Summary of Infection Prevention Practices in Dental Settings

Basic Expectations for Safe Care

Note to Readers

This document is a summary guide of basic infection prevention recommendations for all dental health care settings. These include traditional settings such as private dental practices, dental clinics, dental schools

and educational programs (including dental assisting, dental hygiene, and laboratory) and nontraditional settings that often use portable dental equipment such as clinics held in schools for sealant and fluoride placement and in other

sites for humanitarian dental missions.

While the information included in this document reacts existing evidence-based guidelines produced by the Centers for

Disease Control and Prevention (CDC), it  
is not intended as a replacement for more extensive guidelines. This summary guide is based primarily upon elements of Standard Precautions and represents a summary of basic infection prevention expectations for safe care in dental settings as recommended in the *Guidelines for Infection Control in Dental Health-Care Settings—2003*. Readers are urged to use the Infection Prevention Checklist for Dental Settings (Appendix  
A), a companion to the summary; and to consult the full guidelines for additional background, rationale, and scientific evidence behind each recommendation.

Suggested Citation

Centers for Disease Control and Prevention. *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health; March 2016.

Adapted from: *Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care* http://www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html

Contents

Suggested Citation................................................................................................................................................................................................................................................................................2

Introduction.................................................................................................................................................................................................................................................................................................................4

Objectives..........................................................................................................................................................................................................................................................................................................................5

Fundamental Elements Needed to Prevent Transmission of Infectious Agents in Dental Settings...............................................................................................................................................................................................................................................6

Administrative Measures.................................................................................................................................................................................................................................................................6

Infection Prevention Education and Training.........................................................................................................................................................................................6

Dental Health Care Personnel Safety......................................................................................................................................................................................................................7

Program Evaluation....................................................................................................................................................................................................................................................................................8

Standard Precautions.............................................................................................................................................................................................................................................................................8

Hand Hygiene......................................................................................................................................................................................................................................................................................9

Personal Protective Equipment.........................................................................................................................................................................................................................9

Respiratory Hygiene/Cough Etiquette...........................................................................................................................................................................................10

Sharps Safety...................................................................................................................................................................................................................................................................................... 11

Safe Injection Practices..................................................................................................................................................................................................................................................12

Sterilization and Disinfection of Patient-Care Items and Devices..............................................................................................14

Environmental Infection Prevention and Control......................................................................................................................................................16

Dental Unit Water Quality.........................................................................................................................................................................................................................................................17

Risk Assessment......................................................................................................................................................................................................................................................................................18

Conclusions...............................................................................................................................................................................................................................................................................................................18

Source Documents..............................................................................................................................................................................................................................................................................19

Appendix A: Infection Prevention Checklist for Dental Settings: Basic Expectations for Safe Care......................................................................................................................................................................................................................................20

Section I: Policies and Practices.....................................................................................................................................................................................................................................21

Section II: Direct Observation of Personnel and Patient-Care Practices ...................................................................................... 29

Appendix B: Relevant Recommendations Published by CDC Since 2003.............38

Appendix C: Selected References and Additional Resources  
by Topic Area.....................................................................................................................................................................................................................................................................................................40

Introduction

Transmission of infectious agents among patients and dental health care personnel (DHCP) in dental settings is rare. However, from 2003 to 2015, transmissions in dental settings, including patient- to-patient transmissions, have been documented.1–4 In most cases, investigators failed to link a specific lapse of infection prevention and control with

a particular transmission. However, reported breakdowns in basic infection prevention procedures included unsafe injection practices, failure to heat sterilize dental hand pieces between patients, and failure to monitor (e.g., conduct spore testing) autoclaves.2,3 These reports highlight the need for comprehensive training to improve understanding of underlying principles, recommended practices, their implementation, and the conditions that  
have to be met for disease transmission.

All dental settings, regardless of the level of  
care provided, must make infection prevention  
a priority and should be equipped to observe Standard Precautions and other infection prevention recommendations contained in CDC’s *Guidelines for Infection Control in Dental Health-Care Settings—2003*.5 The *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care* summarizes current infection prevention recommendations and includes a checklist (Appendix A) that can be used to evaluate compliance.

The information presented here is based primarily upon the recommendations from the 2003 guideline and represents infection prevention expectations for safe care in dental settings. It is intended for use by anyone needing information about basic infection prevention measures in dental health care settings, but is not a replacement for the more extensive

guidelines. Readers are urged to consult the full guidelines for additional background, rationale, and scienti c evidence behind each recommendation. Additional topics and information relevant to dental infection prevention and control published by CDC since 2003 in this document can be found in Appendix B including

* Infection prevention program administrative measures.
* Infection prevention education and training.
* Respiratory hygiene and cough etiquette.
* Updated safe injection practices.
* Administrative measures for instrument processing.

For the purposes of this document, DHCP refers to all paid and unpaid personnel in the dental health care setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. This includes

* Dentists.
* Dental hygienists.
* Dental assistants.
* Dental laboratory technicians (in-o ce and commercial).
* Students and trainees.
* Contractual personnel.
* Other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).5

Objectives

By highlighting existing CDC recommendations, this summary guide

1. Provides basic infection prevention principles and recommendations for dental health care settings.
2. Rearms Standard Precautions as the foundation for preventing transmission of infectious agents during patient care in all dental health care settings.
3. Provides links to full guidelines and source documents that readers can reference for more detailed background and recommendations.

**References**

1. Redd JT, Baumbach J, Kohn W, et al. Patient-to-patient transmission of hepatitis B virus associated with oral surgery. *J Infect Dis.* 2007;195(9):1311–1314.
2. Radcli e RA, Bixler D, Moorman A, et al. Hepatitis B virus transmissions associated with a portable dental clinic, West Virginia, 2009. *J Am Dent Assoc.* 2013;144(10):1110–1118.
3. Oklahoma State Department of Health. Dental Healthcare-Associated Transmission of Hepatitis C: Final Report of Public Health Investigation and Response, 2013. Available at: http://www.ok.gov/health2/documents/ Dental%20Healthcare\_Final%20Report\_2\_17\_15.pdf.
4. Klevens RM, Moorman AC. Hepatitis C virus: an overview for dental health care providers. *J Am Dent Assoc.* 2013;144(12):1340–1347.
5. Centers for Disease Control and Prevention. Guidelines for infection control in dental health-care settings—2003. *MMWR Recomm Rep* 2003;52(RR-17):1–61. Available at: www.cdc.gov/mmwr/PDF/rr/rr5217.pdf.

For additional references, background information, rationale, and evidence, readers should consult the references and resources listed in Appendix C. Detailed recommendations for dental health care settings can be found in the compendium document, *Recommendations from the Guidelines for Infection Control in Dental Health-Care Settings—2003*.

Fundamental Elements Needed to Prevent Transmission of Infectious Agents in Dental Settings

**Administrative Measures**

Infection prevention must be made a priority in any dental health care setting. At least one individual  
with training in infection prevention—the infection prevention coordinator—should be responsible for developing written infection prevention policies and procedures based on evidence-based guidelines, regulations, or standards. Policies and procedures should be tailored to the dental setting and reassessed on a regular basis (e.g., annually) or according to state or federal requirements. Development should take into consideration the types of services provided by DHCP and the patient population served, extending beyond the Occupational Safety and Health Administration

(OSHA) bloodborne pathogens standard to address patient safety. The infection prevention coordinator should ensure that equipment and supplies (e.g., hand hygiene products, safer devices to reduce percutaneous injuries, and personal protective equipment) are available and should maintain communication with all sta members to address speci c issues or concerns related to infection prevention. In addition, all dental settings should  
have policies and protocols for early detection and management of potentially infectious persons at initial points of patient encounter.

**Key ADMINISTRATIVE RECOMMENDATIONS for Dental Settings**

1. **Develop and maintain infection prevention and occupational health programs.**
2. **Provide supplies necessary for adherence to Standard Precautions (e.g., hand hygiene products, safer devices to reduce percutaneous injuries, personal protective equipment).**
3. **Assign at least one individual trained in infection prevention responsibility for coordinating the program.**

**4. Develop and maintain written infection prevention policies and procedures appropriate for the services provided by the facility and based on evidence-based guidelines, regulations, or standards.**

**5. Facility has system for early detection and management of potentially infectious persons at initial points of patient encounter.**

**Infection Prevention Education and Training**

Ongoing education and training of DHCP are critical for ensuring that infection prevention policies and procedures are understood and followed. Education on the basic principles and practices for preventing the spread of infections should be provided to all DHCP. Training should include both DHCP safety (e.g., OSHA bloodborne pathogens training) and

patient safety (e.g., emphasizing job- or task-specific needs). Education and training should be provided during orientation to the setting, when new tasks  
or procedures are introduced and at a minimum, annually. Training records should be maintained according to state and federal requirements.

**Key Recommendations for EDUCATION AND TRAINING in Dental Settings**

**1. Provide job- or task-speci c infection prevention education and training to all DHCP.**

**a. This includes those employed by outside agencies and available by contract or  
on a volunteer basis to the facility.**

**2. Provide training on principles of both DHCP safety and patient safety.**

**3. Provide training during orientation and at regular intervals (e.g., annually).**

**4. Maintain training records according to state and federal requirements.**

**Dental Health Care Personnel Safety**

Infection prevention programs should also address occupational health needs, including vaccination  
of DHCP, management of exposures or infections in personnel requiring post-exposure prophylaxis or work restrictions, and compliance with OSHA bloodborne pathogens standard. Referral arrangements for medical services can be made with quali ed health care professionals in an occupational health program of a hospital, with educational institutions, or with health care facilities that other personnel health services.

Recommendations for prevention of infections in DHCP can be found in the following documents— *Guidelines for Infection Control in Dental Health-  
Care Settings—2003* (available at: www.cdc. gov/mmwr/PDF/rr/rr5217.pdf ), *Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP)* (available at: http://www.cdc.gov/mmwr/pdf/rr/ rr6007.pdf ), and OSHA Bloodborne Pathogens and Needlestick Prevention (available at: http://www. osha.gov/SLTC/bloodbornepathogens/index.html).

**Key Recommendations for DENTAL HEALTH CARE PERSONNEL SAFETY**

1. **Current CDC recommendations for immunizations, evaluation, and follow- up are available. There is a written policy regarding immunizing DHCP, including a list of all required and recommended immunizations for DHCP (e.g., hepatitis B, MMR (measles, mumps, and rubella) varicella (chickenpox),  
   Tdap (tetanus, diphtheria, pertussis).**
2. **All DHCP are screened for tuberculosis (TB) upon hire regardless of the risk classi cation of the setting.**

**3. Referral arrangements are in place to quali ed health care professionals (e.g., occupational health program of a hospital, educational institutions, health care facilities that o er personnel health services) to ensure prompt and appropriate provision**

**of preventive services, occupationally- related medical services, and postexposure management with medical follow-up.**

**4. Facility has well-de ned policies concerning contact of personnel with patients when personnel have potentially transmissible conditions.**

**Program Evaluation**

A successful infection prevention program depends on

* Developing standard operating procedures.
* Evaluating practices and providing feedback to DHCP.
* Routinely documenting adverse outcomes (e.g., occupational exposures to blood) and work-related illnesses in DHCP.
* Monitoring healthcare associated infections in patients.

Strategies and tools to evaluate the infection prevention program can include periodic observational assessments, checklists to document procedures, and routine review of occupational exposures to bloodborne pathogens. The Infection Prevention Checklist for Dental Settings found in Appendix A is one tool DHCP can use to evaluate their infection prevention program. Evaluation others an opportunity to improve the effectiveness of

both the infection-prevention program and dental practice protocols. If deficiencies or problems in the implementation of infection prevention procedures are identified—further evaluation and feedback, corrective action, and training (if applicable) is needed to eliminate the problems.

**Key Recommendation for PROGRAM EVALUATION in Dental Settings**

**1. Establish routine evaluation of the infection prevention program, including evaluation of DHCP adherence to infection prevention practices.**

Standard Precautions

Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. These practices are designed to both protect DHCP and prevent DHCP from spreading infections among patients. Standard Precautions include—

1. Hand hygiene.
2. Use of personal protective equipment (e.g., gloves, masks, eyewear).
3. Respiratory hygiene/cough etiquette.
4. Sharps safety (engineering and work practice controls).
5. Safe injection practices (i.e., aseptic technique for parenteral medications).
6. Sterile instruments and devices.
7. Clean and disinfected environmental surfaces.

Each element of Standard Precautions is described in the following sections. Education and training are critical elements of Standard Precautions, because they help DHCP make appropriate decisions and comply with recommended practices.

When Standard Precautions alone cannot  
prevent transmission, they are supplemented with Transmission-Based Precautions. This second tier  
of infection prevention is used when patients have diseases that can spread through contact, droplet  
or airborne routes (e.g., skin contact, sneezing, coughing) and are always used in addition to Standard Precautions. Dental settings are not typically designed to carry out all of the Transmission-Based Precautions (e.g., Airborne Precautions for patients with suspected tuberculosis, measles, or chickenpox) that are recommended for hospital and other ambulatory  
care settings. Patients, however, do not usually seek routine dental outpatient care when acutely ill with diseases requiring Transmission-Based Precautions. Nonetheless, DHCP should develop and carry out systems for early detection and management of potentially infectious patients at initial points of entry to the dental setting. To the extent possible, this includes rescheduling non-urgent dental care

**Hand Hygiene**

Hand hygiene is the most important measure to prevent the spread of infections among patients and DHCP. Education and training programs should thoroughly address indications and techniques for hand hygiene practices before performing routine and oral surgical procedures.

For routine dental examinations and nonsurgical procedures, use water and plain soap (hand washing) or antimicrobial soap (hand antisepsis) specific for health care settings or use an alcohol-based hand rub. Although alcohol-based hand rubs are effective for hand hygiene in health care settings, soap and water until the patient is no longer infectious or referral to a dental setting with appropriate infection prevention precautions when urgent dental treatment is needed.

should be used when hands are visibly soiled (e.g., dirt, blood, body fluids). For surgical procedures,1 perform a surgical hand scrub before putting on sterile surgeon’s gloves. For all types of hand hygiene products, follow the product manufacturer’s label for instructions. Complete guidance on how and when hand hygiene should be performed, including recommendations regarding surgical hand antisepsis and artificial nails can be found in the *Guideline for Hand Hygiene in Health-Care Settings* (available at: http://www.cdc.gov/ mmwr/PDF/rr/rr5116.pdf ).

**Key Recommendations for HAND HYGIENE in Dental Settings**

**1. Perform hand hygiene—**

1. **When hands are visibly soiled.**
2. **After barehanded touching of instruments, equipment, materials, and other objects likely to be contaminated by blood, saliva, or respiratory secretions.**

**c. Before and after treating each patient. d. Before putting on gloves and again**

**immediately after removing gloves.**

**2. Use soap and water when hands are visibly soiled (e.g., blood, body uids); otherwise, an alcohol-based hand rub may be used.**

**Personal Protective Equipment**

Personal protective equipment (PPE) refers to wearable equipment that is designed to protect DHCP from exposure to or contact with infectious agents. PPE that is appropriate for various types of patient interactions and effectively covers personal clothing and skin likely to be soiled with blood, saliva, or other potentially infectious materials (OPIM) should be available. These include gloves, face masks, protective eye wear, face shields, and protective clothing (e.g., reusable or

disposable gown, jacket, laboratory coat). Examples of appropriate use of PPE for adherence to Standard Precautions include—

* Use of gloves in situations involving possible contact with blood or body fluids, mucous membranes, non-intact skin (e.g., exposed skin that is chapped, abraded, or with dermatitis) or OPIM.
* Use of protective clothing to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.
* Use of mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids.

page9image27096page9image27256page9image27416

1 Definition from 2003 CDC Dental Guidelines — Oral surgical procedures involve the incision, excision, or reflection of tissue that exposes the normally sterile areas of the oral cavity. Examples include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth (e.g., removal of erupted or non erupted tooth requiring elevation of muco perio steal ap, removal of bone or section of tooth, and suturing if needed).

DHCP should be trained to select and put on appropriate PPE and remove PPE so that the chance for skin or clothing contamination is reduced. Hand hygiene is always the nal step after removing and disposing of PPE. Training should also stress preventing further spread of contamination while wearing PPE by:

■ Keeping hands away from face.  
■ Limiting surfaces touched.  
■ Removing PPE when leaving work areas.

■ Performing hand hygiene.

The application of Standard Precautions and guidance on appropriate selection and an example of putting on and removal of personal protective equipment is described in detail in the *2007 Guideline for Isolation Precautions* (available at: http://www.cdc. gov/hicpac/pdf/isolation/Isolation2007.pdf ).

**Key Recommendations for PERSONAL PROTECTIVE EQUIPMENT (PPE) in Dental Settings**

1. **Provide sufficient and appropriate PPE and ensure it is accessible to DHCP.**
2. **Educate all DHCP on proper selection and use of PPE.**
3. **Wear gloves whenever there is potential for contact with blood, body uids, mucous membranes, non-intact skin  
   or contaminated equipment.**

**a. Do not wear the same pair of gloves for the care of more than one patient.**

**b. Do not wash gloves. Gloves cannot be reused.**

**c. Perform hand hygiene immediately after removing gloves.**

**4. Wear protective clothing that covers skin and personal clothing during procedures or activities where contact with blood, saliva, or OPIM is anticipated.**

**5. Wear mouth, nose, and eye protection during procedures that are likely  
to generate splashes or spattering  
of blood or other body fluids.**

**6. Remove PPE before leaving the work area.**

**Respiratory Hygiene/Cough Etiquette**

Respiratory hygiene/cough etiquette infection prevention measures are designed to limit the transmission of respiratory pathogens spread by droplet or airborne routes. The strategies target primarily patients and individuals accompanying patients to the dental setting who might have undiagnosed transmissible respiratory infections, but also apply to anyone (including DHCP) with signs of illness including cough, congestion, runny nose, or increased production of respiratory secretions.

DHCP should be educated on preventing the spread of respiratory pathogens when in contact with symptomatic persons. Respiratory hygiene/cough etiquette measures were added to Standard Precautions in 2007. Additional information related to respiratory hygiene/cough etiquette can be found in the *2007 Guideline for Isolation Precautions* (available at: http://www.cdc.gov/hicpac/pdf/isolation/ Isolation2007.pdf ). Recommendations for preventing the spread of influenza are available at: http://www. cdc.gov/ u/professionals/infectioncontrol/.

**Key Recommendations for RESPIRATORY HYGIENE/COUGH ETIQUETTE in Dental Settings**

**1. Implement measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at point of entry to the facility and continuing throughout the visit.**

1. **Post signs at entrances with instructions to patients with symptoms of respiratory infection to—** 
   1. **Cover their mouths/noses when coughing or sneezing.**
   2. **Use and dispose of tissues.**
   3. **Perform hand hygiene after hands have been in contact with respiratory secretions.**
2. **Provide tissues and no-touch receptacles for disposal of tissues.**

**c. Provide resources for performing hand hygiene in or near waiting areas.**

**d. O er masks to coughing patients and other symptomatic persons when they enter the dental setting.**

**e. Providespaceandencouragepersons with symptoms of respiratory infections to sit as far away from others as possible. If available, facilities may**

**wish to place these patients in a separate area while waiting for care.**

**2. Educate DHCP on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens when examining and caring for patients with signs and symptoms of a respiratory infection.**

**Sharps Safety**

Most percutaneous injuries (e.g., needlestick, cut with a sharp object) among DHCP involve burs, needles, and other sharp instruments. Implementation of the OSHA Bloodborne Pathogens Standard has helped to protect DHCP from blood exposure and sharps injuries. However, sharps injuries continue to occur and pose the risk of bloodborne pathogen transmission to DHCP and patients. Most exposures in dentistry are preventable; therefore, each dental practice should have policies and procedures available addressing sharps safety. DHCP should be aware of the risk of injury whenever sharps are exposed. When using or working around sharp devices, DHCP should take precautions while using sharps, during cleanup, and during disposal.

Engineering and work-practice controls are the primary methods to reduce exposures to blood and OPIM from sharp instruments and needles.

Whenever possible, engineering controls should be used as the primary method to reduce exposures  
to bloodborne pathogens. Engineering controls remove or isolate a hazard in the workplace and are frequently technology-based (e.g., self-sheathing anesthetic needles, safety scalpels, and needleless IV ports). Employers should involve those DHCP who are directly responsible for patient care (e.g., dentists, hygienists, dental assistants) in identifying, evaluating and selecting devices with engineered safety features at least annually and as they become available. Other examples of engineering controls include sharps containers and needle recapping devices.

When engineering controls are not available or appropriate, work-practice controls should be used. Work-practice controls are behavior-based and are intended to reduce the risk of blood exposure by changing the way DHCP perform tasks, such as using a one-handed scoop technique for recapping needles between uses and before disposal. Other work- practice controls include not bending or breaking needles before disposal, not passing a syringe with an unsheathed needle by hand, removing burs before disassembling the hand piece from the dental unit, and using instruments in place of fingers for tissue retraction or palpation during suturing and administration of anesthesia.

All used disposable syringes and needles, scalpel blades, and other sharp items should be placed in appropriate puncture-resistant containers located close to the area where they are used. Sharps containers should be disposed of according to state and local regulated medical waste rules.

For more information about sharps safety, see the

*Guidelines for Infection Control in Dental Health-Care Settings—2003* (available at: www.cdc.gov/mmwr/ PDF/rr/rr5217.pdf ), the CDC *Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program* (available at: www.cdc.gov/sharpssafety/), and the CDC Sample Screening and Device Evaluation Forms for Dentistry (available at: www.cdc.gov/ OralHealth/infectioncontrol/forms.htm).

**Key Recommendations for SHARPS SAFETY in Dental Settings**

1. **Consider sharp items (e.g., needles, scalers, burs, lab knives, and wires) that are contaminated with patient blood and saliva as potentially infective and establish engineering controls and work practices to prevent injuries.**
2. **Do not recap used needles by using both hands or any other technique that involves directing the point of a needle toward any part of the body.**

**3. Use either a one-handed scoop technique or a mechanical device designed for holding the needle cap when recapping needles (e.g., between multiple injections and before removing from a non-disposable aspirating syringe).**

**4. Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers located as close as possible to the area where the items are used.**

**Safe Injection Practices**

Safe injection practices are intended to prevent transmission of infectious diseases between one patient and another, or between a patient and DHCP during preparation and administration of parenteral (e.g., intravenous or intramuscular injection) medications. Safe injection practices are a set of measures DHCP should follow to perform injections in the safest possible manner for the protection of patients. DHCP most frequently handle parenteral medications when administering local anesthesia, during which needles and cartridges containing local anesthetics are used for one patient only and the dental cartridge syringe is cleaned and heat sterilized between patients. Other safe practices described here primarily apply to use of parenteral medications combined with fluid infusion systems, such as for patients undergoing conscious sedation. Unsafe practices that have led to patient harm include 1) use of a single syringe—with or without the same needle—to administer medication to multiple patients, 2) reinsertion of a used syringe—with or without the same needle—into a medication vial or solution container (e.g., saline bag) to obtain additional medication for a single patient and then using that vial or solution container for subsequent patients, and 3) preparation of medications in close proximity to contaminated supplies or equipment.

Safe injection practices were covered in the Special Considerations section (Aseptic Technique  
for Parenteral Medications) of the 2003 CDC  
dental guidelines. However, because of reports of transmission of infectious diseases by inappropriate handling of injectable medications, CDC now considers safe injection practices to be a formal element of Standard Precautions. Complete guidance on safe injection practices can be found in the *2007*

*Guideline for Isolation Precautions* (available at: http:// www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf ). Additional materials, including a list of frequently asked questions from providers and a patient noti cation toolkit, are also available (http://www. cdc.gov/injectionsafety/). The *One & Only Campaign* is a public health e ort to eliminate unsafe medical injections. The campaign is led by CDC and the Safe Injection Practices Coalition (SIPC). To learn more about safe injection practices and access training videos and resources, please visit http://www.oneandonlycampaign.org/.

**Key Recommendations for SAFE INJECTION PRACTICES in Dental Settings**

1. **Prepare injections using aseptic technique2 in a clean area.**
2. **Disinfect the rubber septum on a medication vial with alcohol before piercing.**
3. **Do not use needles or syringes\* for more than one patient (this includes manufactured pre lled syringes and other devices such as insulin pens).**
4. **Medication containers (single and multi dose vials, ampules, and bags) are entered with a new needle and new syringe, even when obtaining additional doses for the same patient.**
5. **Use single-dose vials for parenteral medications when possible.**
6. **Do not use single-dose (single-use) medication vials, ampules, and bags or bottles of intravenous solution for more than one patient.**
7. **Do not combine the leftover contents of single-use vials for later use.**

**8. The following apply if multi dose vials are used—**

1. **Dedicate multi dose vials to a single patient whenever possible.**
2. **If multi dose vials will be used for more than one patient, they should be restricted to a centralized medication area and should not enter the immediate patient treatment area (e.g., dental operatory) to prevent inadvertent contamination.**
3. **If a multi dose vial enters the immediate patient treatment area, it should be dedicated for single-patient use and discarded immediately after use.**
4. **Date multi dose vials when first opened and discard within 28 days, unless  
   the manufacturer specifies a shorter  
   or longer date for that opened vial.**

**9. Do not use uid infusion or administration sets (e.g., IV bags, tubing’s, connections) for more than one patient.**

page13image27264page13image27424page13image27584

2 A technique that prevents or reduces the spread of microorganisms from one site to another, such as from patient to DHCP, from patient to operatory surfaces, or from one operatory surface to another.

\* A Note about Administering Local Dental Anesthesia: When using a dental cartridge syringe to administer local anesthesia, do not use the needle or anesthetic cartridge for more than one patient. Ensure that the dental cartridge syringe is appropriately cleaned and heat sterilized before use on another patient.

**Sterilization and Disinfection of Patient-Care Items and Devices**

Instrument processing requires multiple steps  
using specialized equipment. Each dental practice should have policies and procedures in place for containing, transporting, and handling instruments and equipment that may be contaminated with blood or body fluids. Manufacturer’s instructions  
for reprocessing reusable dental instruments and equipment should be readily available—ideally in or near the reprocessing area. Most single-use devices are labeled by the manufacturer for only a single use and do not have reprocessing instructions. Use single-use devices for one patient only and dispose of appropriately.

Cleaning, disinfection and sterilization of dental equipment should be assigned to DHCP with training in the required reprocessing steps to ensure reprocessing results in a device that can be safely used for patient care. Training should also include the appropriate use of PPE necessary for safe handling of contaminated equipment.

Patient-care items (e.g., dental instruments, devices, and equipment) are categorized as critical, semi-critical, or noncritical, depending on the potential risk for infection associated with their intended use.

* Critical items, such as surgical instruments and periodontal scalers, are those used to penetrate soft tissue or bone. They have the greatest risk of transmitting infection and should always be sterilized using heat.
* Semi critical items (e.g., mouth mirrors, amalgam condensers, reusable dental impression trays) are those that come in contact with mucous membranes or non-intact skin (e.g., exposed skin that is chapped, abraded, or has dermatitis). These items have a lower risk of transmission. Because the majority of semi-critical items in dentistry are heat-tolerant, they should also

be sterilized using heat. If a semi-critical item is heat-sensitive, DHCP should replace it with a heat-tolerant or disposable alternative. If none are available, it should, at a minimum,

be processed using high-level disinfection.

**Note:** Dental hand-pieces and associated attachments, including low-speed motors and reusable prophylaxis angles, should always be heat sterilized between patients and not high- level or surface disinfected. Although these devices are considered semi-critical, studies have shown that their internal surfaces can become contaminated with patient materials during use. If these devices are not properly cleaned and heat sterilized, the next patient may be exposed to potentially infectious materials.

Digital radiography sensors are also considered semi-critical and should be protected with a Food and Drug Administration (FDA)-cleared barrier to reduce contamination during use, followed by cleaning and heat-sterilization or high-level disinfection between patients. If the item cannot tolerate these procedures then, at a minimum, protect with an FDA-cleared barrier. In addition, clean and disinfect with an Environmental Protection Agency (EPA)-registered hospital disinfectant with intermediate-level (i.e., tuber colloidal claim) activity between patients. Because these items vary by manufacturer and  
their ability to be sterilized or high-level disinfected also vary, refer to manufacturer instructions for reprocessing.

■ Noncritical patient-care items (e.g., radiograph head/cone, blood pressure cup, face bow) are those that only contact intact skin. These items pose the least risk of transmission of infection. In the majority of cases, cleaning, or if visibly soiled, cleaning followed by disinfection with an EPA-registered hospital disinfectant is adequate. Protecting these surfaces with disposable barriers might be a preferred alternative.

Cleaning to remove debris and organic contamination from instruments should always occur before disinfection or sterilization. If blood, saliva, and other contamination are not removed, these materials can shield microorganisms and potentially compromise the disinfection or sterilization process. Automated cleaning equipment (e.g., ultrasonic cleaner, washer- disinfector) should be used to remove debris to improve cleaning effectiveness and decrease worker exposure to blood. After cleaning, dried instruments should be inspected, wrapped, packaged, or placed into container systems before heat sterilization. Packages should be labeled to show the sterilizer used, the cycle or load number, the date of sterilization, and, if applicable, the expiration date. This information can help in retrieving processed items in the event of an instrument processing/sterilization failure.

The ability of a sterilizer to reach conditions necessary to achieve sterilization should be monitored using a combination of biological, mechanical, and chemical indicators. Biological indicators, or spore tests, are the most accepted method for monitoring the sterilization process because they assess the sterilization process directly by killing known highly resistant microorganisms (e.g., *Geobacillus* or *Bacillus* species). A spore test should be used at least weekly to monitor sterilizers. However, because spore tests are only performed periodically (e.g., once a week, once a day) and the results are usually not obtained immediately, mechanical and chemical monitoring should also be performed.

Mechanical and chemical indicators do not guarantee sterilization; however, they help detect procedural errors and equipment malfunctions. Mechanical monitoring involves checking the sterilizer gauges, computer displays, or printouts; and documenting the sterilization pressure, temperature, and exposure time in your sterilization records.  
Since these parameters can be observed during the sterilization cycle, this might be the first indication of a problem.

Chemical monitoring uses sensitive chemicals that change color when exposed to high temperatures  
or combinations of time and temperature. Examples include chemical indicator tapes, strips or tabs, and special markings on packaging materials. Chemical monitoring results are obtained immediately following the sterilization cycle and therefore can provide more

timely information about the sterilization cycle than a spore test. A chemical indicator should be used inside every package to verify that the sterilizing agent (e.g., steam) has penetrated the package and reached the instruments inside. If the internal chemical indicator is not visible from the outside of the package, an external indicator should also be used. External indicators can be inspected immediately when removing packages from the sterilizer. If the appropriate color change

did not occur, do not use the instruments. Chemical indicators also help to differentiate between processed and unprocessed items, eliminating the possibility of using instruments that have not been sterilized.

**Note:** A single-parameter internal chemical indicator provides information regarding  
only one sterilization parameter (e.g., time  
or temperature). Multi-parameter internal chemical indicators are designed to react to ≥ 2 parameters (e.g., time and temperature; or time, temperature, and the presence of steam) and can provide a more reliable indication that sterilization conditions have been met.

Sterilization monitoring (e.g., biological, mechanical, chemical monitoring) and equipment maintenance records are an important component of a dental infection prevention program. Maintaining accurate records ensures cycle parameters have been met and establishes accountability. In addition, if there is a problem with a sterilizer (e.g., unchanged chemical indicator, positive spore test), documentation helps to determine if an instrument recall is necessary.

Ideally, sterile instruments and supplies should be stored in covered or closed cabinets. Wrapped packages of sterilized instruments should be inspected before opening and use to ensure the packaging material has not been compromised (e.g., wet, torn, punctured) during storage. The contents of any compromised packs should be reprocessed (i.e., cleaned, packaged, and heat- sterilized again) before use on a patient.

Recommendations for the cleaning, disinfection, and sterilization of dental equipment can be found in the *Guidelines for Infection Control in Dental Health-Care Settings—2003* (available at: www.cdc. gov/mmwr/PDF/rr/rr5217.pdf ). Recommendations for the cleaning, disinfection, and sterilization of medical equipment are available in the *Guideline for Disinfection and Sterilization in Healthcare Facilities* (available at: http://www.cdc.gov/ hicpac/pdf/guidelines/Disinfection\_Nov\_2008. pdf ). FDA regulations on reprocessing of single- use devices are available at: http://www.fda.gov/ MedicalDevices/DeviceRegulationandGuidance/ GuidanceDocuments/ucm071434.

**Key Recommendations for STERILIZATION AND DISINFECTION OF PATIENT-CARE DEVICES for Dental Settings**

1. **Clean and reprocess (disinfect or sterilize) reusable dental equipment appropriately before use on another patient.**
2. **Clean and reprocess reusable dental equipment according to manufacturer instructions. If the manufacturer does not provide such instructions, the device may not be suitable for multi-patient use.**

**a. Have manufacturer instructions  
for reprocessing reusable dental instruments/equipment readily available, ideally in or near the reprocessing area.**

**3. Assign responsibilities for reprocessing of dental equipment to DHCP  
with appropriate training.**

**4. Wear appropriate PPE when handling and reprocessing contaminated patient equipment.**

**5. Use mechanical, chemical, and biological monitors according to manufacturer instructions to ensure the e ectiveness of the sterilization process. Maintain sterilization records in accordance**

**with state and local regulations.**

**Environmental Infection Prevention and Control**

Policies and procedures for routine cleaning and disinfection of environmental surfaces should be included as part of the infection prevention plan. Cleaning removes large numbers of microorganisms from surfaces and should always precede disinfection. Disinfection is generally a less lethal process of microbial inactivation (compared with sterilization) that eliminates virtually all recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial spores).

Emphasis for cleaning and disinfection should be placed on surfaces that are most likely to become contaminated with pathogens, including clinical contact surfaces (e.g., frequently touched surfaces such as light handles, bracket trays, switches on dental units, computer equipment) in the patient-care area. When these surfaces are touched, microorganisms can be transferred to other surfaces, instruments or to the nose, mouth, or eyes of DHCP or patients. Although hand hygiene is the key to minimizing  
the spread of microorganisms, clinical contact surfaces should be barrier protected or cleaned and disinfected between patients. EPA-registered hospital disinfectants or detergents/disinfectants with label claims for use in health care settings should be used for disinfection. Disinfectant products should not be used as cleaners unless the label indicates the product is suitable for such use. DHCP should follow manufacturer recommendations for use of products selected for cleaning and disinfection (e.g., amount, dilution, contact time, safe use, and disposal). Facility policies and procedures should also address prompt and appropriate cleaning and decontamination of spills of blood or other potentially infectious materials. Housekeeping surfaces, (e.g., oors, walls, sinks) carry less risk of disease transmission than clinical contact surfaces and can be cleaned with soap and water or cleaned and disinfected if visibly contaminated with blood.

Additional guidance for the cleaning and disinfection of environmental surfaces—including for cleaning blood or body substance spills—is available

in the *Guidelines for Environmental Infection Control in Health-Care Facilities* (available at: http://www.cdc.gov/ hicpac/pdf/guidelines/eic\_in\_HCF\_03.pdf ) and the *Guideline for Disinfection and Sterilization in Healthcare Facilities* (available at: http://www.cdc.gov/hicpac/pdf/ guidelines/Disinfection\_Nov\_2008.pdf ).

**Key Recommendations for ENVIRONMENTAL INFECTION PREVENTION AND CONTROL in Dental Settings**

**1. Establish policies and procedures for routine cleaning and disinfection of environmental surfaces in dental health care settings.**

1. **Use surface barriers to protect clinical contact surfaces, particularly those that are di cult to clean (e.g., switches on dental chairs, computer equipment) and change surface barriers between patients.**
2. **Clean and disinfect clinical contact surfaces that are not barrier-protected with an EPA-registered hospital**

**disinfectant after each patient. Use an intermediate-level disinfectant (i.e., tuberculocidal claim) if visibly contaminated with blood.**

**2. Select EPA-registered disinfectants or detergents/disinfectants with label claims for use in health care settings.**

**3. Follow manufacturer instructions for use of cleaners and EPA-registered disinfectants (e.g., amount, dilution, contact time, safe use, disposal).**

**Dental Unit Water Quality**

Dental unit waterlines (i.e., plastic tubing that carries water to the high-speed hand-piece, air/water syringe, and ultrasonic scaler) promote bacterial growth and development of bio lm due to the presence of long narrow-bore tubing, inconsistent ow rates, and the potential for retraction of oral fluids. Dental health care personnel and patients could be placed at risk of adverse health effects if water is not appropriately treated.

All dental units should use systems that treat water to meet drinking water standards (i.e., ≤ 500 CFU/  
mL of heterotrophic water bacteria). Independent reservoirs—or water-bottle systems—alone are not sufficient. Commercial products and devices are available that can improve the quality of water used in dental treatment. Consult with the dental unit manufacturer for appropriate water maintenance methods and recommendations for monitoring dental water quality. During surgical procedures,1 use only sterile solutions as a coolant/irrigant using an appropriate delivery device, such as a sterile bulb syringe, sterile tubing that bypasses dental unit waterlines, or sterile single-use devices.

Guidance on dental unit water quality can be found in the *Guidelines for Infection Control in Dental Health- Care Settings—2003* (available at: www.cdc.gov/ mmwr/PDF/rr/rr5217.pdf ), and the CDC Boil-Water Advisories and the Dental O ce Fact Sheet (available at: http://www.cdc.gov/oralhealth/infectioncontrol/ faq/dentalunitwaterquality.htm).

**Key Recommendations for DENTAL UNIT WATER QUALITY in Dental Settings**

1. **Use water that meets EPA regulatory standards for drinking water (i.e., ≤ 500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water.**
2. **Consult with the dental unit manufacturer for appropriate methods and equipment to maintain the quality of dental water.**

**3. Follow recommendations for monitoring water quality provided by the manufacturer of the unit or waterline treatment product.**

**4. Use sterile saline or sterile water as a coolant/irrigant when performing surgical procedures.**

Risk Assessment

Facilities are encouraged to use the Infection Prevention Checklist for Dental Settings (Appendix A)—a companion to the summary guide—to periodically assess practices in their facility and ensure they are meeting the minimum expectations for safe care. In the course of auditing practices, facilities may identify lapses in infection control. If such lapses are identified, e orts should be made to correct the practices, appropriately educate DHCP (if applicable), and determine why the correct practice was not being performed. In addition, consideration should also be made for determining the risk posed to patients by the deficient practices. Certain infection control lapses (e.g., reuse of syringes on more than one patient or to access a medication container that is used for subsequent patients, reuse of lancets) have resulted in bloodborne pathogen transmission and should

Conclusions

The information presented in this document represents basic infection prevention expectations for safe care in dental health care settings. This guidance is not all-encompassing. DHCP and others are encouraged to refer to the original source documents, which provide more detailed guidance be halted immediately. Identification of such lapses warrants immediate consultation with the state or local health department and appropriate notification and testing of potentially affected patients. Additional resources describing approaches to evaluation and management of infection control breaches identified in health care settings—including those involving lapses related to reprocessing of medical devices—can be found in CDC’s Steps for Evaluating an Infection Control Breach (available at: http://www. cdc.gov/hai/outbreaks/steps\_for\_eval\_IC\_breach. html). In addition, for circumstances warranting patient noti cation, CDC has developed a Patient Noti cation Toolkit (available at: http://www. cdc.gov/ injectionsafety/pntoolkit/index.html) to assist health care facilities with conducting a patient noti cation. and references for the information included in this guide. DHCP are also encouraged to visit the main CDC Web page (www.cdc.gov) for the most current infection prevention information about emerging pathogens and updated information about existing recommendations.

Source Documents

**Dental Infection Prevention Guidelines**

*Guidelines for Infection Control in Dental Health-Care Settings*—*2003* www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

**General Infection Prevention Guidelines**

*2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*

www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

*Guideline for Disinfection and Sterilization in Healthcare Facilities*, 2008 www.cdc.gov/hicpac/pdf/guidelines/Disinfection\_Nov\_2008.pdf

*Guideline for Hand Hygiene in Health-Care Settings*, 2002 www.cdc.gov/mmwr/PDF/rr/rr5116.pdf

*Guideline for Infection Control in Healthcare Personnel*, 1998 www.cdc.gov/hicpac/pdf/InfectControl98.pdf

*Guidelines for Environmental Infection Control in Health-Care Facilities*, 2003 www.cdc.gov/hicpac/pdf/guidelines/eic\_in\_HCF\_03.pdf

*Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings*, 2005 www.cdc.gov/mmwr/pdf/rr/rr5417.pdf

*Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization*, 2011 www.cdc.gov/mmwr/pdf/rr/rr6007.pdf

*Management of Multidrug-Resistant Organisms in Healthcare Settings*, 2006 www.cdc.gov/hicpac/pdf/guidelines/MDROGuideline2006.pdf

**Key Links for Additional Information**

CDC Division of Oral Health

www.cdc.gov/oralhealth

CDC/Healthcare Infection Control Practices Advisory Committee (HICPAC) Guidelines for Prevention of Healthcare Associated Infections  
www.cdc.gov/hicpac/pubs.html

CDC Web site on Hand Hygiene

www.cdc.gov/handwashing

CDC Web site on In uenza

www.cdc.gov/ u

CDC Web site on Injection Safety

www.cdc.gov/injectionsafety

**Appendix A**

Infection Prevention Checklist for Dental Settings: Basic Expectations for Safe Care

The following is a companion to the *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. The checklist should be used—

1. To ensure the dental health care setting has appropriate infection prevention policies and practices in place, including appropriate training and education of dental health care personnel (DHCP) on infection prevention practices, and adequate supplies to allow DHCP to provide safe care and a safe working environment.
2. To systematically assess personnel compliance with the expected infection prevention practices and to provide feedback to DHCP regarding performance. Assessment of compliance should be conducted by direct observation of DHCP during the performance of their duties.

DHCP using this checklist should identify all procedures performed in their setting and refer to appropriate sections of this checklist to conduct their evaluation. Certain sections may not apply (e.g., some settings may not perform surgical procedures or use medications in vials, such as for conscious sedation). If the answer to any of the applicable listed questions is no, efforts should be made to determine why the correct practice was not being performed, correct the practice, educate DHCP (if applicable), and reassess the practice to ensure compliance. Consideration should also be made to determine the risk posed to patients by the deficient practice. Certain infection prevention and control lapses (e.g., re-use of syringes on more than one patient, sterilization failures) can result in bloodborne pathogen transmission and measures to address the lapses should be taken immediately. Identification of such lapses may warrant immediate consultation with the state or local health department and appropriate notification and testing of potentially affected patients.

Section I lists administrative policies and dental setting practices that should be included in the site-specific written infection prevention and control program with supportive documentation. Section

II describes personnel compliance with infection prevention and control practices that fulfill the expectations for dental health care settings. This checklist can serve as an evaluation tool to monitor DHCP compliance with the CDC’s recommendations and provide an assurance of quality control.

Infection Prevention Checklist

Section I:  
Policies and Practices

**I.1 Administrative Measures**

**A.** Written infection prevention policies and procedures specific for the dental setting are available, current, and based on evidence-based guidelines (e.g., CDC/Healthcare Infection Control Practices Advisory Committee [HICPAC]), regulations, or standards ❑ Yes❑ No

**Note:** *Policies and procedures should be appropriate for the services provided by the dental setting and should extend beyond the Occupational Safety and Health Administration (OSHA) bloodborne pathogens training.*

**B.** Infection prevention policies and procedures are reassessed at least annually or according to state or federal requirements, and updated if appropriate ❑ Yes❑ No

**Note:** *This may be performed during the required annual review of the dental setting’s OSHA Exposure Control Plan.*

**C.** At least one individual trained in infection prevention is assigned responsibility for coordinating the program ❑ Yes❑ No

**D.** Supplies necessary for adherence to Standard Precautions are readily available ❑ Yes❑ No

**Note:** *This includes, but is not limited to hand hygiene products, safer devices to reduce percutaneous injuries, and personal protective equipment (PPE).*

**E.** Facility has system for early detection and management of potentially infectious persons at initial points of patient encounter ❑ Yes❑ No

**Note:** *System may include taking a travel and occupational history, as appropriate, and elements described under respiratory hygiene/cough etiquette.*

Facility name:.................................................................................................... Completed by:................................................................................................. Date:....................................................................

|  |  |  |
| --- | --- | --- |
| **Elements To Be Assessed** | **Assessment** | **Notes/Areas For Improvement** |

**I.2 Infection Prevention Education and Training**

|  |  |  |
| --- | --- | --- |
| **Elements To Be Assessed** | **Assessment** | **Notes/Areas For Improvement** |

**A.** DHCP receive job or task-specific training on infection prevention policies and procedures and the OSHA bloodborne pathogens standard—

**a.** upon hire ❑ Yes ❑ No

**b.** annually ❑ Yes ❑ No

**c.** when new tasks or procedures affect the employee’s occupational exposure ❑ Yes ❑ No

**d.** according to state or federal requirements ❑ Yes❑ No

**Note:** *This includes those employed by outside agencies and available by contract or on a volunteer basis to the dental setting.*

**B.** Training records are maintained in accordance with state and federal requirements ❑ Yes ❑ No

**I.3 Dental Health Care Personnel Safety**

|  |  |  |
| --- | --- | --- |
| **Elements To Be Assessed** | **Assessment** | **Notes/Areas For Improvement** |

**A.** Facility has an exposure control plan that is tailored to the specific requirements of the facility (e.g., addresses potential hazards posed by specific services provided by the facility) ❑ Yes ❑ No

**Note:** *A model template that includes a guide for creating an exposure control plan that meets the requirements of the OSHA Bloodborne Pathogens Standard is available at: https://www.osha.gov/ Publications/osha3186.pdf.*

**B.** DHCP for whom contact with blood or OPIM is anticipated are trained on the OSHA Bloodborne Pathogens Standard:

**a.** upon hire ❑ Yes ❑ No   
**b.** at least annually ❑ Yes ❑ No

**C.** Current CDC recommendations for immunizations, evaluation, and follow-up are available. There is a written policy regarding immunizing DHCP, including a list of all required  
and recommended immunizations for DHCP (e.g., hepatitis B, MMR (measles , mumps, rubella), varicella (chickenpox), Tdap (tetanus, diphtheria, pertussis) ❑ Yes ❑ No

**D.** Hepatitis B vaccination is available at no cost to all employees who are at risk of occupational exposure to blood or other potentially infectious material (OPIM) ❑ Yes❑ No

**E.** Post-vaccination screening for protective levels of hepatitis B surface antibody is conducted 1-2 months after completion of the 3-dose vaccination series ❑ Yes❑ No

**F.** All DHCP are offered annual influenza vaccination ❑ Yes❑ No

**Note:** *Providing the vaccination at no cost is a strategy that may increase use of this preventive service.*

**G.** All DHCP receive baseline tuberculosis (TB) screening upon hire regardless of the risk classification of the setting ❑ Yes❑ No

**H.** A log of needlestick, sharps injuries, and other employee exposure events is maintained according to state or federal requirements ❑ Yes❑ No

**I.** Referral arrangements are in place to qualified health care professionals (e.g., occupational health program of a hospital, educational institutions, health care facilities that other personnel health services)  
to ensure prompt and appropriate provision of preventive services, occupationally-related medical services, and post exposure management with medical follow-up ❑ Yes❑ No

**J.** Following an occupational exposure event, post exposure evaluation and follow-up, including prophylaxis as appropriate, are available at no cost to employee and are supervised by a qualified health care professional ❑ Yes❑ No

**K.** Facility has well-denied policies concerning contact of personnel with patients when personnel have potentially transmissible conditions. These policies include—

**a.** work-exclusion policies that encourage reporting of illnesses and do not penalize staff with loss of wages, benefits, or job status ❑ Yes❑ No

**b.** education of personnel on the importance of prompt reporting of illness to supervisor ❑ Yes❑ No

**I.4 Program Evaluation**

**A.** Written policies and procedures for routine monitoring and evaluation of the infection prevention and control program are available

❑ Yes ❑ No

**B.** Adherence with certain practices such as immunizations, hand hygiene, sterilization monitoring, and proper use of PPE is monitored and feedback is provided to DHCP ❑ Yes ❑ No

**I.5 Hand Hygiene**

**A.** Supplies necessary for adherence to hand hygiene for routine dental procedures (e.g., soap, water,  
paper towels, alcohol-based hand rub) are readily accessible to DHCP ❑ Yes ❑ No

**a.** if surgical procedures are performed, appropriate supplies are available for surgical hand scrub technique (e.g., antimicrobial soap, alcohol- based hand scrub with persistent activity) ❑ Yes ❑ No

**Note:** *Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.*

**B.** DHCP are trained regarding appropriate indications for hand hygiene including handwashing, hand antisepsis, and surgical hand antisepsis ❑ Yes ❑ No

**Note:** *Use soap and water when hands are visibly soiled (e.g., blood, body fluids). Alcohol-based hand rub may be used in all other situations.*

|  |  |  |
| --- | --- | --- |
| **Elements To Be Assessed** | **Assessment** | **Notes/Areas For Improvement** |

**I.6 Personal Protective Equipment (PPE)**

|  |  |  |
| --- | --- | --- |
| **Elements To Be Assessed** | **Assessment** | **Notes/Areas For Improvement** |

**A.** Sufficient and appropriate PPE is available  
(e.g., examination gloves, surgical face masks, protective clothing, protective eyewear/face shields, utility gloves, sterile surgeon’s gloves for surgical procedures) and readily accessible to DHCP ❑ Yes ❑ No

**B.** DHCP receive training on proper selection and use of PPE ❑ Yes ❑ No

**I.7 Respiratory Hygiene/Cough Etiquette**

|  |  |  |
| --- | --- | --- |
| **Elements To Be Assessed** | **Assessment** | **Notes/Areas For Improvement** |

**A.** Policies and procedures to contain respiratory secretions in people who have signs and symptoms of a respiratory infection, beginning at point of entry to the dental setting have been implemented. Measures include—

**a.** posting signs at entrances (with instructions to patients with symptoms of respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions) ❑ Yes❑ No

**b.** providing tissues and no-touch receptacles for disposal of tissues ❑ Yes❑ No

**c.** providing resources for patients to perform hand hygiene in or near waiting areas ❑ Yes❑ No

**d.** Offering face masks to coughing patients and other symptomatic persons when they enter the setting ❑ Yes❑ No

**e.** providing space and encouraging persons with respiratory symptoms to sit as far away from others as possible—if possible, a separate waiting area is ideal ❑ Yes❑ No

**B.** DHCP receive training on the importance of containing respiratory secretions in people who have signs and symptoms of a respiratory infection ❑ Yes❑ No

**I.8 Sharps Safety**

**A.** Written policies, procedures, and guidelines for exposure prevention and post-exposure management are available ❑ Yes ❑ No

**B.** DHCP identify, evaluate, and select devices with engineered safety features (e.g., safer anesthetic syringes, blunt suture needle, safety scalpels, or needleless IV systems)—

**a.** at least annually ❑ Yes ❑ No

**b.** as they become available in the market ❑ Yes❑ No

**Note:** *If state inquire about the availability of new safety devices or safer options and nd none are available, DHCP can document these endings in their office exposure control plan.*

|  |  |  |
| --- | --- | --- |
| **Elements To Be Assessed** | **Assessment** | **Notes/Areas For Improvement** |

**I.9 Safe Injection Practices**

**A.** Written policies, procedures, and guidelines for safe injection practices (e.g., aseptic technique for parenteral medications) are available

❑ Yes ❑ No

**B.** Injections are required to be prepared using aseptic technique in a clean area free from contamination or contact with blood, body fluids, or contaminated equipment ❑ Yes ❑ No

|  |  |  |
| --- | --- | --- |
| **Elements To Be Assessed** | **Assessment** | **Notes/Areas For Improvement** |

**I.10 Sterilization and Disinfection of Patient-Care Items and Devices**

|  |  |  |
| --- | --- | --- |
| **Elements To Be Assessed** | **Assessment** | **Notes/Areas For Improvement** |

**A.** Written policies and procedures are available to ensure reusable patient care instruments and devices are cleaned and reprocessed appropriately before use on another patient ❑ Yes❑ No

**B.** Policies, procedures, and manufacturer reprocessing instructions for reusable instruments and dental devices are available, ideally in or near the reprocessing areas ❑ Yes❑ No

**C.** DHCP responsible for reprocessing reusable dental instruments and devices are appropriately trained—

**a.** upon hire ❑ Yes❑ No   
**b.** at least annually ❑ Yes❑ No

**c.** whenever new equipment or processes are introduced ❑ Yes❑ No

**D.** Training and equipment are available to ensure that DHCP wear appropriate PPE (e.g., examination or heavy-duty utility gloves, protective clothing, masks, eye protection) to prevent exposure to infectious agents or chemicals ❑ Yes❑ No

**Note:** *The exact type of PPE depends on infectious or chemical agent and anticipated type of exposure.*

**E.** Routine maintenance for sterilization equipment is—

**a.** performed according to manufacturer instructions ❑ Yes❑ No

**b.** documented by written maintenance records ❑ Yes❑ No

**F.** Policies and procedures are in place outlining dental setting response (e.g., recall of device, risk assessment) in the event of a reprocessing  
error/failure ❑ Yes ❑ No

**I.11 Environmental Infection Prevention and Control**

|  |  |  |
| --- | --- | --- |
| **Elements To Be Assessed** | **Assessment** | **Notes/Areas For Improvement** |

**A.** Written policies and procedures are available for routine cleaning and disinfection of environmental surfaces (i.e., clinical contact and housekeeping) ❑ Yes❑ No

**B.** DHCP performing environmental infection prevention procedures receive job-specific training about infection prevention and control management of clinical contact and housekeeping surfaces—

**a.** upon hire ❑ Yes❑ No  
**b.** when procedures/policies change ❑ Yes❑ No

**c.** at least annually ❑ Yes❑ No

**C.** Training and equipment are available to ensure that DHCP wear appropriate PPE (e.g., examination or heavy duty utility gloves, protective clothing, masks, and eye protection) to prevent exposure to infectious agents or chemicals ❑ Yes❑ No

**D.** Cleaning, disinfection, and use of surface barriers are periodically monitored and evaluated to ensure that they are consistently and correctly performed ❑ Yes❑ No

**E.** Procedures are in place for decontamination of spills of blood or other body fluids ❑ Yes ❑ No

**I.12 Dental Unit Water Quality**

|  |  |  |
| --- | --- | --- |
| **Elements To Be Assessed** | **Assessment** | **Notes/Areas For Improvement** |

**A.** Policies and procedures are in place for maintaining dental unit water quality that meets Environmental Protection Agency (EPA) regulatory standards for drinking water (i.e., ≤ 500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water ❑ Yes ❑ No

**B:** Policies and procedures are in place for using sterile water as a coolant/irrigant when performing surgical procedures ❑ Yes ❑ No

**Note:** *Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.*

**C.** Written policies and procedures are available outlining response to a community boil-water advisory ❑ Yes ❑ No

Infection Prevention Checklist

Section II: Direct Observation of Personnel and Patient-Care Practices

**II.1 Hand Hygiene is Performed Correctly**

|  |  |  |
| --- | --- | --- |
| **Elements To Be Assessed** | **Assessment** | **Notes/Areas For Improvement** |

**A.** When hands are visibly soiled ❑ Yes❑ No

**B.** After barehanded touching of instruments, equipment, materials and other objects likely to be contaminated by blood, saliva, or respiratory secretions ❑ Yes❑ No

**C.** Before and after treating each patient ❑ Yes❑ No

**D.** Before putting on gloves ❑ Yes❑ No

**E.** Immediately after removing gloves ❑ Yes❑ No

**F.** Surgical hand scrub is performed before putting on sterile surgeon’s gloves for all surgical procedures ❑ Yes❑ No

**Note:** *Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.*

**II.2 Personal Protective Equipment (PPE) is Used Correctly**

|  |  |  |
| --- | --- | --- |
| **Elements To Be Assessed** | **Assessment** | **Notes/Areas For Improvement** |

**A.** PPE is removed before leaving the work area (e.g., dental patient care, instrument processing, or laboratory areas) ❑ Yes❑ No

**B.** Hand hygiene is performed immediately after removal of PPE ❑ Yes❑ No

**C.** Masks, Protective Eyewear, and Face Shields

**a.** DHCP wear surgical masks during procedures that are likely to generate splashes or sprays of blood or other body fluids ❑ Yes❑ No

**b.** DHCP wear eye protection with solid side shields or a face shield during procedures that are likely to generate splashes or sprays of blood or other body fluids ❑ Yes❑ No

**c.** DHCP change masks between patients and during patient treatment if the mask becomes wet ❑ Yes❑ No

Facility name:....................................................................................... Completed by:.................................................................................... Date:....................................................................................................................

*CONTINUED*

**II.2 Personal Protective Equipment (PPE) is Used Correctly**

|  |  |  |
| --- | --- | --- |
| **Elements To Be Assessed** | **Assessment** | **Notes/Areas For Improvement** |

**D.** Gloves

**a.** DHCP wear gloves for potential contact with blood, body fluids, mucous membranes, non- intact skin, or contaminated equipment ❑ Yes❑ No

**b.** DHCP change gloves between patients; do not wear the same pair of gloves for the care of more than one patient ❑ Yes❑ No

**c.** DHCP do not wash examination or sterile surgeon’s gloves for the purpose of reuse ❑ Yes❑ No

**d.** DHCP wear puncture- and chemical-resistant utility gloves when cleaning instruments and performing housekeeping tasks involving contact with blood or OPIM ❑ Yes❑ No

**e.** DHCP wear sterile surgeon’s gloves for all surgical procedures ❑ Yes❑ No

**Note:** *Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.*

**f.** DHCP remove gloves that are torn, cut, or punctured and perform hand hygiene before putting on new gloves ❑ Yes❑ No

**E.** Protective Clothing

**a.** DHCP wear protective clothing (e.g., reusable or disposable gown, laboratory coat, or uniform) that covers personal clothing and skin (e.g., forearms) likely to be soiled with blood, saliva, or OPIM ❑ Yes❑ No

**b.** DHCP change protective clothing if visibly soiled and immediately or as soon as possible if penetrated by blood or other potentially infectious fluids ❑ Yes❑ No

**II.3 Respiratory Hygiene/Cough Etiquette**

|  |  |  |
| --- | --- | --- |
| **Elements To Be Assessed** | **Assessment** | **Notes/Areas For Improvement** |

**A.** Signs are posted at entrances (with instructions to patients with symptoms of respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions) ❑ Yes ❑ No

**B.** Tissues and no-touch receptacles for disposal of tissues are provided ❑ Yes❑ No

**C.** Resources are provided for patients to perform hand hygiene in or near waiting areas ❑ Yes❑ No

**D.** Face masks are offered to coughing patients and other symptomatic persons when they enter the setting ❑ Yes❑ No

**E.** Persons with respiratory symptoms are encouraged to sit as far away from others as possible. If possible, a separate waiting area is ideal ❑ Yes❑ No

**II.4 Sharps Safety**

**A.** Engineering controls (e.g., self-sheathing anesthetic needles, safety scalpels, needleless IV ports) are used to prevent injuries ❑ Yes❑ No

**B.** Work practice controls (e.g., one-handed scoop technique for recapping needles, removing burs before disconnecting handpieces) are used to prevent injuries ❑ Yes❑ No

**C.** DHCP do not recap used needles by using both hands or any other technique that involves directing the point of a needle toward any part of the body ❑ Yes❑ No

**D.** DHCP use either a one-handed scoop technique or a mechanical device designed for holding the needle cap when recapping needles (e.g., between multiple injections and before removing from a reusable aspirating syringe) ❑ Yes❑ No

**E.** All sharps are disposed of in a puncture-resistant sharps container located as close as possible to the area in which the items are used ❑ Yes❑ No

**F.** Sharps containers are disposed of in accordance with federal, state and local regulated medical waste rules and regulations ❑ Yes ❑ No

**II.5 Safe Injection Practices**

**A.** Injections are prepared using an aseptic technique in a clean area free from contaminants or contact with blood, body fluids, or contaminated equipment ❑ Yes❑ No

**B.** Needles and syringes are used for only one patient (this includes manufactured prefilled syringes and other devices such as insulin pens) ❑ Yes❑ No **Note:** *When using a dental cartridge syringe to administer local anesthesia, do not use the needle, syringe, or anesthetic cartridge for more than one patient. Ensure that the dental cartridge syringe is appropriately cleaned and heat sterilized before use on another patient.*

**C.** The rubber septum on a medication vial is disinfected with alcohol before piercing ❑ Yes❑ No

**D.** Medication containers (single and multi-dose vials, ampules, and bags) are entered with a new needle and a new syringe, even when obtaining additional doses for the same patient ❑ Yes❑ No

**E.** Single-dose (single-use) vials, ampules, and bags or bottles of intravenous solutions are used for only one patient ❑ Yes❑ No

**F.** Leftover contents of single-dose vials, ampules, and bags of intravenous solutions are not combined for later use ❑ Yes❑ No

**G.** Single-dose vials for parenteral medications are used when possible ❑ Yes❑ No

**H.** When using multi-dose medication vials  
**a.** multi-dose vials are dedicated to individual patients whenever possible ❑ Yes❑ No

**b.** multi-dose vials to be used for more than one patient are kept in a centralized medication area and do not enter the immediate patient treatment area (e.g., dental operatory) to prevent inadvertent contamination of the vial ❑ Yes❑ No

**Note:** *If a multi-dose vial enters the immediate patient treatment area it should be dedicated for single-patient use and discarded immediately after use.*

**c.** multi-dose vials are dated when first opened and discarded within 28 days unless the manufacturer specifies a shorter or longer date for that opened vial ❑ Yes ❑ No

**Note:** *This is different from the expiration date printed on the vial.*

**I.** Fluid infusion and administration sets (i.e., IV bags, tubing’s, and connections) are used for one patient only and disposed of appropriately ❑ Yes ❑ No

**II.6 Sterilization and Disinfection of Patient-Care Items and Devices**

|  |  |  |
| --- | --- | --- |
| **Elements To Be Assessed** | **Assessment** | **Notes/Areas For Improvement** |

**A.** Single-use devices are discarded after one use and not used for more than one patient ❑ Yes❑ No

**B.** Reusable critical and semi-critical dental items and devices are cleaned and heat-sterilized according to manufacturer instructions between patient use ❑ Yes❑ No

**Note:** *If the manufacturer does not provide reprocessing instructions, the item or device may not be suitable for multi-patient use.*

**C.** Items are thoroughly cleaned according to manufacturer instructions and visually inspected for residual contamination before sterilization ❑ Yes❑ No

**D.** Food and Drug Administration (FDA)-cleared automated cleaning equipment (e.g., ultrasonic cleaner, instrument washer, washer-disinfector)  
is used to remove debris to improve cleaning effectiveness and decrease worker exposure to blood ❑ Yes❑ No

**E.** Work-practice controls that minimize contact with sharp instruments (e.g., long-handled brush) are used and appropriate PPE is worn (e.g., puncture- and chemical-resistant utility gloves) if manual cleaning is necessary ❑ Yes❑ No

**F.** After cleaning and drying, instruments are appropriately wrapped/packaged for sterilization (e.g., package system selected is compatible with the sterilization process being performed, hinged instruments are open, instruments are disassembled if indicated by the manufacturer) ❑ Yes❑ No

**G.** A chemical indicator is used inside each package. If the internal indicator is not visible from the outside, an exterior chemical indicator is also used on the package ❑ Yes❑ No

**Note:** *The chemical indicators may be integrated into the package design.*

**H.** Sterile packs are labeled at a minimum with the sterilizer used, the cycle or load number, the date of sterilization, and if applicable an expiration date ❑ Yes❑ No

**I.** FDA-cleared medical devices for sterilization are used according to manufacturer’s instructions ❑ Yes❑ No

**J.** A biologic indicator (i.e., spore test) is used at least weekly and with every load containing implantable items ❑ Yes❑ No

**K.** Logs for each sterilizer cycle are current and include results from each load and comply with state and local regulations ❑ Yes❑ No

**L.** After sterilization, dental devices and instruments are stored so that sterility is not compromised ❑ Yes❑ No

**M.** Sterile packages are inspected for integrity and compromised packages are reprocessed before use ❑ Yes❑ No

**N.** Instrument packs are not used if mechanical (e.g., time, temperature, pressure) or chemical indicators indicate inadequate processing (e.g., color change for chemical indicators) ❑ Yes❑ No

**O.** The instrument processing area has a work ow pattern designed to ensure that devices and instruments clearly ow from high contamination areas to clean/sterile areas (i.e., there is clear separation of contaminated and clean workspaces) ❑ Yes❑ No

**P.** Reusable heat sensitive semi-critical items that cannot be replaced by a heat stable or disposable alternative are high-level disinfected according to manufacturer’s instructions ❑ Yes❑ No

**Q.** High-level disinfection products are used and maintained according to manufacturer instructions ❑ Yes❑ No

**R.** Dental hand-pieces (including the low-speed motor) and other devices not permanently attached to air and waterlines are cleaned and heat-sterilized according to manufacturer instructions ❑ Yes❑ No

*CONTINUED*

**II.6 Sterilization and Disinfection of Patient-Care Items and Devices**

|  |  |  |
| --- | --- | --- |
| **Elements To Be Assessed** | **Assessment** | **Notes/Areas For Improvement** |

**S.** If digital radiography is used in the dental setting—

**a.** FDA-cleared barriers are used to cover the sensor and barriers are changed between patients ❑ Yes ❑ No

**b.** after the surface barrier is removed, the sensor is ideally cleaned and heat sterilized or high- level disinfected according to the manufacturer’s instructions. If the item cannot tolerate these procedures, then at a minimum, the sensor is cleaned and disinfected with an intermediate- level, EPA-registered hospital disinfectant ❑ Yes❑ No

**Note:** *Consult with manufacturers regarding compatibility of heat sterilization methods and disinfection products.*

**II.7 Environmental Infection Prevention and Control**

|  |  |  |
| --- | --- | --- |
| **Elements To Be Assessed** | **Assessment** | **Notes/Areas For Improvement** |

**A.** Clinical contact surfaces are either barrier- protected or cleaned and disinfected with an EPA-registered hospital disinfectant after each patient. An intermediate-level (i.e., tuberculocidal claim) disinfectant is used if visibly contaminated with blood ❑ Yes ❑ No

**B.** Surface barriers are used to protect clinical contact surfaces that are di cult to clean (e.g., switches on dental chairs, computer equipment, connections to hoses) and are changed between patients ❑ Yes ❑ No

**C.** Cleaners and disinfectants are used in accordance with manufacturer instructions (e.g., dilution, storage, shelf-life, contact time, PPE) ❑ Yes ❑ No

**D.** Regulated medical waste is handled and disposed of according to local, state, and federal regulations ❑ Yes ❑ No

**E.** DHCP engaged in environmental cleaning wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection) ❑ Yes ❑ No

**Note:** *The correct type of PPE depends on infectious or chemical agent and anticipated type of exposure.*

**II.8 Dental Unit Water Quality**

|  |  |  |
| --- | --- | --- |
| **Elements To Be Assessed** | **Assessment** | **Notes/Areas For Improvement** |

**A.** Dental unit waterline treatment products/devices are used to ensure water meets EPA regulatory standards for drinking water (i.e., ≤ 500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water ❑ Yes ❑ No

**B.** Product manufacturer instructions (i.e., waterline treatment product, dental unit manufacturer) are followed for monitoring the water quality ❑ Yes ❑ No

**C.** Sterile saline or sterile water is used as a coolant/irrigant when performing surgical procedures ❑ Yes ❑ No

**Note:** *Use devices specifically designed for delivering sterile irrigating fluids (e.g., sterile bulb syringe, single- use disposable products, and sterilizable tubing).*

**Note:** *Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.*

**Appendix B**

Relevant Recommendations Published by CDC Since 2003

**Administrative Measures**

1. Develop and maintain written infection prevention policies and procedures appropriate for the services provided by the facility and based upon evidence-based guidelines, regulations, or standards.
2. Infection prevention policies and procedures are reassessed at least annually or according to state or federal requirements.
3. Assign at least one individual trained in infection prevention responsibility for coordinating the program.
4. Provide supplies necessary for adherence to Standard Precautions (e.g., hand hygiene products, safer devices to reduce percutaneous injuries, personal protective equipment).
5. Facility has system for early detection and management of potentially infectious persons at initial points of patient encounter.

**References**

*2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*

www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

*Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care*

http://www.cdc.gov/HAI/settings/outpatient/outpatient-care-guidelines.html

**Infection Prevention Education and Training**

**1.** Maintain training records according to state and federal requirements. **Reference**

*2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*

www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

**Respiratory Hygiene/Cough Etiquette**

1. Implement measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection, beginning at point of entry to the facility and continuing throughout the visit.
2. Post signs at entrances with instructions to patients with symptoms of respiratory infection to— **■** Cover their mouths/noses when coughing or sneezing.  
   **■** Use and dispose of tissues.  
   **■** Performhandhygieneafterhandshavebeenincontactwithrespiratorysecretions.
3. Provide tissues and no-touch receptacles for disposal of tissues.
4. Provide resources for performing hand hygiene in or near waiting areas.
5. Other masks to coughing patients and other symptomatic persons when they enter the dental setting.
6. Provide space and encourage persons with symptoms of respiratory infections to sit as far away from others as possible. If available, facilities may wish to place these patients in a separate area while waiting for care.
7. Educate DHCP on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens when examining and caring for patients with signs and symptoms of a respiratory infection.

**Reference**

*2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*

www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

**Safe Injection Practices**

1. Prepare injections using aseptic technique in a clean area.
2. Disinfect the rubber septum on a medication vial with alcohol before piercing.
3. Do not reuse needles or syringes to enter a medication vial or solution, even when obtaining additional doses for the same patient.
4. Do not use single-dose (single-use) medication vials, ampules, and bags or bottles of intravenous solution for more than one patient.
5. Dedicate multidose vials to a single patient whenever possible.
6. If multidose vials will be used for more than one patient, they should be kept in a centralized medication area and should not enter the immediate patient treatment area to prevent inadvertent contamination.
7. If a multidose vial enters the immediate patient treatment area it should be dedicated for single-patient use and discarded immediately after use.
8. Date multidose vials when rst opened and discard within 28 days unless the manufacturer specifies a shorter or longer date for that opened vial.

**References**

*2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*

www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

CDC: Injection Safety, Information for Providers

www.cdc.gov/injectionsafety/providers.html

*Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care*

http://www.cdc.gov/HAI/settings/outpatient/outpatient-care-guidelines.html

**Sterilization and Disinfection of Patient-Care Items and Devices**

1. Have manufacturer instructions for reprocessing reusable dental instruments/equipment readily available, ideally in or near the reprocessing area.
2. Label sterilized items with the sterilizer used, the cycle or load number, the date of sterilization, and (if applicable) the expiration date.
3. Ensure routine maintenance for sterilization equipment is performed according to manufacturer instructions and maintenance records are available.

**Reference**

*Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008*

www.cdc.gov/hicpac/pdf/guidelines/Disinfection\_Nov\_2008.pdf

**Appendix C**

Selected References and Additional Resources by Topic Area

**Administrative Measures**

*Guidelines for Infection Control in Dental Health-Care Settings—2003*

www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

—Table 1: Suggested work restrictions for health care personnel infected with or exposed to major infectious —diseases in health care settings, in the absence of state and local regulations

*2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*

www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

*Guideline for Infection Control in Healthcare Personnel, 1998*

www.cdc.gov/hicpac/pdf/InfectControl98.pdf

*Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP)*

www.cdc.gov/mmwr/pdf/rr/rr6007.pdf

*Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis*http://stacks.cdc.gov/view/cdc/20711

*Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis*www.cdc.gov/mmwr/PDF/rr/rr5011.pdf

*CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management*www.cdc.gov/mmwr/PDF/rr/rr6210.pdf

**Infection Prevention Education and Training**

*Guidelines for Infection Control in Dental Health-Care Settings—2003*

www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

*2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*

www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

Organization for Safety, Asepsis, and Prevention (OSAP) Knowledge Center

http://www.osap.org/?page=KnowledgeCenter

Association for Professionals in Infection Control and Epidemiology (APIC) Practice Guidance for Infection Prevention http://apic.org/Professional-Practice/Overview

**Dental Health Care Personnel Safety**

*Guidelines for Infection Control in Dental Health-Care Settings—2003*

www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

*Guideline for Infection Control in Healthcare Personnel, 1998*

www.cdc.gov/hicpac/pdf/InfectControl98.pdf

*Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP)*

www.cdc.gov/mmwr/pdf/rr/rr6007.pdf

*In uenza Vaccination of Health-Care Personnel*

www.cdc.gov/mmwr/PDF/rr/rr55e209.pdf

In uenza Vaccination Information for Health Care Workers

www.cdc.gov/ u/healthcareworkers.htm

*Guidelines for Preventing the Transmission of* Mycobacterium Tuberculosis *in Health-Care Settings, 2005* www.cdc.gov/mmwr/pdf/rr/rr5417.pdf

Occupational Safety & Health Administration (OSHA) Bloodborne Pathogens and Needlestick Prevention Standards

www.osha.gov/SLTC/bloodbornepathogens/index.html

**Program Evaluation**

*Guidelines for Infection Control in Dental Health-Care Settings—2003*

www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

—Table 5: Examples of methods for evaluating infection control programs  
Example of an audit tool used by federal surveyors in ambulatory surgical centers (including dental)

www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107\_exhibit\_351.pdf

Measuring Hand Hygiene Adherence: Overcoming the Challenges

www.cdc.gov/handhygiene/Measurement.html

*Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*

www.cdc.gov/oralhealth/infectioncontrol/index.htm

—Appendix A: Infection Prevention Checklist for Dental Settings: Basic Expectations for Safe Care

**Standard Precautions**

*Guidelines for Infection Control in Dental Health-Care Settings—2003*

www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

*2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*

www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

*Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006*

www.cdc.gov/hicpac/pdf/guidelines/MDROGuideline2006.pdf

Harte JA. Standard and transmission-based precautions: An update for dentistry. *J Am Dent Assoc.* 141(5):572-581; 2010. jada.ada.org/article/S0002-8177(14)61533-6/abstract

**Hand Hygiene**

*Guidelines for Infection Control in Dental Health-Care Settings—2003*

www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

—Table 2: Hand-hygiene methods and indications *Guideline for Hand Hygiene in Health-Care Settings*

www.cdc.gov/mmwr/PDF/rr/rr5116.pdf

CDC Hand Hygiene in Healthcare Settings Educational Materials www.cdc.gov/handhygiene/

**Personal Protective Equipment**

*Guidelines for Infection Control in Dental Health-Care Settings—2003*

www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

*2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*

www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

Guidance for the Selection and Use of Personal Protective Equipment in Healthcare Settings: Slides and Posters

www.cdc.gov/hai/prevent/ppe.html

**Respiratory Hygiene/Cough Etiquette**

*2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*

www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

CDC In uenza (Flu) Resources for Health Care Facilities www.cdc.gov/ u/professionals/infectioncontrol/

CDC Respiratory Hygiene/Cough Etiquette in Healthcare Settings

www.cdc.gov/ u/professionals/infectioncontrol/resphygiene.htm

**Sharps Safety**

*Guidelines for Infection Control in Dental Health-Care Settings—2003*

www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

*Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program*

www.cdc.gov/sharpssafety

CDC Sample Screening and Device Evaluation Forms for Dentistry

www.cdc.gov/OralHealth/infectioncontrol/forms.htm

**Safe Injection Practices**

*Guidelines for Infection Control in Dental Health-Care Settings—2003*

www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

*2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*

www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

CDC Injection Safety: Information for Providers—includes a list of frequently asked questions for providers and injection safety training video.  
www.cdc.gov/injectionsafety

*One and Only Campaign*

www.oneandonlycampaign.org

**Sterilization and Disinfection of Patient-Care Items and Devices**

*Guidelines for Infection Control in Dental Health-Care Settings—2003*

www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

—Table 4: Infection-control categories of patient-care instruments  
—Appendix C: Methods for Sterilizing and Disinfecting Patient-Care Items and Environmental Surfaces

*Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008*

www.cdc.gov/hicpac/pdf/guidelines/Disinfection\_Nov\_2008.pdf

**Resources to assist in the event of a reprocessing error/failure**

—CDC Health Care Associated Infections, Outbreaks and Patient Noti cations —www.cdc.gov/hai/outbreaks/outbreak-resources.html

—Patel PR, Srinivasan A, Perz JF. Developing a broader approach to management of infection control breaches in —health care settings. *Am J Infect Control.* 2008;36:685–690.

—Rutala WA, Weber DJ. How to assess risk of disease transmission to patients when there is a failure to follow —recommended disinfection and sterilization guidelines. *Infect Control Hosp Epidemiol* 2007;28:146—155.

**Environmental Infection Prevention and Control**

*Guidelines for Infection Control in Dental Health-Care Settings—2003*

www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

*Guidelines for Environmental Infection Control in Health-Care Facilities*

www.cdc.gov/hicpac/pdf/guidelines/eic\_in\_HCF\_03.pdf

*Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008*

www.cdc.gov/hicpac/pdf/guidelines/Disinfection\_Nov\_2008.pdf

EPA Medical Waste Frequent Questions

www.epa.gov/osw/nonhaz/industrial/medical/mwfaqs.htm

EPA Where You Live—State Medical Waste Programs and Regulations

www.epa.gov/osw/nonhaz/industrial/medical/programs.htm

**Dental Unit Water Quality**

*Guidelines for Infection Control in Dental Health-Care Settings—2003*

www.cdc.gov/mmwr/PDF/rr/rr5217.pdf

CDC Boil-Water Advisories and the Dental O ce

http://www.cdc.gov/oralhealth/infectioncontrol/faq/dentalunitwaterquality.htm

Guidance Document: 60-1 Adopted: July 11, 2003 Revised: September 13, 2013

Virginia Board of Dentistry

Policy on  
CONFIDENTIAL CONSENT AGREEMENTS (CCAs)

Excerpts of Applicable Law, Regulation and Guidance

* CCAs may be entered into only in cases involving minor misconduct where there is little or no injury to a patient or the public and little likelihood of repetition by the practitioner, §54.1-2400 (14)
* A licensed practitioner who has entered into two CCAs involving a standard of care violation, within the ten year period immediately preceding a board’s receipt of the most recent report or complaint being considered, shall receive public discipline for any subsequent violation within the 10 year period unless....§54.1-2400 (14)

Probable Cause Decisions

* 1. Consideration of CCAs shall be addressed in probable cause reviews.
  2. Reviewers may use CCAs to address one or more minor or technical violations to include:
     + advertising
     + CE\*
     + recordkeeping
     + terms of probation
     + inadequate communication with patient
     + standard of care findings when there was little or no injury
     + practicing with a lapsed license up to 90 days\*\*
     + failure to post required license, credential or certificate
     + failure to file and maintain OMS profile
     + OHSA standards
     + expired drug stock
     + releasing records 
  3. The offered CCA shall include a finding that a violation occurred, shall direct that the licensee institute or cease a certain practice and may require continuing education.
  4. A proposal from a respondent for a CCA will only be considered during probable cause review stage and shall not be considered once a notice is executed.
  5. Upon receipt of a decision to offer a CCA in which standard of care violations are to be addressed, staff shall review the licensee’s history to determine if two such CCAs have been entered. If a licensee already has 2 CCAs addressing standard of care violations, staff will confer with the Reviewer on the action to be taken.

