided with a dental report with documentation informing the parent/guardian of the child's current oral health status which includes any findings, recommendations, and follow up instructions. Parents/guardian are informed that an oral health screening does not take the place of a regular dental exam, and that they should visit a dentist for a full dental exam. Students with additional dental needs are referred to community dental providers.

2) Provide a detailed description of each service intended to be offered in the proposed program (attach additional pages if needed):

Oral Health Screening – An oral health screening is a visual and manual inspection of the mouth that is conducted to identify oral disease or other oral conditions that may require management by oral health professionals. An oral health screening does not take the place of a dental exam, and students should visit a dentist for a full dental exam.

Oral Prophylaxis - Oral prophylaxis is a preventive dental procedure performed to remove plaque, tartar, and stains from the teeth and gums. It is intended to control local irritational factors.

Fluoride varnish application - Fluoride varnish is a highly concentrated form of fluoride that is applied to the tooth's surface as a type of topical fluoride therapy. It is not a permanent varnish but due to its adherent nature it is able to stay in contact with the tooth surface for several hours. It is applied to the tooth and can be used to help prevent decay and remineralize the tooth surface

Sealants - Dental sealants are a dental treatment intended to prevent tooth decay. Dental sealants are materials placed in pits and fissures of a tooth with no clinical signs of occlusal decay. Dental sealants are accepted as one of the most effective methods for cavity prevention. As long as the sealant remains adhered to the tooth, cavities can be prevented.

Oral Health Education - Oral health education is the process of imparting knowledge and skills to individuals on how to maintain good oral hygiene, prevent oral diseases, and promote oral health. It includes teaching children how to take care of their teeth and gums as well as understanding the importance of oral health. Oral health education is essential for children, as it helps prevent tooth decay, gum disease, and other oral health problems. It also promotes good oral hygiene habits and can improve overall health. Educating children about oral health at an early age can have a significant impact on their oral health throughout their lives.

3) Provide specific treatment protocols which include an explanation of the methods the dental hygienist who holds a valid Nevada Dental Hygiene Public Health Endorsement will use to:

a) Treat patients (attach additional pages if needed)

Oral health screening

- 1) Before any student is seen, the hygienist checks if the student has a signed parental consent for treatment and reviews any chief complaint and medical/dental history.
- 2) Put on protective personal equipment (PPE)
- 3) Place safety glasses and bib on child
- 4) Extra-oral and Intra-oral inspection (including oral cancer screening)
- 5) Chart all decayed, missing, existing, sealed and restored teeth
- 6) Evaluate oral habits and diet
- 7) Provide oral health education
- 8) Discuss smoking and tobacco use (if applicable)
- 9) Chart all services to be provided during school visit
- 10) Chart referrals and/or need for emergency care including plan to follow up

Oral Prophylaxis

- 1) Staining, Plaque, calculus, and food debris will be removed with the use of sterilized instruments (prophy angles attached to handpiece, scalers, and/or cavitron)
- 2) During the prophylaxis the hygienists discuss the importance of proper oral hygiene technique to maintain good oral health.
- 3) Polish teeth
- 4) Rinse away all residual paste

- 5) Ensure that patient fully understands the importance and has the knowledge on how to maintain a healthy mouth
- 6) If needed refer patient to outside local dental provider for deep subgingival scaling.

Sealants

Dental sealants will be placed on healthy permanent molars and premolars to students of all ages.

- 1) Ensure that child is wearing safety glasses
- 2) Sealants are placed after an oral prophylaxis
- 3) Isolate teeth and dry
- 4) Apply Sealant to tooth as per manufacturer instructions
- 5) Light cure sealants
- 6) Check sealant retention with use of an explorer
- 7) Check sealants with articulation paper for bite (if bite is high then remove and redo sealant)
- 8) Provide proper post-operative instructions
- 9) Send patient home with post-operative care instructions

Fluoride Varnish

- 1) Ensure that patient does not have any allergies to fluoride varnish
- 2) If sealants are applied, the fluoride varnish should only be applied after the placement of the sealants
- 3) Isolate and dry teeth.
- 4) Paint varnish over all areas of the teeth.
- 5) Provide proper post-operative instructions
- 6) Send patient home with post-operative care instructions

CASE MANAGEMENT

Students who need follow up care that can not be provided by our program are referred to local dentists for further dental care. Our program keeps in contact with the student and parents/guardian to ensure that they receive needed care.

