



MEETING OF THE VIRGINIA BOARD OF DENTISTRY
REGULATORY-LEGISLATIVE COMMITTEE MEETING

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VIRGINIA BOARD OF DENTISTRY
REGULATORY LEGISLATIVE COMMITTEE MEETING
REVISED AGENDA
FRIDAY, APRIL 23, 2021

<u>TIME</u>		<u>PAGE</u>
1:00 p.m.	Call to Order – Dr. Sandra J. Catchings, Vice-President, Chair	
	Roll Call of Participants – Sandra K. Reen, Executive Director	
	Public Comment – Dr. Catchings	
	Approval of Minutes	
	• October 23, 2020	1-4
	Committee Discussion/Action - Ms. Yeatts	5
	• Consideration of Revisions to Guidance Documents	
	○ Guidance Document 60-5: Auditing Continuing Education	6-9
	○ Guidance Document 60-10: Failure to Comply with Advertising Guidelines	10-11
	○ Guidance Document 60-18: Approved Template for Dental Appliance Work Order Forms	12-13
	○ Guidance Document 60-19: Approved Template for Dental Appliance Subcontractor	14-15
	○ Guidance Document 60-22: Failure to Comply with Insurance and Billing Practices	16-17
	• Training in Infection Control – Dental Assistants	18-119
	• Training and Supervision of Digital Scan Technicians	120-141
	• Pulp Capping by Dental Assistants II	142-144
	• Sleep Studies Protocols	--
	Next Meeting	
	Adjourn	

TIME & PLACE: This virtual Regulatory-Legislative Committee meeting was called to order at 9:44 AM, on October 23, 2020 at the Perimeter Center, 9960 Mayland Drive, Henrico, Virginia 23233.

COMMITTEE MEMBERS PRESENT BY TELEPHONE: Sandra Catchings, D.D.S., Chairing, Board Vice President
Augustus A. Petticolas, Jr., D.D.S, Board President
Patricia B. Bonwell, R.D.H., PhD
Sultan E. Chaudhry, D.D.S
Margaret F. Lemaster, R.D.H
J. Michael Martinez de Andino, J.D.

OTHER BOARD MEMBERS PRESENT BY TELEPHONE: Nathaniel C. Bryant, D.D.S., Board Secretary
Jamiah Dawson, D.D.S.
Perry E. Jones, D.D.S.

STAFF PRESENT AT THE PERIMETER CENTER: Sandra K. Reen, Executive Director
Jamie C. Sacksteder, Deputy Executive Director
Kathryn E. Brooks, Executive Assistant

STAFF PRESENT BY TELEPHONE: Elaine J. Yeatts, Senior Policy Analyst
James E. Rutkowski, Assistant Attorney General

ESTABLISHMENT OF A QUORUM: With all Committee members participating, a quorum was established.

PUBLIC COMMENT: Dr. Catchings explained the parameters for public comment then opened the public comment period by calling on the registered commenters as follows:

Thomas Glazier, DDS (VCU Associate Professor) stated the concerns about the proposal to require a third person on the treatment team for moderate sedation. He said there is a 99% success rate with a two-person team. He explained that a two-person team is the standard of care set by the American Society of Anesthesiologist and American Dental Association in guidelines which are available online. He also said adding a third person is unnecessary and would be an additional cost for treating children with dental disease.

Barrett Peters, DDS (President VAPD) addressed the concerns of the American and Virginia Academies of Pediatric Dentistry about developing

regulations by an age range for pediatric patients to dental treatment under sedation to be performed in a hospital setting. He said there are not enough services for children now and that treatment in a hospital would increase costs and add another barrier to access to care for children in need of treatment. He asked the Board to move forward based on science. Dr. Peters responded when Dr. Tran was called on to comment. He said he commented in lieu of Dr. Tran.

Ryan Dunn (Executive Director, Virginia Dental Association) addressed the VDA's concerns about developing sedation regulations for a specific age range for dental procedures to be performed in a hospital setting because it will create barriers for access to care. The current ADA guidelines provides thorough guidelines and provide an evidence-based foundation for treatment under sedation.

Jonathan L. Wong, DMD (Virginia Dentist Anesthesiologist) addressed his appreciation for the professional dental organizations coming together to address the proposal to limit treatment of young children under sedation to a hospital setting would be disastrous and would delay or prevent treatment of young children. He said pediatric dentists are not getting the OR time they once did. He added that access to ambulatory surgery centers is also an issue because dental treatment is not profitable and creates an access to care. He urged at looking at science to keep patients safer.

Shravan Renapurkar (President, Virginia Society of Oral Maxillofacial Surgeons) addressed VSOMS's concerns about developing regulations younger children to have sedation procedures to be performed in a hospital setting because it will create huge access to care issues. Medical complexity is a significant factor in determining who can be treated in a hospital. He said the Board should rely on the professional guidelines in setting policy.

Dr. Catchings said the written comments received were provided to Board members and will be included in the meeting minutes for today's meeting. Dr. Catchings asked if there were corrections to the posted draft minutes. Hearing none, Dr. Petticolas moved to accept the minutes for February 28, 2020 as presented. The motion was seconded by Dr. Bonwell and passed unanimously.

COMMITTEE

REGULATORY ACTION ON PEDIATRIC SEDATION

DISCUSSION/ACTION:

Dr. Catchings called for discussion on developing separate regulations for treating pediatric patients under sedation to include setting an age range in which sedation and treatment would be performed in a hospital setting.

Each member of the Board was called on to speak to this proposal. All members opposed developing separate pediatric regulations based on the comments received. Discussion moved to addressing the concerns for safety, access to care and the information needed for future discussions. This discussion led to action on the following motions recommended by Ms. Yeatts.

Dr. Catchings asked for a motion for the Committee to recommend that the Board not proceed further with regulatory action on pediatric sedation at this time. Dr. Bonwell so moved and the motion was seconded. A roll call vote was taken and the motion passed with all in favor.

Dr. Petticolas - Aye
Dr. Bonwell - Aye
Dr. Chaudhry - Aye
Ms. Lemaster - Aye
Mr. Martinez - Aye
Dr. Catchings - Aye

Dr. Catchings asked for a motion to recommend that the Board direct staff to develop a methodology to gather statistics and aggregate data on past disciplinary cases addressing pediatric morbidity/mortality in dental offices in Virginia so the findings could be used to track specific information on sedation records to assist the Board in making policy decisions. Mr. Martinez so moved and the motion was seconded.

Discussion followed on if the information is currently available, how this information would be used and on whether the staff could collect the information or if a dental expert is needed. Dr. Catchings explained that information on the drugs used, the quantity administered and other information in case records are not being tracked. She said having that information in aggregate form would assist in future cases and in developing policies. Ms. Reen explained that a dental expert is needed for consistency in the information collected and for explaining the findings. Dr. Catchings Asked for a vote on the motion. The motion passed with all in favor.

Dr. Petticolas - Aye
Dr. Bonwell - Aye

Dr. Chaudhry - Aye
Ms. Lemaster - Aye
Mr. Martinez - Aye
Dr. Catchings - Aye

PULP CAPPING BY DA II'S

Dr. Catchings asked for discussion on removing pulp capping from the scope of practice of DAs II as requested by the Board.

The Committee and other Board members unanimously agreed that this procedure should only be done by dentists because it a delicate procedure and the risks far outweigh the benefits. Ms. Yeatts stated this is a long-standing regulation. The change could be addressed in the standard regulatory action which is a long process. She suggested considering a fast track action. She asked if staff could determine how many DA II's are currently performing this procedure. Ms. Reen said she could look at the procedures each DA II is registered to perform for the December Board meeting.

Dr. Catchings asked for a motion. Dr. Petticolas moved that the Board remove, from the scope of practice, pulp capping for DAs II as a fast track action. The motion was seconded. After a comprehensive discussion, a roll call vote was taken, and the motion passed with a unanimous vote.

Dr. Petticolas - Aye
Dr. Bonwell - Aye
Dr. Chaudhry - Aye
Ms. Lemaster - Aye
Mr. Martinez - Aye
Dr. Catchings - Aye

ADJOURNMENT: With all business concluded, Dr. Catchings adjourned the meeting at 11:00AM.

Sandra Catchings D.D.S., Chair

Sandra K. Reen, Executive Director

Date

Date

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of April 15, 2021**

Chapter		Action / Stage Information
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<u>Training and supervision of digital scan technicians</u> [Action 5600] NOIRA - Register Date: 3/1/21 Comment ended: 3/31/21
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<u>Amendment to restriction on advertising dental specialties</u> [Action 4920] Proposed - At Governor's Office for 577 days
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<u>Waiver for e-prescribing</u> [Action 5382] Proposed - Approved by Governor [Stage 9068]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<u>Technical correction</u> [Action 5198] Fast-Track - At Governor's Office for 514 days
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<u>Administration of sedation and anesthesia</u> [Action 5056] Final - Register Date: 2/15/21 Effective: 3/17/21
[18 VAC 60 - 25]	Regulations Governing the Practice of Dental Hygiene	<u>Protocols for remote supervision of VDH and DBHDS dental hygienists</u> [Action 5323] Final - Register Date: 4/26/21 Effective: 5/25/21
[18 VAC 60 - 30]	Regulations Governing the Practice of Dental Assistants	<u>Training in infection control</u> [Action 5505] NOIRA - Register Date: 3/1/21 Comment ended: 3/31/21
[18 VAC 60 - 30]	Regulations Governing the Practice of Dental Assistants	<u>Education and training for dental assistants II</u> [Action 4916] Final - Register Date: 3/1/21 Effective: 3/31/21

Consideration of Revisions to Guidance Documents:

Included in your agenda package are the following:

60-5, Auditing Continuing Education & Sanctioning for Failure, revised September 16, 2016

60-10, Failure to Comply with Advertising Guideline, revised December 11, 2015

60-18, Approved Template for Dental Appliance Work Order Forms, approved December 11, 2015

60-19, Approved Template for Dental Laboratory Appliance Subcontractor, re-adopted June 18, 2018

60-22, Failure to Comply with Insurance and Billing Practices, revised December 11, 2015

Changes are **highlighted in yellow** or **noted in RED**

Committee action:

To recommend to the full Board adoption of revised guidance documents (60-5, 60-10, 60-18, 60-19, and 60-22).

Virginia Board of Dentistry

Policy on Auditing Continuing Education and Sanctioning for Failure to Meet the Requirements

Excerpts of Applicable Law and Regulation and Guidance

- The Board shall promulgate regulations requiring continuing education (CE) for any dental license or reinstatement and may grant extensions or exemptions, §54.1-2709.E.
- The Board shall promulgate regulations requiring continuing education for any dental hygiene license or reinstatement and may grant extensions or exemptions, §54.1-2729.
- Dentists and dental hygienists are required to:
 - complete a minimum of 15 hours of approved continuing education 18VAC60-21-250.A and 18VAC60-25-190.A and
 - maintain the required documentation of completion for a minimum of four years following each renewal. 18VAC60-21-250.G and 18VAC60-25-190.D.4.
- The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters. A written request with supporting documents must be submitted prior to renewal of the license. 18VAC60-21-250.D and 18VAC60-25-190.E.2.
- Failure to comply with continuing education requirements may subject the licensee to disciplinary action, 18VAC60-21-250.H and 18VAC60-25-190.D.5.
- ~~Confidential Consent Agreements may be used to address continuing education, Guidance Document: 60-1~~

Extension and Exemption Requests

- The ~~President of the Board~~ Executive Director or designee may grant an extension request for up to one year for completion of continuing education upon receipt of a written request with an explanation which is submitted prior to the renewal date.
- The ~~Executive Director or designee~~ President of the Board may grant an exemption request for up to one year for all or part of the required 15 hours upon receipt of a written request with supporting documents which is submitted prior to the renewal date.

Initiation of a CE Audit

~~After the completion of the April 1st to March 31st renewal cycle in an odd-numbered year, the Executive Director shall report to the Board the current operational issues, staffing, and disciplinary caseload for consideration by the Board in deciding the scope of the audit to be conducted that year.~~

Scope of Audits

The Board ~~may shall~~ biennially conduct an audit of compliance with CE requirements on a random sample of licensees selected from MLO by the DHP IT Department. The sample size shall be 1% of the total number of licensees determined using both the online Sample Size Calculator by Raosoft (or equivalent algorithm) and the total number of licensees. The Board may also audit the following:

- Active licensees who have completed the terms of a CCA or a Board Order which required completion of CE in addition to the 15 hours requirement per year;
- Active licensees who failed to respond, or responded “no”, to the CE renewal question on the annual renewal form, and/or requested an exemption after license renewal;
- Active licensees who were granted an extension to meet their CE requirement.

Auditing CE

- Selected licensees will be notified by email to submit the necessary documentation to verify CE completion. A second notice will be sent by USPS if there is no response.
- Documentation submitted to verify CE completion will be reviewed by Board staff for compliance with the regulations.
- ~~Licensees who have met the CE requirements will be sent a thank-you letter.~~
- Licensees who have not complied with the audit notification or CE requirements will be referred for possible disciplinary action.

A. Guideline for Offering a Confidential Consent Agreement (CCA)

1. ~~The reviewing Board member or designated staff~~ ~~The Executive Director or designee shall~~ may review the documentation received for probable cause and ~~shall~~ may only offer a CCA for a first offense when:
 - there is only one finding of probable cause and that finding is that the licensee is unable to document completion of from 1 to 5 hours of acceptable continuing education (CE).
 - there are findings of probable cause for violations in addition to missing CE consistent with Guidance Document 60-1, Policy on CCAs/Confidential Consent Agreements.
2. The offered CCA ~~shall~~ may include a finding that a violation occurred and ~~shall~~ may request the licensee’s agreement to obtain the missing hours within 45 days and to henceforth comply with the CE requirements. The CCA ~~shall~~ may state that the hours obtained pursuant to the CCA ~~shall~~ shall not count toward the next license renewal.

B. Guidelines for Imposing Disciplinary Sanctions

1. In addition to a notice of an informal conference, a licensee ~~shall~~ may be offered a Pre-Hearing Consent Order (PHCO) when the licensee:
 - falsely certified completion of the required CE for license renewal.
 - is unable to document completion of from 1 to 5 hours of acceptable CE in a subsequent audit.
 - is unable to document completion of from 6 to 15 hours of acceptable CE.
2. In cases where there are findings of probable cause for violations in addition to missing CE, a PHCO may be offered with a notice of an informal conference.
3. The following sanctioning guidelines ~~shall~~ may be included in the PHCO:
 - a. For falsely certifying completion for renewal – Reprimand and \$1000 monetary penalty.
 - b. For missing 1 to 5 hours – Subsequent Offenses – Reprimand, obtain the missing hours within 30 days and a \$250 monetary penalty for each missing hour.

- c. For missing 6 to 15 hours – First offense - Reprimand and obtain the missing hours within 45 days.
- d. For missing 6 to 15 hours – Subsequent offenses – Reprimand, obtain the missing hours within 45 days and a \$500 monetary penalty for each missing hour.

Virginia Board of Dentistry

Policy on Sanctioning for Failure to Comply with Advertising Guidelines

Excerpts of Applicable Law, Regulation and Guidance on 18VAC60-2120-180 et seq.

- The Board may sanction any licensee for advertisements that are false, deceptive or misleading; contain a claim of superiority or violate regulations, §54.1-2706(7).
- A general dentist who limits his practice shall advertise that he is a general dentist providing only certain services, 18VAC60-21-80.A.
- Any statement specifying a fee for a dental service which does not include the cost of all related procedures, services, and products shall be deemed to be deceptive or misleading, 18VAC60-21-80.B.
- Discount offers for dental services shall include the nondiscounted fee, the discounted fee and the time period for the discount, 18VAC60-20-21.80.C.
- A prerecorded or archived copy of all advertisements shall be retained for two years following the final appearance of the advertisement, 18VAC60-21-80.D.
- Advertising of fees is limited to only routine dental services as set forth in the American Dental Association's "~~Dental Procedures Codes,~~" "~~Code on Dental Procedures and Nomenclature.~~" 18VAC60-21-80.E.
- Advertisements, including but not limited to signage, containing descriptions of the type of dentistry practiced or a specific geographic locator are permissible so long as the requirements of §§54.1-2718 and 54.1-2720 of the Code of Virginia are met 18VAC60-21-80.F.
- The following practices shall constitute false, deceptive, or misleading advertising: §54.1-2706(7) and 18VAC60-21-80.G:
 - Publishing an advertisement which contains a material misrepresentation or omission of facts that is likely to cause an ordinarily prudent person to be deceived, 18VAC60-21-80-G.1.
 - Publishing an advertisement which fails to include the information and disclaimers required by this section, 18VAC60-21-80.G.2.
 - Publishing an advertisement which contains a false claim of professional superiority, or uses any term to designate a dental specialty to which he is not entitled, 18VAC60-21-80.G.3,4.
 - A dentist not entitled to a specialty designation shall not represent that his practice is limited to providing services in a specialty area without disclosing that he is a general dentist, 18VAC60-21-80. G.45.
- ~~Advertisements, including but not limited to signage, containing descriptions of the type of dentistry practiced or a specific geographic locator are permissible so long as the requirements of §§54.1-2718 and 54.1-2720 of the Code of Virginia are met.~~
- ~~Confidential Consent Agreements may be used to address advertising guidelines, Guidance Document 60-1.~~

Making a Probable Cause Decision

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

A. Guidelines for sending an Advisory Letter

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

B. Guidelines for Offering a Confidential Consent Agreement

1. ~~The reviewing Board member or designated staff The reviewer may shall~~ offer a CCA for a first advertising offense and may offer a CCA for subsequent advertising violations, ~~if no other violations exist~~.
2. In cases where there are findings of probable cause for violations in addition to advertising, the reviewer may offer a CCA consistent with Guidance Document 60-1.
3. The offered CCA shall may include a finding that a violation occurred and shall may request the licensee's agreement to cease and desist advertising in violation of law and regulations.
4. The offered CCA may also include ~~a requirement for passage of the Virginia Dental Law Exam or~~ completion of a continuing education course in ethics.

C. Guidelines for Imposing Disciplinary Sanctions

- a. ~~The reviewing Board member or designated staff The reviewer~~ may offer a Pre-Hearing Consent Order (PHCO) or request an informal fact finding conference when probable cause is found that the licensee has subsequent advertising violations.
- b. ~~The following sanctioning guidelines may be included in the PHCO The reviewer shall consider the following sanctioning guidelines:~~
 - a. A \$1,000 monetary penalty per violation, a reprimand and successful completion of the Virginia Dental Law Exam for a second offense.
 - b. A \$5,000 monetary penalty per violation, a reprimand and continuing education in ethics for a third and subsequent offenses.
- c. In cases where there are findings of probable cause for violations in addition to advertising the reviewer may offer a PHCO or request an informal fact finding conference.

**VIRGINIA BOARD OF DENTISTRY
APPROVED TEMPLATE FOR DENTAL LABORATORY **APPLIANCE** WORK ORDER FORMS**

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

PATIENT NAME, INITIALS or ID#: _____

Laboratory Owner's or Business Name: _____

Physical Address: _____

E-mail Address (optional): _____

Phone Number: _____

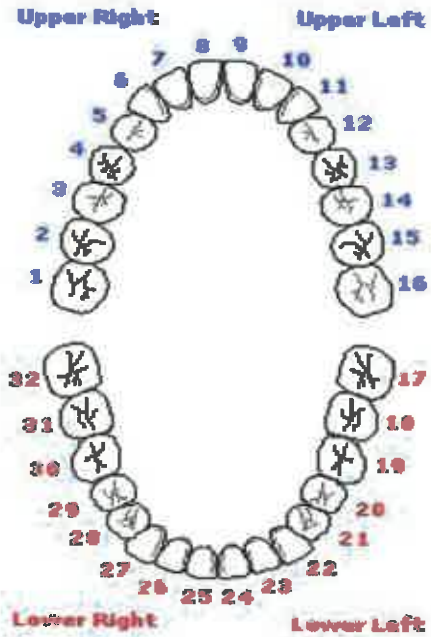
Contact Person: _____

RETURN BY: _____

INSTRUCTIONS FOR WORK TO BE DONE (include diagrams if needed):

TYPE **AND QUALITY** OF RESTORATION MATERIALS:
(include diagrams if needed)

INSTRUCTIONS FOR SHADING:
(include diagrams if needed)



INSTRUCTIONS FOR RETURNING THE RESTORATION:

- Provide the sanitized restoration in a sealed container.
- Provide the name and physical address of the location where the restoration was fabricated.
- Provide a copy of the information the lab received from a manufacturer on the composition of the casting and ceramic materials used in fabrication, such as an Identalloy sticker.

INSTRUCTIONS FOR REGARDING SUBCONTRACTING THIS ORDER OR PORTIONS OF THIS ORDER

I do not authorize subcontracting this order or any part of this order. Return the order to me if you are unable to complete this order.

- Contact me before subcontracting any work for this order.
- I authorize subcontracting to a domestic lab.
- I authorize subcontracting to an overseas/international lab.
- I authorize subcontracting to either a domestic or overseas lab.

NOTICE OF ACTIONS YOU ARE REQUIRED BY LAW TO TAKE WHEN SUBCONTRACTING THIS ORDER OR PORTIONS OF THIS ORDER - §54.1-2719.C of the Code of Virginia

- **You must send me, the ordering dentist, a written disclosure of subcontracting this order with the subwork order you issued to the subcontractor.**
- **The written disclosure must include:**
 - **The name and address of the person, firm or corporation and subcontractor;**
 - **A number identifying the subwork order with the original order;**
 - **The date any subwork order was written;**
 - **A description of the work to be done and the work to be done by the subcontractor, including diagrams and digital files, if necessary;**
 - **Specification of the type and quality of material to be used; and**
 - **The signature of the person issuing the disclosure and subwork order.**

Dentist's Signature: _____ Date: _____

Dentist's Name Printed: _____ Dental License # _____

Dentist's Address: _____ Telephone: _____

Dentist's Email Address (optional): _____

**VIRGINIA BOARD OF DENTISTRY
APPROVED TEMPLATE
DENTAL LABORATORY APPLIANCE SUBCONTRACTOR
DISCLOSURE and SUBWORK ORDER FORM**

This form is provided by the Board to guide owners of dental laboratories (owners) on meeting the legal requirements for subwork orders forms to be issued to subcontractors as addressed in §54.1-2719 of the Code of Virginia. The Owners have has the option of using this form or another form to subcontract all or part of a dentist's work order is being subcontracted to another dental laboratory (subcontractor). Regardless of the form and the format the owner chooses to use, the information requested addressed below must be included in the subwork order sent to the subcontractor. The owner is required to retain a copy of the subwork order; to attach the copy of the subwork order to the order received from the dentist; and to maintain both orders for not less than three years.

PATIENT NAME, INITIALS or ID#: _____

Subcontractor Name: _____

Physical Address: _____

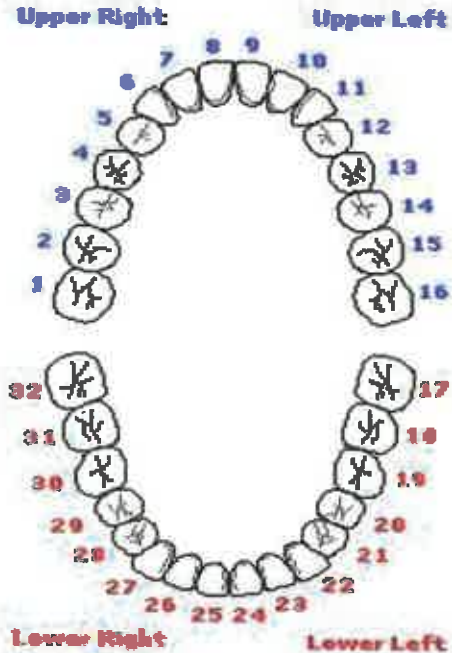
E-mail Address (optional): _____

Phone Number: _____

Contact Person: _____

RETURN BY DATE: _____

INSTRUCTIONS FOR WORK TO BE DONE (include diagrams if needed):



TYPE AND QUALITY OF RESTORATION MATERIALS:
(include diagrams if needed)

INSTRUCTIONS FOR SHADING:
(include diagrams if needed)

INSTRUCTIONS FOR RETURNING THE RESTORATION:

- Provide the sanitized restoration in a sealed container.
- Provide the name and physical address of the location where the restoration was fabricated.
- Provide a copy of the information the lab received from a manufacturer on the composition of the casting and ceramic materials used in fabrication, such as an Identalloy sticker.