\* As addressed in Guidance Document: 60-5 \*\* As addressed in Guidance Document: 60-6

Guidance Document: 60-10 Revised: December 11, 2015

Virginia Board of Dentistry

Policy on Sanctioning for  
Failure to Comply with Advertising Guidelines

Excerpts of Applicable Law, Regulation and Guidance on 18VAC60-20-180 et seq.

* The Board may sanction any licensee for advertisements that are false, deceptive or misleading; contain a claim of superiority or violate regulations, §54.1-2706(7).
* A general dentist who limits his practice shall advertise that he is a general dentist providing only certain services, 18VAC60-21-80.A.
* Any statement specifying a fee for a dental service which does not include the cost of all related procedures, services, and products shall be deemed to be deceptive or misleading, 18VAC60- 21-80.B.
* Discount offers for dental services shall include the non-discounted fee, the discounted fee and the time period for the discount, 18VAC60-20-21.80.C.
* A prerecorded or archived copy of all advertisements shall be retained for two years following the final appearance of the advertisement, 18VAC60-21-80.D.
* Advertising of fees is limited to only routine dental services as set forth in the American Dental Association’s “Code on Dental Procedures and Nomenclature.” 18VAC60-21- 80.E.
* The following practices shall constitute false, deceptive, or misleading advertising: §54.1-2706(7) and 18VAC60 21-80.G:

o Publishing an advertisement which contains a material misrepresentation or omission of facts that is likely to cause an ordinarily prudent person to be deceived, 18VAC60- 21-80-G.1.  
o Publishing an advertisement which fails to include the information and disclaimers required by this section, 18VAC60-21-80.2.  
o Publishing an advertisement which contains a false claim of professional superiority, or uses any term to designate a dental specialty to which he is not entitled, 18VAC60- 21-80.G.4.  
o A dentist not entitled to a specialty designation shall not represent that his practice is limited to providing services in a specialty area without disclosing that he is a general dentist, 18VAC60-21-80.5.

* Advertisements, including but not limited to signage, containing descriptions of the type of dentistry practiced or a specific geographic locator are permissible so long as the requirements of §§54.1-2718 and 54.1-2720 of the Code of Virginia are met.
* Confidential Consent Agreements may be used to address advertising guidelines, Guidance Document 60-1.

Making a Probable Cause Decision

* 1. In regards to allegations of false, deceptive and misleading advertisements, the reviewing Board member or staff (the reviewer) shall consider whether evidence exists that the source of the complaint was actually deceived, misled, etc.
  2. In regards to allegations of claims of superiority and the failure to disclose required information, the reviewer shall not only consider the content of the advertisement but the evidence collected about the development and publication of the advertisement in deciding if there is clear and convincing evidence that the licensee is the responsible party and there is probable cause to believe a violation occurred.

A. Guidelines for sending an Advisory Letter

1. The reviewer shall only request an Advisory Letter when there is not clear and convincing evidence to support a finding that a violation of law or regulation has occurred.
2. Advisory letters may be used to close cases when the reviewer is concerned that the presenting information indicates that the licensee may be acting in ignorance of the applicable law and regulations.

B. Guidelines for Offering a Confidential Consent Agreement

1. The reviewer shall offer a CCA for a first advertising offense and may offer a CCA for subsequent advertising violations.
2. In cases where there are findings of probable cause for violations in addition to advertising, the reviewer may offer a CCA consistent with Guidance Document 60-1.
3. The offered CCA shall include a finding that a violation occurred and shall request the licensee’s agreement to cease and desist advertising in violation of law and regulations.
4. The offered CCA may also include a requirement for passage of the Virginia Dental Law Exam or completion of a continuing education course in ethics.

C. Guidelines for Imposing Disciplinary Sanctions

1. The reviewer may offer a Pre-Hearing Consent Order (PHCO) or request an informal fact finding conference when probable cause is found that the licensee has subsequent advertising violations.
2. The reviewer shall consider the following sanctioning guidelines:

a. A $1,000 monetary penalty per violation, a reprimand and successful completion of the Virginia Dental Law Exam for a second offense.

b. A $5,000 monetary penalty per violation, a reprimand and continuing education in ethics for a third and subsequent offenses.

1. In cases where there are findings of probable cause for violations in addition to advertising the reviewer may offer a PHCO or request an informal fact finding conference.

Guidance Document: 60-11 Revised: September 12, 2008

**Virginia Board of Dentistry  
Guidance on Completion of Treatment if Patient has Not Paid Fees**

The Board advises that a dentist must not leave the patient worse than when treatment began if fees have not been paid.

Suggestions for the public to resolve the issue:  
1) Contact the practitioner and attempt to resolve;  
2) Request peer review with the local dental society;  
3) File a complaint with the Department of Health Professions; or 4) Consult with an attorney

Guidance Document #: 60-12 Revised September 7, 2007

**Virginia Board of Dentistry**

**Administration of Topical Oral Fluorides by Dental Hygienists under Standards adopted by the Virginia Department of Health**

* Chapter 702 of the 2007 Acts of the Assembly authorizes a dental hygienist to *administer topical oral fluorides under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine* in accordance with provisions of the Drug Control Act. (§ 54.1-2722)
* The Drug Control Act provides that: *A nurse or a dental hygienist may possess and administer topical fluoride varnish to the teeth of children aged six months to three years pursuant to an oral or written order or a standing protocol issued by a doctor of medicine or osteopathic medicine that conforms to standards adopted by the Virginia Department of Health.* (§ 54.1-3408)
* Only under the narrow provisions of § 54.1-2722 and § 54.1-3408 is a dental hygienist authorized to administer topical oral fluorides under a standing protocol developed by the Department of Health and signed by a doctor of medicine or osteopathic medicine. Such administration is limited to children aged six months to three years who receive home visits from the Health Department or who are enrolled in Head Start programs or who are clients of safety-net healthcare facilities (e.g. rural health, community health centers, mobile dental clinics, and Health Department programs).

Guidance document: 60-13 Revised: September 15, 2017

Practice of a Dental Hygienist under Remote Supervision References from § 54.1-2722 of the Code of Virginia

1. What is meant by “remote supervision”

"Remote supervision" means that a dentist is accessible and available for communication and consultation with a dental hygienist employed by such dentist during the delivery of dental hygiene services but such dentist may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided.

2. Who can supervise a dental hygienist to practice dental hygiene under the remote supervision?

A dentist who holds an active, unrestricted license issued by the Virginia Board of Dentistry and who has a dental office physically located in the Commonwealth, which includes dental offices maintained by a federally qualified health center, charitable safety net facility, free clinic, long-term care facility, elementary or secondary school, Head Start program, or women, infants, and children (WIC) program.

3. What qualifications are necessary for a dental hygienist to practice under remote supervision?

The hygienist must have (i) completed a continuing education course designed to develop the competencies needed to provide care under remote supervision offered by an accredited dental education program or from a continuing education provider approved by the Board and (ii) at least two years of clinical experience, consisting of at least 2,500 hours of clinical experience.

1. What is required for a continuing education course in remote supervision?

The Board has proposed regulations that will require a remote supervision course to be no less than two hours in duration and to be offered by an accredited dental education program or an approved sponsor listed in the regulation. The proposed regulation will require the course content to include: a) Intent and definitions of remote supervision; b) Review of dental hygiene scope of practice and delegation of services; c) Administration of controlled substances; d) Patient records/documentation/risk management; e) Remote supervision laws for dental hygienists and dentists; f) Written practice protocols; and g) Settings allowed for remote supervision.

1. Are there other requirements for practice under remote supervision?

A dental hygienist practicing under remote supervision shall have professional liability insurance with policy limits acceptable to the supervising dentist.

1. In what settings can a dental hygienist practice under remote supervision?
2. What tasks can a dental hygienist practicing under remote supervision perform?

A hygienist can only practice dental hygiene under remote supervision at a community health center, charitable safety net facility, free clinic, long-term care facility, elementary or secondary school, Head Start program, or women, infants, and children (WIC) program.

A hygienist practicing under remote supervision may (a) obtain a patient's treatment history and consent, (b) perform an oral assessment, (c) perform scaling and polishing, (d) perform all educational and preventative services, (e) take X-rays as ordered by the supervising dentist or consistent with a standing order, (f) maintain appropriate documentation in the patient's chart, (g) administer topical oral fluorides under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine pursuant to subsection V of §54.1-3408, and (h) perform any other service ordered by the supervising dentist or required by statute or Board regulation.

1. Is the dental hygienist allowed to administer local anesthetic or nitrous oxide?
2. What disclosures and permissions are required?

No, a dental hygienist practicing under remote supervision is not allowed administer local anesthetic or nitrous oxide.

Prior to providing a patient dental hygiene services, a dental hygienist practicing under remote supervision shall obtain (1) the patient's or the patient's legal representative's signature on a statement disclosing that the delivery of dental hygiene services under remote supervision is not a substitute for the need for regular dental examinations by a dentist and (2) verbal confirmation from the patient that he does not have a dentist of record whom he is seeing regularly.

10. How is the dental hygienist required to involve the dentist when practicing under remote supervision?

1. a)  After conducting an initial oral assessment of a patient, a dental hygienist practicing under remote supervision may provide further dental hygiene services following a written practice protocol developed and provided by the supervising dentist. Such written practice protocol shall consider, at a minimum, the medical complexity of the patient and the presenting signs and symptoms of oral disease.
2. b)  A dental hygienist practicing under remote supervision shall inform the supervising dentist of all findings for a patient. A dental hygienist practicing under remote supervision may continue to treat a patient for 90 days. After such 90-day period, the supervising dentist, absent emergent circumstances, shall either conduct an examination of the patient or refer the patient to another dentist to conduct an examination. The supervising dentist shall develop a diagnosis and treatment plan for the patient and either the supervising dentist or the dental hygienist shall provide the treatment plan to the patient.

c) The supervising dentist shall review a patient's records at least once every 10 months.

11. Is a dental hygienist who is practicing under remote supervision allowed to also practice dental hygiene under general supervision whether as an employee or as a volunteer?

Yes, the requirements of § 54.1-2722 F do not prevent practice under general supervision.

12. Are the requirements for remote supervision different for a public health dental hygienist employed by the Virginia Department of Health?

Yes, remote supervision in a public health setting is defined in § 54.1-2722 E:

E. For the purposes of this subsection, "remote supervision" means that a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment, but such dentist may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided.

Notwithstanding any provision of law, a dental hygienist employed by the Virginia Department of Health who holds a license issued by the Board of Dentistry may provide educational and preventative dental care in the Commonwealth under the remote supervision of a dentist employed by the Department of Health. A dental hygienist providing such services shall practice pursuant to a protocol adopted by the Commissioner of Health on September 23, 2010, having been developed jointly by (i) the medical directors of the Cumberland Plateau, Southside, and Lenowisco Health Districts; (ii) dental hygienists employed by the Department of Health; (iii) the Director of the Dental Health Division of the Department of Health; (iv) one representative of the Virginia Dental Association; and (v) one representative of the Virginia Dental Hygienists' Association. Such protocol shall be adopted by the Board as regulations.

Guidance Document: 60-14 Revised: December 11, 2015

VIRGINIA BOARD OF DENTISTRY BYLAWS

Article I. Officers Election, Terms of Office, Vacancies

1. Officers

The officers of the Virginia Board of Dentistry (Board) shall be President, Vice- President, and Secretary-Treasurer.

1. Election.

Prior to the Fall meeting, the President shall appoint a Nominating Committee. The Committee shall submit candidates for each office to the Board for election at its Fall meeting. Prior to each election, additional nominations from the floor may be entered.

1. Terms of Office.

The terms of office of the President, Vice-President, and Secretary-Treasurer shall be for twelve months, until succeeded, or their successor(s) are elected. The term of each office shall begin at the conclusion of the Fall meeting and end at the conclusion of the subsequent Fall meeting. No officer shall be eligible to serve for more than two consecutive terms in the same office unless serving an unexpired term.

1. Vacancies.

In the event of a vacancy in the office of president, the vice-president shall assume the office of president for the remainder of the term. In the event of a vacancy in the office of vice-president, the secretary-treasurer shall assume the office of vice-president for the remainder of the term. In the event of a vacancy in the office of secretary-treasurer, the president shall appoint a board member to fill the vacancy for the remainder of the term.

In the event that all of the offices are vacated and succession is not possible, the Board shall be convened to appoint a Nominating Committee which will develop a slate of candidates for the Board’s consideration at its next meeting. Pending the election of new officers, the member of the Board with the longest length of continuous service shall serve as acting president.

Article II. Duties of Officers

1. President.

The President shall preside at all meetings and conduct all business according to the Virginia Administrative Process Act and the American Institute of Parliamentarians Standard Code of Parliamentary Procedure. The President shall appoint all committees and designate committee chairs and all representatives, except where specifically provided by law. The President shall sign certificates and documents authorized to be signed by the President, and may serve as an ex-officio member of all committees (at which times possessing all the rights, responsibilities, and duties as any other member of the committee; including the right to vote). The President also may serve as a substitute for an absent committee member and, in this role, he shall participate in voting.

1. Vice-President.

The Vice-President shall perform all duties of the President in either the absence of, or the inability of the President to serve.

1. Secretary-Treasurer.

The Secretary-Treasurer shall authorize issuance of the draft unapproved minutes of meetings of the Board, and shall be knowledgeable about the budget of the Board.

Article III. Duties of Members

1. Qualifications.

After appointment by the Governor, each member of the Board shall forthwith take the oath of office to qualify for service as provided by law.

1. Attendance at meetings.

Members of the Board shall attend all regular and special meetings of the full Board, meetings of committees to which they are assigned, and all hearings conducted by the Board at which their attendance is requested by the President or Board Executive Director,; unless prevented by illness or other unavoidable cause. In the case of unavoidable absence of any member from any meeting, the President shall reassign the duties of such absent member when necessary to achieve a quorum for the conduct of business.

1. Examinations.

Each member of the Board who is currently licensed as a dentist or as a dental hygienist may participate in conducting clinical examinations for testing agencies in which the Board holds membership.

1. Code of Conduct.

Via incorporation by reference, members of the Board shall abide by the adopted Virginia Board of Dentistry Code of Conduct for Members (Guidance Document 60-9, Adopted: June 12, 2009).

Article IV. Meeting

1. Number.

The Board shall hold at least three regular meetings in each year. The President shall call meetings at any time to conduct the business of the Board, and shall convene conference calls when needed to consider summary suspensions and settlements. Additional meetings shall be called by the President at the written request of any two members of the Board.

1. Quorum.

A majority of the members of the Board shall constitute a quorum at any meeting.

1. Voting.

All matters shall be determined by a majority vote of the members present.

Article V. Committees

Standing committees of the Board shall be the following:

Executive Committee Regulatory-Legislative Committee Examination Committee  
Special Conference Committees

Committee Duties.

1. Executive Committee.

The Executive Committee shall consist of the current officers of the Board and the Past President of the Board, with the President serving as Chair. The Executive Committee shall:

* 1. a)  Order a biennial review of these Bylaws
  2. b)  Review the proposed budget presented by the Executive Director, and submit it along with any recommendations relating to the proposed budget to the Board for approval
  3. c)  Periodically review financial reports and may make recommendations to the Board regarding financial matters
  4. d)  Select former board members and knowledgeable professionals to be invited to serve as agency subordinates
  5. e)  Conduct all other matters delegated to it by the Board.

1. Regulatory-Legislative Committee.

The Regulatory-Legislative Committee shall consist of two or more members, appointed by the President. This Committee shall consider matters bearing upon state and federal regulations and legislation, and make recommendations to the Board regarding policy matters. The Board may direct the Committee to review the law for possible changes. Proposed changes in State laws, or in the Rules and Regulations of the Board, shall be distributed to all Board members prior to scheduled meetings of the Board.

1. Examination Committee.

The Examination Committee shall develop and oversee the administration of all Board examinations. This shall include, but not be limited to, jurisprudence and licensure examinations.

4. Special Conference Committees.

Special Conference Committees shall:

a) Review investigation reports to determine if there is probable cause to conclude that a violation of law or regulation has occurred;

b) Hold informal fact-finding conferences;

c) Direct the disposition of disciplinary cases at the probable cause review and informal fact-finding stages. The committee chairs shall provide guidance to Board staff on implementation of their committee’s decisions;

1. a)  Review and decide any action to be taken regarding applications for licensure when the application includes information about criminal activity, practice history, medical conditions, or other content issues;
2. b)  Consider applicant or licensee requests for approval of credit for programs when the content or the sponsorship of courses are in question; and
3. c)  Hold informal fact-finding conferences at the request of the applicant or licensee to determine if Board requirements have been met.

Each year, on a rotating basis, one of the Special Conference Committees shall be designated to receive all investigation reports alleging violations of the existing Board of Dentistry Rules and Regulations pertaining to advertising.

Article VI. Executive Director

1. Designation.

The Administrative Officer of the Board shall be designated the Executive Director of the Board.

1. Duties.

The Executive Director shall:

1. a)  Supervise the operation of the Board office and be responsible for both the conduct of the staff, and the assignment of cases to agency subordinates;
2. b)  Execute the policies and services established by the Board;
3. c)  Provide and disburse all forms as required by law to include, but not be limited to, new and renewal application forms;
4. d)  Keep accurate record of all applications for licensure, maintain a file of all applications, and notify each applicant regarding the actions of the Board in response to their application. Prepare and deliver licenses to all successful applicants. Keep and maintain a current record of all dental and dental hygiene licenses issued by the Board;
5. e)  Notify all members of the Board of regular and special meetings of the Board. Notify all Committee members of regular and special meetings of Committees. Keep true and accurate minutes of all meetings and distribute approved draft minutes to the Board members within ten days following such meetings;
6. f)  Issue all notices and orders, render all reports, keep all records, and notify all individuals as required by these Bylaws or applicable law. Affix and attach the seal of the Board to such documents, papers, records, certificates and other instruments as may be directed by law;
7. g)  Keep accurate records of all disciplinary proceedings. Receive and certify all exhibits presented. Certify a complete record of all documents whenever and wherever required by law; and
8. h)  Present the Board’s biennial budget, along with any revisions, to be reviewed by the Executive Committee prior to submission to the Board for approval.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEFINITIONS OF TYPES OF COMMITTEE MEMBERS

1. Advisory Member - Specialized, non-voting member of a committee. Cannot make or second motions, but may participate fully in debate and discussions.
2. Ex-Officio Member - A member of a committee who serves by virtue of holding a specific office. Has all the rights, responsibilities and duties as any other member of the committee, including the right to vote.

Guidance Document: 60-15 Revised: September 16, 2016

Preamble

Standards for Professional Conduct In The Practice of Dentistry

The Standards for Professional Conduct for licensees of the Virginia Board of Dentistry establishes a set of principles to govern the conduct of licensees in the profession of dentistry. Licensees must respect that the practice of dentistry is a privilege which requires a high position of trust within society. The Board maintains that adherence to these standards will safeguard patients, uphold the laws and regulations governing practice and maintain the public trust. The standards are an expression of types of conduct that are either required or encouraged and that are either prohibited or discouraged to provide further guidance on the requirements for practice set out in the Code of Virginia and the Regulations Governing the Practice of Dentistry and Dental Hygiene.

Scope of Practice

* Keep knowledge and skills current. The privilege, professional status, and a license to practice derive from the knowledge, skill, and experience needed to safely serve the public and patients.
* Seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing the knowledge and skills of those who have special skills, knowledge and experience, or advanced training.
* Do not prescribe treatment or use diagnostic techniques or diagnose, cure, or alleviate diseases, infections or other conditions that are not within the scope of the practice of dentistry or that are not based upon accepted scientific knowledge or research.
* Do not treat or prescribe for yourself.

Treating or Prescribing for Family

* Only treat and prescribe based on a bona-fide practitioner-patient relationship, and prescribe by criteria set forth in §54.1-3303 of the Code of Virginia.
* Do not prescribe to a family member a controlled substance or a medicine outside the scope of dentistry.
* When treating a family member or a patient maintain a patient record documenting a bona-fide practitioner-patient relationship.

Staff Supervision

* Protect the health of patients by only assigning to qualified auxiliaries those duties which can be legally delegated.
* Prescribe and supervise the patient care provided by all auxiliary personnel in accordance with the correct type of supervision.
* Maintain documentation that staff has current licenses, certificates for radiology, up-to- date vaccinations, CPR training, HIPPA training, and OSHA training in personnel files.
* Display documents that are required to be posted in the patient receiving area so that all patients might see and read them.
* Be responsible for the professional behavior of staff towards patients and the public at all times.
* Avoid unprofessional behavior with staff
* Provide staff with a safe environment at all times.
* Provide staff with opportunities for continuing education that will keep treatment and

services up-to-date and allow staff to meet continuing education requirements

* Supervise staff in dispensing, mixing and following the instruction for materials to be used during treatment.
* Instruct the staff to inform the dentist of any event in the office concerning the welfare of the patient regarding exposures or blood borne pathogens

Practitioner-Patient Communications

* Before performing any dental procedure, accurately inform the patient or the guardian of a minor patient of the diagnoses, prognosis and the benefits, risks, and treatment alternatives to include the consequences of doing nothing.
* Inform the patient of proposed treatment and any reasonable alternatives, in understandable terms to allow the patient to become involved in treatment decisions.
* Acquire informed consent of a patient prior to performing any treatment.
* Refrain from harming the patient and from recommending and performing unnecessary dental services or procedures.
* Specialists must inform the patient that there is a need for continuing care when they complete their specialized care and refer patients to a general dentist or another specialist to continue their care.
* Immediately inform any patient who may have been exposed to blood or other infectious material in the dental office or during a procedure about the need for post exposure evaluation and follow up and to immediately refer the patient to a qualified health care professional
* Do not represent the care being provided in a false or misleading manner
* Inform the patient orally and note in the record any deviation in a procedure due to the dentist’s discretion or a situation that arises during treatment that could delay completion of treatment or affect the prognosis for the condition being treated.
* Inform the patient about the materials used for any restoration or procedure such as crowns, bridges, restorative materials, ingestible, and topical as to risks, alternatives, benefits, and costs, as well as describing the materials, procedures, or special circumstances in the patient’s notes.
* Refrain from removing amalgam restorations from a non-allergic patient for the alleged purpose of removing toxic substances from the body. The same applies to removing any other dental materials.

Patient of Record

A patient becomes a patient of record when the patient is seated in the dental chair and examination and diagnosis of the oral cavity is initiated.

In §54.1-2405(B) of the Code of Virginia, “current patient” means a patient who has had a patient encounter with the provider or his professional practice during the two-year period immediately preceding the date of the record transfer.

Patient Records

* Maintain treatment records that are timely, accurate, legible and complete.
* Note all procedures performed as well as substances and materials used.
* Note all drugs with strength and quantity administered and dispensed.
* Safeguard the confidentiality of patient records.
* Upon request of a patient or an authorized dental practitioner, provide any information that will be beneficial for the welfare and future treatment of that patient.
* On request of the patient or the patient’s new dentist timely furnish gratuitously or at a reasonable cost, legible copies of all dental and financial records and readable copies of x-rays. This obligation exists whether or not the patient’s account is paid in full.
* Comply with §32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of patient records.
* Patient records shall only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.
* Maintain records for not less than six years from the last date of treatment as required by the Board of Dentistry and maintain records for longer periods of time to meet contractual obligations or requirements of federal law.
* When closing, selling or relocating a practice, meet the requirements of §54.1-2405 of the Code of Virginia for giving notice and providing records.

Financial Transactions

* Do not accept or tender “rebates” or split fees with other health professionals.
* Maintain a listing of customary fees and represent all fees being charged clearly and accurately.
* Do not use a different fee without providing the patient or third party payers a reasonable explanation which is recorded in the record.
* Return fees to the patient or third party payers in a timely manner if a procedure is not completed or the method of treatment is changed.
* Do not accept a third party payment in full without disclosing to the third party that the patient’s payment portion will not be collected.
* Do not increase fees charged to a patient who is covered by a dental benefit plan.
* Do not incorrectly describe a dental procedure in order to receive a greater payment or reimbursement or incorrectly make a non-covered procedure appear to be a covered procedure on a claim form.
* Do not certify in a patient’s record or on a third party claim that a procedure is completed when it is not completed.
* Do not use inaccurate dates that are to benefit the patient; false or misleading codes; change the procedure code to justify a false procedure; falsify a claim not having done the procedure, or expand the claim.
* Avoid exploiting the trust a patient has in the professional relationship when promoting or selling a product by: advising the patient or buyer if there is a financial incentive for the dentist to recommend the product; providing the patient with written information about the product’s contents and intended use as well as any directions and cautions that apply to its use; and, informing the patient if the product is available elsewhere.

Do not misrepresent a product’s value or necessity or the dentist’s professional expertise in recommending products or procedures.

Relationships with Practitioners

* Upon completion of their care, specialists or consulting dentists are to refer back to the referring dentist, or if none, to the dentist of record for future care unless the patient expresses a different preference.
* A dentist who is rendering a second opinion regarding a diagnosis or treatment plan should not have a vested interest in the patient’s case and should not seek to secure the patient for treatment unless selected by the patient for care.

Practitioner Responsibility

* + Once a course of treatment is undertaken, the dentist shall not discontinue that treatment without giving the patient adequate notice and the opportunity to obtain the services of another dentist. Emergency care must be provided during the notice period to make sure that the patient’s oral health is not jeopardized or to stabilize the patient’s condition.
  + Only prescribe, dispense, and utilize those devices, drugs, dental materials and other agents accepted for dental treatment.
  + Make reasonable arrangements for the emergency care of patients of record.
  + Exercise reasonable discretion in the selection of patients. Dentists may not refuse patients because of the patient’s race, creed, color, sex, or national origin.
  + Do not refuse to treat a patient because the individual has AIDS, is HIV positive, or has had hepatitis. Use a proper protocol in the office to protect the public and staff.
  + Follow the rules and regulations of HIPAA, OSHA, FDA, and the laws governing health practitioners in the Code of Virginia.
  + Follow the applicable CDC infection control guidelines and recommendations. See

https://www.cdc.gov/oralhealth/infectioncontrol/index.html

* + Be knowledgeable in providing emergency care and have an acceptable emergency plan with delegated duties to the staff in written form, maintain accurate records and be current in basic CPR.
  + Avoid interpersonal relationships with patients and staff that could impair professional judgment or risk the possibility of exploiting the veracity and confidence placed in the doctor-patient relationship.

Advertising Ethics

* + - Do not hold out as exclusive any devise agent, method, or technique if that representation would be false or misleading in any material respect to the public or patients.
    - When you advertise, fees must be included stating the cost of all related procedures, services and products which to a substantial likelihood are necessary for the completion of the service as it would be understood by an ordinarily prudent person.
    - Disclose the complete name of a specialty board or other organization which conferred certification or another form of credential.

Do not claim to be a specialist or claim to be superior in any dental specialty or procedure unless you have attained proper credentials from an advanced postgraduate education program accredited by the Commission on Dental Accreditation of the American Dental Association.

Reports and Investigations

* Cooperate with any investigation initiated by an investigator or inspector from the Department of Health Professions on behalf of the Board and timely provide information and records as requested.
* Allow staff to cooperate with any investigation initiated by an investigator or inspector from the Department of Health Professions on behalf of the Board.
* Report the adverse reaction of a drug or dental device to the appropriate medical and dental community and in the case of a serious event to the Food and Drug Administration or Board of Dentistry.
* Provide expert testimony when that testimony is essential to a just and fair disposition of a judicial or administrative action.
* Become familiar with the special signs of child abuse and report suspected cases to the proper authorities.
* Report to the Board of Dentistry instances of gross or continually faulty treatment by other dentists.

Notice

This guidance document does not address every law and regulation which governs the practice of dentistry. To fully understand your legal responsibilities you should periodically review the laws, regulations, notices and guidance documents provided on the Board of Dentistry webpage, www.dhp.virginia.gov/dentistry.

Adopted: December 4, 2009  
Revised: March 13, 2015, September 16, 2016

Guidance Document: 60-16 Adopted: March 11, 2011

**Virginia Board of Dentistry  
Guidance for Educational Programs for Dental Assistants II**

The Board of Dentistry has included pulp capping procedures among the list of duties that may be delegated under the direction and direct supervision of a dentist to a dental assistant II who has completed the coursework, corresponding module of laboratory training, corresponding module of clinical experience, and examinations.

To ensure that a dental assistant II has been properly trained in pulp capping, the 40-hour module of training in placing, packing, carving, and polishing of amalgam restorations and the 60-hour module in placing and shaping composite resin restorations should include training in pulp

Guidance Document: 60-17 Revised: September 15, 2017

Virginia Board of Dentistry

Policy on Recovery of Disciplinary Costs Applicable Law and Regulations

* §54.1-2708.2 of the Code of Virginia.  
  The Board of Dentistry (the Board) may recover from any licensee against whom disciplinary action has been imposed reasonable administrative costs associated with investigating and monitoring such licensee and confirming compliance with any terms and conditions imposed upon the licensee as set forth in the order imposing disciplinary action. Such recovery shall not exceed a total of $5,000. All administrative costs recovered pursuant to this section shall be paid by the licensee to the Board. Such administrative costs shall be deposited into the account of the Board and shall not constitute a fine or penalty.
* 18VAC60-15-10 of the Regulations Governing the Disciplinary Process. The Board may assess:

o the hourly costs to investigate the case,

o the costs for hiring an expert witness, and  
o the costs of monitoring a licensee’s compliance with the specific terms and conditions imposed up to $5,000, consistent with the Board’s published guidance document on costs. The costs being imposed on a licensee shall be included in the order agreed to by the parties or issued by the Board.

In addition to the sanctions to be imposed which might include a monetary penalty, the Board will specify the costs to be recovered from a licensee in each pre-hearing consent order offered and in each order entered following an administrative proceeding. The amount to be recovered will be calculated using the assessment of costs specified below and will be recorded on a Disciplinary Cost Recovery Worksheet (the worksheet). All applicable costs will be assessed as set forth in this guidance document. Board staff shall complete the worksheet and assure that the cost to be assessed is included in Board orders. The completed worksheets shall be maintained in the case file. Assessed costs shall be paid within 45 days of the effective date of the Order, unless a payment plan has been requested and approved.

Assessment of Costs

Based on the expenditures incurred in the state’s fiscal year which ended on June 30, 2017, the following costs will be used to calculate the amount of funds to be specified in a board order for recovery from a licensee being disciplined by the Board:

* $112 per hour for an investigation multiplied by the number of hours the DHP Enforcement Division reports having expended to investigate and report case findings to the Board.
* $137 per hour for an inspection conducted during the course of an investigation, multiplied by the number of hours the DHP Enforcement Division reports having expended to inspect the dental practice and report case findings to the Board.
* If applicable, the amount billed by an expert upon acceptance by the Board of his expert report.
* The applicable administrative costs for monitoring compliance with an order as follows:
* $ 128.25 Base cost to open, review and close a compliance case
* 72.00 For each continuing education course ordered
* 18.75 For each monetary penalty and cost assessment payment
* 18.75 For each practice inspection ordered
* 37.50 For each records audit ordered
* 112.50 For passing a clinical examination
* 102.00 For each practice restriction ordered
* 83.25 For each report required.

Inspection Fee  
In addition to the assessment of administrative costs addressed above, a licensee shall be charged $350 for each Board-ordered inspection of his practice as permitted by 18VAC60-21-40 of the Regulations Governing the Practice of Dentistry.

Effective: November 21, 2012 Revised: September 16, 2016

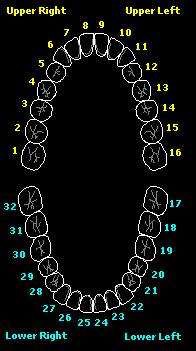
Guidance document: 60-18 Approved: December 11, 2015

VIRGINIA BOARD OF DENTISTRY APPROVED TEMPLATE FOR DENTAL LABORATORY WORK ORDER FORM

This form is provided by the Board to guide dentists on meeting the legal requirements for work order forms in §54.1- 2719 of the Code of Virginia. Dentists have the option of using this form or another form to meet the requirements of the law. Regardless of the form the dentist chooses to use, the information requested below must be included as part of the patient’s treatment records and maintained as required by 18VAC60-21-90 of the Regulations Governing the Practice of Dentistry.

PATIENT NAME, INITIALS or ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laboratory Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
RETURNBY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF RESTORATION MATERIALS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTIONS FOR WORK TO BE DONE (include diagrams

if needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INSTRUCTIONS FOR RETURNING THE RESTORATION:  
Provide the sanitized restoration in a sealed

container.  
Provide the name and physical address of the

location where the restoration was fabricated. Provide a copy of the information the lab

received from a manufacturer on the composition of the casting and ceramic materials used in fabrication, such as an Identalloy sticker

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTIONS FOR SHADING (include diagrams if needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTIONS FOR SUBCONTRACTING THIS ORDER:  
\_\_\_\_\_\_ to a domestic lab approved  
\_\_\_\_\_\_ to an overseas/international lab approved

\_\_\_\_\_\_ to either a domestic or overseas lab approved

\_\_\_\_\_\_ contact me before subcontracting

Dentist’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Dentist’s Name Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Dentist’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Dentist’s Email Address (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Dental License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guidance document: 60-19 Approved: December 7, 2012

VIRGINIA BOARD OF DENTISTRY  
APPROVED TEMPLATE  
DENTAL LABORATORY SUBCONTRACTOR WORK ORDER FORM

This form is provided by the Board to guide owners of dental laboratories (owners) on meeting the legal requirements for work order forms in §54.1-2719 of the Code of Virginia. Owners have the option of using this form or another form to subcontract all or part of a dentist’s work order to another dental laboratory (subcontractor). Regardless of the form the owner chooses to use, the information requested below must be included in the work order sent to the subcontractor. The owner is required to retain a copy of the order; to attach the copy to the order received from the dentist; and to maintain both orders for three years.

PATIENT NAME, INITIALS or ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Subcontractor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email Address (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sanctioning Reference Points

Instruction Manual Board of Dentistry

Guidance Document 60-2 Adopted October 2005 Revised September 2012 Revised December 2015

Prepared for Virginia Department of Health Professions Perimeter Center

9960 Mayland Drive, Suite 300 Henrico Virginia 23233-1463

804-367-4400tel dhp.virginia.gov

Prepared by Visual Research, Inc.

Post OfficeBox1025 Midlothian, Virginia 23113

804-794-3144tel vis-res.com

page1image7976



Robert A. Nebiker Director

Dear Interested Parties:

COMMONWEALTH of VIRGINIA

*Department of Health Professions*

6603 West Broad Street, 5th Floor Richmond, Virginia 23230-1712

July 22, 2005

www.dhp.state.va.us/

TEL (804) 662-9900 FAX (804) 662-9943 TDD (804) 662-7197

In the spring of 2001, the Virginia Department of Health Professions approved a work plan to study sanctioning in disciplinary cases for Virginia’s 13 health regulatory boards. The purpose of the study was to “*... provide an empirical, systematic analysis of board sanctions for offenses and, based on this analysis, to derive reference points for board members... ”* The purposes and goals of this study are consistent with state statutes which specify that the Board of Health Professions periodically review the investigatory and disciplinary processes to ensure the protection of the public and the fair and equitable treatment of health professionals.

Each health regulatory board hears different types of cases, and as a result, considers different factors when determining an appropriate sanction. After interviewing current and past Board of Dentistry members and staff, a committee of Board members, staff, and research consultants assembled are search agenda involving one of the most exhaustive statistical studies of sanctioned Dentists in the United States. The analysis included collecting over 130 factors on all Board of Dentistry sanctioned cases in Virginia over a 7-year period. These factors measured case seriousness, respondent characteristics, and prior disciplinary history. After identifying the factors that were consistently associated with sanctioning, it was decided that the results provided a solid foundation for the creation of sanction reference points. Using both the data and collective input from the Board of Dentistry and staff, analysts spent 10 months developing a usable set of sanction worksheets as a way to implement the reference system.

By design, future sanction recommendations will encompass, on average, about 75% of past historical sanctioning decisions; an estimated 25% of future sanctions will fall above or below the sanction point recommendations.  
This allows considerable flexibility when sanctioning cases that are particularly egregious or less serious in nature. Consequently, one of the most important features of this system is its voluntary nature; that is, the Board is encouraged to depart from the reference point recommendation when aggravating or mitigating circumstances exist.

Equally important to recommending a sanction, the system allows each respondent to be evaluated against a common set off actors— making sanctioning more predictable, providing an educational tool for new Board members, and neutralizing the possible influence of “inappropriate” factors (e.g., race, sex, attorney presence, identity of Board members). As a result, the following reference instruments should greatly benefit Board members, health professionals and the general public.

Sincerely yours,

Robert A. Nebiker Director

Cordially,

Elizabeth A. Carter, Ph.D. .  
Executive Director  
Virginia Board of Health Professions

page2image41128

Board of Audiology & Speech-Language Pathology • Board of Dentistry • Board of Funeral Directors & Embalmers • Board of Medicine • Board of Nursing Board of Nursing Home Administrators • Board of Optometry • Board of Pharmacy • Board of Counseling  
Board of Physical Therapy • Board of Psychology • Board of Social Work • Board of Veterinary Medicine  
Board of Health Professions

Table of Contents

**General Information**

Overview 3 Background 3 Goals 3 Methodology 3 Wide Sanctioning Ranges 4 Two-Dimensional Sanctioning Grid Scores Both Offense and Respondent Factors 4 Voluntary Nature 5 Worksheets Not Used in Certain Cases 5 Offense Groups Covered by the Sanctioning Reference Points 6 Completing the Cover sheet and Worksheets 7 Offense Group Worksheets 7 Coversheet 7 Determining a Specific Sanction 8

**Sanctioning Reference Points Cover sheet, Worksheets & Instructions**

Sanctioning Reference Points Coversheet 10 Inability to Safely Practice Worksheet Instructions 11 Inability to Safely Practice Worksheet 12 Standard of Care Worksheet Instructions 13 Standard of Care Worksheet 14 Advertising/Business Practice Issues Worksheet Instructions 15 Advertising/Business Practice Issues Worksheet 16

GENERAL INFORMATION

Overview

The Virginia Board of Health Professions has spent the last three years studying sanctioning in disciplinary cases. The study is examining al l13 health regulatory boards, with the greatest focus most recently on the Board of Dentistry. The Board of Dentistry is now in a position to implement the results of the research by using a set of voluntary Sanctioning Reference Points (SRPs). This manual contains some background on the project, the goals and purposes of the system, and the three offense-based sanction worksheets and grids that will be used to help Board members determine how a similarly situated respondent has been treated in the past. This sanctioning system is based on a specific sample of cases, and thus only applies to those persons sanctioned by the Virginia Board of Dentistry.

Moreover, the worksheets and grids have not been tested or validated on any other groups of persons. Therefore, they should not be used at this point to sanction respondents coming before other health regulatory boards, other states, or other disciplinary bodies.

The Sanctioning Reference system is comprised of a series of worksheets which score a number of offense and prior record factors identified using statistical analysis. These factors have been isolated and tested in order to determine their influence on sanctioning outcomes. A sanctioning grid found on each of the offense worksheets uses an offense score and a prior record score to recommend arrange of sanctions from which the Board may select in a particular case.

In addition to this instruction booklet, separate coversheets and worksheets are available to record the offense score, prior record score, recommended sanction, actual sanction and any reasons for departure (if applicable). The completed cover sheets and worksheets will be evaluated as part of an on-going effort to monitor and refine the SRPs. These instructions and the use of the SRP system fall within current Department of Health Professions and Board of Dentistry policies and procedures. Furthermore, all sanctioning recommendations are those currently available to and used by the Board and are specified within existing Virginia statutes.

Background

In April of 2001, the Virginia Board of Health Professions (BHP) approved a work plan to conduct an analysis of health regulatory board sanctioning and to consider the appropriateness of developing historically based sanctioning reference points for health regulatory boards, including the Board of Dentistry (BOD). The Board of Health Professions and project staff recognize the complexity and difficulty in sanction decision-making and have indicated that for any sanction reference system to be successful, it must be *“developed with complete Board oversight, be value-neutral, be grounded in sound data analysis, and be totally voluntary”*— that is, the system is viewed strictly as a Board decision tool.

Goals

The Board of Health Professions and the Board of Dentistry cite the following purposes and goals for establishing SRPs:

* Making sanctioning decisions more predictable
* Providing an education tool for new Board members
* Adding an empirical element to a process/system That is inherently subjective
* Providing are source for BOD and those involved In proceedings
* “Neutralizing” sanctioning inconsistencies
* Validating Board member or staff recall of past cases
* Constraining the influence of undesirable factors— e.g., overall Board makeup, race or ethnic origin, etc.
* Helping predict future caseloads and need for Compliance monitoring

Methodology

The fundamental question when developing a sanctioning reference system is deciding whether the supporting analysis should be grounded in historical data (a descriptive approach) or whether it should be developed normatively (a prescriptive approach).A prescriptive approach reflects what policy makers feel sanction recommendations should be, as opposed to what they have been . S Ps can also be developed using historical data analysis with normative adjustments to follow. This approach combines information from past practice with policy adjustments, in order to achieve some desired outcome. The Board of Dentistry chose a descriptive approach with a limited number of normative adjustments.

**Qualitative Analysis**

Researchers conducted 11 in-depth personal interviews of past and current BOD members, Board staff, and representatives from the Attorney General’s office. The interview results were used to build consensus regarding the purpose and utility of SRPs and to further frame the analysis. Additionally, interviews helped ensure the factors that Board members consider when sanctioning were included during the quantitative phase of the study. A literature review of sanctioning practice across the United States was also conducted.

**Quantitative Analysis**

Researchers collected detailed information on all BOD disciplinary cases ending in a violation between 1996 and 2004; approximately 198 sanctioning “events” covering 222 cases. Over 130 different factors were collected on each case in order to describe the case attributes Board members identified as potentially impacting sanction decisions. Researchers used data available through the DHP case management system combined with primary data collected from hardcopy files. The hard copy files contained investigative reports, Board notices, Board orders, and all other documentation that is made available to Board members when deciding a case sanction.

A comprehensive data base was created to analyze the offense and respondent factors which were identified as potentially influencing sanctioning decisions. Using statistical analysis to construct a “historical portrait” of past sanctioning decisions, the significant factors along with their relative weights were derived. These factors and weights were formulated into sanctioning worksheets and grids, which are the basis of the SRPs.

Offense factors such as patient harm, patient vulnerability and number of teeth involved were analyzed as well as respondent factors such as substance abuse, impairment at the time of offense, initiation of self-corrective action, and prior disciplinary history of the respondent. Some factors were deemed inappropriate for use in a structured sanctioning reference system. For example, the presence of the respondent’s attorney, the respondent’s age or sex, and case processing time, are considered “extra-legal” factors, and were explicitly excluded from the sanction reference points. Although many factors, both “legal” and “extra-legal” can help explain sanction variation, only those “legal” factors the Board felt should consistently play a role in a sanction decision were included in the final product.

By using this method, the hope is to achieve more neutrality in sanctioning, by making sure the Board considers the same set of “legal” factors in every case.

Wide Sanctioning Ranges

The SRPs consider and weigh the circumstances of an offense and the relevant characteristics of the respondent, providing the Board with a sanction range that encompasses roughly 77% of historical practice. This means that 23% of past cases had received sanctions either higher or lower than what the reference points indicate, acknowledging that aggravating and mitigating factors play a role in sanctioning. The wide sanctioning ranges recognize that the Board will sometimes reasonably disagree on a particular sanction outcome, but that a broad selection of sanctions fall within their commended range.

Any sanction recommendation the Board derives from the SRP worksheets must fall within Virginia law and regulations. If a Sanctioning Reference Point worksheet recommendation is more or less severe than a Virginia statute or D H P regulation, the existing laws or policies supersede any worksheet recommendation.

Two-Dimensional Sanctioning Grid Scores Both Offense and Prior Record Factors

The Board indicated early in the study that sanctioning is not only influenced by circumstances associated with the instant offense, but also by the respondent’s past history. The empirical analysis supported the notion that both offense and prior record factors impacted sanction outcomes. To this end, the Sanction Reference Points make use of a two-dimensional scoring grid; one dimension assesses factors related to the instant offense, while the other dimension assesses factors related to prior record.

The first-dimension assigns points for circumstances related to the violation offense that the Board is currently considering. For example, the respondent may receive points if they were unable to safely practice due to impairment at the time of the offense, or if there were multiple patients involved in the incident(s). The other dimension assigns points for factors that relate to the respondent’s prior record. So a respondent before the Board for an unlicensed activity case may also receive points for having had a history of disciplinary violations.Thisrespondentcan receiveadditional pointsifthepriorviolation issim ilar.

Voluntary Nature

TheSRPsystem isatooltobeutilizedbytheBoardof Dentistry.CompliancewiththeSRPsisvoluntary.The Boardwilusethesystem asareferencetoolandmay chooseto sanction outsidetherecom m endation.The B o ard m ain tain s co m p lete d iscretio n in d eterm in in g th e sanction handed dow n.H ow ever,a structured sanctioningsystem isoflitlevalueiftheBoardisnot p r o v id e d w it h t h e a p p r o p r ia t e c o v e r s h e e t a n d worksheetin everycaseeligibleforscoring.

A coversheetandworksheetshouldbecompletedin casesresolved byInform alConferences.The coversheetand w orksheets w il lbe referenced by B oard m e m b e r s d u r in g C lo s e d S e s s io n .

Worksheets Not Used in Certain Cases

T h e S R P s w il l n o t b e a p p lie d in a n y o f th e fo l lo w in g circum stances:

•FormalHearings— SanctionReferencePointswil notbeused in casesthatreach aForm alH earing level.

•M andatorysuspensions–Virginialaw requiresthat undercertain circum stances(conviction ofafelony, declaration oflegalincom petence orincapacitation, license revocation in anotherjurisdiction)the license ofapractitionerm ustbesuspended.Thesanction is definedbylaw andisthereforeexcludedfrom the SanctioningReferencePointsystem .

•Com pliance/reinstatem ents– TheSRPsshould not beappliedtocomplianceorreinstatementcases

•ActionbyanotherBoard–W henacasewhichhas alreadybeenadjudicatedbyaBoardfrom another stateappearsbeforetheVirginiaBoard ofD entistry, th e B o ard o ften at tem p ts to m irro r th e san ctio n handed dow n by the other B oard.T he V irginia BoardofDentistryusualyrequiresthatal

c o n d it io n s s e t b y t h e o t h e r B o a r d a r e c o m p le t e d o r com plied with in Virginia.TheSRPsdo notapplyas thecasehasalreadybeenheardandadjudicatedby anotherBoard.

5

T h e S R P s a r e o r g a n iz e d in t o t h r e e o f f e n s e g r o u p s . T h is o r g a n iz a t io n is b a s e d o n a h is t o r ic a l a n a ly s is s h o w in g t h a t offenseand priorrecord factorsand theirrelativeim portancevarybytypeofoffense.Thereferencepointfactorsfound w it h in a p a r t ic u la r o f f e n s e g r o u p a r e t h o s e w h ic h p r o v e d im p o r t a n t in d e t e r m in in g h is t o r ic a l s a n c t io n s f o r t h a t o f f e n s e category.

W henmultiplecaseshavebeencombinedintoone“event”(onenotice)fordispositionbytheBoard,onlyoneoffense g r o u p c o v e r s h e e t a n d w o r k s h e e t s h o u ld b e c o m p le t e d a n d it s h o u ld e n c o m p a s s t h e e n t ir e e v e n t . I f a c a s e h a s m o r e t h a n one offense type,one coversheetand w orksheetis selected according to the offense group w hich appears higheston the folowingtable.Forexam ple,adentistfound in violation ofboth advertisingand atreatm ent-related offensewould have t h e ir c a s e s c o r e d o n a S t a n d a r d s o f C a r e w o r k s h e e t , s in c e S t a n d a r d s o f C a r e is a b o v e A d v e r t is in g / B u s in e s s P r a c t ic e Issueson thetable.Thetablealso assignsthevariouscasecategoriesbroughtbeforetheBoard to oneofthethree offensegroups.Ifan offensetypeisnotlisted,find them ostanalogousoffensetypeand usetheappropriatescoring worksheet.

Table 1: Offense Groups Covered by the Sanctioning Reference Points

|  |  |
| --- | --- |
| page7image19816  Inabilityto SafelyPractice  page7image21104 | page7image21576  In ab ility to safely p ractice – Im p airm en t o r In cap acitatio n Inability to safely practice -O ther D rug R elated  •Prescribingwithoutarelationship •N on-dentalpurposes •Excessiveprescribing/dispensing •PersonalUse  •Security •O ther •O btainingdrugsbyfraud  page7image25448 |
| Standard ofC are  page7image26608 | Standard ofCare– D iagnosis/Treatm entRelated •Failureto diagnoseortreat •Incorrectdiagnosisortreatm ent • F ailu re to resp o n d to n eed s  • D elay in treatm ent •U nnecessarytreatm ent •Im properperform anceofprocedure •Failuretorefer/obtainconsult • F a ilu re to o ffe r p a tie n t e d u c a tio n •O ther  Standard ofC are -C onsentrelated Standard ofC are -E quipm ent/Productrelated Standard ofCare-Prescription related Sexualassaultand m istreatm ent A buse/A bandonm ent/N eglect Recordsrelease |
| BusinessPracticeIssues/Advertising  page7image34096 | Records/Inspections/Audits BusinessPracticesIssues Fraud C rim inalactivity Unlicensedactivity  •Aiding/Abetingunlicensedactivity •D EA registrationrevoked/expired/invalid • P racticing on lapsed/expired license •O ther  Advertising •Claim ofSuperiority •D eceptive/M isleading •Im properuseoftradenam e • F ailto disclose ful lfee w hen advertising discount •O ther •O m ission ofrequired w ording/advertising elem ents |

6

Completing the Coversheet & Worksheet

U ltim ately,it is th e resp o n sib ility o f th e B o ard to  
com pletetheSanction ReferencePointcoversheetand w o r k s h e e t in a l l a p p lic a b le c a s e s .

Theinform ation relied upon to com pleteacoversheet andworksheetisderivedfrom thecasepacketprovided to theBoard and respondent.Itisalso possiblethat inform ation discovered atthetim eoftheinform al conference m ay im pactw orksheetscoring.T he Sanction R eference P ointcoversheetand w orksheet, oncecom pleted,areconfidentialundertheCodeof Virginia.H owever,com pletecopiesoftheSanction ReferencePointM anual,includingblankcoversheets a n d w o r k s h e e t s , c a n b e f o u n d o n t h e D e p a r t m e n t o f H ealth Professionsw eb site:w w w .dhp.state.va.us (papercopy also available on request).

Offense Group Worksheets

Instructionsforscoring each ofthe 3 offensesare contained adjacentto each w orksheetin subsequent sectionsofthism anual.Instructionsareprovided for eachlineitem ofeachworksheetandshouldbe referenced to ensure accurate scoring fora specific factor.W henscoringanoffensegroupworksheet,the scoring w eights assigned to a factor on the w orksheet cannotbeadjusted.Thescoringweightscan onlybe a p p lie d a s ‘y e s o r n o ’ w ith a l l o r n o n e o f th e p o in ts applied.In instanceswhereascoringfactorisdifficult tointerpret,theBoardhasfinalsayinhow acaseis scored.

Coversheet

Thecoversheetiscom pleted to ensureauniform record ofeach case and to facilitate recordation of otherpertinentinform ation criticalforsystem  
m onitoring and evaluation.

IftheBoard feelsthesanctioninggrid doesnot recom m end an appropriate sanction,the B oard is encouraged to departeitherhigherorlowerwhen handingdownasanction.IftheBoard

disagreesw ith the sanction grid recom m endation and im posesasanction greaterorlessthan the  
recom m ended sanction,a shortexplanation can be recorded on the coversheet.T he explanation could identifythefactorsand thereasonsfordeparture.This processwilensureworksheetsarerevised appropriatelyto reflectcurrentBoard practice.Ifa particularreason iscontinualycited,theBoard can exam ine the issue m ore closely to determ ine ifthe

w orksheets should be m odified to bet ter reflectB oard practice.

Aggravatingandmitigatingcircumstancesthatmay in f lu e n c e B o a r d d e c is io n s c a n in c lu d e , b u t s h o u ld n o t be lim ited to,such things as:

•Severityoftheincident •M onetarygain  
•D ishonesty/O bstruction •M otivation

•Rem orse  
•Patientvulnerability •Restitution/Self-correctiveaction •M ultipleoffenses/Isolatedincident •Ageofpriorrecord

A spaceisprovidedonthecoversheettorecordthe reason(s)fordeparture.D ue to the uniquenessofeach case,thereason(s)fordeparturem aybewide-ranging. S a m p le s c e n a r io s a r e p r o v id e d b e lo w :

D eparture E xam ple # 1  
Sanction G rid Result:Recom m end Form al.  
Im posed Sanction:Probation w ith term s– practice restriction.  
Reason(s)forD eparture:Respondentwasparticularly rem orsefuland had already begun corrective action.

D eparture E xam ple # 2  
Sanction G rid R esult:N o  
Sanction/Reprim and/Education.  
Im posed Sanction:T reatm ent– practice m onitoring. Reason(s)forD eparture:Respondentm aybetrending towardsfutureviolations,implementoversightnow to avoid future problem s.

7

Determining a Specific Sanction

TheSanction G rid hasfourseparatesanctioningoutcom es:Recom m end form aloracceptsurrender,Treatm ent,  
M onetaryPenalty,and N o Sanction/Reprim and/Education.Thetablebelow liststhem ostfrequentlycited sanctions underthe foursanctioning outcom esthatare partofthe sanction grid.A fterconsidering the sanction grid  
recom m endation,the B oard should fashion a m ore detailed sanction(s)based on the individualcase circum stances.

Table 2: Sanctioning Reference Point Grid Outcomes

|  |  |
| --- | --- |
| Recommend Formal or Accept Surrender | page9image6664  Recommend Formal Accept Surrender Suspension Revocation  page9image8368 |
| Treatment/Monitoring | Stayed Suspension - Immediate Probation Terms  • Audit/inspection of practice, clinical exam • Quarterly self-reports • Impairment – HPMP • Practice Restriction - oversight by a  supervisor/monitor • Practice Restriction - specific • Practice Restriction - setting • Practice Restriction - chart/record review • Prescribing - restrictions • Quarterly job performance evaluations • Prescribing - log • Written notification to  employer/employees/associates • Mental/physical evaluation |
| Monetary Penalty | page9image16928  Monetary Penalty  page9image17896 |
| No Sanction/Reprimand/Education  page9image19016 | No Sanction Reprimand Education Terms  • Advertising - cease and desist • Cease and Desist • Continuing Education - general or specific • Continuing Education - record keeping • Continuing Education - prescribing • Virginia Dental Law Exam |

8

Sanctioning Reference Points Coversheet, Worksheets

and Instructions

9

Sanctioning Reference Points Coversheet

•Com pleteO ffenseScoresection.  
•Com pletePriorRecord Scoresection.  
• D eterm ine the R ecom m ended Sanction using the scoring results and the Sanction G rid. •Com pletethiscoversheet.

Case Number(s): \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Respondent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Title)

License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worksheet Used: \_\_\_\_\_\_\_\_Inability to Safely Practice

\_\_\_\_\_\_\_Standard of Care

\_\_\_\_\_\_\_Advertising/Business Practice Issues

Sanction Grid Result:

\_\_\_\_\_\_\_No Sanction/Reprim and/Education  
\_\_\_\_\_\_No Sanction/Reprim and/Education-Monetary Penalty

\_\_\_\_\_\_Monetary Penalty– Treatment/Monitoring  
\_\_\_\_\_\_Treatment/Monitoring  
\_\_\_\_\_\_Treatment - Recommend Formal/ Accept Surrender

Imposed Sanction(s):

\_\_\_\_\_\_\_No Sanction  
\_\_\_\_\_\_\_Reprim and  
\_\_\_\_\_\_\_Monetary Penalty:$\_\_\_\_\_\_\_\_ enter amount Probation:

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ duration in months  
\_\_\_\_\_\_\_Stayed Suspension:\_\_\_\_\_\_\_ duration in months  
\_\_\_\_\_\_\_Recommend Formal  
\_\_\_\_\_\_\_Accept Surrender  
\_\_\_\_\_\_\_Accept Revocation  
\_\_\_\_\_\_\_Stayed Suspension  
\_\_\_\_\_\_\_Other sanction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_Terms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reasons for Departure from Sanction Grid Result (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worksheet Preparer's Name: Date Worksheet Completed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confidential pursuant to § 54.1-2400.2 of the Code of Virginia.

**Inability to Safely Practice W orksheetInstructions**

###### O fenseScore

**Step 1:**(scorealthatapply)

Enter“60”iftherespondentwasunableto safely practiceatthetim eoftheofensedueto ilnes related to substanceabuseim pairm ent,orm ental/physical incapacitation.

Enter“40”ifphysicalinjuryoccured.Physicalinjury includesanyinjuryrequiringm edicalcarerangingfrom firstaid treatm entto hospitalization.Patientdeath would also beincluded here.\*

Enter“30”iftheofenseinvolvesm ultiplepatients. Enter“20”iftheofenseinvolvesoneorm oreteeth.

Enter“20”ifthepatientrequired subsequenttreatm ent from alicensed third partyhealthcarepractitioner,not neces arilyadentist.

Enter“20”iftheofenseinvolvesself-prescribingor prescribingbeyond thescope.

Enter“20”iftherewasfinancialorm aterialgain. Exam plesofcasesinvolvingfinancialorm aterialgain include,butarenotlim ited to,com pletingunneces ary treatm entto increasefees,failureto com plywith providercontractswith insurancecom paniesand bilingpatientportion offees,unbundlingofservices oraidingand abetingtheunlicensed practiceof dentistryordentalhygiene.

Enter“15”ifthepatientisespecialyvulnerable. Patientsin thiscategorym ustbeoneofthefolowing: underage18,overage65,orm entaly/physicaly handicapped.

Enter“10”ifm ultiplerespondentswereinvolved.

Enter“10”ifthiswasan actofcom m is ion.An actof com m is ion isinterpreted aspurposefulorwith knowledge.

**Step 2:**Com binealforTotalO fenseScore

###### PriorR ecord Score

**Step 3:**(scorealthatapply)

Enter“60”iftherespondent’slicensewaspreviously lostdueto Revocation,Suspension,orSum m ary Suspension.

Enter“20”iftherespondenthasacrim inalactivity conviction related to thecurentcase.

Enter“20”iftherespondenthashad aprevious findingofaviolation.

Enter“20”iftherespondenthashad aprevious violation with asanction im posed.

Enter“10”iftherespondenthashad any“sim ilar” violationspriorto thiscase.Sim ilarviolationsinclude anycasesthatarealso clas ified as“Inabilityto Safely Practice”(seecasesthatareeligibleforscoringlisted under“CaseCategories”in thetableon Page6).

**Step 4:**Com binealforTotalPriorRecord Score **Sanction G rid**

###### Step 5:

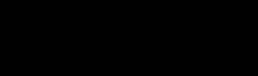
LocatetheO fenseand PriorRecord scoreswithin the corectrangeson thetop and leftsidesofthegrid.The celwhereboth scoresintersectisthesanction

recom m endation.Exam ple:IftheO fenseScoreis60 and thePriorRecord Scoreis10,therecom m ended sanction isshown in thecentergrid cel– “Treatm ent”.

**Step 6:**Coversheet

Com pletethecoversheetincludingthegrid sanction, theim posed sanction and thereasonsfordepartureif applicable.

\*O riginaltextrevised in Septem ber2012.Injurywas previouslydefined as,“Physicalinjuryincludesany injuryrequiringm edicalcarerangingfrom firstaid treatm entto hospitalization.”



**Board ofD entistry**

**R evised D ec 2015**

**Inability to Safely Practice W orksheet**

|  |  |  |
| --- | --- | --- |
| **O fense Score**  Inability to safely practice - Impaired/Incapacitated | **Points**  60 | **Score** |
| Patient injury | 40 |  |
| More than one patient involved | 30 |  |
| One or more teeth involved | 20 |  |
| Patient required subsequent treatment | 20 |  |
| Self-prescribing or prescribing beyond scope | 20 |  |
| Financial or material gain | 20 |  |
| Patient vulnerable | 15 |  |
| Multiple respondents involved | 10 |  |
| Act of commission | 10 |  |
|  | **TotalO fense Score** |  |
| **R espondentScore** |  |  |
| License previously lost | 60 |  |
| Concurrent criminal activity conviction | 20 |  |
| Previous finding of a violation | 20 |  |
| Previous violation with a sanction imposed | 20 |  |
| Previous violation similar to current | 10 |  |
|  |  |  |
|  | **TotalR espondentScore** |  |

0

**PriorR ecord Score**

1-30

31 and over

**O fense Score**

0-30 31-60 61 and over

|  |  |  |
| --- | --- | --- |
| No Sanction/Reprimand/ Education  Monetary Penalty | Monetary Penalty  Treatment/Monitoring | Treatment/Monitoring |
| Treatment/Monitoring | Treatment/Monitoring | Treatment/Monitoring |
| Treatment/Monitoring | Treatment/ Monitoring  Recommend Formal/ Accept Surrender | Treatment/ Monitoring  Recommend Formal/  Accept Surrender |

Confidential pursuant to § 54.1-2400.2 of the Code of Virginia.



###### O fenseScore

**Step 1:**(scorealthatapply)

Enter“60”iftheofenseinvolvesm ultiplepatients. Enter“30”ifthepatientisespecialyvulnerable.

Patientsin thiscategorym ustbeoneofthefolowing: underage18,overage65,orm entaly/physicaly handicapped.

Enter“25”ifthiswasan actofcom m is ion.An actof com m is ion isinterpreted aspurposefulorwith knowledge.

Enter“20”iftherewasfinancialorm aterialgain. Exam plesofcasesinvolvingfinancialorm aterialgain include,butarenotlim ited to,com pletingunneces ary treatm entto increasefees,failureto com plywith providercontractswith insurancecom paniesand bilingpatientportion offees,unbundlingofservices oraidingand abetingtheunlicensed practiceof dentistryordentalhygiene.

Enter“10”iftheofenseinvolvesoneorm oreteeth.

Enter“10”ifphysicalinjuryoccured.Physicalinjury includesanyinjuryrequiringm edicalcarerangingfrom first-aid treatm entto hospitalization.Patientdeath would also beincluded here.\*

Enter“10”ifthepatientrequired subsequenttreatm ent from alicensed third partyhealthcarepractitioner,not neces arilyadentist.

Enter“10”ifm ultiplerespondentswereinvolved.

Enter“10”iftheofenseinvolvesself-prescribingor prescribingbeyond thescope.

**Step 2:**Com binealforTotalO fenseScore

###### PriorR ecord Score

**Step 3:**(scorealthatapply)

Enter“60”iftherespondent’slicensewaspreviously lostdueto Revocation,Suspension,orSum m ary Suspension.

Enter“20”iftherespondenthashad aprevious findingofaviolation.

Enter“20”iftherespondenthashad aprevious violation with asanction im posed.

Enter“10”iftherespondenthashad any“sim ilar” violationspriorto thiscase.Sim ilarviolationsinclude anycasesthatarealso clas ified as“Standard ofCare” (seecasesthatareeligibleforscoringlisted under “CaseCategories”in thetableon Page6).

Enter“10”iftherespondenthasacrim inalactivity conviction related to thecurentcase.

**Step 4:**Com binealforTotalPriorRecord Score **Sanction G rid**

###### Step 5:

LocatetheO fenseand PriorRecord scoreswithin the corectrangeson thetop and leftsidesofthegrid.The celwhereboth scoresintersectisthesanction

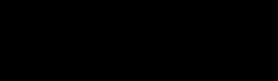
recom m endation.

Exam ple:IftheO fenseScoreis60 and thePrior Record Scoreis10,therecom m ended sanction is shown in thecentergrid cel– “M onetary Penalty/Treatm ent”.

**Step 6:**Coversheet

Com pletethecoversheetincludingthegrid sanction, theim posed sanction and thereasonsfordepartureif applicable.

\*O riginaltextrevised in Septem ber2012.Injurywas previouslydefined as,“Physicalinjuryincludesany injuryrequiringm edicalcarerangingfrom firstaid treatm entto hospitalization.”



**Board ofD entistry**

**R evised D ec 2015**

**Standard ofCare**

## O fenseScore Points Score

More than one patient involved 60

Patient vulnerable 30

Act of commission 25

Financial or material gain 20

One or more teeth involved 10

Patient injury 10

Patient required subsequent treatment 10

Multiple respondents involved 10

Self-prescribing or prescribing beyond scope 10

## TotalO fenseScore

**R espondentScore**

License previously lost 60

Previous finding of a violation 20

Previous violation with a sanction imposed 20

Previous violation similar to current 10

Criminal activity conviction 10

## TotalR espondentScore O fense Score

0-40 41-65 66 and over

|  |  |  |
| --- | --- | --- |
| No Sanction/ Reprimand/Education | No Sanction/Reprimand/ Education  Monetary Penalty | Monetary Penalty  Treatment/Monitoring |
| No Sanction/Reprimand/ Education  Monetary Penalty | Monetary Penalty  Treatment/Monitoring | Treatment/Monitoring  Recommend Formal/ Accept Surrender |
| Monetary Penalty  Treatment/Monitoring | Monetary Penalty  Treatment/Monitoring | Treatment/Monitoring  Recommend Formal/ Accept Surrender |

0

**PriorR ecord Score**

1-20

21 and over

Confidential pursuant to § 54.1-2400.2 of the Code of Virginia. 14



###### O fenseScore

**Step 1:**(scorealthatapply) Enter“60”iftheofenseinvolvesm ultiplepatients. Enter“40”ifthepatientisespecialyvulnerable.

Patientsin thiscategorym ustbeoneofthefolowing: underage18,overage65,orm entaly/physicaly handicapped.

Enter“30”iftheofenseinvolvesoneorm oreteeth. Enter“20”ifm ultiplerespondentswereinvolved.

Enter“20”iftheofenseinvolvesself-prescribingor prescribingbeyond thescope.

Enter“20”ifthiswasan actofcom m is ion.An actof com m is ion isinterpreted aspurposefulorwith knowledge.

Enter“20”iftherewasfinancialorm aterialgain. Exam plesofcasesinvolvingfinancialorm aterialgain include,butarenotlim ited to,com pletingunneces ary treatm entto increasefees,failureto com plywith providercontractswith insurancecom paniesand bilingpatientportion offees,unbundlingofservices oraidingand abetingtheunlicensed practiceof dentistryordentalhygiene.

Enter“10”ifphysicalinjuryoccured.Physicalinjury includesanyinjuryrequiringm edicalcarerangingfrom firstaid treatm entto hospitalization.Patientdeath would also beincluded here.\*

Enter“10”ifthepatientrequired subsequenttreatm ent from alicensed third partyhealthcarepractitioner,not neces arilyadentist.

**Step 2:**Com binealforTotalO fenseScore

###### PriorR ecord Score

**Step 3:**(scorealthatapply)

Enter“60”iftherespondent’slicensewaspreviously lostdueto Revocation,Suspension,orSum m ary Suspension.

Enter“40”iftherespondenthasacrim inalactivity conviction related to thecurentcase.

Enter“30”iftherespondenthashad aprevious violation with asanction im posed.

Enter“20”iftherespondenthashad aprevious findingofaviolation.

Enter“10”iftherespondenthashad any“sim ilar” violationspriorto thiscase.Sim ilarviolationsinclude anycasesthatarealso clas ified as“Advertising/ Busines PracticeIs ues”(seecasesthatareeligiblefor scoringlisted under“CaseCategories”in thetableon Page6).

**Step 4:**Com binealforTotalPriorRecord Score **Sanction G rid**

###### Step 5:

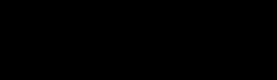
LocatetheO fenseand PriorRecord scoreswithin the corectrangeson thetop and leftsidesofthegrid.The celwhereboth scoresintersectisthesanction

recom m endation.

Exam ple:IftheO fenseScoreis30 and thePrior Record Scoreis10,therecom m ended sanction is shown in thecentergrid cel– “M onetaryPenalty”.

**Step 6:**CoversheetCom pletethecoversheetincluding thegrid sanction,theim posed sanction and thereasons fordepartureifapplicable.

15



**Board ofD entistry**

**R evised D ec2015**

**Advertising/Business Practice Issues**

|  |  |  |
| --- | --- | --- |
| **Offense Score**  More than one patient involved | **Points**  60 | **Score** |
| Patient vulnerable | 40 |  |
| One or more teeth involved | 30 |  |
| Multiple respondents involved | 20 |  |
| Self prescribing or prescribing beyond scope | 20 |  |
| Act of commission | 20 |  |
| Financial or material gain | 20 |  |
| Patient injury | 10 |  |
| Patient required subsequent treatment | 10 |  |
|  | **Total offenseScore** |  |
| **R espondentScore**  License previously lost | 60 |  |
| Criminal activity conviction | 40 |  |
| Previous violation with a sanction imposed | 30 |  |
| Previous finding of a violation | 20 |  |
| Previous violation similar to current | 10 |  |

0

**PriorR ecord Score**

1-40

41 and over

## TotalR espondentScore

#### O fense Score

0-10 11-39 40 and over



|  |  |  |
| --- | --- | --- |
| No Sanction/Reprimand/ Education  Monetary Penalty | No Sanction/Reprimand/ Education  Monetary Penalty | Monetary Penalty  Treatment/Monitoring |
| No Sanction/Reprimand/ Education  Monetary Penalty | Monetary Penalty | Treatment/Monitoring |
| Monetary Penalty  Treatment/Monitoring | Treatment/Monitoring | Treatment/ Monitoring  Recommend Formal/  Accept Surrender |

Confidential pursuant to § 54.1-2400.2 of the Code of Virginia. 16

Guidance document: 60-20 Revised: December 11, 2015

Virginia Board of Dentistry Guidance on Radiation Certification

Any person who (1) completed a radiation safety course and examination through a provider previously recognized by the board to offer the course and (2) registered with the board prior to May 11, 2011 by showing satisfactory completion of the course and examination continues to be qualified to expose dental x-ray film.

Beginning on May 11, 2011 the Board amended its regulations on radiation certification to require:

1. (i)  Satisfactory completion of a radiation safety course and examination given by an institution that maintains a program in dental assisting, dental hygiene or dentistry accredited by the Commission on Dental Accreditation of the American Dental Association,
2. (ii)  Certification by the American Registry of Radiologic Technologists,

or

1. (iii)  Satisfactory completion of the Radiation Health and Safety Review Course provided by the Dental Assisting National Board or its affiliate and passage of the Radiation Health and Safety examination given by the Dental Assisting National Board.

Any certificate issued pursuant to satisfying the requirements of this section shall be posted in plain view of the patient.

See 18VAC60-21-170, 18VAC60-25-80, and 18VAC60-30-80

Guidance Document 60-21 Adopted: June 10, 2016

Virginia Board of Dentistry  
Policy on Sanctioning for  
Failure to report to the Prescription Monitoring Program

Excerpts of Applicable Law, Regulation and Guidance

* The Board may sanction any licensee for violation of any provision of a state or federal law or regulation relating to manufacturing, distributing, dispensing or administering drugs. §54.1-2706(15)
* Any prescriber who is licensed in the Commonwealth to treat human patients and is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a prescription for a covered substance shall be registered with the Prescription Monitoring Program (“PMP”) by the Department of Health Professions. §54.1-2522.1(A)
* The failure by any person subject to the reporting requirements set forth in §54.1-2521 and the Department's regulations to report the dispensing of covered substances shall constitute grounds for disciplinary action by the relevant health regulatory board. §54.1- 2521(A)
* Data shall be transmitted to the Department or its agent within seven days of dispensing. 18VAC76-20-40.A
* Data shall be transmitted in a file layout provided by the Department and shall be transmitted by a media acceptable to the vendor contracted by the director for the program. 18VAC76-20-40.B
* If a dispenser does not dispense any controlled substances in Schedules II- IV during a seven day period, a “zero” report must be submitted. PRESCRIPTION MONITORING PROGRAM DATA COLLECTION MANUAL

Guidelines for Imposing Disciplinary Sanctions

* 1. A “Failure to Report” letter will be sent by the PMP to the dispenser concerning non- reporting. If the dispenser fails to submit the required data and provide PMP with confirmation of the submission within the time prescribed in the “Failure to Report” letter, or an inadequate response is received, PMP will then mail a certified “Failure to Report” letter to the dispenser.
  2. Should the dispenser not submit the required data and provide PMP with confirmation of the submission within the time prescribed in the certified “Failure to Report” letter, or an inadequate response is received, PMP will refer the matter to the Board for disciplinary action.
  3. The reviewing Board member or staff (the “Reviewer”) shall offer a Pre-Hearing Consent Order (“PHCO”) when probable cause is found that the dispenser failed to report dispensing data.
  4. The Reviewer shall impose a $500.00 monetary penalty per each unreported period and require the immediate submission of the dispensing data.

Guidance document: 60-22 Revised: December 11, 2015

Virginia Board of Dentistry

Policy on Sanctioning for  
Failure to Comply with Insurance and Billing Practices

Excerpts of Applicable Law, Regulation and Guidance

* The Board may sanction any licensee for any unprofessional conduct likely to defraud or to deceive the public or patients, §54.1-2706(4)
* The Board may sanction any licensee for intentional or negligent conduct in the practice of dentistry or dental hygiene which causes or is likely to cause injury to a patient or patients, §54.1-2706(5)
* The Board may sanction any licensee for conducting his practice in a manner contrary to the standards of ethics of dentistry or dental hygiene, §54.1-2706(10)
* A dentist shall not obtain, attempt to obtain or cooperate with others in obtaining payment for services by misrepresenting procedures performed, dates of service, or status of treatment, 18VAC60-21-60.B
* If a disciplinary proceeding will not be instituted, a board may send an Advisory Letter to the subject of a complaint or report, §54.1-2400.2(F)
* Confidential Consent Agreements (“CCA’s”) may be used to address minor or technical violations, Guidance Document 60-1

1. Guidelines for Sending an Advisory Letter
   1. The reviewing Board member or staff (the “Reviewer”) should only request an Advisory Letter when there is not clear and convincing evidence to support a finding that a violation of law or regulation has occurred.
   2. Advisory letters may be used to close cases when the Reviewer is concerned that the presenting information indicates that the licensee may be acting in ignorance of the applicable law and regulations.
2. Guidelines for Offering a Confidential Consent Agreement
   1. The Reviewer shall offer a CCA for a first offense where there is only one finding of probable cause for fraudulent insurance and/or billing practices.
   2. In cases where there are findings of probable cause for violations in addition to a single first offense of fraudulent insurance/billing practice violation, the Reviewer may offer a CCA consistent with Guidance Document 60-1.
   3. The offered CCA shall include a finding that a violation occurred, shall request that the license cease and desist the fraudulent insurance and/or billing practices, and shall require continuing education in recordkeeping.
3. Guidelines for Imposing Disciplinary Sanctions
4. The Reviewer may offer a Pre-Hearing Consent Order (“PHCO”) or request an informal fact finding conference when probable cause is found that the licensee has prior insurance and/or billing practice violations.
5. The Reviewer may offer a PHCO or request an informal fact finding conference when probable cause is found that there were multiple patients affected by the licensee’s fraudulent insurance and/or billing practice violations.
6. The Reviewer shall offer a PHCO or request an informal fact finding conference when probable cause is found that there were fraudulent insurance and/or billing practice violations.
7. The Reviewer shall consider the following sanctioning guidelines:
   1. A $1,000.00 monetary penalty per violation, and continuing education in

recordkeeping and risk management for a second single offense of fraudulent insurance and/or billing practices; or a first offense where there were multiple patients affected by the fraudulent insurance and/or billing practices

* 1. A $5,000.00 monetary penalty per violation, a reprimand and continuing education in ethics for a third offense of fraudulent insurance and/or billing practices.

1. In cases where there are findings of probable cause for violations in addition to fraudulent insurance and/or billing violations, the Reviewer may offer a PHCO or request an informal fact finding conference.

Guidance document: 60-23 Adopted: December 11, 2015

Section One: Preamble.

Virginia Board of Dentistry Teledentistry

page1image2656

The Virginia Board of Dentistry (”Board”) recognizes that using teledentistry services in the delivery of dental services offers potential benefits in the provision of dental care. The appropriate application of these services can enhance dental care by facilitating communication between practitioners, other health care providers, and their patients, prescribing medication, medication management, obtaining laboratory results, scheduling appointments, monitoring chronic conditions, providing health care information, and clarifying dental advice. The Virginia General Assembly has not established statutory parameters regarding the provision and delivery of teledental services. Therefore, practitioners must apply existing laws and regulations to the provision of teledentistry services. The Board issues this guidance document to assist practitioners with the application of current laws to teledentistry service practices.

These guidelines should not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not authorized by law. In fact, these guidelines support a consistent standard of care and scope of practice notwithstanding the delivery tool or business method used to enable practitioner-to- patient communications. For clarity, a practitioner using teledentistry services in the provision of dental services to a patient (whether existing or new) must take appropriate steps to establish the practitioner-patient relationship as defined in Virginia Code § 54.1-3303 and conduct all appropriate evaluations and history of the patient consistent with traditional standards of care for the particular patient presentation. As such, some situations and patient presentations are appropriate for the utilization of teledentistry services as a component of, or in lieu of, in-person provision of dental care, while others are not. The practitioner is responsible for making this determination, and in doing so must adhere to applicable laws and standards of care.

The Board has developed these guidelines to educate licensees as to the appropriate use of teledentistry services in the practice of dentistry. The Board is committed to ensuring patient access to the convenience and benefits afforded by teledentistry services, while promoting the responsible provision of health care services.

It is the expectation of the Board that practitioners who provide dental care, electronically or otherwise, maintain the highest degree of professionalism and should:

* Place the welfare of patients first;
* Maintain acceptable and appropriate standards of practice;
* Adhere to recognized ethical codes governing the applicable profession;
* Adhere to applicable laws and regulations;
* In the case of dentists, properly supervise non-dentist clinicians when required to do so

by statute; and

* Protect patient confidentiality.

Section Two: Definitions.

For the purpose of these guidelines, the Board defines “teledentistry services” consistent with the definition of “telemedicine services” in § 38.2-3418.16 of the Code of Virginia. “Teledentistry services,” as it pertains to the delivery of dental services, means the use of electronic technology or media, including interactive audio or video, for the purpose of diagnosing or treating a patient or consulting with other health care providers regarding a patient’s diagnosis or treatment. “Teledentistry services” does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire.

Section Three: Establishing the Practitioner-Patient Relationship.

