VIRGINIA BOARD OF DENTISTRY

Regulatory-Legislative Committee

AGENDA

October 14, 2016

Department of Health Professions
Perimeter Center - 9960 Mayland Drive, 2nd Floor Conference Center
Henrico, Virginia 23233

TIME		**PAGE**
9:00 a.m.	**Call to Order – Bruce S. Wyman, Chair**	
	Evacuation Announcement – Ms. Reen	
	Public Comment	
	Approval of Minutes	**P1**
	• **May 6, 2016 minutes**	
	Status Report on Legislation and Regulatory Actions – Ms. Yeatts	**P5**
	Requirements for Dental Assistant II Registration	**P6**
	▪ **Current Regulations and Guidance**	**P8**
	▪ **History of Discussions and Recommendations Received**	**P22**
	▪ **Reference Materials**	**P29**
	Review Issues with Implementation of the Four Chapters	**P45**
	Correct Regulatory Citations in 18VAC60-21-280	**P59**
	Next meeting	
Adjourn		

UNAPPROVED

BOARD OF DENTISTRY
MINUTES OF REGULATORY–LEGISLATIVE COMMITTEE
Friday, May 6, 2016

TIME AND PLACE:	The meeting of the Regulatory-Legislative Committee of the Board of Dentistry was called to order on May 6, 2016 at 9:00 a.m. at the Department of Health Professions, 9960 Mayland Drive, Suite 201, Board Room 3, Henrico, Virginia.
PRESIDING:	Melanie C. Swain, R.D.H., Chair
COMMITTEE MEMBERS PRESENT:	John M. Alexander, D.D.S. Tonya A. Parris-Wilkins, D.D.S. Bruce S. Wyman, D.M.D.
OTHER BOARD MEMBERS PRESENT:	Charles E. Gaskins, III, D.D.S., Ex-Officio Al Rizkalla, D.D.S. Carol Russek, J.D., Citizen Member Tammy K. Swecker, R.D.H.
ESTABLISHMENT OF QUORUM:	All members of the Committee were present.
STAFF PRESENT:	Sandra K. Reen, Executive Director Kelley W. Palmatier, Deputy Executive Director Huong Q. Vu, Operations Manager Elaine Yeatts, DHP Policy Analyst
OTHER PRESENT:	James E. Rutkowski, Assistant Attorney General
PUBLIC COMMENT:	None
APPROVAL OF MINUTES:	Ms. Swain asked if Committee members had reviewed the February 12, 2016 minutes. Two grammatical corrections were agreed to by consensus and the minutes were approved as amended.
STATUS REPORT ON LEGISLATION AND REGULATORY ACTIONS:	Ms. Yeatts reported that the Board has two regulatory actions at the Secretary's office for review: one to require capnography equipment for monitoring anesthesia or sedation; and the other to amend 18VAC60-21-230 to be consistent with statutory requirements for a faculty license.
RECOMMENDATION ON PUBLIC PARTICIPATION GUIDELINES (PPG):	Ms. Yeatts advised that section 18VAC60-11-50 of the Board's regulations for public participation need to be amended to include a Code change which permits a person to be accompanied or represented by counsel at public comment opportunities. She asked the Committee to

advance this recommendation to the Board for adoption as a fast track action. Dr. Wyman moved to accept Ms. Yeatts' request. The motion was seconded and passed.

RECOMMENDATION ON THE AMENDMENT TO ALLOW VOLUNTEER HOURS TO COUNT TOWARD CE REQUIREMENTS (HB319):

Ms. Yeatts stated that HB319, as passed by the 2016 General Assembly, requires the Board to amend its regulations to provide continuing education credit (CE) to licensees who volunteer at a local health department or a free clinic. She offered proposed language to amend 18VAC60-21-250.5 and 18VAC60-25-190.3 and asked the Committee to recommend the number of hours that could be earned for what amount of service.

Discussion followed about the maximum number of hours that could be earned for volunteer activities and the number of volunteer hours needed to earn one hour of CE. Points of discussion included the purpose of CE is to address clinical competence; voluntary practice does not address competence; reasonable credit should be allowed to promote volunteer services; and volunteer hours must be documented by the host/sponsor for the volunteer activity to count toward the Board's CE requirement. Following consideration of several proposals, Dr. Wyman moved to recommend a maximum of two CE credits per renewal year. The motion was seconded and passed. Dr. Wyman moved to recommend requiring three documented volunteer hours for one hour of credit. The motion was seconded and passed.

RECOMMENDATION ON EXPANDING THE EXEMPTION FOR REGISTRATION REQUIREMENTS TO MOBILE DENTAL CLINICS OPERATED BY THE FEDERALLY QUALIFIED HEALTH CENTERS, AND FREE HEALTH CLINICS OR HEALTH SAFETY NET CLINICS (HB310):

Ms. Yeatts stated that HB310, as passed by the 2016 General Assembly, expands the exemptions for registration requirements to include mobile dental clinics operated by federally qualified health centers, free health clinics, and health safety net clinics. She reviewed her proposal to amend 18VAC60-21-430, which can be done as an exempt action and asked the Committee to advance the recommendation to the Board for adoption.

The fifth exemption for clinics serving non-ambulatory people was discussed as having the potential for abuse and inconsistency with standards for practice. Ms. Yeatts said the Board cannot delete or edit this provision because it is the language passed by the General Assembly. The 30 mile radius was questioned and Ms. Yeatts again explained that it could not be changed because it is established as law. Dr.

Wyman move to recommend the proposal as presented to the Board for adoption as an exempt action. The motion was seconded and passed.

RECOMMENDATION ON THE REQUIREMENTS OF THE REMOTE SUPERVISION OF DENTAL HYGIENISTS TO IMPLEMENT SB712:

Ms. Yeatts stated that SB712, as passed by the 2016 General Assembly, allows dental hygienists who are employed by a dentist to practice under remote supervision in free clinics and federally qualified health centers. She added that the required emergency regulations must be in effect within 280 days of enactment. She said the statute is very detailed and will be the primary reference so the proposed regulations include only the provisions needed to acknowledge the new practice model. She also offered a proposed guidance document which addresses the provisions for remote supervision in a question and answer format. She then reviewed the proposed regulatory language which includes:

- adding the definition of "remote supervision" to 18VAC60-21-10 and 18VAC60-25-10; and
- adding references to the Code in 18VAC60-21-140.C and in 18VAC60-25-60 to include the remote supervision as an option in the provisions for delegation to dental hygienists.

She added that questions had been raised about having an exemption from the mobile clinic registration requirement for dental hygienists to practice under remote supervision. She said this is not a required change but, for purposes of discussion, she added language in 18VAC60-21-430.

Discussion followed with agreement that:

- the definition of "remote supervision" in the Code for the Virginia Department of Health model should also be included in the definitions section to avoid confusion about the two meanings of the term; and
- the new recordkeeping requirements for dental hygienists practicing under remote supervision should be added in18VAC60-25-110.

The consultation requirement for a dental hygienist to provide hygiene services to patients with periodontal disease raised concerns. Addressing the level of disease that would require consultation was considered but not pursued based on advice of counsel. The limitation that only dental hygienists employed by a dentist can practice under the new definition and the ratio of dentist to dental hygienist were discussed without any action taken.

A motion made by Dr. Wyman to strike the proposed exemption for mobile clinic registration in 18VAC60-21-430 was seconded. In discussion, it was agreed that the new exemptions added by passage of HB 310 addresses the settings where dental hygienists might practice under remote supervision so the proposed exemption was not needed. The motion passed.

Ms. Yeatts reviewed the draft guidance document she prepared, *Guidance for Practice of a Dental Hygienist under Remote Supervision.* Ms. Reen asked that it clearly reference section F of §54.1-2722 since it only addresses the private practice model. It was agreed to present this draft at the June Board meeting for discussion.

Dr. Alexander moved to advance the emergency regulations as amended to the Board for discussion at the June meeting and adoption at its September meeting. The motion was seconded and passed.

NEXT MEETING: Ms. Swain reminded the Committee that it is scheduled to meet on Friday, October 14, 2016.

ADJOURNMENT: With all business concluded, Ms. Swain adjourned the meeting at 11:06 a.m.

Melanie C. Swain, R.D.H., Chair	Sandra K. Reen, Executive Director
Date	Date

Agenda Item: **Regulatory Actions - Chart of Regulatory Actions**

(As of October 3, 2016)

Board **Board of Dentistry**

Chapter		Action / Stage Information
[18 VAC 60 - 11]	Public Participation Guidelines	Conforming to Code [Action 4577] Fast-Track - *At Governor's Office for 42 days*
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Requirement for capnography for monitoring anesthesia or sedation [Action 4411] Proposed - *Register Date: 8/22/16* *Comment period: 8/22/16 to 10/21/16*
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Qualifications for restricted or temporary licenses [Action 4504] Fast-Track - *Register Date: 7/25/16* *Effective: 9/8/16*
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Credit for volunteer hours and extension of time for CE [Action 4597] Fast-Track - *At Secretary's Office for 40 days*
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Administration of nitrous oxide only [Action 4598] Fast-Track - *At Secretary's Office for 40 days*
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Posting of DEA registration [Action 4682] Fast-Track - *AT Attorney General's Office*
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Remote supervision of dental hygienists [Action 4665] Final - *Register Date: 10/17/16* *Effective: 11/16/16*
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Mobile dental clinics [Action 4666] Final - *Register Date: 10/17/16* *Effective: 11/16/16*

Virginia Board of Dentistry
REGULATORY /LEGISLATIVE COMMITTEE
10/14/2016

Requirements for Dental Assistant II Registration

PURPOSE:
The Committee is charged with making a recommendation to the Board on whether or not action should be taken to amend the regulatory requirements for DAII registration. Amendment of the regulations would need to be consistent with the Board's current statutory authority which is provided below.