Guidance document: 60-19

Approved: ~~December 7, 2012~~

~~Re-adopted: June 8, 2018~~

Signature: _____ Date: _____

Name Printed: _____ Telephone: _____

Address: _____

Email Address (optional): _____

Virginia Board of Dentistry
Policy on Sanctioning for
Failure to Comply with Insurance and Billing Practices

Excerpts of Applicable Law and Regulation and Guidance

- The Board may sanction any licensee for any unprofessional conduct likely to defraud or to deceive the public or patients, §54.1-2706(4)
- The Board may sanction any licensee for intentional or negligent conduct in the practice of dentistry or dental hygiene which causes or is likely to cause injury to a patient or patients, §54.1-2706(5)
- The Board may sanction any licensee for conducting his practice in a manner contrary to the standards of ethics of dentistry or dental hygiene, §54.1-2706(10)
- A dentist shall not obtain, attempt to obtain or cooperate with others in obtaining payment for services by misrepresenting procedures performed, dates of service, or status of treatment, 18VAC60-21-60.B.3
- ~~If a disciplinary proceeding will not be instituted, a board may send an Advisory Letter to the subject of a complaint or report, §54.1-2400.2(F)~~
- ~~Confidential Consent Agreements (“CCA’s”) may be used to address minor or technical violations, Guidance Document 60-1~~

Guidelines for Sending an Advisory Letter

1. If a disciplinary proceeding will not be instituted, a board may send an Advisory Letter to the subject of a complaint or report, §54.1-2400.2(F)

1. The reviewing Board member or ~~staff (the “Reviewer”)~~ designated staff may only request an Advisory Letter when there is not clear and convincing evidence to support a finding that a violation of law or regulation has occurred.
2. Advisory letters may be used to close cases when the ~~Reviewer~~ is determines concerned that the presenting information indicates that the licensee may be acting in ignorance of the applicable law and regulations.

Guidelines for Offering a Confidential Consent Agreement

1. The reviewing Board member or designated staff ~~The Reviewer shall~~ may offer a CCA for a first offense where there is only one finding of probable cause for fraudulent insurance and/or billing practices.
2. In cases where there are findings of probable cause for violations in addition to a single first offense of fraudulent insurance/billing practice violation, the ~~Reviewer~~ may offer a CCA consistent with Guidance Document 60-1.
- 2.-3. The offered CCA ~~shall~~ may include a finding that a violation occurred, ~~shall~~ may request that the licensee cease and desist the fraudulent insurance and/or billing practices, and ~~shall~~ may require continuing education in recordkeeping.

A. Guidelines for Imposing Disciplinary Sanctions

1. ~~The reviewing Board member or designated staff~~ The Reviewer may offer a Pre-Hearing Consent Order (“PHCO”) or request an informal fact finding conference when probable cause is found that the licensee has prior insurance and/or billing practice violations:
 - a. has prior insurance and/or billing practice violations
 - b. there were multiple patients affected by the licensee’s fraudulent insurance and/or billing practice violations
 - c. there were fraudulent insurance and/or billing practice violations
2. ~~The Reviewer may offer a PHCO or request an informal fact finding conference when probable cause is found that there were multiple patients affected by the licensee’s fraudulent insurance and/or billing practice violations.~~
3. ~~The Reviewer shall offer a PHCO or request an informal fact finding conference when probable cause is found that there were fraudulent insurance and/or billing practice violations.~~
2. The following sanctioning guidelines may be included in the PHCO:
4. ~~The Reviewer shall consider the following sanctioning guidelines:~~
 - a. A \$1,000.00 monetary penalty per violation, and continuing education in recordkeeping and risk management for a second single offense of fraudulent insurance and/or billing practices; or a first offense where there were multiple patients affected by the fraudulent insurance and/or billing practices
 - b. A \$5,000.00 monetary penalty per violation, a reprimand and continuing education in ethics for a third offense of fraudulent insurance and/or billing practices.
- a. ~~A \$1,000.00 monetary penalty per violation, and continuing education in recordkeeping and risk management for a second single offense of fraudulent insurance and/or billing practices; or a first offense where there were multiple patients affected by the fraudulent insurance and/or billing practices~~
- b. ~~A \$5,000.00 monetary penalty per violation, a reprimand and continuing education in ethics for a third offense of fraudulent insurance and/or billing practices.~~
- 5.3. In cases where there are findings of probable cause for violations in addition to fraudulent insurance and/or billing violations, the Reviewer may offer a PHCO or request an informal fact finding conference.

Agenda Item: Committee Action on Requirements for Infection Control

Included in agenda package:

Copy of original petition requesting amendment to regulation

Copy of NOIRA notice on Townhall

Copy of comments on the NOIRA

Copy DRAFT regulations

Committee action:

Recommendation to the Board of proposed regulations that:

Require documentation of training for dental assistants in CDC guidelines and OSHA compliance; or

Require documentation of certification in infection control procedures recognized by the Dental Assisting National Board (DANB) or the National Entry Level Dental Assistant; or

Other requirements as determined by the Committee



COMMONWEALTH OF VIRGINIA

Board of Dentistry

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4538 (Tel)
(804) 527-4428 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle Initial, Suffix,)

Mesimer, Misty, L on behalf of the Virginia Dental Hygiene Program Directors' Consortium

Street Address

2130 Germanna Hwy, P.O. Box 1430

Area Code and Telephone Number

540-423-9823

City

Locust Grove

State

Virginia

Zip Code

22508

Email Address (optional)

mmesimer@germanna.edu

Fax (optional)

540-423-9827

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

2. 18 VAC 60-30-10. Definitions.

"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.

3. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

The Virginia Dental Hygiene Program Directors' Consortium who also includes program directors for American Dental Association Commission on Dental Accreditation approved dental assisting programs recommends the amending 18 VAC 60-30-10. Definitions. Dental

"Dental assistant I" means any unlicensed person certified in infection control procedures and radiation health and safety recognized by the Dental Assisting National Board (DANB) or the National Entry Level Dental Assistant (NELDA) 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.

The primary purpose of the Virginia Board of Dentistry is to protect the public. Dental practices must have strict infection control practices in order to protect patients and employees. Breaches in infection control techniques jeopardize the safety of patients and the community. In Oklahoma, an aseptic breach by an oral surgeons office resulted in exposure to more than 7000 patients. In New Jersey, there is documentation of a patient death. In both California and Georgia, there are cases of pediatric patients developing infections in the bone as a result of pulpotomy procedures where instruments were not correctly processed. All dental professionals have a responsibility to societal trust, nonmaleficence, and beneficence.

Historically, dental assistants have received on the job training, putting the responsibility of infection control training on the dentist. Establishing a requirement for calibrated training and certification would ensure that all assistants have received the same information. In reality, dental practitioners are not the people in the office responsible for infection control processes and procedures. The CDC reports that majority of dental offices have no written protocol, exposure control plans, or a designated infection control coordinator.

Frequent breaches in asepsis is a result from not following transportation requirements, not wearing correct personal protective equipment, incorrect instrument packaging and reprocessing practices, inadequate sterilization testing procedures, and incorrect waterline maintenance.

We urge the Board to require minimum credentials for the safety of the citizens in the Commonwealth. The recommended credentials are successful completion of the Infection Control Examination and Radiation Health and Safety portions of the Dental Assisting National Board Examination or the National Entry Level Dental Assistant examination. This will not only benefit patients by improving safety. It will improve the quality of oral health care delivered in Virginia. Dentists will be able to focus on the art and science of dentistry, treating their patients, and growing their practices. They will be able to delegate with confidence the most important task related to patient care – SAFETY. There is absolutely no reason why Virginia should wait for one case of morbidity or mortality to occur before taking action. We urge you be proactive, not reactive.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

§ 54.1-2400. General powers and duties of health regulatory boards.

The general powers and duties of health regulatory boards shall be:

1. To establish the qualifications for registration, certification, licensure, permit, or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.
2. To examine or cause to be examined applicants for certification, licensure, or registration. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.
3. To register, certify, license, or issue a multistate licensure privilege to qualified applicants as practitioners of the particular profession or professions regulated by such board.


Signature:

Misty L. Mesmer, RDH, CDA

Date:

11/5/19

Virginia.gov Agencies | Governor



Agency Department of Health Professions

Board Board of Dentistry

Display Regulations Governing the Practice of Dental Assistants [18 VAC 60 - 30]

Action: Training in infection control**Notice of Intended Regulatory Action (NOIRA)** ⓘ

Action 5505 / Stage 8932

 [Edit Stage](#)
 [Withdraw Stage](#)
 [Go to RIS Project](#)
Documents

Preliminary Draft Text	None submitted	Sync Text with RIS
<input checked="" type="checkbox"/> Agency Background Document	4/13/2020 (modified 1/30/2021)	Upload / Replace
<input type="checkbox"/> Governor's Review Memo	1/30/2021	
<input type="checkbox"/> Registrar Transmittal	1/30/2021	

Status

Public Hearing	Will be held at the proposed stage
Exempt from APA	No, this stage/action is subject to Article 2 of the <i>Administrative Process Act</i>
DPB Review	Submitted on 4/13/2020 Policy Analyst: Jeannine Rose Review Completed: 4/27/2020
Secretary Review	Secretary of Health and Human Resources Review Completed: 10/29/2020
Governor's Review	Review Completed: 1/30/2021 Result: Approved
Virginia Registrar	Submitted on 1/30/2021 The Virginia Register of Regulations Publication Date: 3/1/2021 <input checked="" type="checkbox"/> Volume: 37 Issue: 14
Comment Period	Ended 3/31/2021 75 comments

Contact Information

Name / Title:	Sandra Reen / Executive Director
Address:	9960 Mayland Drive Suite 300 Richmond, VA 23233
Email Address:	sandra.reen@dhp.virginia.gov



Virginia

Dental Hygienists' Association

Virginia Department of Health Professionals
Board of Dentistry
9960 Mayland Drive, Suite 300
Henrico, VA 23233

March 31, 2021

Dear Board of Dentistry members,

The Virginia Dental Hygienists' Association (VDHA) supports the Board of Dentistry's efforts to ensure the protection of the citizens of the Commonwealth by requiring Dental Assistants (I) to have training and education on the principles of Infection Prevention and Control as outlined by the Centers for Disease Control in their Guidance on Dental Settings.

VDHA has the following policies supporting CDC guidelines:

R 4-97 INFECTIOUS DISEASE TRANSMISSION GUIDELINES

The Virginia Dental Hygienists Association supports the Centers for Disease Control and Prevention's (CDC) guidelines for preventing the transmission of infectious disease.

R 4-05 STANDARD PRECAUTIONS

The Virginia Dental Hygienists' Association advocates the utilization of universal infection and exposure control precautions, and maximum work site safety and training to protect the health and safety of both practitioner and patient.

Successful completion of a CE course in Infection Prevention and Control offered by sponsors recognized by the BOD would provide a MINIMAL standard for these important clinical team members to uphold so that they can help protect both dental patients AND dental team members. This has become especially evident and important to maintain as we continue to navigate through a global pandemic.

We offer the following suggestions to include in the proposed language:

1. (i) Satisfactory completion of an infection control course and examination given by any approved continuing education sponsor specified in Virginia Regulations for dentists and dental hygienists; or

2. (ii) Satisfactory completion of the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate Program; or
3. (iii) Satisfactory completion of the Infection Control Examination provided by the Dental Assisting National Board.

On behalf of the licensed dental hygienists and the student dental hygienists represented by the Virginia Dental Hygienists' Association (VDHA), we thank you for your public service.

Sincerely,

A handwritten signature in black ink that reads "Tracey C Martin". The signature is written in a cursive, flowing style.

**Tracey C Martin, BSDH, RDH
VDHA President 2020-2021**



Sandra Reen
Executive Director
Virginia Board of Dentistry
9960 Mayland Drive
Suite 300
Richmond, VA 23233

Christopher A. Roberts, DDS, MS
President



415.721.8768 phone
croberts@aaortho.org

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President-Elect



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805.581.2480 phone
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Lynne Thomas Gordon, CAE
CEO

314.292.6512 phone
lthomasgordon@aaortho.org

Dear Ms. Reen and Members of the Virginia Board of Dentistry:

I write to you on behalf of the American Association of Orthodontists (AAO) in response to the Notice of Intended Regulatory Action (NOIRA) published in the Virginia Register on March 1, 2021 to take regulatory action regarding infection control for dental assistants I. We appreciate the opportunity to submit public comment at this time.

The AAO is the nation’s largest dental specialty organization and represents more than 19,000 orthodontists in the United States and abroad. We have 396 members who are residents of, or licensed to practice dentistry in, the Commonwealth of Virginia.

Currently, the Virginia Board of Dentistry’s (“Board”) Guidance Document 60-15 (updated December 15th, 2018) titled, “Standards for Professional Conduct in The Practice of Dentistry,” indicates that it is the practitioner’s responsibility to, “Follow the applicable CDC infection control guidelines and recommendations. See <https://www.cdc.gov/oralhealth/infectioncontrol/index.html>.”

Furthermore, the Centers for Disease Control and Prevention (CDC) states that:

“Education on the basic principles and practices for preventing the spread of infections should be provided to all dental health care personnel (DHCP). DHCP include dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel). Training should include both DHCP safety (e.g., Occupational Safety and Health Administration bloodborne pathogen and patient safety, emphasizing job- or task-specific needs.”

See, "Education and Training." Centers for Disease Control and Prevention: Oral Health, <https://www.cdc.gov/oralhealth/infectioncontrol/faqs/education-training.html>

If the Board's current Guidance is to follow the CDC guidelines, the AAO believes that necessary regulations should defer to the CDC or replicate CDC guidelines. The CDC also offers "Key Recommendations for Education and Training in Dental Settings". Those recommends are as follows:

1. Provide job- or task-specific infection prevention education and training to all DHCP.
2. Provide training on principles of both DHCP safety and patient safety.
3. Provide training during orientation and at regular intervals (e.g., annually).
4. Maintain training records according to state and federal requirements.

See, "Administrative Measures and Infection Prevention Education Training." Centers for Disease Control and Prevention: Oral Health, <https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/administrative-measures.html>

The CDC guidance supports the notion of job-or task- specific education that can be done annually. Therefore, we feel that any infection control education and training required for dental assistants I should not create unnecessary burdens for dental offices given the limited scope of practice of a dental assistant I and the existing annual required Occupational Safety and Health Administration (OSHA) training. Requiring additional training would seemingly only be beneficial if the training includes some specific element related to the tasks of a dental assistant I that are not covered by OSHA training and CDC guidelines. Due to the limited scope of a dental assistant I, there does not seem to be any other task-specific infection control training that is not covered in guidance and training modules offered by OSHA or the CDC.

In summary, any DHCP in Virginia is already required to follow CDC and OSHA requirements, that additional regulation on infection control education and training required for dental assistants I should not create unnecessary burdens for dental offices given the limited scope of practice of a dental assistant I and the existing annual required OSHA training. Thus, the AAO advises against creating this additional regulation.

Thank you in advance for your consideration of these comments. Please do not hesitate to contact the AAO if we can be of any further assistance to the Board in its consideration of these issues.

Sincerely,



Trey Lawrence
Vice President, Advocacy and General Counsel
American Association of Orthodontists



Virginia Dental
ASSOCIATION



March 22, 2021

Ms. Sandra Reen
Executive Director
Virginia Board of Dentistry
9960 Mayland Drive, Suite 300
Henrico, VA 23233

Dear Ms. Reen,

On behalf of the Virginia Dental Association (VDA), I would like to express opposition to the Board of Dentistry's (BOD) consideration for specific requirements for dental assistants in infection control in dental practices indicated in NOIRA Action 5505.

The BOD currently requires dentists to adhere to OSHA and CDC Guidelines. Both OSHA and the CDC include infection control training for dental assistants in their training guidelines for dental offices. The VDA has included those OSHA and CDC guidelines in educational materials we have shared with members to ensure their offices are in compliance. An additional requirement for infection control training by the BOD would be redundant and potentially confusing, considering that these Guidelines are already required on an annual basis.

We are unaware of a plethora of reported cases of infection contraction due to pathogen exposure in a dental office that prompt a need for additional regulation. We believe that the appropriate mechanisms for enforcement already exist through the BOD's current requirements with regards to OSHA and CDC Guidelines.

I appreciate your consideration of the VDA's request to not impose a redundant requirement for dental assistants in Virginia. Patient safety is ALWAYS our first priority, however; we do not believe that this intended regulatory action has a basis for implementation. Thank you in advance for your consideration of our comments.

Sincerely,

Dr. Frank Iuorno, DDS
President
Virginia Dental Association



American Dental Assistants Association
140 N. Bloomingdale Road
Bloomingdale, IL 60108-1017
P: 877-874-3785
F: 630-351-8490
www.adaausa.org

Memo to: State Boards of Dentistry

From: Betty Fox, AS, CDA, RDA, FADAA
President, ADAA

Date: February 2, 2021

Subject: Mandatory Infection Control Education at the State Level

As the regulatory agency ultimately in charge of the protection of the public through licensing requirements for oral healthcare practitioners in the state, we are contacting you today to ask for your support in adopting the following important infection control guideline for the oral healthcare team practicing in your state. Of course, it is the state's prerogative to identify what is best for its citizens. The materials referred to in this correspondence are designed to provide guidance and assistance to the states in that endeavor.

The American Dental Assistants Association (ADAA) is the professional association in the United States whose mission is to advance the careers of dental assistants and to advocate for the dental assisting profession in matters of education, professional activities, credentialing and legislation. We promote the ideals and growth of the association which aid in the accessibility and delivery of quality oral health care to the public. ADAA works for the safety, health, and protection for all dental patients as well as the oral health care team and advocates that infection control laws, regulations, guidelines and best practices be mandated through government regulations.

The ADAA recognizes that mandatory education standards in infection control do not exist nationally for dental assistants. This means that someone with no background and knowledge in dentistry and infection control could be working in the dental office, participating in patient treatment and all facets of infection control. The coronavirus pandemic has magnified the importance of this issue and the need for education prior to being responsible for infection control in a dental setting.

Infection control education is at the forefront of the fight against coronavirus. The Centers for Disease Control emphasizes that "Ongoing education and training of DHCP are critical." See <https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf>.

According to the World Dental Federation (FDI), "Although the principles of infection prevention and control remain unchanged, new technologies, materials, equipment and updated data require continuous evaluation of current infection control practices and continuous education for the oral health team." See <https://www.fdiworlddental.org/resources/policy-statements/infection-prevention-and-control-in-dental-practice>.

In light of this, ADAA believes that mandatory infection control education for the oral healthcare team should be implemented to include a requirement that ALL dental assistants have a minimum of 12 hours of CODA, ADA CERP, or AGD PACE-approved didactic and 4 hours of clinical education in infection control, including performance evaluation.

ADAA has a series of AGD PACE approved courses that would qualify for this education. ADAA has also created a clinical component made up of performance evaluations to provide guidance for the content to be included in the didactic portion of the mandated education.

The ADAA would be happy to provide any assistance in your deliberations regarding infection control education for dental assistants.

Please let us know how else we may help.

BF/jek

S:\ADAA\Legislation\sbod_template_infection_control.pdf

Julie F Simms, RDH, BSDH
4811 Walney Knoll Ct.
Chantilly, VA 20151

December 30, 2019

Virginia Board of Dentistry
9960 Mayland Drive, Suite 300
Richmond, VA 23233-1463

Dear Honorable Board Members,

My name is Julie Simms and have been a licensed dental hygienist in Virginia since 1983. I have worked as a clinical hygienist all these years. Recently, accepted an adjunct staff position at Hagerstown Community College.

I write in support of regulation of Dental Assistant I and II's to have educational requirements to comply with the standards of Infection Control as defined by the Centers for Disease Control and Prevention guidelines for preventing the transmission of infectious disease.).

The following is VDHA Policy regarding our standards.

R 4-05

STANDARD PRECAUTIONS

The Virginia Dental Hygienists' Association advocates the utilization of universal infection and exposure control precautions, and maximum work site safety and training to protect the health and safety of both practitioner and patient.

R 6-80

RADIATION STANDARDS

The Virginia Dental Hygienists' Association supports educational standards and proven minimal competency in radiation, physics, safety, and technique for all dental office personnel responsible for exposing radiographic films in the dental environment.

R 7-80

RADIATION SAETY STANDARDS

The Virginia Dental Hygienists' Association supports the active involvement of the dental profession: dentists, dental hygienists, and dental assistants, in reviewing, revising, maintaining and monitoring quality standards for radiation safety and health of the public.

R 4-97

INFECTIOUS DISEASE TRANSMISSION GUIDELINES

The Virginia Dental Hygienists' Association supports the Centers for Disease Control and Prevention's (CDC) guidelines for preventing the transmission of infectious disease.

18VAC60-21-170. Radiation certification.

No dentist or dental hygienist shall permit a person not otherwise licensed by this board to place or expose dental x-ray film unless he has one of the following: (i) satisfactory completion of a radiation safety course and examination given by an institution that maintains a program in dental assisting, dental hygiene, or dentistry accredited by CODA; (ii) certification by the American Registry of Radiologic Technologists; or (iii) satisfactory completion of the Radiation Health and Safety Review Course provided by the Dental Assisting National Board or its affiliate and passage of the Radiation Health and Safety Exam given by the Dental Assisting National Board. Any certificate issued pursuant to satisfying the requirements of this section shall be posted in plain view of the patient.

I have been an active member of the Virginia Dental Hygienists' Association since graduating from Old Dominion University in 1983. My interest in a dental hygiene career started as a high school senior in which a dentist hired me to perform dental assistant duties. I was trained in the office. I took radiographs, gave fluoride treatments and performed "prophylaxis" on children not realizing the potential risks and hazards to the patients and me. I worked while going to college to become a hygienist. I became very aware of the need for dental assistants to become trained, certified and licensed. Not only do these regulations protect the community we are serving, but raises the standards of the dental assistants and gives this profession the recognition it deserves. In my experience, dental assistants are given numerous responsibilities regardless of their professional training. I refer to professional training, as a certification from a dental assistant program. I have considerable respect for dental assistants. They play a major role in the dental team. But they should have educational requirements to safely continue their role.

Again, I support regulations of Dental Assistant I and II's to have educational requirements to comply with the standards of Infection Control as defined by the Centers for Disease Control and Prevention guidelines for preventing the transmission of infectious disease.).

Respectfully,

Julie F Simms, RDH, BSDH
VDHA Trustee



Agency

Department of Health Professions

Board

Board of Dentistry

Chapter

Regulations Governing the Practice of Dental Assistants [18 VAC 60 - 30]

Action	<u>Training In infection control</u>
Stage	<u>NOIRA</u>
Comment Period	Ends 3/31/2021

75 comments

All comments for this forum**[Back to List of Comments](#)**

Commenter: Heather Fonda

3/1/21 11:50 am

DA's need to be Infection Control Certified

I am writing in support of the proposed regulation change requiring dental assistants to be Infection Control Certified (ICE) through DANB or NELDA before they are permitted to practice in the Commonwealth of Virginia. Having graduated from an accredited dental assisting program as a CDA in December of 2018, I am well aware that dentistry, like other medical fields, has its potential for health-altering hazards. My education and subsequent DANB certifications have provided me with the knowledge and credentials I need to protect my patients, myself, my team, and my community from injury and communicable disease. An on-the-job trained dental assistant without certifications, however, will likely have no idea what airborne or bloodborne pathogens are, what standard precautions are, or even that there is a difference between disinfection and sterilization; all of which are paramount knowledge in the avoidance of cross-contamination and subsequent maleficence. Patients and people, in general, have immense societal trust in their healthcare providers. That trust should be honored. The allowance of substandard practice is therefore unacceptable. I ask you to please see the validity and criticality of this proposal. The patients and dentists of the Commonwealth of Virginia deserve competent certified dental assistants. With COVID an ever-present threat these days, I can't think of a more opportune moment to instate this change.