The practitioner-patient relationship is fundamental to the provision of acceptable dental care. It is the expectation of the Board that practitioners recognize the obligations, responsibilities, and patient rights associated with establishing and maintaining a practitioner-patient relationship. Where an existing practitioner-patient relationship is not present,1 a practitioner must take appropriate steps to establish a practitioner-patient relationship consistent with the guidelines identified in this document, with Virginia law, and with any other applicable law.2 While each circumstance is unique, such practitioner-patient relationships may be established using telemedicine services provided the standard of care is met.

Specifically, Virginia Code § 54.1-3303(A) provides the requirements to establish a practitioner- patient relationship. See Va. Code § 54.1-3303(A).

A practitioner is discouraged from rendering dental advice and/or care using teledentistry services without (1) fully verifying and authenticating the location and, to the extent possible, confirming the identity of the requesting patient; (2) disclosing and validating the practitioner’s identity and applicable credential(s); and (3) obtaining appropriate consents from requesting patients after disclosures regarding the delivery models and treatment methods or limitations, including any special informed consents regarding the use of teledental services. An appropriate practitioner-patient relationship has not been established when the identity of the practitioner may be unknown to the patient.

Section Four: Guidelines for the Appropriate Use of Teledentistry Services.

The Board has adopted the following guidelines for practitioners utilizing teledentistry services in the delivery of patient care, regardless of an existing practitioner-patient relationship prior to an encounter.

Licensure:  
The practice of dentistry occurs where the patient is located at the time teledentsitry services are used, and insurers may issue reimbursements based on where the practitioner is located. Therefore, a practitioner must be licensed by, or under the jurisdiction of, the regulatory board of the state where the patient is located and the state where the practitioner is located. Practitioners who treat or prescribe through online service sites must possess appropriate licensure in all jurisdictions where patients receive care. To ensure appropriate insurance coverage, practitioners must make certain that they are compliant with federal and state laws and policies regarding reimbursements.

1 This guidance document is not intended to address existing patient-practitioner relationships established through in-person visits.  
2 The practitioner must adhere not only to Virginia law defining a practitioner-patient relationship, but the law in any state where a patient is receiving services that defines the practitioner-patient relationship.

Evaluation and Treatment of the Patient:  
A documented dental evaluation and collection of relevant clinical history commensurate with the presentation of the patient to establish diagnoses and identify underlying conditions and/or contra-indications to the treatment recommended/provided must be obtained prior to providing treatment, which treatment includes the issuance of prescriptions, electronically or otherwise. Treatment and consultation recommendations made in an online setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in traditional, in-person encounters. Treatment, including issuing a prescription based solely on an online questionnaire, does not constitute an acceptable standard of care.

Informed Consent:  
Evidence documenting appropriate patient informed consent for the use of teledentistry services must be obtained and maintained. Appropriate informed consent should, as a baseline, include the following:

* Identification of the patient, the practitioner, and the practitioner’s credentials;
* Types of activities permitted using teledentistry services (e.g. prescription refills,

appointment scheduling, patient education, etc.);

* Agreement by the patient that it is the role of the practitioner to determine whether or not

the condition being diagnosed and/or treated is appropriate for a teledentistry encounter;

* Details on security measures taken with the use of teledentistry services, such as encrypting date of service, password protected screen savers, encrypting data files, or utilizing other reliable authentication techniques, as well as potential risks to privacy

notwithstanding such measures;

* Hold harmless clause for information lost due to technical failures; and
* Requirement for express patient consent to forward patient-identifiable information to a

third party.

Dental Records:  
The dental record should include, if applicable, copies of all patient-related electronic communications, including patient-practitioner communication, prescriptions, laboratory and test results, evaluations and consultations, records of past care, and instructions obtained or produced in connection with the utilization of teledentistry services. Informed consents obtained in connection with an encounter involving teledentistry services should also be filed in the dental record. The patient record established during the use of teledentistry services must be accessible to both the practitioner and the patient, and consistent with all established laws and regulations governing patient healthcare records.

Privacy and Security of Patient Records and Exchange of Information:  
Written policies and procedures should be maintained for documentation, maintenance, and transmission of the records of encounters using teledentistry services. Such policies and procedures should address (1) privacy, (2) health-care personnel (in addition to the practitioner addressee) who will process messages, (3) hours of operation, (4) types of transactions that will be permitted electronically, (5) required patient information to be included in the communication, such as patient name, identification number and type of transaction, (6) archival and retrieval, and (7) quality oversight mechanisms. Policies and procedures should be periodically evaluated for currency and be maintained in an accessible and readily available manner for review.

Prescribing:  
Prescribing medications, in-person or via teledentistry services, is at the professional discretion of the prescribing practitioner. The indication, appropriateness, and safety considerations for each prescription provided via teledentistry services must be evaluated by the practitioner in accordance with applicable law and current standards of practice and consequently carries the same professional accountability as prescriptions delivered during an in-person encounter. Where such measures are upheld, and the appropriate clinical consideration is carried out and documented, the practitioner may exercise their judgment and prescribe medications as part of teledentistry encounters in accordance with applicable state and federal law.

Prescriptions must comply with the requirements set out in Virginia Code §§ 54.1-3408.01 and 54.1-3303(A). Additionally, practitioners issuing prescriptions as part of teledentistry services should include direct contact for the prescriber or the prescriber’s agent on the prescription. This direct contact information ensures ease of access by pharmacists to clarify prescription orders, and further facilitates the prescriber-patient-pharmacist relationship.

Section Five: Guidance Document Limitations.

Nothing in this document shall be construed to limit the authority of the Board to investigate, discipline, or regulate its licensees pursuant to applicable Virginia statutes and regulations. Additionally, nothing in this document shall be construed to limit the Board’s ability to review the delivery or use of teledentistry services by its licensees for adherence to the standard of care and compliance with the requirements set forth in the laws and regulations of the Commonwealth of Virginia. Furthermore, this document does not limit the Board’s ability to determine that certain situations fail to meet the standard of care or standards set forth in laws and regulations despite technical adherence to the guidance produced herein.

Guidance Document: 60-24 Adopted: March 11, 2016

VIRGINIA BOARD OF DENTISTRY

Compilation of Provisions in the Code of Virginia Addressing Dental Practice, Practice of Dentistry by Professional Business Entities, and Practice Locations and the  
Duties Restricted to Dentists in the Code of Virginia and the Regulations Governing the Practice of Dentistry

The following sections of the Code of Virginia and Regulations Governing the Practice of Dentistry have been identified as applicable to the subject topics. The listing is not intended to be all-inclusive but should be regarded as a reference. Every licensed dentist should be familiar with these and any other legal responsibilities relating to the practice of dentistry that are included in the Code of Virginia and regulations.

DENTAL PRACTICE

* §54.1-2700 - "Dentistry" means the evaluation, diagnosis, prevention, and treatment, through

surgical, nonsurgical or related procedures, of diseases, disorders, and conditions of the oral cavity and the maxillofacial, adjacent and associated structures and their impact on the human body.

* §54.1-2711 - Any person shall be deemed to be practicing dentistry who
  1. (i)  uses the words dentist, or dental surgeon, the letters D.D.S., D.M.D., or any letters or title in connection with his name, which in any way represents him as engaged in the

practice of dentistry;

* 1. (ii)  holds himself out, advertises or permits to be advertised that he can or will perform

dental operations of any kind;

* 1. (iii)  diagnoses, treats, or professes to diagnose or treat any of the diseases or lesions of the

oral cavity, its contents or contiguous structures, or

* 1. (iv)  extracts teeth, corrects malpositions of the teeth or jaws, takes impressions for the

fabrication of appliances or dental prosthesis, supplies or repairs artificial teeth as

substitutes for natural teeth, or places in the mouth and adjusts such substitutes.

* No dentist shall be supervised within the scope of the practice of dentistry by any person who is not a licensed dentist.
* PRACTICE OF DENTISTRY BY PROFESSIONAL BUSINESS ENTITIES
* §54.1-2717 - A. No corporation shall be formed or foreign corporation domesticated in the

Commonwealth for the purpose of practicing dentistry other than a professional corporation as permitted by Chapter 7 (§ 13.1-542 et seq.) of Title 13.1.  
B. No limited liability company shall be organized or foreign limited liability company domesticated in the Commonwealth for the purpose of practicing dentistry other than a professional limited liability company as permitted by Chapter 13 (§ 13.1-1100 et seq.) of Title 13.1.

C. Notwithstanding the provisions of subsections A and B, dentists licensed pursuant to this chapter may practice as employees of the dental clinics operated as specified in subsection A of § 54.1-2715.

* §54.1-2718 - A. No person shall practice, offer to practice, or hold himself out as practicing dentistry, under a name other than his own. This section shall not prohibit the practice of dentistry by a partnership under a firm name, or a licensed dentist from practicing dentistry as the employee of a licensed dentist, practicing under his own name or under a firm name, or as the employee of a professional corporation, or as a member, manager, employee, or agent of a professional limited liability company or as the employee of a dental clinic operated as specified in subsection A of § 54.1-2715.

B. A dentist, partnership, professional corporation, or professional limited liability company that owns a dental practice may adopt a trade name for that practice so long as the trade name meets the following requirements:  
1. The trade name incorporates one or more of the following: (i) a geographic location, e.g., to include, but not be limited to, a street name, shopping center, neighborhood, city, or county location; (ii) type of practice; or (iii) a derivative of the dentist's name.

2. Derivatives of American Dental Association approved specialty board certifications may be used to describe the type of practice if one or more dentists in the practice are certified in the specialty or if the specialty name is accompanied by the conspicuous disclosure that services are provided by a general dentist in every advertising medium in which the trade name is used.

3. The trade name is used in conjunction with either (i) the name of the dentist or (ii) the name of the partnership, professional corporation, or professional limited liability company that owns the practice. The owner's name shall be conspicuously displayed along with the trade name used for the practice in all advertisements in any medium.

4. Marquee signage, web page addresses, and email addresses are not considered to be advertisements and may be limited to the trade name adopted for the practice.

PRACTICE LOCATIONS

* § 54.1-2708.3 - No person shall operate a mobile dental clinic or other portable dental

operation without first registering such mobile dental clinic or other portable dental operation with the Board, except that mobile dental clinics or other portable dental operations operated by federal, state, or local government agencies or other entities identified by the Board in regulations shall be exempt from such registration requirement.

* §54.1-2709.4.B(4) – requires health care institutions licensed by the Commonwealth to report any type of disciplinary action taken against an oral and maxillofacial surgeon.
* §54.1-2711.1 – Temporary licenses for persons enrolled in advanced dental education programs authorize the holder to perform patient care activities associated with the program in which he is enrolled that take place only within educational facilities owned or operated by, or affiliated with, the dental school or program. Temporary licenses issued pursuant to this section shall not authorize a licensee to practice dentistry in nonaffiliated clinics or private practice settings.
* §54.1-2712(3) - Dental students who are enrolled in accredited D.D.S. or D.M.D. degree programs performing dental operations, under the direction of competent instructors (i) within a dental school or college, dental department of a university or college, or other dental facility within a university or college that is accredited by an accrediting agency recognized by the United States Department of Education; (ii) in a dental clinic operated by a nonprofit organization providing indigent care; (iii) in governmental or indigent care clinics in which the student is assigned to practice during his final academic year rotations; (iv) in a private dental office for a limited time during the student's final academic year when under the direct tutorial supervision of a licensed dentist holding appointment on the dental faculty of the school in which the student is enrolled; or (v) practicing dental hygiene in a private dental office under the direct supervision of a licensed dentist holding appointment on the dental faculty of the school in which the student is enrolled;
* §54.1-2712.1.B(1) - A person holding a restricted volunteer license under this section shall

only practice in public health or community free clinics that provide dental services to

underserved populations.

* §54.1-2713.C – a faculty license permits the holder to perform all activities that a person

licensed to practice dentistry would be entitled to perform and that are part of his faculty duties, including all patient care activities associated with teaching, research, and the delivery of patient care, which take place only within educational facilities owned or operated by or affiliated with the dental school or program.

* §54.1-2715(A) - temporary permits may be issued to dentists who serve as clinicians in dental clinics operated by:  
  (a) the Virginia Department of Corrections,  
  (b) the Virginia Department of Health,

(c) the Virginia Department of Behavioral Health and Developmental Services, or  
(d) a Virginia charitable corporation granted tax-exempt status under § 501 (c) (3) of the

Internal Revenue Code and operating as a clinic for the indigent and uninsured that is organized for the delivery of primary health care services:  
(i) as a federal qualified health center designated by the Centers for Medicare and Medicaid Services or

(ii) at a reduced or sliding fee scale or without charge.

* §54.1-2716 - It shall be unlawful for any dentist to practice his profession in a commercial or

mercantile establishment, or to advertise, either in person or through any commercial or mercantile establishment, that he is a licensed practitioner and is practicing or will practice dentistry in such commercial or mercantile establishment. This section shall not prohibit the rendering of professional services to the officers and employees of any person, firm or corporation by a dentist, whether or not the compensation for such service is paid by the officers and employees, or by the employer, or jointly by all or any of them. Any dentist who violates any of the provisions of this section shall be guilty of a Class 1 misdemeanor.

For the purposes of this section, the term "commercial or mercantile establishment" means a business enterprise engaged in the selling of commodities or services unrelated to the practice of dentistry or the other healing arts.

DUTIES OF HEALTH PROFESSIONALS

* + § 32.1-127.1:03.A. There is hereby recognized an individual's right of privacy in the content

of his health records. Health records are the property of the health care entity maintaining them, and, except when permitted or required by this section or by other provisions of state law, no health care entity, or other person working in a health care setting, may disclose an individual's health records.

* + § 32.1-127.1:03.B.

o "Health care entity" means any health care provider, health plan or health care

clearinghouse.  
o "Health care provider" means those entities listed in the definition of "health care

provider" in § 8.01-581.1, except that state-operated facilities shall also be considered health care providers for the purposes of this section. Health care provider shall also include all persons who are licensed, certified, registered or permitted or who hold a multistate licensure privilege issued by any of the health regulatory boards within the Department of Health Professions, except persons regulated by the Board of Funeral Directors and Embalmers or the Board of Veterinary Medicine.

§ 8.01-581.1.  
o "Health care provider" means (i) a person, corporation, facility or institution licensed

by this Commonwealth to provide health care or professional services as a physician or hospital, dentist, pharmacist, registered nurse or licensed practical nurse or a person who holds a multistate privilege to practice such nursing under the Nurse Licensure Compact, nurse practitioner, optometrist, podiatrist, physician assistant, chiropractor, physical therapist, physical therapy assistant, clinical psychologist, clinical social worker, professional counselor, licensed marriage and family therapist, licensed dental hygienist, health maintenance organization, or emergency medical care attendant or technician who provides services on a fee basis; (ii) a professional corporation, all of whose shareholders or members are so licensed; (iii) a partnership, all of whose partners are so licensed; (iv) a nursing home as defined in § 54.1-3100 except those nursing institutions conducted by and for those who rely upon treatment by spiritual means alone through prayer in accordance with a recognized church or religious denomination; (v) a professional limited liability company comprised of members as described in subdivision A 2 of § 13.1-1102; (vi) a corporation, partnership, limited liability company or any other entity, except a state-operated facility, which employs or engages a licensed health care provider and which primarily renders health care services; or (vii) a director, officer, employee, independent contractor, or agent of the persons or entities referenced herein, acting within the course and scope of his employment or engagement as related to health care or professional services.

* § 54.1-2403.3 Medical records maintained by any health care provider as defined in § 32.1- 127.1:03 shall be the property of such health care provider or, in the case of a health care provider employed by another health care provider, the property of the employer. Such health care provider shall release copies of any such medical records in compliance with § 32.1- 127.1:03 or § 8.01-413, if the request is made for purposes of litigation, or as otherwise provided
* § 54.1-2404. Upon the request of any of his patients, any health care provider licensed or certified by any of the boards within the Department, except in the case of health care services as defined in Chapter 43 (§ 38.2-4300 et seq.) of Title 38.2, shall provide to such patient an itemized statement of the charges for the services rendered to the requesting patient regardless of whether a bill for the services which are the subject of the request has been or will be submitted to any third party payer including medical assistance services or the state/local hospitalization program.
* § 54.1-2405.A. No person licensed, registered, or certified by one of the health regulatory boards under the Department shall transfer records pertaining to a current patient in conjunction with the closure, sale or relocation of a professional practice until such person has first attempted to notify the patient of the pending transfer, by mail, at the patient's last known address, and by publishing prior notice in a newspaper of general circulation within the provider's practice area, as specified in § 8.01-324.

DUTIES RESTRICTED TO DENTISTS BY REGULATION

* 18VAC60-21-60.A - A dentist is responsible for conducting his practice in a manner that

safeguards the safety, health, and welfare of his patients and the public by...

* 18VAC60-21-90.A - A dentist shall maintain complete, legible, and accurate patient records for not less than six years from the last date of service for purposes of review by the board...
* 18VAC60-21-110 - A dentist may utilize up to a total of four dental hygienists or dental assistants II in any combination practicing under direction at one and the same time. In addition, a dentist may permit through issuance of written orders for services, additional dental hygienists to practice under general supervision in a free clinic or a public health program, or on a voluntary basis.
* 18VAC60-21-120.A - In all instances and on the basis of his diagnosis, a licensed dentist assumes ultimate responsibility for determining with the patient or his representative the specific treatment the patient will receive, which aspects of treatment will be delegated to qualified personnel, and the direction required for such treatment, in accordance with this chapter and the Code.
* 18VAC60-21-130 - Only licensed dentists shall perform the following duties:  
  1. Final diagnosis and treatment planning;  
  2. Performing surgical or cutting procedures on hard or soft tissue except a dental hygienist performing gingival curettage as provided in 18VAC60-21-140;  
  3. Prescribing or parenterally administering drugs or medicaments, except a dental hygienist, who meets the requirements of 18VAC60-25-100, may parenterally administer Schedule VI local anesthesia to patients 18 years of age or older;  
  4. Authorization of work orders for any appliance or prosthetic device or restoration that is to be inserted into a patient's mouth;  
  5. Operation of high speed rotary instruments in the mouth;  
  6. Administering and monitoring conscious/moderate sedation, deep sedation, or general nesthetics except as provided for in § 54.1-2701 of the Code and Part VI (18VAC60-21- 260 et seq.) of this chapter;  
  7. Condensing, contouring, or adjusting any final, fixed, or removable prosthodontic appliance or restoration in the mouth with the exception of packing and carving amalgam and placing and shaping composite resins by dental assistants II with advanced training as specified in 18VAC60-30-120;

1. Final positioning and attachment of orthodontic bonds and bands; and  
   9. Final adjustment and fitting of crowns and bridges in preparation for final cementation.

Guidance Document: 60-3 Adopted: June 13, 2014 Revised: December 11, 2015

Virginia Board of Dentistry  
Periodic Office Inspections for Administration of Sedation and Anesthesia

Purpose

The purpose of instituting periodic unannounced office inspections is to foster and verify compliance with regulatory requirements by dentists who hold a permit to administer sedation or general anesthesia (permit holders). Verifying compliance with the requirements will assure that appropriate protections are in place for the health and safety of patients who undergo conscious/moderate sedation, deep sedation, or general anesthesia for dental treatment.

Applicable Laws and Regulation

* Employees of the Department of Health Professions, when properly identified, shall be authorized, during ordinary business hours, to enter and inspect any dental office or dental laboratory for the purpose of enforcing the provisions of this chapter as provided by §54.1-2703 of the Code of Virginia.
* The Board shall establish by regulation reasonable education, training, and equipment standards for safe administration and monitoring of sedation and anesthesia to patients in a dental office as provided by §54.1-2709.5 of the Code.
* Part VI of the Regulations Governing the Practice of Dentistry addresses the requirements for administration of anesthesia, sedation and analgesia beginning at 18VAC60-21-260.\* Scope of Periodic Inspections
* Dentists who do not provide any level of sedation and those that only provide minimal sedation do not require a permit and are not subject to periodic inspections.
* Oral and maxillofacial surgeons (OMSs) who maintain membership in AAOMS and who provide the Board with the reports which result from the periodic office examinations required by AAOMS do not require a permit and are not subject to periodic inspections by the Board so long as each Virginia office an OMS practices in has undergone an AAMOS periodic office examination within five years and the reports of the examinations are provided to the Board upon request.
* Every OMS who does not maintain AAOMS membership or who does not provide an AAOMS report to the Board is required to hold a permit to administer sedation or general anesthesia and is subject to periodic inspections by the Board.
* Every dentist who administers conscious/moderate sedation, enteral conscious/moderate sedation, deep sedation or general anesthesia is required to hold a permit. Permit holders are subject to periodic unannounced office inspections with the following two exceptions. Permit holders are not subject to periodic office inspections if they administer any of these levels of sedation to patients:

o only as a faculty member within educational facilities owned or operated by or affiliated with an accredited dental school or program, or

o only in a hospital or an ambulatory surgery center accredited by a national accrediting organization, such as the Joint Commission, which is granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation pursuant to § 1865 of Title XVIII of the Social Security Act (42 U.S.C. § 1395bb).

* Permit holders who practice in multiple offices shall identify each location for inspection. Each office will be inspected at least once in an inspection cycle. If a permit holder is the sole practitioner in each of the locations, inspections of each office will be coordinated to address findings in a comprehensive inspection report.
* Practices with multiple permit holders will be inspected for general compliance at least once in an inspection cycle. These inspections will address the compliance of each permit holder at the practice so that a complete inspection report is issued for each permit holder as necessary to have each permit holder’s practices inspected once every three years.
* Permit holders practicing on an itinerant basis shall identify a primary practice location for a periodic inspection and shall report and provide information about the arrangements in place with employing dentists to facilitate inspection of those practice settings.
* The practice locations of permit holders who use the services of another qualified health professional to administer conscious/moderate sedation, deep sedation or general anesthesia as permitted in sections 18VAC60-21-291.A and 18VAC60-21-301.B of the Regulations Governing the Practice of Dentistry shall be inspected.

Inspection Cycle

The standard inspection cycle is to conduct an unannounced inspection of each permit holder’s practice(s) once every three years. This cycle will be followed when an inspection finds that all requirements have been met or that only a few minor violations have been identified for correction which might be resolved through a confidential consent agreement. Significant findings of violations may result in administrative proceedings, disciplinary action and more frequent inspections.

Initiation of Inspections

The Board will conduct a pre-inspection survey of all permit holders. The purpose of this survey will be to collect information about the level of sedation practiced, practice locations and staffing. This information will facilitate planning for inspections. Permit holders will receive a copy of this guidance document and the inspection form with the survey.

Following review of the survey results, the Enforcement Division of the Department of Health Professions will initiate unannounced inspections of the offices of permit holders.

Following initiation of the periodic inspections, the Board will send an e-mail request to each OMS for submission of the most recent reports which resulted from the periodic office examinations required by AAOMS. This request will include a form to be completed and returned to the Board with the name of the primary contact person and the name, address, and phone number of each office where the OMS practices.

Costs Related to Inspections

Permit holders will not be charged an inspection fee for a periodic inspection. A $350 fee will be charged for any additional inspections that result from a disciplinary order issued to address findings of non-compliance in periodic inspections.

Inspection Reports and AAOMS Office Examination Results

Inspection reports and AAOMS results will be submitted to the Board for review. The Board will review the information received to determine if the permit holder or AAOMS member is in compliance with the regulatory requirements addressed in the inspection form. The inspection reports and AAOMS results are confidential documents pursuant to §54.1-2400.2 of the Code of Virginia.

\* Previously such administration was addressed in Part IV of the Expired May 7, 2014 Regulations Governing Dental Practice beginning at 18VAC60-20-107.

Guidance Document 60-4 Adopted: September 18, 2015 Revised: December 11, 2015

VIRGINIA BOARD OF DENTISTRY Questions and Answers  
On  
Analgesia, Sedation and Anesthesia Practice

WHAT ARE THE REQUIREMENTS FOR MANAGING ANXIOLYSIS?

Anxiolysis is addressed in the Regulations Governing the Practice of Dentistry (Regulations) in the definition of minimal sedation in section 18VAC60-21-10.D and in the provisions for minimal sedation in sections 18VAC60-21-260.B., C., E., F., G., H, I., J., and K., and in 18VAC60-21-280.

DOES PRESCRIBING XANAX FOR PRE-APPOINTMENT USE CONSTITUTE SEDATION PRACTICE?

Yes, benzodiazepines such as Xanax and Valium which are prescribed or are administered or dispensed for self-administration to reduce anxiety for dental treatment generally fall within the definition of minimal sedation. Adding nitrous oxide or another drug may induce a deeper level of sedation. It is important to keep in mind that the type and dosage of medication, the method of administration and the individual characteristics of the patient must be considered in deciding the level of sedation being administered. See sections 18VAC60-21-260.G and 18VAC60-21-280 in the Regulations to review provisions on minimal sedation.

ARE THERE MODEL FORMS OR TEMPLATES AVAILABLE FOR KEEPING A RECORD OF DRUGS, FOR PERFORMING BIENNIAL INVENTORIES?

No, the Board has not adopted model forms.

HOW SHOULD COMPLETION OF STAFF TRAINING IN EMERGENCY PROCEDURES BE DOCUMENTED?

This is guidance for implementing section 18VAC-60-21-260.H of the Regulations. The employing dentist is responsible for keeping a record of the training provided. The record must include the date of the training, the content of the training, and a list of the staff who participated in the training.

WHO CAN DISMISS THE PATIENT UNDER SEDATION OR GENERAL ANESTHESIA?

* When minimal sedation has been administered, the dentist is responsible for discharging the patient. See section 18VAC60- 21-280.G.
* When conscious/moderate sedation has been administered, the dentist or the designated licensed professional who administered the drugs or another practitioner qualified to administer the drugs is responsible for assessing and discharging the patient. See sections 18VAC60-21-291.D.3 and E.
* When deep sedation or general anesthesia has been administered, the dentist or the designated licensed professional who administered the drugs or another practitioner qualified to administer the drugs is responsible for assessing and discharging the patient. See sections 60-21-301.E.3. and G.

WHAT REGULATIONS APPLY WHEN A PATIENT WANTS SEDATION FOR SCALING AND ROOT PLANING TREATMENT BY A DENTAL HYGIENIST? DOES THE DDS WHO HOLDS A CONSCIOUS/MODERATE SEDATION PERMIT HAVE TO STAY IN THE TREATMENT ROOM AFTER PROVIDING THE SEDATION WHILE THE RDH TREATS THE PATIENT?

The treatment team for conscious/moderate sedation must include the operating dentist. There is no statute or regulation which permits a dental hygienist to treat patients under conscious/moderate sedation, deep sedation or general anesthesia with or without a dentist present during treatment. See the staffing requirements in section 18VAC60-21- 291.C and 301.D.

DOES INFORMED CONSENT HAVE TO BE GIVEN PRIOR TO EACH SEDATION ADMINISTRATION OR IF A LONG-STANDING PATIENT, CAN THERE BE A BLANKET SEDATION INFORMED CONSENT?

To meet the requirement in 18 VAC 60-21-260.D.2 and 3, written informed consent must be obtained each time sedation will be administered.

Guidance Document: 60-5 Revised: September 16, 2016

Virginia Board of Dentistry

Policy on Auditing Continuing Education and Sanctioning for Failure to Meet the Requirements

Excerpts of Applicable Law, Regulation and Guidance

* The Board shall promulgate regulations requiring continuing education (CE) for any dental license or reinstatement and may grant extensions or exemptions, §54.1-2709.E.
* The Board shall promulgate regulations requiring continuing education for any dental hygiene license or reinstatement and may grant extensions or exemptions, §54.1-2729.
* Dentists and dental hygienists are required to:

o complete a minimum of 15 hours of approved continuing education and  
o maintain the required documentation of completion for a minimum of four years

following each renewal. 18VAC60-21-250 and 18VAC60-25-190.

* The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters. A written request with supporting documents must be submitted prior to renewal of the license. 18VAC60-21-250 and 18VAC60-25-190.
* Failure to comply with continuing education requirements may subject the licensee to disciplinary action, 18 VAC 60-20-21-250.I and 18VAC60-25-190.D.
* Confidential Consent Agreements may be used to address continuing education, Guidance Document: 60-1

Extension and Exemption Requests

* The President of the Board may grant an extension request for up to one year for completion of continuing education upon receipt of a written request with an explanation which is submitted prior to the renewal date.
* The President of the Board may grant an exemption request for up to one year for all or part of the required 15 hours upon receipt of a written request with supporting documents which is submitted prior to the renewal date.

Initiation of a CE Audit  
After the completion of the April 1st to March 31st renewal cycle in an odd numbered year, the Executive Director shall report to the Board the current operational issues, staffing, and disciplinary caseload for consideration by the Board in deciding the scope of the audit to be conducted that year.

Scope of Audits  
The Board shall biennially conduct an audit of compliance with CE requirements on a random sample of licensees selected from MLO by the DHP IT Department. The sample size shall be determined using both the online Sample Size Calculator by Raosoft (or equivalent algorithm) and the total number of licensees. The Board may also audit the following:

* Active licensees who have completed the terms of a CCA or a Board Order which required completion of CE in addition to the 15 hours requirement per year;
* Active licensees who failed to respond, or responded “no”, to the CE renewal question on the annual renewal form, and/or requested an exemption after license renewal;

Active licensees who were granted an extension to meet their CE requirement.

Auditing CE

* Selected licensees will be notified by email to submit the necessary documentation to verify CE completion. A second notice will be sent by USPS if there is no response.
* Documentation submitted to verify CE completion will be reviewed by Board staff for compliance with the regulations.
* Licensees who have met the CE requirements will be sent a thank you letter.
* Licensees who have not complied with the audit notification or CE requirements will be referred for possible disciplinary action.

A. Guideline for Offering a Confidential Consent Agreement (CCA)  
1. The Executive Director or designee shall review the documentation received for probable cause and shall only offer a CCA for a first offense when:  
o there is only one finding of probable cause and that finding is that the licensee is unable to document completion of from 1 to 5 hours of acceptable continuing education (CE). o there are findings of probable cause for violations in addition to missing CE consistent with Guidance Document 60-1, Policy on CCAs/Confidential Consent Agreements.

2. The offered CCA shall include a finding that a violation occurred and shall request the licensee’s agreement to obtain the missing hours within 45 days and to henceforth comply with the CE requirements. The CCA shall state that the hours obtained pursuant to the CCA shall not count toward the next license renewal.

B. Guidelines for Imposing Disciplinary Sanctions  
1. In addition to a notice of an informal conference, a licensee shall be offered a Pre-Hearing

Consent Order (PHCO) when the licensee:  
o falsely certified completion of the required CE for license renewal.  
o is unable to document completion of from 1 to 5 hours of acceptable CE in a subsequent audit.  
o is unable to document completion of from 6 to 15 hours of acceptable CE.

1. In cases where there are findings of probable cause for violations in addition to missing CE, a PHCO may be offered with a notice of an informal conference.
2. The following sanctioning guidelines shall be included in the PHCO:
   1. For falsely certifying completion for renewal – Reprimand and $1000 monetary penalty.
   2. For missing 1 to 5 hours – Subsequent Offenses – Reprimand, obtain the missing hours within 30 days and a $250 monetary penalty for each missing hour.
   3. For missing 6 to 15 hours – First offense - Reprimand and obtain the missing hours within 45 days.
   4. For missing 6 to 15 hours – Subsequent offenses – Reprimand, obtain the missing hours within 45 days and a $500 monetary penalty for each missing hour.

Guidance Document: 60-6 Adopted: March 3, 2006 September 13, 2013 Revised: December 12, 2008

PROPOSED REVISION Virginia Board of Dentistry

Policy on Sanctioning for Practicing with an Expired License

Excerpts of Applicable Law, Regulation and Guidance

* No person shall practice dentistry unless he possesses a current valid license,

§54.1-2709.A

* No person shall practice dental hygiene unless he possesses a current valid

license, §54.1-2722.A

* Licenses must be renewed annually, 18 VAC 60-20-20.A
* Practicing with an expired license may subject the licensee to disciplinary action

and additional fines, 18 VAC 60-20-20.C.2

* Confidential Consent Agreements may be used to address an unintentional

practicing with a lapsed license up to 90 days, Guidance Document: 60-1

* Licensees shall provide the board with current addresses and notice is validly

given by the board when mailed to the latest address given, 18 VAC 60-20-16

* If a disciplinary proceeding will not be instituted, a board may send an advisory

letter to the subject of a complaint or report, § 54.1-2400.2.F

Reporting

* 1. On a semi-annual basis during the months of October and April, the Board will

generate a report to identify licensees who renew their license after the annual

deadline for renewal but within the twelve month late period.

* 1. Board staff will sort the licensees in groups according to the length of time the

license was lapsed to determine which action will be taken by the Board.

* 1. Cases where the license was lapsed for 30 days or less will be assigned a case

number by Board staff and will not be referred to Enforcement.

* 1. Cases where the license was lapsed for more than 30 days but was renewed

within the 365 day late period will be sent to Enforcement for an investigation to determine if the licensee was practicing in Virginia during the period the license was lapsed and to determine if the address of record is current.

Probable Cause Decision

* 1. Cases where the license was lapsed for 30 days or less will be closed without

investigation by Board staff with an advisory letter unless there are other

grounds for disciplinary action.

* 1. Cases where the license was lapsed for more that 30 days will be reviewed by

either a Board member or staff (the reviewer) to determine if evidence exists that the licensee was practicing during the period the license was lapsed.

PROPOSED REVISION

1. Guidelines for Offering a Confidential Consent Agreement
   1. The reviewer shall only offer a CCA for a first offense.
   2. The reviewer shall offer a CCA to a licensee in a case where there is only one

finding of probable cause and that finding is that his license was expired for 31 to

90 days.

* 1. The reviewer shall offer a CCA to a licensee in a case where there are only two

findings of probable cause and those findings are that (1) his license was expired

for 31 to 90 days, and (2) he failed to provide a current address.

* 1. In cases where there are findings of probable cause for violations in addition to an

expired license for 90 days or less and an address not being kept current, a SCC

the reviewer may offer a CCA consistent with Guidance Document 60-1.

* 1. The offered CCA shall include a finding that a violation occurred and shall request the licensee’s agreement to henceforth keep his license and address

current.

1. Guidelines for Imposing Disciplinary Sanctions
   1. The reviewer shall offer a Pre-Hearing Consent Order (PHCO) to a licensee for a

second and for subsequent offenses where there is a finding of probable cause and

that finding is that his license was expired for 90 days or less.

* 1. The reviewer shall offer a Pre-Hearing Consent Order (PHCO) to a licensee in a

case where there is only one finding of probable cause and that finding is that his

license was expired for a period longer than 90 days but less than 365 days.

* 1. The reviewer shall offer a PHCO to a licensee in a case where there are only two findings of probable cause and those findings are that (1) his license was expired

for a period longer than 90 days but less than 365 days and (2) he failed to

provide a current address.

* 1. In cases where there are findings of probable cause for violations in addition to an

expired license and an address not being kept current, The reviewer may offer a

PHCO or hold refer for an informal fact-finding conference.

* 1. The reviewer shall consider the following sanctioning guidelines for a PHCO:
     1. For a license expired for less than 180 days – First Offence – Reprimand
     2. For a license expired for less than 180 days – Subsequent Offences – Reprimand and a $500 monetary penalty
     3. For a license expired for more than 180 days but less than 365 – First Offense - Reprimand and $500 monetary penalty
     4. For a license expired for more than 180 days but less than 365 – Subsequent Offenses - Reprimand and $1000 monetary penalty
     5. For an address not being kept current – $500 monetary penalty

Guidance Document: 60-7 Adopted: December 3, 2010 Revised: March 9, 2012

VIRGINIA BOARD OF DENTISTRY

**DELEGATION TO DENTAL ASSISTANTS**

|  |
| --- |
| **DUTIES THAT MAY BE DELEGATED TO DENTAL ASSISTANTS I AND II**  **UNDER INDIRECT SUPERVISION OF A DENTIST** |
| **GENERAL SERVICES** |
| Prepare patients for treatment/seating/positioning chair/placing napkin |
| Perform health assessment |
| Preventive education and oral hygiene instruction |
| Perform mouth mirror inspection of the oral cavity |
| Chart existing restorations and conditions as instructed by the dentist |
| Take, record and monitor vital signs |
| Transfer dental instruments |
| Prepare procedural trays/armamentaria set-ups |
| Maintain emergency kit |
| Sterilization and disinfection procedures |
| Compliance with OSHA Regulations and Centers for Disease Control Guidelines |
| Prep lab forms for signature by the dentist |
| Maintenance of dental equipment |
| Select and manipulate gypsums and waxes |
| **RADIOLOGY and IMAGING** |
| Mount and label images |
| Place x-ray film and expose radiographs **ONLY WITH REQUIRED TRAINING** |
| **Use intraoral camera or scanner to take images for tooth preparation and CAD CAM restorations** |
| **RESTORATIVE SERVICES** |
| Provide pre- and post operative instructions |
| Place and remove dental dam |
| Maintain field of operation through use of retraction, suction, irrigation, drying |
| Acid Etch - Apply/wash/dry remove only when reversible |
| Amalgam: Place only |
| Amalgam: Polish only with slow-speed handpiece and prophy cup |
| Apply pit and fissure sealants |
| Apply and cure primer and bonding agents |
| Fabricate, cement, and remove temporary crowns/restorations |
| Make impressions and pour and trim study/diagnostic models and opposing models |
| Make impressions for athletic/night/occlusal/snore mouthguards and fluoride/bleaching trays |
| Matrices - place and remove |
| Measure instrument length |
| Remove excess cement from coronal surfaces of teeth |
| Remove sutures |
| Dry canals with paper points |
| Mix dental materials |
| Place and remove post-extraction dressings/monitor bleeding |
| Rubber Dams: Place and remove |
| Sterilization and disinfection procedures |
| Take bite and occlusal registrations |
| **HYGIENE** |
| Apply dentin desensitizing solutions |
| Apply fluoride varnish, gels, foams and agents |
| Apply pit and fissure sealant |
| Address risks of tobacco use |
| Give oral hygiene instruction |
| Polish coronal portion of teeth with rotary hand piece and rubber prophy cup or brush |
| Place and remove periodontal dressings |
| Clean and polish removable appliances and prostheses |

VIRGINIA BOARD OF DENTISTRY

**DELEGATION TO DENTAL ASSISTANTS**

|  |
| --- |
| **DUTIES THAT MAY BE DELEGATED TO DENTAL ASSISTANTS I AND II**  **UNDER INDIRECT SUPERVISION OF A DENTIST CONTINUED** |
| **ORTHODONTICS** |
| Place and remove elastic separators |
| Check for loose bands and brackets |
| Remove arch wires and ligature ties |
| Place ligatures to tie in archwire |
| Select and fit bands and brackets for cementation by dentist |
| Instruct patients in placement and removal of retainers and appliances after dentist has fitted  and made adjustments in the mouth |
| **Take impressions and make study models for orthodontic treatment and retainers** |
| **BLEACHING** |
| Take impressions and fabricate bleaching trays |
| Apply bleach/whitener |
| Bleach with light but not laser |
| Instruct pt on bleaching procedures |
| **SEDATION AND ANESTHESIA SERVICES** |
| Apply topical Schedule VI anesthetic |
| Monitor patient under nitrous oxide |
| Monitor patient under minimal sedation/anxiolysis |
| Monitor patient under moderate/conscious sedation **ONLY WITH REQUIRED TRAINING** |
| Monitor patient under deep sedation/general anesthesia **ONLY WITH REQUIRED TRAINING** |
| Take blood pressure, pulse and temperature |
| **DUTIES THAT MAY BE DELEGATED TO DENTAL ASSISTANTS I AND II**  **UNDER INDIRECT SUPERVISION OF A DENTAL HYGIENIST** |
| Prepare patients for treatment/seating/positioning chair/placing napkin |
| Perform health assessment |
| Preventive education and oral hygiene instruction |
| Transfer dental instruments |
| Prepare procedural trays/armamentaria set-ups |
| Maintain emergency kit |
| Sterilization and disinfection procedures |
| Compliance with OSHA Regulations and Centers for Disease Control Guidelines |
| Maintenance of dental equipment |
| Polish coronal portion of teeth with rotary hand piece and rubber prophy cup or brush |
| Place and remove periodontal dressings |
| Clean and polish removable appliances and prostheses |
| Mount and label images |
| Place x-ray film and expose radiographs **ONLY WITH REQUIRED TRAINING** |
| **DUTIES THAT MAY ONLY BE DELEGATED TO DENTAL ASSISTANTS II**  **UNDER DIRECT SUPERVISION OF A DENTIST** |
| Condense/pack and carve amalgam |
| Place, cure and finish composite resin restorations only with slow-speed handpiece |
| Apply base and cavity liners/perform pulp capping procedures |
| Final cementation of crowns and bridges after adjustment and fitting by the dentist |
| Make final impressions and fabricate master casts |
| Place and remove non-epinephrine retraction cord |

Guidance Document: 60-8 Adopted: December 2, 2011 Revised: December 11, 2015

Virginia Board of Dentistry Educational Requirements for Dental Assistants II

* §54.1-2729.01 of the Code of Virginia permits the Board to prescribe the education and training requirements that must be completed for a person to qualify for registration as a dental assistant II.
* Every applicant for registration must complete 50 hours of didactic coursework in dental anatomy and operative dentistry required by 18VAC60-30-120.B.1 and the written examinations required by 18VAC60-30-120.B.4.
* 18VAC60-30-120.B.2 and 3, of the Regulations Governing the Practice of Dental Assistants specifies four modules of laboratory training, clinical experience and examination that may be completed in order to qualify for registration as a dental assistant II. The Board interprets these provisions to permit someone to complete one or more of the modules to qualify for registration. An applicant does not have to complete all four modules. However, the educational institution offering the dental assistant II program has the discretion to decide how to structure its program.
* The registration issued by the Board to a dental assistant II shall specify which of the six delegable duties listed in 18VAC60-30-60 may be delegated to the registrant as follows:

o Completion of the laboratory training, clinical experience module on placing, packing, carving, and polishing amalgam restorations qualifies a registrant to perform pulp capping procedures and to pack and carve amalgam restorations.

o Completion of the laboratory training and clinical experience module on placing and shaping composite resin restorations qualifies a registrant to perform pulp capping procedures and to place and shape composite resin restorations.

o Completion of the laboratory training and clinical experience module on taking final impressions and using non-epinephrine retraction cord qualifies a registrant to take final impressions and to use non-epinephrine retraction cord.

o Completion of the laboratory training and clinical experience module on final cementation of crowns and bridges after adjustment and fitting by a dentist qualifies a registrant to perform final cementation of crowns and bridges.

Guidance Document: 60-9 Adopted: June 12, 2009

**VIRGINIA BOARD OF DENTISTRY**

CODE OF CONDUCT FOR MEMBERS

The Code of Conduct represents the proper ethic and conduct for board members when interacting with colleagues, patients, and the public. It includes the observance of and compliance with the Board of Dentistry’s policies, and procedures as well as the rules and regulations of the Commonwealth of Virginia.

**A Board of Dentistry Member**

* **Refrains from harm to the public, profession, or staff**
* **Makes the public health and safety the first and most important consideration in all actions and discussions as a member of the Board of Dentistry**
* **Strives to do that which is right and good by**

o Not interfering with reporting, investigations, or adjudication of alleged

violations of the statutes or regulations governing practice

o Refraining from any contact with respondents, witnesses and their legal counsel before or after a notice or order has been issued

o Respecting the public right to self determination and confidentiality  
o Respecting the legal, personal rights, dignity and privacy of all members of

the Profession, Board, and individuals who are subject to investigation

o Maintaining confidentiality and safeguarding all Board of Dentistry materials that are confidential in nature

o Obtaining and maintaining knowledge of governmental laws, rules and regulations that govern the practice of Dentistry in the Commonwealth of Virginia

o Complying with the Dental Practice Act and related rules and regulations of the Commonwealth that promote public health and safety of all citizens

o Reporting violations of the Commonwealth of Virginia’s Dental Practice Act, Environmental Protection Act, pharmacology and radiological safety health rules and regulations

o Reporting illegal or unethical acts of others whether inside or outside the dental professions that would endanger the public

**Maintains proper attire, decorum, and behavior during any meeting concerning matters of the Board of Dentistry by**

o Treating all people fairly regardless of race, color, gender and ethnic origin o Making statements that are true and founded on fact  
o Recusing oneself if there is a conflict or perceived conflict

o Always behaving ethically, without a conflict of interest. Refraining from becoming involved in investigations and cases where there is a cause for ethical dilemmas

o Preparing for each meeting by reading all required materials and informing the President if not able to prepare

o Being on time for each meeting

o Silencing personal devices

o Informing the Executive Director if going to be tardy or miss a meeting

o Ensuring that demeanor and body language remains appropriate

o Being fair, equitable, impartial and consistent

o Allowing for an orderly conduct of all meetings, hearings, and conferences

o Protecting the rights to due process and protecting the integrity of the individuals who appear before the Board

o Accepting the decisions made by the Board regardless of personal opinion

**Conducts oneself in a manner which will maintain or elevate the integrity of the Board and the esteem of the dental professions by**

o Keeping knowledge and skills current in relation to the professions of Dentistry

o Avoiding communication and relationships that could impair your professional judgment or the risk of exploiting confidences

o Consulting the Executive Director of the Board of Dentistry if any ethical or controversial dilemmas should arise affecting your duties as a member of the Board of Dentistry

o Seeking consultation when necessary from the Executive Director, staff, Board Counsel, or experts when appropriate through correct channels

o Seeking appropriate advice and guidance when faced with unresolved ethical dilemmas

o Not claiming to represent, speak, or write opinions of the Board of Dentistry without prior permission from the Executive Director in concert with the President of the Board of Dentistry

o Not discussing matters of confidentiality or conducting business outside the Board of Dentistry regular meetings which include matters pertaining to the Board of Dentistry with other members of the Board of Dentistry without a proper quorum or authority to conduct such matters

o Only undertaking assignments that one is qualified to perform completely and without a conflict of interest

o Representing the Board of Dentistry without impairment from substance abuse, cognitive deficiency or mental illness

o Increasing professional competency through continuous learning always incorporating knowledge into your actions and decision-making; being accurate and consistent

o Reporting violations of the Code of Conduct to Executive Director of the Board of Dentistry who reports the violations to the President of the Board and the Director of the Department of Heath Professions

o Refraining from actions that expose the Board of Dentistry to legal, ethical, or financial risks

o Maintaining professional boundaries in relationships with other members of the Board of Dentistry

o Always acting in the best interests of the Board of Dentistry by conducting oneself with honesty and integrity at all times

# 



**Virginia Board of Dentistry Dental Inspection Form Commonwealth of Virginia**

**Department of Health Professions 9960 Mayland Drive, Suite 300**

**Henrico, VA 23233**

**804-367-4538**

**Date**

**Hours**

**Case#**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF INSPECTION**  **COMPLAINT INVESTIGATION** **COMPLIANCE** **OMS COSMETIC PROCEDURES AUDIT**  **PERIODIC PERMIT HOLDER Permit type: Conscious/Moderate Deep Sedation/General Anesthesia**  **Permit#: Exp. Date: Facility #:** | | | | | | | | | |
| **NAME OF SUBJECT DENTIST** | | | **LICENSE #** | | | | | |  |
| **PRACTICE NAME** | | | **SPECIALTY PRACTICE** | | | | | |  |
| **STREET ADDRESS** | | | **CITY** | | **STATE** | **ZIP** | **CURRENT ADDRESS OF RECORD** | |  |
| **PHONE:** | | **FAX:** | **HOURS OF OPERATION:** | | | | | |  |
| **STAFF: (Identify dentists, hygienists, assistants, and general office staff)** | | | | **POSITION** | | | **LICENSE** | **EXP. DATE** | **Assists in Sedation or**  **GA** |
|  | | | |  | | |  |  |  |
|  | | | |  | | |  |  |  |
|  | | | |  | | |  |  |  |
|  | | | |  | | |  |  |  |
|  | | | |  | | |  |  |  |
|  | | | |  | | |  |  |  |
|  | | | |  | | |  |  |  |
| **C NC NA** | | **18VAC60-21-110 Utilization of Dental Hygienists and Dental Assistants II**  **No more than 4 dental hygienists or dental assistants II in any combination practicing under direction at the same time.** | | | | | | | |
| **C NC NA** | | **18VAC60-21-120 If Dental Hygienists practice under general supervision determine if: Y N Written orders are in the patient record.**  **Y N The services on the original order are to be rendered within a specific time period not to exceed 10 months.**  **Y N The dental hygienist has consented in writing to providing services under general supervision. See personnel record. Y N The patient is informed before the appointment that he will be treated under general supervision. See patient record. Y N Written basic emergency procedures are established and the hygienist is capable of implementing those procedures.**  **See the procedures. Ask the hygienist about preparation and training.**  **If any of the requirements above are not met obtain a copy of one patient record to support an allegation of non-compliance.** | | | | | | | |
| POSTING OF CURRENT LICENSES, CERTIFICATES, AND REGISTRATIONS | | | | | | | | | |
| **C** | **NC NA** | **54.1-2720** | **Name of every dentist practicing in this office is displayed at the entrance of the office.** | | | | | |  |
| **C** | **NC** **NA** | **54.1-2721**  **18VAC60-21-30** | **Dental Licenses are posted in plain view of patients.** | | | | | |  |
| **C** | **NC** **NA** | **54.1-2727**  **18VAC60-25-20.B** | **Dental Hygiene Licenses are posted in plain view of patients.** | | | | | |  |
| **C** | **NC** **NA** | **18VAC60-30-20.B** | **Dental Assistant II Registrations are posted in plain view of patients.** | | | | | |  |
| **C** | **NC** **NA** | **18VAC60-30-80** | **Radiation Certificate is posted for each person who exposes dental x-ray and is not otherwise licensed.** | | | | | | |
| **C** | **NC** **NA** | **12VAC5-481-370.A(1) Department of Health’s certification of x-ray machine is current and posted near the x-ray machine.**  **(B) & (C)** | | | | | | | |
| **C** | **NC** **NA** | **18VAC60-21-30** | **Conscious/Moderate Sedation Permit or AAOMS certificate AND DEA registration is posted in plain view of patients.** | | | | | | |
| **C** | **NC** **NA** | **18VAC60-21-30** | **Deep Sedation/General Anesthesia Permit or AAOMS certificate AND DEA registration are posted in plain view of patients.** | | | | | | |

|  |  |
| --- | --- |
| EDUCATION | |
| **C** **NC** | **Check which option applies:**  **\_18VAC60-21-250.A(2) Dentists must hold current certification in basic life support or basic cardiopulmonary resuscitation with hands-on airway training for healthcare providers. Current training in advanced resuscitation techniques with hands on simulated airway training for health care providers meets this requirement.**  **OR**  **\_18VAC60-21-290.E(1) and 18VAC60-21-300.C(3)**  **Dentists who administer conscious/moderate sedation, deep sedation or general anesthesia must hold current certification in advanced resuscitation techniques with hands-on simulated airway and megacode training for health care providers; the training for deep sedation and general anesthesia permit holders must include basic electrocardiographic interpretation** |
| **C** **NC** **NA** | **18VAC60-25-190.A(1) Dental hygienists must hold current certification of completion of a hands-on course in basic cardiopulmonary resuscitation for health care providers** |
| **C** **NC** **NA** | **18VAC60-30-150.D** **Dental assistants II must hold current certification of completion of a hands-on course in basic cardiopulmonary resuscitation ~~for health care providers~~** |
| **C** **NC** **NA** | **18VAC60-21-250.A(3) Dentists who administer conscious/moderate sedation, deep sedation or general anesthesia have completed at least four hours of continuing education directly related to such administration and monitoring within the past 2 years** |
| **C** **NC** **NA** | **18VAC60-25-190.A(2) Dental hygienists who monitor patients under conscious/moderate sedation, deep sedation or general anesthesia have completed at least four hours of continuing education directly related to such monitoring within the past 2 years** |
| **C** **NC** **NA** | **18VAC60-21-260.H(2) Written basic emergency procedures are readily accessible when any level of sedation or general anesthesia is administered** |
| **C** **NC** **NA** | **18VAC60-21-260.H(2) Record of staff training to carry out emergency procedures when any level of sedation or general anesthesia is administered NOTE THE MOST RECENT DATE OF TRAINING:** |
| **C** **NC** **NA** | **18VAC60-21-260.I(1)** **Unlicensed ancillary personnel, i.e. dental assistants, who assist in the administration and monitoring of conscious/moderate sedation or deep sedation and general anesthesia, must hold current certification in basic resuscitation techniques with hands-on airway training for health care providers or a clinically oriented course.** |
| RECORDKEEPING 18VAC60-21-90 and 18VAC60-21-260.D | |
| **Obtain Patient Records for content and compliance review by the Board as follows:**   * **For inspections addressing Complaint Investigations related to treatment or billing practices obtain the treatment records of all patients identified in the complaint.** * **For inspections addressing Complaint Investigations related to unsafe/unsanitary conditions or practices obtain the source’s patient record and two (2) additional patient records of patients who were recently treated. Review the patient schedule and randomly select the patients. Interview the source and these two (2) patients about their experience/observations.** * **For sedation and anesthesia Permit Holders obtain two (2) patient records of patients who were recently treated under sedation or anesthesia. Review the patient schedule and randomly select the patients.** * **Inspect each record collected to determine if:**   **All handwritten and electronic documents and evidence are legible and complete**  **Both sides of 2 sided documents are included**  **X-rays, digital images and photographs are labeled with patient’s name, date taken and content of the image including teeth numbers**  **Itemized patient financial record and insurance billing records/correspondence are included**  **Laboratory work orders are included**  **Computerized prescriptions are included**  **Periodontal charting is included**  **CDs will open and content is accessible and legible** | |
| ENVIRONMENTAL CONDITIONS §54.1-2706(5) and/or §54.1-2706(11), 18VAC60-21-60.A(1)  Reference the CDC Guidelines for Infection Control in Dental Health-Care Settings | |
| **All sections of the facility appear neat and clean without any safety hazards** **Yes** **No** | |
| **Observed equipment with broken or missing parts; oil/grease on any equipment; or dirty suction hoses, etc.** **Yes** **No If yes, describe and photograph:** | |
| **Describe sterilization process to include equipment used (should include heat and/or spore indicators.)** | |
| **Who processes spore indicators? Obtain names and positions held. Verify that results are maintained.** **Yes** **No** | |

|  |  |
| --- | --- |
| **What is office protocol when sterilization equipment indicates equipment is not working properly?**  **Is the protocol available to staff in a print or electronic document?** **Yes** **No** | |
| **How are sterilized instruments maintained?** | |
| **How are clinical surfaces disinfected and sanitized? Frequency?**  **Solutions used?** | |
| **Are sharps containers available?** **Yes** **No**  **Verify that there is a current contract, bill or receipt to document service for disposing of sharps/biohazard waste.** **Yes** **No** | |
| **Appropriate personal protective equipment including gloves, face protection, eye protection and lead aprons are in stock.** **Yes** **No** | |
| **Safe and accessible building exits in case of fire or other emergency were observed. Yes** **No** | |
| DRUG SECURITY, INVENTORY AND RECORDS §54.1-2706(5), §54.1-2706(11) and/or §54.1-2706(15),  18VAC60-21-70.A(4) | |
| **The dentist only maintains Sch VI controlled drugs.** **Yes** **No**  **If yes, answer the first question below then skip to the ANESTHESIA, SEDATION AND ANALGESIA section. If the dentist maintains any Sch II –V controlled drugs complete this section.** | |
| **C** **NC** | **Expired drugs are stored separate from the working stock of drugs until properly disposed** |
| **C** **NC** | **CFR 1301.75 (b) Sch II-V controlled substances are stored in a securely locked, substantially constructed cabinet** |
| **C** **NC** | **CFR 1304.04 (f) Inventories and records of Sch II controlled substances are maintained separately from all other**  **records and are readily retrievable** |
| **C** **NC** | **CFR 1304.04 (f) Inventories and records of Sch III-V controlled substances are maintained either separately from all other records or in such a form that the information is readily retrievable** |
| **C** **NC** | **Records of Sch II-V controlled substances are maintained in chronological order** |
| **C** **NC** | **54.1- 3404. F** **Required records are maintained completely and accurately for two years from the date of the transaction** |
| **C** **NC** | **54.1-3404. C** **Records of receipt include the actual date of receipt, name and address of the person from whom**  **received, and the name, strength and quantity of drug received** |
| **C** **NC** | **54,1-3404. D** **Records of drugs sold, administered, dispensed or disposed of include the date of the transaction, name of patient, drug name, quantity of drug, and signature of person making the transaction** |
| **C** **NC** | **54.1-3404. A& B Biennial inventory of Sch II-V drugs available was taken on a date within two years of the previous biennial**  **inventory** |
| **C** **NC** | **54.1-3404. A & B Biennial inventory is dated and indicates whether it was taken at the opening or close of business. Specify.** |
| **C** **NC** **NA** | **54.1-3404. E** **Theft or unusual loss of drugs in Sch II-V is reported to the board of Pharmacy and an inventory taken if the registrant is unable to determine the exact kind and quantity of drug loss** |
| ANESTHESIA, SEDATION AND ANALGESIA | |
| Dentist only administers local anesthesia? Yes No If yes, stop here. The remaining sections do not apply.  Dentist only administers minimal sedation? Yes No If yes, complete the question on emergency procedures and  only the first columns in the next two sections.  Dentist has a conscious/moderate sedation permit? Yes No If yes, complete the question on emergency procedures  and only the third columns in the next two sections.  Dentist has a deep sedation and general anesthesia permit? Yes No If yes, complete the question on emergency  procedures and only the second columns in the next two sections.  Note here any descriptions provided on the administration practices followed and/or on the level of effect and condition of patients to help the Board assess the level of administration being administered: | |

|  |  |  |  |
| --- | --- | --- | --- |
| EQUIPMENT REQUIREMENTS FOR ANESTHESIA, SEDATION AND ANALGESIA | | | |
| **18VAC60-21-280.D A dentist** | **18VAC60-21-291.B A dentist who administers** | | **18VAC60-21-301.C A dentist who** |
| **who administers MINIMAL** | **CONSCIOUS/MODERATE SEDATION shall** | | **administers DEEP SEDATION/GENERAL** |
| **SEDATION (anxiolysis or** | **maintain the following operational equipment in** | | **ANESTHESIA shall maintain the following** |
| **inhalation analgesia) shall** | **sizes for adults or children as appropriate for the** | | **operational equipment in sizes for adults or** |
| **maintain the following operational equipment and be trained in its use** | **patient being treated** | | **children as appropriate for the patient being treated** |
| **C** **NC Blood Pressure Monitoring** | **C NC Full face masks** | | **C NC Full face masks** |
| **C NC Positive Pressure Oxygen** | **C NC Oral and Nasopharyngeal airway management adjuncts** | | **C NC Oral and Nasopharyngeal airway management adjuncts** |
| **C** **NC Mechanical (hand)**  **respiratory bag** | **C NC ET tubes with appropriate connectors or airway adjuncts such as a laryngeal mask airway** | | **C NC ET tubes with appropriate connectors or airway adjuncts such as a**  **laryngeal mask** |
| **C** **NC Suction Apparatus** | **C NC Laryngoscope with reserve batteries and bulbs and appropriately sized blades** | | **C NC Laryngoscope with reserve batteries and bulbs and appropriately sized blades** |
| **C** **NC Pulse Oximeter** | **C NC Pulse Oximetry and BP Monitoring** | | **C NC Source of delivery of oxygen under controlled positive pressure** |
|  | **C** **NC Pharmacological antagonist agents unexpired** | | **C NC Mechanical (hand) respiratory bag** |
|  | **C** **NC Source of delivery of oxygen under controlled positive pressure** | | **C NC Pulse Oximetry and BP Monitoring** |
|  | **C NC Mechanical (hand) respiratory bag** | | **C NC Emergency drugs for resuscitation** |
|  | **C** **NC Emergency drugs for resuscitation** | | **C NC EKG monitoring equipment** |
|  | **C** **NC EKG monitor when using parenteral or titration** | | **C NC Temp monitoring equipment** |
|  | **C** **NC Defibrillator** | | **C NC Pharmacological antagonist agents unexpired** |
|  | **C NC** **Suction apparatus** | | **C NC External defibrillator (manual or**  **automatic)** |
|  | **C** **NC Temp measuring device** | | **C NC An End-Tidal CO2 monitor** |
|  | **C NC Throat Pack** | | **C NC Suction apparatus** |
|  | **C NC Precordial or pretracheal stethoscope** | | **C NC Throat Pack** |
|  | **C NC An End-Tidal CO2 monitor** | | **C NC Precordial or pretracheal stethoscope** |
| STAFFING REQUIREMENTS FOR ANESTHESIA, SEDATION, & ANALGESIA | | | |
| **18VAC60-21-280.E** | | **18VAC60-21-291.C** | **18VAC60-21-301.D** |
| **A dentist who administers MINIMAL SEDATION by only**  **using nitrous oxide/oxygen assures that:**  **C NC** **The person who administers the nitrous oxide/oxygen or another dental staff member is always present with the patient until discharged.** | | **A dentist who administers CONSCIOUS/MODERATE SEDATION uses a:**  **C NC Treatment team which includes the operating dentist & a second person to assist, monitor & observe the patient.** | **A dentist who administers DEEP SEDATION/GENERAL ANESTHESIA uses a:**  **C NC Treatment team which includes the operating dentist, a second person to monitor & observe the patient, & a third person to assist the operating dentist** |
| **A dentist who administers MINIMAL SEDATION by**  **anxiolysis with or without nitrous oxide/oxygen uses a:**  **C NC** **Treatment team which**  **includes the dentist & a second person to assist, monitor & observe the patient until discharged.** | |  |  |

ORAL AND MAXILLOFACIAL SURGEONS

Y N 18VAC60-21-310 Has Current Board Registration

Y N 18VAC60-21-320 Has updated practitioner profile. Attach Profile.

Y N 18VAC60-21-350 Performs cosmetic procedures and is certified by the Board according to §54.1-2709. Please check all certifications for cosmetic procedures this licensee holds:

1. **[ ] Rhinoplasty and other treatment of the nose** **F. [** **] Otoplasty and other procedures to change the appearance**

of the ear

1. **[ ] Blepharoplasty and other treatment of the eyelid** **G. [** **] Laser resurfacing or dermabrasion and other procedures to**

remove facial skin irregularities

1. **[ ] Rhytidectomy and other treatment of facial skin**

wrinkles and sagging H. [ ] Platysmal muscle plication and other procedures to correct the angle between the chin and neck

1. **[ ] Submental liposuction and other procedure to**

remove fat I. [ ] Application of injectable medication or material for the purpose of treating extra-oral cosmetic conditions

1. **[ ] Browlift (either open or endoscopic technique) and other procedures to remove furrows and sagging skin on the upper eyelid or forehead**

Compliant (C) Non Compliant (NC) Not Applicable (NA)

Additional Inspection Observations and Notes

**Signature of Inspector** **Date** **Signature of Licensee** **Date**

* codeine (only available in generic form)
* [fentanyl](https://www.webmd.com/drugs/2/drug-6253/fentanyl+transdermal/details) (Actiq, [Duragesic](https://www.webmd.com/drugs/2/drug-14008/duragesic+transdermal/details), [Fentora](https://www.webmd.com/drugs/2/drug-145471/fentora+buccal/details), Abstral, Onsolis)
* hydrocodone ([Hysingla ER](https://www.webmd.com/drugs/2/drug-167438/hysingla-er-oral/details), [Zohydro ER](https://www.webmd.com/drugs/2/drug-165699/zohydro-er-oral/details))
* [hydrocodone](https://www.webmd.com/drugs/2/drug-165341/hydrocodone+bitartrate+oral/details)/acetaminophen ([Lorcet](https://www.webmd.com/drugs/2/drug-3452/lorcet+plus+oral/details), [Lortab](https://www.webmd.com/drugs/2/drug-166144/lortab+10-325+oral/details), [Norco](https://www.webmd.com/drugs/2/drug-63/norco+oral/details), [Vicodin](https://www.webmd.com/drugs/2/drug-3459/vicodin+oral/details))
* [hydromorphone](https://www.webmd.com/drugs/2/drug-1423/hydromorphone+injection/details) ([Dilaudid](https://www.webmd.com/drugs/2/drug-9130/dilaudid+oral/details), Exalgo)
* [meperidine](https://www.webmd.com/drugs/2/drug-5598/meperidine+injection/details) ([Demerol](https://www.webmd.com/drugs/2/drug-3914/demerol+injection/details))
* [methadone](https://www.webmd.com/drugs/2/drug-2671/methadone+oral/details) ([Dolophine](https://www.webmd.com/drugs/2/drug-4101/dolophine+oral/details), Methadose)
* [morphine](https://www.webmd.com/drugs/2/drug-3891/morphine+injection/details) ([Kadian](https://www.webmd.com/drugs/2/drug-1509/kadian+oral/details), MS Contin, Morphabond)
* [oxycodone](https://www.webmd.com/drugs/2/drug-1025/oxycodone+oral/details) ([OxyContin](https://www.webmd.com/drugs/2/drug-2798/oxycontin+oral/details), [Oxaydo](https://www.webmd.com/drugs/2/drug-3499/roxicodone+oral/details))
* oxycodone and acetaminophen (Percocet, Roxicet)
* oxycodone and [naloxone](https://www.webmd.com/mental-health/addiction/drug-overdose-naloxone)

**VIRGINIA BOARD OF DENTISTRY B R I EF S  
AUGUST 2017**

**New Provisions for Remote Supervision of Dental Hygienists**

"Remote supervision" means that a supervising dentist is accessible and available for communication and consultation with a dental hygienist during the delivery of dental hygiene services, but such dentists may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided.

Notwithstanding any other provision of law, a dental hygienist may practice dental hygiene under the remote supervision of a dentist who holds an active license by the Board and who has a dental practice physically located in the Commonwealth. No dental hygienist shall practice under remote supervision unless he has (i) completed a continuing education course designed to develop the competencies needed to provide care under remote supervision offered by an accredited dental education program or from a continuing education provider approved by the Board and (ii) at least two years of clinical experience, consisting of at least 2,500 hours of clinical experience. A dental hygienist practicing under remote supervision shall have professional liability insurance with policy limits acceptable to the supervising dentist. A dental hygienist shall only practice under remote supervision at a federally qualified health center; charitable safety net facility; free clinic; long-term care facility; elementary or secondary school; Head Start program; or women, infants, and children (WIC) program.

***Under the Board’s review are the continuing education course requirements***

***needed in order to practice under remote supervision.***

Click here for the full text of the 2017 remote supervision statute and read §54.1- 2722**.F.**

**Use of Dental Ultrasonic Scalers is Restricted**

Scaling, root planing, or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices, and non- surgical lasers shall only be delegated to licensed dental hygienists. For more information on duties only delegable to dental hygienists please review section 18VAC60-21-140 Delegation to dental hygienists in the Regulations Governing the Practice of Dentistry.

**Dental Law Examination**

The Board is constructing a dental law examination to be taken by applicants for initial licensure and for reinstatement. The examination, consisting of multiple choice questions, will test the applicant’s knowledge of the laws and regulations governing the practice of dentistry in the Commonwealth of Virginia.

**Addressing the Opioid Crisis in Dental Practices**

On September 26, 2014, Governor McAuliffe signed Executive Order 29 establishing the Governor’s Task Force on Prescription Drug and Heroin Abuse. The Task Force recommended immediate steps to address a growing and dangerous epidemic of prescription opioid and heroin abuse in Virginia. On November 21, 2016, Governor McAuliffe announced that the State Health Commissioner declared the opioid addiction crisis in Virginia a Public Health Emergency. These actions led to legislation which made changes to the Prescription Monitoring Program and added new requirements for dental practice.

As mandated, the Board issued emergency regulations, *Prescribing Opioids for Pain Management*, on April 24, 2017. These regulations were amended effective July 21, 2017 to allow courses taken after April 24, 2017 to meet the requirement for 2 hours of continuing education (CE) on pain management. A dentist who prescribes Schedules II through IV controlled substances must take the course by March 31, 2019 and thereafter must complete a 2 hour course every two years. CE hours required to prescribe controlled substances may be included in the 15 hours required for license renewal. Follow this link to review the current emergency regulations.

New legal requirements for reporting opioid prescribing and dispensing to the Prescription Monitoring Program (PMP) are now in effect as addressed in Chapter 25.2 of the Code of Virginia. Follow this link to review the full text of this statute. The requirements include:

* •  **Posting Notice of Participation in the PMP.** Dentists who request information from the program about a patient or prospective patient are required to post a sign that can be easily viewed by the public that he may access information contained in the program files on all Schedule II, III or IV prescriptions dispensed to a patient. In lieu of posting a sign, the dentist may provide a written notice to the patient, or may obtain written consent from the patient.
* •  **Accessing the PMP when Prescribing Opioids.** Dentists registered with the PMP or a qualified delegate he has authorized to access PMP information pursuant to § 54.1-2523.2 are required to check the PMP when starting a new course of treatment to a patient that includes the prescribing of opioids for more than seven consecutive days. The purpose of the check is to determine what, if any, other covered substances are currently prescribed to the patient. ***A dentist is not required to check the PMP in any of the following circumstances:***1. The opioid is prescribed to a patient currently receiving hospice or palliative care;  
  2. The opioid is prescribed to a patient as part of treatment for a surgical or invasive procedure and such prescription is for no more than 14 consecutive days;  
  3. The opioid is prescribed to a patient during an inpatient hospital admission or at discharge;  
  4. The opioid is prescribed to a patient in a nursing home or a patient in an assisted living facility that uses a sole source pharmacy;  
  5. The PMP is not operational or available due to temporary technological or electrical failure or natural disaster; or  
  6. The prescriber is unable to access the PMP due to emergency or disaster and documents such circumstances in the patient's medical record.
* •  **Disclosure of PMP Information.** The Director of the Department of Health Professions is granted the authority includes releasing information about a specific recipient to a consulting prescriber for the purpose of establishing the treatment history and information on a specific recipient to a consulting dispenser for the purpose of establishing a prescription history. The law also allows a prescriber to include PMP information in the recipient's medical record for the purpose of establishing the treatment history.
* •  **24-hour Reporting to Prescription Monitoring Program (PMP).** *Beginning January 1, 2017,* dentists must report to the PMP any opioids dispensed within 24 hours or the dispenser's next business day, whichever comes later.

**Complaints, Discipline, and Other Board Actions**

This is an overview of the Board’s case activity from July 1, 2016 to June 30, 2017. The notices and orders issued to licensees can be reviewed online. For information on a specific licensee go to License Lookup. For cases closed with an Order in a specified time period go to Case Decisions. It is important to note that "Yes" beside a name in **License Lookup** means that there is information that must be available to the public. This includes case decisions with a finding of **“no violation”** so you should click on the "Yes" link to see the case decision. "No" means there are no documents posted.

**Number of Cases.** The Board received 401 complaints against its licensees and closed 448 cases. On June 30, 2017, the Board had 264 open cases at various stages in the case adjudication process. Of the 448 cases closed, 203 were closed with no violation found and 71 were closed as undetermined.

**Number of Actions.** The Board held 6 formal hearings and 36 informal conferences; entered into 26 Consent Orders in lieu of proceeding to an administrative hearing; closed 36 cases with a Confidential Consent Agreement; and closed 84 cases with Advisory Letters. In addition, two summary suspension cases were settled with Consent Orders.

**Two Summary Suspension Cases.** One Consent Order addressed a dentist’s inability to safely practice due to health issues which led to standard of care violations. The other Consent Order addressed a dentist’s inability to safely practice because of negligence in the administration of anesthesia to a pediatric patient and the subsequent failure to respond appropriately to an emergency situation.

**Six Formal Hearing Cases.** The outcome of two of the formal hearings was denial of reinstatement applications based on allegations of substance abuse and failure to demonstrate continuing competency. Another formal hearing addressed a reinstatement application following a mandatory suspension of a dentist as a result of improper prescribing of controlled substances and standard of care violations. Reinstatement was granted with terms. The Board also conducted a formal hearing based on the standard of care allegations concerning the placement of implants and recordkeeping allegations. A formal hearing was also held to address allegations of substance abuse and willful refusal to cooperate with an investigation of the Board. Finally, the Board denied licensure to an applicant at a formal hearing as a result of providing false information on an application and standard of care violations in another state.

**Thirty-Six Informal Conferences.** The allegations addressed in these conferences included:

* •  Failing to ensure proper sterilization of dental instruments;
* •  Failing to post dental licenses in plain view of patients;
* •  Practicing on an expired dental license;
* •  Performing treatment on teeth which was not supported by radiographs and/or treatment notes;
* •  Failing to notify and/or refund patients’ credit balances on their accounts;
* •  Billing patients and their insurance companies multiple times for the same treatment;
* •  Failing to entirely remove the roots of a tooth during extraction and subsequently failing to inform the

patient and/or refer the patient to a specialist;

* •  Permitting a dental assistant to use a Cavitron on dental patients to remove calculus or cement;
* •  Improperly prescribing controlled substances to patients; and
* •  Failing to obtain consent for treatment rendered.

For a detailed explanation of the **Disciplinary Process** for Licensed Health Professionals, click here.

**VIRGINIA BOARD OF DENTISTRY BRIEFS  
January 2017**

**TIME TO RENEW**

All dental licenses, dental hygiene licenses, dental assistant II registrations and many related permits must be renewed by March 31, 2017. Renewal notices will be sent in February by e- mail to the address on file with the Board**.** For assistance with online transactions, please contact the Department of Health Professions’ Practitioner Information Call Center at (804) 367- 4444. **Renewal applications** require your certification that you are familiar with all laws and regulations governing the practice of your profession. Be sure you are familiar by reviewing the laws and regulations governing practice using this link, http://www.dhp.virginia.gov/dentistry/dentistry\_laws\_regs.htm.

**VIRGINIA’S OPIOID CRISIS DECLARED A PUBLIC HEALTH EMERGENCY**

In a press release dated November 21, 2016, Gov. Terry McAuliffe advised that State Health Commissioner Marissa J. Levine, MD, MPH, FAAFP declared Virginia’s opioid addiction crisis a state of public health emergency.

**PRESCRIPTION MONITORING PROGRAM (PMP) CHANGES**

The PMP’s new website is https://virginia.pmpaware.net/login. Prescribers may now appoint “delegates” to review the PMP on their behalf. Delegates must register in the PMP system. A confirmation e-mail is sent to their supervisor’s email to confirm the request. For more information on how to access and use the new PMP system, please use this link, http://trk.appriss.com/v0000O680djQU0c2P030000, to consult the Virginia PMP AWARxE User Support Manual. The monitoring program now tracks the prescription writing tendencies of prescribers and dispensers. If an unusual pattern of prescribing or dispensing is noted the director of the PMP may opt to contact the Enforcement Division of the Department of Health Professions to initiate an investigation. Use this link to read the statute which requires these changes: https://www.dhp.virginia.gov/dhp\_programs/pmp/docs/Regs/HB657\_2016.pdf.

**WALLET SIZED LICENSE**

The Board determined that a wallet sized license may be displayed to meet the posting requirement in Section 18VAC60-21-30 of the Regulations Governing the Practice of Dentistry. The posted license must be displayed in plain view of patients so that it is “conspicuous and readable.” For more information on posting requirements please visit https://www.dhp.virginia.gov/dentistry/dentistry\_laws\_regs.htm#reg.

In the first half of 2016, the total number of fatal drug

overdoses in Virginia increased 35 percent, when compared to the same time period in 2015,

and in 2013, fatal drug overdoses became the number one cause of unnatural death. The

Department of Behavioral Health and Developmental Services provides **Opioid Overdose and**

**Naloxone Education (OONE)** to professionals, stakeholders and others through their REVIVE!

program. Learn more about REVIVE! at www.dbhds.virginia.gov/individuals-and-

families/substance-abuse/revive. See more at:

https://governor.virginia.gov/newsroom/newsarticle?articleId=18348#sthash.8hSerUqF.dpuf.

**DEA POSTING REQUIREMENT**This **proposed regulation** will allow a dentist who administers, prescribes, or dispenses Schedules II through V controlled substances to maintain a copy of his current registration with the federal Drug Enforcement Administration in a readily retrievable manner at each practice location rather than displaying it to the public along with his current license. This proposed regulation has been submitted to the Registrar of Regulations and was published on January 23, 2017 for public comment. The comment period ends on February 22, 2017. To comment, go to the Regulatory Town Hall at http://townhall.virginia.gov/L/ViewStage.cfm?stageid=7721.

**Volunteer Hours for Continuing Education**In response to a legislative mandate, the Board has adopted **proposed regulations** to allow dentists and dental hygienists to count up to two hours of the 15 hours of continuing education required for annual license renewal to be satisfied through delivery of dental services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic. In addition, the Board is including provisions for granting an extension of the continuing education requirement for up to one year upon written request with an explanation received prior to the renewal deadline. This current **proposal** may be viewed on the Virginia Regulatory Town Hall website at http://townhall.virginia.gov/L/ViewAction.cfm?actionid=4597.

**Nitrous Oxide Regulations**

In response to requests from dentists who only administer nitrous oxide, the Board is amending its regulations to separate the administration of only nitrous oxide from the definition of minimal sedation. The amended regulations reduce the education and monitoring requirements for dentists who only administer nitrous oxide. This **proposed change** may be viewed on the Virginia Regulatory Town hall website at http://townhall.virginia.gov/L/ViewAction.cfm?actionid=4598.

**DENTISTRY WORKFORCE DATA REPORTS**

Recent survey findings about Virginia’s dentist and dental hygienist workforces are now available at https://www.dhp.virginia.gov/hwdc/findings.htm#Den. The Healthcare Workforce Data Center (HWDC) collected its recent findings by surveying dentists and dental hygienists who completed their 2016 renewals online.

**VIRGINIA HEALTHCARE WORKFORCE DEVELOPMENT AUTHORITY**

The purpose of the VHWDA is to facilitate the development of a statewide health professions pipeline that identifies, educates, recruits and retains a diverse, geographically distributed, and culturally competent quality workforce for all Virginians. Visit http://www.vhwda.org/ to learn more about this authority.

**NEW GUIDANCE DOCUMENT**

Guidance Document, 60-13 Practice of a Dental Hygienist Under Remote Supervision was adopted by the Board on September 16, 2016. This document outlines the definition of remote supervision, who can employ a dental hygienist under this new regulation and the qualifications a dental hygienist must hold in order to practice under remote supervision. Visit this guidance document at http://www.dhp.virginia.gov/dentistry/dentistry\_guidelines.htm to review this newly adopted document and the full list of available guidance documents.