> **Code of Virginia § 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.

BACKGROUND:
In response to public comment from dentists who requested the expansion of duties a dental assistant might perform, the Board proposed the submission of the legislation to establish an advanced level of dental assisting in Virginia, referred to as Dental Assistant II. With the Governor's approval, the bill was introduced in and subsequently passed by the 2008 Session of the General Assembly. Following passage, the Board, in September, 2008, convened an advisory panel to discuss the issues to be addressed in the implementing regulations. The proposed regulations went through the standard regulatory process and the current regulations went into effect on March 2, 2011. The first DA II was registered in 2012 and there are currently 11 active registrants.

CURRENT REGULATIONS AND GUIDANCE PROVIDED:
- Regulations Governing the Practice of Dental Assistants
- Guidance Document 60-7 Delegation to Dental Assistants
- Guidance Document 60-8 Educational Requirements for Dental Assistants II

HISTORY OF DISCUSSIONS AND RECOMMENDATIONS:
- Minutes of Sept. 10, 2008 Advisory Forum
- Comments Addressing Dental Assistants from May 8, 2015 Forum
- Regulatory Advisory Panel Excerpt of Committee's Feb. 12, 2016 Minutes

REFERENCE MATERIALS:

- DANB's Certification Program Overview
- Pennsylvania's 3 Education Pathways for Expanded Function Dental Assistants
- Pennsylvania's Regulations for EFDA Program Approval
- Excerpt from a 2013 Survey of Pennsylvania Dentists
- Excerpt from CODA Standards for Dental Therapy Education

Commonwealth of Virginia

REGULATIONS
GOVERNING THE PRACTICE OF DENTAL ASSISTANTS

VIRGINIA BOARD OF DENTISTRY

Title of Regulations: 18 VAC 60-30-10 et seq.

Statutory Authority: § 54.1-2400 and Chapter 27 of Title 54.1 of the *Code of Virginia*

Effective Date: December 2, 2015

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TABLE OF CONTENTS

Part I. General Provisions.

18VAC60-30-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 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 and 18VAC60-30-70.

"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 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.

Part II. Practice of Dental Assistants II.

18VAC60-30-40. Practice of dental hygienists and dental assistants II under direction.

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 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;

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 anesthetics except as provided for in § 54.1-2701 of the Code and subsections J and K of 18VAC60-21-260;

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;

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:

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, those which may only be delegated to dental hygienists as listed in 18VAC60-21-140, and those which may only be delegated to a dental assistant II as listed in 18VAC60-30-60.

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.

Part III. Standards of Conduct.

18VAC60-30-100. Patient records; confidentiality.

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 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 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 et seq.) or 24 (§ 54.1-2400 et seq.) of Title 54.1 of the Code or the Drug Control Act (§ 54.1-3400 et seq. of the Code).

Part IV. Entry Requirements for Dental Assistants II.

18VAC60-30-115. General application requirements.

A. 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, which 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; 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.

18VAC60-30-130. Reserved.

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 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 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 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.

Part V. Requirements for Renewal and Reinstatement.

18VAC60-30-150. Registration renewal requirements.

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 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: 1) documentation of active practice in another state or in federal service; or 2) 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 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, provided that no grounds exist to deny said reinstatement pursuant to § 54.1-2706 of the Code and 18VAC60-30-110.

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 of the Code and 18VAC60-30-110.

D. An applicant for reinstatement shall provide evidence of continuing clinical competence which may include: 1) documentation of active practice in another state or in federal service; or 2) a refresher course offered by a CODA accredited educational program.

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

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 [redacted]
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:

    - 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.

    - 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.

    - 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.

    - 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.

Comments Addressing Dental Assistants from the 5/8/2015 forum on Policy Strategies to Increase Access to Dental Treatment

- The Health Department does not have a big position or stake in the DAII discussions. We don't really feel that type of provider expansion is necessarily going to put care providers in new areas.
- The VDA's policy is in support of scaling technicians to help address the access to care issue.
- A dental hygienist should be able to enter a DAII program and take the clinical components to obtain DAII without obtaining CDA status.
- The Virginia Board of Dentistry DAII requirements for didactic and laboratory training hours are necessary.
- I think the change in the regulations from hours to number of clinical procedures completed should be something to consider. I suggest to the Virginia Board of Dentistry to reach out to the DAII programs to decide the amount of procedures that students should complete.
- We have [dental hygiene] students graduating with all skill sets, pretty much a DAII for the most part, maybe not the amount of hours that is required for the DAII program…
- I believe that the short term for the DAII, hygienists would be the quickest way to get more DAsII in the state of Virginia.
- I believe that if we increase the education of a DAI to be a CDA, very, very quickly would the DAII be filled in the state of Virginia.
- Something is wrong in the process from CDA to DAII.
- The CDA is a very difficult exam to take if you have not gone to school and been educated.
- We need to make dental assistants aware that they can sit for the CDA, educate them and have them become a DAII.
- Well, the problem is the clinical portion component of the DAII, because pretty much they have to work 300 hours if you total every component that they need to get. So it also falls back on the dentist's side of it. They also have to find a dentist to support them in that…

BOARD OF DENTISTRY
MINUTES OF REGULATORY/LEGISLATIVE COMMITTEE
Advisory Forum on Dental Assistant Regulations

Wednesday, September 10, 2008

Department of Health Professions
9960 Mayland Drive, 2nd Floor
Richmond, Virginia 23233
Board Room 3

CALL TO ORDER: The meeting was called to order at 1:10 p.m.

PRESIDING: James D. Watkins, DDS, Chair

MEMBERS PRESENT: Jacqueline G. Pace, RDH
Paul N. Zimmet, DDS
Jeffrey Levin, DDS
Myra Howard

MEMBERS ABSENT: None

STAFF PRESENT: Sandra Reen, Executive Director
Elaine Yeatts, Senior Policy Analyst
Angela McPhail, Administrative Assistant

COUNSEL PRESENT: Howard Casway, Senior Assistant Attorney General

QUORUM: All committee members were present.

ADVISORS PRESENT: Virginia Dental Assisting Association - Gloria Langmeyer, CDA
Commonwealth Dental Hygiene Society - Ms. Greenwood, RDH
Old Dominion Dental Society - Barry Griffin, DDS
VCU School of Dentistry - Ron Hunt, DDS
Virginia Dental Hygienists' Association – Marge Green, RDH
Virginia Dental Association - Roger Wood, DDS
Representative for community college programs - Nancy Daniel, CDA
Representative for high school programs - Ms. Michelle Bernard

ADVISORY FORUM: Dr. Watkins convened the forum indicating that public comment will be received at the end of the meeting. He then asked the advisors, board members and staff to introduce themselves and the organizations they represent. He thanked everyone for attending and explained that the recommendations the advisors make during the forum will be used to develop a discussion draft of regulations for the Regulatory/Legislative Committee (the Committee). He noted that the slide presentation will be used to assist everyone in following the reports and he encouraged everyone to make note of any questions that might arise for

discussion after all the advisors have presented. He then asked Ms. Reen to address the regulatory development process.

Ms. Reen reported that the Board, at its June 6, 2008 meeting, adopted the Notice of Intended Regulatory Action (NOIRA) to start the regulatory process and asked the Committee to obtain input from key constituencies before developing proposed language. She noted that today's forum was convened to get that input and that the Committee will meet again on October 10, 2008 to discuss the draft staff will develop using the recommendations received today. She advised that the Board will then consider the proposed regulations and decide whether to continue work on the regulations or to adopt them for publication. She indicated that there is a 30 day public comment period at the NOIRA stage which is pending the Governor's approval for issuance and that there will be a 60 day public comment period and a public hearing when proposed regulations are published.

Dr. Watkins advised that the October 10, 2008 date for the Committee meeting needed to be changed and a new date would be announced. He asked each organization to give its recommendations for the education and training requirements, qualifications for registration and the duties that might be delegated to a dental assistant II.

Ms. Langmeyer reported that the VDAA wants the regulations to require continuing education consistent with DANB requirements; CPR certification; and, posting of the DANB certification for patients. She encouraged a nominal annual registration fee of $55 then reviewed a chart of duties that might be delegated. She recommended development of the terms used to address the level of supervision required for delegated duties and provided language from the Ohio Administrative Code for consideration. She indicated that training programs need to be accredited and include hands on opportunities and offered language from the Ohio Administrative Code which she noted also includes a restriction on the number of expanded function dental assistants a dentist might employ. She stated that a listing of delegable duties should be posted in dental offices and concluded by encouraging the Board to be proactive.

Ms. Greenwood stated that the CDHS would like eligibility to be limited to assistants who have completed a CODA accredited program or have 5 years experience plus passage of a clinical examination for registration. She spoke in favor of an annual continuing education requirement of 15 hours and an annual renewal fee of $50. She reported concern for any delegation of scaling and recommended an age limit of over 18 be set if supragingival scaling is included as an expanded function. She indicated that there should be a limit on the number of Certified Dental Assistants II allowed per doctor in a practice.