- b) Refer patients to a dentist for follow-up care; diagnostic services; and any other service that a dental hygienist is not authorized to perform (attach additional pages if needed)

Healthy Smiles hygienists provide only preventative dental services. Following the dental visit, a letter is sent home to the parent/guardian explaining which services were provided, and a detailed report of all clinical findings and recommendations. Students needing treatment not provided by our program (including but not limited to a full dental exam, xrays, restorative work, and extractions) are referred to an outside dental provider.

Referrals for outside care are provided to the parent/guardian. Healthy Smiles staff communicates and shares dental records with the students outside dental provider. Our program also assists any parent/guardian who needs help finding a dentist for their child; and keeps in contact with the student and parents/guardian to ensure that they receive needed care.

4) Provide specific protocols which include an explanation of the methods the dental hygienist who holds a valid Nevada Dental Hygiene Public Health Endorsement will use for emergencies

Urgent care is defined as a situation that includes one or all the following:

- a) Area of oral pain
- b) Four or more active carious lesions
- c) Abscess

Following the dental visit, if a patient is in need of urgent care, the treating dental hygienist calls the parent or guardian to inform of oral condition and the need for urgent dental care.

In addition, the hygienist provides the patient and parent/guardian with community resources where the patient can receive prompt emergency dental care. If needed, Healthy Smiles staff will assist patients in making an appointment at a local community dental facility for treatment. Healthy smiles staff will follow up with parent or guardian to ensure that patient received needed care.

5) Provide infection control protocols for clinical and sterilization equipment (attach additional pages if needed)

A – Equipment Sterilization

All dental instruments and hand pieces used in intra-oral care must be sterilized and remain sterile until used. Sterilization procedures must follow OSHA Guidelines.

- ☐ To ensure that all instruments used are sterile, all used instruments are placed in a covered container marked “DIRTY.” All dirty equipment is taken to our facility for the sterilization process.
- ☐ Instruments are scrubbed and soaked for a minimum of 30 minutes in a disinfectant solution. An ultrasonic bath is used for pre-cleaning instruments. Holding trays containing instruments are stored away from clean and sterile instruments. The holding solution is changed at the end of each day.
- ☐ Steam autoclaves are used for all instruments requiring sterilization.
- ☐ All items to be sterilized are placed in sterilization bags and dated.

It should be noted that Healthy Smiles is a mobile program. Therefore, appropriate care will be made when transporting equipment to maintain proper sterilization. All equipment being transported to schools served by the Healthy Smiles program are enclosed in sealed, puncture proof containers to maintain sterilization. All one time use instruments will be disposed of properly as a hazard material.

B – Infection Control

All staff are trained during orientation, and annually thereafter, regarding acceptable infection control practices and prevention methods. Specific emphasis will be placed on universal precautions and blood borne disease prevention.

Staff member infection control procedures include, but are not limited to, the following:

1. Frequent hand washing by staff members.
 2. Covering nose and mouth when coughing or sneezing.
 3. Reporting open sores or cuts on fingers or hands, using bandages and gloves, if medically appropriate.
 4. Use of scientifically accepted protective barriers during job-related activities, which involve or may involve exposure to significant risk body substances.
 5. Appropriate selection and use of gloves. This includes changing gloves between each patient contact. Gloves are considered one-use, disposable items. They should never be washed or disinfected for re-use.
 6. Wearing appropriate and clean uniforms:
 - i. Staff wear scrubs and disposable outer garments with long sleeves that cover exposed skin.
 - ii. Staff wear lab coats over street clothes.
 - iii. Lab coats and uniforms must be maintained in a clean and neat condition.
 7. Environmental infection control procedures include, but are not limited to, the following:
 - i. Maintaining a clean patient care area and work environment.
 - ii. Keeping clean and dirty items separate.
 - iii. Proper handling and care of instruments, devices, or other items.
 - iv. All dental equipment handled by staff are enclosed in an impermeable plastic wrap prior to use.
 - v. Using sterile items prior to the expiration date. Proper use and disposal of disposable items.
 - vii. Cleaning and decontamination spills of blood or other body fluids.
 - viii. Proper handling of medical waste.
 - ix. The presence of portable eye wash stations at each site.
- 6 Provide a detailed description of how recordkeeping will be maintained on patients as well as services rendered by Nevada licensees with an active Nevada Dental Hygiene Public Health Endorsement for this program (attach additional pages if needed):

A dental record is maintained on each child treated in the Healthy Smiles program. All staff are trained during orientation, and annually thereafter, on patient confidentiality and HIPPA regulations. Dental records are maintained electronically and/or by paper. All records must be transported in a secure manner that abides by all HIPPA regulations.