Thank you for reading my testimony and for your consideration of this very important issue.

CommentID: 97268

Commenter: Austin Westover

3/6/21 8:11 am

Against Certification

This proposed certification requirement will not benefit the public or dental offices. Any new dental assistant is trained under the dentist who has already received extensive training and is entirely capable of training a new assistant. COVID has shown that dental offices around the country are routinely doing an adequate job with sterilization as there hasn't been a single COVID outbreak traced back to a dental office anywhere in the country. Requiring a certificate that an assistant went to an assistant school will especially hurt dental assistants in rural areas that do not have access to an accredited assisting school.

We already have OSHA training every other year to refresh the staff and doctors about proper sterilization protocols. Many assistants will be forced to pay for this certification themselves which will put an undue hardship on those who have the lowest income in a dental practice.

If various infections disease outbreaks have been traced to improper sanitation of dental offices, I would support this bill. However, I feel the only group of people this will help are those who run dental assisting accreditation programs.

CommentID: 97288

Commenter: Misty Mesimer, Germanna Community College

3/11/21 11:31 am

Infection Control for DA I's

Misty L. Mesimer, RDH, MSCH, CDA
14 Little Street
Fredericksburg, VA 22405

March 11, 2021

Virginia Board of Dentistry
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Honorable Members of the Board,

Thank you so very much for advancing the petition requiring dental assistants to have certification in infection control procedures. It is such a very important topic that needs to be addressed. As we learn to live in a post-pandemic world being more mindful of aerosolized transmissions, you are demonstrating progressive thinking and action. The importance of needing education and certification in infection control is evident in your decision last March to advance this petition. I am writing now to discuss how we can operationalize this request.

The easiest and most simple solution would be to say that all dental assistants must hold Certified Dental Assistant certification from the Dental Assisting National Board. It would take all the work of certification and recertification off of your plate. It would allow safe practice of dental assistants to be credentialed by a well-recognized and reputable organization that the Board can trust. The Board would be assured of currency in infection control knowledge as well because maintaining the CDA credential requires annual education in infection prevention. I strongly advocate for dental assistants to be Certified Dental Assistants. This truly is a first step in assuring quality oral health care in our great Commonwealth.

But I also recognize that we must navigate a regulatory system that has not always recognized the importance of formal education and credentials. Those that have served in the role of a dental assistant without formal education and credentialing must be respected and honored. The good news is that there are options for these professionals as well.

As a first step, I recommend that we mirror regulations that are already in place. The requirements for x-ray certification. The language reads: "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.”

I propose that you create language for infection control certification that reads: “A dental assistant I shall not participate in clinical dental procedures until (i) satisfactory completion of an infection control course and examination given by an institution that maintains a program in dental assisting, dental hygiene, or dentistry accredited by CODA; (ii) satisfactory completion of the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate Program; or (iii) satisfactory completion of the Infection Control Examination provided 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.” Dental assistants who certify through any of these methods and do not maintain the CDA credential must have annual continuing education in infection prevention and control. It is further recommended that dental assistants have until the next license renewal cycle to become compliant once the final language is approved.

There have been so many stories of allied dental professionals not returning to their roles as they feared the unknown. Requiring this level of entry-level credentials will help to grow the dental profession. Dental assistants will be able to face the next pandemic with a strong base of knowledge. They can proudly and safely serve because they understand disease transmission and prevention principles. They will not need to rely on the media and political rhetoric to try and decipher best practices. Doctors will have a well-informed assistant to help them navigate stressful and uncertain times. This will help to better serve the dental team and the patients.

Dental assistants will be able to use this credential as a stepping-stone to a long career in dentistry. There won't be a temptation to go work at Starbucks where there the only aerosol is coffee grounds and steamed milk. This will encourage relationship building with the patients of the Commonwealth and help promote the highest standards of care.

Again, thank you for your attention to this important issue. Your decisions have the potential for positive impact both immediately and long term.

Respectfully,

Misty L. Mesimer, RDH, MSCH, CDA

CommentID: 97296

Commenter: Matthew Stephens

3/14/21 8:16 am

Against Certification Requirement

The responsibility for proper infection control policies and training lies with the dentist or practice owner solely. A certification for dental assistants will be an extraneous requirement. Further, the targeting of the dental assistant community by the hygiene community is condescending and misplaced: if it is important for one portion of the profession it is important for everyone. This certification will duplicate the annual OSHA training, CDC guidelines, and place an undue burden on the dentist or practice owner.

CommentID: 97299

Commenter: Betty Fox

3/15/21 2:28 pm

Practice of Dental Assisting (18 VA 60-30) - Training in Infection Control

The American Dental Assistants Association (ADAA) is in support of proposed Chapter Regulations governing the Practice of Dental Assisting (18 VA 60-30) Training in Infection Control.

In October 2020, the ADAA called on all states to recognize the importance of educating dental assistants in infection control.

Our position recommends a minimum of 12 hours of didactic instruction in infection control and 4 hours of hands-on instruction to include skill evaluations that are signed off on by a licensed dentist for all dental assistants. We believe that each individual State Board will know how best to serve the citizens of their state to keep them safe while in a dental office.

The ADAA believes that an educated dental assistant is an asset first and foremost to the public, then to the dental practice. The ADAA offers course work for all dental assistants that covers several different areas of infection control, including waterline biofilm, handwashing techniques, placement of barriers in the treatment room and placement of personal protective equipment.

Please contact ADAA should you need additional information. We would be pleased to discuss this issue further with you.

CommentID: 97310

Commenter: Richard F Roadcap DDS

3/16/21 9:12 pm

Opposed to this new requirement

This proposed certification places an undue burden on rural practices, where employees may have to travel long distances to receive training. Dental office employees are already required to receive annual training in OSHA and infection control. Also, dental assistants entering the workforce will feel compelled to seek training at their own expense, to be considered for employment.

CommentID: 97345

Commenter: Angela Smith

3/17/21 1:11 pm

Support for IC Certification

As a career dental assistant and now a dental assistant educator, I cannot express how important it is to have infection control training and certification. I have had both on-the-job and formal dental assisting training. My OTJ training was sufficient for the time (1980s), but the current environment warrants more strict/stringent training in infection control. Certification in Infection Control would go far in winning the trust of the public. Understanding the whys, as well as the hows, of IC makes a dental assistant very valuable and formal training and certification takes the burden off the doctor to do so. Relying solely on annual OSHA training isn't enough to protect the public since OSHA protects the employee. Thank you for your time and attention in this matter.

CommentID: 97371

Commenter: Summer Marquette Woodard

3/23/21 2:11 pm

In strong favor of Certification for Dental Assistants

As a career dental assistant of 20+ years, who started as an OTJ trained assistant, I fully support this petition for certification in infection control procedures. I was trained very well at a community health clinic who was accredited through JCAHO. Unfortunately, I found that after leaving the organization, the infection control training and annual OSHA training were not regulated and maintained the same in offices that were not accredited through an organization. I am from the poorest and most rural area in Virginia, the most southwest area of the state, and the education is available if you are willing to look for it. The ADAA offers courses that train dental offices in infection control and meet DANB requirements. I am now a CDA, the team leader at my wonderful dental home, a member of the Advisory Board of the MECC Dental Assisting Program, and a current DAll student at GCC. I have always believed that furthering education and attaining certifications are the best way to provide the best care for my patients. My personal opinion is that all dental assistants should be certified through the DANB and maintain their certifications yearly by completion of CE credits. This would allow the great State of Virginia to offer the best quality of oral healthcare to our patients. Patients would recognize that their safety, and the safety of their practitioners has become of the utmost importance to us. In this post pandemic world, patients are highly aware and inquire of the measures being taken to keep them healthy and safe. I would hope that dental assistants that are currently practicing without a certification could easily complete such a course and sit for the DANB Infection Control Exam. I would also hope that they would be willing to do this to further their knowledge and provide the safest oral healthcare they can to their families and communities. I understand that this is only a first step and that there will need to be special circumstances that allow already practicing non-certified dental assistants a smooth and easy transition into attaining the certifications needed. I am confident that the Board will handle this matter with respect and fairness to those assistants. I am excited for what this petition could mean for the growth of the practice of dental assisting. Thank you for your attention and consideration to this petition.

Summer Woodard, CDA

Big Stone Gap, VA 24219

CommentID: 97413

Commenter: Roger A. Palmer, DDS

3/23/21 10:06 pm

Against another regulation

The Board of Dentistry has already required that Dental Offices abide by the regulations of both the CDC and OSHA.

I practice in a rural community where trained dental assistants are a rarity. We must train our own assistants and formal training is not readily available.

Over the past 45 years I have had a number of high school students who have worked in my office. Several have gone on to be Dental Hygienists, RN's and one is now a dentist.

Having a requirement, as some have suggested, that no one could work as a dental assistant before having approximately 16 hours of infection control training at a formal setting is not reasonable. We lose and must rehire staff quickly in a rural practice.

Our Component (3) of the Virginia Dental Association has an annual meeting where we do OSHA, Infection Control and CPR Training.

I do not think that requiring dental assistants to be certified once a year will protect the health of the citizens of the Commonwealth of Virginia and instead lose employment opportunities to young Virginians.

CommentID: 97414

Commenter: William G. Horbaly, D.D.S., M.S., M.D.S.

3/25/21 2:11 pm

Oppose additional Regulations

March 25, 2021

Dear Members of the Virginia Board of Dentistry,

The Virginia Board of Dentistry does not need to regulate infection control training for DAs. First, the Virginia Dental Hygiene Director's Consortium should not be initiating a petition for rule making that affects the Dental Profession as a whole. They should certainly make that recommendation for their own membership should they feel the need. As dental professionals with advanced education and training, Dentists are more than qualified to ensure that their DAs are effectively and competently trained in infection control procedures. This is in fact the case as evidenced by the Board's finding that there have been no reports of infection spread in the state of Virginia by an untrained dental assistant. This finding alone should negate the need for an added regulation...case closed. Otherwise, we are now subjected to proposed regulations based on a perceived issue, rather than on the scientific data. In addition, the Board makes the case for relieving the owner/doctor from all infection control accountability with the following statement: "Since dental assistants are not regulated by the Board, the dentist is accountable for infection control practice, but it is often the dental assistant who is responsible for infection control processes and procedures." So, by regulating DA infection control training, one can only assume that the Board now feels that it wants to take on the added responsibility for monitoring dental assistant training and disciplining them when standard infection control procedures are not followed. This would also seem to have the negative effect of releasing the overseeing Doctor from having any accountability for the infection control procedures implemented in his/her office possibly increasing the number of infectious diseases spread by poorly supervised infection control procedures.

In summary, I think the Board's decision to consider regulating infection control training for DAs is shortsighted and an overreach by the Board. The mere fact that this proposal was not even put forth by the community of professional dentists shows the lack of need for this type of regulation.

I respectfully request that the Board reconsider implementing such a regulation.

Sincerely,

 Unsupported image type.

CommentID: 97419

Commenter: Walter E Saxon Jr

3/27/21 10:11 am

Against Unneeded Regulation

I am against the Board of Dentistry requiring dental assistants to be certified by another agency for infection control, etc. The dental assistant (DA) works under our license. We are already required to provide training in Blood Borne Pathogens, HIPAA, etc. This includes infection control. I doubt that any standardized test would be specific enough to cover each individual office. In essence the proposed regulation would still result in the individual office being sure that the DA is trained for that office. We've been doing this for all employees for many years, not just DAs. Infection control, etc. is an office endeavor. There have not been any instances that I'm aware of infection control causing a problem in dental offices, even though we are in a pandemic, that is different from previous ones (avian and swine flu).

This also poses a hardship for dental offices who need to hire a dental assistant. The majority that I've hired through the years don't have experience and we train them. Requiring them to pass a test by another entity first is a hinderance to allowing us to provide safe, quality dentistry in an efficient manner. The first item on their first day is about the risks of bloodborne, etc. as we want them to remain healthy, which is connected to infection control (part of OSHA requirements). A

required state test would not relieve dentists of their responsibilities and if a new assistant was to be regulated by the Board of Dentistry, it would probably mean that we would have a harder time filling the position. This could potentially result in our insurance premiums going up.

Years ago, at a statewide meeting of regional planning district commissions, the director of the BIGS Center of John Tyler CC was talking about their ability to increase revenue due to state regulations. The first example was the "Radiation Safety Course". This proposal seems to me to be in the same category. I don't see any benefit in either one and would welcome the Board of Dentistry declining to require DA to get any other training other than what is already required by state and federal regulations. It would be even better if they would study and see if there are any advantages in the "Radiation Safety Course". It was implemented over 40 years ago and x-rays have undergone many improvements through the years. One teaching institution has a sign saying that the machine is low radiation and shielding is not required, but will be used if requested. It seems that this requirement has outlined its usefulness, but not been deleted. That's the problem with regulations and laws, their relevance isn't reviewed and updated as needed. Don't add another.

CommentID: 97437

Commenter: Denise Nguyen, DDS

3/27/21 6:50 pm

Notices of Intended Regulatory Action

I am a member of the American Association of Orthodontists, and I agree with the comments my association has submitted.

Denise Nguyen

CommentID: 97444

Commenter: George Sabol

3/28/21 9:31 am

NOIRA regarding additional training for infection control

I am opposed to the proposed regulations to require additional infection control for dental assistants. The current state laws already require dentist to provide and be responsible for proper infection control training of our staff. In our offices, we provide both CDC and OSHA training on an annual basis. We also have members of our team that are "compliance monitors" to make sure proper procedures and protocols are being followed at all times.

Additional training beyond what is already required would be a burden to our practice and be redundant.

CommentID: 97445

Commenter: American Association of Orthodontists

3/28/21 11:35 am

Infection Control for Dental Assistants I

Dear Ms. Reen and Members of the Virginia Board of Dentistry:

I write to you on behalf of the American Association of Orthodontists (AAO) in response to the Notice of Intended Regulatory Action (NOIRA) published in the Virginia Register on March 1, 2021 to take regulatory action regarding infection control for dental assistants I. We appreciate the opportunity to submit public comment at this time.

The AAO is the nation's largest dental specialty organization and represents more than 19,000 orthodontists in the United States and abroad. We have 396 members who are residents of, or licensed to practice

dentistry in, the Commonwealth of Virginia.

Currently, the Virginia Board of Dentistry's ("Board") Guidance Document 60-15 (updated December 15th, 2018) titled, "Standards for Professional Conduct in The Practice of Dentistry," indicates that it is the practitioner's responsibility to, "Follow the applicable CDC infection control guidelines and recommendations. See <https://www.cdc.gov/oralhealth/infectioncontrol/index.html>."

Furthermore, the Centers for Disease Control and Prevention (CDC) states that:

"Education on the basic principles and practices for preventing the spread of infections should be provided to all dental health care personnel (DHCP). DHCP include dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel). Training should include both DHCP safety (e.g., Occupational Safety and Health Administration bloodborne pathogen and patient safety, emphasizing job- or task-specific needs."

See, "Education and Training." Centers for Disease Control and Prevention: Oral Health, <https://www.cdc.gov/oralhealth/infectioncontrol/faqs/education-training.html>

If the Board's current Guidance is to follow the CDC guidelines, the AAO believes that necessary regulations should defer to the CDC or replicate CDC guidelines. The CDC also offers "Key Recommendations for Education and Training in Dental Settings". Those recommends are as follows:

1. Provide job- or task-specific infection prevention education and training to all DHCP.
2. Provide training on principles of both DHCP safety and patient safety.
3. Provide training during orientation and at regular intervals (e.g., annually).
4. Maintain training records according to state and federal requirements.

See, "Administrative Measures and Infection Prevention Education Training." Centers for Disease Control and Prevention: Oral Health, <https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/administrative-measures.html>

The CDC guidance supports the notion of job-or task- specific education that can be done annually. Therefore, we feel that any infection control education and training required for dental assistants I should not create unnecessary burdens for dental offices given the limited scope of practice of a dental assistant I and the existing annual required Occupational Safety and Health Administration (OSHA) training. Requiring additional training would seemingly only be beneficial if the training includes some specific element related to the tasks of a dental assistant I that are not covered by OSHA training and CDC guidelines. Due to the limited scope of a dental assistant I, there does not seem to be any other task-specific infection control training that is not covered in guidance and training modules offered by OSHA or the CDC.

In summary, any DHCP in Virginia is already required to follow CDC and OSHA requirements, that additional regulation on infection control education and training required for dental assistants I should not create unnecessary burdens for dental offices given the limited scope of practice of a dental assistant I and the existing annual required OSHA training. Thus, the AAO advises against creating this additional regulation.

Thank you in advance for your consideration of these comments. Please do not hesitate to contact the AAO if we can be of any further assistance to the Board in its consideration of these issues.

Sincerely,

Trey Lawrence

Vice President, Advocacy and General Counsel
American Association of Orthodontists
CommentID: 97447

Commenter: Michael Morgan, DDS

3/29/21 11:10 am

Oppose new regulation

As a member of the Va. Dental Association, I support the position expressed by VDA President, Dr. Frank Luono, which opposes a new regulation and certification process requiring dental assistants to receive additional training for infection control.

CommentID: 97461

Commenter: Ronald C Fuhrmann DDS

3/29/21 11:44 am

Oppose new and redundant certification

This new requirement is already addressed and in place with everything we already are doing. It is just an unneeded new regulation. Dr Fuhrmann

CommentID: 97464

Commenter: Mollie Gioffre, DDS

3/29/21 11:48 am

oppose this regulation

I strongly oppose adding yet another training to the list of requirements. At the bare minimum dental assistants are trained by their dentist employers who have been extensively trained in infection control. That should be enough, but assistants are also trained in their dental assisting educational programs and in yearly OSHA trainings. What is the science behind needing more regulation regarding infection control? Have there been a large number of infections due to inadequate infection control? Unnecessary regulations drive the good people away.

CommentID: 97465

Commenter: Weisberg

3/29/21 12:15 pm

Notice of Intended Regulatory Action (NOIRA) 5505

There are currently extensive guidelines from both the CDC and OSHA related to infection control in dental offices. As of currently, I am unaware of cases originating in dental offices and therefore recommend against increased documentation of training for dental assistants which would lead to an unnecessary increase in costs to the patients.

CommentID: 97467

Commenter: K. Vaughan, DDS

3/29/21 12:40 pm

New regulatory requirement issue

I tried to find statistics that support the need for this additional training but was not successful. This is already an annual requirement. All new assistants are trained in this when they get their certification and annually thereafter. If they are unaware of the infection control protocols and are having measurable issues with infection control, it is not due to a lack of training. Adding another redundant training requirement will not solve this perceived problem.

CommentID: 97468

Commenter: Ralph L Howell, Jr., DDS, MAGD

3/29/21 1:28 pm

Against new regulation

As a dentist that has practiced in the Commonwealth for over 30 years, I find this additional regulation to be redundant in nature and it could have an adverse effect on access to care in a profession that currently has a shortage of providers in underserved communities. Current regulations and requirements on the practice of dentistry in the Commonwealth require adherence to OSHA and CDC guidelines. Any additional regulation is unnecessary.

CommentID: 97472

Commenter: Ryan Simone, DDS

3/29/21 1:36 pm

Opposition to Proposal

The newly proposed regulation for additional training is redundant and has no purpose. Infection control training is already accounted for extensively with the current CDC and OSHA guidelines which require such training on an annual basis; furthermore, these existing guidelines have proven to be successful as demonstrated by the fact that the State of Virginia has, as I currently understand it, reported no cases of infection contraction due to pathogen exposure in a dental office.

CommentID: 97473

Commenter: Ellis Family Dentistry - Jonathan Ellis DDS

3/29/21 2:37 pm

Against new regulation regarding dental assistants

The proposed new regulations requiring additional infection control training for dental assistants creates an unnecessary hurdle to becoming a dental assistant, especially in a COVID-19 world. Dental employers have always been responsible for this training and adhering to OSHA and CDC guidelines. We have done an exceptional job at this type of training and have had no issues with transmission. We do not need additional regulation with red tape making it more difficult to hire and maintain employees.

CommentID: 97474

Commenter: Carmen Cote

3/29/21 2:53 pm

Opposing to new regulations for Dental Assistants

I think we have enough training to do already for us and our staff. We made it through this Covid-19 year without any patient or staff member getting contaminated. We do not need more unnecessary training of something we are already doing.

CommentID: 97475

Commenter: Gregory Kontopoulos, DDS

3/29/21 3:05 pm

Opposition to new proposal due to its redundant nature with current training

I am opposed to the BOD current proposal for redundant training in infection control for dental assistants in NOIRA Action 505. I believe the current Virginia regulations for infection control

training thru CDC and OSHA guidelines are sufficient and further requirements by the BOD would be unnecessary due to the redundant nature.

CommentID: 97476

Commenter: Peter Murchie DDS

3/29/21 3:18 pm

Opposition to requirements for Dental Assistants

Board of Dentistry,

I am writing in opposition to requirements that dental assistants receive separate training and certification regarding infection control. The additional training would be redundant and unnecessary as it is already included in OSHA and CDC guidelines.

In addition to my knowledge the state of Virginia has not had any reported cases of infection contraction due to exposure in a dental office.

Thank you for your consideration.

Peter Murchie dds

CommentID: 97477

Commenter: Dr Don Cherry

3/29/21 3:29 pm

Oppose the additional requirement for dental assistants !

Additional requirements are redundant and not needed !

CommentID: 97478

Commenter: Scott H Francis DDS

3/29/21 3:54 pm

Opposition to additional training

Dentists, dental hygienists, and dental assistants have already "stepped up to the plate" to deliver safe, quality dental care to the citizens of the Commonwealth by using OSHA and CDC guidelines to add to dentistry's already robust infection control procedures. Acquisition or spread of Coronavirus in the dental setting has not been shown to be a problem. Requiring "training" of dental assistants would be a redundant and unnecessary burden and have the unintended consequence of adding to the cost of dental care in the midst of a pandemic which is sapping the financial resources of both dental practices and patients.

CommentID: 97480

Commenter: David Circeo

3/29/21 5:20 pm

Oppose the additional requirements for dental assistants

Due to the redundant nature of this type training from our annual OSHA classes and routine office discussions about infection control, I feel this is redundant and unnecessary.

Thank you for your consideration

CommentID: 97481

Commenter: William Munn DDS

3/29/21 5:32 pm

Opposing to new regulations for Dental Assistants

Additional requirements for Dental Assistants would be a waste of time since everyone in the dental office should get this information through our required yearly OSHA and CDC training. Current laws already require dental offices to maintain exceptionally high standards for infection control. Additional training isn't needed.

CommentID: 97482

Commenter: Milan Bhagat

3/29/21 5:38 pm

Opposition to New Regulations for Training for Dental Assistants

Hello,

I strongly oppose to the new requirements for dental assistants requiring additional training, as it would be redundant and further more confusing. As Dentist, we are already adhere by CDC and OSHA guidelines for compliance, which include yearly training.

I appreciate you to reconsider imposing such redundant requirements for dental assistants.

Thank you,

-

Milan Bhagat, DMD

CommentID: 97483

Commenter: Michael Hutchings, DDS, Hampton Family Dentistry

3/29/21 7:04 pm

Oppose Additional Dental Assistant Training Requirements

As a dental practice owner and full-time clinician, I am very concerned all my staff maintain high infection control standards. New staff receive initial training and all staff receive periodic and annual refresher training based on OSHA and CDC Guidelines. I agree with the position of the VDA that implementing an additional layer of requirements would be redundant and hence, I am in opposition.

Respectfully,

Michael L. Hutchings, DDS

CommentID: 97484

Commenter: Thomas Olivero

3/29/21 7:26 pm

Infection control training and certification for assistants

To require additional training and certification for dental assistants would be unnecessary and redundant. The Infection control protocols are dictated by OSHA and CDC requirements and guidelines. This additional requirement would place a unneeded and additional burden on dental practices which have demonstrated exceptional compliance with current standards. This is another layer of regulation which is already covered in current standards. I do not feel this is necessary.