Ms. Green advised that the VDHA wants a clear differentiation between the unregistered DA I and registered DA II and the duties appropriate to each level. She expressed support for having applicants be of good moral character, be reviewed for possible violations of §54.1-2706 of the Code, and attest to review of dental practice law and regulations. She indicated support for annual renewal and issuance of a registration that is posted for patients. She spoke in favor of completion of an accredited program or completion of the exam given by the Dental Assisting National Board. She also noted that the requirements should reflect the type of practice employing the assistant such as orthodontic, oral and maxillofacial surgery or general practice. She encouraged that a job task analysis be done and that continuing education be required.

Dr. Wood reported that the VDA believes that regulations need to be expansive enough to have an impact on access to care so dentists who employee DA IIs should be required to be Medicaid providers`. He discussed changing language in 18 VAC 60-20-190, to limit #8 to adjusting any final, fixed or removable prosthondonntic appliance and deleting #12. He stated that expanded functions should include all functions of a DA I plus placing and contouring restorative materials, and placing and removing retraction cord. The qualifications he recommended were that a dental assistant II be a Certified Dental Assistant (CDA), hold BLS and radiation certification, and have completed an accredited Expanded Function Dental Assistant program or have 5 years prior clinical experience and have passed the DANB written exam, and a clinical practical exam.

Ms. Daniel recommended that a Dental Assistant II should be referenced as either a Registered Dental Assistant (RDA) or Expanded Function Dental Assistant (EFDA) which is the terminology used by many other states. She advised that provisions should be made to register assistants qualified in other states to perform Level II duties. She advised that applicants should be required to have two years of experience and have completed an accredited program. She also recommended that the registration fee be $60, that certificates be displayed and practice should be under the direct supervision and full responsibility of the dentist. She recommended the following duties for delegation: condensing, carving and adjusting amalgams; placing, adjusting and finishing composites; placing retraction cord and taking final impressions for master casts for crowns and bridges. She concluded by advocating for accredited training programs and reviewed two courses offered by the University of Tennessee.

Ms. Bernard reviewed a chart on Intraoral Procedures for Virginia and another on Comparison of Surrounding States then made the following recommendations: require CPR certification and completion of an accredited program or successfully complete a Virginia Board approved Dental Careers program or complete two years on the job and pass exams or pass the DANB exam and exams in coronal polishing and Nitrous sedation. She advised that practice should be under the direct control and supervision of a dentist. She suggested that $25 be the application and annual registration fee and that 8 to 10 hours of continuing education be required annually.

Dr. Griffin stated that the ODDS was very supportive of this effort and had no specific recommendations to offer today.

Dr. Ron Hunt recommended that education be through accredited programs and reported on the results of a survey he did with his faculty on duties that might be delegated. The duties he recommended include placement and finishing of permanent restorations; taking final impressions; placement of retraction cord, and , if limited scaling is allowed, then it should be done based on classifying the patient instead of addressing supra-gingival scaling so that Class I perio patients could be delegated.

Dr. Watkins thanked everyone for their presentations then invited questions and discussion. The following subjects were addressed: the level of oversight to require; the feasibility of requiring participation in Medicaid; the role of a DA II in administering sedation and anesthesia; changing DA II to the designation to RDA or EFDA; portability; the difference between registration and licensure; and, restricting the number of DA IIs a dentist might supervise versus removing the restriction on employment of dental hygienists.

PUBLIC COMMENT: Dr. Watkins then asked if anyone in the audience had any comments to offer.

Ms. Gullotti stated she works in the Chesterfield County high school program and she would like to know what impact the dental assistant regulations will have on her program. The response given was that there should not be an impact because her students fall into the Dental Assistant I category.

Ms. Sullivan stated her education and training and asked if she qualifies as a Dental Assistant II. The response given was that could not be determined until the regulations are final and applications for registrations are processed.

ADJOURNMENT: Dr. Watkins had Ms. Yeatts review the regulatory process. He noted that all advisors were given a packet of material that DANB had provided which the Committee will also consider as it develops regulatory language. He encouraged each advisor to work within their organizations to discuss all the recommendations now on the table as well as the DANB materials and then submit additional recommendations for development of the regulations to Ms. Reen for consideration of the Committee. He indicated that Ms. Reen would let advisors know when the date and time of the Committee meeting is decided.

With all business concluded, the Committee adjourned at 3:15 p.m.

James D. Watkins, D.D.S., Chair

Sandra K. Reen, Executive Director

Date

Date

DISCUSSION WITH THE REGULATORY ADVISORY PANEL ON THE EDUCATION AND PRACTICE OF DENTAL ASSISTANTS I & II:

Ms. Swain welcomed the members of the Regulatory Advisory Panel and asked them to introduce themselves. She then opened the floor for discussion.

The first topics raised were who is and should be teaching DA II programs and whether the faculty is calibrated. Discussion followed about the two schools offering the program, Fortis-Richmond and GCC, and their capacity, staffing and program funding. It was noted that the lack of accreditation standards for the program affects the funding available to support program development, prevents programmatic consistency and limits the credential that can be offered for completing the program. Several panelists spoke in favor of requiring all DAs I to be Certified Dental Assistants as a strategy to establish a career path and increase interest in DA II registration. It was suggested that other community colleges are or may be interested in starting programs now that there are 6 related courses recognized by the VCCS. Several panelists also spoke in favor of calibrating program faculty and requiring the clinical components be taught under the oversight of dentists. Discussion of this topic concluded with general agreement that DA II programs should be taught by dentists, dental hygienists with DA II credentials, and DA II registrants.

Ms. Swain asked the panelist to address the DA II curriculum. Many panelists spoke in favor of establishing additional pathways to obtain registration for:

- dental hygienists,
- experienced dental assistants, and
- those with secondary level dental assisting education.

The panelists acknowledged that Registered Dental Hygienists are already educated in Infection Control and Radiation Health and Safety practices so requiring them would be duplication. It was noted that there should be programs available for preparing to take the CDA exam. Panelists recommended that the requirements for clinical experience be change from the number of hours required for each procedure to the minimum number of procedures that must be completed to competency. Several panelists advised the Board to approve DA II programs in order to standardize the curriculum and calibrate the faculty. Panelists said that Board oversight could include administration of a final practical exam to test competency.

Review of DOE's requirements for dental assisting programs was suggested as a resource for curriculum development. There was also a recommendation that there should be a seat on the Board for a dental assistant.

Prior to concluding the RAP, Ms. Reen explained the lengthy process for Board consideration and for addressing regulatory changes. She encouraged panelists to monitor the Board's activities for opportunities to address any proposals that may be advanced regarding dental assistants. Ms. Swain thanked the panelists for their time and recommendations. She adjourned the meeting with the RAP at 11:30 am.

The Committee reconvened at 11:40 a.m.

PUBLIC COMMENT:

David Black, D.D.S., stated that the Board should regulate only DAsII and trust the dentists to regulate DAs I.

APPROVAL OF MINUTES:

Ms. Swain asked if Committee members had reviewed the October 16, 2015 minutes. Dr. Wyman moved to accept the minutes. The motion was seconded and passed.

STATUS REPORT ON LEGISLATION AND REGULATORY ACTIONS:

Ms. Yeatts reported:

- The comment period on the NOIRA for a law exam ended on December 16, 2015 and 191 comments were received. The Board will consider them at its March meeting.
- The fast track action to accept education programs accredited by the Commission on Dental Accreditation of Canada went into effect on January 28, 2016;
- The comment period on the NOIRA to require capnography equipment for monitoring anesthesia or sedation ended on December 30, 2015 with no comment received. The Board will consider this matter at its March meeting.
- The fast track regulatory action to amend of 18VAC60-21-230 on the qualifications for a restricted license is under review. She added that statutory changes which were made in 2012 for a faculty license and a temporary resident's license were not included in the new regulations.

Dental Assisting National Board, Inc.

Measuring Dental Assisting Excellence®

CRFDA®

Certified Restorative Functions Dental Assistant Certification Program Overview

DANB's Certified Restorative Functions Dental Assistant (CRFDA) component exams are an objective measure of knowledge-based competency in the critical restorative functions that qualified dental assistants regularly perform in states that allow such duties to be delegated.

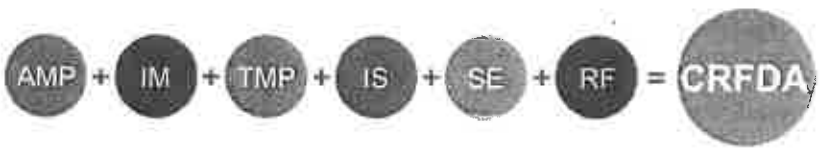
Component Exams

CRFDA certification consists of the following component exams:

- Anatomy, Morphology and Physiology (AMP) exam — 105 questions
- Impressions (IM) exam — 80 multiple-choice questions
- Temporaries (TMP) exam — 80 multiple-choice questions
- Sealants (SE) exam — 50 multiple-choice questions (increasing to 80 questions in 2016)
- Isolation (IS) exam — 60 multiple-choice questions
- Restorative Functions (RF) exam — 105 multiple-choice questions

Candidates may take each component exam separately or in the following groupings. A candidate must pass all six component exams within a three-year period to earn DANB's CRFDA certification.

