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DEPARTMENT OF BUSINESS AND INDUSTRY  
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS  
NEVADA STATE BOARD OF DENTAL EXAMINERS

**PUBLIC MEETING NOTICE & BOARD MEETING AGENDA**  
**Infection Control Committee Meeting**

**Meeting Minutes**

**Meeting Location**

**Meeting Date & Time**  
Wednesday, November 19, 2025  
7:00 p.m.

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

**Video Conferencing/ Teleconferencing Available**

**To access by phone, +1(646) 568-7788**

**To access by video webinar,**

**<https://us06web.zoom.us/j/88403350099>**

**Webinar/Meeting ID#: 884 0335 0099**

**Webinar/Meeting Passcode: 007994**

**PUBLIC NOTICE:**

**Public Comment by pre-submitted email/written form and Live Public Comment 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](mailto:nsbde@dental.nv.gov).** Written submissions received by the Board on or before Tuesday, November 18, 2025, by 12:00 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 table it.

## **1. Call to Order**

- a.** Roll Call/Quorum

**Board Members Present:** Ms. Kimberly Petrilla (Chair), Dr. Joshua Branco, Dr. Daniel Streifel, Dr. Joan Landron, Dr. Ashley Hoban.

**Board Members Absent:** NA

**Board Staff Present:** Director Higginbotham, General Counsel Barraclough, Dr. Helen Kanian (Infection Control Program Developer), A. Cyberman, M. Kelley, M. Ramirez, L. Chagolla.

**2. Public Comment (Live public comment 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 the 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 to based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

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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.

**Director Higginbotham noted for the record that several written public comments were submitted. The public comments include submissions from the following:**  
**Mary Bobbett – submitted various technical and typo feedback**  
**Tracy Wells – provided technical feedback**  
**David Moore – submitted comments regarding the TB discussion**  
**George Rosenbaum – provided feedback regarding class V integrators**

All attachments referenced are included in the packet for Board review.

No further public comments.

**3. Chairperson's Report:** (For Possible Action)

- a. Request to Remove Agenda Item(s) (For Possible Action)**

NA

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

**A motion to approve the agenda was made by Dr. Streifel, and it was seconded by Dr. Hoban.**

No discussion.

All members voted 'AYE.'

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

- a. Review, Discussion, and Possible Approval/Rejection of Infection Control Inspection Documents – NAC 631.1785 (For Possible Action)**

- i. Infection Control Inspection Survey Form**

**Ms. Petrilla communicated that the committee would review the provided list of questions/responses created from the 10.29.2025 committee meeting, to approve/discuss revisions made.**

The committee discussed the following items:

**Question 1 – approved the revision made by staff to only require a hard-copy of infection control manual for inspection.**

**Question 2 – approved the revised language.**

**Question 8 – discussion determining the ambiguity of “communicable” diseases and the need for a written policy. Committee opted to revise the wording of this via email with General Counsel after provisional approval.**

**Dr. Branco recommended that resources be provided to both Dr.'s and inspectors regarding this question to provide consistency for the required written policies.**

**Dr. Hoban asked for clarification on the requirement for written communicable disease policies, noting that providers follow universal precautions and do not test/diagnose patients, and asked how this differs from standard practice.**

**General Counsel Barraclough noted that item eight could be revised to state that practitioners will comply with the applicable NAC/NRS provisions for mandatory reporting of communicable diseases, referencing the Southern Nevada Health District, and that the specific provision can be identified for clarity. She added that**

**the question cannot be removed but can be adjusted for clarity.**

**Dr. Branco** agree that reworking the question to target the list to only what needs to be reported to avoid any potential discrimination would be best.

**Dr. Hoban** suggested adding language clarifying that dental practitioners should refer patients to appropriate medical care if they suspect a communicable disease, noting that they are not responsible for diagnosing or reporting, only for making referrals when suspicion arises.

General Counsel Barraclough noted she will review the specific NAC/NRS provisions regarding mandatory reporting to clarify whether reporting is required upon suspicion or confirmation. She proposed that if the committee approves the remaining items, she can email members the relevant language and suggest revisions for item eight, allowing for provisional approval based on that guidance.

**Ms. Petrilla** confirmed that this is the route the committee would take for question 8.

**Question 10 – discussion of the requirement for TB screening upon hire per CDC.** The committee approved the removing of this item from the checklist and placed this at the end in the acknowledgment section.