Respectfully,

Tom Olivero DDS

CommentID: 97485

Commenter: McKenzie Woodard

3/29/21 7:32 pm

Additional infection control training

This seems very much a redundancy of the training already mandated through OSHA regulatory protocols. I do not see the benefit to this and places an additional burden on offices.

CommentID: 97486

Commenter: Robert Feild , Feild Dentistry

3/29/21 7:56 pm

Infection control regulation

I support the VDA presidents position and think that dentistry is doing a great job in infection control and is following OSHA and CDC to name a few.

CommentID: 97493

Commenter: Michael Newman DMD

3/29/21 7:57 pm

Opposition to proposal.

I oppose the proposal for additional training requirement.

CommentID: 97494

Commenter: Richard W Bates DDS

3/30/21 7:51 am

opposition to proposed additional training for dental assistants

I support the VDA President's letter opposing the proposed legislation for additional training for dental assistants. It has been covered by the CDC and OSHA guidelines and dentistry has done a fantastic job following these guidelines. More legislation would be redundant and an additional cost to dental offices when costs have gone up already during this COVID crises.

Richard W Bates DDS

CommentID: 97510

Commenter: GERALD Q FREEMAN JR DDS LLC

3/30/21 10:59 am

In complete agreement with Dr. Vaughn in opposing more layers of legislation redundancy

After reading over the comments I feel Dr. Keith Vaughn's position is of merit. The training is there and available. Mandating more training will not solve a perceived problem and only add more burden to all providers without benefit to the public. I do not support this measure.

CommentID: 97532

Commenter: Ursula Klostermyer

3/30/21 11:00 am

Opposing

I oppose this proposal, as this is an unnecessary burden for dental assistants. The regular OSHA training performed gives the dental assistant a good fresh up of their knowledge annually. An extra course would be -especially for dental assistants who live and work in more rural areas- unnecessary for an experienced dental assistant.

CommentID: 97533

Commenter: Steven A Carroll DDS

3/30/21 12:56 pm

opposition to proposed additional training for dental assistants

opposition to proposed additional training for dental assistants

CommentID: 97545

Commenter: Heath Cash

3/30/21 4:05 pm

Strongly opposed to additional infection control requirements for assistants

I am strongly opposed to the newly considered requirements for dental assistants.

CommentID: 97561

Commenter: Dr A B Hammond III

3/30/21 6:31 pm

I DO NOT Support additional regulation on infection control education & training dental assistants

I DO NOT support additional regulation on infection control education and training for dental assistants. This creates unnecessary burdens on our practices when we already have extensive training required for our assistants to meet existing OSHA and other infection control requirements.

Respectfully,

A B Hammond III DDS

Orthodontist

Lexington VA

CommentID: 97569

Commenter: Edward Joseph Weisberg

3/30/21 9:44 pm

I am Opposed to Additional Certification in Infection Control for Dental Assistants.

I am opposed to additional certification in infection control for Dental Assistants. Dental offices adhering to OSHA and CDC guidelines train all of their staff (hygienists, dental assistants and administrative staff) on a regular basis how to protect themselves and their patients. This certification process would be a costly and unnecessary. I have not heard of any problems in dental offices with the current training requirements.

CommentID: 97572

Commenter: Tiffany F Kessler DDS London Bridge Smiles A Division of Atlantic Dental Ca

3/30/21 9:49 pm

Opposition to required additional infection control training for dental assistants

I oppose additional separate certification and training of dental assistants in infection control practices. I find it redundant in the fact we are required to train according to CDC and OSHA standards and spend many hours training annually to comply.

To date there are no reported cases in the state of infection due to pathogen exposure in a dental office.

CommentID: 97573

Commenter: Charles Jewett DDS

3/31/21 12:33 am

Opposition to unneeded, redundant IC training for DA

I have read comments in support of this regulatory proposal, which goes back a few years. The comments do not include specific cases, or research, that demonstrate problems with the existing requirements or support this redundant regulation. The support is from organizations, educators, and individuals that would benefit financially from the regulation. The result of the regulation would further reduce the already small number of applicants for DA positions, and complicate the already expensive and time consuming process of on the job training for new employees, and employment of part time DAs. The result would reduce clinical time, and raise the overhead cost for dental offices, and probably reduce the total number of DA in the workforce.

My clinical team have all been with me for 12 to 20 years. They are already frustrated with our repetitive quarterly retraining in Infection Control, OSHA, HIPAA, Emergency management, CPR, etc. I have benefited from several DAs with DANB certification in my practice. Other excellent DAs have considered DANB, with my support, and ruled it out for a variety of personal and financial reasons. Many DAs do not have the patience or interest to take a lot of classroom courses, and to force repetition of overlapping training yearly is frustrating and a waste of their time. I do not see how patients would benefit from this addition of redundant training requirements. It would certainly reduce the time we have to provide their dental care.

CommentID: 97576

Commenter: Margaret Capocelli

3/31/21 8:27 am

Infection control and DA 1

I strongly favor the infection control requirements for DA 1 in Va. During this time of covid and any future outbreaks, it is essential that proper training is given to help stop the spread of viruses and diseases to our staff and patients.

CommentID: 97584

Commenter: Heather Bowling

3/31/21 8:35 am

DAI infection Control

As a CDA I believe dental assistants should have infection control training. Without this proper training we leave room for cross contamination this is even more important with COVID-19 and many other viruses. Operatories need to be properly cleaned before the next patient arrives as well as the instruments and waterlines being properly maintained and cleaned. We are putting our community and families more at risk by not having dental assistants trained in infection control.

CommentID: 97585

Commenter: John Sellers DDS

3/31/21 8:50 am

In favor of DA to have infection certificate

It is important for the assistant to have the infection control certificate as they are with the oatients more, and should have the updated information. Thank you

CommentID: 97586

Commenter: Jeffrey Randall Bek

3/31/21 9:03 am

Opposed to proposed redundant regulation

As a licensed dentist in Virginia for more than 33 years I have seen a significant increase in regulatory requirements imposed by the Board of Dentistry, many of which have had my support. The proposed requirement for additional specific training for dental assistants in the area of infection control is unnecessary and redundant in my opinion because regulatory requirements for the entire staff are already in place. Initial training for dental assistants is regulated and required, and annual re-training requirements have existed for years in order to satisfy OSHA and CDC policies and procedures. The dental industry, in general, provides one of the least hazardous workplaces in the health care sector and there are few if any instances of illness transmission documented from a dental healthcare setting. Additional regulatory burden on dental practitioners is not necessary in this regard, and serves to contribute to the consumer cost of dentistry in Virginia.

CommentID: 97587

Commenter: Taylor Fairfax, CDA

3/31/21 9:37 am

I agree

I support the act to require Infection Control certification among DAs. As a current certified dental assistant, I have met many DAs that have been assisting in the office for many years, yet have

never taken any accredited education courses relevant to the dental field. As a result, many new DAs that have been hired without certification are limited to understanding what they are taught in that office. I've noticed this creates assistants that do what they're told, without a full understanding of the why's and how's. The DA spends a lot of time with the patients and is expected to be fully knowledgeable. The patients are trusting our knowledge.

The current pandemic has complicated and strained many. Why not move on with professionals that are strengthened in how to handle infectious diseases for the future?

CommentID: 97595

Commenter: Danielle Robb

3/31/21 1:28 pm

Opposition to Additional Regulation

I oppose this NOIRA to regulate additional training needed for dental assistant I's. These employees are already required to go through extensive training to meet OSHA and CDC requirements. Additional training needed would create an unnecessary burden for practices in Virginia. In addition, it could pose difficulty for practices in more remote areas of the state to meet these requirements.

CommentID: 97620

Commenter: Tiina Hobbs

3/31/21 1:31 pm

Agree with infection control certification

I agree on the need for all DA's to have infection control certificate for safer work practices.

CommentID: 97622

Commenter: Stephanie Bettis, RDH/DA

3/31/21 2:06 pm

I STRONGLY AGREE

As a Dental Hygienist and a former Dental Assistant, I strongly agree that infection control should be number one priority. This is a portion required for CDAs to get their certificate anyways. Also, in these times where we are more highly focused on infection control because of COVID these healthcare personnel should have the highest standard of infection control. In regards to OSHA, infection control falls under that which by law should be followed at every office. I know I have heard from several offices that I have temped in that say they wish their Dental Assistants had the same infection control concerns and regulations that are taught to dentist and hygienist. Do we really want these DAs to come out not having the slightest idea that a dirty instrument doesn't go into a person's mouth or not being able to check if the autoclave is working right? Which dental assistants are paid very good money to make sure they are running sterilization for dentist and sometimes even for hygienist. On that matter, I strongly agree that DAs should and always should have infection control in their course work. Thank you for reading my response and hopefully the right decision happens.

CommentID: 97630

Commenter: John Monacell, DDS

3/31/21 2:31 pm

Infection control training for Dental Assistants

Since any DHCP in Virginia is already required to follow CDC and OSHA requirements, additional regulation on infection control education and training required for dental assistants creates unnecessary burdens for dental offices. I advise against creating this additional regulation at this time.

CommentID: 97633

Commenter: Natalie Baxter

3/31/21 2:56 pm

Support and encourage Infection Control training for supporting Dental Assistants

I am in support of having all Dental Assistants be trained in Infection Control. I am new to the field of dentistry but have a background as a CNA. I have always wondered why the standards of care including protecting patients, health care providers and staff are not the same, as both medical fields involve exposure and/or potential exposure to all of the bodily fluids and can be passed from one to another in a variety of ways. Since beginning the Dental Assisting program, I have thought a lot about where we go for dental care and wondered whether or not they have training in infection control etc... I would not knowingly place my children or myself in the hands of someone who is not knowledgeable in infection control because it presents a great risk that does not outweigh the benefit. Until now, I have assumed and trusted that all medical professionals have medical training. As a future Dental Assistant, I will seek out a practice who supports infection control training in their other Dental Assistants. That will be a sign of encouragement to me that they have their patients' and staff members' well being and good health as a priority in their offering of safe medical-professional oral health care.

CommentID: 97640

Commenter: Smile By Design, A Division of Atlantic Dental Association, PLC

3/31/21 2:56 pm

Strongly Disagree with NOIRA Action 5505

I feel strongly the the current regulations and training that Dental Assistants are required to become employed in the field are sufficiently adequate to meet the needs of our patients and staff. The additional requirements are unnecessary and burdensome. Thank you.

CommentID: 97641

Commenter: Debbie Thomas, CDA, RDH, BSDH

3/31/21 3:21 pm

All DA must be trained in Infection Control

I agree 110%

CommentID: 97643

Commenter: Griselda Lopez

3/31/21 4:07 pm

Support

As a previously on-the-job trained dental assistant and orthodontic assistant, and now an RDH who chose to take my CDA exam recently. I am well aware of the education required. I, without a doubt, support this. Every dental assistant (and personnel) is the responsibility of the dentist that hired them, yes. However, most DA's are usually trained by other dental assistants, and unfortunately, the ones providing the training for day-to-day tasks and infection control are not

always qualified to do so. Telling someone "how" to do a task is much different than someone understanding "why" they are doing the said task. Infection control is of the utmost importance for safety. You can never be over-educated so this will not harm anyone. It will provide consistency for offices and dental assistants. It will not only protect the public but also the dental assistants themselves.

CommentID: 97646

Commenter: Glenna Gagnon

3/31/21 4:22 pm

infection control

Dental Assistants should be infection control certified.

CommentID: 97652

Commenter: Heather Tuthill, MPH, BSDH, RDH

3/31/21 7:58 pm

For ALL DA personnel to have control over their education!

I have been inside an office recently where there was not OSPA training provided within the last two years. There were other temp. personnel in the office and we noticed there were OSAP problems within the office and their employees said they had not had training and they OSAP person was out of the office for a personal matter. We need to give DA's more control over their education and not only rely on their employers. I can see that is varying from employer to employer. We need to keep the public safe!

CommentID: 97663

Commenter: James F Londrey, DDS

3/31/21 7:59 pm

New Regulatory action

Dr Londrey votes NO To the new regulatory action.

Thank you

CommentID: 97664

Commenter: Susan Pharr, RDH, BSDH

3/31/21 9:06 pm

Infection Control for DAIs

I strongly support protecting the public by requiring DAs to complete Infection Control training, which is offered free from the CDC.

CommentID: 97672

Commenter: Sherry Basham, RDH, MSDH

3/31/21 9:07 pm

Dental Assistants

It is important for all of the dental team to be trained in infection control. The dental assistant plays a huge role in all aspects of routine care in dental office. Infection control protects not only the

members of the team but all of our patients. Please pass this bill.

CommentID: 97673

Commenter: Maureen P. McCann Sawin, RDH, BSDH

3/31/21 9:15 pm

Infection Control for the DAI

I am in favor of having all members of the dental team be required to take a course in infection control, but especially dental assistants (DAI) who are often on-the-job trained and have not been given the opportunity through a school environment to learn infection control in a structured and standard format. The CDC offers a course on their website and there are an abundance of courses available. This benefits both dental assistants and the patients that they serve.

CommentID: 97676

Commenter: Savannah Thomas

3/31/21 9:50 pm

Infection Control for DAs is Essential

It is essential to require infection control training for dental assistants. They are responsible for much of the cleaning, disinfecting, and sterilizing in the dental setting. Dental offices are also often fast paced, which leaves no room for error when it comes to proper sanitization for patients' health, as well as the staff's health especially given the current pandemic. I've walked into an operatory "cleaned" by an untrained assistant only to find smeared blood remaining on high touch surfaces. Situations like this will most likely make patients think the office is dirty, that the office may take shortcuts, and they are likely to wonder what else in the office is not properly disinfected. Offices are likely to lose patients if patients believe the office staff does not take sanitization seriously. It's important for dental assistants to have infection control training in order to understand what blood borne pathogens are and how they are transmitted, and what "Universal/Standard Precautions" means and how to take all necessary precautions. This will protect staff and patients and help keep business flowing well; time is money in dentistry, and time gets wasted if a properly trained assistant has to check over tasks an uninformed assistant preforms in order to ensure safety.

CommentID: 97679

Commenter: Kendal Wagner, CDA

3/31/21 10:06 pm

Required Infection Control (ICE) Support

As a newly graduated certified dental assistant (CDA), I can attest to the vitality of infection control education for the dental assistant. Prior to my education, I had no concept of what goes into having a dental operatory "clean" for the next patient. In all honesty, I did not know that instruments were used on other patients (sterilized afterward, of course). This is one of the main reasons why I believe that dental assistants in Virginia should be infection control certified- because our patients simply do not know. When someone sits in the dental chair, they have no idea whether or not the operator had been properly cleaned, if the instruments are sterile, or if the care they are about to receive is, most importantly, sanitary. The dental assistant is the person who is generally responsible for the cleanliness aspect of a patient's dental visit. We make sure that instruments are clean, rooms are clean, and that there is no cross-contamination between patients, the dental team, or the community. Therefore, I believe that education and training in this vital aspect of infection control should be apart of the standard Virginia has for dental assistants.

There has not been a more concerning time in recent history than right now to be cautious and educated on infection control. Every single person in the whole world has been affected by the

COVID pandemic in one way or another. It seems like every patient I see has something to say about the pandemic and what the dental profession is doing to keep them safe and healthy. Having my infection control training, I have the education and knowledge to assure my patient that the guidelines we are following, in reference to the pandemic and ICE training, are at the highest level of sterility.

In addition to these reasons, I believe that dental assistants in Virginia should be ICE certified to protect themselves. As the saying goes, "you don't know what you don't know". However, in the dental setting, I do not believe that is a good excuse for any behavior, whether intentional or unintentional, should be excused. If you think about healthcare, in a nutshell, no other field of practice (I.E nursing, physical therapy, pharmacology, Physician assistant, EMT) is legally allowed to practice without some sort of certification or formal education. Even nursing assistants (CNA's) have to be certified before they are allowed to help an elderly person use the restroom. So, my question is, why is it still ok that dental assistants are allowed to practice in Virginia without any form of education with the (possible) exception of RHS?

I believe that this requirement would benefit the patient, practitioner, and community through the enhancement of knowledge and awareness in a key member of the dental team. Dental Assistants do so much for the practice of dentistry. They are the quintessential glue that holds the dental team together and I cannot think of one downfall of requiring dental assistants to have a little knowledge on controlling infection.

Thanks,
Kendal Wagner, CDA

CommentID: 97681

Commenter: Sheila B. Sheats, RDH

3/31/21 10:23 pm

DA certification

I am in favor of infection control certification of dental assistants, They are on the fore front of keeping patients as well as staff safe. Many assistants have on the job training and, therefore, not getting enough instruction. One DDS I worked for hired a person that was soliciting for advertising! The rest of the staff doesn't really have time to do extra training. It is hard enough moving from office to office to incorporate procedures without some standardization. Thank you.

CommentID: 97683

Commenter: Gloria Langmeyer, VDAA

3/31/21 10:26 pm

Dental Assistant and infectious control

As a dental assistant for 30 years, this is something that is badly needed.

People who are hired straight off the street have no idea of what to do.

Things change from year to year, and infectious control needs to be required and classes done every year please take this in serious consideration.

Gloria Langmeyer CDA CDPMA

PAST PRESIDENT VADD

CommentID: 97684

Commenter: Kristin Barnes

3/31/21 10:26 pm

Strongly Agree

I think this is very important for all DAs to be properly trained in ICE to ensure we are protecting our patients and staff members especially now during the covid-19 pandemic.

CommentID: 97685

Commenter: Rashmi Bhatt

3/31/21 11:00 pm

Opposition to additional required infection control training for dental assistants

Dental offices already have required annual OSHA training and CDC guidelines being implemented in the office. This proposed regulation is therefore redundant and adds an extra burden on an already stretched dental practice. No infection has been shown to have been transmitted from a dental office in this state.

CommentID: 97687

Commenter: Cassie Sissom

3/31/21 11:06 pm

Required infection control for DA

As a healthcare worker, infection protocol changes frequently. It is important for us to give the utmost care to patients safely and effectively. It is used to keep the patients and us safe from the risk of infection and contamination.

CommentID: 97688

Commenter: Cathy Berard

3/31/21 11:20 pm

Support Infection Prevention and Control for Dental Assistants I

I **strongly** encourage the Board of Dentistry to require training in Infection Prevention and Control for Dental Assistant I. This training is vital for their own personal health and protection as well as that of the patients we serve. Our patients place their trust in us to maintain our offices as a safe place for them to receive dental care. That can only happen when each dental team member cares about and has knowledge of how to break the Chain of Infection.

Successful completion of a CE course in Infection Prevention and Control offered by the sponsors recognized by the BOD would provide a **MINIMAL** standard for these important clinical team members to uphold so that they can help protect both dental patients AND dental team members. This has become especially evident and important to maintain as we continue to navigate through a global pandemic.

Thank you for your thoughtful deliberation on this very important subject.

CommentID: 97689

Commenter: Michael Berard

3/31/21 11:23 pm

Support Infection Prevention and Control for Dental Assistants I

As a patient, I trust that the dental office where I receive care is maintained in a clean and safe manner. It is shocking to me that there is discussion against training Dental Assistants in the basic principles of Infection Prevention and Control.

I support and encourage the Board of Dentistry to require training in Infection Prevention and Control for Dental Assistant I.

Successful completion of a CE course in Infection Prevention and Control offered by the sponsors recognized by the BOD would provide a **MINIMAL** standard for these important clinical team members to uphold so that they can help protect both dental patients AND dental team members.

Thank you.

CommentID: 97690

Commenter: MARGARET L GREEN

3/31/21 11:29 pm

DA I infection Prevention and Control Training

Dear Members of the Virginia Board of Dentistry,

As a former member of the Virginia Board of Dentistry, former Chair of Old Dominion University, School of Dental Hygiene, member of the VDHA and a semi retired clinician with over 40 years of practice, I support the requirement of the DA I to complete training in Infection Prevention and Control. This training is readily accessible as a continuing education course provided by any of the many educational sponsors listed in the Regulations.

This is the very least that can be required for the Board to ensure the public and entire dental team are protected.

Thank you for the opportunity to be heard as a supporter of training regulations for the DA I.

Margaret L. Green, RDH, MS

CommentID: 97691

Commenter: Barry Lee Green, DMD, MS

3/31/21 11:37 pm

DAI Training in Infection Control

This testimony is to document my support of requiring the DA I to be trained in Infection Control as a minimal standard of practice. Continuing education courses are readily available and cost effective for obtaining this training. This training will enable enhanced protection of the public we serve and the team I supervise.

Yours for better oral health,

Barry Lee Green, DMD, MS

CommentID: 97692

Commenter: Kelly Tanner, PhD, RDH

4/1/21 12:00 am

Support Training and Infection Control for DA I

Dear Members of the Virginia Board of Dentistry,

As an educator and member of the VDHA and a clinician with over 25 years of practice, I support the requirement of the DA I to complete training in Infection Prevention and Control. This training is readily accessible as a continuing education course provided by any of the many educational sponsors listed in the Regulations.

This is the very least that can be required for the Board to ensure the public and entire dental team are protected.

Thank you for the opportunity to be heard as a supporter of training regulations for the DA I.

Kelly Tanner, PhD, RDH

CommentID: 97693



Dental Assisting National Board, Inc.

Measuring Dental Assisting Excellence®

March 31, 2021

Virginia Board of Dentistry
Attention: Sandra Reen, Executive Director
9960 Mayland Drive, Suite 300
Richmond, VA 23233
sandra.reen@dhp.virginia.gov

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Executive Director
Cynthia C. Durley, M.Ed., MBA

Dear Distinguished Members of the Virginia Board of Dentistry:

I am writing on behalf of the Dental Assisting National Board, Inc. (DANB) to provide information that may be useful to the Virginia Board of Dentistry (the Board) as it considers establishing education, training, assessment and/or certification requirements in infection control for Dental Assistants I in Virginia, in connection with the Notice of Intended Regulatory Action that is currently the subject of an open public comment period ending March 31, 2021.

About DANB and the DALE Foundation

DANB is recognized by the American Dental Association (ADA) as the national certification board for dental assistants. DANB administers the nationally recognized Certified Dental Assistant™ (CDA®) certification, the National Entry Level Dental Assistant (NELDA®) certification, and three other certification programs for dental assistants. DANB is collaborating with the Organization for Safety, Asepsis and Prevention (OSAP) on two new infection prevention and control certifications for allied dental personnel and other oral health professionals.

DANB exams are recognized or required to qualify to perform dental assisting duties in 37 states, the District of Columbia, the Department of Veterans Affairs and the U.S. Air Force. Successful performance on DANB's RHS exam is currently recognized in Virginia as meeting the exam requirements for one pathway to qualify to perform radiography procedures.

The Dental Advancement through Learning and Education Foundation (the DALE Foundation) is the official DANB affiliate and provides interactive online education for oral health professionals. The DALE Foundation is recognized as an approved continuing education provider in Virginiaⁱ. OSAP and the DALE Foundation are recognized as continuing education providers by the ADA's Continuing Education Recognition Program (ADA CERP). The DALE Foundation is also an approved CE provider by the Academy of General Dentistry's Program Approval for Continuing Education (AGD-PACE). (Note: The DALE Foundation was formerly known as the Dental Auxiliary Learning and Education Foundation.)