- Group 1 — Impressions (IM); Temporaries (TMP)
- Group 2 — Isolation (IS); Sealants (SE); Restorative Functions (RF)



Eligibility Requirements

There are no eligibility requirements to take five of the six components of the CRFDA certification program. However, a candidate must meet one of three eligibility pathways to qualify to take the RF exam. All pathways require candidates to hold current DANB-accepted, hands-on CPR, BLS or ACLS certification. The eligibility pathways are as follows:

Pathway I	Current or former Certified Dental Assistant (CDA) certificants whose certification lapsed no more than two years ago
Pathway II	Commission on Dental Accreditation (CODA)-accredited dental assisting or dental hygiene program or current Registered Dental Hygienist (RDH) license. If the RDH license is issued in Alabama and the candidate is not a graduate of a CODA-accredited dental hygiene program, the candidate must meet the requirements of Pathway I.
Pathway III	Successfully complete an Expanded Functions Dental Auxiliary or restorative course/program offered by an institution with a CODA-accredited dental assisting, dental hygiene or dental school program; Minimum of 3,500 hours work experience as a dental assistant accrued during the previous two to four years

Dental Assisting National Board, Inc.

Measuring Dental Assisting Excellence®

Restorative Functions (RF)

Exam Blueprint and Suggested References for Exam Preparation

DANB's RF exam is a component of the DANB Certified Restorative Functions Dental Assistant (CRFDA®) certification.

CRFDA component exams

Anatomy, Morphology and Physiology (AMP)
Impressions (IM)
Temporaries (TMP)
Isolation (IS)
Sealants (SE)
Restorative Functions (RF)

Note that each state's dental board implements regulations and establishes rules for delegating legally allowable duties to dental assistants. Passing one or more of the DANB component exams or earning DANB certification only conveys authority to perform these duties in those states that recognize these exams or this certification as meeting state dental assisting requirements. This information is at www.danb.org/Meet-State-Requirements.aspx.

Restorative Functions (RF) Exam Blueprint

(7%) **I. CAVITY LINERS AND BASES**
- A. Purpose
- B. Materials
- C. Application

(7%) **II. CAVITY CLASSIFICATIONS**

(20%) **III. AMALGAM RESTORATIONS**
- A. Place, contour, finish, adjust and polish
- B. Materials/physical properties (e.g., mercury)

(30%) **IV. COMPOSITE, GLASS IONOMER AND COMPOMER RESTORATIONS**
- A. Etch and bond
- B. Place, contour, cure, finish, adjust and polish
- C. Materials
  1. Classifications
  2. Physical properties
     - a. Shrinkage
     - b. Wear resistance
     - c. Polishability
  3. Composition
  4. Shade selection

(12%) **V. STAINLESS STEEL CROWNS**
- A. Size, fit and place (i.e., cement)
- B. Primary dentition
- C. Permanent dentition

(15%) **VI. PROCEDURAL CONSIDERATIONS**
- A. Moisture control
- B. Advantages/disadvantages
- C. Indications/contraindications
- D. Homecare instructions/patient education

(9%) **VII. INFECTION CONTROL/OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) PROTOCOL**

Restorative Functions (RF)

Suggested References for Exam Preparation

DANB's RF exam is a component of the DANB Certified Restorative Functions Dental Assistant (CRFDA®) certification.

DANB exam committees use the following textbooks and reference materials to develop this exam. This list does not include all of the available textbooks and materials for studying for this exam; these are simply the resources that exam committee subject matter experts determined as providing the most up-to-date information needed to meet or surpass a determined level of competency for this exam.

This list is intended to help prepare for this exam. It is not intended to be an endorsement of any of the publications listed. You should prepare for DANB certification and component exams using as many different study materials as possible.

1. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 10th and 11th ed. St. Louis, MO: Elsevier/Saunders, 2012 and 2015.
2. Hatrick, Carol D., and W. S. Eakle. *Dental Materials: Clinical Applications for Dental Assistants and Dental Hygienists*. 3rd ed. St. Louis, MO: Elsevier/Saunders, 2016.
3. Phinney, Donna J. and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*. 3rd and 4th ed. Clifton Park, NY: Delmar, 2008 and 2013.
4. Powers, John M. and John C. Wataha. *Dental Materials: Properties and Manipulation*. 10th ed. St. Louis, MO: Elsevier/Mosby, 2013.
5. Bird, Doni L., and Debbie S. Robinson. *Essentials of Dental Assisting*. 4th and 5th ed. St. Louis, MO: Elsevier/Saunders, 2007 and 2013.
6. Miller, Chris H., and Charles Palenik. *Infection Control and Management of Hazardous Materials for the Dental Team*. 4th and 5th ed. St. Louis, MO: Elsevier/Mosby, 2009 and 2014.

Note that each state's dental board implements regulations and establishes rules for delegating legally allowable duties to dental assistants. Passing one or more of the DANB component exams or earning DANB certification only conveys authority to perform these duties in those states that recognize these exams or this certification as meeting state dental assisting requirements. This information is at www.danb.org/Meet-State-Requirements.aspx.

COMMONWEALTH OF PENNSYLVANIA
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APPLICATION FOR EFDA CERTIFICATION BY EXAMINATION

Please read and complete pages 1-2 of the application in their entirety. Incomplete applications will cause delay in the processing of your eligibility to sit for the examination. Instructions are as follows:

1) Complete pages 1 and 2.

2) Attach a $75.00 check or money order made payable to the "**Commonwealth of PA**". DO NOT SEND CASH. The application fee is non-refundable. Note: A $20.00 processing fee will be assessed for any payment returned by your bank, regardless of the reason for non-payment.

3) Page 3 of the application must be completed by the educational program where you have met the educational requirements under the Board's Regulations. The form must be signed by the proper official of the school, contain the school seal and be submitted **directly** to the Pennsylvania State Board of Dentistry in a sealed official school envelope, along with an official transcript. The form **cannot** be completed, signed or postmarked **prior** to graduation/completion of the program.

You will be required to meet one of the following:

A Graduated from an expanded function dental assisting program at an accredited two-year college or other accredited institution, which offers an associate degree. **Note:** The Pennsylvania State Board of Dentistry must have approved the EFDA program.

B Graduated from an accredited dental hygiene program which required the successful completion of at least seventy-five (75) hours of clinical and didactic instruction in restorative functions. **Note:** The dental hygiene program must be an accredited program by the Commission on Accreditation of the American Dental Association.

C Completed a certification program in expanded function dental assisting of at least two hundred (200) hours of clinical and didactic instruction from an accredited dental assisting program. **Note:** The Pennsylvania State Board of Dentistry must have approved the EFDA program.

4) A curriculum vitae of your practice activities since completion of your EFDA education. This should include dates of employment, employers' name, city and state, and specific job functions.

Below are the Board's Regulations relating to EFDA program approval:

§ 33.117. EFDA program approval.

(a) *Definitions.* The following words and terms, when used in this section, have the following meanings, unless the context clearly indicates otherwise:

Clinical evaluation—An evaluation system based on observation of a student's performance of clinical skills in contexts that resemble those the student will be expected to encounter as an expanded function dental assistant in a dental office.

Clinical instruction—A learning experience in a clinical setting where the student performs expanded functions on patients under the supervision of an instructor.

Clinical setting—

(i) A setting in which expanded function dental assisting procedures are performed through direct patient care.

(ii) The term does not include a setting where procedures are performed on typodonts, manikins or by other simulation methods.

Competencies—Statements describing the necessary requirements to perform each procedure in § 33.205a (relating to practice as an expanded function dental assistant) to the level required to meet the acceptable and prevailing standard of care within the dental community in this Commonwealth.

Competent—Having sufficient knowledge, skill and expertise in performing expanded functions to meet and maintain the acceptable and prevailing standard of care within the dental community in this Commonwealth.

Laboratory or preclinical instruction—A learning experience in which students perform expanded functions using study models, typodonts, manikins or other simulation methods under the supervision of the instructor.

(b) *Application.* EFDA programs shall apply for Board approval on forms to be provided by the Board and pay the fee in § 33.3 (relating to fees). The application must include the following information:

(1) The EFDA program goals and objectives.

(2) The criteria for measuring competencies.

(3) Documentation of accreditation as required under section 3(d.1) of the act (63 P. S. § 122(d.1)).

(4) The curriculum vitae and job description of the EFDA program director.

(5) The curriculum vitae and job description of each faculty member assigned to the EFDA program.

(6) A description of the physical facilities and equipment used by the EFDA program for laboratory, preclinical and clinical instruction.

(7) A copy of the formal written agreement for the use of off-campus laboratory, preclinical or clinical facilities, if applicable.

(8) Course outlines, course descriptions or syllabi for the EFDA program curriculum.

(9) Other information related to the EFDA program requested by the Board.

(c) *Requirements for approval.* The Board will approve EFDA programs that meet the following requirements:

(1) *Planning and assessment.*

(i) The EFDA program shall delineate its program goals and objectives for preparing individuals in the expanded function dental assisting procedures in § 33.205a to a level consistent with the acceptable and prevailing standard of care within the dental community in this Commonwealth.

(ii) The EFDA program shall develop specific criteria for measuring levels of competency for the procedures in § 33.205a which reflect the acceptable and prevailing standards and expectations of the dental community. Students shall be evaluated by faculty according to these predetermined criteria.

(iii) The EFDA program shall record and retain student clinical evaluations as documentation of student competency for a minimum of 5 years from the student's graduation or completion of the EFDA program.

(2) *Institutional accreditation.* The EFDA program shall comply with the accreditation requirements of section 3(d.1) of the act and § 33.102(c) (relating to professional education).

(3) *Program director.* The EFDA program shall identify a program director who is responsible for and involved in the following:

(i) Student selection.