Following a dental visit at the school, Healthy Smiles staff creates a dental report detailing the services rendered and any recommended follow-up treatment. Reports from each visit are maintained electronically and/or paper. Reports from each visit are sent home to the parents/guardian. If a parent/guardian has any questions or concerns they can contact Healthy Smiles with the number provided on the parent letter.

B. PAPER BASED INFORMATION

- i. Sign-in sheets should never contain PHI, such as the reason for the visit, chief complaint or diagnosis.
- ii. In the outpatient areas, the charts should be placed facing the wall so that the patient's name cannot be determined.
- iii. Patient information should not be left in conference rooms or desks where the information may be accessible to the public.
- iv. Cabinets containing PHI must be locked when the area is unsupervised if contained in a room that is not securely locked..
- v. PHI should be placed in envelopes when transporting.
- vi. All PHI must be shredded.

C. ELECTRONIC INFORMATION

- i. Computer monitors should be turned away from the public or should have privacy shields.
- ii. Staff members must log off their computers before leaving their workstations.
- iii. Passwords and ID's cannot be shared.
- v. All emails containing PHI MUST be encrypted.

Agenda Item 4(b):

**Discussion, Consideration & Possible Approval/Rejection of
Public Health Endorsement Application**

NRS 631.190; NRS 631.287

(For Possible Action)

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1963, 150](#); [1967, 865](#); [1993, 2743](#); [2009, 3002](#); [2017, 989, 2848](#); [2019, 3205](#), effective January 1, 2020)

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 4(b)(1):

Crystal Moreno, RDH

**Nevada State Board of Dental Examiners**

2651 N. Green Valley Pkwy, Ste. 104

Henderson, NV 89014

(702)486-7044 – (800) DDS-EXAM – Fax (702)486-7046

APPLICATION FOR PUBLIC HEALTH ENDORSEMENT

Name: Crystal Moreno License No: 102241
Address: [REDACTED] Home Phone: [REDACTED]
City, State & Zip Code: [REDACTED]
E-mail: [REDACTED] Work Phone: [REDACTED]
Agency Affiliation for Endorsement: Robert Lorber Agency Phone: [REDACTED]
Agency Address: [REDACTED]
Dental Hygiene Education Institution: El Paso Community College
Year of Graduation: 2009 Degree Received: A.A.S. Dental Hygiene

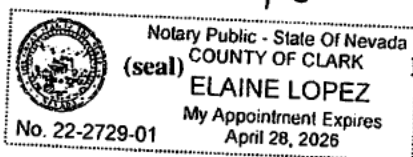
Description of Dental Public Health Program and Protocol (population, procedures, time-line, and referral mechanism): Continue on a separate paper if more room is needed.

Please see attached

Previous Public Health Dental Hygiene Endorsements: N/A

Please sign and have notarized:

I have read, understand and will comply with NAC 631.210 regarding the duties delegable to a dental hygienist in unsupervised practice, conduct my practice in accordance with OSHA guidelines, and maintain malpractice insurance during my endorsement.

Signature: Crystal MorenoDate: 6-20-2024Notary: El 2yDate: 06/20/2024

Please return this application, a copy of your current CPR card, proof of malpractice insurance and letter from the program director to:

Nevada State Board of Dental Examiners
2651 N Green Valley Pkwy Suite 104
Henderson, NV 89014

Agenda Item 4(b)(2):

Julia Gillen, RDH



Nevada State Board of Dental Examiners

2651 N. Green Valley Pkwy, Ste. 104

Henderson, NV 89014

(702)486-7044 – (800) DDS-EXAM – Fax (702)486-7046

APPLICATION FOR PUBLIC HEALTH ENDORSEMENT

Name: Julia Gillen License No: 102854
 Address: [REDACTED] Home Phone: [REDACTED]
 City, State & Zip Code: [REDACTED]
 E-mail: [REDACTED] Work Phone: [REDACTED]

Agency Affiliation for Endorsement: Robert Lorber DMD PC - Healthy Smiles Agency Phone: [REDACTED]
 Agency Address: Attn: Robert Lorber [REDACTED]
 Dental Hygiene Education Institution: Truckee Meadows Community College
 Year of Graduation: 2022 Degree Received: Bachelor of science Dental Hygiene

Description of Dental Public Health Program and Protocol (population, procedures, time-line, and referral mechanism): Continue on a separate paper if more room is needed.