**REVISED GUIDANCE DOCUMENTS**

The following documents were revised by the Board of Dentistry on September 16, 2016. Please visit https://www.dhp.virginia.gov/dentistry/dentistry\_guidelines.htm to learn more about the following revised documents. 60-5 Policy on Auditing Continuing Education and Sanctioning for Failure to Meet the Requirements  
60-15 Standards for Professional Conduct in the Practice of Dentistry  
60-17 Policy on Recovery of Disciplinary Costs

**REGULATORY ADVISORY PANEL ON THE EDUCATION AND PRACTICE OF DENTAL ASSISTANTS I AND II**

On January 5, 2017, the Regulatory-Legislative Committee of the Board met with representatives of the VDA, VDHA, VCU School of Dentistry, DAII education programs, and the Virginia Department of Education. Panelists discussed establishing minimum education requirements for Dental Assistants I and recommended regulatory changes to establish competency based education requirements for Dental Assistants II. To review the minutes of this meeting, go to http://www.dhp.virginia.gov/dentistry/minutes/2017/RAP01052017\_Draft.pdf.

**VIRGINIA BOARD OF DENTISTRY BRIEFS**

**August 2016**

**CAUTION FOR DENTAL HYGIENISTS ABOUT TREATING WITH LASERS**

Dental hygienists, who have the knowledge, training and experience needed to perform laser treatment safely, are now permitted to use nonsurgical lasers to perform scaling, root planing or gingival curettage procedures. The Board added lasers to the tools dental hygienists might use after receiving public comment that CODA accredited dental hygiene programs now include training in the use of lasers. Based on these comments, the Board added the use of lasers without establishing education requirements or specifying acceptable equipment. The Board strongly recommends that any dental hygienist who has not completed training in the appropriate use of lasers for hygiene treatment should complete such training before using a laser to treat patients. Failure to do so puts patients at risk and could lead to disciplinary action against a dental hygienist for practicing outside the scope of the needed education, training, and experience which is a violation of §54.1-2706.12 of the Code of Virginia.

**REMOTE SUPERVISION OF DENTAL HYGIENISTS**

On July 1, 2016, legislation came into effect which will allow a dentist to remotely supervise dental hygienists who are in his/her employment. Such dental hygienists might provide dental hygiene services to patients in the centers and facilities specified in §54.1-2722.F of the Code of Virginia. In this section of the Code, "remote supervision" means that a dentist is accessible and available for communication and consultation with a dental hygienist employed by such dentist during the delivery of dental hygiene services but such dentist may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided. To review §54.1-2722, use this link, http://law.lis.virginia.gov/vacode/title54.1/chapter27/section54.1-2722/. The Board is required to have emergency regulations in effect within 280 days after enactment. The Board will adopt the emergency regulations at its September 16, 2016 meeting. The materials for this meeting will be posted in advance of the meeting at http://www.dhp.virginia.gov/dentistry/dentistry\_calendar.htm. The emergency regulations will be in effect on or about January 1, 2017.

**MONITORING REQUIREMENTS FOR NITROUS OXIDE/INHALATION ANALGESIA ARE BEING CHANGED**Commenters at the Board’s March quarterly meeting explained the negative effects the requirements for monitoring minimal sedation have on pediatric patients receiving only nitrous oxide. Of particular concern was the requirement for pulse oximetry. In response, on April 27, 2016, the Board convened a Nitrous Oxide/Minimal Sedation Subcommittee which recommended establishing a new section of regulations to address the administration of only nitrous oxide/inhalation analgesia. The Board adopted the proposed new section and the needed changes to the section on minimal sedation as a fast-track action at its June 10, 2016 meeting. Use this link, http://townhall.virginia.gov/L/ViewAction.cfm?actionid=4598, to see the proposed regulations and the status of the regulatory action.

**MORE REGULATORY CHANGES**1. Expanding the equipment for administering conscious/moderate sedation to **require an end-tidal carbon dioxide**

**monitor (capnograph**) is proposed. This requirement will be published for comment on August 22 through October 21, 2016**. A public hearing will be held on September 16, at 9:05 am at 9960 Mayland Drive, Henrico, VA 23233, 2nd Floor.** Use this link for more information, http://townhall.virginia.gov/L/ViewStage.cfm?stageid=7470.

1. The Board is amending its **continuing education regulations** for dentists and dental hygienists to allow up to two hours of the 15 hours required for annual renewal to be satisfied by providing volunteer dental services at a health department or free clinic. One hour of continuing education may be credited for three hours of volunteer services. Use this link for more information, http://townhall.virginia.gov/L/ViewStage.cfm?stageid=7617.
2. **Mobile dental clinics operated by federally qualified health centers, and free health clinics or health safety net clinics** are now exempt from the requirement to register with the Board. The Board will adopt regulations to include these exemptions as an exempt action at its September 16, 2016 meeting.
3. The Board is amending its **Public Participation Guidelines** by fast-track action to include a Code change which permits a person to be accompanied or represented by counsel at public comment opportunities. This is the link for more information - http://townhall.virginia.gov/L/viewchapter.cfm?chapterid=2634.

**ALTERNATIVES TO THE LAW EXAM PROPOSAL**

Following issuance of a Notice of Intended Regulatory Action (NOIRA) in October, 2015 to require passage of a law exam periodically for renewal, the Board received about 200 comments. The vast majority of commenters opposed being required to take a law exam after initial licensure so the Board withdrew the NOIRA. The Board is reviewing the alternatives recommended by commenters and looking at other states’ requirements for further discussion of ways to promote licensee’s current knowledge of the laws and regulations governing dental practice.

**CAN DENTISTS REFER PATIENTS FOR SLEEP STUDIES?**

This is a frequent question so board counsel was asked to review the pertinent laws. The advice received is that a patient can directly request a sleep study and a dentist can refer a patient for a sleep study. In either of these instances, the polysomnographer would perform the study under the direction of a physician and send the study report to the physician to address findings with the patient. The physician has discretion in regard to sharing the results of the study with a dentist who referred a patient.

**AUDITING CONTINUING EDUCATION (CE)**

On March 11, 2016, the Board voted to institute an annual random audit of licensees for compliance with CE requirements. At its June 10, 2016 meeting, the Board discussed a draft guidance document on the implementation of the audit program and decided to:

* Take fast-track action to amend its regulations to add the option of granting “extensions” as permitted in the Code of

Virginia and for granting up to a one year exemption prior to the renewal date.

* Conduct the random audit biennially instead of annually.
* Continue auditing licensees who failed to attest to completing the annual CE requirement, and
* Audit licensees who have completed the terms of a CCA or Board Order which required completion of CE in

addition to the 15 hours required annually or who were given extensions for completing the annual CE requirement. The Board will take action on this guidance document at its September 16, 2016 meeting. The materials for this meeting will be posted in advance of the meeting at http://www.dhp.virginia.gov/dentistry/dentistry\_calendar.htm.

**INTRODUCING TWO NEW GUIDANCE DOCUMENTS**1. **Guidance Document 60-24, Compilation of Provisions in the Code of Virginia Addressing Dental Practice,**

**Practice of Dentistry by Professional Business Entities, and Practice Locations and the Duties Restricted to Dentists in the Code of Virginia and the Regulations Governing the Practice of Dentistry -** This document addresses what constitutes dental practice; the formation of professional corporations and professional limited liability companies; the provisions on practice locations; and the duties restricted to dentists. This link, http://www.dhp.virginia.gov/dentistry/guidelines/60-24.doc, takes you to the document.

2. **Guidance Document 60-21**, **Policy on Sanctioning for Failure to Report to the PMP -** This document addresses the actions that will be taken by the Prescription Monitoring Program (PMP) and the Board when dentists fail to report dispensing controlled substances in Schedule II (Percocet, Hydrocodone), Schedule III (Tylenol with Codeine), or Schedule IV (Valium) within 7 days of such dispensing. Visit http://www.dhp.virginia.gov/dentistry/guidelines/60-21.doc to review this document.

**COMPLAINTS, DISCIPLINE, AND OTHER BOARD ACTIONS**

This section of BRIEFS gives an overview of the Board’s case activity for a six month period. The notices and orders\* issued to licensees by the Board can be reviewed on the Board’s website in **License Lookup** at https://dhp.virginiainteractive.org/Lookup/Index for information on specific licensees and in **Case Decisions** at http://www.dhp.virginia.gov/enforcement/CDecision/boardresults.asp?board=4 to see the cases closed with a Board Order in a specified time period.

*\*It is important to note that "Yes" beside a licensees name in* ***License Lookup*** *means that there is information that must be available to the public pursuant to §54.1-2400.2.G of the Code of Virginia; please note that this may also include proceedings in which a finding of* ***“no violation”*** *was made. You should click on the "Yes" link for additional information. "No" means no documents are available.*

**From January 1, 2016 to June 30, 2016, the Board received 206 complaints against its licensees and closed 193 cases. On June 30, 2016, the Board had 310 open cases at various stages in the case adjudication process.**

* Of the 193 cases closed, 137 were closed with no violation found or, in a few instances, closed as undetermined.
* During this time period, the Board held 2 formal hearings and 27 informal conferences; entered into 7 Consent Orders in lieu of proceeding to an administrative hearing; closed 1 case with a Confidential Consent Agreement; and closed 19 cases with Advisory Letters.
* One of the two formal hearings addressed an application for license reinstatement. Reinstatement was denied because the applicant failed to demonstrate continuing competence and the ability to practice safely. The second formal hearing resulted in an order for prescribing medication outside the scope of dentistry and without a legitimate dental purpose.
* One of the 27 informal conferences (IFCs) held addressed an application for initial licensure. The license was granted based on the applicant’s demonstration of the ability to safely practice.
* The remaining 26 IFCs resulted in Board Orders addressing negligent treatment of patients, failure to document patients’ treatment records and fraudulent billing, including:  
  1. Failing to perform periodontal evaluation of a patient’s teeth;  
  2. Failing to treat periodontal conditions prior to performing extensive restorative dental treatment;

3. Failing to remove all decay from a tooth/teeth;  
4. Failing to completely obturate and fill canals during RCT;  
5. Placing an improperly fitting crown with open margins;  
6. Perforating the root of a tooth while performing treatment;  
7. Practicing outside the scope of a dental license by prescribing medications to patients for the purpose of

treating medical conditions;  
8. Failing to document diagnoses for treatment rendered;  
9. Failing to document the number of canals treated during RCT, the working lengths and types of materials

used to fill the canals;  
10. Failing to document that treatment was rendered; and  
11. Billing for treatment not rendered or billing separate fees for services that are integral to and inclusive of the

primary procedures performed (unbundling).

**Between January 1, 2016 and June 30, 2016, 39 sedation permit inspections were conducted.** The majority of deficiencies found stemmed from ignorance of the **Drug Control Act** requirements and non-compliance with the documentation requirements in **Part VI** of the **Regulations Governing the Practice of Dentistry**, particularly sections 18 VAC 60-21-280(F) and (G); 18 VAC 60-21-291(D) and (E); and 18 VAC 60-21-301(E) and (G). Work on 17 inspection cases was completed during this period. To close these cases, the Board issued 12 advisory letters; 1 Confidential Consent Agreement; and 4 letters to permit holders thanking them for being in compliance with all the legal requirements addressed in the inspections.

**V I R GI N I A B O A R D O F D E N T I S T R Y B R I EF S**

**February 2016**

**TIME TO RENEW**

All dental licenses, dental hygiene licenses, dental assistant II registrations and many related permits must be renewed by March 31, 2016. Renewal notices will be sent this month by e-mail to the address on file with the Board. If the Board does not have an e-mail address for a licensee, renewal notices are sent by mail. **You might facilitate receipt of your renewal notice by verifying that the Board has your current e-mail address and your current mailing address.** If you have established your username and password on the Department of Health Professions’ Online Licensing site you can click here to continue to the Login page to update your information or you might send it by e-mail to denbd@dhp.virginia.gov. For assistance with online transactions, please contact the Department of Health Professions’ Practitioner Information Call Center at (804) 367-4444.

The **renewal fees** for most license types have been reduced for the 2016 renewals only. This one time reduction in fees was adopted by the Board in response to a biennial analysis of revenues and expenditures to assure revenues are sufficient to cover expenses but not excessive. This year, dental license fees are reduced from $285 to $210, dental hygiene license fees are reduced from $75 to $55 and dental assistant II registration fees are reduced from $50 to $35.

**Renewal applications** require your certification that you are familiar with all laws and regulations governing the practice of your profession. Be sure you are familiar by reviewing the recently adopted four chapters of regulations now in effect:  
18VAC60-15-10 et seq. Regulations Governing the Disciplinary Process

18VAC60-21-10 et seq. Regulations Governing the Practice of Dentistry  
18VAC60-25-10etseq.RegulationsGoverningthePracticeofDentalHygiene  
18VAC60-30-10etseq.RegulationsGoverningthePracticeofDentalAssistants These chapters may be read and/or downloaded on the Board’s website at: http://www.dhp.virginia.gov/dentistry/dentistry\_laws\_regs.htm. Reference Guides for Chapters 21, 25 and 30 are also available using this link. The guides provide a crosswalk between the repealed regulations and the current regulations and highlight some of the changes that went into effect on December 2, 2015.

**LAW EXAM PROPOSAL**

The Board issued a Notice of Intended Regulatory Action on October 23, 2015 to receive public comment on its proposal to require passage of a law exam for licensure and periodically for renewal. The goal of this regulatory action is to improve licensee familiarity with laws and regulations to facilitate compliance, reduce the number of complaints received, and eliminate some of the violations the Board has found in adjudicating disciplinary matters. The comment period ended on December 16, 2015 with 191 comments submitted to the Regulatory

Town Hall. The Board will consider these comments at its March 11, 2016 meeting and decide if and how to proceed in this matter.

**PRACTICE OWNERSHIP**

The Board receives numerous inquiries about who can own a dental practice. At its December 11, 2015 meeting, the Board asked staff to develop a guidance document on this subject which lists the various statutes addressing ownership and where dentists are permitted to practice. The draft document will be reviewed by the Regulatory- Legislative Committee on February 12, 2016.

**GUIDANCE ON TELEDENTISTRY**

Following its August 14, 2015 forum on teledentistry, the Board decided to develop a guidance document on the topic. Go to http://www.dhp.virginia.gov/dentistry/minutes/2015/OpenForum08142015.pdf to view the forum minutes and transcript. At its December 2015 meeting, the Board adopted Guidance Document 60-23 on Teledentistry, which requires establishing the practitioner-patient relationship and gives guidelines on the appropriate uses of teledentistry. Visit http://www.dhp.virginia.gov/dentistry/guidelines/60-23.doc to review this document.

**GD 60-2 – SANCTIONING REFERENCE POINTS (SRP) INSTRUCTION MANUAL**

The SRP is a voluntary tool used by the Board to promote objective consideration of case facts and consistency in sanctioning. At its December 11, 2015 meeting, the Board updated and amended this manual to add “financial or material gain” to the factors considered by a Special Conference Committee in deciding the sanctions to be imposed when violations are found in disciplinary cases. The SRP Instruction Manual is available at http://www.dhp.virginia.gov/dentistry/guidelines/60-2.pdf.

**UPDATED GUIDANCE DOCUMENTS (GD)**

The following documents were amended by the Board on December 11, 2015 to update the references made to regulatory provisions and to reflect other changes included in the four chapters of regulations addressing practice in the field of dentistry.

GD 60-3 – Periodic Inspection of Dental Offices for Administration of Anesthesia and Sedation GD 76-24.3 – Virginia Board of Dentistry Dental Inspection form  
GD 60-4 – Questions and Answers on Analgesia, Sedation and Anesthesia Practice  
GD 60-5 – Policy on Sanctioning for Failure to Meet Continuing Education Requirements

GD 60-8 – Education Requirements for Dental Assistants II  
GD 60-10 – Policy on Sanctioning for Failure to Comply with Advertising Guidelines  
GD 60-17 – Policy on Recovery of Disciplinary Costs  
GD 60-18 – Approved Template for Dental Laboratory Work Order Form  
GD 60-20 – Guidance on Radiation Certification  
GD 60-22 – Policy on Sanctioning for Failure to Comply with Insurance and Billing Practices

Visit http://www.dhp.virginia.gov/dentistry/dentistry\_guidelines.htm to review these documents and the full list of available documents.

**BOARD ACTIONS TO NOTE**

* Effective January 28, 2016, the Board accepts the education programs accredited by the Commission on Dental Accreditation of Canada as meeting the education requirements for licensure as a dentist or dental hygienist.
* No comments were posted on the Regulatory Town Hall in response to the Board’s Notice of Intended Regulatory Action to add capnography to the equipment requirements for administering conscious/moderate sedation, deep sedation and general anesthesia. This action will be addressed by the Board on March 11. 2016.

V**isit www.dhp.virginia.gov/dentistry to find meeting agendas, minutes, regulations, guidance documents, case decisions, etc.**

**VIRGINIA BOARD OF DENTISTRY BRIEFS**

**August 2015**

**COMPLIANCE WITH THE REQUIREMENT TO REPORT DISPENSING**

Over 5,800 dentists have either received a waiver from reporting or opened an account to report dispensing of controlled substances in Schedule II (Percocet, Hydrocodone), Schedule III (Tylenol with Codeine), or Schedule IV (Valium, Xanax) to the Prescription Monitoring Program (PMP). However, about 900 dentists have failed to respond to the multiple notices sent by the Board and the PMP that every dentist who holds an active Virginia license must either **(1)** register in order to legally dispense the controlled substances or **(2)** apply for a waiver from this reporting requirement. **Dentists who have not registered or applied for a waiver should act immediately to come into compliance.** Use this link for the waiver form http://www.dhp.virginia.gov/dhp\_programs/pmp/pmp\_forms.asp or go to http://www.dhp.virginia.gov/dhp\_programs/pmp/docs/VADataReportingManualv1\_6.pdf to register and report to the program. See the dispensing requirements in the Code of Virginia at http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+54.1-2521 , and the g*overning* regulations at http://www.dhp.virginia.gov/dhp\_laws/regs/Prescription\_Monitoring\_11192014.doc.

**AUTOMATIC PMP REGISTRATION OF DENTISTS TO TRACK PRESCRIBING**

Legislation passed by the 2015 General Assembly (HB1841) authorizes the Virginia Prescription Monitoring Program (PMP) to automatically register all dentists with an active Virginia license. Automated PMP registration will occur during the month of September, 2015 using information already in the Department of Health Profession’s (DHP) licensing system. **R*egistration for the PMP is mandatory* and *a valid personal email address is required for the creation and use of a PMP account.*** To confirm that your current email address is on file - -

1. Go to http://www.dhp.virginia.gov/  
2. Under the heading: “Services for Practitioners” select “Update Your Information” 3. Select “Continue to the Login Page”  
4. Once logged in, Click on “Mailing Address Change”, then “Address of Record”. 5. Update or add your *email address* as necessary.  
The registration process will be largely transparent. PMP will send an e-mail with a username, temporary password and instructions to activate the PMP account. For information on the PMP go to http://www.dhp.virginia.gov/dhp\_programs/pmp/default.asp.

**AWAITING GOVERNOR’S APPROVAL FOR ISSUING FINAL REGULATIONS**

The pending regulations divide the current chapter of overlapping regulations into four chapters to facilitate review of the provisions for governance and for practice by discipline. Notable changes for dental practice include but are not limited to - -

• New sections on scope of practice and general responsibilities to patients  
• Requiring that patient records be maintained for not less than six (6) years from the

last date of service  
• Requiring consent for treatment

Notable changes for dental hygiene practice include but are not limited to:  
• Patient record responsibilities  
• Topical oral anesthetics may be applied when practicing under general supervision • Non-surgical laser may be used in scaling, root planning and/or gingival curettage

Read these regulations at: http://www.dhp.virginia.gov/dentistry/leg/Proposed\_reorganization.doc.

**POLICY STRATEGIES TO INCREASE ACCESS TO DENTAL TREATMENT**

The May 8, 2015 Board forum on access to treatment was a success, with fourteen individuals, institutions and organizations addressing strategies for making treatment more accessible. Review the forum minutes and transcript at http://www.dhp.virginia.gov/dentistry/minutes/2015/OpenForum05082015.pdf. After the presentations, there was open discussion of the Virginia Dental Association’s community dental health coordinator program; adjusting the dental assistant II (DAII) education and endorsement requirements; creating a pathway for dental hygienists to perform the reversible intraoral procedures which are delegable to DAII; and expanding the options for dental hygienists to practice under remote supervision. At its June 2015 meeting, the Board charged its Regulatory-Legislative Committee with development of a proposal for expanding the use of remote supervision in free clinics and settings serving children and the elderly and also to review the DAII registration requirements. The Committee will begin work on these recommendations at 9:00 a.m. on October 16, 2015. The meeting will be held in the Second Floor Conference Center at 9960 Mayland Drive in Henrico, Virginia. It is open to everyone interested and will begin with an opportunity for interested parties to speak to the Committee.

**INVESTIGATION OF DENTISTS and PROPOSED LAW EXAM**

A statistic in a recent dental publication led the Board to take a five year snapshot of its disciplinary activity with dentists. In the last five years, 8,358 dentists have held an active dental license and in the last five years 1,472 of those dentists have had at least one case before the Board. This means that 17.6% of the dentists licensed in this five year snapshot were or are currently being investigated by the Board for possible violations of the laws and regulations which govern dental practice in Virginia. A confession dentists routinely make to investigators is that they did not know the laws which are at issue in their case. The hard fact they learn is that ignorance of the law is no excuse. A strategy the Board has proposed to both reduce the number of complaints and to assist licensees in responding to complaints is to require its licensees to pass an open book law exam once every three years for a nominal fee. Recognizing the investment of time the exam will require, the Board proposes to grant three hours of continuing education credit for passing the exam. By comparison an investigation and disciplinary proceedings can take many months. This regulatory proposal for the law exam is pending release by Governor McAuliffe for public comment. The Board looks forward to hearing your views on taking an ounce of prevention in the form of a law exam versus a pound of cure through a disciplinary case.

**DISCIPLINARY PROCESS**

The Department of Health Professions ("Department") is authorized to investigate possible violations of law related to the practice of health professions and the Board of Dentistry (“Board”) is authorized to enforce these laws by revoking, suspending or restricting a license when a violation is proven. The Enforcement Division of the Department receives complaints and conducts investigations. When a complaint is made, the Department follows up with the source of the complaint, obtains the licensee’s response to the complaint, interviews potential witnesses, and obtains copies of relevant documents and other relevant evidence, then submits a case report to the Board. The Board decides if there is clear and convincing evidence that a violation of law or regulation has occurred. The Board may close a case for lack of evidence or send a licensee an advisory letter. When there is evidence of a violation, the Board might send a confidential consent agreement, a pre-hearing consent order with a notice of informal conference, a notice for an informal conference, or a formal hearing. After an informal conference or a formal hearing an Order is entered stating the findings of fact, conclusions of law and the sanctions imposed. These sanctions may include a reprimand, monetary penalty, remedial action, probation, suspension or revocation of a license. In addition, the Board recovers from any licensee who has been disciplined the administrative costs up to $5000 for investigating the complaint and monitoring the licensee’s compliance with the ordered sanctions. Visit the Board’s website for more information on the disciplinary process at http://www.dhp.virginia.gov/dentistry/dentistry\_Hearings.htm.

**BOARD ACTIONS TO NOTE**

* Although the Board again proposed legislation to prohibit fee-splitting, the Department of Health Professions wanted to limit the number of its legislative items for 2016, and this proposal was one of several that were not forwarded to the Governor’s office.
* Fast track proposals have been submitted to amend the Regulations Governing Dental Practice to (1) accept education programs accredited by the Commission on Dental Accreditation of Canada and (2) to add capnography to the equipment requirements for administering conscious/moderate sedation, deep sedation and general anesthesia.
* GD 60-15 **the Standards for Professional Conduct in the Practice of Dentistry** was amended to include guidance on following CDC infection control guidelines in the “Practitioner Responsibility” section.

⮚**Visit www.dhp.virginia.gov/dentistry to find meeting agendas, minutes, regulations, guidance documents, case decisions, etc.** ⮚**Register with the Virginia Regulatory Town Hall at www.townhall.virginia.gov to receive e- notices on regulatory activities.**

**VIRGINIA BOARD OF DENTISTRY BRIEFS**

**February 2015**

**PLEASE REMEMBER TO RENEW YOUR LICENSE BY MARCH 31, 2015.**

**NOTICE OF REPORTING REQUIREMENTS FOR DISPENSING** Effective July 1, 2015, all dentists who dispense controlled substances in Schedule II

(Percocet, Hydrocodone), Schedule III (Tylenol with Codeine), or Schedule IV (Valium) must be registered with the Prescription Monitoring Program and must begin reporting the drugs dispensed within 7 days of dispensing. If a dentist does not dispense these products he may apply for a waiver from this reporting requirement. There is a box in this year’s dental license renewal forms to report whether you currently do or do not dispense Schedule II, III or IV controlled substances. Detailed information on the action each licensed dentist is required to take to register or to apply for a waiver will be sent out around April 1, 2015. Here are links for more information:

* The requirement to report dispensing is addressed in §54.1-2521 of the Code of Virginia, http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+54.1-2521 , and in the Regulations Governing the Prescription Monitoring Program, http://www.dhp.virginia.gov/dhp\_laws/regs/Prescription\_Monitoring\_11192014.doc
* The waiver form may be found at: http://www.dhp.virginia.gov/dhp\_programs/pmp/pmp\_forms.asp
* Information on how to report to the program is found at: http://www.dhp.virginia.gov/dhp\_programs/pmp/docs/VADataReportingManualv1\_6.pdf

The US Drug Enforcement Administration published a Final Rule in the Federal Register placing hydrocodone combination products into Schedule II effective October 6, 2014. For details, direct questions to your local DEA Field Office and review sections 18VAC110-290 and 18VAC110-310 of the Regulations Governing the Practice of Pharmacy using this link: http://www.dhp.virginia.gov/Pharmacy/leg/Pharmacy\_12312014.doc.

**SEDATION AND GENERAL ANESTHESIA OFFICE INSPECTIONS**

In November 2014, the Board initiated inspections of the dental practices where conscious/moderate sedation, deep sedation or general anesthesia is administered to facilitate dental treatment. The purpose of instituting periodic unannounced inspections is to foster and verify compliance with the regulatory requirements for patient safety and treatment records as well as the laws and regulations governing environmental conditions and drug security. Use this link to read Guidance Document 60-3, http://www.dhp.virginia.gov/dentistry/guidelines/60-3.doc , which addresses the scope of the inspections and implementation of the process.

**LEGISLATION TO PROHIBIT FEE SPLITTING WAS NOT ADVANCED**

The Board’s legislative proposal to prohibit fee-splitting was not approved by the Governor for submission to the 2015 General Assembly. The Board proposed the legislation to address concerns reported by the Virginia Dental Association and many individual dentists about the advertising and promotional practices of dentists who offer rebates, prizes, or other forms of compensation in return for patient referrals. Under current law, complaints about such fee splitting activities are investigated to determine if the offer for compensation made by a dentist or to a dentist was in any way false, deceptive or misleading or it failed to disclose important information.

**OPEN FORUMS TO BE SCHEDULED**

The Board will hold two forums this year to gain insight into areas under consideration for policy action. The first forum will address: adjusting the education and endorsement requirements for dental assistant II registration; creating a pathway for dental hygienists to perform the reversible intraoral procedures which are delegable to dental assistants II; and expanding the options for dental hygienists to practice under the remote supervision of a dentist. The second forum will address the appropriate uses of and requirements for teledentistry. The Board encourages your participation in the forums and looks forward to receiving comments and recommendations which will facilitate a thorough review of each of the topic areas. To receive notice of the date and time of each of these forums, please send an e-mail request to be added to the Board’s Public Participation List to **denbd@dhp.virginia.gov**.

**THE REGULATIONS GOVERNING DENTAL PRACTICE ARE BEING REORGANIZED INTO FOUR CHAPTERS**

The Board adopted the four chapters as final regulations at its March 7, 2014 meeting.  
These chapters are pending approval by the Governor to be published as final regulations. The four chapters are:

• 18VAC60-15 Regulations Governing the Disciplinary Process in Dentistry • 18VAC60-21 Regulations Governing the Practice of Dentistry  
• 18VAC60-25 Regulations Governing the Practice of Dental Hygienists  
• 18VAC60-30 Regulations Governing the Practice of Dental Assistants II.

Changes that will apply to dentists include but are not limited to:

* New sections on scope of practice and general responsibilities to patients
* Requiring that patient records be maintained for not less than six (6) years from the last date of service
* Requiring consent for treatment

Changes that will apply dental hygienists include but are not limited to:

* Patient record responsibilities
* Topical oral anesthetics may be applied when practicing under general supervision
* Non-surgical laser may be used in scaling, root planning and/or gingival curettage under indirect or general supervision

Review these pending regulations at: http://www.dhp.virginia.gov/dentistry/leg/Proposed\_reorganization.doc.

**GUIDANCE DOCUMENTS (GD)**

The Board issues Guidance Documents to provide information on correctly applying or implementing statutes or regulationsgoverningthepracticeofdentistry. Recentlyadoptedandreviseddocumentsare:  
**GD 60-3 – Periodic Inspection of Dental Offices for Administration of Anesthesia and Sedation** addresses the scope and to implement the periodic office inspections for permit holders. JACHO accredited hospitals are exempted from inspection.  
**GD 60-5 – Policy on Sanctioning for Failure to Meet Continuing Education Requirements** was revised to reflect the current practice of having one person review a case for probable cause and the practice of offering pre-hearing consent orders in certain cases.  
**GD 60-17 – Policy on Recovery of Disciplinary Costs** has been updated to base the costs to be recovered on the actual expenditures in SFY 2014.  
**GD 60-20 – Guidance on Radiation Certification** continues the Board’s policy to allow persons who qualified to take x-rays by completing a radiation safety course and examination and registering with the board prior to May 11, 2011 to continue to take x-rays.  
Visit http://www.dhp.virginia.gov/dentistry/dentistry\_guidelines.htm to review these documents and the full list of available documents.

**DISCIPLINARY CASE DECISIONS**

Visit http://www.dhp.virginia.gov/enforcement/cdecision/boardresults.asp?board=4&send=View to see the recent Orders issued by the Board to licensees.

**DENTISTRY WORKFORCE DATA REPORTS**

Visit http://www.dhp.virginia.gov/hwdc/default.htm to review the reports released by the Healthcare Workforce Data Center on its findings from the surveys completed by dentists and dental hygienists that did their 2014 renewals online.

* + **Visit www.dhp.virginia.gov/dentistry to find meeting information, minutes and regulations.**
  + **E-mail denbd@dhp.virginia.gov with questions or to get on the mailing list for Board activities.**
  + **Register with the Virginia Regulatory Town Hall at www.townhall.virginia.gov to receive e-mail notices on the status of the Board’s regulatory activities.**

**VIRGINIA BOARD OF DENTISTRY BRIEFS**

**FEBRUARY 2014**

**THE REGULATIONS GOVERNING DENTAL PRACTICE ARE BEING REORGANIZED INTO FOUR CHAPTERS**On February 7, 2014, the Board’s Regulatory/Legislative Committee addressed the two public comments received on the four proposed chapters; then reviewed and edited the chapters. Motions to recommend adoptions by the Board were passed. The four chapters being finalized are:

• 18VAC60-15 Regulations Governing the Disciplinary Process in Dentistry

• 18VAC60-21 Regulations Governing the Practice of Dentistry • 18VAC60-25 Regulations Governing the Practice of Dental

Hygienists  
• 18VAC60-30 Regulations Governing the Practice of Dental

Assistants II.  
These regulations are available for review at http://www.dhp.virginia.gov/dentistry/leg/Proposed\_reorganization.doc. Changes that will apply to dentists when these regulations go into effect include but are not limited to:

* New sections on scope of practice and general responsibilities to patients
* Requiring that patient records be maintained for not less than six (6) years from the last date of service
* Requiring consent for treatment.  
  Changes that will apply to dental hygienists when these regulations go into effect include but are not limited to:
  + Topical oral anesthetics may be applied when practicing under general supervision
  + Athermal lasers may be used in scaling, root planing and/or gingival curettage under indirect or general supervision.

The Board plans to adopt these chapters as final regulations at its March 7, 2014 meeting; then submit them for approval from the Governor for publication in the Virginia Register of Regulations. Review the minutes and agenda materials addressing the regulations at http://www.dhp.virginia.gov/dentistry/dentistry\_calendar.htm.

**DISCIPLINARY CASE ACTIVITY**

The Board continues to investigate a steady flow of complaints and reports on its licensees. In 2013, 445 complaints and reports were received. The vast majority of complaints address the diagnosis given and/or the treatment provided to a patient. The number of cases

closed in 2013 with violations found was 153. Six of these cases were so egregious that they resulted in summary suspension of the license and the right to practice. The notices and orders issued to licensees who have been disciplined by the Board are available for review online at http://www.dhp.virginia.gov/enforcement/cdecision/default.asp.

**STATUS OF REGULATIONS FOR ADMINISTERING CONSCIOUS/MODERATE SEDATION , DEEP SEDATION, AND GENERAL ANESTHESIA**Emergency Regulations requiring dentists to meet education and equipment requirements, and to hold a permit to administer conscious/moderate sedation, deep sedation, or general anesthesia have been in effect since September 14, 2012, and will expire on March 15, 2014. The Board is in the process of replacing the Emergency Regulations with Final Regulations by March 15, 2014.

On December 5, 2013, the Board addressed the public comment received on the proposed Final Regulations; then on January 10, 2014, adopted them. These regulations are pending approval from the Governor for publication in the Virginia Register of Regulations. The Final Regulations will go into effect 30 days after publication. Review the minutes and agenda materials addressing the regulations at http://www.dhp.virginia.gov/dentistry/dentistry\_calendar.htm.

**ELECTRONIC RENEWAL NOTICES**

All dentists, dental hygienists and dental assistants II licensed in Virginia are required to renew their license to practice by March 31st of each year. E-mail notices are being sent in early February. If you have not kept your e-mail address current and/or have not renewed your license by March 1st, a paper renewal will be mailed to you at your address of record. Licensees who have not provided an e-mail address have been sent the standard paper notice via the US Postal Service to the address of record on file with the Board. Act now to verify that the Board has your current e-mail address and your current address of record. If you have already established your username and password on the Department of Health Professions’ Online Licensing site you can click here to continue to the Login page to update your information with the Board. Otherwise, you might send your current information by e-mail to denbd@dhp.virginia.gov . For assistance with online transactions, please contact the Department of Health Professions’ Practitioner Information Call Center at (804) 367-4444.

**DENTISTRY WORKFORCE DATA REPORTS**

Recent survey findings about Virginia’s dentist and dental hygienist workforces are now available at http://www.dhp.virginia.gov/hwdc/default.htm. The Healthcare Workforce Data Center (HWDC) collected its recent findings by surveying dentists and dental hygienists who completed their 2013 renewals online.

**VIRGINIA HEALTHCARE WORKFORCE DEVELOPMENT AUTHORITY**

The purpose of the VHWDA is to facilitate the development of a statewide health professions pipeline that identifies, educates, recruits and retains a diverse, geographically distributed, and culturally competent quality workforce for all Virginians. Visit http://www.vhwda.org/ to learn more about this authority.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Visit www.dhp.virginia.gov/dentistry to find meeting information, minutes and regulations.**
* **E-mail denbd@dhp.virginia.gov with questions or to get on the mailing list for Board activities.**
* **Register with the Virginia Regulatory Town Hall at www.townhall.virginia.gov to receive e-mail notices on the status of the Board’s regulatory activities.**

**VIRGINIA BOARD OF DENTISTRY BRIEFS**

**August 2013**

**DENTAL HYGIENE AND DENTAL HYGIENIST REDEFINED**

As a result of legislation which went into effect on July 1, 2013, the Code of Virginia now defines "dental hygiene" as duties related to patient assessment and the rendering of educational, preventive, and therapeutic dental services specified in regulations of the Board and not otherwise restricted to the practice of dentistry. The definition of “dental hygienist" was changed to a person who is licensed by the Board of Dentistry to practice dental hygiene. The legislation also clarifies the dental hygienist licensure requirement of graduation from a dental hygiene program accredited by the Commission on Dental Accreditation and offered by an accredited institution of higher education.

**EXPLORING ALTERNATIVES FOR TESTING CLINICAL SKILLS**

The Board of Dentistry has narrowed its study of alternative pathways for verifying competency for licensure to evaluating the feasibility of establishing a portfolio exam in cooperation with the VCU School of Dentistry (the School). A portfolio exam consists of a series of tests in specified competency domains working with patients of record as part of a dental or dental hygiene program. Student performance is evaluated by objective examiners using standardized rating scales. To learn more about this initiative, review the minutes of the Board’s Examination Committee meetings on February 1st and March 7th, 2013, at http://www.dhp.virginia.gov/dentistry/dentistry\_calendar.htm.

**STATUS OF REGULATIONS FOR ADMINISTERING CONSCIOUS/MODERATE SEDATION , DEEP SEDATION, AND GENERAL ANESTHESIA**Emergency Regulations requiring dentists to meet education and equipment requirements, and to hold a permit to administer conscious/moderate sedation, deep sedation, or general anesthesia have been in effect since September 14, 2012. They are scheduled to expire on September 13, 2013, but can be extended for six months pending publication of the final regulations.  
The proposed final regulations currently are under administrative review. Following receipt of the Governor’s approval, they will be published for public comment. The sixty day public comment period will include a public hearing. You might follow these regulations through the review process and submit comments by registering with the Virginia Regulatory Town Hall at www.townhall.virginia.gov.

**DENTAL HYGIENE AND DENTAL HYGIENIST REDEFINED**

As a result of legislation which went into effect on July 1, 2013, the Code of Virginia now defines "dental hygiene" as duties related to patient assessment and the rendering of educational, preventive, and therapeutic dental services specified in regulations of the Board and not otherwise restricted to the practice of dentistry. The definition of “dental hygienist" was changed to a person who is licensed by the Board of Dentistry to practice dental hygiene. The legislation also clarifies the dental hygienist licensure requirement of graduation from a dental hygiene program accredited by the Commission on Dental Accreditation and offered by an accredited institution of higher education.

**DISCIPLINARY CASES**

Addressing complaints and reports on licensees is the predominant work of the Board. In cases where a violation of the laws and regulations governing dentistry is suspected, the Board issues a notice that tells the licensee which allegations are being considered. These cases are processed through issuance of an order which states the violation(s) found, the legal basis for the finding(s), and any imposed sanctions. Notices and Orders are the only documents related to a case that are available to the public. These documents are available for review at www.dhp.virginia.gov/dentistry. Using the **License Look-up** tab is the best way to search for information on a particular licensee. The **Case Decisions** tab is the one to use to see the notices and orders that were issued in the last 90 days. On this page, you might also select “**Search Case Decisions by Date**” to search/open more extensive listings for review.

**FUTURE OF DENTAL LAW EXAM UNDER REVIEW**

In 2007, the Board began offering an online dental law exam through a testing agency. The exam was open book and available for anyone to take voluntarily. In addition, passage of the online exam was often required in disciplinary orders. The Board’s expectation that licensees would voluntarily take the exam for CE credit was not realized. As a consequence, there were not enough candidates taking the exam to make it financially feasible for a testing agency to continue administration. The Board’s Examination Committee met on March 8, 2013, and discussed: eliminating the exam; requiring it periodically for all licensees; and/or reinstituting the exam for licensure applicants. The Committee decided to review other states’ requirements for law exams before making a recommendation to the Board. Currently, Board staff is administering the exam in Richmond when it is required by a disciplinary order.

**GUIDANCE DOCUMENTS**

The Board issues Guidance Documents to provide information on correctly applying or implementing statutesorregulationsgoverningthepracticeofdentistry. Tworecentlyadopteddocumentsare:

* **Guidance Document 60-13, Policy on Recovery of Disciplinary Costs, effective 11/21/2012,**

**revised 12/7/2012** specify the costs to be recovered from a licensee in each pre-hearing consent order offered and in each order entered following an administrative proceeding. Assessed costs shall be paid within 45 days of the effective date of the Order.

* **Guidance Document 60-22, Policy on Sanctioning for Failure to Comply with Insurance and Billing Practices, adopted 3/7/2013** This policy was developed as a Guidance Document through which the Board delegates to its executive director the authority to make decisions on cases with only billing issues.

Visit www.dhp.virginia.us/dentistry and select the “Guidance Documents” tab to review the full list of available documents.

**Visit www.dhp.virginia.gov/dentistry to find meeting information, minutes and regulations. E-mail denbd@dhp.virginia.gov with questions or to get on the mailing list for Board**

**activities.**

**Register with the Virginia Regulatory Town Hall at www.townhall.virginia.gov for e-mail notices on the status of the Board’s regulatory activities.**

**VIRGINIA BOARD OF DENTISTRY BRIEFS**

**February 2013**

DENTISTRY WORKFORCE DATA RELEASED

Survey findings obtained with the 2012 online renewals of dentists and dental hygienists were released in two reports on January 9, 2013.  
The findings address age, gender, diversity, academic preparation, income, practice plans, and geographic location for each profession. Visit http://www.dhp.virginia.gov/hwdc/default.htm to review the reports.

PERMITS FOR ADMINISTERING MODERATE SEDATION, DEEP SEDATION , AND GENERAL ANESTHESIA  
Emergency Regulations requiring dentists to hold a permit in order to administer conscious/moderate sedation or deep sedation/general anesthesia went into effect on September 14, 2012. In addition to requiring permits by April 1, 2013, these regulations set forth requirements for delegation of administration, emergency equipment and techniques, and patient monitoring and discharge.

By law the Emergency Regulations must be replaced by final regulations within 12 to 18 months after promulgation. The Board discussed and adopted proposed final regulations at its December 7, 2012 meeting. Changes proposed for the final regulations include:

* Dividing general definitions, supervision definitions, and sedation

definitions into three sections

* Expanding the definition of “minimal sedation” to include

“anxiolysis” and “inhalation analgesia”

* Adding a definition of “titration”
* Specifying that equipment must be appropriately sized for

children and adults

* Modifying the requirement for an electrocardiographic monitor for

conscious/moderate sedation to apply when parenteral administration is practiced and when enteral administration includes titration.

The Board retained the prohibition against prescribing or administering medication to a child aged 12 and under prior to his arrival at the dental office.  
The proposed final regulations are under administrative review. Following receipt of the Governor’s approval, they will be published for public comment. The sixty day public comment period will include a public hearing. You might follow these regulations through the review process by registering with the Virginia Regulatory TownHall at www.townhall.virginia.gov.

DOCS SEDATION REGULATION ALERT INCORRECT

On January 29, 2012, the Board made an urgent request for a retraction of information provided by DOCS, a continuing education provider, in an undated alert which begins with “Victory in Virginia!” The information provided about action on the EKG requirement incorrectly states that “ the Virginia board will NOT be requiring EKG for moderate oral sedation ” Any dentist who relies on this information in the DOCS Alert may be in violation of Board regulations and be subject to disciplinary action by the Board. Such action may result if the Board finds through a periodic inspection or a complaint investigation that equipment required for the administration of conscious/moderate sedation is not present. An electrocardiographic monitor is currently required equipment for the use of conscious/moderate sedation regardless of the method of administration. If the final regulations include the proposed modified language on the EKG requirement reported in the article above, dentists who administer conscious/moderate sedation only by an enteral method and only in a single dose would no longer be required to have an electrocardiographic monitor when the final regulations go into effect.

REGULATIONS GOVERNING DENTAL PRACTICE AMENDED TO IMPLEMENT 2011 and 2012 LEGISLATION  
On November 21, 2012, the following provisions went into effect for:  
• Recovery of disciplinary costs associated with investigating and monitoring licensees for whom

disciplinary action has been imposed. Licensees sanctioned by the Board will be assessed costs up to $5000 based on the provisions of Guidance Document 60-17, which is available at www.dhp.virginia.us/dentistry by selecting the “Guidance Documents” tab.

|  |
| --- |
| Faculty and temporary resident licensure to expand eligibility for a temporary license to practice |
| in advanced dental education programs; consolidate the requirements for faculty and teacher’s licenses; and, extend the expiration of a restricted license for a foreign teacher license from one |
| year to two years. • Scope of practice of dental hygienists employed by the Department of Health to provide |
| educational and preventative dental care while under the remote supervision of a public health dentist. |

MORE ON LABORATORY WORK ORDER FORMS  
Revised Dental Laboratory Work Order and Dental Laboratory Subcontractor Work Order forms developed by a workgroup of representatives of the Virginia Dental Association and the Board were adopted by the Board at its December 7, 2012 meeting. They are provided to guide dentists on meeting the legal requirements for work order forms set out in §54.1-2719 of the Code of Virginia. Dentists have the option of using these forms, forms supplied by a lab, or their own forms to meet the requirements of the law. Regardless of the forms used, the information requested on the Board’s forms must be maintained as part of the patient’s treatment records as required by 18VAC60-20-15 of the Regulations Governing Dental Practice. The forms are available at www.dhp.virginia.gov/dentistry by selecting the “Applications and Forms” tab in the first column and then scrolling down to the bottom of the page to “Dental Labs.” Users with Adobe Reader can download and save these PDF forms to complete electronically. They can also be reviewed by selecting the “Guidance Documents” tab and selecting 60-18 Dental Laboratory Work Order Form, December 7, 2012 and 60-19 Dental Laboratory Subcontractor Work Order Form, December 7, 2012.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visit www.dhp.virginia.gov/dentistry to find meeting information, minutes, and regulations. E-mail denbd@dhp.virginia.gov with questions or to get on the mailing list for Board activities.  
Register with the Virginia Regulatory Town Hall at www.townhall.virginia.gov for e-mail notices on the status of the Board’s regulatory activities.

**VIRGINIA BOARD OF DENTISTRY BRIEFS**

**August 2012**

**2012 LEGISLATIVE CHANGES ADDRESSING DENTAL AND DENTAL HYGIENE PRACTICE**

* **Dental and dental hygiene school faculty; licensure.** Companion bills HB 344 and SB 384 amended several sections of the Dentistry Chapter of the Code of Virginia to: expand eligibility for temporary licenses to practice in advanced dental education programs; consolidate and clarify the requirements for a restricted license to teach dentistry or dental hygiene in a Virginia dental school or program; and extends the expiration of a restricted license for a foreign dentist to teach dentistry in Virginia from one year to two years. The Board of Dentistry will consider adoption of exempt regulations to implement these changes at its September 7, 2012 meeting.
* **Dental hygienists; scope of practice.** SB 146 expands a pilot program to allow licensed dental hygienists employed by the Department of Health to provide educational and preventative dental care throughout the Commonwealth while under the remote supervision of a public health dentist. The bill requires submission of an annual report on the services provided which addresses the impact upon the oral health of the citizens of the Commonwealth to the Secretary of Health and Human Resources. It also requires the Board of Dentistry to adopt the standing protocol as regulations so the Board will consider adoption of exempt regulations to implement this requirement at its September 7, 2012 meeting.

## EXPLORING ALTERNATIVES FOR TESTING CLINICAL SKILLS

The Board of Dentistry is studying alternatives to traditional regional clinical examinations for evaluating the clinical skills of applicants seeking dental licensure. The Board, at its December 2011, March 2012 and June 2012 meetings, received presentations on:

* the evidence about the value of testing on human subjects;
* the content, structure and procedures for administering the Canadian National Dental Objective Structured Clinical Examination (OSCE) for testing; and
* the CA Portfolio Examination which evaluates competence within the course of established treatment plans for patients of record at dental schools. The exam covers the full continuum of competence by assessing skill throughout the course of treatment beginning with diagnosis and treatment planning.

The Board will be working with an expert advisory panel to evaluate the feasibility of establishing an OSCE or portfolio exam in Virginia

## MORE ON LABORATORY WORK ORDER FORMS

Following issuance of the January 2012 edition of BRIEFS, the Board received questions about the prescribed forms and about using forms furnished by dental labs. The Dental Laboratory Work Order Form and the Dental Laboratory Subcontractor Work Order Form are issued by the Board to guide dentists in meeting the legal requirements for work orders in §54.1-2719 of the **Code of Virginia.**

Consider them to be a model or a template. Dentists have the option of using the Board's forms, forms supplied by a lab or their own forms. Just be sure that the information required to complete the Board's forms is included as part of the patient's treatment records and maintained as required by 18VAC60-20-15 of the **Regulations Governing Dental Practice.** The Board's forms can be reviewed on the Board's web page, [www.dhp.virqinia.gov/dentistry,](http://www.dhp.virqinia.gov/dentistry) by selecting the "Applications and Forms" tab in the first column then scrolling down to the bottom of the page to "Dental Labs." Users with Adobe Reader can download and save these PDF forms to complete electronically.

## PERMITS FOR ADMINISTERING MODERATE SEDATION I DEEP SEDATION AND GENERAL ANESTHESIA

Regulations to require dentists to hold a Board issued permit in order to administer conscious/moderate sedation or deep sedation/general anesthesia are at the Governor's office for approval to publish.

Information about applying for a permit will be mailed to all licensees following publication of the regulations in the Virginia Register of Regulations.

## GUIDANCE DOCUMENTS

The Board issues Guidance Documents to provide information on correctly applying or implementing statutes or regulations governing the practice of dentistry. Three of the most popular documents are:

* **Guidance Document 60-7, Delegation to Dental Assistants** lists the duties that might be delegated to dental assistants I and II in various treatment areas including restorative, hygiene, orthodontic and bleaching services as well as, the assistance permitted during administration of sedation and anesthesia.
* **Guidance Document 60-131 Policy on Administering Schedule II through VI Controlled Substances for Analgesia, Sedation and Anesthesia in Dental Offices/Practices** explains the meaning and application of the terms "administering," "under his direction and supervision" and "monitoring" then lists the duties that might be delegated to another dentist, an anesthesiologist, a certified registered nurse anesthetist, a dental hygienist, a dental assistant I or II and/or a nurse

related to local anesthesia, inhalation analgesia, anxiolysis, conscious sedation or deep sedation/general anesthesia.

* **Guidance Document 60-151 Standards for Professional Conduct in the Practice of Dentistry** This guidance was developed following a review of several codes of conduct in the dental community to help licensees understand the responsibilities of being a professional. The Board adopted this guidance at its December 4, 2009 meeting.

[Visitwww.dhp.virqinia.us/dentistry](http://www.dhp.virqinia.us/dentistry) and select the "Guidance Documents" tab to review the full list of available documents.

**Visit** [**www.dhp.virginia.gov/dentistry**](http://www.dhp.virginia.gov/dentistry) **to find meeting information, minutes and regulations.**

**E-mail** [**denbd@dhp.virginia.gov**](mailto:denbd@dhp.virginia.gov) **with questions or to get on the mailing list for Board activities.**

**Register with the Virginia Regulatory Town Hall at** [**www.townhall.virginia.gov**](http://www.townhall.virginia.gov/) **for e-mail notices on the status of the Board's regulatory activities.**

V I R G I N I A B O A R D O F D E N T I S T R Y B R I E F S

**January 2012**

**BOARD PRESCRIBED LABORATORY WORK ORDER FORMS**

In response to public comment on the need to assure the materials used in the construction and repair of dental appliances are safe for patients and are as ordered by a dentist, the Board adopted, on September 9, 2011, two work order forms as required by §54.1-2719 of the **Code of Virginia**. This statute **requires dentists** to furnish a written work order on forms prescribed by the Board to any person, firm or corporation being engaged to construct or repair prosthetic dentures, bridges or other appliances. It also **requires any person, firm or corporation** to furnish a written work order on forms prescribed by the Board to any subcontractor engaged to perform services for a dentist’s work order. The DENTAL LABORATORY WORK ORDER FORM and the DENTAL LABORATORY SUBCONTRACTOR WORK ORDER FORM to prescribe the minimum content that **must** be collected on work orders. So long as all the content prescribed by these forms is collected and the prescribed communications are conveyed, dentists may use the Board’s forms or other forms, such as ones furnished by a lab, or a combination of both forms to meet business needs. Dentists must **act now** to comply with the prescribed content**.**  Access the Board’s forms by clicking on their titles above or by visiting [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry) and selecting the “Applications and Forms” tab in the first column then scrolling down to the bottom of the page to “Dental Labs.”

**PERMITS FOR ADMINISTERING CONSCIOUS/MODERATE SEDATION OF DEEP DESATION/GENERAL ANESTHESIA**

The 2011 General Assembly passed SB1146 which authorizes the Board to require dentists to hold a Board issued permit in order to administer conscious/moderate sedation or deep sedation/general anesthesia. At its September 9, 2011 meeting, the Board adopted emergency regulations to implement this statute. The regulations are at the Governor’s office for approval to publish. Once approved the emergency regulations will stay in effect for 12 months. During this period the Board will work to replace the emergency regulations with final rules. When the emergency regulations are approved, the Board will notify licensees of the new requirements and the timeframe for obtaining a permit.

**ELECTRONIC RENEWAL NOTICES**

All dentists, dental hygienists and dental faculty licensed in Virginia are required to renew their license to practice by March 31st of each year.

The notices to renew these licenses for 2012 will be sent in February. For the first time, the renewal notices will be sent by e-mail to all licensees with an e-mail address on file with the Board. Licensees who have not provided an e-mail address will be sent the standard paper notice via the US Postal Service to the address of record on file with the Board. You might act now to facilitate receipt of your renewal notice by verifying that the Board has your current e-mail address and your current address of record. **If you have already established your username and password on the Department of Health Professions’ Online Licensing site you can click here to** [**continue to the Login page**](https://www.license.dhp.virginia.gov/license/) **to update your information with the Board. Otherwise, you might send your current information by e-mail to** [denbd@dhp.virginia.gov](mailto:denbd@dhp.virginia.gov) **.** For assistance with online transactions, please contact the Department of Health Professions’ Practitioner Information Call Center at (804) 367-4444.

**REGISTRATION OF MOBILE CLINICS**

Final regulations governing practice in mobile dental clinics and portable dental operations went into effect on January 4, 2012. A provision was added in the final regs which makes the following information provided by an applicant for registration public information: the names of dentists, dental hygienists and dental assistants II providing dental services; the dates on which services will be provided; and, the address or location where services will be provided. Rather than require a report on additional dates and locations at least 10 days prior to the provision of services, the final regulations require a written report of this information before providing services. To review the current regulations, see Part VIII of the Regulations Governing Dental Practice, beginning at 18VAC60-20-332 by selecting “Laws and Regulations” at [www.dhp.virginia.go/dentistry](http://www.dhp.virginia.go/dentistry).

**DENTAL ASSISTANTS II**

On December 2, 2011, the Board issued Guidance Document 60-8, Educational Requirements for Dental Assistants II, to clarify that candidates for registration have the option of choosing which modules to complete. The registrations issued by the Board will list which procedure the DA II is qualified to perform. Visit the “Guidance Documents” tab at [www.dhp.virginia.us/dentistry](http://www.dhp.virginia.us/dentistry) to read or copy this document.

**Guidance Document 60-7, Delegation to Dental Assistants**

This guidance was amended on December 2, 2011to move the duty “*select and manipulate gypsums and waxes*” from the duties that only Dental Assistants II might perform to General Services duties that any dental assistant might perform. Visit [www.dhp.virginia.us/dentistry](http://www.dhp.virginia.us/dentistry) and select the “Guidance Documents” tab to read or copy this document.

**Guidance Document for Recovery of Disciplinary Costs**

This guidance document was adopted on December 2, 2011 to be released concurrent with the regulations which will permit the Board to recover disciplinary costs. Publication of the final regulations is pending Governor’s approval.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visit [www.dhp.virginia.gov](http://www.dhp.virginia.gov)/dentistry to find meeting information, minutes and regulations.

E-mail [denbd@dhp.virginia.gov](mailto:denbd@dhp.virginia.gov) with questions or to get on the mailing list for Board activities.

Register with the Virginia Regulatory Town Hall at [www.townhall.virginia.gov](http://www.townhall.virginia.gov) for e-mail notices on the status of proposed regulations.

V I R G I N I A B O A R D O F D E N T I S T R Y B R I E F S

**August 2011**

**RADIATION CERTIFICATION REGULATION (18VAC60-20-195)**

This regulation was amended effective May 11, 2011 to delete the option for an unlicensed person to complete a course and pass an exam for taking x-rays in compliance with guidelines provided by the Board. This action was necessary because the Board does not have statutory authority to approve programs or to enforce program guidelines. The Board also decided that anyone who, prior to May 11, 2011, completed a course that had been approved by the Board may continue to place and expose x-rays at the direction of a dentist.

At its June 3, 2011 meeting, the Board adopted additional amendments to the Radiation Certification regulation to clarify the regulatory language on CODA accredited programs and to specify the DANB sponsored course and exam that is accepted. The three options for an unlicensed person to qualify to take x-rays are:

* Complete a course and exam given by an institution that maintains a dental assisting, dental hygiene or dental education program recognized by CODA,
* obtain certification from the American Registry of Radiologic Technologists, or
* complete the Radiation Health and Safety Review course and pass the Radiation Health and Safety exam given by the Dental Assisting National Board or its affiliate.

Pending the effective date of the amendment, the Board issued Guidance Document 60-20 which clarifies that CODA accredited programs can offer the training. Go to [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry) and select “Laws and Regulations Governing Dentistry” to review the Regulations Governing Dental Practice or select the “Guidance Document” tab for Guidance Document 60-20.

It is important to note that the Department of Health regulates the use of sources of radiation such as dental x-ray machines through its Virginia Radiation Protection Regulations. Part VI of these regulations, 18VAC5-481-1580 et seq, addresses the use of diagnostic x-rays in the healing arts. To review these regulations, visit the Department of Health’s web page at [www.vdh.state.va.us](http://www.vdh.state.va.us) or the Legislative Information System at <http://lis.virginia.gov>.

**DENTAL ASSISTANTS II**

The final Regulations for Dental Assistants II went into effect on March 2, 2011. At its March 11, 2011 meeting, the Board decided to advance an amendment to 18VAC60-20-61 to include pulp capping in the educational requirements. In the interim, the Board addressed this requirement by issuing Guidance Document 60-16, Guidance for Educational Programs for Dental Assistants II. Select the “Laws and Regulations Governing Dentistry” tab to review the current educational requirements in the Regulations Governing Dental Practice or the “Guidance Document” tab for Guidance Document 60-16 at [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry).

**REGULATORY REVIEW CONTINUES**

The Regulatory/Legislative Committee has completed its work to amend, expand and restructure the current Regulations Governing Dental Practice into four chapters (dentistry, dental hygiene, dental assisting and discipline). The Board adopted the four proposed chapters at its June 3, 2011 and is now waiting for approval from the Governor to publish its proposals for public comment. To view the Board’s 3/11/11 and 6/3/11 agenda materials and minutes addressing these proposed chapters visit [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry) and select “Meetings and Minutes.” To receive notice that the proposed regulations are available for public review and comment, register with the Regulatory Town Hall at <http://www.townhall.virginia.gov/um/publicuser.cfm> or get on the Board’s public notice list by sending an e-mail request to [denbd@dhp.virginia.gov](mailto:denbd@dhp.virginia.gov).

**PERMITS FOR ADMINISTERING CONSCIOUS/MODERATE SEDATION OR**

**DEEP SEDATION/GENERAL ANESTHESIA**

The 2011 General Assembly passed SB1146 which authorizes the Board to require dentists to hold a Board issued permit in order to administer conscious/moderate sedation or deep sedation/general anesthesia. The Board will consider proposed regulations on the requirements for obtaining a permit at its September 9, 2011 business meeting. Agenda materials will be posted prior to the meeting at [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry) in “Meetings and Minutes.” This law requires the Board to promulgate regulations within 280 days of its March 25, 2011enactment.

**PENDING REGULATIONS**

Following a public comment period which included a public hearing, the Board, on April 22, 2011, adopted two sets of regulations on the Recovery of Disciplinary Costs and the Registration of Mobile Dental Clinics. Both sets of regulations are awaiting approval by the Governor for publication as final rules.

**ADVERTISING COMPLAINTS RECEIVED FROM 7/1/2009 – 6/30/2011**

During the previous two fiscal years the Board received 1,223 complaints against its licensees. Of those complaints, 86 addressed an advertisement or the advertising practices of a dentist. In the first two columns in the chart below you will find information on the sources and the geographic areas of the 86 complaints. The last column provides information on the decisions the Board made on 76 of these advertising cases. Ten advertising cases received during the two year period are still active complaints and are pending a decision by the Board.

|  |  |  |
| --- | --- | --- |
| **Sources** | **Geographic Areas of the Reported Ads** | **Board Decisions** |
| Anonymous - 54 | VA Beach – 23 | No Violation - 54 |
| DDS – 19 | Williamsburg – 14 | Undetermined – 1 |
| Other – 12 | Norfork/Newport News/Hampton – 12 | Confidential Consent Agreement – 14 |
| MD – 1 | Chesapeake – 7 | Advisory Letter– 7 |
|  | Alexandria/Annandale/Ashburn/Burke/Fairfax/Fall Church/  Great Falls/McLean/Springfield/Vienna – 21 |  |
|  | Bethesda, MD/Dunn Loring/Fredericksburg/Glenside, PA/Harrisonburg/Richmond/Salem/Warrenton – 9 |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visit [www.dhp.virginia.gov](http://www.dhp.virginia.gov)/dentistry to find meeting information, minutes and regulations.

E-mail [denbd@dhp.virginia.gov](mailto:denbd@dhp.virginia.gov) with questions or to request e-mails for Board activities.

Register at [www.townhall.virginia.gov](http://www.townhall.virginia.gov) for e-mail notices on regulatory actions.

V I R G I N I A B O A R D O F D E N T I S T R Y B R I E F S

**January 2011**

**PUBLIC HEARINGS ON APPROVED REGULATIONS**

On Friday, February 25, 2011 at 9 am, the Board will hold public hearings on two sets of proposed regulations, Recovery of Disciplinary Costs and Registration of Mobile Dental Clinics. The hearings will be held in Board Room 4, Perimeter Center, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233. The proposed regulations are available at [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry) in the “Laws and Regulations Governing Dentistry” tab.

**REGULATORY REVIEW CONTINUES**

The Regulatory/Legislative Committee continues its work to amend and restructure the current Regulations Governing the Practice of Dentistry and Dental Hygiene. The Committee is developing four chapters - one each for general provisions, dentistry, dental hygiene and dental assisting – to replace the current regulations. The Committee has completed its preliminary draft of proposed language for the dental hygiene chapter. It will meet twice in February, on 2/10/11and 2/25/11, to discuss and adopt proposed language for the dentistry, dental assisting and general provisions chapters. The Committee’s goal is to take its recommendations for the four chapters to the Board for discussion at its March 11, 2011 meeting. To view the Committee’s 11/5/10 and 12/2-3/10 minutes addressing the dental hygiene chapter, and the agenda materials for the 2/10/11and 2/25/11 meetings visit [www.dhp.virginia.gov](http://www.dhp.virginia.gov)/dentistry and select “Meetings and Minutes.” Please note that the agenda materials for the February meetings will be posted about one week prior to each meeting.

**DENTAL ASSISTANTS II**

The final Regulations for Dental Assistants II will be published in the January 31, 2011 issue of the **Virginia Register of Regulations** and will go into effect on March 2, 2011. The regulations are posted in the “Laws and Regulations Governing Dentistry” tab at [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry).

The Board issued a guidance document, Delegation to Dental Assistants, to facilitate implementation of the new regulations. Guidance Document 60-7 is a chart that lists the duties that dentists might delegate to dental assistants I and dental assistants II. The chart is organized by the level of supervision required for the various duties. Go to [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry) and select “Guidance Documents” to see the chart.

**DENTAL ASSISTANTS II continued**

At its December 3, 2010 meeting, the Board agreed in principle that a technical amendment to the Regulations for Dental Assistants II is needed to expressly state that training to perform pulp-capping procedures is to be included in the laboratory training for amalgam and composite resin restorations. The planned fast track regulatory proposal can not be advanced until the regulations are in force so the Board will adopt the needed regulatory proposal at its March 11, 2011 meeting.

**DENTISTRY WORKFORCE ADVISORY COMMITTEE ESTABLISHED**

The Department of Health Professions’ Healthcare Workforce Data Center convened the first meeting of its Dentistry Workforce Advisory Committee on November 29, 2010. In 2011, the Committee will develop an online survey for dentists and dental hygienists to complete with their 2012 license renewals. The initial survey will collect data on types of practice, locations, hours worked, anticipated retirement and other key issues related to the supply and demand of dental professionals. Visit [www.dhp.virginia.gov/hwdc](http://www.dhp.virginia.gov/hwdc) for more information about the HWDC and to see survey results on nurses and physicians.

**ADVERTISING**

An Ad Hoc Committee on Advertising convened in August 2011 to discuss advertising by dentists. The Committee advised the Board that the current law and regulations on advertising are sufficient but that educational information and stronger Board enforcement action is needed. In response to the Committee’s recommendations, the Board amended the sanctioning provisions in Guidance Document 60-10, Policy on Sanctioning for Failure to Comply with Advertising Guidelines, and agreed to develop a guidance document focused on educating licensees about the advertising laws and regulations and to include a report on advertising case outcomes in a future edition of BRIEFS.

**VOLUNTEER PRACTICE APPLICATION**

On December 3, 2010, the Board was advised that a review of this application had been completed in response to applicants’ concerns about the documentation required. It was concluded that 18VAC60-20-100, Other Application Requirements, in the Regulations Governing the Practice of Dentistry and Dental Hygiene would need to be amended to bring this application in line with the one used by the Board of Medicine. The Regulatory/Legislative Committee was asked to reduce the requirements for this application in the regulatory review process.

**DENTAL LAB – DISCLOSURE OF MATERIALS**

In response to public interest in the materials used in the construction and repair of dental appliances, the Board is developing guidance on the information that dental labs and their subcontractors must provide to dentists as required by §54.1-2719(B) and (C) of the **Code of Virginia**. The guidance document will be reviewed at the Board’s March 11, 2011 meeting.

**LICENSE RENEWAL**

Renewal notices will be sent in the middle of February 2011 with a pin number for online renewal.  Please make sure that the Board has your current mailing address.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visit [www.dhp.virginia.gov](http://www.dhp.virginia.gov)/dentistry to find meeting information, minutes and regulations.

E-mail [denbd@dhp.virginia.gov](mailto:denbd@dhp.virginia.gov) with questions or to get on the mailing list for Board activities.

Register with the Virginia Regulatory Town Hall at [www.townhall.virginia.gov](http://www.townhall.virginia.gov) for e-mail notices on the status of proposed regulations.

V I R G I N I A B O A R D O F D E N T I S T R YB R I E F S

**August 2010**

**REGULATORY REVIEW IS UNDERWAY**

The Board has issued a Notice Of Intended Regulatory Action (NOIRA) for periodic review and reorganization of the current Regulations Governing the Practice of Dentistry and Dental Hygiene. Public comment on the NOIRA is being accepted through **September 1, 2010**. The Board plans to reorganize the regulations into four chapters (dentistry, dental hygiene, dental assistant and discipline). New provisions to further address professional conduct, patient records, reporting of adverse reactions, and administration of controlled substances are also planned. Comments concerning the current regulations may be sent to denbd@dhp.virginia.gov.

**DENTAL ASSISTANTS II**

The final regulations for the registration and practice of dental assistants II are awaiting the Governor’s approval to be published. The regulations will become final 30 days following publication. The status of these regulations can be monitored online through the Regulatory Town Hall at [www.townhall.virginia.gov](http://www.townhall.virginia.gov). The Board is planning to make a technical amendment to these regulations at its September 17, 2010 meeting to address the education requirements for performing pulp-capping procedures.

**STANDARDS FOR PRESCRIPTIONS IN VIRGINIA**

The Virginia Board of Pharmacy has updated Guidance Document 110-35 (Guidance on Virginia Prescription Requirements) (<http://www.dhp.virginia.gov/Pharmacy/guidelines/110-35_Requirements%20for%20prescriptions%206-2010.doc>) to reflect information from the Drug Enforcement Administration’s interim final rule that will authorize the electronic prescribing of Schedule II -V once certain conditions are met. The Guidance Document also provides information on written, oral, and faxed prescriptions.

**ADVERTISING**

In response to complaints about advertising claims being made by dentists, the Board convened an ad-hoc work group on August 20, 2010 to review the current advertising laws, regulations and guidance document. Suggestions from the work group for improving the regulations and addressing enforcement will be considered by the Board’s Regulatory/Legislative Committee on September 10, 2010.

**VDH DENTAL HYGIENE PILOT PROGRAM**

On June 11, 2010 , the Virginia Department of Health (VDH) gave the Board a report on the pilot program underway in three health districts (Lenowisco, Cumberland Plateau and Southside) to assess the use of dental hygienists in an expanded capacity as a viable means to increase access to dental health care for underserved populations. Under the protocol adopted for the pilot, VDH dental hygienists provide education, assessment, prevention and clinical services under the remote supervision of a VDH dentist. This pilot is authorized in the §54.1-2722(E) of the Code of Virginia. The law requires that a report on the pilot program be submitted to the Secretary of Health and Human Resources by November 1, 2010.

**AUTHORITY TO REQUIRE PERMITS FOR ADMINISTRATION OF SEDATION AND ANESTHESIA**

The Board is asking Governor McDonnell to present legislation to the 2011 Session of the General Assembly to require dentists to obtain a permit from the Board in order to administer conscious/moderate sedation and deep sedation/general anesthesia. The Board is seeking this authority so it might proactively address compliance with the laws and regulations governing the use of sedation and anesthesia in dental offices. The use of such controlled substances brings with it the risks of adverse reactions and even death. The permits will enable the Board to verify that:

* the treating dentist has the necessary education and training to safely administer controlled substances and to perform life saving interventions when adverse reactions occur,
* required patient monitoring and safety equipment is present, is maintained in working order, and that personnel are properly trained in its use, and
* auxiliary personnel have the required training and are assigned duties within the parameters established in the Regulations.

It is noteworthy, that Virginia is currently one of only four states that do not require these permits.

**ONLINE LICENSING REGISTRATION**

Applicants for general dental and dental hygiene licenses may now begin the application process online. Applicants are able to register with the Board and pay the application fee using a credit card. The application and required forms are then printed, completed, and mailed in to the Board with all the required documents.

**PMP – CONFIDENTIALITY – NON DISCLOSURE**

At its June 11, 2010 meeting, the Board adopted an amendment to the Regulations Governing the Practice of Dentistry and Dental Hygiene to conform to the provisions of §54.1-2525 of the Code of Virginia for the Prescription Monitoring Program (PMP). The change permits the Board to take disciplinary action for the unauthorized use or disclosure of the confidential information received from PMP. This exempt final action to section 18VAC60-20-170 on unprofessional conduct went into effect on August 4, 2010.

**DENTAL LAB – DISCLOSURE OF MATERIALS**

Many states now require dental labs to disclosure the materials used in constructing or repairing dental work, whether the work is performed offshore or domestically. The Board currently does not have this requirement in place. At its June 11, 2010 meeting, the Board directed the Regulatory/Legislative Committee to research what other states are requiring and bring a recommendation to the Board. The Regulatory/Legislative Committee will begin work on this topic at its September 10, 2010 meeting.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visit [www.dhp.virginia.gov](http://www.dhp.virginia.gov)/dentistry to find meeting information, minutes and regulations.

E-mail the Board at [denbd@dhp.virginia.gov](mailto:denbd@dhp.virginia.gov) to have notice of Board activities sent to you.

Register with the Virginia Regulatory Town Hall at [www.townhall.virginia.gov](http://www.townhall.virginia.gov) for e-mail notices on the status of proposed regulations.

V I R G I N I A B O A R D O F D E N T I S T R Y B R I E F S

**2009 in Review**

**INTRODUCTION**

Welcome to the first edition of **BRIEFS**. This edition recaps the major work of the Board in 2009. Future editions will introduce the licensing, regulatory and policy matters the Board is addressing. BRIEFS lives up to its name by briefly describing topics affecting practice then giving directions or links to source documents such as agenda materials, minutes, guidance documents, proposals, laws and regulations where more detailed information is available. State or federal information and programs related to dentistry may also be highlighted. The Board’s goal is to issue **BRIEFS** about once every six months. You must give us your e-mail address to receive future editions. You might use your renewal log-on to enter your e-mail address directly online or send it to [denbd@dhp.virginia.gov](mailto:denbd@dhp.virginia.gov). **BRIEFS** is posted online in “Periodic news” at [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry).

**DENTAL ASSISTANTS II**

Regulations for the registration and practice of DAsII are nearing implementation. These regulations will permit nationally certified dental assistants to enter the training needed to qualify for registration and to perform the reversible intraoral procedures specified in the regulations. The following minutes of the Regulatory/Legislative Committee chronicle the development of these regulations: September 10, 2008, October 29, 2008, December 3, 2008, February 25, 2009, April 22, 2009, and August 21, 2009. Visit [www.dhp.virginia.gov](http://www.dhp.virginia.gov) to view the proposed regulations and the minutes. For the proposed regulations select “Laws and Regulations Governing Dentistry” then “Proposed Regulations for Dental Assistants II.” For the minutes select “Meetings and Minutes” then scroll through the list to the dates noted above.

**MOBILE CLINICS AND PORTABLE OPERATIONS**

Emergency regulations requiring mobile practices to register with and report to the Board were adopted to become effective on January 8, 2010. Applicants are required to certify their compliance with health and safety standards and to report where they will practice as well as the names of the dentists and dental hygienists they employ. The Regulatory/Legislative Committee developed these regulations at its April 22, 2009 meeting. Go to [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry) and select “Laws and Regulations Governing Dentistry” to review the regulations or “Meetings and Minutes” to review the minutes.

**ADMINISTERING CONTROLLED SUBSTANCES**

Guidance Document 60-13 was adopted on September 11, 2009 to address questions raised by disciplinary cases and by licensees and their representatives. The document explains who can administer controlled substances in a dental practice from local anesthesia to deep sedation and general anesthesia. It also explains some of the key terminology used in various statutes and regulations on this subject. You might review Guidance Document 60-13 online by visiting [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry) then selecting “guidance documents.”

**RECOVERY OF DISCIPLINARY COSTS**

Proposed regulations to recover administrative costs associated with investigating and monitoring licensees were adopted by the Board on December 12, 2009 for submission for administrative review. Following administrative review the proposal will be released for public comment before final action is taken. You might follow the actions taken on these regulations by e-mailing a request to the Board at [denbd@dhp.virginia.gov](mailto:denbd@dhp.virginia.gov) to be added to the e-mail public participation distribution list or by registering with the Virginia Regulatory Town Hall at [www.townhall.virginia.gov](http://www.townhall.virginia.gov) for e-mail notices. The proposed language was developed by the Regulatory/Legislative Committee on November 20, 2009. Visit [www.dhp.virginia.gov](http://www.dhp.virginia.gov) to view the agenda materials and minutes.

**PERIODIC REVIEW OF DENTISTRY’S REGULATIONS**

The Regulatory Legislative Committee has conducted an internal review of the Board’s regulations to identify sections of the regulations that should be updated for consistency with nationally accepted standards or should be developed to address recurring questions and disciplinary issues. The overall structure of the regulations was also reviewed, resulting in a recommendation that the requirements for dentists, dental hygienists and dental assistants be addressed in three separate chapters. The Board will release a Notice of Intended Regulatory Action (NOIRA) to begin the promulgation process. You might follow the review proposals and actions by e-mailing a request to the Board at [denbd@dhp.virginia.gov](mailto:denbd@dhp.virginia.gov) to be added to the e-mail public participation distribution list or by registering with the Virginia Regulatory Town Hall at [www.townhall.virginia.gov](http://www.townhall.virginia.gov) for e-mail notices.

**STANDARDS FOR PROFESSIONAL CONDUCT**

Guidance document 60-15 was adopted on December 4, 2009 to assist licensees in adhering to standards that safeguard patients, uphold the laws and regulations governing practice and maintain the public trust. Guidance Document 60-15 is available online at [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry) by selecting “guidance documents.”

**DISCIPLINARY CASE DECISIONS**

The Department of Health Professions posts information at [www.dhp.virginia.gov](http://www.dhp.virginia.gov) about licensed health professionals who have been found in violation of the statutes and regulations governing practice. By selecting “Case Decisions” then “Dentistry” you might review the decisions issued to dentists and dental hygienists in the last 90 days and review the notices and orders that were issued by the Board. On that page you might also select “Search Case Decisions by Date” to pull up more extensive listings for review.

**VIRGINIA BOARD OF DENTISTRY**

**AUGUST 2007 EDITION**

**Administration of Nitrous Oxide and Local Anesthesia by**

**Dental Hygienists**

The Board is working to adopt regulations to implement the legislation passed in 2006. The legislation authorizes properly trained dental hygienists who are under the direction of a dentist to administer nitrous oxide and, to persons 18 years of age or older, local anesthesia. Notice of the intent to start the regulatory process was issued on August 7, 2006. Drafting the proposed regulations took several months then the draft proposal was submitted for review by Governor Kaine. The proposed regulations are now out for public comment.

The key requirements in the proposed regulations are:

* Training in administration through programs accredited by the Commission on Dental Accreditation of the American Dental Association.
* 8 hours of didactic and clinical training for the administration of nitrous oxide
* 36 hours of didactic and clinical training for the administration of nitrous oxide and local anesthesia
* A minimum score of 75% on a written program examination
* The directing dentist determines that the training requirements have been met

The proposal also includes provisions for acceptance of substantially equivalent training from other states and for documented experience.

The proposed regulations are posted on the Board’s web page at [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry) in the “Laws and Regulations” section and

on the Virginia Town Hall at [www.townhall.virginia.gov](http://www.townhall.virginia.gov). Written public comment is being accepted until OCTOBER 5, 2007 and a **PUBLIC HEARING** is being held at 9:00 a.m. on SEPTEMBER 7, 2007 at the:

Department of Health Professions

Perimeter Center

9960 Mayland Drive, 2nd Floor

Richmond, VA 23233-1463

The Board will review the public comment received and consider adoption of final regulations at its December 7, 2007 meeting.

**Message from the President**

During my first four year term on the Board, the last year as President, I have seen the Board grow and evolve in ways that not just serve the dental community, but the citizens of the Commonwealth in general. I am impressed by the way the Board members work well together even when there are conflicting points of view.

I believe strongly in not comprising ethics and principals when decisions are discussed. We spend what seems to be a large amount of time making what seem like easy, simple decisions. However, because these decisions impact all of us, it is good to air all points of view. The Board members spend a large amount of time on Board activities, but it pays dividends for the profession.

In my 30+ years as a dentist, I did not realize the value of having an involved Board of Dentistry. I was focused on doing dentistry and dealing with the business side of it. I was active in the dental society and appreciated the tremendous amount of positive work done there. However, I did not, and I dare say most of you, do not realize the actual work done by the Board.

A good explanation of our (and all of the health professions) mission was stated by the former director of the Department of Health Professions, Robert Nebiker. He said that the boards exist “to enhance access to and the delivery of safe and competent health care by licensing health care providers and enforcing standards governing their practice.” The boards:

* adopt regulations, propose legislation, and provide policy guidance,
* assure minimum competency for a license, certification, or registration, and
* take disciplinary action as needed.

This all sounds simple, but it is anything but that. It takes a Herculean effort by our staff of seven (7). Under the exceptional leadership of our executive director, Sandy Reen, the many tasks that must be simultaneously done get done. She is more than ably assisted by Alan Heaberlin (deputy executive director), Deborah Southall, RDH (case manager), Cheri Emma-Leigh (operations manager), and Kathy Lackey, Catherine Chappell and Loretta Rountree (administrative assistants). Also assisting us is Senior Assistant Attorney General, Howard Casway. The members of the Board and the citizens of the Commonwealth thank you.