(ii) Curriculum development and implementation.

(iii) Ongoing evaluation of program goals, objectives, content and outcomes assessment.

(iv) Annual evaluations of faculty performance including a discussion of the evaluation with each faculty member.

(v) Evaluation of student performance and maintenance of competency records for 5 years from graduation or completion of the EFDA program.

(vi) Participation in planning for and operation of facilities used in the EFDA program.

(vii) Evaluation of the clinical training and supervision provided in affiliated offices and off-campus facilities, as applicable.

(viii) Maintenance of records related to the EFDA program, including instructional objectives and course outcomes.

(ix) Instruction of licensed dentists overseeing off-campus clinical procedures performed by expanded function dental assistant students to ensure that the policies and procedures of the off-campus facility are consistent with the philosophy and objectives of the EFDA program.

(4) *Faculty.* An EFDA program faculty member shall either be a dentist who holds a current license in good standing from the Board or meets the following criteria:

(i) Holds a current expanded function dental assistant certificate issued by the Board.

(ii) Has a minimum of 2 years of practical clinical experience as an expanded function dental assistant.

(iii) Holds National certification as a certified dental assistant issued by the Dental Assisting National Board.

(iv) Has completed a course in education methodology of at least 3 credits or 45 hours offered by an accredited institution of postsecondary education or complete a course in educational methodology no later than 18 months after employment as a faculty member.

(5) *Facilities and equipment.*

(i) The EFDA program shall provide physical facilities which provide space adequate to the size of its student body and sufficient to enable it to meet its educational objectives for laboratory, preclinical and clinical instruction.

(ii) The EFDA program shall provide equipment suitable to meet the training objectives of the course or program and shall be adequate in quantity and variety to provide the training specified in the course curriculum or program content.

(iii) If the EFDA program contracts for off-campus laboratory, preclinical or clinical instruction facilities, the following conditions must be met:

(A) There must be a formal written agreement between the EFDA program and the laboratory, preclinical or clinical facility.

(B) In off-campus clinical facilities, a licensed dentist shall oversee dental procedures performed on patients by EFDA program students. The licensed dentist shall receive instruction to ensure that the policies and procedures of the off-campus facility are consistent with the philosophy and objectives of the EFDA program.

(iv) The standards in this paragraph are equally applicable to extramural dental offices or clinic sites used for clinical practice experiences, such as internships or externships.

(6) *Curriculum.* The curriculum of an EFDA program must consist of the following components:

(i) *General education.* The EFDA program shall include general education subjects as determined by the educational institution with a goal of preparing the student to work and communicate effectively with patients and other health care professionals.

(ii) *Dental sciences.* The EFDA program shall include content in general dentistry related to the expanded functions in section 11.10(a) of the act (63 P. S. § 130k(a)) and as set forth in § 33.205a, including courses covering the following topics:

(A) Dental anatomy.

(B) Occlusion.

(C) Rubber dams.

(D) Matrix and wedge.

(E) Cavity classification and preparation design.

(F) Bases and liners.

(G) Amalgam restoration.

(H) Composite restoration.

(I) Sealants.

(J) Crown and bridge provisional fabrication.

(K) Dental law and ethics.

(L) Coronal polishing.

(M) Fluoride treatments, including fluoride varnish.

(N) Taking impressions of teeth for study models, diagnostic casts and athletic appliances.

(iii) *Clinical experience component.* The EFDA program shall include a minimum of 120 hours of clinical experience performing expanded function dental assisting procedures as an integral part of the EFDA program. The clinical experience component shall be designed to achieve a student's clinical competence in each of the expanded function dental assisting procedures in § 33.205a.

(7) *Demonstrating competency.*

(i) *General education.* Students of the EFDA program shall be required to demonstrate competency in general education subjects by attaining a passing grade on examinations.

(ii) *Laboratory and preclinical instruction.* Students in the EFDA program shall be required to demonstrate competency by attaining a score of at least 80% in laboratory and preclinical courses. Students shall be required to demonstrate the knowledge and skills required to:

(A) Carve the anatomy of all teeth.

(B) Establish proper contact areas, embrasures, marginal adaptation, as well as facial and lingual heights of contour to restore the proper tooth form and function in restorative materials commonly used for direct restorations, such as amalgam and composite resin.

(C) Apply the basic concepts and terms of occlusion and carving concepts in the restoration of proper occlusal relationships.

(D) Describe the problems associated with improper contouring of restorations.

(E) Identify and differentiate G.V. Black's cavity classifications.

(F) Select, prepare, assemble, place and remove a variety of matrices and wedges.

(G) Place and finish Class I—VI restorations with correct marginal adaptation contour, contact and occlusion.

(H) Assemble, place and remove rubber dams.

(I) Place sealants.

(J) Crown and bridge provisional fabrication.

(K) Understand the act and this chapter as they apply to an expanded function dental assistant's responsibilities.

(L) Perform coronal polishing.

(M) Perform fluoride treatments, including fluoride varnish.

(N) Take impressions of teeth for study models, diagnostic casts and athletic appliances.

(iii) *Clinical experience.* EFDA program students shall be evaluated and deemed clinically competent by at least one licensed dentist evaluator in a clinical setting. The EFDA program director shall instruct the dentist clinical evaluators regarding the required competencies to ensure consistency in evaluation. Clinical competency is achieved when the dentist evaluator confirms the student has sufficient knowledge, skill and expertise in performing expanded functions to meet and maintain the acceptable and prevailing standard of care within the dental community in this Commonwealth.

(iv) *Documenting competency.*

(A) The EFDA program faculty and program director shall document the student's general education, preclinical and laboratory competency attainment.

(B) The licensed dentist evaluator shall document the student's clinical competency attainment prior to graduation from the EFDA program.

(C) The EFDA program director shall sign a statement certifying the student's competency attainment in general education, laboratory and preclinical instruction, and clinical experience to the Board as part of the student's application for certification as an expanded function dental assistant.

(D) The EFDA program shall retain supporting documentation evidencing the student's competency attainment for a minimum of 5 years from graduation or completion of the EFDA program.

(d) *Refusal or withdrawal of approval.* The Board may refuse to approve an EFDA program or may remove an EFDA program from the approved list if it fails to meet and maintain the requirements set forth in this section, in accordance with the following:

(1) The Board will give an EFDA program notice of its provisional denial of approval or of its intent to remove the program from the approved list.

(2) The notice will set forth the requirements that are not being met or maintained by the EFDA program.

(3) A program served with a provisional denial or notice of intent to remove will be given 45 days in which to file a written answer to the notice.

(4) The EFDA program will be provided an opportunity to appear at a hearing to demonstrate why approval should not be refused or withdrawn.

(5) The Board will issue a written decision.

(6) The Board's written decision is a final decision of a governmental agency subject to review under 2 Pa.C.S. § 702 (relating to appeals).

(e) *Biennial renewal of EFDA program approval.* EFDA program approvals are renewable for a 2-year period beginning on April 1 of each odd-numbered year. An EFDA program shall apply for renewal of Board approval on forms provided by the Board and pay the fee for biennial renewal in § 33.3. Upon applying for renewal, the EFDA program shall update all of the information required under subsection (b)(1)—(9) or certify that there have not been changes to the EFDA program.

Authority

The provisions of this § 33.117 adopted under section 3(a), (b), (d.1)(1) and (o) of The Dental Law (63 P. S. § 122(a), (b), (d.1)(1) and (o)).