**Director Higginbotham** communicated that the staff and program developer strongly recommend leaving this item in the checklist. However, if item 10 is removed from the infection control checklist, the content should still be referenced in the “Acknowledgement and Receipt of Notice” section of the inspection report. This would ensure that staff and licensees formally acknowledge receipt of the CDC recommendations, even if the item is no longer part of the active checklist.

**Question 11 – approved the revised question.**

**Question 12 – reviewed provided clarification.**

**Question 17 – reviewed the recommendation by the program developer to leave demonstration items in the checklist. Critical classification will be removed.**

**Ms. Petrilla and Dr. Branco** communicated concern about the demonstration items being made a “critical deficiency.” Committee in agreement to leave question on checklist but remove the critical classification.

**Question 20 – approved the revised language.**

**Question 24 – reviewed the recommendation by the program developer to leave demonstration items in the checklist. Critical classification will be removed.**

**Question 29 – reviewed the recommendation by the program developer to leave demonstration items in the checklist. Critical classification will be removed.**

**Question 34 – approved the revised language.**

**Question 40 – approved the revised language and reviewed clarification provided by staff.**

**Question 42 – approved the revised language.**

**Question 50 – reviewed the recommendation by the program developer to leave demonstration items in the checklist. Critical classification will be removed.**

**Question 51 – discussion regarding event-related monitoring, approved the question.**

**Question 52 – discussion determining the best wording for this question to reflect**

current CDC sterilization standards while also making the question clearer. Committee opted to revise the wording of this via email with General Counsel after provisional approval.

Ms. Petrilla communicated that the term “Class V indicators” is outdated and has not been used since 2014. Based on public comment from Tracy Wales, the checklist language should be updated to reflect current standards.

Dr. Branco noted that the original language was intended only for closed cassettes, and the current wording “wrapped/closed cassettes and containers, including pouches” is confusing. The placement of “chemical/heat indicators for pouches” above this also adds to the ambiguity, making the checklist unclear regarding what was originally intended.

General Counsel Barraclough noted agreement with Dr. Branco that “including pouches” should be excluded from the second sentence to avoid conflict with the first. She suggested provisional approval of the item, with staff and Dr. Kanian retooling the language via email to clarify wording, account for differences in terminology (e.g., Class V integrator vs. ISO 11140 Type 5), and ensure consistency with inspection practices.

Ms. Petrilla confirmed that this is the route the committee would take for question 52.

Question 62 & 62(a) – reviewed provided clarification.

Question 64 – discussion determining if there was a need for a log. The committee approved the removal of the requirement for a log.

Various committee members communicated that a log for housekeeping, morning and night is cumbersome and not needed.

Dr. Kanian clarified that it could be a very simple log and General Counsel Barraclough provided example of the log commonly seen in restaurant bathrooms.

Kelly Taylor, dental hygienist, expressed concern about the volume of required documentation for infection control, noting that maintaining logs and storing is excessive.

Question 71 –reviewed provided clarification.

Question 75 – approved the revised language.

Question 77 – approved the revised language.

Question 78 & 79 – discussion regarding placement of the two questions. The committee approved leaving these placed as is.

Dr. Branco communicated concern over the number of items total listed as a “Critical deficiency.”

Director Higginbotham noted that the staff can rework the item ranking and have that presented at the next infection control committee. Once the Infection Control Master Checklist is finalized, the Board will use those determinations to develop standardized operating procedures for Board agents. These procedures will support consistent inspections across all practice settings and inspectors. It was noted that the checklist will serve as the foundation for building training materials and establishing uniform infection control inspection practices statewide.

**A motion was made to approve the Infection Control Inspection Survey Form, pending the clarification on verbiage for questions 8 & 51 to be provided to the committee via email, and it was seconded by Ms. Petrilla.**

**No discussion.**

**All members voted 'AYE.'**

**5. Public Comment (Live public comment 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.

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**No public comments.**

**6. Announcements:**

**Director Higginbotham stated that at the next Infection Control Committee meeting, staff will extract all items currently marked as "critical" so the committee can reassess them. He noted that additional deliverables may also be ready for review. While the team hopes to schedule a December meeting, the holidays may require moving it to early January.**

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

**A motion to adjourn was made by Dr. Branco, and it was seconded by Dr. Landron.**

**No discussion.**

**All members voted 'AYE.'**

*Note: To minimize computer resource and data storage drains, only the copies of the applications (redacted to exclude personal identifying or personal health information) are included with this agenda. However, the Board acknowledges that some records attached to the applications (aside from any included proprietary information, but including such things as permits, licenses, route maps, etc.) are generally public records. The Board will make available copies of the non-confidential documents attached to the applications to any member of the public upon request.*