Additionally, I would like to thank all the Board members who I have served with and will serve with. Their dedication and desire to do the best possible job is infectious. The insight and knowledge one gains from working with these professionals is invaluable. Collectively, we have the ability to get the job done.

To briefly summarize our activities over the past year, on the regulatory front, the major change that went into effect was in monitoring sedation and inhalation analgesia. Proposed regulations for this year include allowing trained dental hygienists to administer local anesthesia and inhalation analgesia. Under review for the future is establishing two classes of dental assistants to address expanded duties for well trained dental assistants.

By far the biggest time commitment and most costly activity is addressing disciplinary cases. In 2006 there were 276 cases of which 59 had violations. Presently, there are 697 open cases! It takes a tremendous amount of staff (Department of Health Professions and Board of Dentistry) time to investigate and prepare a report for Board members to review. Our mandate from Governor Kaine is to lower the number of open cases by decreasing the amount of time it takes to close a case. Towards this goal we are changing the way cases are reviewed while assuring that the integrity of the process is preserved.

What makes this goal hard is that the trend is an increase each year in the number of new complaints requiring Board action. In many cases, better communication by the dentist or dental hygienist with the patient and better record keeping would stop complaints before they start. Have you listened to the patient? Have you informed and explained the outcome(s) of treatment? Have you presented options? AND have you correctly documented it? The old saying - that you should treat every patient as you would want to be treated - sounds elementary, but such an approach is not evident in many of the cases that come to the Board.

Board meetings, informal conferences, formal hearings, and public hearings are great opportunities to learn about Board activities. We have a scheduled Board meeting four (4) times a year. Additionally, there are numerous committee meetings and disciplinary proceedings throughout the year. These are all open meetings. You would be welcomed. Our web page, [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry), provides current details about meetings, regulations, licensure, disciplinary matters, etc. It is a great resource and should be used regularly.

Being a member of the Board of Dentistry allows one to grow personally and professionally. Dedication to the profession and to the citizens of the Commonwealth allows us to do the best possible job. It is a true honor to serve.

**Paul N. Zimmet, D.D.S.**

**Board President**

**Changes Made to the Dentistry Chapter of the Code of Virginia and Related Statutes**

* The Drug Control Act was amended effective July 1, 2007, to permit doctors of medicine or osteopathic medicine to issue oral or written orders or a standing protocol for nurses and dental hygienists to possess and to administer topical fluoride varnish to the teeth of children aged six months to three years. The doctor’s order or protocol must conform to standards adopted by the Department of Health. Such administration by dental hygienists is limited to children who receive home visits from the Health Department or who are enrolled in Head Start programs or who are clients of safety-net healthcare facilities (e.g. rural health, community health centers, mobile dental clinics, and Health Department programs).
* In the same legislation, the provisions for dental hygienists in the Dentistry Chapter were amended effective July 1, 2007 to reflect that dental hygienists might practice under orders or protocols issued by doctors of medicine or osteopathic medicine only under the narrow provisions of the Drug Control Act at §54.1-3408.U.

**Monitoring of Nitrous Oxide**

The requirement for a second person to be in the operatory with the dentist to monitor the patient during the administration of inhalation analgesia (nitrous oxide) was deleted from the regulations on anxiolysis and inhalation analgesia at 18 VAC 60-20-108 effective November 18, 2006. During the administration of inhalation analgesia one person must be with the patient at all times. The one person with the patient could be the dentist, a dental hygienist or a dental assistant. Only a dentist might start and stop the administration of nitrous oxide and a dentist may direct a dental hygienist or a dental assistant to adjust the flow nitrous oxide.

A two person treatment team, the dentist and a second person to assist, monitor and observe the patient, is still required for the administration of anxiolysis. Continuous monitoring of the patient is also required for anxiolysis.

**General Supervision Timeframe Increased**

Effective August 25, 2007, the period of time in which treatment by a dental hygienist under general supervision might occur before the dentist examines the patient again is increased from a maximum of seven (7) months to ten (10) months from the date the dentist last examined the patient. This change to the general supervision regulations at 18 VAC 60-20-210.D(1) was adopted by the Board to respond to concerns raised by dentists and dental hygienists about patients who need multiple hygiene visits and those who are unable to schedule appointments for complete examinations every 6 to 7 months due to either time conflicts or costs.

The order for treatment under general supervision must specify the time period in which the prescribe treatment must be rendered. Orders written prior to August 25, 2007 may be amended to reflect this regulatory change.

**Public Participation Guidelines**

Updated guidelines are effective on August 25, 2007. The changes made to these regulations include:

* adding provisions for electronic notification of regulatory actions
* stating that the Regulatory Town Hall is an option for submitting comments on the Board’s regulatory proposals, and
* extending the timeframe allowed for an ad hoc committee to advise the Board on regulatory development.

These guidelines provide the public and licensees with information on how to address regulatory concerns to the Board so that the Board’s actions fulfill the purpose of protecting the health and safety of the public in a manner that is not unduly burdensome to those being regulated.

**Informed Consent**

The Board issued a Notice of Intended Regulatory Action (NOIRA) on June 11, 2007 on its proposed action to specify requirements for informed consent in the performance of dental treatment. The Board is planning to amend the requirements for recordkeeping in the regulations at 18VAC60-20-15 to address the documentation of patient consent. Establishing policy on informed consent will protect patients and help prevent misunderstandings between the patient and dentist. No public comment was received during the 30 day public comment period which ended on July 11, 2007. The NOIRA is the first public notice that the Board is planning to adopt regulations. Over the next several months the Board will develop and then adopt proposed regulations that will be issued for public comment. All regulatory actions are posted on the Board’s web page, on the Regulatory Town Hall and announced via e-mail or regular mail to the individuals who have requested to be on the Board’s public information lists.

**Answers from the Board**

The Board frequently receives inquiries about the application or interpretation of the laws and regulations governing the practice of dentistry and dental hygiene. These questions are discussed during meetings and responses are adopted by motion. The following responses have been given by the Board since the last Bulletin was issued in May 2006:

* That, pursuant to the provisions of §54.1-2711 of the Dentistry Chapter of the Code, taking impressions for the fabrication of appliances or dental prosthesis and placing and adjusting such substitutes in the mouth are defined as the practice of dentistry and therefore:
  + a dental hygienist or a dental assistant cannot take an impression for an occlusal guard;
  + a dental assistant cannot take an impression for a repair to a partial;
  + a dental assistant cannot take an impression to add a tooth to a partial; and
  + a dental hygienist or a dental assistant can only adjust an occlusal guard outside the patient’s mouth, and then have the dentist check the final fit.
* The Board’s position is to allow prescribing anti-smoking drugs for dental related conditions.
* Whitening lights are within the scope of the practice of dentistry and should be used under the direction of a dentist and that dentists are prohibited from practicing in commercial and mercantile establishments.
* The Board reaffirmed its previous position that prescribing antifungal medication for vaginal yeast infections is not within the scope of the practice of dentistry.
* That, pursuant to 18 VAC 60-20-200 and 210:
  + Dentists are responsible for limiting the number of hygienists practicing under his/her direction or general supervision to two at any given time and may be subject to disciplinary action if found to be in violation.
  + The regulations do not assign responsibility to dental hygienists for the number of dental hygienists practicing under a dentist. Dental hygienists are not subject to disciplinary action if the dentist they are working for has more than two hygienists working at the same time.
  + In an office where two dentists are present, each dentist may have up to two hygienists working with their respective patients. A dentist is not allowed to have a third hygienist working with his patients regardless of the presence of another dentist.
* A dental hygienist may not use laser technology to eliminate periodontally involved bacteria from the sulcus because the regulations at 18 VAC 60-20-220.A(1) and B(1) limit the permissible instruments for scaling and root planing by dental hygieinsts to hand instruments, rotary instruments and ultrasonic devices.

**Dental Law Exam**

The Board has contracted with a private contractor, PSI, to administer an on-line Virginia dental law exam. The exam will be used as a remedial education tool for licensees who have been found to be in violation of the laws and regulations governing the practice of dentistry or dental hygiene. It will also be available to anyone who

wishes to take it on a voluntary basis to assess their knowledge before certifying on an application or annual renewal that they are current with the laws and regulations governing practice. The fee for the exam is $52. The subjects covered by the exam are:

* Dentistry Chapter §54.1-2700 et seq
* Public Participation Guidelines 18VAC60-10-10 et seq
* Regulations Governing the Practice of Dentistry and Dental Hygiene 18VAC60-20-10 et seq
* §54.1-3408 through §54.1-3411 of the Virginia Drug Control Act
* Law on Patient Health Records §32.1-127.1:03
* Health Practitioner Intervention Program Chapter §54.1-2515 et seq
* General Provisions for Health Regulatory Boards Chapter §54.1-2400 et seq

For more information about the examination, please request a Candidate Information Bulletin from:

**PSI licensure:certification**

**3210 E Tropicana \* Las Vegas, NV \* 89121**

**Examination Registration Number (800) 620-5802**

**Technical Support Number (702) 939 6780**

**Fax Number (702) 932-2666**

**www.psiexams.com**

**Proposal to Allow Expanded Duties for Dental Assistants**

The Board is submitting for executive review a legislative proposal for possible introduction to the 2008 Session of the General Assembly. The proposal is to establish in law two classes of dental assistants: Dental Assistant I and Dental Assistant II. The law is needed to enable the Board to develop regulations which allow dental assistants with appropriate training to do certain patient care procedures presently restricted by law and regulation to dentists and dental hygienists. The proposal being advanced by the Board is to create a new Code section, §54.1-2730, stating that:

* A person may practice as a dental assistant I who is employed to assist a licensed dentist or dental hygienist by performing duties not otherwise restricted to the practice of a dentist, dental hygienist or dental assistant II, as prescribed in regulations promulgated by the Board, and
* A person may practice as a dental assistant II who (i) has met the educational and training requirements prescribed by regulations of the Board; (ii) holds a certification from a credentialing organization recognized by the American Dental Association; and (iii) has met any other qualifications for registration as prescribed in regulations promulgated by the Board. A dental assistant II may perform duties not otherwise restricted to the practice of a dentist or a dental hygienist under the direction of a licensed dentist that are reversible, intraoral procedures specified in regulations of the Board.

**Guidance Documents**

From time to time, the Board adopts guidance documents to assist licensees in understanding and applying statutes and regulations. The guidance documents are available on the web page. Guidance documents that may be interest include:

**60-5** [Board policy on sanctioning for failure to meet continuing education requirements, March 3, 2006](http://www.dhp.state.va.us/dentistry/guidelines/60-5%20Sanctioning%20CE.doc)

**60-6** [Board policy on policy on sanctioning for practicing with an expired license, March 3, 2006](http://www.dhp.state.va.us/dentistry/guidelines/60-6%20Sanctioning%20expired%20license.doc)

**60-8**  [Special Bulletin on clarification of general supervision, revised December 12, 2006](http://www.dhp.state.va.us/dentistry/guidelines/60-8%20Special%20Bulletin.doc)

**60-12** [Board guidance on administration of topical oral fluorides by dental hygienists in the Virginia Department of Health, adopted June 8, 2007](http://www.dhp.state.va.us/dentistry/guidelines/60-12%20DH%20fluorides.doc)

**Calendar of Upcoming Board Meetings for 2007**

|  |  |  |  |
| --- | --- | --- | --- |
| September 6, 2007 | Formal Hearings | October 26, 2007 | Special Conference Committee D |
| September 7, 2007 | Public Hearing | November 16, 2007 | Special Conference Committee A |
| September 7, 2007 | Board Meeting | November 30, 2007 | Special Conference Committee B |
| September 14, 2007 | Special Conference Committee A | December 6, 2007 | Formal Hearings |
| October 12, 2007 | Special Conference Committee B | December 7, 2007 | Board Meeting |
| October 19, 2007 | Cosmetic Procedures Review | December 14, 2007 | Special Conference Committee C |
| October 26, 2007 | Special Conference Committee C | December 14, 2007 | Special Conference Committee D |

**Calendar of Upcoming Board Meetings for 2008**

|  |  |  |  |
| --- | --- | --- | --- |
| January 4, 2008 | Special Conference Committee A | July 11, 2008 | Special Conference Committee A |
| January 25, 2008 | SCC - B\* / Credentials Committee | July 25, 2008 | SCC – B / Credentials Committee |
| February 1, 2008 | Special Conference Committees C & D | August 8, 2008 | Special Conference Committees C & D |
| February 22, 2008 | Special Conference Committee A | August 22, 2008 | Special Conference Committee A |
| March 6, 2008 | Formal Hearings | September 11, 2008 | Formal Hearings |
| March 7, 2008 | Board Meeting | September 12, 2008 | Board Meeting |
| March 14, 2008 | SCC – B / Credentials Committee | September 19, 2008 | SCC – B / Credentials Committee |
| March 28, 2008 | Special Conference Committees C & D | October 3, 2008 | Special Conference Committees C & D |
| April 11, 2008 | Special Conference Committee A | October 17, 2008 | Special Conference Committee A |
| April 25, 2008 | SCC – B / Credentials Committee | October 31, 2008 | SCC – B / Credentials Committee |
| May 9, 2008 | Special Conference Committees C & D | November 14, 2008 | Special Conference Committees C & D |
| May 23, 2008 | Special Conference Committee A | November 28, 2008 | Special Conference Committee A |
| June 5, 2008 | Formal Hearings | December 11, 2008 | Formal Hearings |
| June 6, 2008 | Board Meetings | December 12, 2008 | Board Meeting |
| June 13, 2008 | SCC – B / Credentials Committee | December 19, 2008 | SCC – B / Credentials Committee |
| June 27, 2008 | Special Conference Committees C & D |  |  |

\*SCC-B is an abbreviation for Special Conference Committee-B

**Have You Renewed Your License?**

Please check your license to see if it is current. Dentists and dental hygienists are required to renew their license annually by March 31st. Having a current license is not a technicality. Any treatment rendered during the period a license has lapsed constitutes unlicensed practice.

**Board of Dentistry**

**Dept of Health Professions**

**Perimeter Center**

**9960 Mayland Drive**

**Suite 300**

**Richmond, VA 23230-1712**

**VIRGINIA BOARD OF DENTISTRY** **BULLETIN**

**May 2006**

**Virginia Board of Dentistry Bulletins**

The Board is taking two steps to facilitate more frequent and timely dissemination of the **Bulletin**. First, future editions will be posted on-line and postcards will be mailed to advise that a new **Bulletin** is available. Print copies will be provided upon request. Second, summaries of the orders issued in disciplinary case decisions are now being prepared as separate reports by calendar year. Named “**Board Case Decisions**,” the summaries for 2002, 2003, 2004 and 2005 will be posted in the newsletters section of the Board’s web page by June 1, 2006.

**New Format For Prescription Blanks Required July 1, 2006**

In 2003, the General Assembly eliminated the Virginia Voluntary Formulary as the standard for generic substitution and put into place the FDA "Orange Book" as the new standard. For this reason, the prescription blank requirement for a check box "Voluntary Formulary Permitted" had to be removed from law. There is now no set form for a written prescription blank. Because the term "brand medically necessary" is a nationally accepted term and one that is required by Medicaid in order to ensure payment for a branded product, this phrase was adopted in Virginia law as the required term to prohibit generic substitution. The new law gave prescribers three years to use "old" prescription blanks before the new requirement took effect. After July 1, 2006, checking an old "dispense as written" box will not prohibit generic substitution. The law allows a pharmacist to dispense a therapeutically equivalent drug for a brand-name drug unless the prescriber indicates that such a substitution should not take place by specifying “**brand medically necessary**” on the prescription. More information from the Virginia Board of Pharmacy on prescription forms is available online in “Announcements” at www.dhp.virginia.gov/dentistry.

**New Requirements for Continuing Education**

* After June 29, 2006, all dentists and dental hygienists must maintain training in basic cardiopulmonary resuscitation.
* After June 29, 2006, all dentists who administer conscious sedation or deep sedation/general anesthesia are required to hold current certification in advanced resuscitative techniques, such as courses in Advanced Cardiac Life Support or Pediatric Advanced Life Support.
* After June 29, 2006, every dentist who administers general anesthesia, deep sedation or conscious sedation is required to obtain 4 hours of continuing education on the administration of anesthesia or sedation within a two-year period.
* After June 29, 2006, every dental hygienist who monitors general anesthesia, deep sedation or conscious sedation is required to obtain 4 hours of continuing education on monitoring of anesthesia or sedation within a two-year period.

The two-year period will run with the renewal period. The first course taken to meet this requirement should be taken between April 1, 2006 and March 31, 2008. The next course must be taken within two years of the first course and would need to be taken between April 1, 2008 and March 31, 2010.

**Message from the President**

Greetings from the Board of Dentistry. This Bulletin is being sent to each of our nine thousand plus dental health care licensees as an educational newsletter to update you on some of the many items that the board has been working on this past year and to give you some insight on how the Board operates.

The Board of Dentistry is one of thirteen Boards that make up the Department of Health Professions.  The 10 members of our Board - 7 dentists, 2 hygienists, and one citizen member - are honored to serve the citizens of the Commonwealth at the pleasure of the Governor for a four-year term. Our administrative mandate is the protection of the public in the Commonwealth of Virginia.  To that end, the major areas to which our attention is drawn are licensure, legislation, regulation, and enforcement.

The Board issues licenses to applicants that meet the qualifications established by the Board. Licenses must be renewed by April first each year. The Department has made this easy and cost effective by allowing this to be done on the internet.  Be sure to post your license conspicuously in your office along with your employees’ licenses and certificates of training to expose x-ray film.

Over the last several years there has been great interest in expanding and increasing access to health care in the Commonwealth. Dentists from other jurisdictions, both general and specialists, wishing to practice in the Commonwealth may now apply for licensure as the Board's new regulations allows for licensure by credentials.  Additionally we have been working with the Dental Boards of other states through the American Association of Dental Examiners to advance the concept of one national board exam, rather than the current regional examinations to allow portability of your license to practice in other states.  Virginia now accepts the four major regional exams for competency in clinical dentistry. Board members also have participated in the testing of candidates for licensure. The Board meets regularly with the faculty of  the VCU School of Dentistry to discuss the education of students.

Our legislative initiatives take several forms. Legislation requiring statutory changes or additions generally begin in our Regulatory-Legislative Committee, proceed to the full board and if approved, are submitted to the Department, to the Secretary of Health and Human Resources and to the Governor for inclusion in his legislative package. If approved, the proposal is submitted to the General Assembly.  When authorized by statute, the promulgation of new or amended regulations is discussed and voted on by the Board with several opportunities for public comment during the process. As regulations change periodically, we recommend that you check our web site regularly to familiarize yourself with these changes. All Board actions as well as items in the legislative process are posted on the web site.

The enforcement area ensures compliance with laws and regulations for the protection of the public. This administrative process is one by which a complaint proceeds through several levels of investigation, review, and resolution.  Many complaints are without merit and these cases are quickly closed.  Some require more involved investigation. The Enforcement Division of the Department of Health Professions has well trained investigators who follow up on  the source of a complaint, discuss with the licensee his or her response to the complaint, may inspect a dental office, obtain documents and evidence, and then submit a report to the Board. The Board determines if there is probable cause for the licensee to be charged with a violation. Among the options available to the Board, the case may be closed or if probable cause exists to believe a violation has occurred, a licensee may be presented with a confidential consent agreement, a letter of advice, a consent order, or requested to appear for an informal fact-finding conference to discuss the validity of the complaint with a Special Conference Committee. The matter may be resolved at that point. If not, the licensee will be scheduled for a formal hearing. Violations of regulations or statutes found after an informal conference or formal hearing in the form of findings of fact and conclusions of law serve as the basis for the imposition of a disciplinary sanction. These sanctions may include a reprimand, monetary penalty, remedial action, probation, or suspension or revocation of a license.

Violations unfortunately span the range of statutes and regulations. If you have a question regarding your practice, you may contact the board. A guidance document may be issued to help with your concern.

As the Board must be financially self sufficient, and as the cost to the Board for enforcement and administration has increased, there now necessitates a potential license fee increase.

Several items of guidance to help avoid violations:

* Dental assistants are limited in their functions as provided for in Board regulations. Do not allow these functions to be exceeded. Read the regulations regarding the duties that may only be performed by a dentist or dental hygienist.
* Advertising cannot be false or misleading. Do not market or advertise your dental practice in a manner that is false, misleading or deceptive.
* Medical histories must be updated every year.
* Dental records should be clear and complete.
* Continuing education requirements are fifteen credits per year including CPR.
* Take all necessary radiographs.
* Wear gloves, masks and appropriate protective equipment.
* Sterilize instruments, perform biological monitoring and follow universal precautions.
* Prescribe scheduled drugs only to patients of record and only for dental conditions.
* A patient is entitled to copies of their records, including radiographs, even if they have not paid their bill.
* When a dentist is administering nitrous oxide, another staff member must be present at all times to monitor the patient in addition to the dentist.
* A patient should consent to the treatment to be performed and to the associated fees prior to treatment.
* Placement of an amalgam restoration is safe, so you should not state that silver mercury amalgam is toxic or recommend replacement of such restorations based on toxicity.
* Up to two dental hygienists can work under general supervision or direction at any one time for one dentist.

The Board of Dentistry meets at least four times a year and welcomes any of our fellow dentists, dental hygienists, and members of the public to participate and present input on issues of concern. Clearly the work that we do is dynamic, and as such, the rules and regulations for our profession change.  Our web site is the most up to date avenue to obtain information on the current rules, regulations and topics of interest to our dental community.

Each of our board members spends over thirty days a year involved with board business and should be commended for their dedication. Our staff, led by Executive Director Sandra Reen and Operations Manager Cheri Emma-Leigh, performs a fantastic job in the entire range of board functions. They have shown us why Virginia is the best managed state in the country.

Please serve your patients well and enjoy our profession.

**Harold S. Seigel, D.D.S.**

**Board President**

**Reporting Adverse Reactions**

Dentists are required to make a written report to the Board within 30 days following any mortality or morbidity which results from the administration of local anesthesia, deep sedation/general anesthesia, conscious sedation, or nitrous oxide oxygen inhalation analgesia. Events which occur in the facility or during the first 24 hours immediately following the patient's departure from the facility must be reported. For purposes of this requirement, the Board defines “morbidity” to mean any incident which results in transport of a patient to a hospital for a stay of more than 24 hours.

**Anesthesia, Sedation and Analgesia**

A Power Point presentation on the anesthesia, sedation and analgesia regulations that went into effective on June 29, 2005 is now is available online at [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry). The presentation consists of 64 slides setting out the definitions and major provisions of the regulations.

**New Requirement for Annual Certification**

Beginning with renewals in 2007, all licensees will be required to certify on their annual renewal application that they are maintaining current knowledge of the laws and regulations governing the practice of dentistry and dental hygiene. The laws and regulations are available online at www.dhp.virginia.gov/dentistry.

**Updated Health History**

The Board requires that patient records include an updated health history. The following guidance was issued in response to questions about how often the health history should be updated: The health history of a patient, who is receiving dental care at least once a year, should be updated at least annually or more often if medically indicated. If a patient seeks dental care less often than annually, the health history should be updated at the time of each visit. The taking of an updated health history shall be documented in the patient record.

**Changes made to the Dental Practice Act**

* Effective July 1, 2004, the Board was given statutory authority to grant a temporary license to persons enrolled in advanced dental education programs and to delegate informal fact-finding proceedings to appropriately qualified agency subordinates.
* Effective July 1, 2005, the Board was given statutory authority to grant licensure by credentials to qualified dentists. Also, the statutory provisions on continuing education for dental hygienists were amended so that the Board could permit dental hygienists to carry extra continuing education credits earned in one renewal year forward to the next renewal year.
* Effective July 1, 2006, the Board will have statutory authority to establish education and training requirements for dental hygienists working under a dentist’s direction to administer nitrous oxide and oxygen inhalation analgesia to patients of any age and to administer Schedule VI local anesthesia for patients 18 years of age or older. The statute is also being amended to exempt dentists and dental hygienists from the requirement to display their license when serving as a volunteer providing dental service in a clinic operated by a Virginia charitable corporation.

**Enhanced Prescription Monitoring Program**

In 2002, in response to a problem with prescription drug abuse which had been documented in Southwest Virginia, the General Assembly passed a law establishing a pilot program for a prescription monitoring program. The program collects prescription data for specified drug schedules into a central database which can then be used by limited authorized users to assist in deterring the illegitimate use of prescription drugs. The Prescription Monitoring Program is being expanded to the entire state and will include Schedules II-IV. One significant new deterrent to prescription drug abuse with the new program is the authority for prescribers, mostly physicians and dentists, to query the database to rule out the possibility that a patient is "doctor shopping" or "scamming" the prescriber in order to obtain controlled substances. A prescriber must obtain written consent from the patient before submitting an inquiry. Prescribers who wish to utilize the system should log onto [www.dhp.virginia.gov](http://www.dhp.virginia.gov/) and download the request form under “Services for Practitioners.”

**Patient Records**

The law regarding patient records (Virginia Code § [32.1-127.1:03](http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-127.1C03)) has recently been updated to allow a minor who consented to treatment to obtain his health records and to explain the fee that might be charged for production of records. A reasonable cost-based fee for providing records is permitted. The fee shall include only the cost of supplies for and labor of copying the requested information, postage when the individual requests that such information be mailed, and preparation of an explanation or summary of such information as agreed to by the individual.

**General Supervision**

The Board has received reports from dental hygienists about being expected by their employers to “bend the rules” on general supervision. The principle concern being reported is that dentists are calling the dental hygienists and verbally instructing them to treat patients in their absence even though there is no treatment order and/or office protocol for services under general supervision. The Board is confirming for these dental hygienists that a written order and all the other requirements must be met **before** they practice under general supervision. Their exposure to patient complaints and disciplinary action is also being confirmed. All licensees should be aware that these reports have the potential to become complaints that will be investigated and addressed by the Board as a disciplinary matter.

**Practitioner Self-Referral Act**

State law prohibits dentists and other practitioners from referring a patient for health services to an entity outside the practitioner’s office or group practice if the practitioner or any of the practitioner’s immediate family members is an investor in such entity. “Investor” is defined as meaning an individual or entity directly or indirectly possessing a legal or beneficial ownership interest, including an investment interest. The Board of Health Professions may grant an exception to the Act if there is a demonstrated need in the community and certain conditions are met. Further a practitioner may refer patients for health services to a publicly traded entity in which he has an investment without an exception if certain conditions are met.

**Protection from Bloodborne Pathogens**

The Board has received inquiries from dental assistants about how to protect themselves from exposure to Hepatitis. These inquiries led to this reminder to dentists about compliance with the OSHA requirements for addressing bloodborne pathogens. As an employer who has employees that are exposed to blood and other body fluids you are required to:

* have a written Exposure Control Plan which is updated annually and which is designed to eliminate or minimize employee exposure,
* make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure,
* provide personal protective equipment, and
* ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

Please visit the OSHA website at [www.osha.gov](http://www.osha.gov) for more information.

**Answers from the Board**

The Board frequently receives inquiries about the application or interpretation of the laws and regulations governing the practice of dentistry and dental hygiene. These questions are discussed during meetings and responses are adopted by motion. The following responses have been given by the Board:

* Dental assistants may apply or dispense bleaching agents under the direction of a dentist.
* Dentists may not prescribe antibiotics for treatment of vaginal yeast infections that may have resulted from antibiotics prescribed for dental treatment.
* Verbal orders for treatment under general supervision are not acceptable.
* Use of BOTOX for cosmetic facial treatments is not within the scope of practice of general dentistry but is limited to the practice of oral and maxillofacial surgery.
* A licensed dentist with medical training should not use the “MD” credential unless he is currently licensed as a medical doctor in Virginia.
* Administering the Hepatitis B Vaccine is not within the scope of the practice of dentistry.
* Notification of patients is not required when a dentist is retiring from an ongoing practice.
* Dentists may not use personal health insurance to purchase drugs for office use. The Virginia Drug Control Act requires that drugs be purchased through a wholesale company.
* Only a dentist might use a “water laser” for debridement.
* Having dental hygienists and dental assistants working under direction means the dentist must examine the oral cavity of the patient during the visit.
* Any dentist using the title “Dr.” as part of their business name must show his dental credential, i.e. either DDS or DMD.
* A dental assistant may use a sloflex disc on a slow speed hand piece to remove excess composite adhesive after orthodontic band removable so long as the assistant has the necessary training and skill.
* A trained orthodontic dental assistant may clip a wire or remove a band when a dentist is not present.

**Proposal to Allow Expanded Duties for Dental Assistants**

The Board of Dentistry began a regulatory process in early 2005 to address allowing dental assistants with training to do certain patient care procedures presently restricted by regulation to dentists and dental hygienists. The Board received extensive public comment with general support for allowing expanded duties but with extremely strong opposition to allowing supragingival scaling as one of the delegable duties. In response to comments received and further discussion, the Board decided to propose legislation to allow for the regulation of two levels of dental assistants before proceeding with regulatory action. An Ad Hoc Committee of interested and affected organizations was convened on April 14, 2006 to advise the Regulatory-Legislative Committee of the Board on developing the legislative proposal. The recommendation of the Ad Hoc Committee will be discussed by the Regulatory-Legislative Committee on May 5, 2006. The Regulatory-Legislative Committee will advance a recommendation for consideration by the Board at its June 9, 2006 meeting. The Board plans to adopt a proposed bill on June 9th.

**Calendar of Upcoming Board Meetings**

|  |  |  |  |
| --- | --- | --- | --- |
| May 12, 2006 | Special Conference Committee B | September 14, 2006 | Formal Hearings (to be held in Roanoke) |
| May 26, 2006 | Special Conference Committee C | September 15, 2006 | Board Meeting (to be held in Roanoke) |
| June 8, 2006 | Formal Hearings | September 29, 2006 | Special Conference Committee C |
| June 9, 2006 | Board Meeting | October 13, 2006 | Special Conference Committee A |
| June 23, 2006 | Special Conference Committee A | October 27, 2006 | Special Conference Committee B |
| July 7, 2006 | Special Conference Committee B | November 17, 2006 | Special Conference Committee C |
| July 21, 2006 | Special Conference Committee C | December 7, 2006 | Formal Hearings |
| August 18, 2006 | Special Conference Committee A | December 8, 2006 | Board Meeting |
| September 8, 2006 | Special Conference Committee B | December 15, 2006 | Special Conference Committee A |

**Have You Renewed Your License?**

Please check your license to see if it is current. Dentists and dental hygienists are required to renew their license annually by March 31st. Having a current license is not a technicality. Any treatment rendered during the period a license has lapsed constitutes unlicensed practice.

Virginia Board of Dentistry

6603 W. Broad Street, 5th Floor

Richmond, VA 23230-1712

**VIRGINIA BOARD OF DENTISTRY BULLETIN**

**WINTER 2003/2004**

# MORE ON GENERAL SUPERVISION

Effective July 1, 2003, the Drug Control Act was amended at § 54.1-3408.I to allow dentists to include the administration of certain drugs in an order for dental hygiene treatment under general supervision. Prior to writing orders that include the administration of permissible drugs, the dentist must first issue a standard protocol to be followed in the practice. Once the protocol is issued and an order is written, a dental hygienist practicing under general supervision may possess and administer topical oral fluorides, topical oral anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions, as well as any other Schedule VI topical drug approved by the Board of Dentistry.

As a result of this statutory change, the Board’s regulation at 18 VAC 60-20-220.4 is no longer in force. This regulation states that subgingival irrigation or subgingival application of Schedule VI medicinal agents is a duty that may only be delegated to a dental hygienist under direction. The Board has initiated action to amend this regulation.

This change led to another question which the Board addressed at its September 12, 2003 meeting as follows.

**Q. May a dental hygienist place sealants under General Supervision?**

A. Yes, a dental hygienist may place sealants under general supervision consistent with the dentist’s order.

**WORKFORCE SURVEYS in 2004**

The ability to address the growing problem of access to dental care in the Commonwealth has long been hampered by a lack of workforce data. In 2004, in conjunction with license renewal, the Board will make two surveys available to be completed on-line, one for dentists and one for dental hygienists. The surveys will collect basic information about licensees and their practice. The information collected will be used by a variety of individuals, organizations and public officials to describe more accurately the dental community in Virginia. Information about these surveys will be included in the License Renewal Notice that will be sent out in February. The Board urges every licensee to participate in this on-line survey activity.

**VIRGINIA BOARD OF DENTISTRY BULLETIN**

**SPRING 2003**

# PRESIDENT’S MESSAGE

The Board has identified the use of trade names and issuing specialty licenses for the ADA recognized specialties as priorities during the coming year. The proposed legislation that the Board circulated for public comment in 2002 was not introduced for consideration by the General Assembly. In 2003, the Board will be exploring options for addressing these priorities.

In May 2002 the Board issued a Guidance Document regarding trade names. It can be found posted on the Board’s web page. We continue to receive a fairly steady submission of complaints, mostly “anonymously”, regarding practitioner’s listings mainly in phone book yellow pages. As indicated in our Summer 2002 Newsletter, we realize that the blanket prohibition of trade names is no longer enforceable. We intend to follow the guidelines mentioned above when regulating trade name issues, until the statute is repealed.

Please keep in mind that a trade name, which clearly indicates a “geographic” location, is descriptive of the type of practice, or is a derivative of the dentist’s name is acceptable. West Broad Dental Associates, Fairfax Endodontic Practice, or Dr John Smith Family Dental Center may not be your cup of tea, but they are acceptable. The Board will continue to investigate any practice names that are false, misleading or deceptive to the general public.

General supervision of dental hygienists appears to be of great interest to our licensees, judging from the volume of questions it initially generated. Some FAQ’a were addressed in the previous newsletter, and others in this issue. Please take the time to familiarize yourself with the rules.

As always, the Board welcomes your ideas and input, and reminds everyone that our meetings are always open to the public. I encourage you to attend and voice any concerns you may have at any of our meetings.

Gary E Taylor, DDS, MS

President

Virginia Board of Dentistry

**RENEW YOUR LICENSE BY MARCH 31, 2003**

Please check your license and make sure to keep it current. The annual deadline for license renewal is fast approaching. Dentists and dental hygienist must renew by March 31, 2003. From time to time the Board is contacted by a licensee whose license lapsed a year or more ago. These individuals must go through the reinstatement process and are at risk of disciplinary action such as a reprimand and monetary penalty. Failure to maintain a current is not a technically. Any treatment rendered during the period a license has lapsed constitutes unlicensed practice.

The Board of Dentistry is not responsible for making sure you renew your license. That responsibility rests with you. The Board sends renewal notices through the U.S. Postal Service each year in mid to late February to prompt renewal. If you do not receive a notice by the end of February you may submit to the Board a written request for renewal that includes a truthful statement that you have met the annual continuing education requirements and payment for the renewal fee. Checks should be made out to the Treasurer of Virginia. **The 2003 renewal fee for a dental license is $150 and for a dental hygiene license $50.**

**CORRECTION:** The article **“Continuing Education in Virginia”** that was published in the Summer 2002 edition of the Bulletin should have reported that only dentists are allowed to carry continuing education credits over to the next year. The Code of Virginia at § 54.1-2729 specifically requires dental hygienists to complete 15 hours annually in continuing education courses for any renewal.

# GENERAL SUPERVISION

Initial efforts by licensees to understand and adhere to the regulations for dental hygienists to practice under general supervision led to a host of questions being posed to the Board. The Board responded by issuing a special bulletin dated September 30, 2002 on **Clarification of General Supervision.** That special bulletin is included in this edition of the Bulletin. Since issuing that clarification, three more questions have been addressed by the Board.

1. **“When can the dentist write the order/prescription for treatment under general supervision?”**
2. The order may be written by the dentist at any time within the seven-month period following the last examination of the patient provided that the record of the dentist’s last examination supports that treatment under general supervision is appropriate for the patient.

**Q. “Can a dentist anesthetize a patient or patients and then leave the office, leaving the dental hygienist(s) to proceed with ordered treatment under general supervision?”**

A. No. Once a dentist initiates treatment on a patient services should proceed under direction.

1. **“Can general supervision be used when there are two or more dentists sharing an office and one dentist will be absent?”**
2. Yes. The dentist who is in the office may work with up to two dental hygienists that have been designated to work under direction. Any dentist who has planned to be absent may have up to two dental hygienists designated to be working under general supervision.

# SPECIAL BULLETIN

# September 30, 2002 \*

# Clarification of General Supervision

The Board has received numerous questions and statement of concern about the Emergency Regulations implementing General Supervision of Dental Hygienists. The questions cover diverse subjects ranging from billing to the procedures that may be delegated to the requirements for a prescription to the proximity of and the required relationship with the dentist. The Board its September 20, 2002 meeting reviewed these questions from dental hygienists and interested organizations.

The Board intended through the promulgation of the emergency regulations to enable dentists to order certain limited hygiene treatment to be performed by a dental hygienist when the treating dentist is not present. The Board is interpreting the emergency regulations consistent with this intent as reflected in the answers to the following questions and comments. The following questions are stated exactly as they were submitted in the correspondence received by the Board.

1. **“Is placement of sub gingival medicament (i.e. arestin, periochip) permissible?”**
2. No, a dental hygienist practicing under general supervision may not place sub gingival medicaments. The Virginia Drug Control Act requires that the administration of Schedule VI topical drugs be under the direction and supervision of a dentist.
3. **“Are x-rays permitted to be taken if the dentist prescribes?”**
4. Yes, a dental hygienist practicing under general supervision may take x-rays as ordered by the treating dentist.
5. **“Must the prescription include if x-rays are to be taken? If so, can the prescription state “necessary x-rays?”**
6. The dentist may order x-rays to be taken under supervision. The x-rays to be taken should be specified in the order.
7. **“Is placement of a 15% hydrogen peroxide gel and phst-activation component permissible under general supervision or direct supervision?”**
8. Placement of these medications is not permitted under general supervision but is permitted under direct supervision. Schedule VI topical drugs may only be administered by a dental hygienist under the direction and supervision of a dentist.
9. **“A question has come up about free clinics and community health centers and how the low [translated the mean the Emergency Regulations] should be interpreted in those situations.”**
10. A dentist practicing in a free clinic, volunteer clinic or a public health program may issue an order for hygiene treatment under general supervision. Any dental hygienist practicing in the free clinic, volunteer program or public health program may fill the order.
11. **“The requirement that the patient must be seen by a dentist for the initial evaluation makes the timely provision of care in free clinics and community health programs nearly impossible.“**
12. The statute providing for general supervision requires that a dentist complete an evaluation and prescribe authorized services. Dental hygienists may only provide treatment when a dentist has previously evaluated the patient and ordered hygiene treatment to be provided under general supervision.
13. **“We are requesting clarification on the dentist-hygienist supervision ratio under general supervision.”**
14. A dentist may not have more than two dental hygienists working under direction or general supervision at one and the same time in his private office/practice. If the dentist is present in the office then the hygienists providing treatment, must be under supervision. If the dentist has planned to be out of the office then he may have up to two hygienists working under general supervision. He may, through issuance of a written order for hygiene treatment authorized any dental hygienist to treat patients in a free clinic, volunteer program or public health program under general supervision.
15. **“Both dentists and hygienists have raised questions about the application if topical anesthesia under general supervision. We contend that §54.1-3408 covers both the direction and general supervision of dental hygienists.”**
16. The Virginia Drug Control Act requires that Schedule VI topical drugs may only he administered by a dental hygienist under the direction and supervision of a dentist.
17. **“18 VAC 60-20-220.B.3 states a clinical exam can be performed under general supervision. Would this exam be considered equivalent to an ADA CDT code DOO120 Periodic Oral Evaluation?”**
18. The Board does not directly regulate billing practices. The Board’s involvement in billing practices is triggered by receipt of a complaint that alleges false, deceptive or misleading billing activities that may constitute fraud. Patients and third party payers can file such complaints. The dentist is responsible for understanding and using codes such as the one referenced to accurately represent the service rendered.
19. **“With regard to prescribed or prescription is there a new written standard form of communication that is an ASA accepted legal document? It sounds like a patient can now be transposed to have the recommended treatment performed in any dental office, which we know to be true, but what of differing opinions?”**
20. No, there is no standard form or format. The order may be entered in writing in the treatment notes for the patient or may be written on a separate document and included in the patient record. The order must be followed exactly. The dental hygienist or another dentist cannot alter it.
21. **“With regard to consent of the hygienist, is the consent to be implied, written or oral, for each patient, before, during, or after the hiring of such hygienist employee? What if the hygienist refuses or denies giving the consent?”**
22. The agreement of the dental hygienist to practice under general supervision should be in writing and should be maintained on file by the dentist. The consent can be addressed before, during or after hiring at the discretion of the dentist and the dental hygienist. The dental hygienist’s consent can be given generally and does not need to be documented in each patient’s record. It is the dental hygienist’s decision whether or not the consent to practice under general supervision.
23. **“With regard to informing the patient/legal guardian prior to the appointment, in a sense obtaining informed consent, why would a dentist potentially undermine his/her own authority in the event of miscommunication either intended or not, by an employee hygienist or other staff member, thereby risking compromising the integrity of the doctor-patient relationship?”**
24. There is nothing in the regulations that would require a dentist to act in the manner you question. General supervision must be planned in advance of a patient visit based on the dentist’s examination of the patient. The dentist may inform the patient of the proposal for general supervision or may delegate this responsibility to a staff member. A dentist is expected to establish the protocols to be used in his office in order to fully comply with the regulations for general supervision.
25. **“With regard to emergency procedures, in the event of a life-threatening emergency, why would a dentist place him/herself in a risk exposure situation by placing the safety of the practice in the hands of a potentially lesser-trained employee? What are the basic emergency training guidelines or minimal standard requirements?”**
26. The dentist is not obligated to have dental hygienists practicing under general supervision. The dentist needs to decide whether treatment under direction or general supervision is appropriate for each patient. He must provide services under direction if necessary to meet the individual needs of the patient. The Board has not established guidelines or minimal standards for the required emergency procedures for general supervision. The Board charges the dentist with responsibility for planning for the management of emergencies in his absence.
27. **“Is the dentist permitted to charge an examination fee to patients if the hygienist performs the examination?”**
28. The Board does not directly regulate billing practices. The Board’s involvement in billing practices is triggered by receipt of a complaint that alleges false, deceptive or misleading billing activities that may be fraudulent. A dentist is free to charge for an examination to the extent that he has advised the patient about the nature of the examination and its costs. The willingness of third party payers to cover such costs should also be addressed with the patient and the payer.
29. **“May the doctor leave the office building after completing the initial examination and then assign the remaining procedures to the dental hygienists to do in his or her absence?”**
30. Yes, provided the patient is properly noticed and does not object and there is an order for treatment under general supervision.
31. **“Are hygienist allowed to take alginate impressions in the dentist’s absence?”**
32. Yes, provided the order includes this services.
33. **“Are hygienists allowed to deliver beaching trays to patients in the absence of the dentist?”**
34. Yes, but they may not deliver bleaching agents.
35. **“Do the new regulations have any effect on billing procedures (i.e. should the dentist bill the patients and the insurance agency in the same manner as previously done?”**
36. The Board does not directly regulate billing practices. The Board’s involvement in billing practices is triggered by receipt of a complaint that alleges false, deceptive or misleading billing activities that may be fraudulent. Patients and third party payers can file such complaints. The willingness of third party payers to cover such costs should be addressed with the payers.
37. **“The committee (VDA Dental Practice Regulations Committee) would like to request a sample statement to patients informing them of the implementation of general supervision of hygienists.”**
38. The Board declines to provide a sample statement. The Board charges the dentist with responsibility for meeting the requirements set forth in the regulations as he deems appropriate for his patients and his practice.
39. **“I ask for a point of clarification regarding 18 VAC 60-20-200. Does this mean that a dentist can have 4 hygienists working simultaneously? Two hygienists working under his direction + being examined and 2 hygienists working under general supervision.”**
40. No, a dentist may not have 4 hygienists working simultaneously. The dentist should only employ general supervision during planned absences. A dentist may only have 2 hygienists working in his office practice at one and the same time.

Questions and comments regarding the information in this bulletin should be directed to the executive director of the Board, Sandra K. Reen at (804) 662-9906 or 6603 West Broad Street, 5th Floor, Richmond, Virginia, 23230-1712 or [sandra.reen@dhp.state.va.us](mailto:sandra.reen@dhp.state.va.us).

This bulletin is posted on the Board of Dentistry web page at <http://www.dhp.state.va.us/dentistry/default.htm>.

\*Minor editorial changes to correct spelling and to remove redundant language, etc. have been made to the Special Bulletin during the editing process for this publication.

##### Recent Case Decisions Posted on the Internet

It is the policy of the Department of Health Professions to provide to the public accurate and timely notification of the case decisions entered by its health regulatory boards. Beginning in October 2002, a new feature was added to the Department of Health Profession’s website ([www.dhp.state.va.us](http://www.dhp.state.va.us)) that allows a visitor to the website to review online a listing of all disciplinary actions taken by any health regulatory board within the most recent 90-day period.

One only needs to “click” on “Recent Case Decisions” in the blue bar on the left side of the DHP homepage. Next, one is directed to select a board and click on “View.” What appears is a list of the Case Decisions entered by the selected board during the previous 90 days. Each listing provides (i) the name of the licensed, registered, or certified practitioner who was the subject of a disciplinary order, (ii) the city and state of his/her address of record; (iii) his/her license number, (iv) his/her occupation; (v) the disciplinary order entered, and (vi) the effective date of the order. For each Case Decision listed, it is also possible to click on “View Documents” and to open, read and print the Notice and Order relating to that practitioner’s most recent case decision, as well as all prior notices and orders issued by the board relating to that particular practitioner.

All case decisions are included in this listing, both positive and punitive. Accordingly, findings of no violation, case dismissals, reinstatements, terminations of terms, and other favorable orders are included, as well as the listing of reprimands, revocations, suspensions, impositions of terms, monetary penalties, and other sanctions. Viewers are informed that more information on the relevant practitioner may be found through “Online License Lookup,” to which a link is provided.

Advances in information technology allow the Department to make this information available to the public in a timely, accurate, and cost-effective manner.

**Virginia Regulatory Town Hall**

|  |
| --- |
| http://www.townhall.state.va.us/image/reglogo.gif |

Would you like a fast and convenient way to follow what the Board of Dentistry is doing on regulations? If so, check out the Virginia Regulatory Town Hall at [www.town.state.va.us](http://www.town.state.va.us). As a registered user of the Town Hall, you can receive e-mail notification about regulatory actions and meetings of the Board.

##### The Town Hall offers a gold mine of information and interactive features relating to state regulations. It is also a free service of the Commonwealth of Virginia, available 24/7.

****

**Smallpox Disease Fact Sheet**

**What is smallpox?**

Smallpox is a contagious and sometimes fatal infectious disease caused by the variola virus. The more common and more severe form of the disease is called variola major. Historically, about 30 percent of people with the variola major form of smallpox died.

The last case of smallpox in the United States was in 1949. The last natural case in the world occurred in Somalia in 1977. Routine vaccinations among the American public against smallpox stopped in 1972. The variola virus that causes smallpox officially exists only in two laboratories in the world; in the U.S. and Russia, but there is concern that the virus could be used as a bioterrorism agent, which is why federal, state and local governments are taking precautions to prepare for smallpox. Even one case of confirmed smallpox would constitute a national public health emergency. A suspected case of smallpox should be immediately reported to the health department.

**How is smallpox spread?**

Smallpox is spread person-to-person through direct contact with respiratory droplets, aerosols, secretions, and skin lesions of an infected person. Direct and fairly prolonged face-to-face contact (less than six feet for more than three hours) generally is required to spread smallpox from person-to-person. Although less common, it can be transmitted through contact with contaminated clothing or bedding. Smallpox cannot be spread by animals or insects.

People are contagious when the rash appears, which often begins in the mouth and throat. A person remains contagious until the rash heals and the last smallpox scab falls off.

**What are the symptoms and how soon after exposure do they appear?**

After a person is exposed to the virus, symptoms usually begin within 12 to 14 days, but can begin anytime between seven and 17 days. The first symptoms include fever (101-104 degrees Fahrenheit), malaise (not feeling good), headache, backache, sometimes vomiting, and occasionally mental confusion. At this time, people are usually too sick to carry on their normal activities.

Two to four days after the first symptoms a rash emerges. As the rash appears, the fever usually falls and the person may feel better. The rash begins in the mouth, spreads to the face, to the arms and legs (including hands and feet), and to the rest of the body within 24 hours. The rash first looks like raised bumps that then fill with a thick fluid and often have a depression in the center that looks like a belly-button. Within five to 10 days, the bumps become sharply raised, round and firm pustules. Within two weeks the pustules form a crust and become scabs. During the third week of the rash, the scabs fall off, leaving behind pitted scars.

**What is the treatment?**

Treatment consists of supportive care and relief of symptoms. No proven effective treatment exists to date, although there are some experimental antiviral medications that are being investigated.

**Can vaccination after exposure prevent the disease?**

Vaccination within 3 days after exposure will prevent or significantly lessen the severity of smallpox symptoms in the vast majority of people. Vaccination 4 to 7 days after exposure likely offers some protection from disease or may modify the severity of disease. Past experience indicates that the first dose of the vaccine offers protection from smallpox for three to five years, and perhaps as long as 10 years or more.

For more information, visit [*www.vdh.state.va.us*](http://www.vdh.state.va.us), [*www.cdc.gov/smallpox*](http://www.cdc.gov/smallpox), or call the CDC public response hotline at 888-246-2675 (English), 888-246-2857(Español), or 866-874-

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BOARD STATISTICS The Virginia Board of Dentistry reports the following  Statistics on licensees as of February 12, 2003.    **PROFESSION** (**ACTIVE**) **CURRENT NUMBER**   |  | | --- | | Dentists 4927 | | Dental Hygienists 3380 | | Dental Hygiene Teachers 8 | | Dental Teachers (Part time) 6 | | Dental Faculty 13 | | Dental Hygiene Restricted Volunteer Licensees 0 | | Dentist Restricted Volunteer Licensees 0 | | Oral/Maxillofacial Surgeon Registration 163 | | Cosmetic Procedures 9 |   **PROFESSION** (**INACTIVE**) **CURRENT NUMBER**   |  | | --- | | Dentists 469 | | Dental Hygienists 331 | | | BOARD SCHEDULEMAR 21 SPECIAL CONFERENCE COMMITTEE C APR 4 BOARD OF DENTISTRY/ SPECIAL CONFERENCE  COMMITTEE A  APR 25 SPECIAL CONFERENCE COMMITTEE B  MAY 2 SPECIAL CONFERENCE COMMITTEE C  MAY 8 FORMAL HEARINGS  MAY 16 BOARD OF DENTISTRY MEETING  JUN 6 SPECIAL CONFERENCE COMMITTEE A  JUN 27 SPECIAL CONFERENCE COMMITTEE B  JULY 10 FORMAL HEARINGS  JULY 11 BOARD OF DENTISTRY MEETING | | |
|  | |  |

Board regulations. These licensees were immediately initiate disciplinary Emergency regulations ad- advised that the intent of the law is to action. The non-respondents will

dressing requirements for licensed den­ register practices in Virginia. Licensees receive a Notice oflnformal Con­

tists who practice as oral and maxillofa­ in other states or in the military are not ference and will simultaneously be cial surgeons went into effect on De­ required to register but may do so volun­ offered a consent order which will cember 1, 2001. These regulations, tarily based on their credentials. Regis­ impose censure and require the adopted by the Virginia Board of Den- tration must be obtained prior to initiat­ licensee to complete and return the tistry (Board), were required as a result ing practice as an oral and maxillofacial questionnaire within 30 days or be of legislation enacted by the 2001 Gen­ surgeon in Virginia. subject to further disciplinary ac­ eral Assembly. They set forth the poli­ tion.

cies and procedures the Board will fol­ Registrations were due to the

low to register oral and maxillofacial Board no later than January 30, 2002 **Oral and maxillofacial** surgeons and collect information about and are subject to annual renewal. **Af­ surgeons may not perform cos­** their practice. The regulations also ad- **ter January 30, 2002, an oral and metic procedures after January** dress the Board's rules for certifying **maxillofacial surgeon who fails to reg­ 30, 2002 unless they have ob­** oral and maxillofacial surgeons to per­ **ister or to renew his registration and tained certification from the** form cosmetic procedures. **continues to practice oral and maxil­ Board.** Eight cosmetic procedures

The first step taken to imple­ **lofacial surgery may be subiect to dis­** are eligible for certification. They ment the statute and regulations was to **ciplinary action by the Board.** All are rhinoplasty, blepharoplasty, identify the licensed dentists who prac­ licensees who registered with the Board rhytidectomy, submental liposuc­ tice as oral and maxillofacial surgeons. need to also provide a profile of infor­ tion, laser resurfacing or dermabra­ The Board sent notice of these new re­ mation about their practices. The infor­ sion, browlift (either open or endo­ quirements to all licensed dentists in late mation collected will be made available scopic technique), platysmal

August 2001. In that notice licensees to the public. **The Board's request for** muscle plication, and otoplasty.

who practice oral and maxillofacial sur­ **the profile was mailed to all registered**

gery were asked to send in contact infor- **oral and maxillofacial surgeons on** The emergency regula­ mation for future correspondence. The **February 12, 2002 with a return dead­** tions can be accessed on the Inter­ responses received were used to develop **line of April 15, 2002.** In order to as­ net at [www.dhp.state.va.us,](http://www.dhp.state.va.us/) select

a mailing list. This mailing list was sure full compliance with this require­ the Boards tab and then select Den­

used to distribute the registration form ment, the Board adopted a policy to ad­ tistry. The process for replacing and the emergency regulations. dress non-respondents at its January 18, the emergency regulations with

2002 meeting. The policy is that any permanent regulations is underway.

Virginia licensees who prac­ licensee that has not responded by the Comments or questions about these tice outside of Virginia or practice in the April 15, 2002 deadline will receive one regulations are welcome and military questioned the application of reminder letter that will be sent by certi­ should be addressed to Cheri

this requirement to them since their fied mail. If the information is not re­ Emma-Leigh or Sandra Reen at the

practice is not otherwise subject to ceived by May 15, 2002, the Board will Board office.

The Board of Dentistry had a very productive and busy 2001. Last year started with the passage of Senate Bill 806 by the General Assembly, which modernized the definition of dentistry. This bill mandated that the Board set up emergency regulations dealing with cosmetic procedures for Oral Maxillofacial Surgeons. The emergency regulations that were promulgated became effective December 1, 2001.

In March, our executive director Marcia Miller moved to Massachusetts. Her replacement, Sandra Reen, is proving to be a very articulate and dynamic executive.

Her leadership and wisdom have made for a smooth transition.

years of public service on the Board and for his leadership as President from Sep­ tember 2000 to August 2001.

In 2002, the Board will address a number of regulatory actions. Some of the items currently under review are licensing by credentials for specialists, general anes­ thesia, conscious sedation and analgesia requirements, and the registration of trade names.

The Board is required to adjust fees either up or down whenever there is a 10% or greater variance between revenues and expenditures. Accordingly, the Board has initiated the regulatory process to in­ crease fees. The Board also needs to re- place the emergency regulations for oral

As you can observe from this brief review, your Board is very active. I would like to commend all of the Board members for their tireless efforts this year., I would especially like to thank the following Board members for their out­ standing leadership service: Dr. Nora French for her service on the Southern Regional Testing Agency's Board of Di­ rectors; Dr. Gary Taylor for his newly elected position as the Chairman of the Examination Committee for the Southern Regional Testing Agency; and Dr. Rich­ ard Wilson who has chaired the Legisla­ tive and Regulatory committee for the Board.

All of our meetings are open to

the public. Please feel free to express any

In August, Governor Gilmore re- and maxillofacial surgeons with permanent placed Dr. Monroe Harris by appointing Dr. regulations.

James Watkins to the Board. Dr. Watkins

concerns or opinions you may have to the

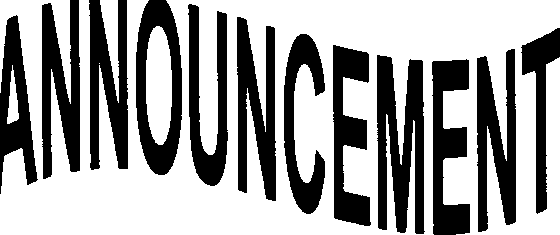
Board by attending a meeting or in writ­ ing.

comes to the Board with previous experi­ ence, having served as a member from 1989-1993. The Board would like to ex­ press its gratitude to Dr. Harris for his six

In addition, legislation has been introduced that will mandate that the Board

promulgate additional regulations within **Michael J. Link, D.D.S.**

280 days on supervision of dental hygiene. **President of the Virginia Board of Dentistry**



**Governor Warner** has appointed **Robert A. Nebiker** as the Director of the De­ partment of Health Professions. Mr. Nebiker has served as senior deputy direc­ tor of the Department since 1986.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CONSENT ORDERS AND ORDERS FINALIZED | | | | | | | | | | | | |
| **Date Entered** | **Name** | **Location** | ..·  **Nature:of**  **Complaint** | | |  | .. |  |  |  | | **Sanctions** |
| **10/18/01** | Daniel Detwiler, Jr., DDS | Sterling | ·.  Standard of Care | .. |  | .. | ·., | . | ..· |  | Permanently Revoked | |
| **10/26/01** | Daniel F. Babiec, DMD | Alexandria | Allowed Unlicensed Activity | | | | | | | | Terms | |
| **01/07/02** | Kenneth B. Boyd, DDS | Chesapeake | Standard of Care | | | | | | | | Terms | |
| **11/19/01** | Hugh Campbell, DDS | Arlington | Allowed Unlicensed Activity | | | | | | | | Reprimand | |
| **12/19/01** | Paul A. Goldstein, DDS | Burke | Allowed Unlicensed Activity | | | | | | | | Reprimand | |
| **11/19/01** | Stuart Martin, DDS | Chesterfield | Standard of Care |  | .. |  | ·. |  |  |  | Te.nns | |
| **12/05/01** | Michael Rotter, DDS | Fairfax | Standard of Care | | | | | | | | Terms | |
| **01/07/02** | Stephen Tupman, DDS | Fairfax | No CE's | | | | | | | | Terms | |
| **12/12/01** | Jae Yoon, DDS | Fairfax | Standard of Care | | |  |  | . |  | ·· Terms | |  |
| **10/29/01** | Orion W. Willis, DDS | Portsmouth | Failed to Comply with Terms of Order | | | | | | | | Terms | |

**CORRECTION:** Anh-Minh Phan's name was misspelled as Anh-Minh Pham in the Board of Dentistry's Fall 2001 Bulletin.

**Speak Now on Proposed Regulatory Changes**

The Board is considering a number of amendments to the regulations governing the practice of dentistry. The Board invites your recommendations regarding the propos­ als described below. Comments should be mailed to the attention of Sandra Reen or e­ mailed to her at [sandra.reen@dhp.state.va.](mailto:sandra.reen@dhp.state.va) us by April 12, 2002. When preparing com­ ments please reference the sections of the regulations you are addressing as listed be­ low.

## Part I. GENERAL PROVISIONS

18 VAC 60-20-10. **Definitions:** Add definitions for "combination inhalation­ enteral conscious sedation", "deep sedation", "dental specialist", "enteral", "inhalation", and "surgery center".

18 VAC 60-20-16. **Address of re­ cord:** Allow dental hygienists to use a mailing address rather than a resident address. Allow post office boxes.

## Part II. LICENSURE RENEWAL AND FEES

18 VAC 60-20-20.C.3. **License**

**renewal and reinstatement:** Make reinstate­ ment by the executive director permissive rather than mandatory and describe accept­ able evidence for continuing competence.

## Part Ill. ENTRY AND LICENSURE REQUIREMENTS

18 VAC 60-20-60.A. **Education:** Require applicants for a dental license to have completed either a pre-doctoral dental education program or a 24-month post­ doctoral dental education program.

18 VAC 60-20-70.A.2. **Licensure**

**Examination:** Exempt dental specialists eli­ gible for licensure by credentials from taking the board approved examinations.

18 VAC 60-20-70.A.3. **Licensure**

**Examination:** Require candidates who fail the dental examination three times to take one year of post-graduate study of general dentistry.

18 VAC 60-20-70.C. **Licensure Examination:** Allow the option of taking CE when exam scores are five or more years old and modify the provision for practice to re­ quire 48 of the past 60 months instead of continuous practice since taking the exam.

18 VAC 60-20-75 **Licensure by credentials for dental specialists:** Add pro­ visions to allow a dentist who has completed a post-doctoral residency program and who has practiced 24 of the past 48 months in another state to obtain a Virginia license.

Dentists licensed under these provisions would be required to limit their practice to the specialty or specialties documented in their applications. Require submission of a report from the Healthcare Integrity and Protection

Data Bank (HIPDB).

18 VAC 60-20-80. **Licensure by en­ dorsement for dental hygienists:** Clarify that licensure by endorsement is limited to applicants currently licensed in another state by deleting the provision for service in the armed forces, a state or federal agency, volunteer practice in a public clinic, and intern or residency programs to substi­ tute for required clinical practice. Such practice would still be considered as long as the applicant is licensed in another state. Require submission of a report from the Healthcare Integrity and Pro­ tection Data Bank (HIPDB).

18 VAC 60-20-90 **Temporary permit, teacher's license and full-time faculty license:** Remove provisions regarding temporary permits that conflict with the Code of Virginia. Add a provision that expressly states that a licensee with a full-time faculty license may accept fees for working in a faculty intramural clinic in a den­ tal school. This addition is needed to clearly distinguish a faculty license from a teacher's li­ cense.

## Part IV. GENERAL ANESTHESIA AND CONSCIOUS SEDATION

Proposed change to Part IV heading:

## ANESTHESIA, SEDATION AND ANALGESIA

18 VAC 60-20-106 **Applicability:** State that Part IV shall not apply to the administration of local anesthesia in dental offices or to admini­ stration in accredited hospitals and surgery cen­ ters.

18 VAC 60-20-110.A. **Education and training requirements to administer general anesthesia or sedation:** Require the same edu­ cation to administer deep sedation as is currently required for general anesthesia. The require­ ment is one year advanced training in anesthesi­ ology or a residency in a dental speciatty.

18 VAC 60-20-110.B. **Education and training requirements to administer general anesthesia or sedation:** Add education require­ ments to administer conscious sedation or com­ bination inhalation-enteral conscious sedation. The proposed requirement is training while en­ rolled in a pre-doctoral or post-doctoral or teach­ ing hospital program. Allow dentists who only administer combination inhalation-enteral con­ scious sedation to obtain 12 hours of continuing education by March 1, 2004.

18 VAC 60-20-110.C. **Education and training requirements to administer general anesthesia or sedation:** Allow dentists qualified to administer general anesthesia to administer conscious sedation and combination inhalation­ enteral conscious sedation.

18 VAC 60-20-110.D. **Education and training requirements to administer general anesthesia or sedation:\_Require** current certifi­ cation in Basic Cardiac Life Support to adminis­ ter conscious sedation or combination inhalation­ enteral conscious sedation. Require current cer-

tification in Advanced Life Support, current Drug

Enforcement Administration registration, and training to the level consistent with Part I and Part II of the ADA guidelines.

18 VAC 60-20-110.E. **Education**

**and training requirements to administer general anesthesia or sedation:** Require posting of education certificates or one of the nonrenewable certificates issued by the board in 1989.

18 VAC 60-20-120. **Conscious se­ dation: intravenous and intramuscular.** Pro­ posed change to section heading: **Inhalation analgesia:** Develop training, equipment and monitoring requirements specific to inhalation analgesia.

18 VAC 60-20-130.A. **Minimal**

**equipment and monitoring requirements:** Require pulse oximetry and blood pressure monitoring equipment for administration of general anesthesia and any form of sedation. Require EKG monitoring equipment for ad­ ministration of general anesthesia or deep sedation.

18 VAC 60-20-130.B. **Minimal**

**equipment and monitoring requirements:** Require the same staff team for deep sedation that is currently required for general anesthe­ sia. The requirement is the operating dentist, a second person to monitor and observe the patient, and a third person to assist the operat­ ing dentist. Require continuous monitoring during the dental procedure when general anesthesia or deep sedation is administered. Require recording and reporting of blood pres­ sure, pulse, respiration and other vital signs when general anesthesia or any form of seda­ tion is administered. Require proper adjust­ ment of nitrous oxide machines and observa­ tion of the patient's vital signs when inhalation analgesia is administered.

18 VAC 60-20-135. **Ancillary per­ sonnel:** Require dentists to maintain docu­ mentation that ancillary personnel who assist in the administration and monitoring of general anesthesia and any form of sedation hold cur­ rent certification in Basic Cardiac Life Support and have completed a course on responding to clinical emergencies. Accept current certifi­ cation as a certified anesthesia assistant (CAA) as meeting these requirements.

The current regulations can be ac­ cessed on the Internet at [**www.dhp.state.**](http://www.dhp.state/) **va.us,** by selecting Dentistry under the Boards tab then selecting regulations. A draft of the proposed regulations will be circulated for public comment before the Board adopts final regulations. You may receive notice of the public comment opportunity by asking that you be included on the Board' Public Partici­ pation mailing list.

Virginia Board Of Dentistry

6606 West Broad Street, 4th Floor Richmond, Virginia 23230-1717

Phone:804-662-9906 Fax: 804-662-7246

Email: [denbd@dhp.state.va.us](mailto:denbd@dhp.state.va.us)

|  |  |  |
| --- | --- | --- |
| Mailing Address | Line | 1 |
| Mailing Address | Line | 2 |
| Mailing Address | Line | 3 |
| Mailing Address | Line | 4 |
| Mailing Address | Line | 5 |

SCHEDUL

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FEB | 21 | Board Meeting | MAY | 3 | Board Meeting | JUN | 28 | CommitteeC | SEP | 20 | Board Meeting |
| FEB | 22 | SRTA Calibration | **MAY** | 10 | Committee B | JUL | 19 | Committee A· | OCT | 18 | Committee A |
| **MAR** | 8 | CommitteeC | **MAY** | 17 | Committee C | AUG | 2 | Committees | NOV | 8 | Committee B |
| **MAR** | **22** | Committee A | MAY | 31 | Committee A | AUG | 16 | CommitteeC | NOV | 22 | Committee C |
| **MAY** 2 Standing Committees | | | JUN 14 Committee B SEP 19 Standing Corrtmittees | | | | | | No Meetings in December | | |

**GENERAL SUPERVISION OF DENTAL HYGIENE**

**By Trudy Levitin, RDH**

**Member of the Virginia Board of Dentistry**

Virginia is one of the five remaining states that do not have some form of "general supervision" of dental hygiene where dental hygienists may provide services without the presence of the dentist. In the year 2002, legislation in Virginia could be reducing that number to only four states. Yes, Virginia may be getting general supervision of dental hygiene.

The Joint Commission on Health Care (JCHC) requested that the Virginia Board of Dentistry support legislation that would implement general supervision. On December 19, 2001 the Board voted in favor of backing the legislation. In January the JCHC introduced legislation to the Virginia General Assembly as Senate Bill 503, which reads:

**A licensed dental hygienist may, under the direction or general supervision of a licensed dentist and subject to the regulations of the Board, perform services, which are educational, diagnostic, therapeutic, or preven­ tive. These services shall not include the estab­ lishment of a final diagnosis or treatment plan for a dental patient. For the purposes of this section, "general supervision" means that a**

**dentist has examined the patient and pre­ scribed authorized services to be provided by a dental hygienist; however, the dentist need not be present in the facility while the au­ thorized services are being provided.**

Senate Bill 503 passed the Senate on February 5, 2002 and is presently (while this is being written) in the House of Delegates. If it is passed and signed by the governor, then the Board will have 280 days to promulgate emer­ gency regulations. The Legislative/Regulatory Committee of the Board will have the task of developing these regula­ tions on the "general supervision" of dental hygiene.

To assist the committee in drafting regulations, the Board would like to hear from dental hygienists and dentists from across the state. Please submit your views on this issue by April 15, or you may personally address the com­ mittee at our next meeting on May 2 & 3. (Contact the Board office for the specific time.) This is your profes­ sion! We value your opinion, and we want to hear from YOU.

**VIRGINIA BOARD OF DENISTRY BULLETIN**

**SUMMER 2002**

# GENERAL SUPERVISION OF DENTAL HYGIENISTS

On July 1, 2002 legislation to allow dental hygienists to practice under general supervision went into effect. In response to the requirements of the statute, the Virginia Board of Dentistry has promulgated emergency regulations to implement the statute. The emergency regulations became effective July 19, 2002.

The emergency regulations are posted on the Board’s web page at [www.dhp.state.va.us/dentistry](http://www.dhp.state.va.us/dentistry) and have been sent to the Board’s Public Participation mailing list. The emergency regulations amend or add the following sections of the Board’s regulations:

18 VAC 60-20-10 to add the definition of general supervision set forth in the legislation. “General supervision” means that the dentist has evaluated the patient and prescribed authorized services to be provided by a dental hygienist without the requirement for the dentist to be present in the facility while the authorized services are being provided.

18 VAC 60-20-200 to allow dentists to have two dental hygienists working under general supervision in addition to two dental hygienists working under direction.

18 VAC 60-20-210.B to delete general language addressing direction and control.

18 VAC 60-20-210.C. is added to address that duties delegated under direction shall only be performed when the dentist is present.

18 VAC 60-20-210.D. is added to list the conditions that must be met for duties to be delegated under general supervision. The conditions are:

1. A written prescription for the treatment that specifies the time period for filling the prescription. The time period can not exceed seven months.
2. Consent of the dental hygienist to provide services under general supervision.
3. Notification to the patient prior to the appointment that a dentist will not be present, that no anesthesia can be administered and that only the prescribed services will be provided.
4. Written emergency procedures and the dental hygienist is capable of implementing those procedures.

18 VAC 60-20-220.A. modifies the list of duties that may only be delegated to a hygienist under direction.

18 VAC 60-20-220.B. is added to list the duties that may be delegated through a prescription to be performed by a dental hygienist under general supervision. Those duties are:

1. Scaling and root planning of natural and restored teeth using hand instruments, rotary instruments and ultrasonic devices without anesthesia.
2. Polishing of natural and restored teeth using air polishers.
3. Performing a clinical examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets or other abnormal conditions for further evaluation and diagnosis by the dentist.
4. Duties appropriate to the education and experience of the dental hygienist and the practice of the supervising dentist, with the exception of those that can only be performed by a dentist and those that may only be delegated under direction.

# PRESIDENT’S MESSAGE

# By Michael J. Link, D.D.S.

President of the Virginia Board of Dentistry

I am pleased to note that Governor Warner is acting expeditiously to facilitate change. Three sets of emergency regulations required by legislation passed in the 2002 Session of the General Assembly became effective on July 19, 2002. The Governor’s rapid action on these regulations is truly exceptional.

Governor Warner has appointed Dr. Harold S. Seigel, D.D.S. to succeed Dr. Richard D. Wilson, D.D.S. on the Board. Dr. Seigel brings with him a wealth of professional experience. The Board is grateful to Dr. Wilson for his generous and unflagging investment of time, energy and expertise. His contributions included serving as Secretary/Treasurer, Chairman of the Regulatory/Legislative Committee and Chairman of a Special Conference Committee.

The Board has distributed two legislative proposals to its PPG list\* for comment. One proposal is to repeal § 54.1-2718 of the Code of Virginia. This section requires a dentist to practice under his own name and prohibits the use of trade names. The Board wishes to acknowledge that the blanket prohibition of trade names is no longer enforceable and that Trade names are being used. Repeal of the statute would allow the use of trade names that comply with the Board’s regulations on advertising. The other proposal is to accept, for purposes of licensure, passage of a specialty examination for eligible applicants who agree to restrict their practice to a dental specialty.

The topics addressed in this Bulletin demonstrate that we are in an ever-changing environment. Change is a dynamic process that benefits from consideration of multiple points of view. On behalf of the Board, I invite you to share your concerns and opinions with the Board.

\*PPG stands for Public Participation Guidelines. The list consists of mailing addresses for individuals and organizations that wish to be informed about the Board’s policy activities.

# CONTINUING EDUCATION IN VIRGINIA

# By James D. Watkins, D.D.S.

Member of the Virginia Board of Dentistry

Since April 1, 1995, the Board has required each dentist and dental hygienist to take a minimum of 15 hours of approved continuing education for each renewal year of licensure. The Board would like to clarify some issues regarding its continuing education policy.

Let’s begin by answering the following 3 questions with either “YES” or “NO”:

1. *Can I take 45 hours of clinical continuing education courses in one year and have all my hours necessary for three years?*
2. *Does my year for counting my continuing education credit hours begin January 1st and end December 31st?*
3. *Since 30 hours are needed over 2 years and I can carry over hours for one year; can I take 14 hours one year and 16 hours the next year?*

If you answered “NO” to all of those questions, you are knowledgeable of the Board’s guidelines.

Question number 1: A maximum of 15 hours can be carried over to the next year.

Therefore, in this example, at the beginning of the third year, the license will need to start their count of hours with new C.E. courses. However, if you take some C.E. courses in year two of this example; you can carry over to year three because you would have adequate hours for year two and C.E. hours can only be carried over for a period of one year after the course is taken.

Question number 2: The date of the year from whence you start counting your period of time for continuing education hours is April 1st and that year ends on the following March 31st; ( i.e., it coincides with your license renewal).

Question number 3**:** You must have at least 15 hours each year; so you can take more than 15 hours and carry over the excess (up to 15 hours); but you cannot take less than 15 hours in any year.

The Board requires the original documents verifying attendance at your courses (and, it must show the date and the subject of the program or activity). Also, remember that you must maintain this documentation for a period of 4 years following renewal of your license. For example, when you sign the verification for your continuing education next March (2003); you must keep the continuing education course documents until March 2007 because you are “certifying” that you have taken the required hours from April 1, 2002—March 31, 2003. To facilitate compliance with these requirements, the Board recently passed a resolution that allows the continuing education report provided by the Academy of General Dentistry to be accepted as original documentation for Board of Dentistry continuing education verification.

Each licensee must remember that continuing education course sponsors must be approved in advance by the Board if they are not among those listed in your copy of *“Regulations Governing the Practice of Dentistry and Dental Hygiene.”*

I hope this article simplifies your knowledge of your requirements under the Boards continuing education regulation (18 VAC 60-20-50).

# GUIDANCE ON PRACTICE NAMES

The Board of Dentistry on May 3, 2002 adopted the following guidance on practice names:

In accordance with VA Code §54.1-2718, a dentist must practice under his own name. A dentist, partnership, professional corporation or professional limited liability company who owns a dental practice may also adopt a trade name for that practice so long as the trade name meets the following requirements:

1. The trade name does not violate the Board’s advertising regulations set out in 18 VAC 60-20-180;
2. The trade name incorporates one or more of the following: (i) a geographic location (e.g., to include but not limited to a street name, shopping center, neighborhood, city or county location), (ii) type of practice or (iii) a derivative of the dentist’s name. Derivatives of the recognized specialties may be used to describe the type of practice if one or more dentists in the practice are Board certified in the specialty or if the specialty name is accompanied by the conspicuous disclosure that services are provided by a general dentist in every medium in which it is used;

3. The trade name is used in conjunction with either (i) the name of the dentist or (ii) the name of the partnership, professional corporation or professional limited liability company who owns the practice.

4. Marquee signage, web page addresses and e-mail addresses may be limited to the trade name adopted for the practice but all other advertisements in any medium shall include the name of the dentist or the name of the partnership, professional corporation or professional limited liability company who owns the practice. The lettering for the owner’s name shall be at least equal in size to the lettering used for the trade name.

# NEW LAWS FROM THE 2002 GENERAL ASSEMBLY

*All are effective July 1, 2002 unless otherwise indicated.*

General Supervision of Dental Hygienists: §54.1-2722 of the Code of Virginia has been amended to provide that a licensed dental hygienist may, under the direction or general supervision of a licensed dentist and subject to the regulations of the Board, perform services which are educational, diagnostic, therapeutic, or preventive. These services shall not include the establishment of a final diagnosis or treatment plan for a dental patient. Emergency regulations became effective July 19, 2002 and are posted at [www.dhp.state.va.us/dentistry](http://www.dhp.state.va.us/dentistry).

Temporary Permits: § 54.1-2715 and § 54.1-2726 of the Code of Virginia have been amended to add certain organizations to those that might employ a dentist with a temporary permit. The organizations added are “a Virginia charitable corporation granted tax-exempt status under § 501 (c ) (3) of the Internal Revenue Code and operating as a clinic for the indigent and uninsured that is organized for the delivery of primary health care services: (i) as a federal qualified health center designated by the Centers for Medicare and Medicaid Services or (ii) at a reduced or sliding fee scale or without charge.” Emergency regulations became effective July 19, 2002 and are posted at [www.dhp.state.va.us/dentistry](http://www.dhp.state.va.us/dentistry).

Volunteer Service: § 54.1-2701 of the Code of Virginia has been amended to allow any dentist or dental hygienist who is licensed in another state and who “volunteers to provide free health care to an underserved area of this Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization with no paid employees that sponsors the provision of health care to populations of underserved people throughout the world…” The volunteer must register with the Board at least 15 days prior to providing services and can only practice on the dates and at the location filed with the Board. The Board is authorized to deny registration to anyone whose license has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws and regulations. Emergency regulations became effective July 19, 2002 and are posted at [www.dhp.state.va.us/dentistry](http://www.dhp.state.va.us/dentistry).

Prescription-Monitoring Program: Chapter 25.2 §§ 54.1-2519-54.1-2525 of the Code of Virginia establishes a prescription-monitoring program in the Department of Health Professions. The program requires reports to the Department from dispensers of “covered substances.” This program will initially be implemented in State Health Planning Region III and the “covered substances” initially will be all Schedule II controlled substances. The program will be implemented when funds become available and will be reviewed by the House Committee on Health, Welfare and Institutions and the Senate committee on Education and Health.

Medical treatment for certain persons incapable of giving informed consent: § 54.1-2970 has been amended to include dental treatment. At the request of James Reinhard, M.D., Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services, the entire bill is reprinted here.

When a delay in treatment might adversely affect recovery, a licensed health professional or licensed hospital shall not be subject to liability arising out of a claim based on lack of informed consent or be prohibited from providing surgical ~~or~~*,* medical *or dental* treatment to an individual who is a patient or resident of a hospital or facility operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services *or to a consumer who is receiving case management services from a community services board or behavioral health authority* and who is incapable of giving informed consent to the treatment by reason of mental illness or mental retardation under the following conditions:

1. No legally authorized guardian or committee was available to give consent;

2. A reasonable effort is made to advise a parent or other next of kin of the need for the surgical ~~or~~*,* medical *or dental* treatment;

3. No reasonable objection is raised by *or on behalf of* the alleged incapacitated person; and

4. Two physicians*, or in the case of dental treatment, two dentists or one dentist and one physician,* state in writing that they have made a good faith effort to explain the necessary treatment to the individual, and they have probable cause to believe that the individual is incapacitated and unable to consent to the treatment by reason of mental illness or mental retardation and that delay in treatment might adversely affect recovery.