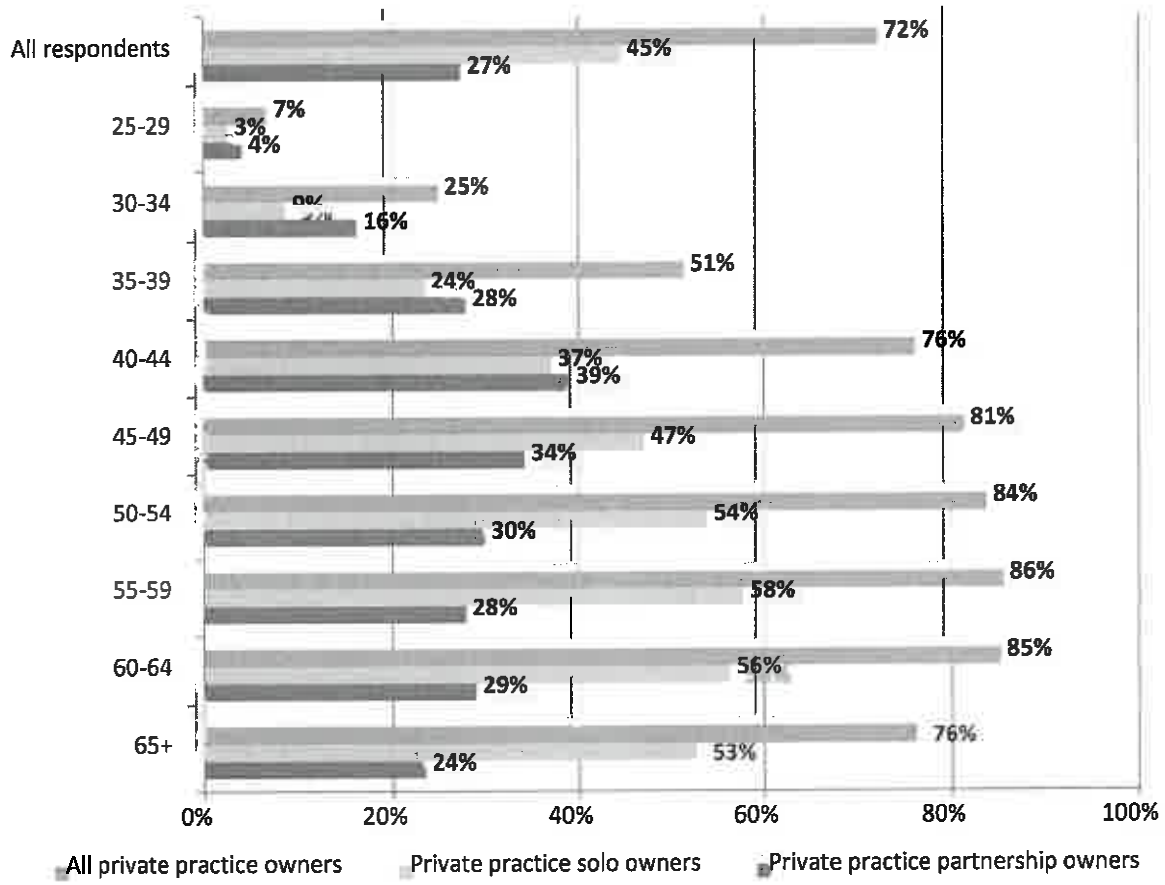
Source

The provisions of this § 33.117 adopted February 10, 2012, effective February 11, 2012, 42 Pa.B. 769.

Practice Ownership, continued

Younger dentist respondents were less likely to be a full or part owner of a private practice than older respondents. Private practice ownership peaked with respondents in the 55-59 age group at 86 percent. Figure 12 compares all private practice ownership with solo and partner ownership for respondents who provided direct patient care in Pennsylvania by age groups.

Figure 12: Respondents Who Provided Direct Patient Care in Pennsylvania by Private Practice Ownership and Age Groups, 2013 Dentist Survey



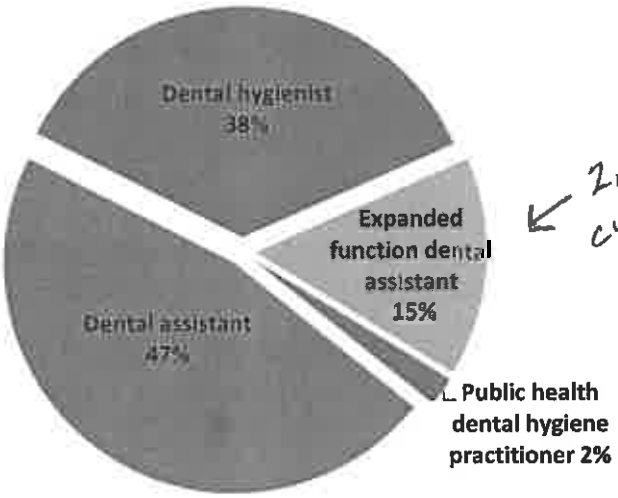
Auxiliary Staff

In addition to dentists, dental practices frequently employ auxiliary staff, such as dental assistants, dental hygienists, expanded function dental assistants and public health dental hygiene practitioners. Ninety-four percent of respondents who provided direct patient care in Pennsylvania reported their office employed at least one type of auxiliary staff.

Auxiliary Staff, continued

Dentist respondents who provided direct patient care in Pennsylvania selected from four types of auxiliary staff employed in their office. They could select more than one type of auxiliary staff that they employ. Of all auxiliary staff reported by respondents, 47 percent were dental assistants. Figure 13 shows the distribution of auxiliary staff reported by respondents who provided direct patient care in Pennsylvania.

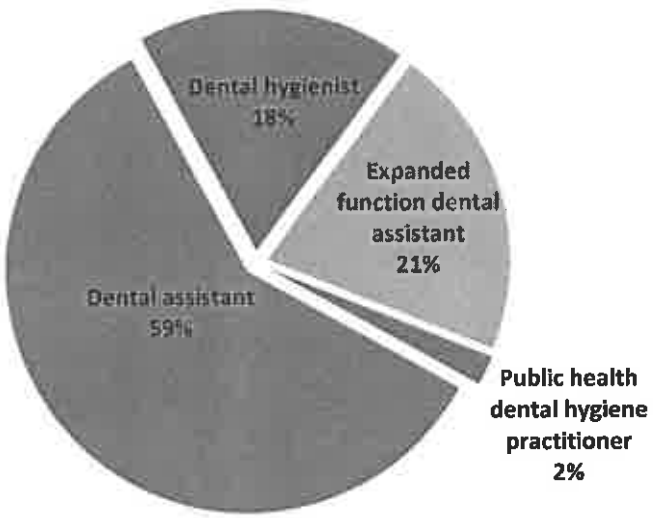
Figure 13: Distribution of Auxiliary Staff Employed in the Office of Respondents Who Provided Direct Patient Care in Pennsylvania, 2013 Dentist Survey



← 2,327 current, active EFDAs

Difficulty filling auxiliary staff positions with qualified staff was a problem for 13 percent of dentist respondents who provided direct patient care in Pennsylvania. Dental assistant positions were the most reported type of auxiliary staff positions that respondents had difficulty finding qualified staff to fill, as shown in Figure 14.

Figure 14: Type of Auxiliary Positions that Respondents Who Provided Direct Patient Care in Pennsylvania Had Difficulty Finding Qualified Staff to Fill, 2013 Dentist Survey



Commission on Dental Accreditation

Accreditation Standards for Dental Therapy Education Programs

2-18 The program **must** ensure the availability of adequate patient experiences that afford all students the opportunity to achieve its stated competencies within a reasonable time.

Intent: *Sufficient practice time and learning experiences should be provided during preclinical and clinical courses to ensure that students attain clinical competence.*

Examples of evidence to demonstrate compliance may include:

- program clinical experiences
- patient tracking data for enrolled and past students
- policies regarding selection of patients and assignment of procedures
- monitoring or tracking system protocols
- clinical evaluation system policy and procedures demonstrating student competencies
- clinic schedules for each term

2-19 Graduates **must** be competent in providing oral health care within the scope of dental therapy to patients in all stages of life.

The dental therapist provides care with supervision at a level specified by the state dental practice act. The curriculum for dental therapy programs will support the following competencies within the scope of dental therapy practice.

2-20 At a minimum, graduates **must** be competent in providing oral health care within the scope of dental therapy practice with supervision as defined by the state practice acts, including:

a. identify oral and systemic conditions requiring evaluation and/or treatment by dentists, physicians or other healthcare providers, and manage referrals
b. comprehensive charting of the oral cavity
c. oral health instruction and disease prevention education, including nutritional counseling and dietary analysis
d. exposing radiographic images
e. dental prophylaxis including sub-gingival scaling and/or polishing procedures
f. dispensing and administering via the oral and/or topical route non-narcotic analgesics, anti-inflammatory, and antibiotic medications as prescribed by a licensed healthcare provider
g. applying topical preventive or prophylactic agents (i.e. fluoride) , including fluoride varnish, antimicrobial agents, and pit and fissure sealants
h. pulp vitality testing

i. applying desensitizing medication or resin
j. fabricating athletic mouthguards
k. changing periodontal dressings
l. administering local anesthetic
m. simple extraction of erupted primary teeth
n. emergency palliative treatment of dental pain limited to the procedures in this section
o. preparation and placement of direct restoration in primary and permanent teeth
p. fabrication and placement of single-tooth temporary crowns
q. preparation and placement of preformed crowns on primary teeth
r. indirect and direct pulp capping on permanent teeth
s. indirect pulp capping on primary teeth
t. suture removal
u. minor adjustments and repairs on removable prostheses
v. removal of space maintainers

Intent: *Graduates should be able to evaluate, assess, and apply current and emerging science and technology. Graduates should possess the basic knowledge, skills, and values to practice dental therapy at the time of graduation. The school identifies the competencies that will be included in the curriculum based on the school's goals, resources, accepted dental therapy responsibilities and other influencing factors. Recognizing that there is a single standard of dental care, the care experiences provided for patients by students should be adequate to ensure competency in all components of dental therapy. Programs should assess overall competency, not simply individual competencies in order to measure the graduate's readiness to enter the practice of dental therapy.*

Additional Dental Therapy Functions

2-21 Where graduates of a CODA-accredited dental therapy program are authorized to perform additional functions defined by the program's state-specific dental board or regulatory agency, program curriculum **must** include content at the level, depth, and scope required by the state. Further, curriculum content **must** include didactic and laboratory/preclinical/clinical objectives for the additional dental therapy skills and functions. Students **must** demonstrate laboratory/preclinical/clinical competence in performing these skills.

Intent: *Functions allowed by the state dental board or regulatory agency for dental therapists are taught and evaluated at the depth and scope required by the state. The inclusion of additional functions cannot compromise the scope of the educational program or content required in the Accreditation Standards and may require extension of the program length.*

2-22 Dental therapy program learning experiences **must** be defined by the program goals and objectives.

2-23 Dental therapy education programs **must** have students engage in service learning experiences and/or community-based learning experiences.