About the Current Regulatory Proposal

The Board initiated the current regulatory action following a petition for rulemaking in late 2019. In the public comments associated with that petition, commenters cited several examples of infection prevention and control breaches in dental offices leading to serious consequences:

- 2016: 15 cases of bacterial endocarditis, including one death, occurred in New Jerseyⁱⁱ
- 2013: Patient-to-patient transmission of Hepatitis C occurred in Oklahoma; more than 4,200 patients required testing for infectious diseasesⁱⁱⁱ
- 2010: More than 500 patients in a Veterans Administration (VA) clinic in Ohio were potentially exposed to infectious diseases such as HIV, HBV and HCV^{iv}

Examples of infection prevention and control breaches in Virginia cited in previous comments include:

- 2018: A dental practice in Richmond was accused of using instruments that had not been sterilized and of improper maintenance of dental unit water lines; dentist disciplined by the Board in 2020^v
- 2019: A dental practice in Roanoke was sued for allegedly using unsterilized instruments on at least 50 patients^{vi}

The 2020 global coronavirus pandemic has impressed the critical importance of infection prevention and control upon every single person in our country and around the world. As we emerge from this pandemic, oral health professionals will be providing care to patients who are acutely aware of the risks posed by pathogens and who will ask questions they may never have asked before about the safety of dental treatment and the aseptic conditions of dental offices.

DANB commends the Virginia Board of Dentistry on its foresight in initiating the current regulatory proposal even before the onset of the COVID-19 global pandemic.

To move the discussion of this proposal beyond "for or against" and into substantive consideration of specific options, I would like to reference the written comments submitted by Misty Mesimer, RDH, MSCH, CDA, of Germanna Community College on March 11, 2021. Ms. Mesimer proposed the following language for the new rule:

A dental assistant I shall not participate in clinical dental procedures until

- (i) *satisfactory completion of an infection control course and examination given by an institution that maintains a program in dental assisting, dental hygiene, or dentistry accredited by CODA; or*
- (ii) *satisfactory completion of the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate Program; or*
- (iii) *satisfactory completion of the Infection Control Examination provided 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.

Ms. Mesimer further proposes that dental assistants who meet Board requirements through any of these methods and do not maintain (that is, annually renew by earning CE credits) DANB's national CDA certification must complete annual continuing education in infection prevention and control. She further recommends that dental assistants have until the next license renewal cycle to become compliant once the final language is approved.

To aid the Board in its consideration of this specific proposal, I am providing additional information about DANB's Infection Control (ICE[®]) exam and the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate Program below. I am also providing information about two new DANB certification programs in infection prevention and control developed in collaboration with OSAP.

About DANB's ICE Exam

DANB's ICE exam assesses a dental assistant's knowledge-based competence in dental infection prevention and control practices. Passing the ICE exam leads to a certificate of knowledge-based competence; the ICE exam is not, by itself, a certification, but is one component of several DANB certifications, including the National Entry Level Dental Assistant (NELDA[®]), Certified Dental Assistant[™] (CDA[®]) and Certified Orthodontic Assistant (COA[®]) certification programs. There are no eligibility requirements to take the ICE exam when it is taken as a standalone exam. The ICE Exam is a 75-minute, 100-question multiple choice test addressing the following content areas:

- I. Standard Precautions and the Prevention of Disease Transmission* (20%)
- II. Prevention of Cross-contamination during Procedures (34%)
- III. Instrument/Device Processing (26%)
- IV. Occupational Safety/Administrative Protocols (20%)

A more detailed content outline for the ICE exam and suggested references for study are provided as Attachment 1.

All DANB exams, including DANB's ICE exam, are administered at more than 250 proctored, secure computerized testing sites nationwide (through Pearson VUE), including 10 in Virginia. As of January 2021, DANB's ICE exam is one of four DANB exams that is also administered through live online remote proctoring; this means that candidates whose computer systems and physical space meet certain requirements may take the exam at home or another private location while being monitored remotely in real time by a proctor. (Please note that fewer questions appear on the exam when administered by remote online proctoring, because the online exam contains fewer unscored pre-test questions.) DANB introduced online proctoring as a means to mitigate shortages of exam appointments across all sectors resulting from COVID-19-related test center closures and stay-at-home orders occurring in 2020 and expects to be able to provide ample availability of its exams moving forward.

About the OSAP-DALE Foundation Infection Prevention and Control Certificate Program

The DALE Foundation and OSAP have collaborated in the development of several educational offerings for dental team members on infection prevention and control topics. The *OSAP-DALE Foundation Dental Infection Prevention and Control Certificate* is an assessment-based certificate program that provides a comprehensive curriculum in dental infection prevention and control. The program is:

- Able to be completed on candidate's own schedule in a convenient online format
- Compatible with desktop, tablet, and mobile
- Based on the most up-to-date content from multiple, high-quality sources with links to other sources for more advanced training
- Developed from national standards and aligned to the specific educational components developed by a national dental infection control consortium of seven organizations and the CDC

The OSAP-DALE Foundation Dental Infection Prevention and Control Certificate program includes two educational steps and an online assessment:

Step 1

Complete the OSAP-DALE Foundation online CDEA® module *Understanding CDC's Summary of Infection Prevention Practices in Dental Settings*.

This interactive, online article addresses the *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care* introduced in 2016 by the Centers for Disease Control and Prevention (CDC).

Additional information about this module can be found in Attachment 2.

Step 2

Complete the *OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook™*

The eHandbook is an online resource on infection control that is practical and accessible — eliminating the burden of time and travel away from the office. It is self-directed and allows users to apply their knowledge and experience in a highly relevant, goal-oriented format. Photos, case studies, and other methodologies help to reinforce learning and application of a dental infection

control curriculum into each individual's practice setting, educational venue or in consultative setting. The eHandbook helps users fill gaps of knowledge from available infection prevention and control resources and helps to ensure compliance with federal and state regulations, guidelines, and standards.

Additional information about the *eHandbook* can be found in **Attachment 3**.

Step 3

Pass the *OSAP-DALE Foundation eHandbook Assessment™*.

Candidates will only be eligible to access the OSAP-DALE Foundation eHandbook Assessment after they have successfully completed the first two steps of the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate Program. Those who have completed both steps will be notified via email.

New Infection Prevention and Control Certifications In Development

DANB is collaborating with OSAP on two new certifications in infection prevention and control:

- OSAP-DANB Certified in Dental Infection Prevention and Control (CDIPC)™ certification
- OSAP-DANB Dental Industry Specialist in Infection Prevention and Control (DISIPC)™ certification

The CDIPC certification is clinically focused and is intended for dental team members, educators, consultants and supervisors. A brochure detailing CDIPC exam eligibility requirements can be found at <https://dentalinfectioncontrol.org/site-files/wp-content/uploads/CDIPC-Flier.pdf>. An outline for the CDIPC exam can be found here: <https://dentalinfectioncontrol.org/site-files/wp-content/uploads/CDIPC-Exam-Outline.pdf>.

The DISIPC certification is intended for sales representatives, and other professionals who work for the companies that manufacture or distribute dental infection control products, dental practice managers, state regulatory board inspectors or investigators, and anyone else who meets the eligibility requirements. A brochure detailing DISIPC exam eligibility requirements can be found at <https://dentalinfectioncontrol.org/site-files/wp-content/uploads/DISIPC-Flier.pdf>. An outline for the DISIPC exam can be found here: <https://dentalinfectioncontrol.org/site-files/wp-content/uploads/OSAPDANB-DISIPC-Exam-Outline-and-References.pdf>.

Both of these certifications are in development; pre-test events for each of these exams will begin in July of this year, and they are scheduled to fully launch in the first quarter of 2022.

Those who earn either of these certifications will have demonstrated competence in infection prevention and control knowledge exceeding that which is tested on the DANB ICE exam or addressed in the OSAP-DALE Foundation certificate program. If the Board adopts the requirements suggested by Miss Mesimer or similar requirements, DANB asks the Board to consider including a provision that would specify that those who already hold the CDIPC or DISIPC certification do not need to meet the other infection prevention and control requirements adopted for dental assistants in Virginia.

How many Virginia dental assistants have demonstrated competence in infection prevention and control duties?

The U.S. Bureau of Labor Statistics estimates that there were 8,140 dental assistants employed in Virginia in May 2019. As of March 4, 2021, there were 2,898 dental assistants with Virginia mailing addresses holding DANB's ICE® certificate of knowledge-based competence, which is about 36% of

Virginia dental assistants. That leaves about 64% of Virginia dental assistants (or about 5,200) whose competence in this area is unknown.

The above estimates may be imprecise, because some dental assistants employed in Virginia may reside in neighboring states, because we don't know how many of the individuals who have passed DANB's ICE exam are currently employed as dental assistants, and because the total number of dental assistants is from 2019, but the number of those holding the ICE certificate in Virginia is from 2021. However, these uncertainties highlight the fact that the Board and its stakeholders do not know how many dental assistants in Virginia have the infection prevention and control knowledge necessary to perform their jobs safely.

Overview of Other States' Activities Related to Infection Control Requirements for Dental Assistants

I am forwarding, for the Board's use in its deliberations, a table containing data about infection control regulation across the states:

Attachment 4: State Infection Control Education, Training and Exam Requirements for Dental Assistants

For ease of reference, I'd like to summarize some key information contained in this table:

16 states have infection prevention and control CE requirements for dental assistants.

Twelve (12) states have an infection prevention and control course or exam requirement for all dental assistants to initially qualify to work or to qualify in radiography: Arkansas, California, Connecticut, Hawaii, Iowa, Massachusetts, Minnesota, North Dakota, New Hampshire, Nevada, New York and Oklahoma.

Nine (9) of those states overlap with the 16 that have CE requirements in infection prevention and control for dental assistants, leaving three (3) that are not counted among the 16.

In total, there are 19 states that have either an initial requirement of infection prevention and control education/training or assessment for dental assistants or a requirement of CE in infection control for dental assistants, or both.

Since August 2020, DANB's staff has been monitoring legislation, regulatory actions and dental board conversations related to dental infection prevention and control, and we are aware of the following developing conversations and pending or finalized actions in states outside of Virginia:

Alabama – appointed a committee to study ways to improve knowledge of infection prevention and control procedures among dental staff.

Arkansas – was noted at their meeting in September 2020 that the Rules & Regs Committee plans to revise infection prevention and control rules in the near future.

California – pending rule change to update sections on minimum infection prevention and control standards for all licensees. Also, the Dental Assisting Council discussed changes to infection prevention and control education requirements for unlicensed dental assistants at their February 2021 meeting.

Michigan – pending rule change to require dentists, dental therapists, dental hygienists, and registered dental assistants to complete 1 hour of CE in infection prevention and control and CDC guidelines.

Nebraska – rules effective 12/23/20 mandate 2 hours of CE in infection prevention and control for dentists, dental hygienists, and licensed dental assistants (*This change is reflected in accompanying table*).

New Hampshire – recommending that all clinical staff take an infection prevention and control course.

North Carolina – comment period for rule changes regarding sterilization, infection prevention and control, and mandating compliance with CDC guidelines for dental settings ended 2/15/2021.

Washington – adopted a comprehensive set of new rules related to infection prevention and control, which was initiated before COVID and which requires all practitioners to complete one hour of current infection prevention and control standards education annually (*Became effective 1/23/2021 and is reflected in accompanying table*).

Not surprisingly, dental boards across the country are taking an avid interest in questions related to infection prevention and control.

DANB supports all efforts to ensure that dental assistants are competent and qualified to perform the duties delegated to them and is encouraged by the thoughtful leadership of those state dental boards, including the Virginia Board of Dentistry, that are actively seeking the best way to ensure dental assistants have the knowledge required to execute infection prevention and control protocols properly.

If there is any additional information that DANB can provide to assist in your deliberations on this question, please do not hesitate to contact me at klandsberg@danb.org or 312-280-3431.

Sincerely,


Katherine Landsberg
Director, Government Relations

Cc: Cynthia C. Durley, M.Ed., MBA, DANB Executive Director
Johnna Gueorguieva, Ph.D., CAE, DANB Chief Credentialing and Research Officer

¹ 18VAC60-21-250(C)(14); 18VAC60-25-190(C)(14)

² Ross, KM, Mehr, JS, et al. "Outbreak of bacterial endocarditis associated with an oral surgery practice: New Jersey public health surveillance, 2013 to 2014." J Am Dent Assoc. 2018 Mar;149(3):191-201. Accessed 31 Mar 2021. <https://www.ncbi.nlm.nih.gov/pubmed/29397871>.

³ CNN Staff. "Hepatitis C case linked to Oklahoma dentist's office." CNN.com. Cable News Network, 18 Sep. 2013. Web. 11 Accessed 31 Mar 2021. <http://www.cnn.com/2013/09/18/health/oklahoma-dentist-investigation-results/>.

⁴ Sutherly, Ben. "At least 9 Dayton VA dental patients test positive for hepatitis." DaytonDailyNews.com. Dayton Daily News, 28 April 2012. Web. Accessed 31 Mar 2021. <https://www.daytondailynews.com/news/local/least-dayton-dental-patients-test-positive-for-hepatitis/T9UUPGB802K2QvIzc9ONHP/>

⁵ Hipolit, Melissa. "Board of Dentistry fines Richmond dentist who was subject of CBS 6 investigation." WTVR.com. 17 Aug 2020. Web. Accessed 28 Mar 2021. <https://www.wtvr.com/news/problem-solvers/problem-solvers-investigations/board-of-dentistry-fines-richmond-dentist-who-was-subject-of-cbs-6-investigation>

⁶ Garrity, Mackenzie. "Virginia dental practice used unsterile equipment, class-action suit alleges." BeckersDental.com. Becker's Dental + DSO Review. 10 May 2019. Accessed 31 March 2021. <https://www.beckersdental.com/dso-dsma/34555-virginia-dental-practice-used-unsterile-equipment-class-action-suit-alleges.html>



Dental Assisting National Board, Inc.
Measuring Dental Assisting Excellence®

Infection Control Exam

Exam Outline and Suggested References

The DANB Infection Control (ICE®) exam is a component of the National Entry Level Dental Assistant (NELDA®), Certified Dental Assistant™ (CDA®) and Certified Orthodontic Assistant (COA®) certification programs.

NELDA component exams

Anatomy, Morphology and Physiology (AMP)

Radiation Health and Safety (RHS®)

Infection Control (ICE)

CDA component exams

Radiation Health and Safety (RHS)

Infection Control (ICE)

General Chairside Assisting (GC)

COA component exams

Orthodontic Assisting (OA)

Infection Control (ICE)

Effective 01/01/2020

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ICE

Exam Outline Overview

Exam Weighting by Domain

- I. Standard Precautions and the Prevention of Disease Transmission (20%)
- II. Prevention of Cross-contamination during Procedures (34%)
- III. Instrument/Device Processing (26%)
- IV. Occupational Safety/Administrative Protocols (20%)

Exam Administration Methods

Exam Characteristics	In-Person Testing	Live Online Remote Proctoring
Number of Multiple-Choice Questions	100	85
Time for Exam (minutes)	75	65
Tutorial Time (minutes)	5	5
Comment Time (minutes)	5	5
Total Exam Appointment Time (minutes)	85	75

The ICE exam is administered in-person and through online remote proctoring. The candidate may choose the method they prefer. Remote proctoring allows candidates to take exams using their own computer while being monitored by webcam and microphone. The exams have the same number of scored exam items, but the remote proctored exams have fewer pretest (non-scored) exam items to accommodate remote proctored appointment time constraints. Candidates will not receive an advantage based on their administration mode. That is, the remotely administered exam is not easier (or harder) than the in-person version of the exam.

DANB uses computer adaptive testing (CAT). Candidates are scored based on the level of difficulty of the questions they answer correctly. This method can more accurately pinpoint a candidate's ability level. Each candidate is presented with the same percentage of questions from each domain. The average candidate will get around 50% of the questions correct.

ICE Exam Outline

DANB exams are developed using the exam outline, which is annually reviewed by subject matter experts (e.g., Certified Dental Assistant™ [CDA®] certificants and dentists). The outline is developed using a content validation study, which includes a job analysis survey where practicing CDA certificants are asked how often tasks are performed and how critical competent performance is to the health and safety of the public. This study is conducted every five to seven years to ensure the outline is consistent with current clinical practices. DANB's Board of Directors approves all updates to DANB exam outlines. The ICE exam measures a candidate's knowledge of national infection prevention and control practices.

This exam references the following (see p. 7 for full citations):

- Centers for Disease Control and Prevention. Guidelines for Infection Control in Dental Health-Care Settings-2003
- Centers for Disease Control and Prevention. Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care
- Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens (BBP) standard
- OSHA Hazard Communication standard

I: Standard Precautions and the Prevention of Disease Transmission (20%)

A. Recognize infectious diseases and their relationship to patient and occupational risk.

1. Identify modes of disease transmission.
2. Need for immunization against infectious diseases (e.g., hepatitis B, influenza).

B. Demonstrate understanding of how to review a medical history to prevent adverse reactions during dental care (e.g., adverse reactions to latex or vinyl).

C. Demonstrate understanding of proper hand hygiene as performed before, during and after oral surgery and intraoral procedures, including but not limited to:

1. products (e.g., antimicrobial, antibacterial, alcohol rub).
2. skin/nail care.
3. techniques (e.g., length of time, sequencing).
4. select appropriate hand hygiene protocol.

D. Describe how to protect the patient and operator by using personal protective equipment (PPE) (e.g., masks, gloves, eyewear, gowns).

1. Selection and sequence of placing, removing and disposing of PPE according to the procedures(s) and areas, including but not limited to:
 - a. instruments/device processing.
 - b. laboratory.
 - c. oral surgery.
 - d. radiology.
 - e. treatment room.
2. Management of contaminated PPE according to the OSHA Bloodborne Pathogens standard.

E. Demonstrate understanding of how to protect the patient and operator through the reduction of aerosol, droplets and spatter, including but not limited to:

1. barrier techniques.
2. dental dams.
3. evacuation techniques.
4. patient eyewear.
5. pre-procedural mouth rinses.

II: Prevent Cross-contamination during Procedures (34%)

A. Demonstrate understanding of how to maintain aseptic conditions to prevent cross-contamination for procedures and services.

1. Identify modes of disease transmission.
2. Clean and disinfect for breakdown and setup of clinical treatment areas, the laboratory and equipment.
 - a. Prepare and use chemical disinfection for breakdown and setup.
 - b. Use barrier techniques for equipment and/or surfaces.
 - c. Prepare procedure-specific setups (e.g., single-use devices [SUD], single unit dosing, aseptic retrieval).
 - d. Maintain and monitor dental unit water lines.
 - e. Clean and maintain evacuation lines and traps.
3. Clean and disinfect radiological areas and equipment.
4. Use aseptic techniques for acquiring and processing conventional and digital radiographic images.
5. Select proper methods of disinfection for impressions and dental appliances.
6. Dispose of biohazardous and other waste according to federal regulations.

III: Instrument/Device Processing (26%)

A. Demonstrate understanding of processing reusable dental instruments and devices.

1. Transport contaminated instruments/devices to prevent cross-contamination.
2. Follow work flow patterns to avoid cross-contamination of instruments/devices and supplies.
3. Clean and maintain dental instruments/devices and supplies prior to sterilization.
4. Prepare and use chemical agents for cleaning instruments/devices.
5. Prepare dental instruments/devices and supplies for sterilization.
6. Select the system for sterilization.
7. Select the system for sterilization monitoring (e.g., biological monitoring, chemical integrators).
8. Package and label instruments/devices for sterilization.
9. Load and unload the sterilizer.
10. Store and maintain integrity of sterile instruments/devices and supplies.

B. Demonstrate understanding of how to monitor and maintain processing equipment and sterilizers (e.g., ultrasonic cleaner, autoclave).

1. Interpret sterilization monitoring devices, errors and results.
2. Respond to equipment malfunctions.

IV: Occupational Safety/Administrative Protocols (20%)

A. Demonstrate understanding of occupational safety standards and guidelines for personnel.

1. CDC Guidelines for Infection Control in Dental Health-Care Settings – 2003.
2. CDC Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care, 2016.
3. OSHA Bloodborne Pathogens standard as it applies to, but not limited to:
 - a. engineering and work practice controls.
 - b. needle and sharps safety.
 - c. record keeping and training.
 - d. sharps exposure and post-exposure protocol (e.g., first aid procedures).
4. OSHA Hazard Communication standard as it applies to, but not limited to:
 - a. chemical exposure/hazard (e.g., amalgam, nitrous oxide, laser) and first aid.

- b. engineering and work practice controls.
 - c. safety data sheets (SDS).
 - d. secondary containers.
5. Federal regulations (e.g., EPA, FDA).

B. Demonstrate understanding of how to maintain and document programs/policies for infection control and safety, including but not limited to:

- 1. exposure control plan.
- 2. infection control breaches.
- 3. quality assurance (quality improvement).
- 4. sterilization logs/records.
- 5. training records.

ICE Exam Suggested References

DANB exam committees use the following textbooks and reference materials to develop this exam. This list does not include all 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. Any one reference will likely not include all the material required to study to take the exam. **Please note that previous editions of the resources below may be used for study purposes if the previous version was published within the past 5 years, unless noted otherwise.**

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.

Suggested References

1. Bird, Doni L., and Debbie S. Robinson. *Essentials of Dental Assisting*. 6th ed. St. Louis, MO: Elsevier/Saunders, 2017. **(THIS VERSION ONLY)**
2. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 12th ed. St. Louis, MO: Elsevier/Saunders, 2017.
3. Centers for Disease Control and Prevention (CDC). www.cdc.gov.
 - Centers for Disease Control and Prevention. *Guidelines for Infection Control in Dental Health-Care Settings — 2003*. MMWR 2003;52(No. RR-17)
 - Centers for Disease Control and Prevention. *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. Atlanta, GA: Centers for Disease Control and Prevention, October 2016
4. Miller, Chris. *Infection Control and Management of Hazardous Materials for the Dental Team*. 6th ed. St. Louis, MO: Elsevier/Mosby, 2018. **(THIS VERSION ONLY)**
5. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*. 5th ed. Clifton Park, NY: Delmar, 2018. **(THIS VERSION ONLY)**
6. U.S. Department of Labor, Occupational Safety and Health Administration (OSHA). www.osha.gov.
 - *Hazard Communication standard* (Code of Federal Regulations #29; Part 1910)
 - *Bloodborne Pathogens standard* (1910.1030)

Additional/Optional Study Resources

1. American Dental Assistants Association. www.dentalassistant.org.
 - *Guidelines for Infection Control in Dental Health Care Settings (#1305)*
 - *Hand Hygiene for the Dental Professional (#1413)*
 - *Infection Control in the Dental Office: A Review for a National Infection Control Exam (#0906)*
 - *Instrument Composition, Care and Maintenance (#1701)*
 - *Personal Protective Equipment (PPE): Basics for Dental Assistants (#1103)*

2. DALE Foundation. www.dalefoundation.org.
 - *DANB ICE Review*
 - *DANB ICE Practice Test*
 - *Glossary of Dental Terms*
 - *CDEA module: Understanding CDC's Summary of Infection Prevention Practice in Dental Settings: Basic Expectations for Safe Care*

3. Organization for Safety and Asepsis (OSAP). www.osap.org.
 - *From Policy to Practice: OSAP's Guide to the Guidelines*
 - *OSAP's OSHA & CDC Guidelines: Interact Training System*

4. OSAP and the DALE Foundation. osap.org, dalefoundation.org, dentalinfectionprevention.org
 - *OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook*



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State Regulations

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.

Home / Courses / Product Catalog Search / Understanding CDC's Summary of Infection Prevention Practices in Dental Settings

Product Catalog

Dental Continuing Education for Dental Assistants

Dental Infection Control Education & Certification

DARW Special

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Course FAQs

Understanding CDC's Summary of Infection Prevention Practices in Dental Settings

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This online article will help expand your knowledge of infection control topics. This product was jointly developed by the Organization for Safety, Asepsis and Prevention (OSAP) and the DALE Foundation.

DANB CDE credits: 2 (Category 1)	Pre-assessment: N/A	Access to course: 6 months from purchase	Estimated completion time: 2 hours	Post-course assessment: 20 questions	Compatibility: Desktop, laptop and tablet
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Product Details

Objectives

Course Demo

Reviews

Improve your infection control

Dealing with infection prevention practices is one of the most important challenges to you and your patients' safety.

This interactive, online article addresses the *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care* introduced in 2016 by the Centers for Disease Control and Prevention (CDC). It is a great resource for those who wish to earn CDE credits to renew DANB certification or are simply interested in learning about this critical topic.