The provisions of this section shall apply only to the treatment of physical injury or illness and not to any treatment for mental, emotional or psychological condition.

Treatment *pursuant to this section* of an individual's mental, emotional or psychological condition when the ~~resident~~ *individual* is unable to make an informed decision and when no legally authorized guardian or committee is available to provide consent shall be governed by regulations promulgated by the State Mental Health, Mental Retardation and Substance Abuse Services Board under § 37.1-84.1 of this Code.

# ITEMS OF INTEREST

* New Board of Dentistry Member, Harold S. Seigel, D.D.S., of Falls Church was appointed to the Board July 1, 2002 by Governor Warner effective for a four year term.
* The Board recognized the Medical College of Virginia Orthodontic Education and Research Foundation as an approved sponsor of continuing education programs effective the 2002-2003 renewal period.
* The Virginia Board of Dentistry was recently asked to clarify whether the removal of orthodontic brackets was within the scope of duties of a dental assistant. The Board clarified this by stating that “a dental assistant may remove bands and stainless steel brackets; however, they can not remove ceramic brackets”.
* New Dental Program: The Rappahannock Area Health District is developing a comprehensive dental program during the Summer of 2002. The focus of the program will be with children in the Fredericksburg, Spotsylvania County and Caroline County, Virginia area. The program will provide both dental care and preventative dental education to children in the local area. The Health District plans to hire one to two dentists for the program. For more information about the program, contact Don Stern, District Health Director, at (540) 899-4797.

# PROPOSED FEE CHANGES

Virginia Board of Dentistry

Regulations Governing the

Practice of Dentistry

18 VAC 60-20-20. License renewal and reinstatement.

A. Renewal fees. Every person holding an active or inactive license, a full-time faculty license, or a restricted volunteer license to practice dentistry or dental hygiene shall, on or before March 31, renew his license. Every person holding a teacher's license or a temporary permit to practice dentistry or dental hygiene shall, on or before June 30, renew his license.

1. The fee for renewal of an active license or permit to practice or teach dentistry shall be $~~100~~ 150 ~~for dentists~~ , and the fee for renewal of an active license or permit to practice or teach dental hygiene shall be $~~40~~ 50 for dental hygienists.

2. The fee for renewal of an inactive license shall be $~~65~~ 75 for dentists and $25 for dental hygienists.

3. The fee for renewal of a restricted volunteer license shall be $15.

B. Penalty fees. Any person who does not return the completed form and fee by the deadline required in subsection A of this section shall be required to pay an additional penalty fee of $50 for dentists and $~~35~~ 20 for dental hygienists. The board shall renew a license if the renewal form, renewal fee, and penalty fee are received within ~~30 days~~ one year of the deadline required in subsection A of this section.

C. Reinstatement fees and procedures. The license of any person who does not return the completed renewal form and fees ~~within 30 days of~~ by the deadline required in subsection A of this section shall automatically expire and become invalid and his practice of dentistry/dental hygiene shall be illegal. ~~Upon such expiration, the board shall immediately notify the affected person of the expiration and the reinstatement procedures.~~

1. Any person whose license has expired who wishes to reinstate such license shall submit to the board a reinstatement application, the renewal fee and the ~~penalty~~ reinstatement fee of $~~50~~ 225 for dentists and $~~35~~ 135 for dental hygienists ~~per month for each month or part of a month the license has been expired for a maximum amount of $600 for dentists and $420 for dental hygienists.~~

2. Practicing in Virginia with an expired license may subject the licensee to disciplinary action and additional fines by the board.

3. The executive director ~~shall~~ may reinstate such expired license provided that the applicant can demonstrate continuing competence, that no grounds exist pursuant to §54.1-2706 of the Code of Virginia and 18VAC60-20-170 to deny said reinstatement, and that the applicant has paid ~~all~~ the unpaid renewal ~~fees~~ fee, the reinstatement fee and any fines or assessments.

D. Reinstatement of a license previously revoked or indefinitely suspended. Any person whose license has been revoked shall submit to the board for its approval a reinstatement application and fee of $750 for dentists and $500 for dental hygienists. Any person whose license has been indefinitely suspended shall submit to the board for its approval a reinstatement application and fee of $350 for dentists and $250 for dental hygienists.

18 VAC 60-20-30. Other fees**.**

A. Dental licensure application fees. The application fee for a dental license, a license to teach dentistry, a full-time faculty license, or a temporary permit as a dentist shall be $225.

B. Dental hygiene licensure application fees. The application fee for a dental hygiene license by examination, a license to teach dental hygiene, or a temporary permit as a dental hygienist shall be $~~160~~ 135.

C. Duplicate wall certificate. Licensees desiring a duplicate wall certificate shall submit a request in writing stating the necessity for such duplicate wall certificate, accompanied by a fee of $~~15~~ 25.

D. Duplicate license. Licensees desiring a duplicate license shall submit a request in writing stating the necessity for such duplicate license, accompanied by a fee of $10. If a licensee maintains more than one office, a notarized photocopy of a license may be used.

E. Licensure certification. Licensees requesting endorsement or certification by this board shall pay a fee of $25 for each endorsement or certification.

F. Restricted license. Restricted license issued in accordance with §54.1-2714 of the Code of Virginia shall be at a fee of $~~100~~ 150.

G. Endorsement license. License by endorsement issued in accordance with 18VAC60-20-80 for dental hygienists shall be at a fee of $~~225~~ 135.

H. Restricted volunteer license. The application fee for licensure as a restricted volunteer dentist or dental hygienist issued in accordance with §54.1-2712.1 or §54.1-2726.1 of the Code of Virginia shall be $25.

1. Returned check. The fee for a returned check shall be $25.

*You may submit any written comments on these proposed regulatory changes through September 13, 2002 to the Board office****.*** *Comments should be mailed to the attention of Sandra Reen or e-mailed to her at sandra.reen@dhp.state.va.us.*

*When preparing comments please reference the sections of the regulations you are addressing.*

*The current regulations can be accessed on the Internet at www.dhp.state.va.us/dentistry.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BOARD STATISTICS The Virginia Board of Dentistry reports the following  Statistics on licensees as of July 25, 2002.    PROFESSION (ACTIVE) CURRENT NUMBER   |  | | --- | | Dentists 4849 | | Dental Hygienists 3289 | | Dental Hygiene Teachers 2 | | Dental Teachers (Part time) 8 | | Dental Faculty 12 | | Dental Hygiene Restricted Volunteer Licensees 0 | | Dentist Restricted Volunteer Licensees 0 | | Oral/Maxillofacial Surgeon Registration 175 | | Cosmetic Procedures 7 |   PROFESSION (INACTIVE) CURRENT NUMBER   |  | | --- | | Dentists 470 | | Dental Hygienists 340 | | BOARD SCHEDULEAUG 23 INFORMAL HEARINGSSEP 19 FORMAL HEARINGS - Norfolk, VASEP 20 BOARD MEETING - Norfolk, VA SEP 27 WORKFORCE TASK GROUP  OCT 11 INFORMAL HEARINGS  OCT 25 INFORMAL HEARINGS NOV 8 NFORMAL HEARINGS NOV 15 WORKFORCE TASK GROUP NOV 22 INFORMAL HEARINGS All meetings are held at the Board offices,  unless otherwise indicated. | |
| BOARD MEMBERS Michael J. Link, D.D.S., President  Gary E. Taylor, D.D.S., Vice President  Nora M. French, D.M.D.  Darryl Lefcoe, D.D.S.  Trudy Levitin, R.D.H.  Gopal S. Pal, D.D.S.  Harold S. Seigel, D.D.S.  Deborah Southall, R.D.H.  Robert Winters, ESQ., Citizen Member  James Watkins, D.D.S. | | STAFF Sandra K. Reen, Executive Director  Cheri Emma-Leigh, Operations Manager  Senita Booker, Administrative Assistant  Kathy Lackey, Licensing Specialist  Sheila Lester-Mitchell, Records Manager |

## 18VAC60. Board of Dentistry

VAC AGENCY NO. 60

AGENCY SUMMARY

The Board of Dentistry is an agency within the Department of Health Professions. Code of Virginia, Title 54.1, Chapter 25. See the summary for the department for the regulatory power applicable to all health regulatory boards. Code of Virginia, Title 54.1, Chapter 24.

The board is authorized to license and promulgate regulations governing the practice and teaching of dentistry and dental hygiene. It is also authorized to promulgate regulations for the registration of dental assistants II, mobile dental clinics and for the issuance of permits for dentists who use conscious/moderate sedation or deep sedation/general anesthesia in dental offices.  The board also registers dentists who practice oral and maxillofacial surgery and certifies those who perform cosmetic procedures. Code of Virginia, Title 54.1, Chapter 27.

Regulations are available at the board's office at 9960 Mayland Drive, Suite 300, Richmond, VA 23233. Internet address: http://www.dhp.virginia.gov/dentistry/

Rev. 9/2014

Website addresses provided in the Virginia Administrative Code to documents incorporated by reference are for the reader's convenience only, may not necessarily be active or current, and should not be relied upon. To ensure the information incorporated by reference is accurate, the reader is encouraged to use the source document described in the regulation.

As a service to the public, the Virginia Administrative Code is provided online by the Virginia General Assembly. We are unable to answer legal questions or respond to requests for legal advice, including application of law to specific fact. To understand and protect your legal rights, you should consult an attorney.

**CHAPTER 11. PUBLIC PARTICIPATION GUIDELINES**

## 18VAC60-11-10. Purpose.

PART I. PURPOSE AND DEFINITIONS

The purpose of this chapter is to promote public involvement in the development, amendment or repeal of the regulations of the Board of Dentistry. This chapter does not apply to regulations, guidelines, or other documents exempted or excluded from the provisions of the Administrative Process Act (§ [2.2-4000](https://law.lis.virginia.gov/vacode/2.2-4000/) et seq. of the Code of Virginia).

## 18VAC60-11-20. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Administrative Process Act" means Chapter 40 (§ [2.2-4000](https://law.lis.virginia.gov/vacode/2.2-4000/) et seq.) of Title 2.2 of the Code of Virginia.

"Agency" means the Board of Dentistry, which is the unit of state government empowered by the agency's basic law to make regulations or decide cases. Actions specified in this chapter may be fulfilled by state employees as delegated by the agency.

"Basic law" means provisions in the Code of Virginia that delineate the basic authority and responsibilities of an agency.

"Commonwealth Calendar" means the electronic calendar for official government meetings open to the public as required by § [2.2-3707](https://law.lis.virginia.gov/vacode/2.2-3707/) C of the Freedom of Information Act.

''Negotiated rulemaking panel'' or ''NRP'' means an ad hoc advisory panel of interested parties established by an agency to consider issues that are controversial with the assistance of a facilitator or mediator, for the purpose of reaching a consensus in the development of a proposed regulatory action.

"Notification list" means a list used to notify persons pursuant to this chapter. Such a list may include an electronic list maintained through the Virginia Regulatory Town Hall or other list maintained by the agency.

"Open meeting" means any scheduled gathering of a unit of state government empowered by an agency's basic law to make regulations or decide cases, which is related to promulgating, amending or repealing a regulation.

"Person" means any individual, corporation, partnership, association, cooperative, limited liability company, trust, joint venture, government, political subdivision, or any other legal or commercial entity and any successor, representative, agent, agency, or instrumentality thereof.

"Public hearing" means a scheduled time at which members or staff of the agency will meet for the purpose of receiving public comment on a regulatory action.

"Regulation" means any statement of general application having the force of law, affecting the rights or conduct of any person, adopted by the agency in accordance with the authority conferred on it by applicable laws.

"Regulatory action" means the promulgation, amendment, or repeal of a regulation by the agency.

"Regulatory advisory panel" or "RAP" means a standing or ad hoc advisory panel of interested parties established by the agency for the purpose of assisting in regulatory actions.

"Town Hall" means the Virginia Regulatory Town Hall, the website operated by the Virginia Department of Planning and Budget at www.townhall.virginia.gov, which has online public comment forums and displays information about regulatory meetings and regulatory actions under consideration in Virginia and sends this information to registered public users.

"Virginia Register" means the Virginia Register of Regulations, the publication that provides official legal notice of new, amended and repealed regulations of state agencies, which is published under the provisions of Article 6 (§ [2.2-4031](https://law.lis.virginia.gov/vacode/2.2-4031/) et seq.) of the Administrative Process Act.

## 18VAC60-11-30. Notification List.

PART II. NOTIFICATION OF INTERESTED PERSONS

A. The agency shall maintain a list of persons who have requested to be notified of regulatory actions being pursued by the agency.

B. Any person may request to be placed on a notification list by registering as a public user on the Town Hall or by making a request to the agency. Any person who requests to be placed on a notification list shall elect to be notified either by electronic means or through a postal carrier.

C. The agency may maintain additional lists for persons who have requested to be informed of specific regulatory issues, proposals, or actions.

D. When electronic mail is returned as undeliverable on multiple occasions at least 24 hours apart, that person may be deleted from the list. A single undeliverable message is insufficient cause to delete the person from the list.

E. When mail delivered by a postal carrier is returned as undeliverable on multiple occasions, that person may be deleted from the list.

F. The agency may periodically request those persons on the notification list to indicate their desire to either continue to be notified electronically, receive documents through a postal carrier, or be deleted from the list.

## 18VAC60-11-40. Information to Be Sent to Persons on the Notification List.

A. To persons electing to receive electronic notification or notification through a postal carrier as described in [18VAC60-11-30](https://law.lis.virginia.gov/admincode/title18/agency60/chapter11/section30/), the agency shall send the following information:

1. A notice of intended regulatory action (NOIRA).

2. A notice of the comment period on a proposed, a reproposed, or a fast-track regulation and hyperlinks to, or instructions on how to obtain, a copy of the regulation and any supporting documents.

3. A notice soliciting comment on a final regulation when the regulatory process has been extended pursuant to § [2.2-4007.06](https://law.lis.virginia.gov/vacode/2.2-4007.06/) or [2.2-4013](https://law.lis.virginia.gov/vacode/2.2-4013/) C of the Code of Virginia.

B. The failure of any person to receive any notice or copies of any documents shall not affect the validity of any regulation or regulatory action.

## 18VAC60-11-50. Public Comment.

PART III. PUBLIC PARTICIPATION PROCEDURES

A. In considering any nonemergency, nonexempt regulatory action, the agency shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency; and (ii) be accompanied by and represented by counsel or other representative. Such opportunity to comment shall include an online public comment forum on the Town Hall.

1. To any requesting person, the agency shall provide copies of the statement of basis, purpose, substance, and issues; the economic impact analysis of the proposed or fast-track regulatory action; and the agency's response to public comments received.

2. The agency may begin crafting a regulatory action prior to or during any opportunities it provides to the public to submit comments.

B. The agency shall accept public comments in writing after the publication of a regulatory action in the Virginia Register as follows:

1. For a minimum of 30 calendar days following the publication of the notice of intended regulatory action (NOIRA).

2. For a minimum of 60 calendar days following the publication of a proposed regulation.

3. For a minimum of 30 calendar days following the publication of a reproposed regulation.

4. For a minimum of 30 calendar days following the publication of a final adopted regulation.

5. For a minimum of 30 calendar days following the publication of a fast-track regulation.

6. For a minimum of 21 calendar days following the publication of a notice of periodic review.

7. Not later than 21 calendar days following the publication of a petition for rulemaking.

C. The agency may determine if any of the comment periods listed in subsection B of this section shall be extended.

D. If the Governor finds that one or more changes with substantial impact have been made to a proposed regulation, he may require the agency to provide an additional 30 calendar days to solicit additional public comment on the changes in accordance with § [2.2-4013](https://law.lis.virginia.gov/vacode/2.2-4013/) C of the Code of Virginia.

E. The agency shall send a draft of the agency's summary description of public comment to all public commenters on the proposed regulation at least five days before final adoption of the regulation pursuant to § [2.2-4012](https://law.lis.virginia.gov/vacode/2.2-4012/) E of the Code of Virginia.

## 18VAC60-11-60. Petition for Rulemaking.

A. As provided in § [2.2-4007](https://law.lis.virginia.gov/vacode/2.2-4007/) of the Code of Virginia, any person may petition the agency to consider a regulatory action.

B. A petition shall include but is not limited to the following information:

1. The petitioner's name and contact information;

2. The substance and purpose of the rulemaking that is requested, including reference to any applicable Virginia Administrative Code sections; and

3. Reference to the legal authority of the agency to take the action requested.

C. The agency shall receive, consider and respond to a petition pursuant to § [2.2-4007](https://law.lis.virginia.gov/vacode/2.2-4007/) and shall have the sole authority to dispose of the petition.

D. The petition shall be posted on the Town Hall and published in the Virginia Register.

E. Nothing in this chapter shall prohibit the agency from receiving information or from proceeding on its own motion for rulemaking.

## 18VAC60-11-70. Appointment of Regulatory Advisory Panel.

A. The agency may appoint a regulatory advisory panel (RAP) to provide professional specialization or technical assistance when the agency determines that such expertise is necessary to address a specific regulatory issue or action or when individuals indicate an interest in working with the agency on a specific regulatory issue or action.

B. Any person may request the appointment of a RAP and request to participate in its activities. The agency shall determine when a RAP shall be appointed and the composition of the RAP.

C. A RAP may be dissolved by the agency if:

1. The proposed text of the regulation is posted on the Town Hall, published in the Virginia Register, or such other time as the agency determines is appropriate; or

2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act.

## 18VAC60-11-80. Appointment of Negotiated Rulemaking Panel.

A. The agency may appoint a negotiated rulemaking panel (NRP) if a regulatory action is expected to be controversial.

B. An NRP that has been appointed by the agency may be dissolved by the agency when:

1. There is no longer controversy associated with the development of the regulation;

2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act; or

3. The agency determines that resolution of a controversy is unlikely.

## 18VAC60-11-90. Meetings.

Notice of any open meeting, including meetings of a RAP or NRP, shall be posted on the Virginia Regulatory Town Hall and Commonwealth Calendar at least seven working days prior to the date of the meeting. The exception to this requirement is any meeting held in accordance with § [2.2-3707](https://law.lis.virginia.gov/vacode/2.2-3707/) D of the Code of Virginia allowing for contemporaneous notice to be provided to participants and the public.

## 18VAC60-11-100. Public Hearings on Regulations.

A. The agency shall indicate in its notice of intended regulatory action whether it plans to hold a public hearing following the publication of the proposed stage of the regulatory action.

B. The agency may conduct one or more public hearings during the comment period following the publication of a proposed regulatory action.

C. An agency is required to hold a public hearing following the publication of the proposed regulatory action when:

1. The agency's basic law requires the agency to hold a public hearing;

2. The Governor directs the agency to hold a public hearing; or

3. The agency receives requests for a public hearing from at least 25 persons during the public comment period following the publication of the notice of intended regulatory action.

D. Notice of any public hearing shall be posted on the Town Hall and Commonwealth Calendar at least seven working days prior to the date of the hearing. The agency shall also notify those persons who requested a hearing under subdivision C 3 of this section.

## 18VAC60-11-110. Periodic Review of Regulations.

A. The agency shall conduct a periodic review of its regulations consistent with:

1. An executive order issued by the Governor pursuant to § [2.2-4017](https://law.lis.virginia.gov/vacode/2.2-4017/) of the Administrative Process Act to receive comment on all existing regulations as to their effectiveness, efficiency, necessity, clarity, and cost of compliance; and

2. The requirements in § [2.2-4007.1](https://law.lis.virginia.gov/vacode/2.2-4007.1/) of the Administrative Process Act regarding regulatory flexibility for small businesses.

B. A periodic review may be conducted separately or in conjunction with other regulatory actions.

C. Notice of a periodic review shall be posted on the Town Hall and published in the Virginia Register.

## Chapter 15. Regulations Governing the Disciplinary Process

## 18VAC60-15-10. Recovery of Disciplinary Costs.

A. Assessment of cost for investigation of a disciplinary case.

1. In any disciplinary case in which there is a finding of a violation against a licensee or registrant, the board may assess the hourly costs relating to investigation of the case by the Enforcement Division of the Department of Health Professions and, if applicable, the costs for hiring an expert witness and reports generated by such witness.

2. The imposition of recovery costs relating to an investigation shall be included in the order from an informal or formal proceeding or part of a consent order agreed to by the parties. The schedule for payment of investigative costs imposed shall be set forth in the order.

3. At the end of each fiscal year, the board shall calculate the average hourly cost for enforcement that is chargeable to investigation of complaints filed against its regulants and shall state those costs in a guidance document to be used in imposition of recovery costs. The average hourly cost multiplied times the number of hours spent in investigating the specific case of a respondent shall be used in the imposition of recovery costs.

B. Assessment of cost for monitoring a licensee or registrant.

1. In any disciplinary case in which there is a finding of a violation against a licensee or registrant and in which terms and conditions have been imposed, the costs for monitoring of a licensee or registrant may be charged and shall be calculated based on the specific terms and conditions and the length of time the licensee or registrant is to be monitored.

2. The imposition of recovery costs relating to monitoring for compliance shall be included in the board order from an informal or formal proceeding or part of a consent order agreed to by the parties. The schedule for payment of monitoring costs imposed shall be set forth in the order.

3. At the end of each fiscal year, the board shall calculate the average costs for monitoring of certain terms and conditions, such as acquisition of continuing education, and shall set forth those costs in a guidance document to be used in the imposition of recovery costs.

C. Total of assessment. In accordance with § [54.1-2708.2](https://law.lis.virginia.gov/vacode/54.1-2708.2/) of the Code of Virginia, the total of recovery costs for investigating and monitoring a licensee or registrant shall not exceed $5,000, but shall not include the fee for inspection of dental offices and returned checks as set forth in [18VAC60-21-40](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section40/) or collection costs incurred for delinquent fines and fees.

## 18VAC60-15-20. Criteria for Delegation of Informal Fact-Finding Proceedings to an Agency Subordinate.

A. Decision to delegate. In accordance with subdivision 10 of § [54.1-2400](https://law.lis.virginia.gov/vacode/54.1-2400/) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate at the time a determination is made that probable cause exists that a practitioner may be subject to a disciplinary action. If delegation to a subordinate is not recommended at the time of the probable cause determination, delegation may be approved by the president of the board or his designee.

B. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include current or past board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

## Chapter 21. Regulations Governing the Practice of Dentistry

## 18VAC60-21-10. Definitions.

PART I. GENERAL PROVISIONS

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § [54.1-2700](https://law.lis.virginia.gov/vacode/54.1-2700/) of the Code of Virginia:

"Board"

"Dental hygiene"

"Dental hygienist"

"Dentist"

"Dentistry"

"License"

"Maxillofacial"

"Oral and maxillofacial surgeon"

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"AAOMS" means the American Association of Oral and Maxillofacial Surgeons.

"ADA" means the American Dental Association.

"Advertising" means a representation or other notice given to the public or members thereof, directly or indirectly, by a dentist on behalf of himself, his facility, his partner or associate, or any dentist affiliated with the dentist or his facility by any means or method for the purpose of inducing purchase, sale, or use of dental methods, services, treatments, operations, procedures, or products, or to promote continued or increased use of such dental methods, treatments, operations, procedures, or products.

"CODA" means the Commission on Dental Accreditation of the American Dental Association.

"Code" means the Code of Virginia.

"Dental assistant I" means any unlicensed person under the direction of a dentist or a dental hygienist who renders assistance for services provided to the patient as authorized under this chapter but shall not include an individual serving in purely an administrative, secretarial, or clerical capacity.

"Dental assistant II" means a person under the direction and direct supervision of a dentist who is registered by the board to perform reversible, intraoral procedures as specified in [18VAC60-21-150](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section150/) and [18VAC60-21-160](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section160/).

"Mobile dental facility" means a self-contained unit in which dentistry is practiced that is not confined to a single building and can be transported from one location to another.

"Nonsurgical laser" means a laser that is not capable of cutting or removing hard tissue, soft tissue, or tooth structure.

"Portable dental operation" means a nonfacility in which dental equipment used in the practice of dentistry is transported to and utilized on a temporary basis at an out-of-office location, including patients' homes, schools, nursing homes, or other institutions.

"Radiographs" means intraoral and extraoral radiographic images of hard and soft tissues used for purposes of diagnosis.

C. The following words and terms relating to supervision as used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Direct supervision" means that the dentist examines the patient and records diagnostic findings prior to delegating restorative or prosthetic treatment and related services to a dental assistant II for completion the same day or at a later date. The dentist prepares the tooth or teeth to be restored and remains immediately available in the office to the dental assistant II for guidance or assistance during the delivery of treatment and related services. The dentist examines the patient to evaluate the treatment and services before the patient is dismissed.

"Direction" means the level of supervision (i.e., immediate, direct, indirect, or general) that a dentist is required to exercise with a dental hygienist, a dental assistant I, or a dental assistant II or that a dental hygienist is required to exercise with a dental assistant to direct and oversee the delivery of treatment and related services.

"General supervision" means that a dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment that states the specific services to be provided by a dental hygienist during one or more subsequent appointments when the dentist may or may not be present. Issuance of the order authorizes the dental hygienist to supervise a dental assistant performing duties delegable to dental assistants I.

"Immediate supervision" means the dentist is in the operatory to supervise the administration of sedation or provision of treatment.

"Indirect supervision" means the dentist examines the patient at some point during the appointment and is continuously present in the office to advise and assist a dental hygienist or a dental assistant who is (i) delivering hygiene treatment, (ii) preparing the patient for examination or treatment by the dentist, or (iii) preparing the patient for dismissal following treatment.

"Remote supervision" means that a supervising dentist is accessible and available for communication and consultation with a dental hygienist during the delivery of dental hygiene services but such dentist may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided. For the purpose of practice by a public health dental hygienist, "remote supervision" means that a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment, but such dentist may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided.

D. The following words and terms relating to sedation or anesthesia as used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Analgesia" means the diminution or elimination of pain.

"Conscious/moderate sedation" or "moderate sedation" means a drug-induced depression of consciousness, during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. Reflex withdrawal from a painful stimulus is not considered a purposeful response. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

"Deep sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. Reflex withdrawal from a painful stimulus is not considered a purposeful response. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

"Enteral" means any technique of administration in which the agent is absorbed through the gastrointestinal tract or oral mucosa (i.e., oral, rectal, sublingual).

"General anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilator function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

"Inhalation" means a technique of administration in which a gaseous or volatile agent, including nitrous oxide, is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

"Inhalation analgesia" means the inhalation of nitrous oxide and oxygen to produce a state of reduced sensation of pain with minimal alteration of consciousness.

"Local anesthesia" means the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

"Minimal sedation" means a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes, and ventilator and cardiovascular functions are unaffected. Minimal sedation includes "anxiolysis" (the diminution or elimination of anxiety through the use of pharmacological agents in a dosage that does not cause depression of consciousness) and includes "inhalation analgesia" when used in combination with any anxiolytic agent administered prior to or during a procedure.

"Moderate sedation" (see the definition of conscious/moderate sedation).

"Monitoring" means to observe, interpret, assess, and record appropriate physiologic functions of the body during sedative procedures and general anesthesia appropriate to the level of sedation as provided in Part VI ([18VAC60-21-260](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section260/) et seq.) of this chapter.

"Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal tract (i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular).

"Titration" means the incremental increase in drug dosage to a level that provides the optimal therapeutic effect of sedation.

"Topical oral anesthetic" means any drug, available in creams, ointments, aerosols, sprays, lotions, or jellies, that can be used orally for the purpose of rendering the oral cavity insensitive to pain without affecting consciousness.

## 18VAC60-21-20. Address of Record.

Each licensed dentist shall provide the board with a current address of record. All required notices and correspondence mailed by the board to any such licensee shall be validly given when mailed to the address of record on file with the board. Each licensee may also provide a different address to be used as the public address, but if a second address is not provided, the address of record shall be the public address. All changes of address shall be furnished to the board in writing within 30 days of such changes.

## 18VAC60-21-30. Posting Requirements.

A. A dentist who is practicing under a firm name or who is practicing as an employee of another dentist is required by § [54.1-2720](https://law.lis.virginia.gov/vacode/54.1-2720/) of the Code to conspicuously display his name at the entrance of the office. The employing dentist, firm, or company must enable compliance by designating a space at the entrance of the office for the name to be displayed.

B. In accordance with § [54.1-2721](https://law.lis.virginia.gov/vacode/54.1-2721/) of the Code a dentist shall display his dental license where it is conspicuous and readable by patients in each dental practice setting. If a licensee practices in more than one office, a duplicate license obtained from the board may be displayed.

C. A dentist who administers, prescribes, or dispenses Schedules II through V controlled substances shall maintain a copy of his current registration with the federal Drug Enforcement Administration in a readily retrievable manner at each practice location.

D. A dentist who administers conscious/moderate sedation, deep sedation, or general anesthesia in a dental office shall display his sedation or anesthesia permit issued by the board or certificate issued by AAOMS.

## 18VAC60-21-40. Required Fees.

A. Application/registration fees.

|  |  |
| --- | --- |
| 1. Dental license by examination | $400 |
| 2. Dental license by credentials | $500 |
| 3. Dental restricted teaching license | $285 |
|  |  |
| 4. Dental faculty license | $400 |
| 5. Dental temporary resident's license | $60 |
| 6. Restricted volunteer license | $25 |
| 7. Volunteer exemption registration | $10 |
| 8. Oral maxillofacial surgeon registration | $175 |
| 9. Cosmetic procedures certification | $225 |
| 10. Mobile clinic/portable operation | $250 |
| 11. Conscious/moderate sedation permit | $100 |
| 12. Deep sedation/general anesthesia permit | $100 |

B. Renewal fees.

|  |  |
| --- | --- |
| 1. Dental license - active | $285 |
| 2. Dental license - inactive | $145 |
| 3. Dental temporary resident's license | $35 |
| 4. Restricted volunteer license | $15 |
| 5. Oral maxillofacial surgeon registration | $175 |
| 6. Cosmetic procedures certification | $100 |
| 7. Conscious/moderate sedation permit | $100 |
| 8. Deep sedation/general anesthesia permit | $100 |

C. Late fees.

|  |  |
| --- | --- |
| 1. Dental license - active | $100 |
| 2. Dental license - inactive | $50 |
| 3. Dental temporary resident's license | $15 |
| 4. Oral maxillofacial surgeon registration | $55 |
| 5. Cosmetic procedures certification | $35 |
| 6. Conscious/moderate sedation permit | $35 |
| 7. Deep sedation/general anesthesia permit | $35 |

D. Reinstatement fees.

|  |  |
| --- | --- |
| 1. Dental license - expired | $500 |
| 2. Dental license - suspended | $750 |
| 3. Dental license - revoked | $1000 |
| 4. Oral maxillofacial surgeon registration | $350 |
| 5. Cosmetic procedures certification | $225 |

E. Document fees.

|  |  |
| --- | --- |
| 1. Duplicate wall certificate | $60 |
| 2. Duplicate license | $20 |
| 3. License certification | $35 |

F. Other fees.

|  |  |
| --- | --- |
| 1. Returned check fee | $35 |
| 2. Practice inspection fee | $350 |

G. No fee will be refunded or applied for any purpose other than the purpose for which the fee is submitted.

H. For the renewal of licenses, registrations, certifications, and permits in 2016, the following fees shall be in effect:

|  |  |
| --- | --- |
| 1. Dentist - active | $210 |
| 2. Dentist - inactive | $105 |
| 3. Dental full-time faculty | $210 |
| 4. Temporary resident | $25 |
| 5. Dental restricted volunteer | $10 |
| 6. Oral/maxillofacial surgeon registration | $130 |
| 7. Cosmetic procedure certification | $75 |
| 8. Conscious/moderate sedation certification | $75 |
| 9. Deep sedation/general anesthesia | $75 |
| 10. Mobile clinic/portable operation | $110 |

## 18VAC60-21-50. Scope of Practice.

PART II. STANDARDS OF PRACTICE

A. A dentist shall only treat based on a bona fide dentist-patient relationship for medicinal or therapeutic purposes within the course of his professional practice consistent with the definition of dentistry in § [54.1-2700](https://law.lis.virginia.gov/vacode/54.1-2700/)of the Code, the provisions for controlled substances in the Drug Control Act (Chapter 34 (§ [54.1-3400](https://law.lis.virginia.gov/vacode/54.1-3400/) et seq.) of Title 54.1 of the Code), and the general provisions for health practitioners in the Code. A bona fide dentist-patient relationship is established when examination and diagnosis of a patient is initiated.

B. For the purpose of prescribing controlled substances, the bona fide dentist-patient relationship shall be established in accordance with § [54.1-3303](https://law.lis.virginia.gov/vacode/54.1-3303/) of the Code.

## 18VAC60-21-60. General Responsibilities to Patients.

A. A dentist is responsible for conducting his practice in a manner that safeguards the safety, health, and welfare of his patients and the public by:

1. Maintaining a safe and sanitary practice, including containing or isolating pets away from the treatment areas of the dental practice. An exception shall be made for a service dog trained to accompany its owner or handler for the purpose of carrying items, retrieving objects, pulling a wheelchair, alerting the owner or handler to medical conditions, or other such activities of service or support necessary to mitigate a disability.

2. Consulting with or referring patients to other practitioners with specialized knowledge, skills, and experience when needed to safeguard and advance the health of the patient.

3. Treating according to the patient's desires only to the extent that such treatment is within the bounds of accepted treatment and only after the patient has been given a treatment recommendation and an explanation of the acceptable alternatives.

4. Only delegating patient care and exposure of dental x-rays to qualified, properly trained and supervised personnel as authorized in Part III ([18VAC60-21-110](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section110/) et seq.) of this chapter.

5. Giving patients at least 30 days written notice of a decision to terminate the dentist-patient relationship.

6. Knowing the signs of abuse and neglect and reporting suspected cases to the proper authorities consistent with state law.

7. Accurately representing to a patient and the public the materials or methods and techniques to be used in treatment.

B. A dentist is responsible for conducting his financial responsibilities to patients and third party payers in an ethical and honest manner by:

1. Maintaining a listing of customary fees and representing all fees being charged clearly and accurately.

2. Making a full and fair disclosure to his patient of all terms and considerations before entering into a payment agreement for services.

3. Not obtaining, attempting to obtain, or cooperating with others in obtaining payment for services by misrepresenting procedures performed, dates of service, or status of treatment.

4. Making a full and fair disclosure to his patient of any financial incentives he received for promoting or selling products.

5. Not exploiting the dentist-patient relationship for personal gain related in nondental transactions.

## 18VAC60-21-70. Unprofessional Practice.

A. A dentist shall not commit any act that violates provisions of the Code that reasonably relate to the practice of dentistry including but not limited to:

1. Delegating any dental service or operation that requires the professional competence or judgment of a dentist to any person who is not a licensed dentist or dental hygienist or a registered dental assistant II.

2. Knowingly or negligently violating any applicable statute or regulation governing ionizing radiation in the Commonwealth of Virginia, including but not limited to current regulations promulgated by the Virginia Department of Health.

3. Unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program.

4. Failing to maintain and dispense scheduled drugs as authorized by the Virginia Drug Control Act (Chapter 34 (§ [54.1-3400](https://law.lis.virginia.gov/vacode/54.1-3400/) et seq.) of Title 54.1 of the Code) and the regulations of the Board of Pharmacy.

5. Failing to cooperate with an employee of the Department of Health Professions in the conduct of an investigation or inspection.

B. Sexual conduct with a patient, employee, or student shall constitute unprofessional conduct if:

1. The sexual conduct is unwanted or nonconsensual or

2. The sexual contact is a result of the exploitation of trust, knowledge, or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

## 18VAC60-21-80. Advertising.

A. Practice limitation. A general dentist who limits his practice to a dental specialty or describes his practice by types of treatment shall state in conjunction with his name that he is a general dentist providing certain services (e.g., orthodontic services).

B. Fee disclosures. Any statement specifying a fee for a dental service that does not include the cost of all related procedures, services, and products that, to a substantial likelihood, will be necessary for the completion of the advertised services as it would be understood by an ordinarily prudent person shall be deemed to be deceptive or misleading. Where reasonable disclosure of all relevant variables and considerations is made, a statement of a range of fees for specifically described dental services shall not be deemed to be deceptive or misleading.

C. Discounts and free offers. Discount and free offers for a dental service are permissible for advertising only when the nondiscounted or full fee, if any, and the final discounted fee are also disclosed in the advertisement. In addition, the time period for obtaining the discount or free offer must be stated in the advertisement. The dentist shall maintain documented evidence to substantiate the discounted fee or free offer.

D. Retention of advertising. A prerecorded or archived copy of all advertisements shall be retained for a two-year period following the final appearance of the advertisement. The advertising dentist is responsible for making prerecorded or archived copies of the advertisement available to the board within five days following a request by the board.

E. Routine dental services. Advertising of fees pursuant to this section is limited to procedures that are set forth in the American Dental Association's "Dental Procedures Codes," published in Current Dental Terminology in effect at the time the advertisement is issued.

F. Advertisements. Advertisements, including but not limited to signage, containing descriptions of the type of dentistry practiced or a specific geographic locator are permissible so long as the requirements of §§ [54.1-2718](https://law.lis.virginia.gov/vacode/54.1-2718/)and [54.1-2720](https://law.lis.virginia.gov/vacode/54.1-2720/) of the Code are met.

G. False, deceptive, or misleading advertisement. The following practices shall constitute false, deceptive, or misleading advertising within the meaning of subdivision 7 of § [54.1-2706](https://law.lis.virginia.gov/vacode/54.1-2706/) of the Code:

1. Publishing an advertisement that contains a material misrepresentation or omission of facts that causes an ordinarily prudent person to misunderstand or be deceived, or that fails to contain reasonable warnings or disclaimers necessary to make a representation not deceptive;

2. Publishing an advertisement that fails to include the information and disclaimers required by this section;

3. Publishing an advertisement that contains a false claim of professional superiority, contains a claim to be a specialist, or uses any terms to designate a dental specialty unless he is entitled to such specialty designation under the guidelines or requirements for specialties approved by the American Dental Association (Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists, November 2013), or such guidelines or requirements as subsequently amended; or

4. Representation by a dentist who does not currently hold specialty certification that his practice is limited to providing services in such specialty area without clearly disclosing that he is a general dentist.

## 18VAC60-21-90. Patient Information and Records.

A. A dentist shall maintain complete, legible, and accurate patient records for not less than six years from the last date of service for purposes of review by the board with the following exceptions:

1. Records of a minor child shall be maintained until the child reaches the age of 18 years or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child;

2. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative pursuant to § [54.1-2405](https://law.lis.virginia.gov/vacode/54.1-2405/) of the Code; or

3. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

B. Every patient record shall include the following:

1. Patient's name on each page in the patient record;

2. A health history taken at the initial appointment that is updated (i) when analgesia, sedation, or anesthesia is to be administered; (ii) when medically indicated; and (iii) at least annually;

3. Diagnosis and options discussed, including the risks and benefits of treatment or nontreatment and the estimated cost of treatment options;

4. Consent for treatment obtained and treatment rendered;

5. List of drugs prescribed, administered, or dispensed and the route of administration, quantity, dose, and strength;

6. Radiographs, digital images, and photographs clearly labeled with patient name, date taken, and teeth identified;

7. Notation of each treatment rendered, the date of treatment and of the dentist, dental hygienist, and dental assistant II providing service;

8. Duplicate laboratory work orders that meet the requirements of § [54.1-2719](https://law.lis.virginia.gov/vacode/54.1-2719/) of the Code including the address and signature of the dentist;

9. Itemized patient financial records as required by § [54.1-2404](https://law.lis.virginia.gov/vacode/54.1-2404/) of the Code;

10. A notation or documentation of an order required for treatment of a patient by a dental hygienist practicing under general supervision as required in [18VAC60-21-140](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section140/) B; and

11. The information required for the administration of conscious/moderate sedation, deep sedation, and general anesthesia required in [18VAC60-21-260](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section260/) D.

C. A licensee shall comply with the patient record confidentiality, release, and disclosure provisions of § [32.1-127.1:03](https://law.lis.virginia.gov/vacode/32.1-127.1:03/) of the Code and shall only release patient information as authorized by law.

D. Records shall not be withheld because the patient has an outstanding financial obligation.

E. A reasonable cost-based fee may be charged for copying patient records to include the cost of supplies and labor for copying documents, duplication of radiographs and images, and postage if mailing is requested as authorized by § [32.1-127.1:03](https://law.lis.virginia.gov/vacode/32.1-127.1:03/) of the Code. The charges specified in § [8.01-413](https://law.lis.virginia.gov/vacode/8.01-413/) of the Code are permitted when records are subpoenaed as evidence for purposes of civil litigation.

F. When closing, selling, or relocating a practice, the licensee shall meet the requirements of § [54.1-2405](https://law.lis.virginia.gov/vacode/54.1-2405/) of the Code for giving notice and providing records.

G. Records shall not be abandoned or otherwise left in the care of someone who is not licensed by the board except that, upon the death of a licensee, a trustee or executor of the estate may safeguard the records until they are transferred to a licensed dentist, are sent to the patients of record, or are destroyed.

H. Patient confidentiality must be preserved when records are destroyed.

## 18VAC60-21-100. Reportable Events During or Following Treatment or the Administration of Sedation or Anesthesia.

The treating dentist shall submit a written report to the board within 15 calendar days following an unexpected patient event that occurred intra-operatively or during the first 24 hours immediately following the patient's departure from his facility, resulting in either a physical injury or a respiratory, cardiovascular, or neurological complication that was related to the dental treatment or service provided and that necessitated admission of the patient to a hospital or in a patient death. Any emergency treatment of a patient by a hospital that is related to sedation anesthesia shall also be reported.

## 18VAC60-21-110. Utilization of Dental Hygienists and Dental Assistants II.

PART III. DIRECTION AND DELEGATION OF DUTIES

A. A dentist may utilize up to a total of four dental hygienists or dental assistants II in any combination practicing under direction at one and the same time. In addition, a dentist may permit through issuance of written orders for services, additional dental hygienists to practice under general supervision in a free clinic or a public health program, or on a voluntary basis.

B. In accordance with § [54.1-2724](https://law.lis.virginia.gov/vacode/54.1-2724/) of the Code of Virginia, no dentist shall employ more than two dental hygienists who practice under remote supervision at one time.

## 18VAC60-21-120. Requirements for Direction and General Supervision.

A. In all instances and on the basis of his diagnosis, a licensed dentist assumes ultimate responsibility for determining with the patient or his representative the specific treatment the patient will receive, which aspects of treatment will be delegated to qualified personnel, and the direction required for such treatment, in accordance with this chapter and the Code.

B. Dental hygienists shall engage in their respective duties only while in the employment of a licensed dentist or governmental agency or when volunteering services as provided in [18VAC60-21-110](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section110/).

C. Dental hygienists acting within the scope of a license issued to them by the board under § [54.1-2722](https://law.lis.virginia.gov/vacode/54.1-2722/) or [54.1-2725](https://law.lis.virginia.gov/vacode/54.1-2725/) of the Code who teach dental hygiene in a CODA accredited program are exempt from this section.

D. Duties delegated to a dental hygienist under indirect supervision shall only be performed when the dentist is present in the facility and examines the patient during the time services are being provided.

E. Duties that are delegated to a dental hygienist under general supervision shall only be performed if the following requirements are met:

1. The treatment to be provided shall be ordered by a dentist licensed in Virginia and shall be entered in writing in the record. The services noted on the original order shall be rendered within a specific time period, not to exceed 10 months from the date the dentist last performed a periodic examination of the patient. Upon expiration of the order, the dentist shall have examined the patient before writing a new order for treatment under general supervision.

2. The dental hygienist shall consent in writing to providing services under general supervision.

3. The patient or a responsible adult shall be informed prior to the appointment that a dentist may not be present, that only topical oral anesthetics can be administered to manage pain, and that only those services prescribed by the dentist will be provided.

4. Written basic emergency procedures shall be established and in place, and the hygienist shall be capable of implementing those procedures.

F. An order for treatment under general supervision shall not preclude the use of another level of supervision when, in the professional judgment of the dentist, such level of supervision is necessary to meet the individual needs of the patient.

## 18VAC60-21-130. Nondelegable Duties; Dentists.

Only licensed dentists shall perform the following duties:

1. Final diagnosis and treatment planning;

2. Performing surgical or cutting procedures on hard or soft tissue except a dental hygienist performing gingival curettage as provided in [18VAC60-21-140](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section140/);

3. Prescribing or parenterally administering drugs or medicaments, except a dental hygienist, who meets the requirements of [18VAC60-25-100](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section100/), may parenterally administer Schedule VI local anesthesia to patients 18 years of age or older;

4. Authorization of work orders for any appliance or prosthetic device or restoration that is to be inserted into a patient's mouth;

5. Operation of high speed rotary instruments in the mouth;

6. Administering and monitoring conscious/moderate sedation, deep sedation, or general anesthetics except as provided for in § [54.1-2701](https://law.lis.virginia.gov/vacode/54.1-2701/) of the Code and Part VI ([18VAC60-21-260](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section260/) et seq.) of this chapter;

7. Condensing, contouring, or adjusting any final, fixed, or removable prosthodontic appliance or restoration in the mouth with the exception of packing and carving amalgam and placing and shaping composite resins by dental assistants II with advanced training as specified in [18VAC60-30-120](https://law.lis.virginia.gov/admincode/title18/agency60/chapter30/section120/);

8. Final positioning and attachment of orthodontic bonds and bands; and

9. Final adjustment and fitting of crowns and bridges in preparation for final cementation.

## 18VAC60-21-140. Delegation to Dental Hygienists.

A. The following duties shall only be delegated to dental hygienists under direction and may only be performed under indirect supervision:

1. Scaling, root planing, or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices, and nonsurgical lasers, with any sedation or anesthesia administered.

2. Performing an initial examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets, or other abnormal conditions for assisting the dentist in the diagnosis.

3. Administering nitrous oxide or local anesthesia by dental hygienists qualified in accordance with the requirements of [18VAC60-25-100](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section100/).

B. The following duties shall only be delegated to dental hygienists and may be performed under indirect supervision or may be delegated by written order in accordance with §§ [54.1-2722](https://law.lis.virginia.gov/vacode/54.1-2722/) D and [54.1-3408](https://law.lis.virginia.gov/vacode/54.1-3408/) J of the Code to be performed under general supervision:

1. Scaling, root planing, or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices, and nonsurgical lasers with or without topical oral anesthetics.

2. Polishing of natural and restored teeth using air polishers.

3. Performing a clinical examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets, or other abnormal conditions for further evaluation and diagnosis by the dentist.

4. Subgingival irrigation or subgingival application of topical Schedule VI medicinal agents pursuant to § [54.1-3408](https://law.lis.virginia.gov/vacode/54.1-3408/) J of the Code.

5. Duties appropriate to the education and experience of the dental hygienist and the practice of the supervising dentist, with the exception of those listed as nondelegable in [18VAC60-21-130](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section130/), those restricted to indirect supervision in subsection A of this section, and those restricted to delegation to dental assistants II in [18VAC60-21-150](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section150/).

C. Delegation of duties to a dental hygienist practicing under remote supervision shall be in accordance with provisions of § [54.1-2722](https://law.lis.virginia.gov/vacode/54.1-2722/) F of the Code. However, delegation of duties to a public health dental hygienist practicing under remote supervision shall be in accordance with provisions of § [54.1-2722](https://law.lis.virginia.gov/vacode/54.1-2722/) E.

## 18VAC60-21-150. Delegation to Dental Assistants II.

The following duties may only be delegated under the direction and direct supervision of a dentist to a dental assistant II who has completed the coursework, corresponding module of laboratory training, corresponding module of clinical experience, and examinations specified in [18VAC60-30-120](https://law.lis.virginia.gov/admincode/title18/agency60/chapter30/section120/):

1. Performing pulp capping procedures;

2. Packing and carving of amalgam restorations;

3. Placing and shaping composite resin restorations with a slow speed handpiece;

4. Taking final impressions;

5. Use of a non-epinephrine retraction cord; and

6. Final cementation of crowns and bridges after adjustment and fitting by the dentist.

## 18VAC60-21-160. Delegation to Dental Assistants I and II.

A. Duties appropriate to the training and experience of the dental assistant and the practice of the supervising dentist may be delegated to a dental assistant I or II under indirect supervision, with the exception of those listed as nondelegable in [18VAC60-21-130](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section130/), those which may only be delegated to dental hygienists as listed in [18VAC60-21-140](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section140/), and those which may only be delegated to a dental assistant II as listed in [18VAC60-21-150](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section150/).

B. Duties delegated to a dental assistant under general supervision shall be performed under the direction and indirect supervision of the dental hygienist who supervises the implementation of the dentist's orders by examining the patient, observing the services rendered by an assistant, and being available for consultation on patient care.

## 18VAC60-21-170. Radiation Certification.

No dentist or dental hygienist shall permit a person not otherwise licensed by this board to place or expose dental x-ray film unless he has one of the following: (i) satisfactory completion of a radiation safety course and examination given by an institution that maintains a program in dental assisting, dental hygiene, or dentistry accredited by CODA; (ii) certification by the American Registry of Radiologic Technologists; or (iii) satisfactory completion of the Radiation Health and Safety Review Course provided by the Dental Assisting National Board or its affiliate and passage of the Radiation Health and Safety Exam given by the Dental Assisting National Board. Any certificate issued pursuant to satisfying the requirements of this section shall be posted in plain view of the patient.

## 18VAC60-21-180. What Does Not Constitute Practice.

The following are not considered the practice of dental hygiene and dentistry:

1. General oral health education.

2. Recording a patient's pulse, blood pressure, temperature, presenting complaint, and medical history.

3. Conducting preliminary dental screenings in free clinics, public health programs, or a voluntary practice.

## 18VAC60-21-190. General Application Provisions.

PART IV. ENTRY, LICENSURE, AND REGISTRATION REQUIREMENTS

A. Applications for any dental license, registration, or permit issued by the board, other than for a volunteer exemption or for a restricted volunteer license, shall include:

1. A final certified transcript of the grades from the college from which the applicant received the dental degree or post-doctoral degree or certificate as specified in [18VAC60-21-200](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section200/);

2. An original grade card documenting passage of all parts of the Joint Commission on National Dental Examinations; and

3. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

B. All applicants for licensure, other than for a volunteer exemption or for a restricted volunteer license, shall be required to attest that they have read and understand and will remain current with the laws and regulations governing the practice of dentistry, dental hygiene, and dental assisting in Virginia.

C. If a transcript or other documentation required for licensure cannot be produced by the entity from which it is required, the board, in its discretion, may accept other evidence of qualification for licensure.

D. Any application for a dental license, registration, or permit may be denied for any cause specified in § [54.1-111](https://law.lis.virginia.gov/vacode/54.1-111/) or [54.1-2706](https://law.lis.virginia.gov/vacode/54.1-2706/) of the Code.

E. An application must include payment of the appropriate fee as specified in [18VAC60-21-40](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section40/).

## 18VAC60-21-200. Education.

An applicant for unrestricted dental licensure shall be a graduate of and a holder of a diploma or a certificate from a dental program accredited by the Commission on Dental Accreditation of the American Dental Association or the Commission on Dental Accreditation of Canada, which consists of either a pre-doctoral dental education program or at least a 12-month post-doctoral advanced general dentistry program or a post-doctoral dental program of at least 24 months in any other specialty that includes a clinical component.

## 18VAC60-21-210. Qualifications for an Unrestricted License.

A. Dental licensure by examination.

1. All applicants for licensure by examination shall have:

a. Successfully completed all parts of the National Board Dental Examination given by the Joint Commission on National Dental Examinations; and

b. Passed a dental clinical competency examination that is accepted by the board.

2. If a candidate has failed any section of a clinical competency examination three times, the candidate shall complete a minimum of 14 hours of additional clinical training in each section of the examination to be retested in order to be approved by the board to sit for the examination a fourth time.

3. Applicants who successfully completed a clinical competency examination five or more years prior to the date of receipt of their applications for licensure by this board may be required to retake an examination or take continuing education that meets the requirements of [18VAC60-21-250](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section250/) unless they demonstrate that they have maintained clinical, ethical, and legal practice in another jurisdiction of the United States or in federal civil or military service for 48 of the past 60 months immediately prior to submission of an application for licensure.

B. Dental licensure by credentials. All applicants for licensure by credentials shall:

1. Have passed all parts of the National Board Dental Examination given by the Joint Commission on National Dental Examinations;

2. Have successfully completed a clinical competency examination acceptable to the board;

3. Hold a current, unrestricted license to practice dentistry in another jurisdiction of the United States and be certified to be in good standing by each jurisdiction in which a license is currently held or has been held; and

4. Have been in continuous clinical practice in another jurisdiction of the United States or in federal civil or military service for five out of the six years immediately preceding application for licensure pursuant to this section. Active patient care in another jurisdiction of the United States (i) as a volunteer in a public health clinic, (ii) as an intern, or (iii) in a residency program may be accepted by the board to satisfy this requirement. One year of clinical practice shall consist of a minimum of 600 hours of practice in a calendar year as attested by the applicant.

## 18VAC60-21-220. Inactive License.

A. Any dentist who holds a current, unrestricted license in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive license. With the exception of practice with a current restricted volunteer license as provided in § [54.1-2712.1](https://law.lis.virginia.gov/vacode/54.1-2712.1/) of the Code, the holder of an inactive license shall not be entitled to perform any act requiring a license to practice dentistry in Virginia.

B. An inactive license may be reactivated upon submission of the required application, which includes evidence of continuing competence and payment of the current renewal fee. To evaluate continuing competence the board shall consider (i) hours of continuing education that meet the requirements of [18VAC60-21-250](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section250/); (ii) evidence of active practice in another state or in federal service; (iii) current specialty board certification; (iv) recent passage of a clinical competency examination that is accepted by the board; or (v) a refresher program offered by a program accredited by the Commission on Dental Accreditation of the American Dental Association.

1. Continuing education hours equal to the requirement for the number of years in which the license has been inactive, not to exceed a total of 45 hours, must be included with the application. Of the required hours, at least 15 must be earned in the most recent 12 months and the remainder within the 36 months immediately preceding the application for activation.

2. The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of § [54.1-2706](https://law.lis.virginia.gov/vacode/54.1-2706/) of the Code or who is unable to demonstrate continuing competence.

## 18VAC60-21-230. Qualifications for a Restricted License; Temporary Permit or License.

A. Temporary permit for public health settings. A temporary permit shall be issued only for the purpose of allowing dental practice in a dental clinic operated by a state agency or a Virginia charitable organization as limited by § [54.1-2715](https://law.lis.virginia.gov/vacode/54.1-2715/) of the Code.

1. Passage of a clinical competency examination is not required, but the applicant cannot have failed a clinical competency examination accepted by the board.

2. A temporary permit will not be renewed unless the holder shows that extraordinary circumstances prevented the holder from taking the licensure examination during the term of the temporary permit.

B. Faculty license. A faculty license shall be issued for the purpose of allowing dental practice as a faculty member of an accredited dental program when the applicant meets the entry requirements of § [54.1-2713](https://law.lis.virginia.gov/vacode/54.1-2713/) of the Code.

1. A faculty license shall remain valid only while the holder is serving on the faculty of an accredited dental program in the Commonwealth. When any such license holder ceases to continue serving on the faculty of the dental school for which the license was issued, the licensee shall surrender the license, which shall be null and void upon termination of employment.

2. The dean of the dental school shall notify the board within five working days of such termination of employment.

C. Restricted license to teach for foreign dentists. The board may issue a restricted license to a foreign dentist to teach in an accredited dental program in the Commonwealth in accordance with provisions of § [54.1-2714](https://law.lis.virginia.gov/vacode/54.1-2714/) of the Code.

D. Temporary licenses to persons enrolled in advanced dental education programs. A dental intern, resident, or post-doctoral certificate or degree candidate shall obtain a temporary license to practice in Virginia in accordance with provisions of § [54.1-2711.1](https://law.lis.virginia.gov/vacode/54.1-2711.1/) of the Code.

1. The applicant shall submit a recommendation from the dean of the dental school or the director of the accredited advanced dental education program specifying the applicant's acceptance as an intern, resident, or post-doctoral certificate or degree candidate. The beginning and ending dates of the internship, residency, or post-doctoral program shall be specified.

2. The temporary license permits the holder to practice only in the hospital or outpatient clinics that are recognized parts of an advanced dental education program.

3. The temporary license may be renewed annually by June 30, for up to five times, upon the recommendation of the dean of the dental school or director of the accredited advanced dental education program.

4. The temporary license holder shall be responsible and accountable at all times to a licensed dentist, who is a member of the staff where the internship, residency, or post-doctoral program is taken. The holder is prohibited from practicing outside of the advanced dental education program.

5. The temporary license holder shall abide by the accrediting requirements for an advanced dental education program as approved by the Commission on Dental Accreditation of the American Dental Association.

E. Restricted volunteer license.

1. In accordance with § [54.1-2712.1](https://law.lis.virginia.gov/vacode/54.1-2712.1/) of the Code, the board may issue a restricted volunteer license to a dentist who:

a. Held an unrestricted license in Virginia or another U.S. jurisdiction as a licensee in good standing at the time the license expired or became inactive;

b. Is volunteering for a public health or community free clinic that provides dental services to populations of underserved people;

c. Has fulfilled the board's requirement related to knowledge of the laws and regulations governing the practice of dentistry in Virginia;

d. Has not failed a clinical examination within the past five years; and

e. Has had at least five years of clinical practice.

2. A person holding a restricted volunteer license under this section shall:

a. Only practice in public health or community free clinics that provide dental services to underserved populations;

b. Only treat patients who have been screened by the approved clinic and are eligible for treatment;

c. Attest on a form provided by the board that he will not receive remuneration directly or indirectly for providing dental services; and

d. Not be required to complete continuing education in order to renew such a license.

3. The restricted volunteer license shall specify whether supervision is required, and if not, the date by which it will be required. If a dentist with a restricted volunteer license issued under this section has not held an active, unrestricted license and been engaged in active practice within the past five years, he shall only practice dentistry and perform dental procedures if a dentist with an unrestricted Virginia license, volunteering at the clinic, reviews the quality of care rendered by the dentist with the restricted volunteer license at least every 30 days. If supervision is required, the supervising dentist shall directly observe patient care being provided by the restricted volunteer dentist and review all patient charts at least quarterly. Such supervision shall be noted in patient charts and maintained in accordance with [18VAC60-21-90](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section90/).

4. A restricted volunteer license granted pursuant to this section shall expire on June 30 of the second year after its issuance or shall terminate when the supervising dentist withdraws his sponsorship.

5. A dentist holding a restricted volunteer license issued pursuant to this section is subject to the provisions of this chapter and the disciplinary regulations that apply to all licensees practicing in Virginia.

F. Registration for voluntary practice by out-of-state licensees. Any dentist who does not hold a license to practice in Virginia and who seeks registration to practice on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least 15 days prior to engaging in such practice;

2. Provide a complete record of professional licensure in each state in which he has held a license and a copy of any current license;

3. Provide the name of the nonprofit organization, and the dates and location of the voluntary provision of services; and

4. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 5 of § [54.1-2701](https://law.lis.virginia.gov/vacode/54.1-2701/) of the Code.

## 18VAC60-21-240. License Renewal and Reinstatement.

PART V. LICENSURE RENEWAL

A. The license or permit of any person who does not return the completed renewal form and fees by the deadline shall automatically expire and become invalid, and his practice of dentistry shall be illegal. With the exception of practice with a current, restricted volunteer license as provided in § [54.1-2712.1](https://law.lis.virginia.gov/vacode/54.1-2712.1/) of the Code practicing in Virginia with an expired license or permit may subject the licensee to disciplinary action by the board.

B. Every person holding an active or inactive license and those holding a permit to administer conscious/moderate sedation, deep sedation, or general anesthesia shall annually, on or before March 31, renew his license or permit. Every person holding a faculty license, temporary resident's license, a restricted volunteer license, or a temporary permit shall, on or before June 30, request renewal of his license.

C. Any person who does not return the completed form and fee by the deadline required in subsection B of this section shall be required to pay an additional late fee.

D. The board shall renew a license or permit if the renewal form, renewal fee, and late fee are received within one year of the deadline required in subsection B of this section provided that no grounds exist to deny said renewal pursuant to § [54.1-2706](https://law.lis.virginia.gov/vacode/54.1-2706/) of the Code and Part II ([18VAC60-21-50](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section50/) et seq.) of this chapter.

E. Reinstatement procedures.

1. Any person whose license or permit has expired for more than one year or whose license or permit has been revoked or suspended and who wishes to reinstate such license or permit shall submit a reinstatement application and the reinstatement fee. The application must include evidence of continuing competence.

2. To evaluate continuing competence, the board shall consider (i) hours of continuing education that meet the requirements of subsection H of [18VAC60-21-250](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section250/); (ii) evidence of active practice in another state or in federal service; (iii) current specialty board certification; (iv) recent passage of a clinical competency examination accepted by the board; or (v) a refresher program offered by a program accredited by the Commission on Dental Accreditation of the American Dental Association.

3. The executive director may reinstate such expired license or permit provided that the applicant can demonstrate continuing competence, the applicant has paid the reinstatement fee and any fines or assessments, and no grounds exist to deny said reinstatement pursuant to § [54.1-2706](https://law.lis.virginia.gov/vacode/54.1-2706/) of the Code and Part II ([18VAC60-21-50](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section50/) et seq.) of this chapter.

## 18VAC60-21-250. Requirements for Continuing Education.

A. A dentist shall complete a minimum of 15 hours of continuing education, which meets the requirements for content, sponsorship, and documentation set out in this section, for each annual renewal of licensure except for the first renewal following initial licensure and for any renewal of a restricted volunteer license.

1. All renewal applicants shall attest that they have read and understand and will remain current with the laws and regulations governing the practice of dentistry and dental hygiene in Virginia.

2. A dentist shall maintain current training certification in basic cardiopulmonary resuscitation with hands-on airway training for health care providers or basic life support unless he is required by [18VAC60-21-290](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section290/) or [18VAC60-21-300](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section300/) to hold current certification in advanced life support with hands-on simulated airway and megacode training for health care providers.

3. A dentist who administers or monitors patients under general anesthesia, deep sedation, or conscious/moderate sedation shall complete four hours every two years of approved continuing education directly related to administration and monitoring of such anesthesia or sedation as part of the hours required for licensure renewal.

4. Continuing education hours in excess of the number required for renewal may be transferred or credited to the next renewal year for a total of not more than 15 hours.

5. Up to two hours of the 15 hours required for annual renewal may be satisfied through delivery of dental services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

B. To be accepted for license renewal, continuing education programs shall be directly relevant to the treatment and care of patients and shall be:

1. Clinical courses in dentistry and dental hygiene; or

2. Nonclinical subjects that relate to the skills necessary to provide dental or dental hygiene services and are supportive of clinical services (i.e., patient management, legal and ethical responsibilities, and stress management). Courses not acceptable for the purpose of this subsection include, but are not limited to, estate planning, financial planning, investments, business management, marketing, and personal health.

C. Continuing education credit may be earned for verifiable attendance at or participation in any course, to include audio and video presentations, that meets the requirements in subsection B of this section and is given by one of the following sponsors:

1. The American Dental Association and the National Dental Association, their constituent and component/branch associations, and approved continuing education providers;

2. The American Dental Hygienists' Association and the National Dental Hygienists Association, and their constituent and component/branch associations;

3. The American Dental Assisting Association and its constituent and component/branch associations;

4. The American Dental Association specialty organizations and their constituent and component/branch associations;

5. A provider accredited by the Accreditation Council for Continuing Medical Education for Category 1 credits;

6. The Academy of General Dentistry, its constituent and component/branch associations, and approved continuing education providers;

7. A college or university that is accredited by an accrediting agency approved by the U.S. Department of Education or a hospital or health care institution accredited by the Joint Commission on Accreditation of Healthcare Organizations;

8. The American Heart Association, the American Red Cross, the American Safety and Health Institute, and the American Cancer Society;

9. A medical school accredited by the American Medical Association's Liaison Committee for Medical Education;

10. A dental, dental hygiene, or dental assisting program or advanced dental education program accredited by the Commission on Dental Accreditation of the American Dental Association;

11. State or federal government agencies (i.e., military dental division, Veteran's Administration, etc.);

12. The Commonwealth Dental Hygienists' Society;

13. The MCV Orthodontic Education and Research Foundation;

14. The Dental Assisting National Board and its affiliate, the Dental Auxiliary Learning and Education Foundation; or

15. A regional testing agency (i.e., Central Regional Dental Testing Service, Northeast Regional Board of Dental Examiners, Southern Regional Testing Agency, Council of Interstate Testing Agencies, or Western Regional Examining Board) when serving as an examiner.

D. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters. A written request with supporting documents must be submitted prior to renewal of the license.

E. The board may grant an extension for up to one year for completion of continuing education upon written request with an explanation to the board prior to the renewal date.

F. A licensee is required to verify compliance with the continuing education requirements in his annual license renewal. Following the renewal period, the board may conduct an audit of licensees to verify compliance. Licensees selected for audit must provide original documents certifying that they have fulfilled their continuing education requirements by the deadline date as specified by the board.

G. All licensees are required to maintain original documents verifying the date and subject of the program or activity, the sponsor, and the amount of time earned. Documentation shall be maintained for a period of four years following renewal.

H. A licensee who has allowed his license to lapse, or who has had his license suspended or revoked, shall submit evidence of completion of continuing education equal to the requirements for the number of years in which his license has not been active, not to exceed a total of 45 hours. Of the required hours, at least 15 must be earned in the most recent 12 months and the remainder within the 36 months preceding an application for reinstatement.

I. Continuing education hours required by board order shall not be used to satisfy the continuing education requirement for license renewal or reinstatement.

J. Failure to comply with continuing education requirements may subject the licensee to disciplinary action by the board.

## 18VAC60-21-260. General Provisions.

PART VI. CONTROLLED SUBSTANCES, SEDATION, AND ANESTHESIA

A. Application of Part VI. This part applies to prescribing, dispensing, and administering controlled substances in dental offices, mobile dental facilities, and portable dental operations and shall not apply to administration by a dentist practicing in (i) a licensed hospital as defined in § [32.1-123](https://law.lis.virginia.gov/vacode/32.1-123/) of the Code, (ii) a state-operated hospital, or (iii) a facility directly maintained or operated by the federal government.

B. Registration required. Any dentist who prescribes, administers, or dispenses Schedules II through V controlled drugs must hold a current registration with the federal Drug Enforcement Administration.

C. Patient evaluation required.

1. The decision to administer controlled drugs for dental treatment must be based on a documented evaluation of the health history and current medical condition of the patient in accordance with the Class I through V risk category classifications of the American Society of Anesthesiologists (ASA) in effect at the time of treatment. The findings of the evaluation, the ASA risk assessment class assigned, and any special considerations must be recorded in the patient's record.

2. Any level of sedation and general anesthesia may be provided for a patient who is ASA Class I and Class II.

3. A patient in ASA Class III shall only be provided minimal sedation, conscious/moderate sedation, deep sedation, or general anesthesia by:

a. A dentist after he has documented a consultation with the patient's primary care physician or other medical specialist regarding potential risks and special monitoring requirements that may be necessary;

b. An oral and maxillofacial surgeon who has performed a physical evaluation and documented the findings and the ASA risk assessment category of the patient and any special monitoring requirements that may be necessary; or

c. A person licensed under Chapter 29 (§ [54.1-2900](https://law.lis.virginia.gov/vacode/54.1-2900/) et seq.) of Title 54.1 of the Code who has a specialty in anesthesia.

4. Minimal sedation may only be provided for a patient who is in ASA Class IV by:

a. A dentist after he has documented a consultation with the patient's primary care physician or other medical specialist regarding potential risks and special monitoring requirements that may be necessary; or

b. An oral and maxillofacial surgeon who has performed a physical evaluation and documented the findings and the ASA risk assessment category of the patient and any special monitoring requirements that may be necessary.

5. Conscious/moderate sedation, deep sedation, or general anesthesia shall not be provided in a dental office for patients in ASA Class IV and Class V.

D. Additional requirements for patient information and records. In addition to the record requirements in [18VAC60-21-90](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section90/), when conscious/moderate sedation, deep sedation, or general anesthesia is administered, the patient record shall also include:

1. Notation of the patient's American Society of Anesthesiologists classification;

2. Review of medical history and current conditions, including the patient's weight and height or, if appropriate, the body mass index;

3. Written informed consent for administration of sedation and anesthesia and for the dental procedure to be performed;

4. Preoperative vital signs;

5. A record of the name, dose, and strength of drugs and route of administration including the administration of local anesthetics with notations of the time sedation and anesthesia were administered;

6. Monitoring records of all required vital signs and physiological measures recorded every five minutes; and

7. A list of staff participating in the administration, treatment, and monitoring including name, position, and assigned duties.

E. Pediatric patients. No sedating medication shall be prescribed for or administered to a patient 12 years of age or younger prior to his arrival at the dentist office or treatment facility.

F. Informed written consent. Prior to administration of any level of sedation or general anesthesia, the dentist shall discuss the nature and objectives of the planned level of sedation or general anesthesia along with the risks, benefits, and alternatives and shall obtain informed, written consent from the patient or other responsible party for the administration and for the treatment to be provided. The written consent must be maintained in the patient record.

G. Level of sedation. The determinant for the application of the rules for any level of sedation or for general anesthesia shall be the degree of sedation or consciousness level of a patient that should reasonably be expected to result from the type, strength, and dosage of medication, the method of administration, and the individual characteristics of the patient as documented in the patient's record. The drugs and techniques used must carry a margin of safety wide enough to render the unintended reduction of or loss of consciousness unlikely, factoring in titration and the patient's age, weight, and ability to metabolize drugs.

H. Emergency management.

1. If a patient enters a deeper level of sedation than the dentist is qualified and prepared to provide, the dentist shall stop the dental procedure until the patient returns to and is stable at the intended level of sedation.

2. A dentist in whose office sedation or anesthesia is administered shall have written basic emergency procedures established and staff trained to carry out such procedures.

I. Ancillary personnel. Dentists who employ unlicensed, ancillary personnel to assist in the administration and monitoring of any form of minimal sedation, conscious/moderate sedation, deep sedation, or general anesthesia shall maintain documentation that such personnel have:

1. Training and hold current certification in basic resuscitation techniques with hands-on airway training for health care providers, such as Basic Cardiac Life Support for Health Professionals or a clinically oriented course devoted primarily to responding to clinical emergencies offered by an approved provider of continuing education as set forth in [18VAC60-21-250](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section250/) C; or

2. Current certification as a certified anesthesia assistant (CAA) by the American Association of Oral and Maxillofacial Surgeons or the American Dental Society of Anesthesiology (ADSA).

J. Assisting in administration. A dentist, consistent with the planned level of administration (i.e., local anesthesia, minimal sedation, conscious/moderate sedation, deep sedation, or general anesthesia) and appropriate to his education, training, and experience, may utilize the services of a dentist, anesthesiologist, certified registered nurse anesthetist, dental hygienist, dental assistant, or nurse to perform functions appropriate to such practitioner's education, training, and experience and consistent with that practitioner's respective scope of practice.

K. Patient monitoring.

1. A dentist may delegate monitoring of a patient to a dental hygienist, dental assistant, or nurse who is under his direction or to another dentist, anesthesiologist, or certified registered nurse anesthetist. The person assigned to monitor the patient shall be continuously in the presence of the patient in the office, operatory, and recovery area (i) before administration is initiated or immediately upon arrival if the patient self-administered a sedative agent, (ii) throughout the administration of drugs, (iii) throughout the treatment of the patient, and (iv) throughout recovery until the patient is discharged by the dentist.

2. The person monitoring the patient shall:

a. Have the patient's entire body in sight;

b. Be in close proximity so as to speak with the patient;

c. Converse with the patient to assess the patient's ability to respond in order to determine the patient's level of sedation;

d. Closely observe the patient for coloring, breathing, level of physical activity, facial expressions, eye movement, and bodily gestures in order to immediately recognize and bring any changes in the patient's condition to the attention of the treating dentist; and

e. Read, report, and record the patient's vital signs and physiological measures.

L. A dentist who allows the administration of general anesthesia, deep sedation, or conscious/moderate sedation in his dental office is responsible for assuring that:

1. The equipment for administration and monitoring, as required in subsection B of [18VAC60-21-291](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section291/) or subsection C of [18VAC60-21-301](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section301/), is readily available and in good working order prior to performing dental treatment with anesthesia or sedation. The equipment shall either be maintained by the dentist in his office or provided by the anesthesia or sedation provider; and

2. The person administering the anesthesia or sedation is appropriately licensed and the staff monitoring the patient is qualified.

## 18VAC60-21-270. Administration of Local Anesthesia.

A dentist may administer or use the services of the following personnel to administer local anesthesia:

1. A dentist;

2. An anesthesiologist;

3. A certified registered nurse anesthetist under his medical direction and indirect supervision;

4. A dental hygienist with the training required by [18VAC60-25-100](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section100/) C to parenterally administer Schedule VI local anesthesia to persons 18 years of age or older under his indirect supervision;

5. A dental hygienist to administer Schedule VI topical oral anesthetics under indirect supervision or under his order for such treatment under general supervision; or

6. A dental assistant or a registered or licensed practical nurse to administer Schedule VI topical oral anesthetics under indirect supervision.

## 18VAC60-21-279. Administration of Only Inhalation Analgesia (Nitrous Oxide).

A. Education and training requirements. A dentist who utilizes nitrous oxide shall have training in and knowledge of:

1. The appropriate use and physiological effects of nitrous oxide, the potential complications of administration, the indicators for complications, and the interventions to address the complications.

2. The use and maintenance of the equipment required in subsection D of this section.

B. No sedating medication shall be prescribed for or administered to a patient 12 years of age or younger prior to his arrival at the dental office or treatment facility.

C. Delegation of administration.

1. A qualified dentist may administer or use the services of the following personnel to administer nitrous oxide:

a. A dentist;

b. An anesthesiologist;

c. A certified registered nurse anesthetist under his medical direction and indirect supervision;

d. A dental hygienist with the training required by [18VAC60-25-100](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section100/) B and under indirect supervision; or

e. A registered nurse upon his direct instruction and under immediate supervision.

2. Preceding the administration of nitrous oxide, a dentist may use the services of the following personnel working under indirect supervision to administer local anesthesia to numb an injection or treatment site:

a. A dental hygienist with the training required by [18VAC60-25-100](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section100/) C to parenterally administer Schedule VI local anesthesia to persons 18 years of age or older; or

b. A dental hygienist, dental assistant, registered nurse, or licensed practical nurse to administer Schedule VI topical oral anesthetics.

D. Equipment requirements. A dentist who utilizes nitrous oxide only or who directs the administration by another licensed health professional as permitted in subsection C of this section shall maintain the following equipment in working order and immediately available to the areas where patients will be sedated and treated and will recover:

1. Blood pressure monitoring equipment;

2. Source of delivery of oxygen under controlled positive pressure;

3. Mechanical (hand) respiratory bag; and

4. Suction apparatus.

E. Required staffing. When only nitrous oxide/oxygen is administered, a second person in the operatory is not required. Either the dentist or qualified dental hygienist under the indirect supervision of a dentist may administer the nitrous oxide/oxygen and treat and monitor the patient.

F. Monitoring requirements.

1. Baseline vital signs, to include blood pressure and heart rate, shall be taken and recorded prior to administration of nitrous oxide analgesia and prior to discharge, unless extenuating circumstances exist and are documented in the patient's record.

2. Continual clinical observation of the patient's responsiveness, color, respiratory rate, and depth of ventilation shall be performed.

3. Once the administration of nitrous oxide has begun, the dentist shall ensure that a licensed health care professional or a person qualified in accordance with [18VAC60-21-260](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section260/) I monitors the patient at all times until discharged as required in subsection G of this section.

4. Monitoring shall include making the proper adjustments of nitrous oxide/oxygen machines at the request of or by the dentist or by another qualified licensed health professional identified in subsection C of this section. Only the dentist or another qualified licensed health professional identified in subsection C of this section may turn the nitrous oxide/oxygen machines on or off.

5. Upon completion of nitrous oxide administration, the patient shall be administered 100% oxygen for a minimum of five minutes to minimize the risk of diffusion hypoxia.

G. Discharge requirements.

1. The dentist shall not discharge a patient until he exhibits baseline responses in a post-operative evaluation of the level of consciousness. Vital signs, to include blood pressure and heart rate, shall be taken and recorded prior to discharge.

2. Post-operative instructions shall be given verbally and in writing. The written instructions shall include a 24-hour emergency telephone number.

3. Pediatric patients shall be discharged with a responsible individual who has been instructed with regard to the patient's care.

## 18VAC60-21-280. Administration of Minimal Sedation.

A. Education and training requirements. A dentist who utilizes minimal sedation shall have training in and knowledge of:

1. The medications used, the appropriate dosages, the potential complications of administration, the indicators for complications, and the interventions to address the complications.

2. The physiological effects of minimal sedation, the potential complications of administration, the indicators for complications, and the interventions to address the complications.

3. The use and maintenance of the equipment required in subsection D of this section.

B. No sedating medication shall be prescribed for or administered to a patient 12 years of age or younger prior to his arrival at the dental office or treatment facility.

C. Delegation of administration.

1. A qualified dentist may administer or use the services of the following personnel to administer minimal sedation:

a. A dentist;

b. An anesthesiologist;

c. A certified registered nurse anesthetist under his medical direction and indirect supervision;

d. A dental hygienist with the training required by [18VAC60-25-100](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section100/) C only for administration of nitrous oxide/oxygen with the dentist present in the operatory; or

e. A registered nurse upon his direct instruction and under immediate supervision.

2. Preceding the administration of minimal sedation, a dentist may use the services of the following personnel working under indirect supervision to administer local anesthesia to numb an injection or treatment site:

a. A dental hygienist with the training required by [18VAC60-25-100](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section100/) C to parenterally administer Schedule VI local anesthesia to persons 18 years of age or older; or

b. A dental hygienist, dental assistant, registered nurse, or licensed practical nurse to administer Schedule VI topical oral anesthetics.

3. If minimal sedation is self-administered by or to a patient 13 years of age or older before arrival at the dental office or treatment facility, the dentist may only use the personnel listed in subdivision 1 of this subsection to administer local anesthesia.

D. Equipment requirements. A dentist who utilizes minimal sedation or who directs the administration by another licensed health professional as permitted in subsection C of this section shall maintain the following equipment in working order and immediately available to the areas where patients will be sedated and treated and will recover:

1. Blood pressure monitoring equipment;

2. Source of delivery of oxygen under controlled positive pressure;

3. Mechanical (hand) respiratory bag;

4. Suction apparatus; and

5. Pulse oximeter.

E. Required staffing. The treatment team for minimal sedation shall consist of the dentist and a second person in the operatory with the patient to assist the dentist and monitor the patient. The second person shall be a licensed health care professional or a person qualified in accordance with [18VAC60-21-260](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section260/) I.