Intent: *Service learning experiences and/or community-based learning experiences are essential to the development of a culturally competent oral health care workforce. The interaction and treatment of diverse populations in a community-based clinical environment adds a special dimension to clinical learning experience and engenders a life-long appreciation for the value of community service.*

Virginia Board of Dentistry
September 16, 2016

IMPLEMENTATION OF THE FOUR CHAPTERS

POSTING REQUIREMENTS

1. **Use of wallet size for display**
2. **Objections to displaying DEA permit because the information can be taken used fraudulently**
3. **Volunteer exemption not referenced in the regulations** Chapters 21 and 25

- **§ 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.
- **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 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 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 dispense Schedules II through V controlled substances shall display his current registration with the federal Drug Enforcement Administration with his current active license.
  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.
- **Action on applications for registration: revocation or suspension of registration**
  § 1301.35 Certificate of registration; denial of registration.
  (c) The Certificate of Registration (DEA Form 223) shall contain the name, address, and registration number of the registrant, the activity authorized by the registration, the schedules and/or Administration Controlled Substances Code Number (as set forth in **part 1308** of this chapter) of this controlled substances which the registrant is authorized to handle, the amount of fee paid (or exemption), and the expiration date of the registration. The registrant shall maintain the certificate of registration at the registered location in a readily retrievable manner and shall permit inspection of the certificate by any official, agent or employee of the Administration or of any Federal, State, or local agency engaged in enforcement of laws relating to controlled substances. [62 FR 13954, Mar. 24, 1997]

MAINTAINING A SAFE AND SANITARY PRACTICE

1. **Reference the CDC Guidelines or a similar resource to give licensees specific information on requirements**

- **§ 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:
  11. Practicing or causing others to practice in a manner as to be a danger to the health and welfare of his patients and the public;
- **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.

- **Centers for Disease Control - Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care**

  This document summarizes current infection prevention recommendations and includes a checklist that can be used to evaluate compliance. The information presented here is based primarily upon the previously published 2003 guideline (see below) and represents infection prevention expectations for safe care in dental settings.

  The Summary includes additional topics and information relevant to dental infection prevention and control published by CDC since 2003 including:

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

  The Summary 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 scientific evidence behind each recommendation.

  Resources:

  Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care[PDF-1MB](http://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care.pdf)
  Infection Prevention Checklist for Dental Settings (Print-Friendly)[PDF-825 KB](http://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care-checklist.pdf)
  Infection Prevention Checklist for Dental Settings (Fillable Form)[PDF-884 KB](http://www.cdc.gov/oralhealth/infectioncontrol/pdf/dentaleditable_tag508.pdf)
  Recommendations from the Guidelines for Infection Control in Dental Health-Care Settings, 2003[PDF-766 KB](http://www.cdc.gov/oralhealth/infectioncontrol/pdf/recommendations-excerpt.pdf)

REPORTIABLE EVENTS

1. Is a report required when there is an emergency treatment event related to local anesthesia?
2. Should there be an "or" between sedation and anesthesia in the last line?

- **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.

DELEGATION TO DENTAL HYGIENISTS

1. **Use of the term "gingival curettage"** - refer to "incidental removal of soft tissue that may occur during root instrumentation" and not to gingival curettage as a stand-alone procedure
2. **Explain the term "nonsurgical laser"** – is laser diode more accurate
3. **Are there education requirements for using a laser?**

- **§ 54.1-2722. License; application; qualifications; practice of dental hygiene.**
  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, 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.
- **§ 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:
  12. Practicing outside the scope of the dentist's or dental hygienist's education, training, and experience;
- **18VAC60-21-130. Nondelegable duties; dentists.**
  Only licensed dentists shall perform the following duties:
  2. Performing surgical or cutting procedures on hard or soft tissue except a dental hygienist performing gingival curettage as provided in 18VAC60-21-140;
- **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.
  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 D and 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.
- **18VAC60-25-40. Scope of practice.**
  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 non-surgical lasers with any sedation or anesthesia administered.
  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 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 non-surgical lasers with or without topical oral anesthestics.

DENTAL HYGIENISTS TREATING PATIENTS UNDER SEDATION AND GENERAL ANESTHESIA

1. **Address the inconsistency between the regulations governing dental hygiene treatment as highlighted below, the treatment team provisions for conscious/moderate sedation and Guidance Document 60-4.**

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.

18VAC60-25-40 Scope of Practice.

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 non-surgical lasers with any sedation or anesthesia administered.

18VAC60-21-291. Requirements for administration of conscious/moderate sedation.

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 K and assist the operating dentist as provided in 18VAC60-21-260 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 A, such person may monitor the patient.

18VAC60-21-301. Requirements for administration of deep sedation or general anesthesia.

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 K, and a third person to assist the operating dentist as provided in 18VAC60-21-260 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 18VAC60-21-301 B, such person may serve as the second person to monitor the patient.

Excerpt from Guidance Document 60-4 Q & A on Analgesia, Sedation and Anesthesia Practice
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.

ADA American Dental Association®
America's leading advocate for oral health

Statement on Lasers in Dentistry

From the ADA Council on Scientific Affairs

Introduction

Applications for and research on lasers in dentistry continues to expand since their introduction to the dental profession. Dental laser systems are cleared for marketing in the United States via the Food and Drug Administration (FDA) Premarket Notification [510(k)] process. The primary purpose of this Statement is to provide comments and a science-based perspective on several increasingly popular uses for dental lasers. These topics include: Sulcular Debridement (sometimes termed Laser Curettage), Laser-Assisted New Attachment Procedure (LANAP), Reduction of Bacteria Levels in periodontal pockets (sometimes termed Pocket Sterilization), Laser-facilitated Wound Healing, Laser Root Planing, Aid in the Diagnosis of Caries (Laser Fluorescence), and other Hard Tissue Applications including endodontics. The statement also provides a brief overview of the FDA's 510(k) process and educational options for dental laser systems.

FDA 510(k) Clearance

All dental lasers currently available on the U.S. market have been issued 510(k) clearances by the FDA. 510(k) submissions are reviewed and processed by the Center for Devices and Radiological Health (CDRH) in the FDA. The review team determines if the product under review meets relevant criteria for "substantial equivalence" to a predicate device (the term "predicate" is used to describe any device that is marketed for the same use as the new device, even if the actual technologies are not the same).

The FDA includes in its review dental laser system specifications and safety mechanisms in relationship to already cleared devices. For new indications for use the FDA may request additional safety and effectiveness data in support of the clearance

for market. Given the many factors that are appropriate to evaluate when using lasers in biological systems, the Council feels that the 510(k) process alone is not inherently sufficient to scientifically demonstrate safety, efficacy, or effectiveness for marketed dental laser applications in all cases. Properly designed preclinical and clinical studies are often needed to demonstrate safety, efficacy and clinical effectiveness for specific products and uses.

The number and type of studies necessary to obtain 510(k) clearance varies widely for the various types of devices used in dentistry. The Council encourages dental practitioners to cautiously consider claims of safety and efficacy that are purely based on the product having been cleared for market by the FDA through the 510(k) process. It is appropriate and prudent for the practitioner to request detailed information from the manufacturer about the scientific evidence that forms the basis for the marketed use. This information will help the dentist to discuss the benefits and risks of the treatment options with patients. Another source of information for clinicians to learn more about the available evidence on a specific topic or clinical question is the ADA's Evidence-Based Dentistry Web page (http://ebd.ada.org) developed by the ADA Center for Evidence-Based Dentistry.

There are currently more than twenty cleared indications for use for dental lasers in the United States. Dental lasers obtaining 510(k) clearance may be labeled, promoted, and advertised by the manufacturer for only those specific indications for use for which the devices have been cleared for marketing. Dental laser manufacturers must seek FDA 510(k) clearance for each laser product and each specific indication for use. Not every laser is cleared for every conceivable use. Therefore, FDA marketing clearances apply to certain products that are specific to the manufacturer and product. For any specific laser device, the specific indications for use, as marketing clearances, can be found in the professional information section of the operator's manual for the device.

Additional uses for dental lasers are considered "off label use." Within the scope of a license to practice, dentists may choose to use lasers or other products "off label." Practitioners should consider off label use in light of possible benefits and risks, patient needs, and the available scientific evidence. The Council recommends that dentists read and understand the specific indications for use for each device. Practitioners may also access the FDA Web site

(http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm), call the FDA or consult with the manufacturer for specific and up-to-date information about cleared indications for use.

Laser Education

It is the position of the Council that practitioners obtain proper training on the use of dental laser devices, and that dentists use the devices within their licensed scope of practice, training and experience. Guidance for the profession for safe dental laser use is provided by American National Standards Institute Standard Z136.1 Safe Use of Lasers and Z136.3 Safe Use of Lasers in Health Care Facilities. Specific training is also available from manufacturers, and via independent providers of continuing education, including professional organizations and academic institutions. Continuing education programs/presenters should address and disclose possible conflicts of interest. At the present time, the ADA's Commission on Dental Accreditation does not include laser education in its accreditation standards for dental education programs. However, proposed educational standards are available (e.g., Curriculum Guidelines and Standards for Dental Laser Education1).

Sulcular Debridement (Curettage)

The dental literature indicates that when used as an adjunct to meticulous root planing, mechanical or chemical curettage (i.e., the intentional removal of the epithelial lining of the sulcus) offers no consistent benefit beyond scaling and root planing alone with respect to gain of the periodontal attachment. As such, curettage was deemed several years ago to be of no known clinical value. Accordingly, the ADA code for curettage was omitted from the CDT-4 code listing. There is little convincing clinical evidence that adjunctive laser curettage produces a result superior to adjunctive mechanical or chemical curettage, or even scaling and root planing alone. Current evidence suggests that therapies intended to arrest and control periodontitis depend primarily on effective root debridement.