The interactive format allows you to take notes and access a glossary and links to related resources to help you understand the information before you take the 20-question assessment. You can read and review the article at your own pace, on your own schedule, for up to six months.

You will earn 2 CDE credits when you achieve a passing score of 75% on the assessment. You will receive your pass or fail result immediately after completing the assessment, and you can take the assessment more than once if needed.

This article is part of a collaborative partnership between the Organization for Safety, Asepsis and Prevention (OSAP) and the DALE Foundation.

AND! This online module meets requirements for step 1 of the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate program, which includes 2 educational steps and an online assessment. Everyone in dentistry and the dental trade is encouraged to complete this program. For more information, visit <https://dentalinfectioncontrol.org/education>.

Course credentials

Creation date: January 2017

Updated: September 2019

Date of next review: September 2022

This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between the DALE Foundation and the Organization for Safety, Asepsis and Prevention (OSAP).



ADA CERP | Continuing Education Recognition Program
The DALE Foundation is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.adacerp.org.



The DALE Foundation is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The fastest continuing education programs of this program provider are accepted by AGD for Fellowship, Membership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 6/1/2017 to 6/30/2024. Provider ID# 55617

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Product Catalog

Dental Continuing Education for
Dental Assistants

Dental Infection Control
Education & Certification

DARW Special

Course Discounts

Course FAQs

OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook

This comprehensive online resource on infection control is designed for everyone on the dental team, as well as educators, consultants, dental sales representatives, and state dental board investigators and inspectors

\$225.00

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DANB CDE credits: 10 (Category 1)	Pre-assessment: N/A	Access to course: 8 months from purchase	Estimated completion time: 10 hours	Post-course assessment: N/A	Compatibility: Desktop, laptop, tablet and mobile
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Product Details	Objectives	Course Demo	Reviews
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Demonstrate your commitment to patient safety

Infection control lapses in dental settings can have a life-threatening impact, yet national surveys of dental settings reveal a critical lack of standardized education and training protocols for all aspects of infection control.

The OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook™ is designed to help users fill gaps in their infection control knowledge and ensure compliance with federal and state regulations, guidelines and standards.

Intended for any oral healthcare professional who is responsible for infection control procedures in a dental setting, this comprehensive, interactive resource allows users to apply their knowledge and experience in a highly relevant, goal-oriented format. Photos, case studies and other methodologies reinforce learning and application of a dental infection control curriculum into each individual's practice setting, educational venue or in consultative selling.

In addition, the eHandbook includes a 49-page downloadable companion workbook for guided note taking. Long after the user has completed the eHandbook, this companion workbook and its links to key resources will serve as a valuable reference.

See the [Instructions on how to navigate and complete the eHandbook](#)
[OSAP-DALE Foundation eHandbook Chapters Learning Objectives \(PDF\)](#)
[OSAP-DALE Foundation eHandbook Assessment FAQs \(PDF\)](#)

The eHandbook is a required step to earning the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate. The other required step is completing the OSAP-DALE Foundation Understanding CDC's Summary of Infection Prevention Practices in Dental Settings.

Course credentials

Subject Matter Experts:

- Eve Cury, M.S.
- Kathy Eklund, RDH, M.H.P.
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Creation date: May 2019

Updated: N/A

Date of next review: May 2022

Educational method: Electronically Mediated Activity (e.g., photos, case studies, guided note taking)

This continuing education activity has been planned and implemented in accordance with the standards of the American Dental Association Recognition Program (ADA CERP) through joint efforts between the DALE Foundation and the Organization for Safety, Asepsis and Prevention (OSAP).



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The DALE Foundation is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org.



The DALE Foundation is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by AGD for Fellowship, Membership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 3/1/2017 to 3/31/2021. Provider ID# 888127

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OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook

Unit 1: Infection Control and Infectious Diseases in Dental Healthcare Settings
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Chapter 1: Key Concepts in Infection Control

- **Lesson 1.1: Introduction to Infection Control**
 - o Discuss the relationship between healthcare delivery and the potential for disease transmission
 - o Identify 4 basic principles of infection control
- **Lesson 1.2: Recommendations and Regulations**
 - o Describe recommendations and regulations applicable to dental healthcare settings

Chapter 2: Transmission and Prevention of Infectious Diseases in Dental Healthcare

- **Lesson 2.1: Microbiology**
 - o Identify the process of disease transmission
 - o Describe factors associated with the likelihood of infection
- **Lesson 2.2: Chain of Infection and Standard Precautions**
 - o Describe the chain of infection
 - o Identify precautions used to reduce the risk for exposure to infection
 - o Discuss the dental healthcare setting infection control plan
- **Lesson 2.3: Antibiotic Resistance and Stewardship**
 - o Describe antibiotic resistance
 - o Define antibiotic stewardship and identify national measures to prevent antibiotic resistance

Chapter 3: Infectious Diseases of Concern in Dental Healthcare Settings

- **Lesson 3.1: Bloodborne Pathogens**
 - o Identify and describe diseases associated with bloodborne pathogens
 - o Describe the components of an exposure control plan for occupational exposures
- **Lesson 3.2: Airborne, Droplet, and Contact Pathogens**
 - o Identify and describe diseases associated with airborne pathogens
 - o Identify and describe diseases associated with droplet pathogens
 - o Identify and describe diseases associated with contact pathogens
- **Lesson 3.3: Waterborne Pathogens**
 - o Identify and describe waterborne pathogens of concern associated with dental unit waterlines
- **Lesson 3.4: Other Pathogens of Concern**
 - o Identify and describe other pathogens of concern in dental healthcare settings

Unit 2: Elements of Infection Control in Everyday Practice

Chapter 4: Infection Control Practices in Dental Healthcare Settings

- **Lesson 4.1: Hand Hygiene**
 - o Identify when to perform hand hygiene
 - o Identify factors that should be considered when choosing hand hygiene products
 - o Discuss appropriate hand hygiene technique
- **Lesson 4.2: Respiratory Hygiene and Cough Etiquette**
 - o Describe the importance of respiratory hygiene and cough etiquette
 - o Identify CDC recommendations for respiratory hygiene and cough etiquette
- **Lesson 4.3: Personal Protective equipment**
 - o Identify the types of PPE used in dental healthcare settings
 - o Describe the process of donning and removing PPE
 - o Discuss types of dermatitis and allergic reaction in dental healthcare settings
 - o List ways to keep hands healthy
- **Lesson 4.4: Safety Topics**
 - o Describe the importance of a safety culture in dental healthcare settings
 - o Identify appropriate techniques of preventing sharps injuries
 - o Identify the purpose of the Needlestick Safety and Prevention Act
 - o Discuss recommendations for safe injection practices

Chapter 5: Sterilization and Disinfection of Patient-Care Items

- **Lesson 5.1: Instrument Processing**
 - o Identify how patient-care items are categorized based on their risk of transmitting a disease
 - o Describe the steps used in instrument processing
 - o Identify why dental handpieces require special consideration for reprocessing
 - o Discuss how single-use devices are used in dental healthcare settings

Chapter 6: Environmental Infection Control

- **Lesson 6.1: Surfaces and Contamination Management**
 - o Describe infection control procedures for clinical and housekeeping surfaces
 - o Discuss the steps of contamination management
 - o Identify requirements for chemical safety records
- **Lesson 6.2: Waste Management**
 - o Identify types of medical waste generated in dental healthcare settings
 - o Describe how regulated medical waste is managed
 - o Discuss how blood and body fluids are disposed
 - o Describe how records are kept for dental waste

Chapter 7: Dental Waterlines, Biofilm, and Water Quality

- **Lesson 7.1: Dental Waterlines**
 - o Discuss the role of biofilm in dental waterlines
 - o Identify infection control strategies for using water in dental healthcare settings
 - o Describe processes for maintaining and monitoring dental water quality

Chapter 8: Special Considerations

- **Lesson 8.1: Special Considerations**
 - o Describe infection control practices for saliva ejectors, dental radiology, pre-procedural mouth rinses, and the dental laboratory

UNIT 3: Infection Control Policies and Procedures at the Facility Level
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Chapter 9: Elements of an Infection Control Program

- **Lesson 9.1: Program Implementation, Evaluation, and Compliance**
 - o Describe elements needed to implement an infection control program
 - o Identify the importance of and methods for evaluating an infection control program
- **Lesson 9.2: Policies, Procedures, and Recordkeeping**
 - o Describe different types of written reports in dental healthcare settings



Dental Assisting National Board, Inc.
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Table A: State Infection Control Education, Training and Exam Requirements for Dental Assistants

March 19, 2021

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Dental Assisting National Board, Inc.
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Mark of Dental Assisting Excellence

Established in 1948, DANB is recognized by the American Dental Association (ADA) as the national certification board for dental assistants. More than 36,000 dental assistants are currently certified by DANB nationwide.

DANB certifications and exams are currently recognized or required in 37 states, the District of Columbia, the U.S. Air Force and the Department of Veterans Affairs.

DANB offers five national certifications, each consisting of these component exams:

National Entry Level Dental Assistant (NELDA®)
Anatomy, Morphology and Physiology (AMP)
Radiation Health and Safety (RHS®)
Infection Control (ICE®)

Certified Preventive Functions Dental Assistant (CPFDA®)
Coronal Polish (CP)
Sealants (SE)
Topical Fluoride (TF)

Certified Dental Assistant™ (CDA®)
General Chairside Assisting (GC)
Radiation Health and Safety (RHS)
Infection Control (ICE)

Certified Restorative Functions Dental Assistant (CRFDA®)
Temporaries (TMP)
Impressions (IM)
Sealants (SE)
Restorative Functions (RF)

Certified Orthodontic Assistant (COA®)
Orthodontic Assisting (OA)
Infection Control (ICE)

DANB, a nonprofit organization, is a member of the Institute for Credentialing Excellence and has earned and maintains accreditation for its CDA and COA certification programs from the National Commission for Certifying Agencies (NCCA), which recognizes professional certification programs that meet rigorous NCCA standards. The CDA and COA certification programs have also been accredited by International Accreditation Service (IAS) to the International Organization for Standardization (ISO) 17024 standard for organizations that certify personnel.

Table A: State Infection Control Education, Training and Exam Requirements for Dental Assistants

Completed March 19, 2021



The chart that follows presents information about education/training and examination requirements for dental assistants in the area of infection control. The table contains every level of dental assistant recognized in every state. The requirements for initial qualification for the specified level of dental assistant are divided into three subcategories that consider whether the state requires or recognizes (1) graduation from a CODA-accredited program, which includes instruction in infection control, (2) DANB's Infection Control Exam (ICE), which consists of knowledge-based competence testing in infection control, or DANB Certified Dental Assistant (CDA) or Certified Orthodontic Assistant (COA) certification, each of which include the ICE exam, and/or (3) other education/training or exam requirements covering infection control. The chart also contains information about continuing education requirements in the area of infection control, and any other requirements pertinent to the question of where and how a dental assistant will acquire both infection control knowledge and the skills necessary to perform infection control procedures and/or be assessed in these skills and knowledge.

DANB's Radiation Health and Safety (RHS) exam contains content on infection control for radiography procedures; if a state recognizes DANB's RHS exam or CDA exam to qualify to perform radiography procedures, this information is listed under "Other Requirements." If the state does not recognize or require a full-length CODA-accredited dental assisting program but requires courses in specific functions, such as radiography or restorative functions, that are offered by or within a CODA-accredited dental assistant program, then the information about this requirement can also be found under "Other Requirements."

DANB's Coronal Polish (CP), Sealants (SE), Topical Fluoride (TF), Impressions (IM), Temporaries (TMP) and Restorative Functions (RF) exams include content addressing infection control protocols related to the procedures covered on each exam. If a state recognizes or requires one or more of these exams to perform these functions, this information is noted under "Other Requirements."

If a state board-approved course is recognized or required to attain the level of dental assisting in question, and the published approval criteria for that course include instruction in infection control, then information about this course will be found in "Other Requirements."

If the chart indicates that a program or exam is "required," that means that everyone who wishes to attain the level shown in the second column must complete the requirement. If the chart indicates that a program or exam "meets requirements," this means that the course or exam is one way or one part of one way to qualify for the status or level indicated in the second column.

In each state's entry, the word "Board" means the respective state's board of dentistry, unless otherwise noted.

Every effort has been made to include the statutory or regulatory reference for every item of data included in this table, found in the References column or, in some cases, in the same column as the data. In some cases, information about requirements that is not expressly included in statute or rule comes from DANB's *State Fact Booklet* or *State Career Ladder Templates for Dental Assistants*. DANB requests that dental board staff for each state review and approve their respective state's information each year. Where noted, information in this table may have been sourced from state-approved information included in DANB's state publications that is not otherwise found in statute or rule.

∞ These data are presented for informational purposes only and are not intended as a legal opinion about dental practice in any state. DANB makes no warranties about the correctness of the information presented herein. For authoritative information regarding requirements for dental assistants in each state or district, please contact the relevant dental board or other regulatory agency.
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State	Level of Dental Assistant	Infection Control Requirements for Initial Qualification			Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
		Graduation from a CODA-Accredited Program Required or Meets Requirement	Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement	Other Educational/ Training or Exam Requirement in Infection Control				
Alabama	Dental assistant					All dental offices must conform to and comply with the current recommendations and guidelines of the Centers for Disease Control and Prevention (C.D.C.) relating to infection control practices for dentistry and/or dental offices. It is the responsibility of all currently licensed dentists, dental hygienists, dental assistants and all other personnel who are utilized by a licensed dentist and who assist in a dental practice and may be exposed to body fluids such as blood or saliva to maintain familiarity with these recommendations and guidelines.		Rules of the Alabama Board of Dental Examiners 270-X-2-.15
Alaska	Dental assistant							Alaska Administrative Code 12 AAC 28.830(B)
	Dental assistant qualified in coronal polishing procedures			The required course of instruction in coronal polishing must include didactic and clinical instruction in proper infection control techniques while performing rotary coronal polishing.				
	Dental assistant qualified in restorative functions	See "Other Requirements"		The required course of instruction for restorative functions for dental assistants must include proper safety when using dental materials, including appropriate infection control and mercury hygiene		Required restorative functions course must be offered under the auspices of a CODA-accredited program or other program approved by the Board		Alaska Administrative Code 12 AAC 28.870(3)

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Table A: State Infection Control Education, Training and Exam Requirements for Dental Assistants

State	Level of Dental Assistant	Infection Control Requirements from a CODA-Accredited Program Required or Meets Requirement	Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement	Other Educational/ Training or Exam Requirement in Infection Control	Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
Arizona	Dental assistant							
	Dental assistant holding the Arizona Radiologic Proficiency Certificate					DANB's RHS Exam is required for authorization to perform radiography (unless applying for certificate by credential).		Arizona Revised Statute, 32-1291(A); Arizona Admin Code, Title 4, Chapter 11, Article 2, R4-11-204
	Dental assistant qualified in coronal polishing procedures					DANB's CP Exam is required to earn the state's certificate in coronal polishing.		Arizona Revised Statute, 32-1291(B)
	Expanded function dental assistant*	See "Other Requirements"				Training program completed in a CODA-accredited program is required. DANB's TMP and RF exams are required.		Arizona Revised Statute 32-1291.01
Arkansas	Dental assistant			Training in standard precautions and other infection control standards required by OSHA and as recommended by the CDC and set forth in rule shall be provided to all DHCP by the employer upon initial employment prior to direct patient care, whenever new tasks are assigned which affect the level of occupational exposure, and at least annually.	Training in standard precautions and other infection control standards required by OSHA and as recommended by the CDC and set forth in rule shall be provided to all DHCP by the employer at least annually.		Arkansas Rules & Regulations, Article XV contains detailed requirements for infection control procedures, equipment, etc.	Arkansas Rules & Regulations, Article XV.B.1

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Table A: State Infection Control Education, Training and Exam Requirements for Dental Assistants

State	Level of Dental Assistant	Infection Control Requirements for Initial Qualification			Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
		Graduation from a CODA-Accredited Program Required or Meets Requirement	Passing DANB's ICE or Exam/COA Requirement or Meets Requirement	Other Education/ Training or Exam Requirement in Infection Control				
Arkansas, continued	Registered Dental Assistant	Graduation from CODA-accredited program meets requirement to earn RDA status.	Current CDA certification meets requirement to earn RDA status.		All registered dental assistants who hold an expanded duty permit from the Arkansas State Board of Dental Examiners must report completion of at least two (2) continuing education hours dealing with infection control for the biennial license renewal of the permit.	DANB's CDA exam meets requirement to perform radiography.	Arkansas Board of Dental Examiners Rules & Regulations, Article XV.B.2; Article XVII, E.5; Article XVII.J	
California	Unlicensed Dental Assistant			The employer of a dental assistant shall be responsible for ensuring that the dental assistant who has been in continuous employment for 120 days or more, has already successfully completed, or within a year successfully completes, a Board-approved course in infection control.			California has an entire chapter dedicated to Infection Control. CA Code of Regulations, Title 16, Division 10, Chapter 1, Article 1, 1005. Requirements for approval of infection control courses indicate that all contents of this chapter must be included in course, in addition to other requirements listed in Chapter 3, Article 2, 1070.6.	California Business and Professions Code, Chapter 4, Article 7, 1750(c)(2)
	Orthodontic Assistant Permit Holder			The Board may issue an orthodontic assistant permit to a person who successfully completes a board-approved course in infection control, among other requirements.	Two units of continuing education in Infection Control specific to California regulations as defined in section 1016(b)(1)(A) every two years	See above note about approval of infection control courses.	California Business and Professions Code, Chapter 4, Article 7, 1750.2 CA Code of Regulations, Title 16, Division 10, Chapter 1, Article 4, Section 1017	

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Table A: State Infection Control Education, Training and Exam Requirements for Dental Assistants

State	Level of Dental Assistant	Infection Control Requirements for Initial Qualification			Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
		Graduation from a CODA-Accredited Program Required or Meets Requirement	Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement	Other Education/ Training or Exam Requirement in Infection Control				
California, continued	Dental Sedation Assistant Permit Holder			The Board may issue a dental sedation assistant permit to a person who successfully completes a Board-approved course in infection control, among other requirements.	Two units of continuing education in Infection Control specific to California regulations as defined in section 1016(b)(1)(A) every two years		See above note about approval of infection control courses.	California Business and Professions Code, Chapter 4, Article 7, 1750.4 CA Code of Regulations, Title 16, Division 10, Chapter 1, Article 4, Section 1017
	Registered Dental Assistant (RDA); RDA with Orthodontic Assistant Permit; RDA with Sedation Assistant Permit			Individuals applying for registered dental assistant (RDA) licensure shall provide written evidence of successful completion within five years prior to application of a Board-approved course in infection control; RDA education program must include instruction in emergency and safety precautions, infection control, sterilization protocols, Cal/OSHA regulations and the Dental Board of California's Minimum Standards for Infection Control	Two units of continuing education in Infection Control specific to California regulations as defined in section 1016(b)(1)(A) every two years	For approval of coronal polishing course, course must require each student to satisfactorily demonstrate clinical competency in infection control prior to clinical instruction in coronal polishing. For approval of coronal fissure sealants courses, and ultrasonic scaling courses, courses must include instruction in infection control protocols.	See above note about approval of infection control courses.	California Business and Professions Code, Chapter 4, Article 7, 1752.1; California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, 1070.2(d)(8)(A) and (d)(1)(D); 1070.3(g)(5)(J); 1070.4(g)(5)(E); 1070.5(g)(5)(E) CA Code of Regulations, Title 16, Division 10, Chapter 1, Article 4, Section 1017

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State	Level of Dental Assistant	Infection Control Requirements for Initial Qualification			Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
		Graduation from a CODA-Accredited Program or Meets Requirement	Passing DANB's ICE or GDA/COA Exam, Required or Meets Requirement	Other Education/ Training or Exam Requirement in Infection Control				
California, continued	Registered Dental Assistant in Extended Functions (RDAEF); RDAEF with Orthodontic Assistant Permit; RDAEF with Sedation Assistant Permit RDAEF with additional training			Board may issue an RDAEF license to a person who successfully completes a Board-approved course in infection control, among other requirements.	Two units of continuing education in Infection Control specific to California regulations as defined in section 1016(b)(1)(A) every two years			California Business and Professions Code, Chapter 4, Article 7, 1753. CA Code of Regulations, Title 16, Division 10, Chapter 1, Article 4, Section 1017
Colorado	Dental assistant					RHS or CDA exam meets requirement to perform radiography.	Failure to utilize generally accepted standards of infection control procedures is listed among grounds for disciplinary action of licensees. A licensee is responsible for compliance of unlicensed dental personnel.	Colorado Revised Statutes 12-220-201(kk). Board of Dental Examiners 3 CCR 709-1 Rules and Regulations, Rule 1.10.D.3; Rule 1.16

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Table A: State Infection Control Education, Training and Exam Requirements for Dental Assistants

State	Level of Dental Assistant	Infection Control Requirements for Initial Qualification			Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
		Graduation from a CODA-Accredited Program Required or Meets Requirement	Passing DAN's ICE or CDA/COA Exam Required or Meets Requirement	Other Education/ Training or Exam Requirement in Infection Control				
Connecticut	Dental assistant		An assessment in infection control is required for all dental assistants. ICE exam meets this requirement.	State-specific assessment in infection control may be used to meet infection control assessment requirement.	Not less than 1 hour every two years of training and education in infection control in a dental setting.	RHS exam is required to perform radiography.		CT General Statutes Chapter 376c, Section 20-74ee, and Chapter 379, Section 20-112a (a)(4); (b); (c)(1); (c)(3); (c)(4)
	Expanded Function Dental Assistant	See "Other Requirements"	ICE exam meets infection control assessment requirement; CDA or COA certification required to perform expanded functions.		Not less than 1 hour every two years of training and education in infection control in a dental setting.	Completion of an expanded function dental assisting program at a CODA-accredited program is required to perform expanded functions. CPFDA and CRFDA exams are required to perform expanded functions.		
Delaware	Dental assistant							
	Dental Radiation Technician					RHS exam (or equivalent DANB-administered state exam) or CDA certification required to perform radiography under regulations of the Delaware Authority on Radiation Protection.		Title 16 Health & Social Services Delaware Administrative Code, 4466 Radiation Technologists/T echnicians (Certification), 6.3.1, 6.3.3, 6.3.5.2
District of Columbia	Level I Dental Assistant				2 hours of infection control CE in approved CE program required	RHS or CDA exam meet requirement to perform radiography.		District of Columbia Municipal Regulations - Title 17, Chapter 90 - 9005.1; 9007.7 and 9007.8
	Level II Dental Assistant	Graduation from a CODA-accredited program meets requirement for registration.	CDA certification meets requirement for registration.					Board-approved course may substitute for CDA certification or CODA-accredited program; approved course outline/ curriculum not available.