F. Monitoring requirements.

1. Baseline vital signs to include blood pressure, respiratory rate, and heart rate shall be taken and recorded prior to administration of sedation and prior to discharge.

2. Blood pressure, oxygen saturation, respiratory rate, and pulse shall be monitored continuously during the procedure.

3. Once the administration of minimal sedation has begun by any route of administration, the dentist shall ensure that a licensed health care professional or a person qualified in accordance with [18VAC60-21-260](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section260/) I monitors the patient at all times until discharged as required in subsection G of this section.

4. If nitrous oxide/oxygen is used in addition to any other pharmacological agent, monitoring shall include making the proper adjustments of nitrous oxide/oxygen machines at the request of or by the dentist or by another qualified licensed health professional identified in subsection C of this section. Only the dentist or another qualified licensed health professional identified in subsection C of this section may turn the nitrous oxide/oxygen machines on or off.

5. If any other pharmacological agent is used in addition to nitrous oxide/oxygen and a local anesthetic, requirements for the induced level of sedation must be met.

G. Discharge requirements.

1. The dentist shall not discharge a patient until he exhibits baseline responses in a post-operative evaluation of the level of consciousness. Vital signs, to include blood pressure, respiratory rate, and heart rate shall be taken and recorded prior to discharge.

2. Post-operative instructions shall be given verbally and in writing. The written instructions shall include a 24-hour emergency telephone number.

3. Pediatric patients shall be discharged with a responsible individual who has been instructed with regard to the patient's care.

## 18VAC60-21-290. Requirements for a Conscious/Moderate Sedation Permit.

A. After March 31, 2013, no dentist may employ or use conscious/moderate sedation in a dental office unless he has been issued a permit by the board. The requirement for a permit shall not apply to an oral and maxillofacial surgeon who maintains membership in the American Association of Oral and Maxillofacial Surgeons (AAOMS) and who provides the board with reports that result from the periodic office examinations required by AAOMS. Such an oral and maxillofacial surgeon shall be required to post a certificate issued by AAOMS.

B. Automatic qualification. Dentists who hold a current permit to administer deep sedation and general anesthesia may administer conscious/moderate sedation.

C. To determine eligibility for a conscious/moderate sedation permit, a dentist shall submit the following:

1. A completed application form indicating one of the following permits for which the applicant is qualified:

a. Conscious/moderate sedation by any method;

b. Conscious/moderate sedation by enteral administration only; or

c. Temporary conscious/moderate sedation permit (may be renewed one time);

2. The application fee as specified in [18VAC60-21-40](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section40/);

3. A copy of a transcript, certification, or other documentation of training content that meets the educational and training qualifications as specified in subsection D of this section, as applicable; and

4. A copy of current certification in advanced cardiac life support (ACLS) or pediatric advanced life support (PALS) as required in subsection E of this section.

D. Education requirements for a permit to administer conscious/moderate sedation.

1. Administration by any method. A dentist may be issued a conscious/moderate sedation permit to administer by any method by meeting one of the following criteria:

a. Completion of training for this treatment modality according to the ADA's Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry in effect at the time the training occurred, while enrolled in an accredited dental program or while enrolled in a post-doctoral university or teaching hospital program; or

b. Completion of a continuing education course that meets the requirements of [18VAC60-21-250](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section250/) and consists of (i) 60 hours of didactic instruction plus the management of at least 20 patients per participant, (ii) demonstration of competency and clinical experience in conscious/moderate sedation, and (iii) management of a compromised airway. The course content shall be consistent with the ADA's Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry in effect at the time the training occurred.

2. Enteral administration only. A dentist may be issued a conscious/moderate sedation permit to administer only by an enteral method if he has completed a continuing education program that meets the requirements of [18VAC60-21-250](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section250/) and consists of not less than 18 hours of didactic instruction plus 20 clinically oriented experiences in enteral or a combination of enteral and nitrous oxide/oxygen conscious/moderate sedation techniques. The course content shall be consistent with the ADA's Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry in effect at the time the training occurred. The certificate of completion and a detailed description of the course content must be maintained.

3. A dentist who self-certified his qualifications in anesthesia and moderate sedation prior to January 1989 may be issued a temporary conscious/moderate sedation permit to continue to administer only conscious/moderate sedation until May 7, 2015. After May 7, 2015, a dentist shall meet the requirements for and obtain a conscious/moderate sedation permit to administer by any method or by enteral administration only.

E. Additional training required. Dentists who administer conscious/moderate sedation shall:

1. Hold current certification in advanced resuscitation techniques with hands-on simulated airway and megacode training for health care providers, such as ACLS or PALS as evidenced by a certificate of completion posted with the dental license; and

2. Have current training in the use and maintenance of the equipment required in [18VAC60-21-291](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section291/).

## 18VAC60-21-291. Requirements for Administration of Conscious/Moderate Sedation.

A. Delegation of administration.

1. A dentist who does not hold a permit to administer conscious/moderate sedation shall only use the services of a qualified dentist or an anesthesiologist to administer such sedation in a dental office. In a licensed outpatient surgery center, a dentist who does not hold a permit to administer conscious/moderate sedation shall use a qualified dentist, an anesthesiologist, or a certified registered nurse anesthetist to administer such sedation.

2. A dentist who holds a permit may administer or use the services of the following personnel to administer conscious/moderate sedation:

a. A dentist with the training required by [18VAC60-21-290](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section290/) D 2 to administer by an enteral method;

b. A dentist with the training required by [18VAC60-21-290](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section290/) D 1 to administer by any method;

c. An anesthesiologist;

d. A certified registered nurse anesthetist under the medical direction and indirect supervision of a dentist who meets the training requirements of [18VAC60-21-290](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section290/) D 1; or

e. A registered nurse upon his direct instruction and under the immediate supervision of a dentist who meets the training requirements of [18VAC60-21-290](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section290/) D 1.

3. If minimal sedation is self-administered by or to a patient 13 years of age or older before arrival at the dental office, the dentist may only use the personnel listed in subdivision 2 of this subsection to administer local anesthesia. No sedating medication shall be prescribed for or administered to a patient 12 years of age or younger prior to his arrival at the dentist office or treatment facility.

4. Preceding the administration of conscious/moderate sedation, a permitted dentist may use the services of the following personnel under indirect supervision to administer local anesthesia to anesthetize the injection or treatment site:

a. A dental hygienist with the training required by [18VAC60-25-100](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section100/) C to parenterally administer Schedule VI local anesthesia to persons 18 years of age or older; or

b. A dental hygienist, dental assistant, registered nurse, or licensed practical nurse to administer Schedule VI topical oral anesthetics.

5. A dentist who delegates administration of conscious/moderate sedation shall ensure that:

a. All equipment required in subsection B of this section is present, in good working order, and immediately available to the areas where patients will be sedated and treated and will recover; and

b. Qualified staff is on site to monitor patients in accordance with requirements of subsection D of this section.

B. Equipment requirements. A dentist who administers conscious/moderate sedation shall have available the following equipment in sizes for adults or children as appropriate for the patient being treated and shall maintain it in working order and immediately available to the areas where patients will be sedated and treated and will recover:

1. Full face mask or masks;

2. Oral and nasopharyngeal airway management adjuncts;

3. Endotracheal tubes with appropriate connectors or other appropriate airway management adjunct such as a laryngeal mask airway;

4. A laryngoscope with reserve batteries and bulbs and appropri­ately sized laryngoscope blades;

5. Pulse oximetry;

6. Blood pressure monitoring equipment;

7. Pharmacologic antagonist agents;

8. Source of delivery of oxygen under controlled positive pressure;

9. Mechanical (hand) respiratory bag;

10. Appropriate emergency drugs for patient resuscitation;

11. Electrocardiographic monitor if a patient is receiving parenteral administration of sedation or if the dentist is using titration;

12. Defibrillator;

13. Suction apparatus;

14. Temperature measuring device;

15. Throat pack;

16. Precordial or pretracheal stethoscope; and

17. An end-tidal carbon dioxide monitor (capnograph).

C. Required staffing. At a minimum, there shall be a two-person treatment team for conscious/moderate sedation. The team shall include the operating dentist and a second person to monitor the patient as provided in [18VAC60-21-260](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section260/) K and assist the operating dentist as provided in [18VAC60-21-260](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section260/) J, both of whom shall be in the operatory with the patient throughout the dental procedure. If the second person is a dentist, an anesthesiologist, or a certified registered nurse anesthetist who administers the drugs as permitted in [18VAC60-21-291](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section291/) A, such person may monitor the patient.

D. Monitoring requirements.

1. Baseline vital signs shall be taken and recorded prior to administration of any controlled drug at the facility and prior to discharge.

2. Blood pressure, oxygen saturation, end-tidal carbon dioxide, and pulse shall be monitored continually during the administration and recorded every five minutes.

3. Monitoring of the patient under conscious/moderate sedation is to begin prior to administration of sedation or, if pre-medication is self-administered by the patient, immediately upon the patient's arrival at the dental facility and shall take place continuously during the dental procedure and recovery from sedation. The person who administers the sedation or another licensed practitioner qualified to administer the same level of sedation must remain on the premises of the dental facility until the patient is evaluated and is discharged.

E. Discharge requirements.

1. The patient shall not be discharged until the responsible licensed practitioner determines that the patient's level of consciousness, oxygenation, ventilation, and circulation are satisfactory for discharge and vital signs have been taken and recorded.

2. Post-operative instructions shall be given verbally and in writing. The written instructions shall include a 24-hour emergency telephone number.

3. The patient shall be discharged with a responsible individual who has been instructed with regard to the patient's care.

F. Emergency management. The dentist shall be proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate estab­lishment of an airway, and cardiopulmonary resuscitation.

## 18VAC60-21-300. Requirements for a Deep Sedation/General Anesthesia Permit.

A. After March 31, 2013, no dentist may employ or use deep sedation or general anesthesia in a dental office unless he has been issued a permit by the board. The requirement for a permit shall not apply to an oral and maxillofacial surgeon who maintains membership in AAOMS and who provides the board with reports that result from the periodic office examinations required by AAOMS. Such an oral and maxillofacial surgeon shall be required to post a certificate issued by AAOMS.

B. To determine eligibility for a deep sedation/general anesthesia permit, a dentist shall submit the following:

1. A completed application form;

2. The application fee as specified in [18VAC60-21-40](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section40/);

3. A copy of the certificate of completion of a CODA accredited program or other documentation of training content which meets the educational and training qualifications specified in subsection C of this section; and

4. A copy of current certification in Advanced Cardiac Life Support for Health Professionals (ACLS) or Pediatric Advanced Life Support for Health Professionals (PALS) as required in subsection C of this section.

C. Educational and training qualifications for a deep sedation/general anesthesia permit.

1. Completion of a minimum of one calendar year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program in conformity with the ADA's Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry in effect at the time the training occurred; or

2. Completion of an CODA accredited residency in any dental specialty that incorporates into its curriculum a minimum of one calendar year of full-time training in clinical anesthesia and related clinical medical subjects (i.e., medical evaluation and management of patients) comparable to those set forth in the ADA's Guidelines for Graduate and Postgraduate Training in Anesthesia in effect at the time the training occurred; and

3. Current certification in advanced resuscitative techniques with hands-on simulated airway and megacode training for health care providers, including basic electrocardiographic interpretations, such as courses in ACLS or PALS; and

4. Current training in the use and maintenance of the equipment required in [18VAC60-21-301](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section301/).

## 18VAC60-21-301. Requirements for Administration of Deep Sedation or General Anesthesia.

A. Preoperative requirements. Prior to the appointment for treatment under deep sedation or general anesthesia the patient shall:

1. Be informed about the personnel and procedures used to deliver the sedative or anesthetic drugs to assure informed consent as required by [18VAC60-21-260](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section260/) F.

2. Have a physical evaluation as required by [18VAC60-21-260](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section260/) C.

3. Be given preoperative verbal and written instructions including any dietary or medication restrictions.

B. Delegation of administration.

1. A dentist who does not meet the requirements of [18VAC60-21-300](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section300/) shall only use the services of a dentist who does meet those requirements or an anesthesiologist to administer deep sedation or general anesthesia in a dental office. In a licensed outpatient surgery center, a dentist shall use either a dentist who meets the requirements of [18VAC60-21-300](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section300/), an anesthesiologist, or a certified registered nurse anesthetist to administer deep sedation or general anesthesia.

2. A dentist who meets the requirements of [18VAC60-21-300](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section300/) may administer or use the services of the following personnel to administer deep sedation or general anesthesia:

a. A dentist with the training required by [18VAC60-21-300](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section300/) C;

b. An anesthesiologist; or

c. A certified registered nurse anesthetist under the medical direction and indirect supervision of a dentist who meets the training requirements of [18VAC60-21-300](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section300/) C.

3. Preceding the administration of deep sedation or general anesthesia, a dentist who meets the requirements of [18VAC60-21-300](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section300/) may use the services of the following personnel under indirect supervision to administer local anesthesia to anesthetize the injection or treatment site:

a. A dental hygienist with the training required by [18VAC60-25-100](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section100/) C to parenterally administer Schedule VI local anesthesia to persons 18 years of age or older; or

b. A dental hygienist, dental assistant, registered nurse, or licensed practical nurse to administer Schedule VI topical oral anesthetics.

C. Equipment requirements. A dentist who administers deep sedation or general anesthesia shall have available the following equipment in sizes appropriate for the patient being treated and shall maintain it in working order and immediately available to the areas where patients will be sedated and treated and will recover:

1. Full face mask or masks;

2. Oral and nasopharyngeal airway management adjuncts;

3. Endotracheal tubes with appropriate connectors or other appropriate airway management adjunct such as a laryngeal mask airway;

4. A laryngoscope with reserve batteries and bulbs and appropriately sized laryngoscope blades;

5. Source of delivery of oxygen under controlled positive pressure;

6. Mechanical (hand) respiratory bag;

7. Pulse oximetry and blood pressure monitoring equipment available and used in the treatment room;

8. Appropriate emergency drugs for patient resuscitation;

9. EKG monitoring equipment;

10. Temperature measuring devices;

11. Pharmacologic antagonist agents;

12. External defibrillator (manual or automatic);

13. An end-tidal carbon dioxide monitor (capnograph);

14. Suction apparatus;

15. Throat pack; and

16. Precordial or pretracheal stethoscope.

D. Required staffing. At a minimum, there shall be a three-person treatment team for deep sedation or general anesthesia. The team shall include the operating dentist, a second person to monitor the patient as provided in [18VAC60-21-260](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section260/) K, and a third person to assist the operating dentist as provided in [18VAC60-21-260](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section260/) J, all of whom shall be in the operatory with the patient during the dental procedure. If a second dentist, an anesthesiologist, or a certified registered nurse anesthetist administers the drugs as permitted in subsection B of this section, such person may serve as the second person to monitor the patient.

E. Monitoring requirements.

1. Baseline vital signs shall be taken and recorded prior to administration of any controlled drug at the facility to include: temperature, blood pressure, pulse, oxygen saturation, and respiration.

2. The patient's vital signs, end-tidal carbon dioxide, and EKG readings shall be monitored, recorded every five minutes, and reported to the treating dentist throughout the administration of controlled drugs. When depolarizing medications are administered, temperature shall be monitored constantly.

3. Monitoring of the patient undergoing deep sedation or general anesthesia is to begin prior to the administration of any drugs and shall take place continuously during administration, the dental procedure, and recovery from anesthesia. The person who administers the anesthesia or another licensed practitioner qualified to administer the same level of anesthesia must remain on the premises of the dental facility until the patient has regained consciousness and is discharged.

F. Emergency management.

1. A secured intravenous line must be established and maintained throughout the procedure.

2. The dentist shall be proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway, and cardiopulmonary resuscitation.

G. Discharge requirements.

1. The patient shall not be discharged until the responsible licensed practitioner determines that the patient's level of consciousness, oxygenation, ventilation, and circulation are satisfactory for discharge and vital signs have been taken and recorded.

2. Post-operative instructions shall be given verbally and in writing. The written instructions shall include a 24-hour emergency telephone number for the dental practice.

3. The patient shall be discharged with a responsible individual who has been instructed with regard to the patient's care.

## 18VAC60-21-310. Registration of Oral and Maxillofacial Surgeons.

PART VII. ORAL AND MAXILLOFACIAL SURGEONS

Every licensed dentist who practices as an oral and maxillofacial surgeon, as defined in § [54.1-2700](https://law.lis.virginia.gov/vacode/54.1-2700/) of the Code, shall register his practice with the board.

1. After initial registration, an oral and maxillofacial surgeon shall renew his registration annually on or before December 31.

2. An oral and maxillofacial surgeon who fails to register or to renew his registration and continues to practice oral and maxillofacial surgery may be subject to disciplinary action by the board.

3. Within one year of the expiration of a registration, an oral and maxillofacial surgeon may renew by payment of the renewal fee and a late fee.

4. After one year from the expiration date, an oral and maxillofacial surgeon who wishes to reinstate his registration shall update his profile and pay the reinstatement fee.

## 18VAC60-21-320. Profile of Information for Oral and Maxillofacial Surgeons.

A. In compliance with requirements of § [54.1-2709.2](https://law.lis.virginia.gov/vacode/54.1-2709.2/) of the Code, an oral and maxillofacial surgeon registered with the board shall provide, upon initial request, the following information within 30 days:

1. The address of the primary practice setting and all secondary practice settings with the percentage of time spent at each location;

2. Names of dental or medical schools with dates of graduation;

3. Names of graduate medical or dental education programs attended at an institution approved by the Accreditation Council for Graduate Medical Education, the Commission on Dental Accreditation, and the American Dental Association with dates of completion of training;

4. Names and dates of specialty board certification or board eligibility, if any, as recognized by the Council on Dental Education and Licensure of the American Dental Association;

5. Number of years in active, clinical practice in the United States or Canada, following completion of medical or dental training and the number of years, if any, in active, clinical practice outside the United States or Canada;

6. Names of insurance plans accepted or managed care plans in which the oral and maxillofacial surgeon participates and whether he is accepting new patients under such plans;

7. Names of hospitals with which the oral and maxillofacial surgeon is affiliated;

8. Appointments within the past 10 years to dental school faculties with the years of service and academic rank;

9. Publications, not to exceed 10 in number, in peer-reviewed literature within the most recent five-year period;

10. Whether there is access to translating services for non-English speaking patients at the primary practice setting and which, if any, foreign languages are spoken in the practice; and

11. Whether the oral and maxillofacial surgeon participates in the Virginia Medicaid Program and whether he is accepting new Medicaid patients.

B. The oral and maxillofacial surgeon may provide additional information on hours of continuing education earned, subspecialities obtained, and honors or awards received.

C. Whenever there is a change in the information on record with the profile system, the oral and maxillofacial surgeon shall provide current information in any of the categories in subsection A of this section within 30 days.

## 18VAC60-21-330. Reporting of Malpractice Paid Claims and Disciplinary Notices and Orders.

A. In compliance with requirements of § [54.1-2709.4](https://law.lis.virginia.gov/vacode/54.1-2709.4/) of the Code, a dentist registered with the board as an oral and maxillofacial surgeon shall report in writing to the executive director of the board all malpractice paid claims in the most recent 10-year period. Each report of a settlement or judgment shall indicate:

1. The year the claim was paid;

2. The total amount of the paid claim in United States dollars; and

3. The city, state, and country in which the paid claim occurred.

B. The board shall use the information provided to determine the relative frequency of paid claims described in terms of the percentage who have made malpractice payments within the most recent 10-year period. The statistical methodology used will be calculated on more than 10 paid claims for all dentists reporting, with the top 16% of the paid claims to be displayed as above-average payments, the next 68% of the paid claims to be displayed as average payments, and the last 16% of the paid claims to be displayed as below-average payments.

C. Adjudicated notices and final orders or decision documents, subject to § [54.1-2400.2](https://law.lis.virginia.gov/vacode/54.1-2400.2/) G of the Code, shall be made available on the profile. Information shall also be posted indicating the availability of unadjudicated notices and orders that have been vacated.

## 18VAC60-21-340. Noncompliance or Falsification of Profile.

A. The failure to provide the information required in [18VAC60-21-320](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section320/) A may constitute unprofessional conduct and may subject the licensee to disciplinary action by the board.

B. Intentionally providing false information to the board for the profile system shall constitute unprofessional conduct and shall subject the licensee to disciplinary action by the board.

## 18VAC60-21-350. Certification to Perform Cosmetic Procedures; Applicability.

A. In order for an oral and maxillofacial surgeon to perform aesthetic or cosmetic procedures, he shall be certified by the board pursuant to § [54.1-2709.1](https://law.lis.virginia.gov/vacode/54.1-2709.1/) of the Code. Such certification shall only entitle the licensee to perform procedures above the clavicle or within the head and neck region of the body.

B. Based on the applicant's education, training, and experience, certification may be granted to perform the following procedures for cosmetic treatment:

1. Rhinoplasty and other treatment of the nose;

2. Blepharoplasty and other treatment of the eyelid;

3. Rhytidectomy and other treatment of facial skin wrinkles and sagging;

4. Submental liposuction and other procedures to remove fat;

5. Laser resurfacing or dermabrasion and other procedures to remove facial skin irregularities;

6. Browlift (either open or endoscopic technique) and other procedures to remove furrows and sagging skin on the upper eyelid or forehead;

7. Platysmal muscle plication and other procedures to correct the angle between the chin and neck;

8. Otoplasty and other procedures to change the appearance of the ear; and

9. Application of injectable medication or material for the purpose of treating extra-oral cosmetic conditions.

## 18VAC60-21-360. Certification Not Required.

Certification shall not be required for performance of the following:

1. Treatment of facial diseases and injuries, including maxillofacial structures;

2. Facial fractures, deformity, and wound treatment;

3. Repair of cleft lip and palate deformity;

4. Facial augmentation procedures; and

5. Genioplasty.

## 18VAC60-21-370. Credentials Required for Certification.

An applicant for certification shall:

1. Hold an active, unrestricted license from the board;

2. Submit a completed application and fee;

3. Complete an oral and maxillofacial residency program accredited by the Commission on Dental Accreditation;

4. Hold board certification by the American Board of Oral and Maxillofacial Surgery (ABOMS) or board eligibility as defined by ABOMS;

5. Have current privileges on a hospital staff to perform oral and maxillofacial surgery; and

6. If his oral and maxillofacial residency or cosmetic clinical fellowship was completed after July 1, 1996, and training in cosmetic surgery was a part of such residency or fellowship, submit:

a. A letter from the director of the residency or fellowship program documenting the training received in the residency or in the clinical fellowship to substantiate adequate training in the specific procedures for which the applicant is seeking certification; and

b. Documentation of having performed as primary or assistant surgeon at least 10 proctored cases in each of the procedures for which he seeks to be certified.

7. If his oral and maxillofacial residency was completed prior to July 1, 1996, or if his oral and maxillofacial residency was completed after July 1, 1996, and training in cosmetic surgery was not a part of the applicant's residency, submit:

a. Documentation of having completed didactic and clinically approved courses to include the dates attended, the location of the course, and a copy of the certificate of attendance. Courses shall provide sufficient training in the specific procedures requested for certification and shall be offered by:

(1) An advanced specialty education program in oral and maxillofacial surgery accredited by the Commission on Dental Accreditation;

(2) A medical school accredited by the Liaison Committee on Medical Education or other official accrediting body recognized by the American Medical Association;

(3) The American Dental Association or one of its constituent and component societies or other ADA Continuing Education Recognized Programs (CERP) approved for continuing dental education; or

(4) The American Medical Association approved for category 1, continuing medical education; and

b. Documentation of either:

(1) Holding current privileges to perform cosmetic surgical procedures within a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations; or

(2) Having completed at least 10 cases as primary or secondary surgeon in the specific procedures for which the applicant is seeking certification, of which at least five shall be proctored cases as defined in this chapter.

## 18VAC60-21-380. Renewal of Certification.

In order to renew his certification to perform cosmetic procedures, an oral and maxillofacial surgeon shall possess a current, active, unrestricted license to practice dentistry from the Virginia Board of Dentistry and shall submit the renewal application and fee on or before December 31 of each year. If an oral and maxillofacial surgeon fails to renew his certificate, the certificate is lapsed and performance of cosmetic procedures is not permitted. To renew a lapsed certificate within one year of expiration, the oral and maxillofacial surgeon shall pay the renewal fees and a late fee. Reinstatement of a certification that has been lapsed for more than one year shall require completion of a reinstatement form documenting continued competency in the procedures for which the surgeon is certified and payment of a reinstatement fee.

## 18VAC60-21-390. Quality Assurance Review for Procedures Performed by Certificate Holders.

A. On a schedule of no less than once every three years, the board shall conduct a random audit of charts for patients receiving cosmetic procedures that are performed by a certificate holder in a facility not accredited by Joint Commission on Accreditation of Healthcare Organizations or other nationally recognized certifying organization as determined by the board.

B. Oral and maxillofacial surgeons certified to perform cosmetic procedures shall maintain separate files, an index, coding, or other system by which such charts can be identified by cosmetic procedure.

C. Cases selected in a random audit shall be reviewed for quality assurance by a person qualified to perform cosmetic procedures according to a methodology determined by the board.

## 18VAC60-21-400. Complaints Against Certificate Holders for Cosmetic Procedures.

Complaints arising out of performance of cosmetic procedures by a certified oral and maxillofacial surgeon shall be adjudicated solely by the Board of Dentistry. Upon receipt of the investigation report on such complaints, the Board of Dentistry shall promptly notify the Board of Medicine, and the investigation report shall be reviewed and an opinion rendered by both a physician licensed by the Board of Medicine who actively practices in a related specialty and by an oral and maxillofacial surgeon licensed by the Board of Dentistry. The Board of Medicine shall maintain the confidentiality of the complaint consistent with § [54.1-2400.2](https://law.lis.virginia.gov/vacode/54.1-2400.2/) of the Code.

## 18VAC60-21-410. Registration of a Mobile Dental Clinic or Portable Dental Operation.

 PART VIII. MOBILE DENTAL CLINICS

A. An applicant for registration of a mobile dental facility or portable dental operation shall provide:

1. The name and address of the owner of the facility or operation and an official address of record for the facility or operation, which shall not be a post office address. Notice shall be given to the board within 30 days if there is a change in the ownership or the address of record for a mobile dental facility or portable dental operation;

2. The name, address, and license number of each dentist and dental hygienist or the name, address, and registration number of each dental assistant II who will provide dental services in the facility or operation. The identity and license or registration number of any additional dentists, dental hygienists, or dental assistants II providing dental services in a mobile dental facility or portable dental operation shall be provided to the board in writing prior to the provision of such services; and

3. The address or location of each place where the mobile dental facility or portable dental operation will provide dental services and the dates on which such services will be provided. Any additional locations or dates for the provision of dental services in a mobile dental facility or portable dental operation shall be provided to the board in writing prior to the provision of such services.

B. The information provided by an applicant to comply with subsection A of this section shall be made available to the public.

C. An application for registration of a mobile dental facility or portable dental operation shall include:

1. Certification that there is a written agreement for follow-up care for patients to include identification of and arrangements for treatment in a dental office that is permanently established within a reasonable geographic area;

2. Certification that the facility or operation has access to communication facilities that enable the dental personnel to contact assistance in the event of a medical or dental emergency;

3. Certification that the facility has a water supply and all equipment necessary to provide the dental services to be rendered in the facility;

4. Certification that the facility or operation conforms to all applicable federal, state, and local laws, regulations, and ordinances dealing with radiographic equipment, sanitation, zoning, flammability, and construction standards; and

5. Certification that the applicant possesses all applicable city or county licenses or permits to operate the facility or operation.

D. Registration may be denied or revoked for a violation of provisions of § [54.1-2706](https://law.lis.virginia.gov/vacode/54.1-2706/) of the Code.

## 18VAC60-21-420. Requirements for a Mobile Dental Clinic or Portable Dental Operation.

A. The registration of the facility or operation and copies of the licenses of the dentists and dental hygienists or registrations of the dental assistants II shall be displayed in plain view of patients.

B. Prior to treatment, the facility or operation shall obtain written consent from the patient or, if the patient is a minor or incapable of consent, his parent, guardian, or authorized representative.

C. Each patient shall be provided with an information sheet, or if the patient, his parent, guardian, or authorized agent has given written consent to an institution or school to have access to the patient's dental health record, the institution or school may be provided a copy of the information. At a minimum, the information sheet shall include:

1. Patient name, date of service, and location where treatment was provided;

2. Name of dentist or dental hygienist who provided services;

3. Description of the treatment rendered and tooth numbers, when appropriate;

4. Billed service codes and fees associated with treatment;

5. Description of any additional dental needs observed or diagnosed;

6. Referral or recommendation to another dentist if the facility or operation is unable to provide follow-up treatment; and

7. Emergency contact information.

D. Patient records shall be maintained, as required by [18VAC60-21-90](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section90/), in a secure manner within the facility or at the address of record listed on the registration application. Records shall be made available upon request by the patient, his parent, guardian, or authorized representative and shall be available to the board for inspection and copying.

E. The practice of dentistry and dental hygiene in a mobile dental clinic or portable dental operation shall be in accordance with the laws and regulations governing such practice.

## 18VAC60-21-430. Exemptions from Requirement for Registration.

The following shall be exempt from requirements for registration as a mobile dental clinic or portable dental operation:

1. All federal, state, or local governmental agencies;

2. Dental treatment that is provided without charge to patients or to any third party payer;

3. Clinics operated by federally qualified health centers with a dental component that provide dental services via mobile model to adults and children within 30 miles of the federally qualified health center;

4. Clinics operated by free health clinics or health safety net clinics that have been granted tax-exempt status pursuant to § 501(c)(3) of the Internal Revenue Code that provide dental services via mobile model to adults and children within 30 miles of the free health clinic or health safety net clinic; and

5. Clinics that provide dental services via mobile model to individuals who are not ambulatory and who reside in long-term care facilities, assisted living facilities, adult care homes, or private homes.

## Chapter 25. Regulations Governing the Practice of Dental Hygiene

## 18VAC60-25-10. Definitions.

Part I  
General Provisions

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § [54.1-2700](https://law.lis.virginia.gov/vacode/54.1-2700/) of the Code of Virginia:

"Board"

"Dental hygiene"

"Dental hygienist"

"Dentist"

"Dentistry"

"License"

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means clinical practice as a dental hygienist for at least 600 hours per year.

"ADA" means the American Dental Association.

"Analgesia" means the diminution or elimination of pain in the conscious patient.

"CDAC" means the Commission on Dental Accreditation of Canada.

"CODA" means the Commission on Dental Accreditation of the American Dental Association.

"Code" means the Code of Virginia.

"Dental assistant I" means any unlicensed person under the direction of a dentist or a dental hygienist who renders assistance for services provided to the patient as authorized under this chapter but shall not include an individual serving in purely an administrative, secretarial, or clerical capacity.

"Dental assistant II" means a person under the direction and direct supervision of a dentist who is registered to perform reversible, intraoral procedures as specified in [18VAC60-21-150](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section150/) and [18VAC60-21-160](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section160/).

"Direction" means the level of supervision (i.e., direct, indirect, or general) that a dentist is required to exercise with a dental hygienist or that a dental hygienist is required to exercise with a dental assistant to direct and oversee the delivery of treatment and related services.

"General supervision" means that a dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment that states the specific services to be provided by a dental hygienist during one or more subsequent appointments when the dentist may or may not be present. Issuance of the order authorizes the dental hygienist to supervise a dental assistant performing duties delegable to dental assistants I.

"Indirect supervision" means the dentist examines the patient at some point during the appointment and is continuously present in the office to advise and assist a dental hygienist or a dental assistant who is (i) delivering hygiene treatment, (ii) preparing the patient for examination or treatment by the dentist, or (iii) preparing the patient for dismissal following treatment.

"Inhalation" means a technique of administration in which a gaseous or volatile agent, including nitrous oxide, is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

"Inhalation analgesia" means the inhalation of nitrous oxide and oxygen to produce a state of reduced sensibility to pain without the loss of consciousness.

"Local anesthesia" means the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

"Monitoring" means to observe, interpret, assess, and record appropriate physiologic functions of the body during sedative procedures and general anesthesia appropriate to the level of sedation as provided in Part VI ([18VAC60-21-260](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section260/) et seq.) of Regulations Governing the Practice of Dentistry.

"Nonsurgical laser" means a laser that is not capable of cutting or removing hard tissue, soft tissue, or tooth structure.

"Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal tract (i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular).

"Remote supervision" means that a supervising dentist is accessible and available for communication and consultation with a dental hygienist during the delivery of dental hygiene services but such dentist may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided. For the purpose of practice by a public health dental hygienist, "remote supervision" means that a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment, but such dentist may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided.

"Topical oral anesthetic" means any drug, available in creams, ointments, aerosols, sprays, lotions, or jellies, that can be used orally for the purpose of rendering the oral cavity insensitive to pain without affecting consciousness.

## 18VAC60-25-20. Address of Record; Posting of License.

A. Address of record. Each licensed dental hygienist shall provide the board with a current address of record. All required notices and correspondence mailed by the board to any such licensee shall be validly given when mailed to the address of record on file with the board. Each licensee may also provide a different address to be used as the public address, but if a second address is not provided, the address of record shall be the public address. All changes of address shall be furnished to the board in writing within 30 days of such changes.

B. Posting of license. In accordance with § [54.1-2727](https://law.lis.virginia.gov/vacode/54.1-2727/) of the Code, a dental hygienist shall display a dental hygiene license where it is conspicuous and readable by patients. If a licensee is employed in more than one office, a duplicate license obtained from the board may be displayed.

## 18VAC60-25-30. Required Fees.

A. Application fees.

|  |  |
| --- | --- |
| 1. License by examination | $175 |
| 2. License by credentials | $275 |
| 3. License to teach dental hygiene pursuant to § [54.1-2725](https://law.lis.virginia.gov/vacode/54.1-2725/) of the Code | $175 |
| 4. Temporary permit pursuant to § [54.1-2726](https://law.lis.virginia.gov/vacode/54.1-2726/) of the Code | $175 |
| 3. Restricted volunteer license | $25 |
| 4. Volunteer exemption registration | $10 |

B. Renewal fees.

|  |  |
| --- | --- |
| 1. Active license | $75 |
| 2. Inactive license | $40 |
| 3. License to teach dental hygiene pursuant to § [54.1-2725](https://law.lis.virginia.gov/vacode/54.1-2725/) | $75 |
| 4. Temporary permit pursuant to § [54.1-2726](https://law.lis.virginia.gov/vacode/54.1-2726/) | $75 |

C. Late fees.

|  |  |
| --- | --- |
| 1. Active license | $25 |
| 2. Inactive license | $15 |
| 3. License to teach dental hygiene pursuant to § [54.1-2725](https://law.lis.virginia.gov/vacode/54.1-2725/) | $25 |
| 4. Temporary permit pursuant to § [54.1-2726](https://law.lis.virginia.gov/vacode/54.1-2726/) | $25 |

D. Reinstatement fees.

|  |  |
| --- | --- |
| 1. Expired license | $200 |
| 2. Suspended license | $400 |
| 3. Revoked license | $500 |

E. Administrative fees.

|  |  |
| --- | --- |
| 1. Duplicate wall certificate | $60 |
| 2. Duplicate license | $20 |
| 3. Certification of licensure | $35 |
| 4. Returned check | $35 |

F. No fee shall be refunded or applied for any purpose other than the purpose for which the fee was submitted.

G. For the renewal of licenses in 2016, the following fees shall be in effect:

|  |  |
| --- | --- |
| 1. Dental hygienist - active | $55 |
| 2. Dental hygienist - inactive | $30 |
| 3. Dental hygienist restricted volunteer | $10 |

## 18VAC60-25-40. Scope of Practice.

PART II. PRACTICE OF DENTAL HYGIENE

A. Pursuant to § [54.1-2722](https://law.lis.virginia.gov/vacode/54.1-2722/) of the Code, a licensed dental hygienist may perform services that are educational, diagnostic, therapeutic, or preventive under the direction and indirect or general supervision of a licensed dentist.

B. The following duties of a dentist shall not be delegated:

1. Final diagnosis and treatment planning;

2. Performing surgical or cutting procedures on hard or soft tissue, except as may be permitted by subdivisions C 1 and D 1 of this section;

3. Prescribing or parenterally administering drugs or medicaments, except a dental hygienist who meets the requirements of [18VAC60-25-100](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section100/) C may parenterally administer Schedule VI local anesthesia to patients 18 years of age or older;

4. Authorization of work orders for any appliance or prosthetic device or restoration that is to be inserted into a patient's mouth;

5. Operation of high speed rotary instruments in the mouth;

6. Administration of deep sedation or general anesthesia and conscious/moderate sedation;

7. Condensing, contouring, or adjusting any final, fixed, or removable prosthodontic appliance or restoration in the mouth with the exception of packing and carving amalgam and placing and shaping composite resins by dental assistants II with advanced training as specified in [18VAC60-30-120](https://law.lis.virginia.gov/admincode/title18/agency60/chapter30/section120/);

8. Final positioning and attachment of orthodontic bonds and bands; and

9. Final adjustment and fitting of crowns and bridges in preparation for final cementation.

C. The following duties shall only be delegated to dental hygienists under direction and may only be performed under indirect supervision:

1. Scaling, root planing, or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices, and nonsurgical lasers with any sedation or anesthesia administered.

2. Performing an initial examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets, or other abnormal conditions for assisting the dentist in the diagnosis.

3. Administering nitrous oxide or local anesthesia by dental hygienists qualified in accordance with the requirements of [18VAC60-25-100](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section100/).

D. The following duties shall only be delegated to dental hygienists and may be performed under indirect supervision or may be delegated by written order in accordance with § [54.1-2722](https://law.lis.virginia.gov/vacode/54.1-2722/) D of the Code to be performed under general supervision:

1. Scaling, root planning, or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices, and nonsurgical lasers with or without topical oral anesthetics.

2. Polishing of natural and restored teeth using air polishers.

3. Performing a clinical examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets, or other abnormal conditions for further evaluation and diagnosis by the dentist.

4. Subgingival irrigation or subgingival and gingival application of topical Schedule VI medicinal agents pursuant to § [54.1-3408](https://law.lis.virginia.gov/vacode/54.1-3408/) J of the Code.

5. Duties appropriate to the education and experience of the dental hygienist and the practice of the supervising dentist, with the exception of those listed as nondelegable in subsection B of this section and those restricted to indirect supervision in subsection C of this section.

E. The following duties may only be delegated under the direction and direct supervision of a dentist to a dental assistant II:

1. Performing pulp capping procedures;

2. Packing and carving of amalgam restorations;

3. Placing and shaping composite resin restorations with a slow speed handpiece;

4. Taking final impressions;

5. Use of a non-epinephrine retraction cord; and

6. Final cementation of crowns and bridges after adjustment and fitting by the dentist.

F. A dental hygienist employed by the Virginia Department of Health may provide educational and preventative dental care under remote supervision, as defined in § [54.1-2722](https://law.lis.virginia.gov/vacode/54.1-2722/) D of the Code, of a dentist employed by the Virginia Department of Health and in accordance with the protocol adopted by the Commissioner of Health for Dental Hygienists to Practice in an Expanded Capacity under Remote Supervision by Public Health Dentists, September 2012, which is hereby incorporated by reference.

## 18VAC60-25-50. Utilization of Dental Hygienists and Dental Assistants.

A dentist may utilize up to a total of four dental hygienists or dental assistants II in any combination practicing under direction at one and the same time. In addition, a dentist may permit through issuance of written orders for services additional dental hygienists to practice under general supervision in a free clinic, a public health program, or a voluntary practice.

## 18VAC60-25-60. Delegation of Services to a Dental Hygienist.

A. In all instances and on the basis of his diagnosis, a licensed dentist assumes ultimate responsibility for determining with the patient or his representative the specific treatment the patient will receive, which aspects of treatment will be delegated to qualified personnel, and the direction required for such treatment, in accordance with this chapter, Part III ([18VAC60-21-110](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section110/) et seq.) of the Regulations Governing the Practice of Dentistry, and the Code.

B. Dental hygienists shall engage in their respective duties only while in the employment of a licensed dentist or governmental agency or when volunteering services as provided in [18VAC60-25-50](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section50/).

C. Duties that are delegated to a dental hygienist under general supervision shall only be performed if the following requirements are met:

1. The treatment to be provided shall be ordered by a dentist licensed in Virginia and shall be entered in writing in the record. The services noted on the original order shall be rendered within a specified time period, not to exceed 10 months from the date the dentist last performed a periodic examination of the patient. Upon expiration of the order, the dentist shall have examined the patient before writing a new order for treatment under general supervision.

2. The dental hygienist shall consent in writing to providing services under general supervision.

3. The patient or a responsible adult shall be informed prior to the appointment that a dentist may not be present, that only topical oral anesthetics can be administered to manage pain, and that only those services prescribed by the dentist will be provided.

4. Written basic emergency procedures shall be established and in place, and the hygienist shall be capable of implementing those procedures.

D. An order for treatment under general supervision shall not preclude the use of another level of supervision when, in the professional judgment of the dentist, such level of supervision is necessary to meet the individual needs of the patient.

E. Delegation of duties to a dental hygienist practicing under remote supervision shall be in accordance with provisions of § [54.1-2722](https://law.lis.virginia.gov/vacode/54.1-2722/) F of the Code. However, delegation of duties to a public health dental hygienist practicing under remote supervision shall be in accordance with provisions of § [54.1-2722](https://law.lis.virginia.gov/vacode/54.1-2722/) E.

## 18VAC60-25-70. Delegation of Services to a Dental Assistant.

A. Duties appropriate to the training and experience of the dental assistant and the practice of the supervising dentist may be delegated to any dental assistant under the direction of a dental hygienist practicing under general supervision as permitted in subsection B of this section, with the exception of those listed as nondelegable and those that may only be delegated to dental hygienists as listed in [18VAC60-25-40](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section40/) and those that may only be delegated to a dental assistant II as listed in [18VAC60-21-150](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section150/).

B. Duties delegated to a dental assistant under general supervision shall be under the direction of the dental hygienist who supervises the implementation of the dentist's orders by examining the patient, observing the services rendered by an assistant, and being available for consultation on patient care.

## 18VAC60-25-80. Radiation Certification.

No dentist or dental hygienist shall permit a person not otherwise licensed by this board to place or expose dental x-ray film unless he has one of the following: (i) satisfactory completion of a radiation safety course and examination given by an institution that maintains a program in dental assisting, dental hygiene, or dentistry accredited by CODA; (ii) certification by the American Registry of Radiologic Technologists; or (iii) satisfactory completion of the Radiation Health and Safety Review Course provided by the Dental Assisting National Board or its affiliate and passage of the Radiation Health and Safety Exam given by the Dental Assisting National Board. Any certificate issued pursuant to satisfying the requirements of this section shall be posted in plain view of the patient.

## 18VAC60-25-90. What Does Not Constitute Practice.

The following are not considered the practice of dental hygiene and dentistry:

1. General oral health education.

2. Recording a patient's pulse, blood pressure, temperature, presenting complaint, and medical history.

3. Conducting preliminary dental screenings in free clinics, public health programs, or a voluntary practice.

## 18VAC60-25-100. Administration of Controlled Substances.

A. A licensed dental hygienist may:

1. Administer topical oral fluoride varnish to children aged six months to three years under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine pursuant to subsection V of § [54.1-3408](https://law.lis.virginia.gov/vacode/54.1-3408/) of the Code;

2. Administer topical Schedule VI drugs, including topical oral fluorides, topical oral anesthetics, and topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions pursuant to subsection J of § [54.1-3408](https://law.lis.virginia.gov/vacode/54.1-3408/) of the Code; and

3. If qualified in accordance with subsection B or C of this section, administer Schedule VI nitrous oxide/inhalation analgesia and, to persons 18 years of age or older, Schedule VI local anesthesia parenterally under the indirect supervision of a dentist.

B. To administer only nitrous oxide/inhalation analgesia, a dental hygienist shall:

1. Successfully complete a didactic and clinical course leading to certification in administration of nitrous oxide offered by a CODA accredited dental or dental hygiene program, which includes a minimum of eight hours in didactic and clinical instruction in the following topics:

a. Patient physical and psychological assessment;

b. Medical history evaluation;

c. Equipment and techniques used for administration of nitrous oxide;

d. Neurophysiology of nitrous oxide administration;

e. Pharmacology of nitrous oxide;

f. Recordkeeping, medical, and legal aspects of nitrous oxide;

g. Adjunctive uses of nitrous oxide for dental patients; and

h. Clinical experiences in administering nitrous oxide, including training with live patients.

2. Successfully complete an examination with a minimum score of 75% in the administration of nitrous oxide/inhalation analgesia given by the accredited program.

C. To administer local anesthesia parenterally to patients 18 years of age or older, a dental hygienist shall:

1. Successfully complete a didactic and clinical course leading to certification in administration of local anesthesia that is offered by a CODA accredited dental or dental hygiene program, which includes a minimum of 28 didactic and clinical hours in the following topics:

a. Patient physical and psychological assessment;

b. Medical history evaluation and recordkeeping;

c. Neurophysiology of local anesthesia;

d. Pharmacology of local anesthetics and vasoconstrictors;

e. Anatomical considerations for local anesthesia;

f. Techniques for maxillary infiltration and block anesthesia;

g. Techniques for mandibular infiltration and block anesthesia;

h. Local and systemic anesthetic complications;

i. Management of medical emergencies; and

j. Clinical experiences in administering local anesthesia injections on patients.

2. Successfully complete an examination with a minimum score of 75% in the parenteral administration of local anesthesia given by the accredited program.

D. A dental hygienist who holds a certificate or credential issued by the licensing board of another jurisdiction of the United States that authorizes the administration of nitrous oxide/inhalation analgesia or local anesthesia may be authorized for such administration in Virginia if:

1. The qualifications on which the credential or certificate was issued were substantially equivalent in hours of instruction and course content to those set forth in subsections B and C of this section; or

2. If the certificate or credential issued by another jurisdiction was not substantially equivalent, the hygienist can document experience in such administration for at least 24 of the past 48 months preceding application for licensure in Virginia.

E. A dentist who provides direction for the administration of nitrous oxide/inhalation analgesia or local anesthesia shall ensure that the dental hygienist has met the qualifications for such administration as set forth in this section.

## 18VAC60-25-110. Patient Records; Confidentiality.

PART III. STANDARDS OF CONDUCT

A. A dental hygienist shall be responsible for accurate and complete information in patient records for those services provided by a hygienist or a dental assistant under direction to include the following:

1. Patient's name on each page in the patient record;

2. A health history taken at the initial appointment, which is updated when local anesthesia or nitrous oxide/inhalation analgesia is to be administered and when medically indicated and at least annually;

3. Options discussed and oral or written consent for any treatment rendered with the exception of prophylaxis;

4. List of drugs administered and the route of administration, quantity, dose, and strength;

5. Radiographs, digital images, and photographs clearly labeled with the patient's name, date taken, and teeth identified;

6. A notation or documentation of an order required for treatment of a patient by a dental hygienist practicing under general supervision as required in [18VAC60-25-60](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section60/) C; and

7. Notation of each treatment rendered, date of treatment, and the identity of the dentist and the dental hygienist providing service.

B. A dental hygienist shall comply with the provisions of § [32.1-127.1:03](https://law.lis.virginia.gov/vacode/32.1-127.1:03/) of the Code related to the confidentiality and disclosure of patient records. A dental hygienist shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the hygienist shall not be considered negligent or willful.

C. A dental hygienist practicing under remote supervision shall document in the patient record that he has obtained (i) the patient's or the patient's legal representative's signature on a statement disclosing that the delivery of dental hygiene services under remote supervision is not a substitute for the need for regular dental examinations by a dentist and (ii) verbal confirmation from the patient that the patient does not have a dentist of record whom he is seeing regularly.

## 18VAC60-25-120. Acts Constituting Unprofessional Conduct.

The following practices shall constitute unprofessional conduct within the meaning of § [54.1-2706](https://law.lis.virginia.gov/vacode/54.1-2706/) of the Code:

1. Fraudulently obtaining, attempting to obtain, or cooperating with others in obtaining payment for services.

2. Performing services for a patient under terms or conditions that are unconscionable. The board shall not consider terms unconscionable where there has been a full and fair disclosure of all terms and where the patient entered the agreement without fraud or duress.

3. Misrepresenting to a patient and the public the materials or methods and techniques the licensee uses or intends to use.

4. Committing any act in violation of the Code reasonably related to the practice of dentistry and dental hygiene.

5. Delegating any service or operation that requires the professional competence of a dentist or dental hygienist to any person who is not a licensee or registrant as authorized by this chapter.

6. Certifying completion of a dental procedure that has not actually been completed.

7. Violating or cooperating with others in violating provisions of Chapter 1 (§ [54.1-100](https://law.lis.virginia.gov/vacode/54.1-100/) et seq.) or 24 (§ [54.1-2400](https://law.lis.virginia.gov/vacode/54.1-2400/) et seq.) of Title 54.1 of the Code or the Drug Control Act (§ [54.1-3400](https://law.lis.virginia.gov/vacode/54.1-3400/) et seq. of the Code).

## 18VAC60-25-130. General Application Requirements.

PART IV. REQUIREMENTS FOR LICENSURE

A. All applications for licensure by examination or credentials, temporary permits, or faculty licenses shall include:

1. Verification of completion of a dental hygiene degree or certificate from a CODA or CDAC accredited program;

2. An original grade card from the National Board Dental Hygiene Examination issued by the Joint Commission on National Dental Examinations;

3. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

4. Attestation of having read and understood the laws and the regulations governing the practice of dentistry and dental hygiene in Virginia and of the applicant's intent to remain current with such laws and regulations.

B. If documentation required for licensure cannot be produced by the entity from which it is required, the board, in its discretion, may accept other evidence of qualification for licensure.

## 18VAC60-25-140. Licensure by Examination.

A. An applicant for licensure by examination shall have:

1. Graduated from or have been issued a certificate by a CODA or CDAC accredited program of dental hygiene;

2. Successfully completed the National Board Dental Hygiene Examination given by the Joint Commission on National Dental Examinations; and

3. Successfully completed a board-approved clinical competency examination in dental hygiene.

B. If the candidate has failed any section of a board-approved examination three times, the candidate shall complete a minimum of seven hours of additional clinical training in each section of the examination to be retested in order to be approved by the board to sit for the examination a fourth time.

C. Applicants who successfully completed a board-approved examination five or more years prior to the date of receipt of their applications for licensure by the board may be required to retake a board-approved examination or take board-approved continuing education that meets the requirements of [18VAC60-25-190](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section190/), unless they demonstrate that they have maintained clinical, unrestricted, and active practice in a jurisdiction of the United States for 48 of the past 60 months immediately prior to submission of an application for licensure.

## 18VAC60-25-150. Licensure by Credentials.

An applicant for dental hygiene licensure by credentials shall:

1. Have graduated from or have been issued a certificate by a CODA or CDAC accredited program of dental hygiene;

2. Be currently licensed to practice dental hygiene in another jurisdiction of the United States and have clinical, ethical, and active practice for 24 of the past 48 months immediately preceding application for licensure;

3. Be certified to be in good standing from each state in which he is currently licensed or has ever held a license;

4. Have successfully completed a clinical competency examination substantially equivalent to that required for licensure by examination;

5. Not have committed any act that would constitute a violation of § [54.1-2706](https://law.lis.virginia.gov/vacode/54.1-2706/) of the Code; and

6. Have successfully completed the dental hygiene examination of the Joint Commission on National Dental Examinations prior to making application to the board.

## 18VAC60-25-160. Temporary Permit; Faculty License.

A. Issuance of a temporary permit.

1. A temporary permit shall be issued only for the purpose of allowing dental hygiene practice as limited by § [54.1-2726](https://law.lis.virginia.gov/vacode/54.1-2726/) of the Code. An applicant for a temporary permit shall submit a completed application and verification of graduation from the program from which the applicant received the dental hygiene degree or certificate.

2. A temporary permit will not be renewed unless the permittee shows that extraordinary circumstances prevented the permittee from taking a board-approved clinical competency examination during the term of the temporary permit.

B. The board may issue a faculty license pursuant to the provisions of § [54.1-2725](https://law.lis.virginia.gov/vacode/54.1-2725/) of the Code.

C. A dental hygienist holding a temporary permit or a faculty license issued pursuant to this section is subject to the provisions of this chapter and the disciplinary regulations that apply to all licensees practicing in Virginia.

## 18VAC60-25-170. Voluntary Practice.

A. Restricted volunteer license.

1. In accordance with § [54.1-2726.1](https://law.lis.virginia.gov/vacode/54.1-2726.1/) of the Code, the board may issue a restricted volunteer license to a dental hygienist who:

a. Held an unrestricted license in Virginia or another jurisdiction of the United States as a licensee in good standing at the time the license expired or became inactive;

b. Is volunteering for a public health or community free clinic that provides dental services to populations of underserved people;

c. Has fulfilled the board's requirement related to knowledge of the laws and regulations governing the practice of dentistry and dental hygiene in Virginia;

d. Has not failed a clinical examination within the past five years;

e. Has had at least five years of active practice in Virginia; another jurisdiction of the United States or federal civil or military service; and

f. Is sponsored by a dentist who holds an unrestricted license in Virginia.

2. A person holding a restricted volunteer license under this section shall:

a. Practice only under the direction of a dentist who holds an unrestricted license in Virginia;

b. Only practice in public health or community free clinics that provide dental services to underserved populations;

c. Only treat patients who have been screened by the approved clinic and are eligible for treatment;

d. Attest on a form provided by the board that he will not receive remuneration directly or indirectly for providing dental services; and

e. Not be required to complete continuing education in order to renew such a license.

3. A restricted volunteer license granted pursuant to this section shall expire on June 30 of the second year after its issuance or shall terminate when the supervising dentist withdraws his sponsorship.

4. A dental hygienist holding a restricted volunteer license issued pursuant to this section is subject to the provisions of this chapter and the disciplinary regulations that apply to all licensees practicing in Virginia.

B. Registration for voluntary practice by out-of-state licensees. Any dental hygienist who does not hold a license to practice in Virginia and who seeks registration to practice on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least 15 days prior to engaging in such practice;

2. Provide a copy of a current license or certificate to practice dental hygiene;

3. Provide a complete record of professional licensure in each jurisdiction in the United States in which he has held a license or certificate;

4. Provide the name of the nonprofit organization and the dates and location of the voluntary provision of services;

5. Pay a registration fee as required in [18VAC60-25-30](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section30/); and

6. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 5 of § [54.1-2701](https://law.lis.virginia.gov/vacode/54.1-2701/) of the Code.

## 18VAC60-25-180. Requirements for Licensure Renewal.

PART V. LICENSURE RENEWAL AND REINSTATEMENT

A. An active dental hygiene license shall be renewed on or before March 31 each year. A faculty license, a restricted volunteer license, or a temporary permit shall be renewed on or before June 30 each year.

B. The license of any person who does not return the completed renewal form and fees by the deadline required in subsection A of this section shall automatically expire and become invalid and his practice of dental hygiene shall be illegal. With the exception of practice with a current, restricted volunteer license as provided in § [54.1-2726.1](https://law.lis.virginia.gov/vacode/54.1-2726.1/) of the Code, practicing in Virginia with an expired license may subject the licensee to disciplinary action by the board.

C. Any person who does not return the completed form and fee by the deadline required in subsection A of this section shall be required to pay an additional late fee. The board may renew a license if the renewal form, renewal fee, and late fee are received within one year of the deadline required in subsection A of this section.

## 18VAC60-25-190. Requirements for Continuing Education.

A. In order to renew an active license, a dental hygienist shall complete a minimum of 15 hours of approved continuing education. Continuing education hours in excess of the number required for renewal may be transferred or credited to the next renewal year for a total of not more than 15 hours.

1. A dental hygienist shall be required to maintain evidence of successful completion of a current hands-on course in basic cardiopulmonary resuscitation for health care providers.

2. A dental hygienist who monitors patients under general anesthesia, deep sedation, or conscious/moderate sedation shall complete four hours every two years of approved continuing education directly related to monitoring of such anesthesia or sedation as part of the hours required for licensure renewal.

3. Up to two hours of the 15 hours required for annual renewal may be satisfied through delivery of dental hygiene services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

B. An approved continuing education program shall be relevant to the treatment and care of patients and shall be:

1. Clinical courses in dental or dental hygiene practice; or

2. Nonclinical subjects that relate to the skills necessary to provide dental hygiene services and are supportive of clinical services (i.e., patient management, legal and ethical responsibilities, risk management, and recordkeeping). Courses not acceptable for the purpose of this subsection include, but are not limited to, estate planning, financial planning, investments, and personal health.

C. Continuing education credit may be earned for verifiable attendance at or participation in any course, to include audio and video presentations, that meets the requirements in subdivision B 1 of this section and is given by one of the following sponsors:

1. The American Dental Association and the National Dental Association and their constituent and component/branch associations;

2. The American Dental Hygienists' Association and the National Dental Hygienists Association and their constituent and component/branch associations;

3. The American Dental Assisting Association and its constituent and component/branch associations;

4. The American Dental Association specialty organizations and their constituent and component/branch associations;

5. A provider accredited by the Accreditation Council for Continuing Medical Education for Category 1 credits;

6. The Academy of General Dentistry and its constituent and component/branch associations;

7. Community colleges with an accredited dental hygiene program if offered under the auspices of the dental hygienist program;

8. A college or university that is accredited by an accrediting agency approved by the U.S. Department of Education or a hospital or health care institution accredited by the Joint Commission on Accreditation of Healthcare Organizations;

9. The American Heart Association, the American Red Cross, the American Safety and Health Institute, and the American Cancer Society;

10. A medical school accredited by the American Medical Association's Liaison Committee for Medical Education or a dental school or dental specialty residency program accredited by the Commission on Dental Accreditation of the American Dental Association;

11. State or federal government agencies (i.e., military dental division, Veteran's Administration, etc.);

12. The Commonwealth Dental Hygienists' Society;

13. The MCV Orthodontic Education and Research Foundation;

14. The Dental Assisting National Board and its affiliate, the Dental Auxiliary Learning and Education Foundation;

15. The American Academy of Dental Hygiene, its constituent and component/branch associations; or

16. A regional testing agency (i.e., Central Regional Dental Testing Service, Northeast Regional Board of Dental Examiners, Southern Regional Testing Agency, Council of Interstate Testing Agencies, or Western Regional Examining Board) when serving as an examiner.

D. Verification of compliance.

1. All licensees are required to verify compliance with continuing education requirements at the time of annual license renewal.

2. Following the renewal period, the board may conduct an audit of licensees to verify compliance.

3. Licensees selected for audit shall provide original documents certifying that they have fulfilled their continuing education requirements by the deadline date as specified by the board.

4. Licensees are required to maintain original documents verifying the date and the subject of the program or activity, the sponsor, and the amount of time earned. Documentation shall be maintained for a period of four years following renewal.

5. Failure to comply with continuing education requirements may subject the licensee to disciplinary action by the board.

E. Exemptions.

1. A licensee is exempt from completing continuing education requirements and considered in compliance on the first renewal date following the licensee's initial licensure.

2. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters. A written request with supporting documents must be submitted at least 30 days prior to the deadline for renewal.

F. The board may grant an extension for up to one year for completion of continuing education upon written request with an explanation to the board prior to the renewal date.

G. Continuing education hours required by board order shall not be used to satisfy the continuing education requirement for license renewal or reinstatement.

## 18VAC60-25-200. Inactive License.

A. Any dental hygienist who holds a current, unrestricted license in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive license.

B. With the exception of practice with a restricted volunteer license as provided in § [54.1-2726.1](https://law.lis.virginia.gov/vacode/54.1-2726.1/) of the Code, the holder of an inactive license shall not be entitled to perform any act requiring a license to practice dental hygiene in Virginia.

C. An inactive dental hygiene license may be renewed on or before March 31 of each year.

## 18VAC60-25-210. Reinstatement or Reactivation of a License.

A. Reinstatement of an expired license.

1. Any person whose license has expired for more than one year and who wishes to reinstate such license shall submit to the board a reinstatement application and the reinstatement fee.

2. An applicant for reinstatement shall submit evidence of completion of continuing education that meets the requirements of [18VAC60-25-190](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section190/) and is equal to the requirement for the number of years in which his license has not been active in Virginia, not to exceed a total of 45 hours. Of the required hours, at least 15 must be earned in the most recent 12 months and the remainder within the 36 months preceding an application for reinstatement.

3. An applicant for reinstatement shall also provide evidence of continuing competence that may also include (i) documentation of active practice in another state or in federal service, (ii) recent passage of a clinical competency examination accepted by the board, or (iii) completion of a refresher program offered by a CODA accredited program.

4. The executive director may reinstate a license provided that the applicant can demonstrate continuing competence, that no grounds exist pursuant to § [54.1-2706](https://law.lis.virginia.gov/vacode/54.1-2706/) of the Code and [18VAC60-25-120](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section120/) to deny said reinstatement, and that the applicant has paid the reinstatement fee and any fines or assessments.

B. Reactivation of an inactive license.

1. An inactive license may be reactivated upon submission of the required application, payment of the current renewal fee, and documentation of having completed continuing education that meets the requirements of [18VAC60-25-190](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section190/) and is equal to the requirement for the number of years in which the license has been inactive, not to exceed a total of 45 hours. Of the required hours, at least 15 must be earned in the most recent 12 months and the remainder within the 36 months immediately preceding the application for activation.

2. An applicant for reactivation shall also provide evidence of continuing competence that may also include (i) documentation of active practice in another state or in federal service, (ii) recent passage of a clinical competency examination accepted by the board, or (iii) completion of a refresher program offered by a CODA accredited program.

3. The executive director may reactivate a license provided that the applicant can demonstrate continuing competence and that no grounds exist pursuant to § [54.1-2706](https://law.lis.virginia.gov/vacode/54.1-2706/) of the Code and [18VAC60-25-120](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section120/) to deny said reactivation.

## Chapter 30. Regulations Governing the Practice of Dental Assistants

## 18VAC60-30-10. Definitions.

PART I. GENERAL PROVISIONS

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § [54.1-2700](https://law.lis.virginia.gov/vacode/54.1-2700/) of the Code of Virginia:

"Board"

"Dental hygiene"

"Dental hygienist"

"Dentist"

"Dentistry"

"License"

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"CODA" means the Commission on Dental Accreditation of the American Dental Association.

"Code" means the Code of Virginia.

"Dental assistant I" means any unlicensed person under the direction of a dentist or a dental hygienist who renders assistance for services provided to the patient as authorized under this chapter but shall not include an individual serving in purely an administrative, secretarial, or clerical capacity.

"Dental assistant II" means a person under the direction and direct supervision of a dentist who is registered by the board to perform reversible, intraoral procedures as specified in [18VAC60-30-60](https://law.lis.virginia.gov/admincode/title18/agency60/chapter30/section60/) and [18VAC60-30-70](https://law.lis.virginia.gov/admincode/title18/agency60/chapter30/section70/).

"Direct supervision" means that the dentist examines the patient and records diagnostic findings prior to delegating restorative or prosthetic treatment and related services to a dental assistant II for completion the same day or at a later date. The dentist prepares the tooth or teeth to be restored and remains immediately available in the office to the dental assistant II for guidance or assistance during the delivery of treatment and related services. The dentist examines the patient to evaluate the treatment and services before the patient is dismissed.

"Direction" means the level of supervision (i.e., immediate, direct, indirect or general) that a dentist is required to exercise with a dental hygienist, a dental assistant I, or a dental assistant II or that a dental hygienist is required to exercise with a dental assistant to direct and oversee the delivery of treatment and related services.

"General supervision" means that a dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment that states the specific services to be provided by a dental hygienist during one or more subsequent appointments when the dentist may or may not be present. Issuance of the order authorizes the dental hygienist to supervise a dental assistant performing duties delegable to dental assistants I.

"Immediate supervision" means the dentist is in the operatory to supervise the administration of sedation or provision of treatment.

"Local anesthesia" means the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

"Monitoring" means to observe, interpret, assess, and record appropriate physiologic functions of the body during sedative procedures and general anesthesia appropriate to the level of sedation as provided in Part VI ([18VAC60-21-260](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section260/) et seq.) of Regulations Governing the Practice of Dentistry.

"Radiographs" means intraoral and extraoral radiographic images of hard and soft tissues used for purposes of diagnosis.

## 18VAC60-30-20. Address of Record; Posting of Registration.

A. Address of record. Each registered dental assistant II shall provide the board with a current address of record. All required notices and correspondence mailed by the board to any such registrant shall be validly given when mailed to the address of record on file with the board. Each registrant may also provide a different address to be used as the public address, but if a second address is not provided, the address of record shall be the public address. All changes of address shall be furnished to the board in writing within 30 days of such changes.

B. Posting of registration. A copy of the registration of a dental assistant II shall either be posted in an operatory in which the person is providing services to the public or in the patient reception area where it is clearly visible to patients and accessible for reading. If a dental assistant II is employed in more than one office, a duplicate registration obtained from the board may be displayed.

## 18VAC60-30-30. Required Fees.

|  |  |
| --- | --- |
| A. Initial registration fee. | $100 |
| B. Renewal fees. |  |
| 1. Dental assistant II registration - active | $50 |
| 2. Dental assistant II registration - inactive | $25 |
| C. Late fees. |  |
| 1. Dental assistant II registration - active | $20 |
| 2. Dental assistant II registration - inactive | $10 |
| D. Reinstatement fees. |  |
| 1. Expired registration | $125 |
| 2. Suspended registration | $250 |
| 3. Revoked registration | $300 |
| E. Administrative fees. |  |
| 1. Duplicate wall certificate | $60 |
| 2. Duplicate registration | $20 |
| 3. Registration verification | $35 |
| 4. Returned check fee | $35 |

F. No fee will be refunded or applied for any purpose other than the purpose for which the fee is submitted.

G. For the renewal of a dental assistant II registration in 2016, the fees shall be $35.

## 18VAC60-30-40. Practice of Dental Hygienists and Dental Assistants II under Direction.

PART II. PRACTICE OF DENTAL ASSISTANTS II

A. A dentist may utilize up to a total of four dental hygienists or dental assistants II in any combination practicing under direction at one and the same time. In addition, a dentist may permit through issuance of written orders for services additional dental hygienists to practice under general supervision in a free clinic, a public health program, or a voluntary practice.

B. In all instances and on the basis of his diagnosis, a licensed dentist assumes ultimate responsibility for determining with the patient or his representative the specific treatment the patient will receive, which aspects of treatment will be delegated to qualified personnel, and the direction required for such treatment, in accordance with this chapter, Part III ([18VAC60-21-110](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section110/) et seq.) of the Regulations Governing the Practice of Dentistry, and the Code.

## 18VAC60-30-50. Nondelegable Duties; Dentists.

Only licensed dentists shall perform the following duties:

1. Final diagnosis and treatment planning;

2. Performing surgical or cutting procedures on hard or soft tissue except a dental hygienist performing gingival curettage as provided in [18VAC60-21-140](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section140/);

3. Prescribing or parenterally administering drugs or medicaments, except a dental hygienist who meets the requirements of [18VAC60-25-100](https://law.lis.virginia.gov/admincode/title18/agency60/chapter25/section100/) may parenterally administer Schedule VI local anesthesia to patients 18 years of age or older;

4. Authorization of work orders for any appliance or prosthetic device or restoration that is to be inserted into a patient's mouth;

5. Operation of high speed rotary instruments in the mouth;

6. Administering and monitoring conscious/moderate sedation, deep sedation, or general anesthetics except as provided for in § [54.1-2701](https://law.lis.virginia.gov/vacode/54.1-2701/) of the Code and subsections J and K of [18VAC60-21-260](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section260/);

7. Condensing, contouring, or adjusting any final, fixed, or removable prosthodontic appliance or restoration in the mouth with the exception of packing and carving amalgam and placing and shaping composite resins by dental assistants II with advanced training as specified in [18VAC60-30-120](https://law.lis.virginia.gov/admincode/title18/agency60/chapter30/section120/);

8. Final positioning and attachment of orthodontic bonds and bands; and

9. Final adjustment and fitting of crowns and bridges in preparation for final cementation.

## 18VAC60-30-60. Delegation to Dental Assistants II.

The following duties may only be delegated under the direction and direct supervision of a dentist to a dental assistant II who has completed the coursework, corresponding module of laboratory training, corresponding module of clinical experience, and examinations specified in [18VAC60-30-120](https://law.lis.virginia.gov/admincode/title18/agency60/chapter30/section120/):

1. Performing pulp capping procedures;

2. Packing and carving of amalgam restorations;

3. Placing and shaping composite resin restorations with a slow speed handpiece;

4. Taking final impressions;

5. Use of a non-epinephrine retraction cord; and

6. Final cementation of crowns and bridges after adjustment and fitting by the dentist.

## 18VAC60-30-70. Delegation to Dental Assistants I and II.

A. Duties appropriate to the training and experience of any dental assistant and the practice of the supervising dentist may be delegated to a dental assistant I or II under indirect supervision, with the exception of those listed as nondelegable in [18VAC60-30-50](https://law.lis.virginia.gov/admincode/title18/agency60/chapter30/section50/), those which may only be delegated to dental hygienists as listed in [18VAC60-21-140](https://law.lis.virginia.gov/admincode/title18/agency60/chapter21/section140/), and those which may only be delegated to a dental assistant II as listed in [18VAC60-30-60](https://law.lis.virginia.gov/admincode/title18/agency60/chapter30/section60/).

B. Duties delegated to any dental assistant under general supervision shall be under the direction of the dental hygienist who supervises the implementation of the dentist's orders by examining the patient, observing the services rendered by an assistant, and being available for consultation on patient care.

## 18VAC60-30-80. Radiation Certification.

A dental assistant I or II shall not place or expose dental x-ray film unless he has one of the following: (i) satisfactory completion of a radiation safety course and examination given by an institution that maintains a program in dental assisting, dental hygiene, or dentistry accredited by CODA; (ii) certification by the American Registry of Radiologic Technologists; or (iii) satisfactory completion of the Radiation Health and Safety Review Course provided by the Dental Assisting National Board or its affiliate and passage of the Radiation Health and Safety Exam given by the Dental Assisting National Board. Any certificate issued pursuant to satisfying the requirements of this section shall be posted in plain view of the patient.

## 18VAC60-30-90. What Does Not Constitute Practice.

The following are not considered the practice of dental hygiene and dentistry:

1. General oral health education.

2. Recording a patient's pulse, blood pressure, temperature, presenting complaint, and medical history.

3. Conducting preliminary dental screenings in free clinics, public health programs, or a voluntary practice.

## 18VAC60-30-100. Patient Records; Confidentiality.

PART III. STANDARDS OF CONDUCT

A. A dental assistant II shall be responsible for accurate and complete information in patient records for those services provided by the assistant under direction to include the following:

1. Patient's name on each page in the patient record;

2. Radiographs, digital images, and photographs clearly labeled with the patient name, date taken, and teeth identified; and

3. Notation of each treatment rendered, date of treatment and the identity of the dentist, the dental hygienist, or the dental assistant providing service.

B. A dental assistant shall comply with the provisions of § [32.1-127.1:03](https://law.lis.virginia.gov/vacode/32.1-127.1:03/) of the Code related to the confidentiality and disclosure of patient records. A dental assistant shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the assistant shall not be considered negligent or willful.

## 18VAC60-30-110. Acts Constituting Unprofessional Conduct.

The following practices shall constitute unprofessional conduct within the meaning of § [54.1-2706](https://law.lis.virginia.gov/vacode/54.1-2706/) of the Code:

1. Fraudulently obtaining, attempting to obtain, or cooperating with others in obtaining payment for services.

2. Performing services for a patient under terms or conditions that are unconscionable. The board shall not consider terms unconscionable where there has been a full and fair disclosure of all terms and where the patient entered the agreement without fraud or duress.

3. Misrepresenting to a patient and the public the materials or methods and techniques used or intended to be used.

4. Committing any act in violation of the Code reasonably related to dental practice.

5. Delegating any service or operation that requires the professional competence of a dentist, dental hygienist, or dental assistant II to any person who is not authorized by this chapter.

6. Certifying completion of a dental procedure that has not actually been completed.

7. Violating or cooperating with others in violating provisions of Chapter 1 (§ [54.1-100](https://law.lis.virginia.gov/vacode/54.1-100/) et seq.) or 24 (§ [54.1-2400](https://law.lis.virginia.gov/vacode/54.1-2400/) et seq.) of Title 54.1 of the Code or the Drug Control Act (§ [54.1-3400](https://law.lis.virginia.gov/vacode/54.1-3400/) et seq. of the Code).

## 18VAC60-30-115. General Application Requirements.

PART IV. ENTRY REQUIREMENTS FOR DENTAL ASSISTANTS II

All applications for registration as a dental assistant II shall include:

1. Evidence of a current credential as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or another certification from a credentialing organization recognized by the American Dental Association and acceptable to the board that was granted following passage of an examination on general chairside assisting, radiation health and safety, and infection control;

2. Verification of completion of educational requirements set forth in [18VAC60-30-120](https://law.lis.virginia.gov/admincode/title18/agency60/chapter30/section120/); and

3. Attestation of having read and understood the laws and regulations governing the practice of dentistry and dental assisting in Virginia and of the applicant's intent to remain current with such laws and regulations.

## 18VAC60-30-120. Educational Requirements for Dental Assistants II.

A. A prerequisite for entry into an educational program preparing a person for registration as a dental assistant II shall be current certification as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board.

B. To be registered as a dental assistant II, a person shall complete the following requirements from an educational institution that maintains a program in dental assisting, dental hygiene, or dentistry accredited by CODA:

1. At least 50 hours of didactic course work in dental anatomy and operative dentistry that may be completed online.

2. Laboratory training that may be completed in the following modules with no more than 20% of the specified instruction to be completed as homework in a dental office:

a. At least 40 hours of placing, packing, carving, and polishing of amalgam restorations and pulp capping procedures;

b. At least 60 hours of placing and shaping composite resin restorations and pulp capping procedures;

c. At least 20 hours of taking final impressions and use of a non-epinephrine retraction cord; and

d. At least 30 hours of final cementation of crowns and bridges after adjustment and fitting by the dentist.

3. Clinical experience applying the techniques learned in the preclinical coursework and laboratory training that may be completed in a dental office in the following modules:

a. At least 80 hours of placing, packing, carving, and polishing of amalgam restorations;

b. At least 120 hours of placing and shaping composite resin restorations;

c. At least 40 hours of taking final impressions and use of a non-epinephrine retraction cord; and

d. At least 60 hours of final cementation of crowns and bridges after adjustment and fitting by the dentist.

4. Successful completion of the following competency examinations given by the accredited educational programs:

a. A written examination at the conclusion of the 50 hours of didactic coursework;

b. A practical examination at the conclusion of each module of laboratory training; and

c. A comprehensive written examination at the conclusion of all required coursework, training, and experience for each of the corresponding modules.

C. All treatment of patients shall be under the direct and immediate supervision of a licensed dentist who is responsible for the performance of duties by the student. The dentist shall attest to successful completion of the clinical competencies and restorative experiences.

## 18VAC60-30-140. Registration by Endorsement As a Dental Assistant II.

A. An applicant for registration by endorsement as a dental assistant II shall provide evidence of the following:

1. Hold current certification as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or another national credentialing organization recognized by the American Dental Association;

2. Be currently authorized to perform expanded duties as a dental assistant in each jurisdiction of the United States;

3. Hold a credential, registration, or certificate with qualifications substantially equivalent in hours of instruction and course content to those set forth in [18VAC60-30-120](https://law.lis.virginia.gov/admincode/title18/agency60/chapter30/section120/) or if the qualifications were not substantially equivalent the dental assistant can document experience in the restorative and prosthetic expanded duties set forth in [18VAC60-30-60](https://law.lis.virginia.gov/admincode/title18/agency60/chapter30/section60/) for at least 24 of the past 48 months preceding application for registration in Virginia.

B. An applicant shall also:

1. Be certified to be in good standing from each jurisdiction of the United States in which he is currently registered, certified, or credentialed or in which he has ever held a registration, certificate, or credential;

2. Not have committed any act that would constitute a violation of § [54.1-2706](https://law.lis.virginia.gov/vacode/54.1-2706/) of the Code; and

3. Attest to having read and understand and to remain current with the laws and the regulations governing dental practice in Virginia.

## 18VAC60-30-150. Registration Renewal Requirements.

PART V. REQUIREMENTS FOR RENEWAL AND REINSTATEMENT

A. Every person holding an active or inactive registration shall annually, on or before March 31, renew his registration. Any person who does not return the completed form and fee by the deadline shall be required to pay an additional late fee.

B. The registration of any person who does not return the completed renewal form and fees by the deadline shall automatically expire and become invalid and his practice as a dental assistant II shall be illegal. Practicing in Virginia with an expired registration may subject the registrant to disciplinary action by the board.

C. In order to renew registration, a dental assistant II shall be required to maintain and attest to current certification from the Dental Assisting National Board or another national credentialing organization recognized by the American Dental Association.

D. A dental assistant II shall also be required to maintain evidence of successful completion of training in basic cardiopulmonary resuscitation.

E. Following the renewal period, the board may conduct an audit of registrants to verify compliance. Registrants selected for audit shall provide original documents certifying current certification.

## 18VAC60-30-160. Inactive Registration.

A. Any dental assistant II who holds a current, unrestricted registration in Virginia may upon a request on the renewal application and submission of the required fee be issued an inactive registration. The holder of an inactive registration shall not be entitled to perform any act requiring registration to practice as a dental assistant II in Virginia.

B. An inactive registration may be reactivated upon submission of evidence of current certification from the Dental Assisting National Board or a national credentialing organization recognized by the American Dental Association. An applicant for reactivation shall also provide evidence of continuing clinical competence, which may include (i) documentation of active practice in another state or in federal service or (ii) a refresher course offered by a CODA accredited educational program.

C. The board reserves the right to deny a request for reactivation to any registrant who has been determined to have committed an act in violation of § [54.1-2706](https://law.lis.virginia.gov/vacode/54.1-2706/) of the Code.

## 18VAC60-30-170. Registration Reinstatement Requirements.

A. The board shall reinstate an expired registration if the renewal form, renewal fee, and late fee are received within one year of the deadline required in subsection A of [18VAC60-30-150](https://law.lis.virginia.gov/admincode/title18/agency60/chapter30/section150/), provided that no grounds exist to deny said reinstatement pursuant to § [54.1-2706](https://law.lis.virginia.gov/vacode/54.1-2706/) of the Code and [18VAC60-30-110](https://law.lis.virginia.gov/admincode/title18/agency60/chapter30/section110/).

B. A dental assistant II who has allowed his registration to lapse or who has had his registration suspended or revoked must submit evidence of current certification from the Dental Assisting National Board or a credentialing organization recognized by the American Dental Association to reinstate his registration.

C. The executive director may reinstate such expired registration provided that the applicant can demonstrate continuing competence, the applicant has paid the reinstatement fee and any fines or assessments, and no grounds exist to deny said reinstatement pursuant to § [54.1-2706](https://law.lis.virginia.gov/vacode/54.1-2706/) of the Code and [18VAC60-30-110](https://law.lis.virginia.gov/admincode/title18/agency60/chapter30/section110/).