See attached

Previous Public Health Dental Hygiene Endorsements: N/A

Please sign and have notarized:

I have read, understand and will comply with NAC 631.210 regarding the duties delegable to a dental hygienist in unsupervised practice, conduct my practice in accordance with OSHA guidelines, and maintain malpractice insurance during my endorsement.

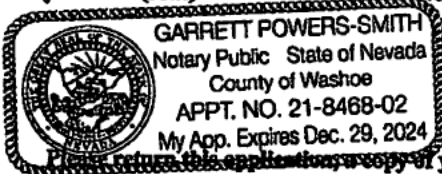
Signature: Julia Gillen

Date: 6/19/24

State of Nevada County of Washoe
Signed and sworn to before me on 6/19/24 by Julia Kay Gillen

Notary: [Signature]

Date: 6/19/24



Please return this application, a copy of your current CPR card, proof of malpractice insurance and letter from the program director to:

Nevada State Board of Dental Examiners
 2651 N Green Valley Pkwy Suite 104
 Henderson, NV 89014

Agenda Item 4(b)(3):

Laura Cambra, RDH



Nevada State Board of Dental Examiners

2651 N. Green Valley Pkwy, Ste. 104

Henderson, NV 89014

(702)486-7044 – (800) DDS-EXAM – Fax (702)486-7046

APPLICATION FOR PUBLIC HEALTH ENDORSEMENT

Name: Laura Cambra License No: 4445
 Address: [REDACTED] Home Phone: [REDACTED]
 City, State & Zip Code: [REDACTED]
 E-mail: [REDACTED] Work Phone: [REDACTED]

Agency Affiliation for Endorsement: Robert Lorber DMD PC Agency Phone: [REDACTED]

Agency Address: [REDACTED]

Dental Hygiene Education Institution: Truckee Meadows Community College

Year of Graduation: 2003 Degree Received: AAS Dental Hygiene

Also - St. Petersburg College 2006 - Bachelors Applied Science Dental Hygiene
(BASDH)

Description of Dental Public Health Program and Protocol (population, procedures, time-line, and referral mechanism): Continue on a separate paper if more room is needed.
Please see attached

Previous Public Health Dental Hygiene Endorsements: N/A

Please sign and have notarized:

I have read, understand and will comply with NAC 631.210 regarding the duties delegable to a dental hygienist in unsupervised practice, conduct my practice in accordance with OSHA guidelines, and maintain malpractice insurance during my endorsement.

Signature: Laura Cambra, RDH Date: 6/19/24

(seal)

Notary: See attached Notary Date: [REDACTED]
Acknowledgement

Please return this application, a copy of your current CPR card, proof of malpractice insurance and letter from the program director to:

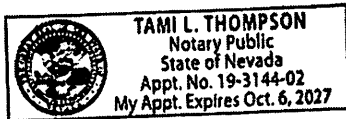
Nevada State Board of Dental Examiners
 2651 N Green Valley Pkwy Suite 104
 Henderson, NV 89014

Revised 12/2021

ALL-PURPOSE ACKNOWLEDGMENT

State of NevadaCounty of WashoeOn 06/19/2024 before me, Tami L. Thompson
DATE NAME OF NOTARY PUBLICpersonally appeared Laura Christine Cambra
NAME(S) OF SIGNER(S)

☐ personally known to me OR ☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Place Notary Seal or Stamp Here

Tami L. Thompson
SIGNATURE OF NOTARY

ATTENTION NOTARY: Although the information requested below is OPTIONAL, it may prove valuable to persons relying on this Acknowledgment and could prevent fraudulent reattachment of this certificate to another document.