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Table A: State Infection Control Education, Training and Exam Requirements for Dental Assistants

State	Level of Dental Assistant	Infection Control Requirements for Initial Qualification			Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
		Graduation from a CODA-Accredited Program Required or Meets Requirement	Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement	Other Educational/ Training or Exam Requirement in Infection Control				
Florida	On-the-Job Trained Dental Assistant							
	Dental Assistant formally trained in expanded functions	Graduation from a CODA-accredited program meets requirement			Formal training is required to perform certain remediable tasks. Such coursework must include instruction regarding sterilization and disinfection procedures as stated in Florida Administrative Code 64B5-25.003.		Florida Administrative Code 64B5-16.002	
	Dental radiographer			The Board-approved course that a dental assistant may take to obtain radiography certification must include training in infection control and sterilization techniques.			Florida Administrative Code 64B5-9.011(3)(h)	
Georgia	Dental assistant				The DALE Foundation's DANB RHS review course meets requirement to allow performance of radiographic procedures		Radiography course requirements can be found at: 111-8-80-.04 ·X-Rays in the Healing Arts http://rules.sos.ga.gov/GACR/111-8-80-.04	
	Expanded Duty Dental Assistant (EDDA)		CDA certification meets a prerequisite for expanded functions training				Georgia Board of Dentistry Rules 150-9-.02(2)(a)	

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Table A: State Infection Control Education, Training and Exam Requirements for Dental Assistants

State	Level of Dental Assistant	Inflection Control Requirements, for Initial Qualification	Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
Hawaii	Dental assistant	<p>Graduation from a CODA-Accredited Program Required or Meets Requirement</p> <p>Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement</p> <p>Other Education/ Training or Exam Requirement in Infection Control</p>				Hawaii Administrative Rules 16-79-69.1 (b)(1)
	Dental assistant	Employer dentist is required to provide training in proper sterilization and disinfection procedures meeting OSHA/HOSH biohazard pathogens standards, CDC and ADA guidelines; training must be provided by an approved CE sponsor or organization.				
Idaho	Dental assistant					
Illinois	Dental assistant					
	Dental Assistant qualified in expanded functions (coronal polishing, pit and fissure sealants, monitor patients under nitrous oxide, and/or monitor patients under sedation)	<p>CODA-accredited program meets part of requirements to qualify to perform delegable expanded functions.</p> <p>CDA meets part of requirements to qualify to perform delegable expanded functions.</p>				Illinois Administrative Code, Title 68, Chapter VII, Subchapter b, Part 1220, Section 1220.245(c)

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State	Level of Dental Assistant	Infection Control Requirements for Initial Qualification	Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
Illinois, continued	Dental Assistant qualified in placing, carving and finishing amalgam restorations	<p>Graduation from a CODA-Accredited Program Required or Meets Requirement</p> <p>Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement</p> <p>Other Education/ Training or Exam Requirement In Infection Control</p> <p>CDA meets part of requirements to qualify to perform restorative functions.*</p>			"This rule may be superseded by a later statute, enacted in 2017, that does not include this requirement for performing restorative functions.	Illinois Administrative Code, Title 68, Chapter VII, Subchapter b, Part 1220, Section 1220.245(c)(5)
	Expanded Function Dental Assistant			Training in a dental assistant training program accredited by CODA meets requirement		225 ILCS 25/ Illinois Dental Practice Act, Section 17.1(b)(ii)
Indiana	Dental assistant					
	Limited dental radiographic license holder	<p>Graduation from a CODA-Accredited program is required.</p> <p>Graduation from a CODA accredited program that included training in these functions meets requirement.</p>				Indiana Administrative Code, 410 IAC 5-2-10-1 (a)(3)
	Dental assistant qualified in coronal polishing; Dental assistant qualified in applying medicaments for the control and prevention of dental caries		The required courses in coronal polishing and applying medicaments for control and prevention of dental caries must include instruction in infection control.			Indiana Administrative Code, Article 6, 828 IAC 6-1-1(b)(1)(G); 828 IAC 6-1-2(b)(1)(G)
	Dental assistant qualified in administering nitrous oxide	Graduation from a CODA accredited program that included training in these functions meets part of requirement.				Indiana Code, Title 25, Article 13, Section 25-13-1-10.7

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State	Level of Dental Assistant	Infection Control Requirements for Initial Qualification			Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
		Graduation from a CODA-Accredited Program, Required or Meets Requirement	Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement	Other Education/ Training or Exam Requirement in Infection Control				
Iowa	Dental Assistant Trainee			Prior to expiration of trainee status (12 months; trainees may reapply for trainee status two additional times), successfully complete a Board-approved course of study and examination that includes infection control.		RHS exam required to perform radiography		Iowa Administrative Code, Dental Board 650, Chapter 20, 650.20.4-650.20.9
	Registered Dental Assistant (RDA)			ICE exam meets infection control requirement for RDA status if taken after 6/1/91.	At least 1 hour in infection control every 2 years			650, Chapter 20, 650.20.5; 650-20.11; 650-25.4 (1), (4)
	Basic expanded functions provider	Graduation from a CODA-accredited program is one way to be eligible to participate in expanded functions training.	DANB CDA certification is one way to be eligible to participate in expanded functions training.				Must meet RDA requirements before receiving training in expanded functions	650, Chapter 20, 650-20.11; 650-23.3; 650-25.4 (1), (4)
	Certified Level 1 provider Certified Level 2 provider					RHS exam required to perform radiography. RHS exam required to perform radiography. Expanded functions training offered by a CODA-accredited program meets education requirement.		

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Table A: State Infection Control Education, Training and Exam Requirements for Dental Assistants

State	Level of Dental Assistant	Infection Control Requirements for Initial Qualification			Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
		Graduation from a CODA-Accredited Program or Meets Requirement	Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement	Other Education/ Training or Exam Requirement in Infection Control				
Kansas	Dental assistant					Each dental health care worker who performs or participates in an invasive or exposure-prone procedure shall observe and adhere to infection control practices and universal blood and body fluid precautions. (Article 1, Section 71-1-18(b) lists required infection control practices.)		Kansas Administrative Regulations, Article 1, section 71-1-18(b); 71-6-3(a)(3)(D)
	Dental assistant with expanded duties training			For approval of expanded duties instruction courses, course must include sterilization and infection control.				
Kentucky	Dental Auxiliary					RHS exam or radiography course from a CODA-accredited program meet requirements to perform radiography.		Kentucky Administrative Regulations, 8:571 Section 4; https://apps.legis.laureate.ky.gov/law/kar201/008/571.pdf
	Registered Dental Assistant							
	Registered Dental Assistant qualified in coronal polishing			Required 8-hour coronal polishing course must include infection control, universal precaution, and transfer of disease.				Kentucky Administrative Regulations, 8:571 Section 3(2)(d) https://apps.legis.laureate.ky.gov/law/kar201/008/571.pdf
	Registered Dental Assistant qualified in IV placement							

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Table A: State Infection Control Education, Training and Exam Requirements for Dental Assistants

State	Level of Dental Assistant	Infection Control Requirements from a CODA-Accredited Program Required or Meets Requirement	Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement	Other Education/ Training or Exam Requirement in Infection Control	Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
Louisiana	Dental assistant							
	Expanded Duty Dental Assistant EDDA	Graduation from a CODA-accredited dental assisting program that included EDDA training meets requirement.		Required EDDA course must include instruction in infection control and prevention of disease transmission; dental assistants' responsibilities in upholding universal barrier techniques; and OSHA rules, among other topics.				Louisiana Administrative Code, Chapter 5, Section 503.B.3. http://www.lsbdl.org/applications/46v33.pdf
Maine	Unlicensed Person					A licensee who is providing general supervision or direct supervision must ensure the supervised individual's training and/or certification is completed to comply with the CDC Guidelines.		Maine Board Rules, 02-313, Chapter 12, Section I.A.2 https://www.maine.gov/sos/ceacfrules/02/chaps02.htm#313
	Expanded Function Dental Assistant (EFDA)		CDA certification is required (if not an RDH).			All licensees shall utilize the CDC Guidelines for Infection Control in Dental Health-Care Settings, 2003.		Board Rules 02-313, Chapter 3, Section II; Chapter 12, Section I.A.1
	Dental Radiographer					DANB's RHS exam or completing radiography course in a CODA-accredited program meets part of requirement for licensure as a dental radiographer. All licensees shall utilize the CDC Guidelines for Infection Control in Dental Health-Care Settings, 2003.		Board Rules 02-313, Chapter 4, Section II.B(1-2); Chapter 12, Section I.A.1 Accepted course/exam noted in application form: https://www.maine.gov/dental/documents/dentalradiographyapplication2020.pdf

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State	Level of Dental Assistant	Infection Control Requirements from a CODA-Accredited Program Required or Meets Requirement	Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement	Other Education/ Training or Exam Requirement in Infection Control	Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
Maryland	Dental assistant			A dental assistant who provides dental assistant duties in a dental school program and who is not certified by the Dental Assisting National Board as qualified in general rules or qualified in orthodontics shall successfully complete a Board-approved course of at least 2 hours in Infection control with OSHA protocol.				Maryland Regulation 10.44.01.02.E
	Dental Radiation Technologist		See "Other Requirement"		2-hour Board-approved course on Infection control every 2 years	RHS or CDA exam is required to perform radiography; 2-hour infection control course is required for reinstatement of an expired dentist radiation technologist certification.	Information about taking RHS or CDA exam to meet Maryland radiography requirements is available from DANB: http://www.danb.org/Meet-States-Requirements/State-Specific-Information/ Maryland also	Maryland Regulations 10.44.19.03.A(5); 10.44.19.06.D; 10.44.19.06.C
	Dental assistant qualified in general duties Dental assistant qualified in orthodontics		CDA exam meets requirement for qualification. COA exam meets requirement for qualification.					Maryland Regulations 10.44.01.05.A.2 Maryland Regulations 10.44.01.04.A.2

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State	Level of Dental Assistant	Infection Control Requirements from a CODA-Accredited Program Required or Meets Requirement	Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement	Other Education/ Training or Exam Requirement in Infection Control	Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
Massachusetts	On-the-job trained Dental Assistant			A course in infection control/CDC guidelines is required prior to commencing on-the-job training.	All dental assistants must complete 12 hours of continuing education during each biennial registration period; continuing education must include CDC Guidelines (Reference: Rules and Regulations of MA Board of Registration in Dentistry 234 CMR 8.02(4), 8.03)	DANB RHS exam meets requirement to perform radiography.		Rules and Regulations of MA Board of Registration in Dentistry 234 CMR 4.12(7); 5.09(2); 8.03
	Formally Trained Dental Assistant (FTDA)	Completion of CODA-accredited dental assisting program meets requirement for licensure as an FTDA.				FTDAs and CAs may perform radiography procedures if they have successfully completed a course with a curriculum that complies with CODA-standards for radiological techniques and safeguards in dentistry.	(Some information not found in rule has been confirmed in communication with Massachusetts Board for Registration in Dentistry related to DANB state publications review.)	Rules and Regs of MA Board of Registration in Dentistry 234 CMR 4.11; 5.09(1); 8.03
	Certified Assistant (CA)		DANB certification (which may include CDA, COA, CFPDA, or CRFDA) is required for licensure as a CA.					
	Expanded Function Dental Assistant (EFDA)		DANB certification (including CDA, COA, CFPDA, or CRFDA) meets part of requirement for licensure as an EFDA.			EFDAs may perform radiography procedures if they have successfully completed a course with a curriculum that complies with CODA-standards for radiological techniques and safeguards in dentistry. EFDAs must complete an expanded function program at a CODA-accredited program. (From communication with Massachusetts Board for Registration in Dentistry related to DANB state publications review.)		Rules and Regs of MA Board of Registration in Dentistry 234 CMR 5.09(1); 8.03

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		Graduation from a CODA-Accredited Program Required or Meets Requirement	Passing DANB's ICE or Exam/COA Requirement	Other Education/ Training or Exam Requirement in Infection Control				
Michigan	Dental assistant				To legally operate dental x-ray equipment and perform dental radiographic procedures, a dental assistant must successfully complete a course in dental radiography that is substantially equivalent to a course taught in a CODA-accredited program. Required RDA exam contains on a small number of questions on "prevention of disease transmission." (See Michigan RDA Exam application packet, page 12: https://www.michigan.gov/localimages/laralara_rda_exambroc_13_457033_7_597121_7.pdf .)		Michigan Administrative Code, R338.11403; R338.11307	
	Registered Dental Assistant (RDA)	CODA-accredited program is required.			As of March 2021, there is a pending rulemaking proposal in Michigan that, if passed, will require dentists, registered dental hygienists, and registered dental assistants to complete at least 1 hour of required continuing education hours in infection control, which must include sterilization of hand pieces, personal protective equipment, and the Centers for Disease Control and Prevention's infection control guidelines.	Michigan Administrative Code, R338.11235; R338.11307		

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State	Level of Dental Assistant	Infection Control Requirements for Initial Qualification	Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
Minnesota	Dental assistant	Graduation from a CODA-Accredited Program Required or Meets Requirement			The dentist is responsible for ensuring that the assistant remains in compliance with the most current infection control recommendations, guidelines, precautions, procedures, and techniques specified in the United States Department of Health and Human Services, Public Health Service, Centers for Disease Control and Mortality Weekly Report (MMWR).	Minnesota Administrative Rules Chapter 6950, Infection Control pertains to all regulated persons in the health care profession. https://www.revisor.mn.gov/rules/ 3100.8400, Subpart 1a.B. https://www.revisor.mn.gov/rules/ 3100.8400/
	Licensed Dental Assistant (LDA)	CODA-accredited dental assisting program meets requirement.	An infection control course is mandatory for LDAs to maintain licensure		To renew an emeritus active license, an LDA must complete at least one hour of infection control (Minnesota Statutes, 150A.06 Subd. 11(e)(3)(ii))	Minnesota Statutes, 150A.06; https://www.revisor.mn.gov/statutes/cite/150A/pdf Minnesota Administrative Rules, 3100.1300; 3100.3500 Subp. 2; 3100.5100 Subp. 3.A(4) https://www.revisor.mn.gov/rules/ 3100/2018-11-13%2009:33:48+00:00/
Mississippi	Dental assistant				DANB's CDA certification or CODA-accredited program meet requirements to perform radiography.	Mississippi State Board of Dental Examiners Regulation 25 – 1(b)-(c) https://www.dentalboard.ms.gov/sites/default/files/regulation25.pdf

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		Graduation from a CODA-Accredited Program Required or Meets Requirement	Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement	Other Education/ Training or Exam Requirement in Infection Control				
Missouri	Dental assistant							
	Expanded-Functions Dental Assistant	CODA-accredited dental assisting program meets part of requirement.	CDA certification meets part of requirement.	Missouri Test of Basic Dental Assisting Skills, which includes content addressing infection control, meets part of requirement.				Missouri Code of State Regulations, Chapter 200 - General Rules - 200CSR 2110-2.120(1)(H), 2.120(4)(A) https://www.sos.mo.gov/crms/imagess/adrules/csir/current/200csr720c2110-2.pdf
Montana	Dental auxiliary	CODA-accredited dental assisting program meets requirement.				DANB's RHS exam or CODA-accredited program meet requirement to perform radiography.		Montana Administrative Rules, Subchapter 4, 24.136.406(1), (12); RHS exam acceptance: https://boards.bs.dcf.mt.gov/dentistry/
	Certified Dental Assistant		CDA certification is required to work under general supervision of a licensed dentist					Montana Administrative Rules, Subchapter 4, 24.136.406(2)

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Table A: State Infection Control Education, Training and Exam Requirements for Dental Assistants

State	Level of Dental Assistant	Infection Control Requirements, for Initial Qualification			Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
		Graduation from a CODA-Accredited Program Required or Meets Requirement	Passing DANB's ICE of CDA/COA Exam Required or Meets Requirement	Other Education/ Training or Exam Requirement in Infection Control				
Nebraska	Dental assistant					DANB's CDA exam or CODA-accredited program meet requirement to perform radiography.		Nebraska Dept. of Health and Human Services dental assistant information web page: https://dhs.ne.gov/licensure/Pages/Dental-Assistant.aspx
	Dental assistant qualified in coronal polishing	CODA-accredited dental assisting program meets requirement.						Nebraska Administrative Code Chapter 53, 003.03, 010.01A, and 006.05G;
	Licensed Dental Assistant (LDA) Expanded Function Dental Assistant (EFDA)	CODA-accredited dental assisting program meets part of requirement. (LDA license required; see above)	CDA exam is required. (LDA license required; see above)		Minimum of two hours of infection control continuing education required every two years			Nebraska Dentistry Practice Act 38-1118.02

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State	Level of Dental Assistant	Infection Control Requirements for Initial Qualification	Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
Nevada	Dental assistant	<p>Graduation from a CODA-Accredited Program Required or Meets Requirement</p> <p>Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement</p> <p>Other Education/ Training or Exam Requirement in Infection Control</p>	<p>Non-hygienist personnel who perform radiography procedures must complete a minimum of 4 hours of continuing education in infection control every two years.</p>		<p>Guidelines for Infection Control in Dental Health-Care Settings, 2003 and Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 from the CDC are both adopted by reference.</p>	<p>Nevada Administrative Code, NAC 631.045; 631.178; 631.260 https://www.leg.state.nv.us/nac/nac-631.html</p>
		<p>Licensed dentist who owns the office/ facility must, at the time of license renewal, attest that each employee who is not a licensed dentist or licensed dental hygienist and who assists in infection control has received adequate instruction concerning procedures for infection control and is qualified to operate sterilization equipment and perform all other activities in compliance with the CDC guidelines adopted by reference (see <i>Notes</i>).</p>				
New Hampshire	Traditional dental assistant					<p>NH Administrative Rules 401.01(c) http://www.genccourt.state.nh.us/rules/state_agencies/dent100-500.html</p>
	DANB CDA					<p>NH Administrative Rules 101.05; 401.02 http://www.genccourt.state.nh.us/rules/state_agencies/dent100-500.html</p>

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Table A: State Infection Control Education, Training and Exam Requirements for Dental Assistants

State	Level of Dental Assistant	Infection Control Requirements for Initial Qualification			Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
		Graduation from a CODA-Accredited Program Required or Meets Requirement	Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement	Other Education/ Training or Exam Requirement in Infection Control				
New Hampshire, continued	Graduate Dental Assistant (GDA)	CODA-accredited program meets requirements to perform specified functions and to receive training in specified expanded functions.					NH Administrative Rules 101.13; 401.02 http://www.gencourt.state.nh.us/rules/state_rules/dent100-500.html	
	Dental assistant qualified to perform expanded duties	CODA-accredited program meets requirement to receive training in specified expanded functions.	DANB CDA certification meets requirement to receive training in specified expanded functions.	If not a Graduate Dental Assistant, a dental assistant must receive infection control training before receiving expanded functions; course must be 4 hours and offered by an approved CE sponsor.	For coronal polishing, the required course must include instruction in infection control.	DANB's ICE exam can be used to meet the infection control course requirement for dental assistants desiring to take the expanded functions courses. (From direct communication between DANB and NH Board.)	NH Administrative Rules 302.08 (b)(1)c http://www.gencourt.state.nh.us/rules/state_rules/den100-500.html	
	Expanded Function Dental Auxiliary (EFDA)	CODA-accredited program meets part of requirement to receive EF training.	CDA certification meets part of requirement to receive EF training.					NH Administrative Rules 302.07

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Table A: State Infection Control Education, Training and Exam Requirements for Dental Assistants

State	Level of Dental Assistant	Infection Control Requirements for Initial Qualification	Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
		Graduation from a CODA-Accredited Program Required or Meets Requirement Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement Other Education/ Training or Exam Requirement in Infection Control				
New Jersey	Unregistered Dental Assistant					
	Registered Dental Assistant (RDA)	CODA-accredited program meets educational requirement to earn RDA status.	DANB CDA or COA exam required to earn RDA status.	RDA's must complete 10 hours of continuing education every two years; infection control is an acceptable topic for a scientific course.		New Jersey Dentistry Regs, Title 13, Chapter 30, Subchapter 2, 13:30-2.2; 2.3; 5.3
	Limited Registered Dental Assistant in Orthodontics (LRDA-O)	CODA-accredited program meets educational requirement to earn RDA status.	DANB COA exam required to earn LRDA-O status.	LRDA-Os must complete 10 hours of continuing education every two years; infection control is an acceptable topic for a scientific course.	DANB Topical Fluoride (TF) and Coronal Polish (CP) exams required to earn LRDA-O license.	
	Dental Radiologic Technologist (DRT)		DANB COA exam meets exam requirement to earn DRT license.	DANB RHS exam meets exam requirement to earn DRT license.		New Jersey Radiation Regs, Title 7, Chapter 28, Subchapter 19; 7:28-19.7

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Table A: State Infection Control Education, Training and Exam Requirements for Dental Assistants

State	Level of Dental Assistant	Infection Control Requirements, for Initial Qualification			Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
		Graduation from a CODA-Accredited Program Required or Meets Requirement	Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement	Other Education/ Training or Exam Requirement in Infection Control				
New Mexico	Dental assistant				DANB RHS exam meets part of requirement to earn radiography certificate.		Infection control training: All providers shall have formal training in infection control techniques. Training is a requirement for licensure, as well as for renewal of all licenses and certificates. Training must be provided by an approved CE sponsor or sponsored by OSHA.	NM Administrative Code 16.5.33.9, B(1); 16.5.40.10.C
	Dental assistant with expanded functions (rubber cup coronal polishing, application of pit and fissure sealants, and application of topical fluoride)		CDA certification is recognized to earn state certification in each of the expanded functions.	A course in infection control techniques and sterilization procedures per renewal period (as part of the required 30 hours every 3 years)	DANB's CP, SE, and TF exams are recognized to earn the state's certificates in rubber cup coronal polishing, application of pit and fissure sealants, and application of topical fluoride, respectively.		Failure to use appropriate infection control techniques and sterilization procedures is deemed "unprofessional conduct" and may constitute grounds for disciplinary action.	NM Administrative Code 16.5.33.10, B(1), C(3); 16.5.33.11.C(1); 16.5.33.13.C; 16.5.36.9.B
	Expanded Function Dental Auxiliary (EFDA)				EFDA course in a program accredited by CODA meets part of requirements for state EFDA certification.			NM Administrative Code 16.5.42.9.A; 16.5.44.9.A
	Community Dental Health Coordinator (CDHC)		CDHC must earn expanded function state certifications; CDA certification is recognized.		CDHC must earn radiography certificate; DANB RHS exam meets part of requirement.			NM Administrative Code 16.5.52.9; 16.5.16.10.B; 16.5.40.10.C; 16.5.47.10.C; 16.5.55.10.C

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Table A: State Infection Control Education, Training and Exam Requirements for Dental Assistants

State	Level of Dental Assistant	Infection Control Requirements for Initial Qualification			Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
		Graduation from a CODA-Accredited Program or Meets Requirement	Passing DANB's ICE or CDA/COA Exam or Meets Requirement	Other Education/ Training or Exam Requirement in Infection Control				
New York	Dental Assistant with a Limited Permit			Curriculum for the required dental assisting program must include instruction in basic concepts of microbiology pertaining to infection control and coursework in clinical procedures related to infection control.				Regulations of the Commissioner 52.26.a.1.ii; 52.26.a.3.iv Exam requirements: http://www.op.nysed.gov/prof/dent/dentfctalic.htm
	Registered dental assistant		DANB CDA exam, or ICE + RHS + state-specific exam, is required to earn status as a Registered dental assistant					
North Carolina	Dental Assistant I (DAI)					CDA exam or CODA-accredited program meets requirement to perform radiography		North Carolina General Statutes, 90-29(c)(12); http://www.ncdenタルboard.org/dental_assisting.htm
	Dental Assistant II in Training (DAII in Training)					CDA exam or CODA-accredited program meets requirement to perform radiography		
	Dental Assistant II (DAII)	CODA-accredited program meets part of requirement for DAI status.	CDA exam meets part of requirement for DAI status.	Completion of a 3-hour course in sterilization and infection control meets part of the requirement for DAI status.		CDA exam or CODA-accredited program meets requirement to perform radiography. Required course for coronal polishing must include instruction in "patient safety."		NC Board Rules 21NCAC 16H.0104; 21 NCAC 16H .0203

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Table A: State Infection Control Education, Training and Exam Requirements for Dental Assistants

State	Level of Dental Assistant	Inflection Control Requirements for Initial Qualification	Continuing Education Requirements In Infection Control	Other Requirement	Notes	References
North Dakota	Dental assistant	Graduation from a CODA-Accredited Program Required or Meets Requirement	Other Education/ Training or Exam Requirement In Infection Control			
	Qualified Dental Assistant (QDA)	*DANB ICE exam is required to earn QDA status.	Provide verification of completing an infection control course within two years prior to application (if passing DANB's ICE exam occurred more than two years prior to application)	Must complete 2 hours of infection control CE to renew every 2 years (out of 16 total CE required)	*DANB RHS exam required for QDA status	ND Administrative Code 20-03-01-05.1a: 20-03-01-05.1, 2; 3a; https://www.legis.nd.gov/information/factpages/html/Tfile20.html
	Registered Dental Assistant (RDA)	CODA-accredited program meets part of requirement for RDA status.	Provide verification of completing an infection control course within two years prior to application (if approved program or graduation from approved program or passing DANB's CDA exam occurred more than two years prior to application)			
	RDA qualified to apply pit and fissure sealants	CDA exam meets part of requirement for RDA status.	CDA exam meets part of requirement for RDA status.			
	RDA with Restorative Functions permit	CODA-accredited program meets part of requirement for RDA status.	CDA exam meets part of requirement for RDA status.		Restorative functions program offered by a CODA-accredited program is required.	DANB's RF exam is required.