D. An applicant for reinstatement shall provide evidence of continuing clinical competence, which may include (i) documentation of active practice in another state or in federal service or (ii) a refresher course offered by a CODA accredited educational program.

## Chapter 27. Dentistry

**Article 1. Board of Dentistry**

**§ 54.1-2700. Definitions.**

As used in this chapter, unless the context requires a different meaning:

"Board" means the Board of Dentistry.

"Dental hygiene" means duties related to patient assessment and the rendering of educational, preventive, and therapeutic dental services specified in regulations of the Board and not otherwise restricted to the practice of dentistry.

"Dental hygienist" means a person who is licensed by the Board to practice dental hygiene.

"Dentist" means a person who has been awarded a degree in and is licensed to practice dentistry.

"Dentistry" means the evaluation, diagnosis, prevention, and treatment, through surgical, nonsurgical or related procedures, of diseases, disorders, and conditions of the oral cavity and the maxillofacial, adjacent and associated structures and their impact on the human body.

"License" means the document issued to an applicant upon completion of requirements for admission to practice dentistry or dental hygiene in the Commonwealth or upon registration for renewal of license to continue the practice of dentistry or dental hygiene in the Commonwealth.

"Maxillofacial" means pertaining to the jaws and face, particularly with reference to specialized surgery of this region.

"Oral and maxillofacial surgeon" means a person who has successfully completed an oral and maxillofacial residency program, approved by the Commission on Dental Accreditation of the American Dental Association, and who holds a valid license from the Board.

1950, p. 983, § 54-200.1; 1970, c. 639; 1972, c. 805; 1988, c. 765; 2001, c. [662](http://lis.virginia.gov/cgi-bin/legp604.exe?011+ful+CHAP0662); 2013, c. [240](http://lis.virginia.gov/cgi-bin/legp604.exe?131+ful+CHAP0240).

**§ 54.1-2701. Exemptions.**

This chapter shall not:

1. Apply to a licensed physician or surgeon unless he practices dentistry as a specialty;

2. Apply to a nurse practitioner certified by the Board of Nursing and the Board of Medicine except that intraoral procedures shall be performed only under the direct supervision of a licensed dentist;

3. Apply to a dentist or a dental hygienist of the United States Army, Navy, Coast Guard, Air Force, Public Health Service, or Department of Veterans Affairs;

4. Apply to any dentist of the United States Army, Navy, Coast Guard, or Air Force rendering services voluntarily and without compensation while deemed to be licensed pursuant to § [54.1-106](http://law.lis.virginia.gov/vacode/54.1-106/);

5. Apply to any dentist or dental hygienist who (i) does not regularly practice dentistry in Virginia, (ii) holds a current valid license or certificate to practice as a dentist or dental hygienist in another state, territory, district or possession of the United States, (iii) volunteers to provide free health care to an underserved area of this Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people, (iv) files a copy of the license or certificate issued in such other jurisdiction with the Board, (v) notifies the Board at least 15 days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any dentist or dental hygienist whose license has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws or regulations; or

6. Prevent an office assistant from performing usual secretarial duties or other assistance as set forth in regulations promulgated by the Board.

Code 1950, §§ 54-149 through 54-151, 54-172; 1970, c. 639; 1972, c. 805, § 54-200.23; 1975, c. 479; 1988, c. 765; 1995, c. [509](http://lis.virginia.gov/cgi-bin/legp604.exe?951+ful+CHAP0509); 2002, c. [740](http://lis.virginia.gov/cgi-bin/legp604.exe?021+ful+CHAP0740); 2003, c. [495](http://lis.virginia.gov/cgi-bin/legp604.exe?031+ful+CHAP0495).

**§ 54.1-2702. Board; membership; terms of office; officers; quorum.**

The Board of Dentistry shall consist of ten members as follows: seven dentists, one citizen member and two dental hygienists.

The professional members of the Board shall be licensed practitioners of dentistry or dental hygiene, of acknowledged ability in the profession, and must have practiced dentistry or dental hygiene in this Commonwealth for at least three years.

The terms of office of the members shall be four years.

The Board shall annually choose a president and a secretary-treasurer and shall meet at least annually at such times and places as it may deem proper. A majority of the members of the Board shall constitute a quorum.

Code 1950, §§ 54-153 through 54-155, 54-157, 54-161, 54-162; 1972, c. 805; 1977, c. 669; 1985, c. 49; 1986, c. 464; 1988, cc. 42, 66, 765; 1992, c. 411.

**§ 54.1-2703. Inspection of dental offices and laboratories.**

Employees of the Department of Health Professions, when properly identified, shall be authorized, during ordinary business hours, to enter and inspect any dental office or dental laboratory for the purpose of enforcing the provisions of this chapter.

Code 1950, § 54-167; 1962, c. 45; 1972, c. 805; 1988, c. 765; 2005, cc. [505](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0505), [587](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0587).

**§ 54.1-2704. Nominations.**

Nominations may be made for each professional vacancy from a list of three names submitted to the Governor by the Virginia Dental Association, the Old Dominion State Dental Society, the Virginia Dental Hygienists' Association, and the Commonwealth Dental Hygienists' Society. Further, any licensee of this chapter may submit nominations to the Governor. The Governor shall not be bound to make any appointment from among the nominees.

Code 1950, § 54-156; 1972, c. 805; 1977, c. 669; 1986, c. 464; 1988, c. 765; 2005, cc. [505](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0505), [587](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0587).

**§ 54.1-2705. Investigation of applicant for license.**

The Board shall investigate the qualifications and truthfulness on registration of any applicant for a license to practice dentistry or dental hygiene, and for such purposes shall have power to send for witnesses, papers and documents, and administer oaths. The cost of such inquiry shall be borne by the applicant.

Code 1950, § 54-176; 1972, c. 805; 1975, c. 479; 1988, c. 765.

**§ 54.1-2706. Revocation or suspension; other sanctions.**

The Board may refuse to admit a candidate to any examination, refuse to issue a license to any applicant, suspend for a stated period or indefinitely, or revoke any license or censure or reprimand any licensee or place him on probation for such time as it may designate for any of the following causes:

1. Fraud, deceit or misrepresentation in obtaining a license;

2. The conviction of any felony or the conviction of any crime involving moral turpitude;

3. Use of alcohol or drugs to the extent that such use renders him unsafe to practice dentistry or dental hygiene;

4. Any unprofessional conduct likely to defraud or to deceive the public or patients;

5. Intentional or negligent conduct in the practice of dentistry or dental hygiene which causes or is likely to cause injury to a patient or patients;

6. Employing or assisting persons whom he knew or had reason to believe were unlicensed to practice dentistry or dental hygiene;

7. Publishing or causing to be published in any manner an advertisement relating to his professional practice which (i) is false, deceptive or misleading, (ii) contains a claim of superiority, or (iii) violates regulations promulgated by the Board governing advertising;

8. Mental or physical incompetence to practice his profession with safety to his patients and the public;

9. Violating, assisting, or inducing others to violate any provision of this chapter or any Board regulation;

10. Conducting his practice in a manner contrary to the standards of ethics of dentistry or dental hygiene;

11. Practicing or causing others to practice in a manner as to be a danger to the health and welfare of his patients or to the public;

12. Practicing outside the scope of the dentist's or dental hygienist's education, training, and experience;

13. Performing a procedure subject to certification without such valid certification required by the Board pursuant to § [54.1-2709.1](http://law.lis.virginia.gov/vacode/54.1-2709.1/) and Board regulations; however, procedures performed pursuant to the provisions of subsection A of § [54.1-2711.1](http://law.lis.virginia.gov/vacode/54.1-2711.1/) as part of an American Dental Association accredited residency program shall not require such certification;

14. The revocation, suspension or restriction of a license to practice dentistry or dental hygiene in another state, possession or territory of the United States or foreign country; or

15. The violation of any provision of a state or federal law or regulation relating to manufacturing, distributing, dispensing or administering drugs.

Code 1950, § 54-187; 1962, c. 45; 1972, c. 805; 1973, c. 391; 1975, c. 479; 1978, cc. 247, 248; 1984, c. 28; 1988, c. 765; 2001, c. [662](http://lis.virginia.gov/cgi-bin/legp604.exe?011+ful+CHAP0662); 2004, c. [64](http://lis.virginia.gov/cgi-bin/legp604.exe?041+ful+CHAP0064); 2005, cc. [505](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0505), [587](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0587).

**§ 54.1-2707. Reserved.**

Reserved.

**§ 54.1-2708. Disciplinary action discretion.**

Except in the case of a monetary penalty, the Board may take disciplinary action notwithstanding any action pending before or consummated before any court or any criminal penalty which has been or may be imposed.

1972, c. 805, § 54-189.1; 1975, c. 479; 1978, c. 248; 1988, cc. 64; 765; 1997, c. [556](http://lis.virginia.gov/cgi-bin/legp604.exe?971+ful+CHAP0556).

**§ 54.1-2708.1. Repealed.**

Repealed by Acts 1997, c. [698](http://lis.virginia.gov/cgi-bin/legp604.exe?971+ful+CHAP0698).

**§ 54.1-2708.2. Recovery of monitoring costs.**

The Board may recover from any licensee against whom disciplinary action has been imposed reasonable administrative costs associated with investigating and monitoring such licensee and confirming compliance with any terms and conditions imposed upon the licensee as set forth in the order imposing disciplinary action. Such recovery shall not exceed a total of $5,000. All administrative costs recovered pursuant to this section shall be paid by the licensee to the Board. Such administrative costs shall be deposited into the account of the Board and shall not constitute a fine or penalty.

2009, c. [89](http://lis.virginia.gov/cgi-bin/legp604.exe?091+ful+CHAP0089).

**§ 54.1-2708.3. Regulation of mobile dental clinics.**

No person shall operate a mobile dental clinic or other portable dental operation without first registering such mobile dental clinic or other portable dental operation with the Board, except that the following shall be exempt from such registration requirement: (i) mobile dental clinics or other portable dental operations operated by federal, state, or local government agencies or other entities identified by the Board in regulations; (ii) mobile dental clinics operated by federally qualified health centers with a dental component that provides dental services via mobile model to adults and children within 30 miles of the federally qualified health center; (iii) mobile dental clinics operated by free health clinics or health safety net clinics that have been granted tax-exempt status pursuant to § 501(c)(3) of the Internal Revenue Code that provide dental services via mobile model to adults and children within 30 miles of the free health clinic or health safety net clinic; and (iv) mobile dental clinics that provide dental services via mobile model to individuals who are not ambulatory and who reside in long-term care facilities, assisted living facilities, adult care homes, or private homes.

The Board shall promulgate regulations for mobile dental clinics and other portable dental operations to ensure that patient safety is protected, appropriate dental services are rendered, and needed follow-up care is provided. Such regulations shall include, but not be limited to, requirements for the registration of mobile dental clinics, locations where services may be provided, requirements for reporting by providers, and other requirements necessary to provide accountability for services rendered.

2010, c. [405](http://lis.virginia.gov/cgi-bin/legp604.exe?101+ful+CHAP0405); 2016, c. [78](http://lis.virginia.gov/cgi-bin/legp604.exe?161+ful+CHAP0078).

**§ 54.1-2708.4. Board to adopt regulations related to prescribing of opioids.**

The Board shall adopt regulations for the prescribing of opioids, which shall include guidelines for:

1. The treatment of acute pain, which shall include (i) requirements for an appropriate patient history and evaluation, (ii) limitations on dosages or day supply of drugs prescribed, (iii) requirements for appropriate documentation in the patient's health record, and (iv) a requirement that the prescriber request and review information contained in the Prescription Monitoring Program in accordance with § [54.1-2522.1](http://law.lis.virginia.gov/vacode/54.1-2522.1/);

2. The treatment of chronic pain, which shall include, in addition to the requirements for treatment of acute pain set forth in subdivision 1, requirements for (i) development of a treatment plan for the patient, (ii) an agreement for treatment signed by the provider and the patient that includes permission to obtain urine drug screens, and (iii) periodic review of the treatment provided at specific intervals to determine the continued appropriateness of such treatment; and

3. Referral of patients to whom opioids are prescribed for substance abuse counseling or treatment, as appropriate.

2017, cc. [291](http://lis.virginia.gov/cgi-bin/legp604.exe?171+ful+CHAP0291), [682](http://lis.virginia.gov/cgi-bin/legp604.exe?171+ful+CHAP0682).

## Article 2. Licensure of Dentists.

**§ 54.1-2709. License; application; qualifications; examinations.**

A. No person shall practice dentistry unless he possesses a current valid license from the Board of Dentistry.

B. An application for such license shall be made to the Board in writing and shall be accompanied by satisfactory proof that the applicant (i) is of good moral character; (ii) is a graduate of an accredited dental school or college, or dental department of an institution of higher education; (iii) has passed all parts of the examination given by the Joint Commission on National Dental Examinations; (iv) has successfully completed a clinical examination acceptable to the Board; and (v) has met other qualifications as determined in regulations promulgated by the Board.

C. The Board may grant a license to practice dentistry to an applicant licensed to practice in another jurisdiction if he (i) meets the requirements of subsection B; (ii) holds a current, unrestricted license to practice dentistry in another jurisdiction in the United States and is certified to be in good standing by each jurisdiction in which he currently holds or has held a license; (iii) has not committed any act that would constitute grounds for denial as set forth in § [54.1-2706](http://law.lis.virginia.gov/vacode/54.1-2706/); and (iv) has been in continuous clinical practice for five out of the six years immediately preceding application for licensure pursuant to this section. Active patient care in the dental corps of the United States Armed Forces, volunteer practice in a public health clinic, or practice in an intern or residency program may be accepted by the Board to satisfy this requirement.

D. The Board shall provide for an inactive license for those dentists who hold a current, unrestricted dental license in the Commonwealth at the time of application for an inactive license and who do not wish to practice in Virginia. The Board shall promulgate such regulations as may be necessary to carry out the provisions of this section, including requirements for remedial education to activate a license.

E. The Board shall promulgate regulations requiring continuing education for any dental license renewal or reinstatement. The Board may grant extensions or exemptions from these continuing education requirements.

Code 1950, §§ 54-168 through 54-171, 54-175; 1968, c. 604; 1972, cc. 805, 824; 1973, c. 391; 1974, c. 411; 1976, c. 327; 1977, c. 518; 1981, c. 216; 1988, c. 765; 1997, c. [855](http://lis.virginia.gov/cgi-bin/legp604.exe?971+ful+CHAP0855); 2005, cc. [505](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0505), [587](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0587); 2007, c. [20](http://lis.virginia.gov/cgi-bin/legp604.exe?071+ful+CHAP0020); 2012, cc. [20](http://lis.virginia.gov/cgi-bin/legp604.exe?121+ful+CHAP0020), [116](http://lis.virginia.gov/cgi-bin/legp604.exe?121+ful+CHAP0116).

**§ 54.1-2709.1. Certain certification required.**

A. The Board of Dentistry shall promulgate regulations establishing criteria for certification of board certified or board eligible oral or maxillofacial surgeons to perform certain procedures within the definition of dentistry that are unrelated to the oral cavity or contiguous structures, provided such services (i) are not for the prevention and treatment of disorders, diseases, lesions and malpositions of the human teeth, alveolar process, maxilla, mandible, or adjacent tissues, or any necessary related procedures, and are services the training for which is included in the curricula of dental schools or advanced postgraduate education programs accredited by the Commission of Dental Accreditation of the American Dental Association or continuing educational programs recognized by the Board of Dentistry, or (ii) are not provided incident to a head or facial trauma sustained by the patient. The regulations shall include, but need not be limited to, provisions for: (1) promotion of patient safety; (2) identification and categorization of procedures for the purpose of issuing certificates; (3) establishment of an application process for certification to perform such procedures; (4) establishment of minimum education, training, and experience requirements for certification to perform such procedures, including consideration of whether a licensee has been granted practice privileges to perform such procedures from an accredited hospital located in the Commonwealth and consideration of the presentation of a letter attesting to the training of the applicant to perform such procedures from the chairman of an accredited postgraduate residency program; (5) development of protocols for proctoring and criteria for requiring such proctoring; and (6) implementation of a quality assurance review process for such procedures performed by certificate holders.

B. In promulgating the minimum education, training, and experience requirements for oral and maxillofacial surgeons to perform such procedures and the regulations related thereto, the Board of Dentistry shall consult with an advisory committee comprised of three members selected by the Medical Society of Virginia and three members selected by the Virginia Society of Oral and Maxillofacial Surgeons. All members of the advisory committee shall be licensed by the Board of Dentistry or the Board of Medicine and shall engage in active clinical practice. The committee shall have a duty to act collaboratively and in good faith to recommend the education, training, and experience necessary to promote patient safety in the performance of such procedures. The advisory committee shall prepare a written report of its recommendations and shall submit this report to the Board of Dentistry and shall also submit its recommendations to the Board of Medicine for such comments as may be deemed appropriate, prior to the promulgation of draft regulations. The advisory committee may meet periodically to advise the Board of Dentistry on the regulation of such procedures.

C. In promulgating the regulations required by this section, the Board shall take due consideration of the education, training, and experience requirements adopted by the American Dental Association Council on Dental Education or the Commission on Dental Accreditation. Further, the Board's regulations shall require that complaints arising out of performance of such procedures be enforced solely by the Board of Dentistry and reviewed jointly by a physician licensed by the Board of Medicine who actively practices in a related specialty and by an oral and maxillofacial surgeon licensed by the Board of Dentistry. However, upon receipt of reports of such complaints the Board of Dentistry shall promptly notify the Board of Medicine which shall maintain the confidentiality of such complaint consistent with § [54.1-2400.2](http://law.lis.virginia.gov/vacode/54.1-2400.2/).

2001, c. [662](http://lis.virginia.gov/cgi-bin/legp604.exe?011+ful+CHAP0662).

**§ 54.1-2709.2. Registration and certain data required.**

The Board of Dentistry shall require all oral and maxillofacial surgeons to annually register with the Board and to report and make available the following information:

1. The names of medical schools or schools of dentistry attended and dates of graduation;

2. Any graduate medical or graduate dental education at any institution approved by the Accreditation Council for Graduation Medical Education, the Commission on Dental Accreditation, American Dental Association;

3. Any specialty board certification or eligibility for certification as approved by the Commission on Dental Accreditation, American Dental Association;

4. The number of years in active, clinical practice as specified by regulations of the Board;

5. Any insurance plans accepted, managed care plans in which the oral and maxillofacial surgeon participates, and hospital affiliations, including specification of any privileges granted by the hospital;

6. Any appointments, within the most recent 10-year period, of the oral and maxillofacial surgeon to a dental school faculty and any publications in peer-reviewed literature within the most recent five-year period and as specified by regulations of the Board;

7. The location of any primary and secondary practice settings and the approximate percentage of the oral and maxillofacial surgeon's time spent practicing in each setting;

8. The access to any translating service provided to the primary practice setting of the oral and maxillofacial surgeon;

9. The status of the oral and maxillofacial surgeon's participation in the Virginia Medicaid Program;

10. Any final disciplinary or other action required to be reported to the Board by health care institutions, other practitioners, insurance companies, health maintenance organizations, and professional organizations pursuant to §§ [54.1-2400.6](http://law.lis.virginia.gov/vacode/54.1-2400.6/), [54.1-2709.3](http://law.lis.virginia.gov/vacode/54.1-2709.3/), and [54.1-2709.4](http://law.lis.virginia.gov/vacode/54.1-2709.4/) that results in a suspension or revocation of privileges or the termination of employment or a final order of the Board relating to disciplinary action; and

11. Other information related to the competency of oral and maxillofacial surgeons as specified in the regulations of the Board.

The Board shall promulgate regulations to implement the provisions of this section, including, but not limited to, the release, upon request by a consumer, of such information relating to an oral and maxillofacial surgeon. The regulations promulgated by the Board shall provide for reports to include all paid claims in categories indicating the level of significance of each award or settlement.

2001, c. [662](http://lis.virginia.gov/cgi-bin/legp604.exe?011+ful+CHAP0662); 2004, c. [64](http://lis.virginia.gov/cgi-bin/legp604.exe?041+ful+CHAP0064).

**§ 54.1-2709.3. Reports of disciplinary action against oral and maxillofacial surgeons; immunity from liability.**

A. The presidents of the Virginia Dental Association and the Virginia Society of Oral and Maxillofacial Surgeons shall report to the Board of Dentistry any disciplinary actions taken by his organization against any oral and maxillofacial surgeon licensed under this chapter if such disciplinary action is a result of conduct involving professional ethics, professional incompetence, moral turpitude, drug or alcohol abuse.

B. The president of any association, society, academy or organization shall report to the Board of Dentistry any disciplinary action taken against any oral and maxillofacial surgeon licensed under this chapter if such disciplinary action is a result of conduct involving professional ethics, professional incompetence, moral turpitude, drug addictions or alcohol abuse.

C. Any report required by this section shall be in writing directed to the Board of Dentistry, shall give the name and address of the person who is the subject of the report and shall describe fully the circumstances surrounding the conduct to be reported.

D. Any person making a report required by this section or testifying in a judicial or administrative proceeding as a result of such report shall be immune from any civil liability resulting therefrom unless such person acted in bad faith or with malicious intent.

E. In the event that any organization enumerated in subsection A or any component thereof receives a complaint against an oral and maxillofacial surgeon, such organization may, in lieu of considering disciplinary action against such oral and maxillofacial surgeon, request that the Board investigate the matter pursuant to this chapter, in which event any person participating in the decision to make such a request or testifying in a judicial or administrative proceeding as a result of such request shall be immune from any civil liability alleged to have resulted therefrom unless such person acted in bad faith or with malicious intent.

2001, c. [662](http://lis.virginia.gov/cgi-bin/legp604.exe?011+ful+CHAP0662).

**§ 54.1-2709.4. Further reporting requirements.**

A. The following matters shall be reported to the Board:

1. Any disciplinary action taken against an oral and maxillofacial surgeon licensed under this chapter by another state or by a federal health institution or voluntary surrender of a license in another state while under investigation;

2. Any malpractice judgment against an oral and maxillofacial surgeon licensed under this chapter;

3. Any incident of two settlements of malpractice claims against an individual oral and maxillofacial surgeon licensed under this chapter within a three-year period; and

4. Any evidence that indicates to a reasonable probability that an oral and maxillofacial surgeon licensed under this chapter is or may be professionally incompetent, guilty of unprofessional conduct or mentally or physically unable to engage safely in the practice of his profession.

B. The following persons and entities are subject to the reporting requirements set forth in this section:

1. Any oral and maxillofacial surgeon licensed under this chapter who is the subject of a disciplinary action, settlement judgment or evidence for which reporting is required pursuant to this section;

2. Any other person licensed under this chapter, except as provided in the Health Practitioners' Monitoring Program;

3. The presidents of all professional societies in the Commonwealth, and their component societies whose members are regulated by the Board, except as provided for in the protocol agreement entered into by the Health Practitioners' Monitoring Program;

4. All health care institutions licensed by the Commonwealth;

5. The malpractice insurance carrier of any oral and maxillofacial surgeon who is the subject of a judgment or of two settlements within a three-year period. The carrier shall not be required to report any settlements except those in which it has participated that have resulted in a least two settlements on behalf of an individual oral and maxillofacial surgeon during a three-year period; and

6. Any health maintenance organization licensed by the Commonwealth.

C. No person or entity shall be obligated to report any matter to the Board if the person or entity has actual notice that the matter has already been reported to the Board.

D. Any report required by this section shall be in writing directed to the Board, shall give the name and address of the person who is the subject of the report and shall describe the circumstances surrounding the conduct required to be reported.

E. Any person making a report required by this section shall be immune from any civil liability or criminal prosecution resulting therefrom unless such person acted in bad faith or with malicious intent.

F. The clerk of any circuit court or any district court in the Commonwealth shall report to the Board the conviction of any oral and maxillofacial surgeon known by such clerk to be licensed under this chapter of any (i) misdemeanor involving a controlled substance, marijuana or substance abuse or involving an act of moral turpitude or (ii) felony.

2001, c. [662](http://lis.virginia.gov/cgi-bin/legp604.exe?011+ful+CHAP0662); 2009, c. [472](http://lis.virginia.gov/cgi-bin/legp604.exe?091+ful+CHAP0472).

**§ 54.1-2709.5. Permits for sedation and anesthesia required.**

A. Except as provided in subsection C, the Board shall require any dentist who provides or administers sedation or anesthesia in a dental office to obtain either a conscious/moderate sedation permit or a deep sedation/general anesthesia permit issued by the Board. The Board shall establish by regulation reasonable education, training, and equipment standards for safe administration and monitoring of sedation and anesthesia to patients in a dental office.

B. A permit for conscious/moderate sedation shall not be required if a permit has been issued for the administration of deep sedation/general anesthesia.

C. This section shall not apply to:

1. An oral and maxillofacial surgeon who maintains membership in the American Association of Oral and Maxillofacial Surgeons (AAOMS) and who provides the Board with reports which result from the periodic office examinations required by AAOMS; or

2. Any dentist who administers or prescribes medication or administers nitrous oxide/oxygen or a combination of a medication and nitrous oxide/oxygen for the purpose of inducing anxiolysis or minimal sedation consistent with the Board's regulations.

2011, c. [526](http://lis.virginia.gov/cgi-bin/legp604.exe?111+ful+CHAP0526).

**§ 54.1-2710. Repealed.**

Repealed by Acts 2005, cc. [505](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0505) and [587](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0587), cl. 2.

**§ 54.1-2711. Practice of dentistry.**

Any person shall be deemed to be practicing dentistry who (i) uses the words dentist, or dental surgeon, the letters D.D.S., D.M.D., or any letters or title in connection with his name, which in any way represents him as engaged in the practice of dentistry; (ii) holds himself out, advertises or permits to be advertised that he can or will perform dental operations of any kind; (iii) diagnoses, treats, or professes to diagnose or treat any of the diseases or lesions of the oral cavity, its contents or contiguous structures, or (iv) extracts teeth, corrects malpositions of the teeth or jaws, takes impressions for the fabrication of appliances or dental prosthesis, supplies or repairs artificial teeth as substitutes for natural teeth, or places in the mouth and adjusts such substitutes.

No dentist shall be supervised within the scope of the practice of dentistry by any person who is not a licensed dentist.

Code 1950, § 54-146; 1972, c. 805; 1988, c. 765.

**§ 54.1-2711.1. Temporary licenses to persons enrolled in advanced dental education programs; Board regulations.**

A. Upon recommendation by the dean of the school of dentistry or the dental program director, the Board may issue a temporary annual license to practice dentistry to persons enrolled in advanced dental education programs and persons serving as dental interns, residents or post-doctoral certificate or degree candidates in hospitals or schools of dentistry that maintain dental intern, residency or post-doctoral programs accredited by the Commission on Dental Accreditation of the American Dental Association. Such license shall expire upon the holder's graduation, withdrawal or termination from the relevant program.

B. Temporary licenses issued pursuant to this section shall authorize the licensee to perform patient care activities associated with the program in which he is enrolled that take place only within educational facilities owned or operated by, or affiliated with, the dental school or program. Temporary licenses issued pursuant to this section shall not authorize a licensee to practice dentistry in nonaffiliated clinics or private practice settings.

C. The Board may prescribe such regulations not in conflict with existing law and require such reports from any hospital or the school of dentistry operating an accredited advanced dental education program in the Commonwealth as may be necessary to carry out the provisions of this section.

2004, c. [754](http://lis.virginia.gov/cgi-bin/legp604.exe?041+ful+CHAP0754); 2012, cc. [20](http://lis.virginia.gov/cgi-bin/legp604.exe?121+ful+CHAP0020), [116](http://lis.virginia.gov/cgi-bin/legp604.exe?121+ful+CHAP0116).

**§ 54.1-2712. Permissible practices.**

The following activities shall be permissible:

1. Dental assistants or dental hygienists aiding or assisting licensed dentists, or dental assistants aiding or assisting dental hygienists under the general supervision of a dentist in accordance with regulations promulgated pursuant to § [54.1-2729.01](http://law.lis.virginia.gov/vacode/54.1-2729.01/);

2. The performance of mechanical work on inanimate objects only, for licensed dentists, by any person employed in or operating a dental laboratory;

3. Dental students who are enrolled in accredited D.D.S. or D.M.D. degree programs performing dental operations, under the direction of competent instructors (i) within a dental school or college, dental department of an institution of higher education, or other dental facility within an institution of higher education that is accredited by an accrediting agency recognized by the U.S. Department of Education; (ii) in a dental clinic operated by a nonprofit organization providing indigent care; (iii) in governmental or indigent care clinics in which the student is assigned to practice during his final academic year rotations; (iv) in a private dental office for a limited time during the student's final academic year when under the direct tutorial supervision of a licensed dentist holding appointment on the dental faculty of the school in which the student is enrolled; or (v) practicing dental hygiene in a private dental office under the direct supervision of a licensed dentist holding appointment on the dental faculty of the school in which the student is enrolled;

4. A licensed dentist from another state or country appearing as a clinician for demonstrating technical procedures before a dental society or organization, convention, or dental college, or performing his duties in connection with a specific case on which he may have been called to the Commonwealth;

5. Dental hygiene students enrolled in an accredited dental hygiene program performing dental hygiene practices as a requisite of the program, under the direction of competent instructors, as defined by regulations of the Board of Dentistry, (i) within a dental hygiene program in a dental school or college, or department thereof, or other dental facility within an institution of higher education that is accredited by an accrediting agency recognized by the U.S. Department of Education; (ii) in a dental clinic operated by a nonprofit organization providing indigent care; (iii) in a governmental or indigent care clinic in which the student is assigned to practice during his final academic year rotations; or (iv) in a private dental office for a limited time during the student's final academic year when under the direct supervision of a licensed dentist or licensed dental hygienist holding appointment on the dental faculty of the school in which the student is enrolled; and

6. A graduate of an accredited dental program or a graduate of an accredited dental hygiene program engaging in clinical practice under the supervision of a licensed faculty member, but only while participating in a continuing education course offered by a dental program or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association.

Code 1950, § 54-147; 1970, c. 639; 1972, c. 805; 1975, c. 479; 1985, c. 373; 1988, c. 765; 1989, c. 131; 1994, c. [749](http://lis.virginia.gov/cgi-bin/legp604.exe?941+ful+CHAP0749); 2004, c. [754](http://lis.virginia.gov/cgi-bin/legp604.exe?041+ful+CHAP0754); 2005, cc. [505](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0505), [587](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0587); 2008, cc. [84](http://lis.virginia.gov/cgi-bin/legp604.exe?081+ful+CHAP0084), [264](http://lis.virginia.gov/cgi-bin/legp604.exe?081+ful+CHAP0264); 2012, cc. [20](http://lis.virginia.gov/cgi-bin/legp604.exe?121+ful+CHAP0020), [116](http://lis.virginia.gov/cgi-bin/legp604.exe?121+ful+CHAP0116).

**§ 54.1-2712.1. Restricted volunteer license for certain dentists.**

A. The Board may issue a restricted volunteer license to a dentist who:

1. Held an unrestricted license in Virginia or another state as a licensee in good standing at the time the license expired or became inactive;

2. Is volunteering for a public health or community free clinic that provides dental services to populations of underserved people;

3. Has fulfilled the Board's requirement related to knowledge of the laws and regulations governing the practice of dentistry in Virginia;

4. Has not failed a clinical examination within the past five years; and

5. Has had at least five years of clinical practice.

B. A person holding a restricted volunteer license under this section shall:

1. Only practice in public health or community free clinics that provide dental services to underserved populations;

2. Only treat patients who have been screened by the approved clinic and are eligible for treatment;

3. Attest on a form provided by the Board that he will not receive remuneration directly or indirectly for providing dental services; and

4. Not be required to complete continuing education in order to renew such a license.

C. If a dentist with a restricted volunteer license issued under this section has not held an active, unrestricted license and been engaged in active practice within the past five years, he shall only practice dentistry and perform dental procedures if a dentist with an unrestricted Virginia license, volunteering at the clinic, reviews the quality of care rendered by the dentist with the restricted volunteer license at least every 30 days.

D. A restricted voluntary license granted pursuant to this section shall expire on the June 30 of the second year after its issuance, or shall terminate when the supervising dentist withdraws his sponsorship. Such license may be renewed annually in accordance with regulations promulgated by the Board.

E. A dentist holding a restricted volunteer license issued pursuant to this section is subject to the provisions of this chapter, the regulations promulgated under this chapter, and the disciplinary regulations which apply to all dentists practicing in Virginia.

1997, c. [719](http://lis.virginia.gov/cgi-bin/legp604.exe?971+ful+CHAP0719); 1998, c. [326](http://lis.virginia.gov/cgi-bin/legp604.exe?981+ful+CHAP0326); 2005, cc. [505](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0505), [587](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0587).

**§ 54.1-2713. Licenses to teach dentistry; renewals.**

A. Upon payment of the prescribed fee and provided that no grounds exist to deny licensure pursuant to § [54.1-2706](http://law.lis.virginia.gov/vacode/54.1-2706/), the Board may grant, without examination, a faculty license to teach dentistry in a dental program accredited by the Commission on Dental Accreditation of the American Dental Association to any applicant who meets one of the following qualifications:

1. Is a graduate of a dental school or college or the dental department of an institution of higher education, has a current unrestricted license to practice dentistry in at least one other United States jurisdiction, and has never been licensed to practice dentistry in the Commonwealth; or

2. Is a graduate of a dental school or college or the dental department of an institution of higher education, has completed an advanced dental education program accredited by the Commission on Dental Accreditation of the American Dental Association, and has never been licensed to practice dentistry in the Commonwealth.

B. The dean or program director of the accredited dental program shall provide to the Board verification that the applicant is being hired by the program and shall include an assessment of the applicant's clinical competency and clinical experience that qualifies the applicant for a faculty license.

C. The holder of a license issued pursuant to this section shall be entitled to perform all activities that a person licensed to practice dentistry would be entitled to perform and that are part of his faculty duties, including all patient care activities associated with teaching, research, and the delivery of patient care, which take place only within educational facilities owned or operated by or affiliated with the dental school or program. A licensee who is qualified based on educational requirements for a specialty board certification shall only practice in the specialty for which he is qualified. A license issued pursuant to this section shall not authorize the holder to practice dentistry in nonaffiliated clinics or in private practice settings.

D. Any license issued under this section shall expire on June 30 of the second year after its issuance or shall terminate when the licensee leaves employment at the accredited dental program. Such license may be renewed annually thereafter as long as the accredited program certifies to the licensee's continuing employment.

1975, c. 479, § 54-175.1; 1976, c. 327; 1988, c. 765; 2005, cc. [505](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0505), [587](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0587); 2012, cc. [20](http://lis.virginia.gov/cgi-bin/legp604.exe?121+ful+CHAP0020), [116](http://lis.virginia.gov/cgi-bin/legp604.exe?121+ful+CHAP0116).

**§ 54.1-2714. Restricted licenses to teach dentistry for foreign dentists.**

A. The Board may grant, without examination, a restricted license for a temporary appointment to teach dentistry at a dental school in this Commonwealth to any person who:

1. Is a resident of a foreign country;

2. Is licensed to practice dentistry in a foreign country;

3. Holds a faculty appointment in a dental school in a foreign country;

4. Is a graduate of a foreign dental school or college or the dental department of a foreign institution of higher education;

5. Is not licensed to practice dentistry in Virginia;

6. Has not failed an examination for a license to practice dentistry in this Commonwealth;

7. Has received a temporary appointment to the faculty of a dental school in this Commonwealth to teach dentistry;

8. Is, in the opinion of the Board, qualified to teach dentistry; and

9. Submits a completed application, the supporting documents the Board deems necessary to determine his qualifications, and the prescribed fee.

B. A restricted license shall entitle the licensee to perform all operations which a person licensed to practice dentistry may perform but only for the purpose of teaching. No person granted a restricted license shall practice dentistry intramurally or privately or receive fees for his services.

C. A restricted license granted pursuant to this section shall expire 24 months from the date of issuance and may not be renewed or reissued.

1977, c. 349, § 54-175.2; 1988, c. 765; 2012, cc. [20](http://lis.virginia.gov/cgi-bin/legp604.exe?121+ful+CHAP0020), [116](http://lis.virginia.gov/cgi-bin/legp604.exe?121+ful+CHAP0116).

**§ 54.1-2714.1. Repealed.**

Repealed by Acts 2012, cc. [20](http://lis.virginia.gov/cgi-bin/legp604.exe?121+ful+CHAP0020) and [116](http://lis.virginia.gov/cgi-bin/legp604.exe?121+ful+CHAP0116), cl. 2.

**§ 54.1-2715. Temporary permits for certain clinicians.**

A. The Board may issue a temporary permit to a graduate of a dental school or college or the dental department of an institution of higher education, who (i) has a D.D.S. or D.M.D. degree and is otherwise qualified, (ii) is not licensed to practice dentistry in Virginia, and (iii) has not failed an examination for a license to practice dentistry in the Commonwealth. Such temporary permits may be issued only to those eligible graduates who serve as clinicians in dental clinics operated by (a) the Virginia Department of Corrections, (b) the Virginia Department of Health, (c) the Virginia Department of Behavioral Health and Developmental Services, or (d) a Virginia charitable corporation granted tax-exempt status under § 501(c)(3) of the Internal Revenue Code and operating as a clinic for the indigent and uninsured that is organized for the delivery of primary health care services: (i) as a federal qualified health center designated by the Centers for Medicare and Medicaid Services or (ii) at a reduced or sliding fee scale or without charge.

B. Applicants for temporary permits shall be certified to the executive director of the Board by the Director of the Department of Corrections, the Commissioner of Health, the Commissioner of Behavioral Health and Developmental Services, or the chief executive officer of a Virginia charitable corporation identified in subsection A. The holder of such a temporary permit shall not be entitled to receive any fee or other compensation other than salary. Such permits shall be valid for no more than two years and shall expire on the June 30 of the second year after their issuance, or shall terminate when the holder ceases to serve as a clinician with the certifying agency or charitable corporation. Such permits may be reissued annually or may be revoked at any time for cause. Reissuance or revocation of a temporary permit is in the discretion of the Board.

C. Dentists licensed pursuant to this chapter may practice as employees of the dental clinics operated as specified in subsection A.

Code 1950, § 54-152; 1968, c. 604; 1970, c. 639; 1972, c. 805; 1975, c. 479; 1976, c. 327; 1985, c. 373; 1988, c. 765; 2002, c. [549](http://lis.virginia.gov/cgi-bin/legp604.exe?021+ful+CHAP0549); 2004, c. [48](http://lis.virginia.gov/cgi-bin/legp604.exe?041+ful+CHAP0048); 2005, cc. [505](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0505), [587](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0587); 2006, c. [176](http://lis.virginia.gov/cgi-bin/legp604.exe?061+ful+CHAP0176); 2009, cc. [813](http://lis.virginia.gov/cgi-bin/legp604.exe?091+ful+CHAP0813), [840](http://lis.virginia.gov/cgi-bin/legp604.exe?091+ful+CHAP0840).

**§ 54.1-2716. Practicing in a commercial or mercantile establishment.**

It shall be unlawful for any dentist to practice his profession in a commercial or mercantile establishment, or to advertise, either in person or through any commercial or mercantile establishment, that he is a licensed practitioner and is practicing or will practice dentistry in such commercial or mercantile establishment. This section shall not prohibit the rendering of professional services to the officers and employees of any person, firm or corporation by a dentist, whether or not the compensation for such service is paid by the officers and employees, or by the employer, or jointly by all or any of them. Any dentist who violates any of the provisions of this section shall be guilty of a Class 1 misdemeanor.

For the purposes of this section, the term "commercial or mercantile establishment" means a business enterprise engaged in the selling of commodities or services unrelated to the practice of dentistry or the other healing arts.

Code 1950, § 54-147.1; 1988, c. 765.

**§ 54.1-2717. Practice of dentistry by professional business entities.**

A. No corporation shall be formed or foreign corporation domesticated in the Commonwealth for the purpose of practicing dentistry other than a professional corporation as permitted by Chapter 7 (§ [13.1-542](http://law.lis.virginia.gov/vacode/13.1-542/) et seq.) of Title 13.1.

B. No limited liability company shall be organized or foreign limited liability company domesticated in the Commonwealth for the purpose of practicing dentistry other than a professional limited liability company as permitted by Chapter 13 (§ [13.1-1100](http://law.lis.virginia.gov/vacode/13.1-1100/) et seq.) of Title 13.1.

C. Notwithstanding the provisions of subsections A and B, dentists licensed pursuant to this chapter may practice as employees of the dental clinics operated as specified in subsection A of § [54.1-2715](http://law.lis.virginia.gov/vacode/54.1-2715/).

Code 1950, § 54-183; 1988, c. 765; 1992, c. 574; 2004, c. [48](http://lis.virginia.gov/cgi-bin/legp604.exe?041+ful+CHAP0048).

**§ 54.1-2718. Practicing under firm or assumed name.**

A. No person shall practice, offer to practice, or hold himself out as practicing dentistry, under a name other than his own. This section shall not prohibit the practice of dentistry by a partnership under a firm name, or a licensed dentist from practicing dentistry as the employee of a licensed dentist, practicing under his own name or under a firm name, or as the employee of a professional corporation, or as a member, manager, employee, or agent of a professional limited liability company or as the employee of a dental clinic operated as specified in subsection A of § [54.1-2715](http://law.lis.virginia.gov/vacode/54.1-2715/).

B. A dentist, partnership, professional corporation, or professional limited liability company that owns a dental practice may adopt a trade name for that practice so long as the trade name meets the following requirements:

1. The trade name incorporates one or more of the following: (i) a geographic location, e.g., to include, but not be limited to, a street name, shopping center, neighborhood, city, or county location; (ii) type of practice; or (iii) a derivative of the dentist's name.

2. Derivatives of American Dental Association approved specialty board certifications may be used to describe the type of practice if one or more dentists in the practice are certified in the specialty or if the specialty name is accompanied by the conspicuous disclosure that services are provided by a general dentist in every advertising medium in which the trade name is used.

3. The trade name is used in conjunction with either (i) the name of the dentist or (ii) the name of the partnership, professional corporation, or professional limited liability company that owns the practice. The owner's name shall be conspicuously displayed along with the trade name used for the practice in all advertisements in any medium.

4. Marquee signage, web page addresses, and email addresses are not considered to be advertisements and may be limited to the trade name adopted for the practice.

Code 1950, § 54-184; 1970, c. 639; 1975, c. 479; 1988, c. 765; 1992, c. 574; 2004, c. [48](http://lis.virginia.gov/cgi-bin/legp604.exe?041+ful+CHAP0048); 2005, cc. [505](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0505), [587](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0587).

**§ 54.1-2719. Persons engaged in construction and repair of appliances.**

A. Licensed dentists may employ or engage the services of any person, firm or corporation to construct or repair, extraorally, prosthetic dentures, bridges, or other replacements for a part of a tooth, a tooth, or teeth. A person, firm or corporation so employed or engaged shall not be considered to be practicing dentistry. No such person, firm or corporation shall perform any direct dental service for a patient, but they may assist a dentist in the selection of shades for the matching of prosthetic devices when the dentist sends the patient to them with a written work order.

B. Any licensed dentist who employs the services of any person, firm or corporation not working in a dental office under his direct supervision to construct or repair, extraorally, prosthetic dentures, bridges, replacements, or orthodontic appliances for a part of a tooth, a tooth, or teeth, shall furnish such person, firm or corporation with a written work order on forms prescribed by the Board which shall, at minimum, contain: (i) the name and address of the person, firm or corporation; (ii) the patient's name or initials or an identification number; (iii) the date the work order was written; (iv) a description of the work to be done, including diagrams, if necessary; (v) specification of the type and quality of materials to be used; and (vi) the signature and address of the dentist.

The person, firm or corporation shall retain the original work order and the dentist shall retain a duplicate for three years.

C. If the person, firm or corporation receiving a written work order from a licensed dentist engages a subcontractor to perform services relative to the work order, a written subwork order shall be furnished on forms prescribed by the Board which shall, at minimum, contain: (i) the name and address of the subcontractor; (ii) a number identifying the subwork order with the original work order; (iii) the date the subwork order was written; (iv) a description of the work to be done by the subcontractor including diagrams, if necessary; (v) a specification of the type and quality of materials to be used; and (vi) the signature of the person issuing the subwork order.

The subcontractor shall retain the subwork order and the issuer shall retain a duplicate attached to the work order received from the licensed dentist for three years.

D. No person, firm or corporation engaged in the construction or repair of appliances shall refuse to allow the Board or its agents to inspect the files of work orders or subwork orders during ordinary business hours.

The provisions of this section shall not apply to a work order for the construction, reproduction, or repair, extraorally, of prosthetic dentures, bridges, or other replacements for a part of a tooth, a tooth, or teeth, done by a person, firm or corporation pursuant to a written work order received from a licensed dentist who is residing and practicing in another state.

1962, c. 45, § 54-147.2; 1972, c. 805; 1988, c. 765.

**§ 54.1-2720. Display of name of practitioner.**

Every person practicing dentistry under a firm name, and every person practicing dentistry as an employee of another licensed dentist shall conspicuously display his name at the entrance of the office. Any licensed dentist who fails to display his name shall be subject to disciplinary action by the Board.

Code 1950, § 54-186; 1972, c. 805; 1988, c. 765; 2005, cc. [505](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0505), [587](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0587).

**§ 54.1-2721. Display of license.**

Every person practicing dentistry in this Commonwealth shall display his license in his office in plain view of patients. Any person practicing dentistry without having his license on display shall be subject to disciplinary action by the Board.

The provisions of this section shall not apply to any dentist while he is serving as a volunteer providing dental services in an underserved area of the Commonwealth under the auspices of a Virginia charitable corporation granted tax-exempt status under § 501(c)(3) of the Internal Revenue Code and operating as a clinic for the indigent and uninsured that is organized for the delivery of primary health care services.

Code 1950, § 54-197; 1972, c. 805; 1988, c. 765; 2006, c. [823](http://lis.virginia.gov/cgi-bin/legp604.exe?061+ful+CHAP0823).

## Article 3. Licensure of Dental Hygienists.

**§ 54.1-2722. License; application; qualifications; practice of dental hygiene.**

A. No person shall practice dental hygiene unless he possesses a current, active, and valid license from the Board of Dentistry. The licensee shall have the right to practice dental hygiene in the Commonwealth for the period of his license as set by the Board, under the direction of any licensed dentist.

B. An application for such license shall be made to the Board in writing and shall be accompanied by satisfactory proof that the applicant (i) is of good moral character, (ii) is a graduate of a dental hygiene program accredited by the Commission on Dental Accreditation and offered by an accredited institution of higher education, (iii) has passed the dental hygiene examination given by the Joint Commission on Dental Examinations, and (iv) has successfully completed a clinical examination acceptable to the Board.

C. The Board may grant a license to practice dental hygiene to an applicant licensed to practice in another jurisdiction if he (i) meets the requirements of subsection B; (ii) holds a current, unrestricted license to practice dental hygiene in another jurisdiction in the United States; (iii) has not committed any act that would constitute grounds for denial as set forth in § [54.1-2706](http://law.lis.virginia.gov/vacode/54.1-2706/); and (iv) meets other qualifications as determined in regulations promulgated by the Board.

D. A licensed dental hygienist may, under the direction or general supervision of a licensed dentist and subject to the regulations of the Board, perform services that are educational, diagnostic, therapeutic, or preventive. These services shall not include the establishment of a final diagnosis or treatment plan for a dental patient. Pursuant to subsection V of § [54.1-3408](http://law.lis.virginia.gov/vacode/54.1-3408/), a licensed dental hygienist may administer topical oral fluorides under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine.

A dentist may also authorize a dental hygienist under his direction to administer Schedule VI nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local anesthesia. In its regulations, the Board of Dentistry shall establish the education and training requirements for dental hygienists to administer such controlled substances under a dentist's direction.

For the purposes of this section, "general supervision" means that a dentist has evaluated the patient and prescribed authorized services to be provided by a dental hygienist; however, the dentist need not be present in the facility while the authorized services are being provided.

The Board shall provide for an inactive license for those dental hygienists who hold a current, unrestricted license to practice in the Commonwealth at the time of application for an inactive license and who do not wish to practice in Virginia. The Board shall promulgate such regulations as may be necessary to carry out the provisions of this section, including requirements for remedial education to activate a license.

E. For the purposes of this subsection, "remote supervision" means that a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment, but such dentist may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided.

Notwithstanding any provision of law, a dental hygienist employed by the Virginia Department of Health who holds a license issued by the Board of Dentistry may provide educational and preventative dental care in the Commonwealth under the remote supervision of a dentist employed by the Department of Health. A dental hygienist providing such services shall practice pursuant to a protocol adopted by the Commissioner of Health on September 23, 2010, having been developed jointly by (i) the medical directors of the Cumberland Plateau, Southside, and Lenowisco Health Districts; (ii) dental hygienists employed by the Department of Health; (iii) the Director of the Dental Health Division of the Department of Health; (iv) one representative of the Virginia Dental Association; and (v) one representative of the Virginia Dental Hygienists' Association. Such protocol shall be adopted by the Board as regulations.

A report of services provided by dental hygienists pursuant to such protocol, including their impact upon the oral health of the citizens of the Commonwealth, shall be prepared and submitted by the Department of Health to the Virginia Secretary of Health and Human Resources annually. Nothing in this section shall be construed to authorize or establish the independent practice of dental hygiene.

F. For the purposes of this subsection, "remote supervision" means that a supervising dentist is accessible and available for communication and consultation with a dental hygienist during the delivery of dental hygiene services, but such dentist may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided.

Notwithstanding any other provision of law, a dental hygienist may practice dental hygiene under the remote supervision of a dentist who holds an active license by the Board and who has a dental practice physically located in the Commonwealth. No dental hygienist shall practice under remote supervision unless he has (i) completed a continuing education course designed to develop the competencies needed to provide care under remote supervision offered by an accredited dental education program or from a continuing education provider approved by the Board and (ii) at least two years of clinical experience, consisting of at least 2,500 hours of clinical experience. A dental hygienist practicing under remote supervision shall have professional liability insurance with policy limits acceptable to the supervising dentist. A dental hygienist shall only practice under remote supervision at a federally qualified health center; charitable safety net facility; free clinic; long-term care facility; elementary or secondary school; Head Start program; or women, infants, and children (WIC) program.

A dental hygienist practicing under remote supervision may (a) obtain a patient's treatment history and consent, (b) perform an oral assessment, (c) perform scaling and polishing, (d) perform all educational and preventative services, (e) take X-rays as ordered by the supervising dentist or consistent with a standing order, (f) maintain appropriate documentation in the patient's chart, (g) administer topical oral fluorides under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine pursuant to subsection V of § [54.1-3408](http://law.lis.virginia.gov/vacode/54.1-3408/), and (h) perform any other service ordered by the supervising dentist or required by statute or Board regulation. No dental hygienist practicing under remote supervision shall administer local anesthetic or nitrous oxide.

Prior to providing a patient dental hygiene services, a dental hygienist practicing under remote supervision shall obtain (1) the patient's or the patient's legal representative's signature on a statement disclosing that the delivery of dental hygiene services under remote supervision is not a substitute for the need for regular dental examinations by a dentist and (2) verbal confirmation from the patient that he does not have a dentist of record whom he is seeing regularly.

After conducting an initial oral assessment of a patient, a dental hygienist practicing under remote supervision may provide further dental hygiene services following a written practice protocol developed and provided by the supervising dentist. Such written practice protocol shall consider, at a minimum, the medical complexity of the patient and the presenting signs and symptoms of oral disease.

A dental hygienist practicing under remote supervision shall inform the supervising dentist of all findings for a patient. A dental hygienist practicing under remote supervision may continue to treat a patient for 90 days. After such 90-day period, the supervising dentist, absent emergent circumstances, shall either conduct an examination of the patient or refer the patient to another dentist to conduct an examination. The supervising dentist shall develop a diagnosis and treatment plan for the patient, and either the supervising dentist or the dental hygienist shall provide the treatment plan to the patient. The supervising dentist shall review a patient's records at least once every 10 months.

Nothing in this subsection shall prevent a dental hygienist from practicing dental hygiene under general supervision whether as an employee or as a volunteer.

1950, pp. 983-985, §§ 54-200.2, 54-200.4, 54-200.7 through 54-200.9, 54-200.11; 1968, c. 604; 1970, c. 639; 1972, cc. 805, 824; 1973, c. 391; 1975, c. 479; 1976, c. 327; 1986, c. 178; 1988, c. 765; 1990, c. 441; 1997, c. [855](http://lis.virginia.gov/cgi-bin/legp604.exe?971+ful+CHAP0855); 2002, c. [170](http://lis.virginia.gov/cgi-bin/legp604.exe?021+ful+CHAP0170); 2005, cc. [505](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0505), [587](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0587); 2006, c. [858](http://lis.virginia.gov/cgi-bin/legp604.exe?061+ful+CHAP0858); 2007, c. [702](http://lis.virginia.gov/cgi-bin/legp604.exe?071+ful+CHAP0702); 2009, cc. [99](http://lis.virginia.gov/cgi-bin/legp604.exe?091+ful+CHAP0099), [506](http://lis.virginia.gov/cgi-bin/legp604.exe?091+ful+CHAP0506), [561](http://lis.virginia.gov/cgi-bin/legp604.exe?091+ful+CHAP0561); 2011, c. [289](http://lis.virginia.gov/cgi-bin/legp604.exe?111+ful+CHAP0289); 2012, c. [102](http://lis.virginia.gov/cgi-bin/legp604.exe?121+ful+CHAP0102); 2013, c. [240](http://lis.virginia.gov/cgi-bin/legp604.exe?131+ful+CHAP0240); 2016, c. [497](http://lis.virginia.gov/cgi-bin/legp604.exe?161+ful+CHAP0497); 2017, c. [410](http://lis.virginia.gov/cgi-bin/legp604.exe?171+ful+CHAP0410).

**§ 54.1-2723. Repealed.**

Repealed by Acts 2005, cc. [505](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0505) and [587](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0587), cl. 2.

**§ 54.1-2724. Limitations on the employment of dental hygienists.**

The Board shall determine by regulation the total number of dental hygienists, including dental hygienists under general supervision and dental hygienists under remote supervision, who may work at one time for a dentist. No dentist shall employ more than two dental hygienists who practice under remote supervision at one time. The State Board of Health may employ the necessary number of hygienists in public school dental clinics, subject to regulations of the Board.

1950, p. 984, § 54-200.6; 1972, c. 805; 1978, c. 247; 1988, c. 765; 2016, c. [497](http://lis.virginia.gov/cgi-bin/legp604.exe?161+ful+CHAP0497).

**§ 54.1-2725. Faculty licenses to teach dental hygiene; renewals.**

A. Upon payment of the prescribed fee, the Board shall grant, without examination, a license to teach dental hygiene to any applicant who (i) is a graduate of a dental hygiene school or college or the dental hygiene department of an institution of higher education accredited by the Commission of Dental Accreditation of the American Dental Association; (ii) has a B.S., B.A., A.B., or M.S. degree and is otherwise qualified; (iii) is not licensed to practice dental hygiene; and (iv) has a license to practice dental hygiene in at least one other United States jurisdiction.

B. The dean or program director of the accredited dental hygiene program shall provide to the Board verification that the applicant is being hired by the program and shall include an assessment of the applicant's clinical competency and clinical experience that qualifies the applicant for a faculty license.

C. The holder of a license issued pursuant to this section shall be entitled to perform all activities that a person licensed to practice dental hygiene would be entitled to perform that are part of his faculty duties, including all patient care activities associated with teaching, research, and the delivery of patient care that take place only within educational facilities owned or operated by or affiliated with the dental school or program. A license issued pursuant to this section does not entitle the holder to practice dental hygiene in nonaffiliated clinics or other private practice settings.

D. Any license issued under this section shall expire on June 30 of the second year after its issuance or shall terminate when the licensee leaves employment at the accredited dental program. Such license may be renewed annually thereafter as long as the accredited program certifies to the licensee's continuing employment.

1975, c. 479, § 54-175.1; 1976, c. 327; 1988, c. 765; 2012, cc. [20](http://lis.virginia.gov/cgi-bin/legp604.exe?121+ful+CHAP0020), [116](http://lis.virginia.gov/cgi-bin/legp604.exe?121+ful+CHAP0116).

**§ 54.1-2726. Temporary permits for certain hygienists.**

A. The Board may issue a temporary permit to a graduate of an accredited dental hygiene program who is otherwise qualified, has not held a license to practice dental hygiene in Virginia, and has not failed an examination for a license to practice dental hygiene in the Commonwealth. Such temporary permits shall be issued only to those eligible graduates who serve in the Department of Health or the Department of Behavioral Health and Developmental Services in a dental clinic operated by the Commonwealth or in a Virginia charitable corporation granted tax-exempt status under § 501(c)(3) of the Internal Revenue Code and operated as a clinic for the indigent and uninsured that is organized for the delivery of primary health care services: (i) as a federally qualified health center designated by the Centers for Medicare & Medicaid Services (CMS) or (ii) at a reduced or sliding fee scale or without charge.

B. Applicants for temporary permits shall be certified to the executive director of the Board by the Commissioner of Health or the Commissioner of Behavioral Health and Developmental Services or the chief executive officer of a Virginia charitable corporation pursuant to subsection A. The holder of such permit shall not be entitled to receive any fee or compensation other than salary. Such permits shall be valid for no more than two years and shall expire on the June 30 of the second year after their issuance, or shall terminate when the holder ceases to be employed by the certifying agency. Such permits may be reissued annually or may be revoked at any time for cause. Reissuance or revocation of a temporary permit is in the discretion of the Board.

The holder of a temporary permit shall function under the direction of a dentist.

Code 1950, § 54-152; 1968, c. 604; 1970, c. 639; 1972, c. 805; 1975, c. 479; 1976, c. 327; 1985, c. 373; 1988, c. 765; 2005, cc. [505](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0505), [587](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0587); 2009, cc. [813](http://lis.virginia.gov/cgi-bin/legp604.exe?091+ful+CHAP0813), [840](http://lis.virginia.gov/cgi-bin/legp604.exe?091+ful+CHAP0840).

**§ 54.1-2726.1. Restricted volunteer license for certain dental hygienists.**

A. The Board may issue a restricted volunteer license to a dental hygienist who:

1. Held an unrestricted license in Virginia or another state as a licensee in good standing at the time the license expired or became inactive;

2. Is sponsored and supervised by a dentist who holds an unrestricted license in the Commonwealth;

3. Is volunteering for a public health or community free clinic that provides dental services to populations of underserved people;

4. Has fulfilled the Board's requirement related to knowledge of the laws and regulations governing the practice of dentistry in Virginia;

5. Has not failed a clinical examination within the past five years; and

6. Has had at least five years of clinical practice.

B. A person holding a restricted volunteer license under this section shall:

1. Only practice in public health or community free clinics that provide dental hygiene services to underserved populations;

2. Only treat patients who have been screened by the approved clinic and are eligible for treatment;

3. Attest on a form provided by the Board that he will not receive remuneration directly or indirectly for providing dental hygiene services; and

4. Not be required to complete continuing education in order to renew such a license.

C. A dental hygienist with a restricted volunteer license issued under this section shall only practice dental hygiene under the direction of a dentist with an unrestricted license in Virginia.

D. A restricted voluntary license granted pursuant to this section shall expire on the June 30 of the second year after its issuance, or shall terminate when the supervising dentist withdraws his sponsorship. Such license may be renewed annually thereafter as long as the supervising dentist continues to sponsor the licensee.

E. A dental hygienist holding a restricted volunteer license issued pursuant to this section is subject to the provisions of this chapter, the regulations promulgated under this chapter, and the disciplinary regulations which apply to all dental hygienists practicing in Virginia.

1997, c. [719](http://lis.virginia.gov/cgi-bin/legp604.exe?971+ful+CHAP0719); 1998, c. [326](http://lis.virginia.gov/cgi-bin/legp604.exe?981+ful+CHAP0326); 2005, cc. [505](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0505), [587](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0587).

**§ 54.1-2727. Display of license.**

Every person practicing dental hygiene shall at all times display his license in a conspicuous place in his office in plain view of patients.

The provisions of this section shall not apply to any dental hygienist while he is serving as a volunteer providing dental hygiene services in an underserved area of the Commonwealth under the auspices of a Virginia charitable corporation granted tax-exempt status under § 501(c)(3) of the Internal Revenue Code and operating as a clinic for the indigent and uninsured that is organized for the delivery of primary health care services.

1950, p. 985, § 54-200.14; 1972, c. 805; 1988, c. 765; 2006, c. [823](http://lis.virginia.gov/cgi-bin/legp604.exe?061+ful+CHAP0823).

**§ 54.1-2728. Grounds for revocation or suspension.**

The Board may revoke or suspend the license of any dental hygienist for any of the causes set forth in § [54.1-2706](http://law.lis.virginia.gov/vacode/54.1-2706/), insofar as applicable to the practice of dental hygiene.

1950, p. 986, § 54-200.18; 1972, c. 805; 1988, c. 765; 2005, cc. [505](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0505), [587](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0587).

**§ 54.1-2729. Continuing education.**

The Board shall promulgate regulations requiring continuing education for any dental hygienist license renewal or reinstatement. The Board may grant exceptions or exemptions from these continuing education requirements.

1993, c. 555; 1997, c. [3](http://lis.virginia.gov/cgi-bin/legp604.exe?971+ful+CHAP0003); 2004, c. [137](http://lis.virginia.gov/cgi-bin/legp604.exe?041+ful+CHAP0137); 2005, cc. [505](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0505), [587](http://lis.virginia.gov/cgi-bin/legp604.exe?051+ful+CHAP0587).

## Article 4. Practice of Dental Assistants.

**§ 54.1-2729.01. Practice of dental assistants.**

A. A person who is employed to assist a licensed dentist or dental hygienist by performing duties not otherwise restricted to the practice of a dentist, dental hygienist, or dental assistant II, as prescribed in regulations promulgated by the Board may practice as a dental assistant I.

B. A person who (i) has met the educational and training requirements prescribed by the Board; (ii) holds a certification from a credentialing organization recognized by the American Dental Association; and (iii) has met any other qualifications for registration as prescribed in regulations promulgated by the Board may practice as a dental assistant II. A dental assistant II may perform duties not otherwise restricted to the practice of a dentist or dental hygienist under the direction of a licensed dentist that are reversible, intraoral procedures specified in regulations promulgated by the Board.

2008, cc. [84](http://lis.virginia.gov/cgi-bin/legp604.exe?081+ful+CHAP0084), [264](http://lis.virginia.gov/cgi-bin/legp604.exe?081+ful+CHAP0264).

## Chapter 27.01. Dialysis Patient Care Technicians.

**§ 54.1-2729.1. Scope of chapter.**

This chapter shall not preclude or affect the ability of unregulated persons to perform services relating to the technical elements of dialysis, such as equipment maintenance and preparation of dialyzers for reuse by the same patient.

2003, c. [995](http://lis.virginia.gov/cgi-bin/legp604.exe?031+ful+CHAP0995).

**§ 54.1-2729.2. Dialysis patient care technician; definition.**

"Dialysis patient care technician" or "dialysis care technician" means a person who has obtained certification from an organization approved by the Board of Health Professions to provide, under the supervision of a licensed practitioner of medicine or a registered nurse, direct care to patients undergoing renal dialysis treatments in a Medicare-certified renal dialysis facility. Such direct care may include, but need not be limited to, the administration of heparin, topical needle site anesthetics, dialysis solutions, sterile normal saline solution, and blood volumizers in accordance with the order of a licensed physician, nurse practitioner or physician assistant. However, a person who has completed a training program in dialysis patient care may engage in provisional practice to obtain practical experience in providing direct patient care under direct and immediate supervision in accordance with § [54.1-3408](http://law.lis.virginia.gov/vacode/54.1-3408/), until he has taken and received the results of any examination required by a certifying organization approved by the Board or for 24 months from the date of initial practice, whichever occurs sooner.

2003, c. [995](http://lis.virginia.gov/cgi-bin/legp604.exe?031+ful+CHAP0995); 2006, c. [75](http://lis.virginia.gov/cgi-bin/legp604.exe?061+ful+CHAP0075).

**§ 54.1-2729.3. Prohibition on use of title without holding certification; continuing competency requirements; fees; penalty.**

A. No person shall hold himself out to be or advertise or permit to be advertised that he is a dialysis patient care technician or dialysis care technician as defined in this chapter unless such person has obtained certification from an organization approved by the Board of Health Professions as examining candidates for appropriate competency or technical proficiency to perform as dialysis patient care technicians or dialysis care technicians.

B. The title restrictions provided by this section shall apply to the use of the terms "dialysis patient care technician" and "dialysis care technician" or any other term or combination of terms used alone or in combination with the terms "licensed," "certified," or "registered," as such terms also imply a minimum level of education, training, and competence. A person who is authorized for provisional practice to provide direct patient care while obtaining practical experience shall be identified as a "trainee" while working in a renal dialysis facility.

C. The Board of Health Professions may require such continuing competency training as it may deem necessary for dialysis patient care technicians or dialysis care technicians.

D. Any person who willfully violates the provisions of this chapter shall be guilty of a Class 3 misdemeanor.

2003, c. [995](http://lis.virginia.gov/cgi-bin/legp604.exe?031+ful+CHAP0995); 2006, c. [75](http://lis.virginia.gov/cgi-bin/legp604.exe?061+ful+CHAP0075).

**Questions and Answers**

***UPDATED: June 5, 2009***

**Q: What is the current status of the Department of Health Professions data breach?**

A: On April 30, 2009, the Virginia Department of Health Professions (DHP) became aware that the Prescription Monitoring Program (PMP) computer system had been accessed by an unauthorized user. The investigation to determine the extent of any data compromise and to identify the individual involved continues to be pursued aggressively by federal and state law enforcement. All PMP data was properly backed up and all back-ups have been secured. There is no evidence that systems beyond the PMP were involved.

A complete security assessment and testing of all DHP systems has been conducted. As individual systems were determined to be safe and secure by the Virginia Information Technology Agency (VITA) and law enforcement, they were brought back online. The DHP website is available for use by the public. The public may safely access License Lookup, Physician’s Profile, and Renew Online.

**Q: What is being done to protect patient information stored on the PMP database?**

A: The state’s computer security experts and network engineers are putting in place a number of advanced measures to prevent incursions, including new firewalls, reconfiguring the network, and conducting vulnerability assessments of the agency’s systems.

The system does not contain patient medical histories; it is not a medical record system nor is it tied to a medical records system. Information included in the database is limited to prescription information for covered substances only.

In the past, the use of a personal identification number, including a Social Security number has been an optional data element. A minority of prescription records in the PMP database may contain Social Security numbers. To protect against potential compromise in the future, the agency is taking steps to delete all personal identification numbers, including Social Security numbers, from the PMP database and will not accept this information as additional entries in the future.

The PMP system continues to be evaluated by federal and state authorities. . The PMP system will not be accessible to registered users until all security issues have been fully resolved and the system has been cleared by Virginia Information Technology Agency (VITA) and law enforcement.

**Q: What notification actions has DHP taken?**

A: General public notification has been made via state-wide news releases and by posting information on the DHP website, www.dhp.virginia.gov.

Pharmacies and pharmacists have been notified of the incident and have been provided with suggestions when dispensing prescriptions for controlled substances. “Best practices for Deterring Prescription Fraud” also is posted on the DHP website, www.dhp.virginia.gov

The PMP database has been examined to identify individuals whose Social Security numbers may be in the system. For the majority of persons in the database Social Security numbers were not recorded.

Additional individual notifications are being sent to all persons whose prescription records contained nine-digit numbers that could be Social Security numbers to alert them of potential exposure and to advise them of precautionary steps they may take.

All registered users of the program who may have provided Social Security numbers when they registered for the PMP also are being sent individual notifications.

**Q: Why did I get a notification letter?**

A: While the investigation has yet to determine what, if any, personal information in the PMP database is at risk, DHP is sending, as a precautionary measure, a letter to all persons whose prescription records in the PMP contain a nine-digit number that could be a Social Security number.

**Q: Why didn’t I get a notification letter?**

A: If you do not have a prescription record in the PMP, you will not be sent a notification letter.

If you do have a prescription record in the PMP and it did not contain a nine-digit number that could be a Social Security number, you will not be sent a letter.

**Q: To what address was the notification letter sent?**

A: The most recent address in the PMP system as provided by your pharmacy was used for the mailing. Any forwarding will be handled by the United States Postal Service in accordance with its regulations.

**Q: When will the notification letters be sent?**

A: The process of mailing the notification letters began on June 3, 2009.

**Q: Who should I contact if I have more questions about the PMP and the notification letter?**

A: You may email the PMP at pmp@dhp.virginia.gov or call (804)367-4566. **Q: Will I be asked for my Social Security Number?**

A: At no time will you be asked by phone or email by PMP staff or representatives for your entire Social Security number.

**Q: What is the Virginia Department of Health Professions?**

A: The Virginia Department of Health Professions (DHP) is a state agency that licenses and regulates health care professionals in Virginia. The mission of the Department is to enhance the delivery of safe and competent heath care by licensing qualified health care professionals, enforcing standards of practice, and providing information to both practitioners and consumers of health care services. One of the programs managed by the Department is the Prescription Monitoring Program.

**Q: What is a Prescription Monitoring Program (PMP)?**

A: Prescription Monitoring Programs (PMPs) are systems in which controlled prescription drug data are collected in a database, centralized by each state, and administered by an authorized state agency to promote the appropriate use of controlled substances for legitimate medical purposes, while deterring the misuse, abuse, and diversion of controlled substances. As of October 2008, 38 states had enacted legislation permitting PMPs or had operational PMPs. Each state controls the language of its PMP with regard to how the prescription information gathered as part of the program will be accessed, by whom, and for what limited purposes.

**Q: When was the Virginia PMP implemented?**

A: The Commonwealth implemented a pilot program in Southwest Virginia in September 2003, which contained information about the Schedule II controlled substances dispensed in that region. In 2006, the program expanded statewide and now includes information for prescriptions dispensed in Schedules II, III, and IV.

**Q: What kinds of drugs are in Schedules II, III, and IV?**

A: Schedule II drugs include oxycodone, methadone, morphine, Ritalin  
Schedule III drugs include Hydrocodone, Vicodin, testosterone, Tylenol with Codeine Schedule IV drugs include Valium, Xanax, Darvocet-N100, Ambien

**Q: Who has access to the data in the program?**

A: Prescribers and Pharmacists (upon providing notification of the patient and for their specific patient), certain authorized law enforcement and regulatory personnel (with an open investigation required), and patients over the age of eighteen may receive their own information. In addition, de-identified data is available for research and education purposes.

**Q: What data is collected?**

A: As mandated by state law, pharmacies and other dispensers licensed by the Virginia Board of Pharmacy at DHP must report certain prescription information to the PMP.

Required data elements include:

* Recipient’s name and address
* Recipient’s date of birth
* Covered substance dispensed to the recipient
* Quantity of the covered substance that was dispensed
* Date of the dispensing
* Prescriber’s identifier number
* Dispenser’s identifier number
* Prescription number

Optional data elements include:

* Dispenser’s customer identification number, which in limited instances may be a Social Security number
* Number of refills authorized by the prescriber  
  **Q: What information would my doctor get if he or she made a request about me to the**

**PMP?**

A: Your doctor would be sent a report containing the names of any Schedule II-IV drugs, quantity received by you, the strength of the drugs, the prescription number, the date filled, the prescriber and the dispensing pharmacy.

**Q: How do I find out if my data is in the PMP?**

A: Patients over the age of eighteen may request information in possession of the program be disclosed to them.

A request must be accompanied by a copy of a valid photo identification issued by a government agency of any jurisdiction in the United States. The identification must verify that the recipient is over the age of eighteen. Additionally, the request must include a notarized signature of the requesting party. You may obtain a request form by going to DHP’s website and following the

4 June 5, 2009

links to the PMP under “Services for Practitioners.” (www.dhp.virginia.gov) or by calling the PMP at (804) 367-4566.

Once you have filled out your request form, it may be hand delivered or mailed to the Prescription Monitoring Program. The mailing address is:

Prescription Monitoring Program Department of Health Professions Perimeter Center  
9960 Mayland Drive, Suite 300 Richmond Virginia 23233-1463

This information will be sent to you as soon as the database is available for processing requests.

**Q: Can I have my data removed from the PMP?**

No. State law requires that information for prescriptions dispensed in Schedules II, III, and IV be included in the PMP.

**Q: What if I have concerns about possible identity theft?**

A: Although the investigation has yet to determine what, if any, personal information may be at risk, we nonetheless recommend that you remain vigilant over the next 12 to 24 months, including carefully reviewing account statements for your financial products and services, and promptly reporting incidents of suspected identify theft to the applicable financial institution.

We also recommend that you periodically obtain and carefully review your credit report from each of the nationwide credit reporting agencies, and request that information related to fraudulent transactions, if any, be deleted from these reports. You may obtain a free copy of your credit report once every 12 months from Equifax, Experian, and TransUnion. You can request this free service by visiting the website www.annualcreditreport.com, by calling 877- 322-8228, or completing the annual credit report request form available at www.ftc.gov/credit.

If you find suspicious activity on your credit reports, or have reason to believe your information is being misused, contact your local police department. You should also file a complaint with the Federal Trade Commission by calling 1-877-438-4338.

As an additional precaution, you may wish to contact the three credit bureau reporting agencies to place a fraud alert on your credit file. A fraud alert makes creditors aware of possible fraudulent activity on your account, and tells creditors to contact you before they open any new accounts or change your existing accounts.

You can place a fraud alert on your credit file by contacting any one of the three major credit reporting agencies using the following contact information:

**Q: What can I do to combat medical identity theft?**

* Every year, ask your insurance company for a complete list of payments made for your medical care
* Monitor ‘Explanation of Benefits’ statements received from insurers
* Contact your insurer(s) and provider(s) about charges for care that you did not

received, even when there is no money owed

* Share personal and health insurance information only with trusted providers
* Maintain copies of healthcare records
* Check personal credit history for medical liens
* Request that providers and insurance companies correct errors and amend medical

records to alert a user to inappropriate content

**Q: Is it safe for me to fill my prescriptions?**

A: Yes. The PMP reporting process is secure. You should not allow this incident to compromise your healthcare. The PMP will not be available for registered users until all security issues have been fully resolved and the system has been cleared by the Virginia Information Technology Agency (VITA) and law enforcement.

**Q: Was my credit card information accessed?**

A: No. Credit card information is not reported by pharmacies and is not in the PMP database.

**Q: What are some websites that may have more information?** Federal Trade Commission Identity Theft Website**:**

http://www.ftc.gov/bcp/edu/microsites/idtheft/

Federal Trade Commission Identity Theft Website: Identity Theft page

http://www.ftc.gov/bcp/menus/consumer/data/idt.shtm

AARP

http://bulletin.aarp.org/yourmoney/scamalert/articles/scam\_alertmedical\_id\_theft\_a\_f ast\_growing\_crime.html

**Q: What do I do if I think someone is misusing my personal information?**

A: Call the Federal Trade Commission’s ID Theft hotline at 1-877-438-4338 to make a report. TTY users should call 1-866-653-4261.

**Q: Where do I go for more information?**

A: Please visit our website at www.dhp.virginia.gov for more information. Updates will be posted on DHP’s website in “Announcements” at the bottom of the main page on the website, www.dhp.virginia.gov

**Project 5064 - Emergency/NOIRA**

**BOARD OF DENTISTRY**

**Prescribing opioids for pain management**

Part III  
Prescribing for pain management

18VAC60-21-101. Definitions.

The following words and terms when used in this part shall have the following meanings unless the context clearly indicates otherwise:

"Acute pain" means pain that occurs within the normal course of a disease or condition or as the result of surgery for which controlled substances may be prescribed for no more than three months.

"Chronic pain" means nonmalignant pain that goes beyond the normal course of a disease or condition for which controlled substances may be prescribed for a period greater than three months.

"Controlled substance" means drugs listed in The Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia) in Schedules II through IV.

"MME" means morphine milligram equivalent.

"Prescription Monitoring Program" means the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances.

18VAC60-21-102. Evaluation of the patient in prescribing for acute pain.

A. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. If an opioid is considered necessary for the treatment of acute pain, the dentist shall follow the regulations for prescribing and treating with opioids in 18VAC60-21-103 and 18VAC60-21-104.

B. Prior to initiating treatment with a controlled substance containing an opioid for a complaint of acute pain, the dentist shall perform a health history and physical examination appropriate to the complaint, query the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia, and conduct an assessment of the patient's history and risk of substance abuse.

18VAC60-21-103. Treatment of acute pain with opioids.

A. Initiation of opioid treatment for all patients with acute pain shall include the following:

1. A prescription for an opioid shall be a short-acting opioid in the lowest effective dose for the fewest number of days, not to exceed seven days as determined by the manufacturer's directions for use, unless extenuating circumstances are clearly documented in the patient record.

2. The dentist shall carefully consider and document in the patient record the reasons to exceed 50 MME/day.

3. Prior to exceeding 120 MME/day, the dentist shall refer the patient to or consult with a pain management specialist and document in the patient record the reasonable justification for such dosage.

4. Naloxone shall be prescribed for any patient when any risk factor of prior overdose, substance abuse, doses in excess of 120 MME/day, or concomitant use of benzodiazepine is present.

B. If another prescription for an opioid is to be written beyond seven days, the dentist shall:

1. Reevaluate the patient and document in the patient record the continued need for an opioid prescription; and

2. Check the patient's prescription history in the Prescription Monitoring Program.

C. Due to a higher risk of fatal overdose when opioids are prescribed with benzodiazepines, sedative hypnotics, carisoprodol, and tramadol, the dentist shall only co-prescribe these substances when there are extenuating circumstances and shall document in the patient recorda tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

18VAC60-21-104. Patient recordkeeping requirement in prescribing for acute pain.

The patient record shall include a description of the pain, a presumptive diagnosis for the origin of the pain, an examination appropriate to the complaint, a treatment plan, and the medication prescribed (including date, type, dosage, strength, and quantity prescribed).

18VAC60-21-105. Prescribing of opioids for chronic pain.

If a dentist treats a patient for whom an opioid prescription is necessary for chronic pain, he shall either:

1. Refer the patient to a medical doctor who is a pain management specialist; or

2. Comply with regulations of the Board of Medicine, 18VAC85-21-60 through 18VAC85-21-120 (see 33:16 VA.R. 1930-1931 April 3, 2017), if he chooses to manage the chronic pain with an opioid prescription.

18VAC60-21-106. Continuing education required for prescribers.

Any dentist who prescribes Schedules II through IV controlled substances after April 24, 2017 shall obtain two hours of continuing education on pain management, which must be taken by March 31, 2019.   Thereafter, any dentist who prescribes Schedule II through IV controlled substances shall obtain two hours of continuing education on pain management every two years.  Continuing education hours required for prescribing of controlled substances may be included in the 15 hours required for renewal of licensure.