Laser-Assisted New Attachment Procedure

A 2007 publication compared the probing depth, attachment gain, and type of attachment from traditional mechanical therapy of advanced chronic periodontitis vs. traditional mechanical therapy that included two intrasulcular applications of Nd: YAG; one aimed at removing the sulcular epithelium and another said to "seal" the pocket.2 In this study, histology was performed on 6 pairs of single-rooted teeth at 3 months. Laser-treated pockets tended to show greater probing depth reductions and clinical attachment gains than non-lased pockets. Based on measurements from notches placed in periodontally involved root surfaces before treatment, lased teeth showed evidence of new cementum while 5 of the 6 control teeth showed a long junctional epithelial attachment. This study concluded that the Laser Assisted New Attachment ProcedureTM (LANAP) can be associated with cementum-mediated new connective-tissue attachment and apparent periodontal regeneration of diseased root surfaces in humans.

Although the Council is optimistic regarding the potential for lasers to enhance effectiveness in treating periodontitis, dentists should note that this study provides no more than pilot validation for this treatment concept. The study was not blinded, and the sample size was small thereby limiting extrapolation of the results to the general population. Further, pre-treatment notches in the teeth were difficult to place, hard to know exactly where they were placed and are difficult to clearly detect on histological specimens. Moreover, the advanced periodontal destruction initially present in these 6 test teeth make it difficult to extrapolate these results to cases of early and moderate chronic periodontitis, where the anatomic environment, laser energy distribution and clinical outcome may differ substantially. It is also unclear what laser-based "sealing" of a treated periodontal sulcus is and, if real, what benefits it might provide. Additional clinical data from properly designed clinical trials with adequate sample sizes are still required before it can be known to what extent LANAP is safe and effective across the spectrum of patients with chronic periodontitis. The Council therefore cautions clinicians to weigh the available evidence for LANAP when considering the options available for treatment of the periodontal diseases.

Reduction of Bacteria Level

Lasers, as a group, have inconsistently demonstrated the ability to reduce microorganisms within a periodontal pocket. It appears from the literature that mechanical root debridement remains a priority to attain improvements in clinical

attachment levels. However, limited new data suggest that clinical outcomes may be enhanced by the adjunctive use (following root debridement) of a bactericidal irrigant activated by a cold laser.3

Laser Wound Healing

Methods using low-powered lasers to improve wound healing have been noted for many years but the reported results have been mixed. While the risk of thermal damage from low-powered lasers appears minimal, the Council considers the application of laser energy purely for the purpose of improved wound healing to be controversial and not well supported by clinical studies.

Laser Root Planing

Erbium lasers show potential for effective root debridement. The Er:YAG laser has been shown, in vitro, to remove calculus4 and to negate endotoxin.5 Clinical data also exist that suggest the Er:YAG laser can result in a superior calculated clinical attachment gain compared with mechanical scaling and root planing alone.6 The Council views such developments as encouraging. Additional well-designed comparative studies would be helpful to clinicians in confirming these results.

Aid in the Diagnosis of Caries

Laser fluorescence may be a useful adjunct in the detection of early enamel caries.7 The level of energy used in this application poses little risk to the patient and offers potential benefits. Presently, one product available commercially in the United States is based on this laser technology, using a diode laser at 655-nm wavelength. Other adjunctive caries detection products available in the United States do not use laser technology.

Hard Tissue Applications

The vast majority of the lasers cleared for market since the last Council Statement on Lasers in 1998 that are intended for hard tissue applications, such as the ablation of caries, enamel, and dentin, are either the Er:YAG (2.94 µm) or the Er,Cr:YSGG (2.78 µm) laser. In general, the Council believes these applications to be reasonable based

upon supporting in vitro and in vivo studies. Some clinical studies exist that report equivalency to traditional hard tissue removal methods.8 However other studies question the reliability of bonding to dentin surfaces prepared with an Er,Cr:YSGG laser9 or suggest that Er:YAG laser-cut preparations in enamel and dentin are equivalent to air-abrasion preparations with respect to resin bond strengths.10 The ability to perform cavity preparations with the Er:YAG and Er,Cr:YSGG lasers without local anesthetic, where possible and where appropriate, is viewed positively by the Council. The shallow penetration of the Er: YAG and Er, Cr: YSGG lasers reduce the thermal risk to the pulp in comparison to other more penetrating laser wavelengths. While the Council acknowledges that the Er:YAG and Er, Cr:YSGG lasers represent an alternative method of removing enamel, dentin and caries, clinicians are encouraged to be cautious and to be aware of the benefits and risks involved in the removal of hard tissue and caries using lasers and traditional cavity preparation methods.

Endodontics

The primary goal for endodontic therapy is cleansing, shaping and sealing the root canal system. Lasers are cleared for pulpotomy, blood flow measurements, apicoectomy, and illumination of the endodontic orifice and for softening gutta percha. Currently, there are no devices that can accurately measure the pulpal blood flow. Lasers used as an adjunct have been shown to aid in the cleansing of the root canal space. In vitro evidence indicates that lasers are equivalent to conventional rotary instrumentation for shaping the coronal and middle thirds, but inferior for shaping the apical 1/3 of the root canal system. There is no evidence that lasers provide a superior seal or higher clinical success rate than conventional instrumentation.

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Posted April 2009

graduated. She has published articles in both Access and RDH magazines and lectures on dental lasers, contemporary periodontal therapies, and the dental treatment for patients with AD/HD. She currently resides in San Antonio with her husband and two young babies who keep her very busy. Lisa practices clinical dental hygiene at Dominion Dental Spa, the office of Dr. Tiffini Stratton, DDS.

COMMON DENTAL HYGIENE PROCEDURES WITH LASERS

Lasers can be used in every specialty of dentistry and for a wide range of procedures. Since this article is focusing on laser use specific to dental hygiene, I am going to focus on soft tissue procedures. Dental hygienists all over the world use lasers for various procedures, depending on their state's/country's laws.1,11,15

- Pit and fissure sealants — The laser light disinfects the grooves to prevent contamination, which aids in sealant placement.
- Adjunct to scaling and root planing procedures — Laser light helps decontaminate pockets, decreasing the numbers of periodontal pathogens and removing diseased or granulation tissue. The laser light is effective in eliminating dark-pigmented bacteria, which is the primary bacteria we are trying to eliminate in periodontal disease.
- Aphthous ulcer treatment — This is achieved by a process known as biostimulation. You do not make direct contact with your target tissue when you biostimulate. The laser fiber is held a couple of millimeters away from the ulcer on the tissue. You direct the laser energy at the ulcer and the patient will start to feel immediate pain relief. The ulcer will heal almost overnight and some research claims if you biostimulate an area one time, another ulcer will never appear in that area again. It is thought the laser energy increases collagen growth, and osteoblastic and fibroblastic activity. This leads to rapid wound healing and anti-inflammatory effects in the tissue.

- Whitening — Laser photons initiate a photochemical activator and increase the enamel response to hydrogen peroxide.2
- Decay prevention — Lasers are thought to increase the enamel uptake of fluoride ions.3,20 This is not FDA approved as of yet for caries prevention.14 It is believed the laser will help fuse the inorganic components of enamel and vaporize the organic components, thus producing a less porous surface that is more resistant to demineralization.

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RE: Dental Regulation Inquiry

Palmatier, Kelley (DHP)
Sent: Tuesday, September 13, 2016 1:17 PM
To: Halbleib, Wayne [WHalbleib@oag.state.va.us]; Reen, Sandra (DHP)
Cc: Palmatier, Kelley (DHP)

Wayne,

I think you may be correct. I believe the citation should be to 60-25-100 rather than 60-25-90. I flagged it and brought it to Sandy's attention for closer review.

Kelley

From: Halbleib, Wayne [WHalbleib@oag.state.va.us]
Sent: Monday, September 12, 2016 5:57 PM
To: Reen, Sandra (DHP); Palmatier, Kelley (DHP)
Subject: Dental Regulation Inquiry

Hi Sandy and Kelley,

I'm currently reviewing the draft Statement of Allegations for [redacted] While reviewing the document, I noticed a reference in 18 VAC 60-21-280(C)(1)(d) that appears to be incorrect. The reference in that subsection is to "18 VAC 60-25-90 B or C." That regulatory section, however, does not contain a subsection (B) or (C).

I also noticed another reference to "18 VAC 60-25-90 C" in 18 VAC 60-21-280(C)(2)(a) that I think is incorrect.

I would appreciate if you would review the regulatory references and let me know whether I'm reading the regulations correctly.

Thank you for your attention to my inquiry.

I look forward to your reply.

Wayne

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Please note our address has changed.

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 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.

18VAC60-21-280. Administration of minimal sedation (anxiolysis or inhalation analgesia).

A. Education and training requirements. A dentist who utilizes minimal sedation shall have training in and knowledge of:
1. Medications used, the appropriate dosages, the potential complications of administration, the indicators for complications, and the interventions to address the complications.
2. Physiological effects of nitrous oxide, 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 18VAC60-25-90 B or C only for administration of nitrous oxide/oxygen and under indirect supervision; or
100
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 18VAC60-25-90 C to parenterally administer Schedule VI local anesthesia to persons 18 years of age or older; or
100
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.
1. The treatment team for minimal sedation other than just inhalation of nitrous oxide/oxygen 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 I; or

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 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 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.

Part III. Standards of Conduct.

18VAC60-25-110. Patient records; confidentiality.

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;