DESCRIPTION OF ATTACHED DOCUMENT

THIS CERTIFICATE
MUST BE ATTACHED
TO THE DOCUMENT
DESCRIBED AT RIGHT

Application for Public Health endorsement
TITLE OR TYPE OF DOCUMENT

1
NUMBER OF PAGES

06/19/2024
DATE OF DOCUMENT

SIGNER(S) OTHER THAN NAMED ABOVE

Agenda Item 4(b)(4):

Mabel Yu-Ching, RDH

**Nevada State Board of Dental Examiners**

2651 N. Green Valley Pkwy, Ste. 104

Henderson, NV 89014

(702)486-7044 – (800) DDS-EXAM – Fax (702)486-7046

APPLICATION FOR PUBLIC HEALTH ENDORSEMENT

Name: Mabel Yu-Ching License No: 103028
Address: [REDACTED] Home Phone: [REDACTED]
City, State & Zip Code: [REDACTED]
E-mail: [REDACTED] Work Phone: [REDACTED]
Agency Affiliation for Endorsement: Robert Lorber DMD PC - Healthy Smiles Agency Phone: [REDACTED]
Agency Address: [REDACTED]
Dental Hygiene Education Institution: San Joaquin Valley College
Year of Graduation: 1999 Degree Received: A.S. Dental Hygiene

Description of Dental Public Health Program and Protocol (population, procedures, time-line, and referral mechanism): Continue on a separate paper if more room is needed.

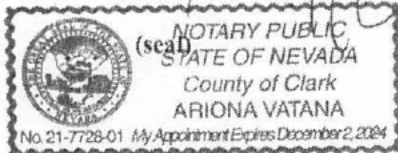
Please see attached

Previous Public Health Dental Hygiene Endorsements: None

Please sign and have notarized:

I have read, understand and will comply with NAC 631.210 regarding the duties delegable to a dental hygienist in unsupervised practice, conduct my practice in accordance with OSIA guidelines, and maintain malpractice insurance during my endorsement.

Signature: [Signature] Date: 06.20.24



Notary: [Signature] Date: 06/20/2024

State of Nevada
County of Clark
This instrument was acknowledged before me on
6/20/24 by Mabel Yu-Ching

Please return this application, a copy of your ~~current~~ CPR card, proof of malpractice insurance and letter from the program director to:

Nevada State Board of Dental Examiners
2651 N Green Valley Pkwy Suite 104
Henderson, NV 89014

Agenda Item 4(b)(5):

Wendy Seaver, RDH



Nevada State Board of Dental Examiners

2651 N. Green Valley Pkwy, Ste. 104

Henderson, NV 89014

(702)486-7044 - (800) DDS-EXAM - Fax (702)486-7046

APPLICATION FOR PUBLIC HEALTH ENDORSEMENT

Name: Wendy Seaver License No. 4466
 Address: [REDACTED] Home Phone: [REDACTED]
 City, State & Zip Code: [REDACTED]
 E-mail: [REDACTED] Work Phone: 844-500-3456
 Agency Affiliation for Endorsement: Healthy Smiles Agency Phone: 844-500-3456
 Agency Address: 6159 Sweetbriar Ct. Las Vegas, NV 89146
 Dental Hygiene Education Institution: Truckee Meadows Community College
 Year of Graduation: 2007 Degree Received: AAS Dental Hygiene

Description of Dental Public Health Program and Protocol (population, procedures, time-line, and referral mechanism): Continue on a separate paper if more room is needed.

Please see attached

Previous Public Health Dental Hygiene Endorsements: None

Please sign and have notarized:

I have read, understand and will comply with NAC 631.210 regarding the duties delegable to a dental hygienist in unsupervised practice, conduct my practice in accordance with OSHA guidelines, and maintain malpractice insurance during my endorsement.

Signature: Wendy Seaver Date: 6-20-24

(seal)

Notary: [Signature]

Date: 06/20/2024

Please return this application, a copy of your current CPR card, proof of malpractice insurance and letter from the program director to:

Nevada State Board of Dental Examiners
 2651 N Green Valley Pkwy Suite 104
 Henderson, NV 89014

Revised 12/2021



State of New York

County of Washington

The foregoing instrument was acknowledged before me 20 day of June 2024

Herberta Ritchie
 Your Name Here Notary Public

My Commission Expires 12/12/2024