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State	Level of Dental Assistant	Infection Control Requirements for Initial Qualification	Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
Ohio	Basic Qualified Personnel (BQP)	Graduation from a CODA-Accredited Program Required or Meets Requirement				
	DANB CDA or OCDAC Certified Ohio Dental Assistant	State allows holders of DANB CDA certification to qualify to perform coronal polishing and apply pit and fissure sealants.	Must complete 2 hours of infection control CE annually to renew DANB certification (if applicable)	DANB's CP exam meets part of requirement to earn the state's coronal polishing certificate.	(DANB does not have access to an exam content outline for the Ohio Commission on Dental Assistant Certification [OCDAC] exam and cannot say whether infection control knowledge is covered on that exam.)	Ohio Revised Code, 4715.39(B)(5); Ohio Administrative Code 4715-11-01(C)(3)(a); 4715-11-03.1(B)(1)(b); 4715-11-03.1(C)
	Expanded Function Dental Auxiliary (EFDA)	CODA-accredited EFDA training course meets part of requirement to earn EFDA status.				4715-11-04.1(A)(2d) and (A)(3)
Dental Assistant Radiographer		CDA certification can meet a requirement to perform radiography				Ohio Revised Code 4715.53(B)(1)

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Table A: State Infection Control Education, Training and Exam Requirements for Dental Assistants

State	Level of Dental Assistant	Infection Control Requirements for Initial Qualification			Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
		Graduation from a CODA-Accredited Program Required or Meets Requirement	Passing DANE's ICE or CDA/CDA Exam Required or Meets Requirement	Other Education/ Training or Exam Requirement in Infection Control				
Oklahoma	Dental assistant			Every dental assistant receiving/holding a permit shall complete a class on infection control as approved by the Board.	Must complete 2 hours of CE in infection control every two years		All dental health care workers must comply with: (1) The universal precautions; recommended for dentistry by the Centers for Disease Control and Prevention (CDC); (2) The Guidelines on HIV Infected Health Care Workers adopted by the State Dept. of Health; and (3) The Guidelines on Hepatitis B Infected Health Care Workers adopted by the State Dept. of Health in the care, handling, and treatment of patients in the dental office or other setting where dental procedures of any type may be performed. Oklahoma Administrative Code 195:15-1-4(3)	Oklahoma Statutes, Title 59, Chapter 7, Part 1, Section 328.24(C). Oklahoma Statutes, Title 59, Chapter 7, Part 1, Section 328.41v2 (B)(3)(d)
	Dental Assistant with Expanded Function Permit	Graduation from a CODA-accredited dental assisting program meets education requirements to obtain all five expanded duty permits.		Every dental assistant receiving/holding a permit shall complete a class on infection control as approved by the Board. The required course for placing sealants must include a didactic and clinical portion on infection control.	Must complete 1 hour of CE in infection control every three years		Applicants for any expanded duty permit must complete expanded duty training in each of the desired functions at a CODA-accredited dental assisting program.	Oklahoma Statutes, Title 59, Chapter 7, Part 1, Section 328.24(C) and (F). Oklahoma Administrative Code 195:15-1-4(3)
	Oral Maxillofacial Surgery Assistant			Completion of an infection control course approved by the Board is required.				Oklahoma Statutes, Title 59, Chapter 7, Part 1, Section 328.25(I)(5) and (K)
Oregon	Dental assistant						DANE's RHS exam meets part of requirement to perform radiography.	Oregon Administrative Rules 818-042-0030; 818-042-0080.(2)(b)
	Expanded Function Dental Assistant (EFDA)	CODA-accredited dental assisting program meets part of requirement to earn EFDA status.	CDA or ICE exam meets part of requirement to earn EFDA status.				To earn a Restorative Functions Certificate, EFDAs must complete a Board-approved curriculum from a CODA-accredited program	Oregon Administrative Rules 818-042-0080(2); 818-042-0095; 1(a)

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State	Level of Dental Assistant	Infection Control Requirements from a CODA-Accredited Program Meets Requirement	Passing DANB's ICE or CE/ACCOA Exam Required or Meets Requirement	Other Education/ Training or Exam Requirement in Infection Control	Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
Oregon, continued	Expanded Function Orthodontic Dental Assistant (EFODA)	CODA-accredited dental assisting program meets requirement to earn EFODA status	CDA or COA or ICE exam meets part of requirement to earn EFODA status.				infectious waste disposal, Hepatitis B and C and post exposure follow-up.	Oregon Administrative Rules 818-042-0110(2)
	Expanded Function Preventative Dental Assistant (EFPDA)	CODA-accredited program course completion meets requirement to earn EFPDA status	ICE exam meets part of requirement to earn EFPDA status			DANB CP or CPFDA exam meets part of requirement		Oregon Administrative Rules 818-042-0113(2)
	Anesthesia Monitor							Oregon Administrative Rules 818-042-0116(1)(c)
Pennsylvania	Dental assistant		DANB's COMSA exam, of which DANB's ICE exam was a component, passed prior to discontinuation of COMSA exam in 2000, meets part of requirement to qualify as an anesthesia assistant.			RHS exam required to perform radiography		Pennsylvania Code 33.301; 33.302(c)
	Expanded Function Dental Assistant (EFDA)				EFDAs must complete 10 hours of CE every two years; infection control is listed as an acceptable subject.	Graduation from a CODA-accredited dental hygiene school or completion of CODA-accredited EFDA certification program meets education requirement	Failing to follow current infection-control recommendations issued by the Federal Centers for Disease Control is considered unprofessional conduct.	Pennsylvania Code 33.102 (c)(ii), (iii)(A); 33.211(c)(4); 33.402(a)(4) http://www.paco.deandbulletin.gov/secure/pacode/data/049/charite/r33/049_0033.ppt

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State	Level of Dental Assistant	Infection Control Requirements from a CODA-Accredited Program Required or Meets Requirement	Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement	Other Education/ Training or Exam Requirement Infection Control	Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
Rhode Island	Dental assistant				One hour of training per year on the CDC Infection Control Guidelines	Course from a CODA-accredited program required to perform radiography		Rhode Island Rules and Regulations Title 216, Chapter 40, Subchapter 5, Part 2, Section 2.7.3; 2.10.3.(1)
	DANB-certified Assistant		DANB CDA or COA meets certification requirement perform expanded functions			DANB CPFDA, CRFDA, COMSA or CDPMA certifications meet requirement to perform expanded functions.		Rhode Island Rules and Regulations Title 216, Chapter 40, Subchapter 5, Part 2, Section 2.3(10); 2.10.2(A)(2)
	Dental Anesthesia Assistant National Certification Examination (DAANCE) certified maxillofacial surgery assistant				One hour of training per year on the CDC Infection Control Guidelines			Rhode Island Rules and Regulations Title 216, Chapter 40, Subchapter 5, Part 2, Section 2.8.4(C)

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		Graduation from a CODA-Accredited Program Required or Meets Requirement Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement Other Educational/ Training or Exam Requirement in Infection Control				
South Carolina	Dental assistant		It is the responsibility of all dentists to ensure that their auxiliary staff who may be exposed to blood and other body fluids require and provide two (2) hours biennially of continuing education on sterilization and infection control	RHS exam, CDA exam, or CODA-accredited program meets requirements to perform radiography.		South Carolina Code of Regulations Title 40, Chapter 39, 39-5 (F)(1)(b); 39-13; 39-16
	Expanded Duty Dental Assistant (EDDA)	CODA-accredited dental assisting program meets requirement to qualify for EDDA status				South Carolina Department of Health and Environmental Control Regulatory Guide B3 Complying with Title B – Dental Facilities (pg.6) SC Board of Dentistry FAQ: https://lr.sc.gov/bod/faq.aspx
South Dakota	Dental assistant					South Dakota Administrative Rules, 20:43:07:07; 20:43:08:03; 20:43:08:04
	Assistant Radiographer		All dental assistants must be knowledgeable in the OSHA Bloodborne Pathogens Standard and CDC Guidelines for Infection Control in Dental Healthcare Settings, 2803	RHS exam or CDA certification meets part of requirements for registration as a dental assistant radiographer. Radiography course in a CODA-accredited program meets part of requirement for registration.		
	Registered Dental Assistant	CODA-accredited dental assisting program meets part of requirements for RDA status. CDA exam meets part of requirement for RDA status.				

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		Graduation from a CODA-Accredited Program Required or Meets Requirement	Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement	Other Educational Training or Exam Requirement in Infection Control				
Tennessee	Practical Dental Assistant	A student in a CODA-accredited dental assisting program may work as a Practical Dental Assistant.				All dental assistants must follow PPE and hand hygiene guidelines in accordance with current CDC recommendations.	Tennessee Rules and Regulations, Chapter 0460-1-0460-1-.11(11) and (12); Chapter 0460-4, 0460-4-.01(1)(a)	
	Registered Dental Assistant (RDA)				RHS exam or CDA certification or CODA-accredited program meet requirement to perform radiography.		Tennessee Rules and Regulations, Chapter 0460-4.11(1)(c); 0460-4-.11(2)	
	RDA qualified to perform expanded functions	Completion of a CODA-accredited program that included coronal polishing, sealant application, or nitrous oxide monitoring in curriculum meets part of requirement to perform expanded functions				Enrollment in a CODA-accredited dental assisting program with radiography curriculum meets part of radiography requirement.		
Texas	Dental assistant							
	Registered Dental Assistant (RDA)		CDA exam meets part of requirement to earn RDA status	Required course for radiography certificate/RDA registration must include instruction in infection control.	1		Texas Administrative Code 114.2(b)(5)(B); 114.2(n)(1)(D), (n)(2)	
	Dental assistant qualified to perform expanded functions	CODA-accredited program that included coronal polishing training meets part of requirement to qualify for coronal polishing certificate.		Required courses for radiology certificate, sealants certificate, coronal polishing certificate, and monitoring nitrous must include instruction in infection control.		DANB's CP exam meets part of requirements for coronal polishing certificate.	Texas Administrative Code 114.2(n)(1)(D), (n)(2); 114.3(d)(3)(A); 114.4(d)(2)(C)(v); 114.5(b)(2)(A)(w)	

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		Graduation from a CODA-Accredited Program Required or Meets Requirement	Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement	Other Education/ Training or Exam Requirement in Infection Control				
Utah	Dental assistant					RHS exam or course from a CODA-accredited program meets requirements to perform radiography. Board-approved radiology course must include instruction in infection control in dental radiology.		Utah Administrative Code, R156-69-603(1)(a),(b)(i); R156-69-604(10) https://rules.utah.gov/publicat/codae/r/156/156-69.htm#T12
	Traditional Dental Assistant					Course in radiography from a CODA-accredited program is required to receive a radiographic endorsement.		Vermont Board of Dental Examiners Administrative Rules 7.13(b)
Vermont	DANB CDA with state certification		State allows holders of DANB's CDA certification who register with the state to perform specified functions.					Vermont Board of Dental Examiners Administrative Rules, 7.8
	Expanded Function Dental Assistant	See "Other Requirements"	DANB CDA certification is required to qualify to perform expanded functions.			Expanded functions courses from a CODA-accredited program are required to qualify to perform expanded functions.		Vermont Board of Dental Examiners Administrative Rules, 7.10
Virginia	Dental Assistant I (DAI)			See "Notes"		Radiography course from a CODA-accredited program or DANB RHS exam meet requirement to perform radiography.	In March 2020, the Virginia Board of Dentistry voted to initiate rulemaking to establish infection control training requirement for DAIs.	Virginia Administrative Code 18VAC60-30-80 (i),(iii); 18VAC60-30-115 (1); 18VAC60-30-116 (1); 18VAC60-30-120(B); 18VAC60-30-150(C);
	Dental Assistant II (DAII)	See "Other Requirements"	CDA certification is required to earn DAI status.		Must complete 2 hours of infection control CE annually to renew DANB certification	Expanded functions courses from a CODA-accredited program are required to earn DAI status.		

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These data are presented for informational purposes only and are not intended as a legal opinion about dental practice in any state. DANB makes no warranties about the correctness of the information presented herein. For authoritative information regarding requirements for dental assistants in each state or district, please contact the relevant dental board or other regulatory agency.

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Table A: State Infection Control Education, Training and Exam Requirements for Dental Assistants

State	Level of Dental Assistant	Infection Control Requirements for Initial Qualification			Continuing Education Requirements in Infection Control	Other Requirement	Notes	References
		Graduation from a CODA-Accredited Program Required or Meets Requirement	Passing DANB's ICE or CDA/COA Exam Required or Meets Requirement	Other Education/ Training or Exam Requirement in Infection Control				
Washington	Registered Dental Assistant				All practitioners must complete 1 hour of current infection prevention standards education annually		Entire chapter on infection control procedures found in WAAC 246-817-801 through 660	Washington Administrative Code 246-817-195(3)(e)-(f); 246-817-195(4)(c)(ii) and (vi); 246-817-615(3),(4)
	Expanded Function Dental Auxiliary (EFDA)	CODA-accredited dental assisting program meets part of requirements to earn EFDA status.	CDA certification meets part of requirements to earn EFDA status.			EFDA required curriculum outline includes content in infection control.		
	Dental Anesthesia Assistant							
	Dental assistant							
West Virginia	Dental assistant qualified in expanded duties			Required course for coronal polishing must include instruction in infection control.				https://wvboardpro.digitalestate.us/CLS/WriteWeb/Clients/WWBOD/StaticFiles/pdf/coronial%20polishing%20guide-lines.pdf
	Qualified Monitor							
Wisconsin	Unlicensed person							
Wyoming	Dental assistant					DANB RHS exam meets requirement for radiography permit.		Rules and Regulations Chapter 7, Section 7 (a), (b)
	Dental assistant qualified in placement of fissure sealants	Required sealants course must be taken through a CODA-accredited dental hygiene or dental assisting program.		Required course for pit and fissure sealants must include instruction in infection control.		Radiography course in a CODA-accredited program meets requirement for radiography permit.		Rules and Regulations Chapter 7, Section 8(a),(c) https://rules.wyo.gov/Search.aspx?Agency=034

These data are presented for informational purposes only and are not intended as a legal opinion about dental practice in any state. DANB makes no warranties about the correctness of the information presented herein. For authoritative information regarding requirements for dental assistants in each state or district, please contact the relevant dental board or other regulatory agency.

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Table A: State Infection Control Education, Training and Exam Requirements for Dental Assistants



Dental Assisting National Board, Inc.
Measuring Dental Assisting Excellence®

For More Information

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Proposed Language

Infection Control

The supervising dentist shall be responsible for assuring that dental assistants have annual training in infection control infection control standards required by OSHA and as recommended by the CDC. Training must be provided by an approved sponsor of continuing education as set forth in 18VAC60-21-250.C. or sponsored by the Occupational Safety and Health Administration (OSHA) or the Center for Disease Control (CDC).

OR

The supervising dentist shall be responsible for assuring that dental assistants have documented annual infection control training provided by Dental Assisting National Board (DANB) and/or its affiliates.

OR

The supervising dentist shall be responsible for assuring that dental assistants have documented annual infection control training provided by one of the following:

- Dental Assisting National Board (DANB)
- National Entry Level Dental Assistant (NELDA)
- Organization for Safety, Asepsis and Prevention (OSAP)
- Dental Advancement through Learning and Education Foundation (The DALE Foundation)

Infection control training shall include:

- Infection Prevention
- Hand Hygiene
- PPE
- Respiratory Hygiene
- Sharps Safety
- Sterilization and Disinfection
- Environmental Infection Control

Types of Training in Infection Control

OSHA and CDC have the following topics covered in their infection control training:

OSHA Components

- Emergency Routes
- Environmental Control
- Hazardous Material
- PPE
- Medical/First Aid
- Fire Protection
- Materials Handling and Storage
- Toxic and Hazardous Substances

CDC Components – has training specific to dental practices

- Infection Prevention
- Hand Hygiene
- PPE
- Respiratory Hygiene
- Sharps Safety
- Safe Injection Practices
- Sterilization and Disinfection
- Environmental Infection Control

DANB Infection Control Training and Exam Components

- CDC and OSHA requirements
- Standard Precautions and Prevention of Disease Transmission
- Prevention Cross-contamination during Procedures
- Instrument/Device Processing
- Occupational Safety/Administrative Protocols

OSAP-DALE Foundation Training Components

- Key Concepts in Infections Control
- Transmission and Prevention of Infectious Diseases in Dental Healthcare
- Infectious Diseases of Concern in Dental Healthcare Settings (Bloodborne, Airborne, and Waterborne Pathogens)
- Infection Control Practices in Dental Healthcare Setting (Hand Hygiene, Respiratory Hygiene, PPE)
- Sterilization and Disinfection
- Environmental Infection Control

Agenda Item: Committee Action on Digital Scan Technician

Included in agenda package:

Copy of HB165 (SB122 was identical) passed by the 2020 General Assembly – it is Chapter 37 of the 2020 Acts of the Assembly.

Copy of NOIRA notice on Townhall

Copy of comments on the NOIRA

Copy DRAFT regulations

Staff note:

Legislation does not authorize a new licensure category for “digital scan technicians” but does define them and requires the Board to approve training for them

Committee action:

Recommendation to the Board of proposed regulations that:

- Establish requirements for a “training program approved by the Board to take digital scans of intraoral and extraoral hard and soft tissues for use in teledentistry”
- Set out the responsibilities of the dentist for the practice of teledentistry and the training and supervision of a digital scan technician

VIRGINIA ACTS OF ASSEMBLY – 2020 SESSION

CHAPTER 37

An Act to amend and reenact §§ 54.1-2700, 54.1-2711, and 54.1-2719 of the Code of Virginia and to amend the Code of Virginia by adding in Article 2 of Chapter 27 of Title 54.1 a section numbered 54.1-2708.5, relating to teledentistry.

[H 165]

Approved March 2, 2020

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2700, 54.1-2711, and 54.1-2719 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Article 2 of Chapter 27 of Title 54.1 a section numbered 54.1-2708.5 as follows:

§ 54.1-2700. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Appliance" means a permanent or removable device used in a plan of dental care, including crowns, fillings, bridges, braces, dentures, orthodontic aligners, and sleep apnea devices.

"Board" means the Board of Dentistry.

"Dental hygiene" means duties related to patient assessment and the rendering of educational, preventive, and therapeutic dental services specified in regulations of the Board and not otherwise restricted to the practice of dentistry.

"Dental hygienist" means a person who is licensed by the Board to practice dental hygiene.

"Dentist" means a person who has been awarded a degree in and is licensed by the Board to practice dentistry.

"Dentistry" means the evaluation, diagnosis, prevention, and treatment, through surgical, nonsurgical, or related procedures, of diseases, disorders, and conditions of the oral cavity and the maxillofacial, adjacent, and associated structures and their impact on the human body.

"Digital scan" means digital technology that creates a computer-generated replica of the hard and soft tissues of the oral cavity using enhanced digital photography.

"Digital scan technician" means a person who has completed a training program approved by the Board to take digital scans of intraoral and extraoral hard and soft tissues for use in teledentistry.

"Digital work order" means the digital equivalent of a written dental laboratory work order used in the construction or repair of an appliance.

"License" means the document issued to an applicant upon completion of requirements for admission to practice dentistry or dental hygiene in the Commonwealth or upon registration for renewal of license to continue the practice of dentistry or dental hygiene in the Commonwealth.

"License to practice dentistry" means any license to practice dentistry issued by the Board.

"Maxillofacial" means pertaining to the jaws and face, particularly with reference to specialized surgery of this region.

"Oral and maxillofacial surgeon" means a person who has successfully completed an oral and maxillofacial residency program, approved by the Commission on Dental Accreditation of the American Dental Association, and who holds a valid license from the Board.

"Store-and-forward technologies" means the technologies that allow for the electronic transmission of dental and health information, including images, photographs, documents, and health histories, through a secure communication system.

"Teledentistry" means the delivery of dentistry between a patient and a dentist who holds a license to practice dentistry issued by the Board through the use of telehealth systems and electronic technologies or media, including interactive, two-way audio or video.

§ 54.1-2708.5. Digital scans for use in the practice of dentistry; practice of digital scan technicians.

A. No person other than a dentist, dental hygienist, dental assistant I, dental assistant II, digital scan technician, or other person under the direction of a dentist shall obtain dental scans for use in the practice of dentistry.

B. A digital scan technician who obtains dental scans for use in the practice of teledentistry shall work under the direction of a dentist who is (i) licensed by the Board to practice dentistry in the Commonwealth, (ii) accessible and available for communication and consultation with the digital scan technician at all times during the patient interaction, and (iii) responsible for ensuring that the digital scan technician has a program of training approved by the Board for such purpose. All protocols and procedures for the performance of digital scans by digital scan technicians and evidence that a digital scan technician has complied with the training requirements of the Board shall be made available to the Board upon request.

§ 54.1-2711. Practice of dentistry.

A. Any person shall be deemed to be practicing dentistry who (i) uses the words dentist, or dental surgeon, the letters D.D.S., D.M.D., or any letters or title in connection with his name, which in any way represents him as engaged in the practice of dentistry; (ii) holds himself out, advertises, or permits to be advertised that he can or will perform dental operations of any kind; (iii) diagnoses, treats, or professes to diagnose or treat any of the diseases or lesions of the oral cavity, its contents, or contiguous structures; or (iv) extracts teeth, corrects malpositions of the teeth or jaws, takes or causes to be taken digital scans or impressions for the fabrication of appliances or dental prosthesis, supplies or repairs artificial teeth as substitutes for natural teeth, or places in the mouth and adjusts such substitutes. Taking impressions for mouth guards that may be self-fabricated or obtained over-the-counter does not constitute the practice of dentistry.

B. No person shall practice dentistry unless a bona fide dentist-patient relationship is established in person or through teledentistry. A bona fide dentist-patient relationship shall exist if the dentist has (i) obtained or caused to be obtained a health and dental history of the patient; (ii) performed or caused to be performed an appropriate examination of the patient, either physically, through use of instrumentation and diagnostic equipment through which digital scans, photographs, images, and dental records are able to be transmitted electronically, or through use of face-to-face interactive two-way real-time communications services or store-and-forward technologies; (iii) provided information to the patient about the services to be performed; and (iv) initiated additional diagnostic tests or referrals as needed. In cases in which a dentist is providing teledentistry, the examination required by clause (ii) shall not be required if the patient has been examined in person by a dentist licensed by the Board within the six months prior to the initiation of teledentistry and the patient's dental records of such examination have been reviewed by the dentist providing teledentistry.

C. No person shall deliver dental services through teledentistry unless he holds a license to practice dentistry in the Commonwealth issued by the Board and has established written or electronic protocols for the practice of teledentistry that include (i) methods to ensure that patients are fully informed about services provided through the use of teledentistry, including obtaining informed consent; (ii) safeguards to ensure compliance with all state and federal laws and regulations related to the privacy of health information; (iii) documentation of all dental services provided to a patient through teledentistry, including the full name, address, telephone number, and Virginia license number of the dentist providing such dental services; (iv) procedures for providing in-person services or for the referral of patients requiring dental services that cannot be provided by teledentistry to another dentist licensed to practice dentistry in the Commonwealth who actually practices dentistry in an area of the Commonwealth the patient can readily access; (v) provisions for the use of appropriate encryption when transmitting patient health information via teledentistry; and (vi) any other provisions required by the Board. A dentist who delivers dental services using teledentistry shall, upon request of the patient, provide health records to the patient or a dentist of record in a timely manner in accordance with § 32.1-127.1:03 and any other applicable federal or state laws or regulations. All patients receiving dental services through teledentistry shall have the right to speak or communicate with the dentist providing such services upon request.

D. Dental services delivered through use of teledentistry shall (i) be consistent with the standard of care as set forth in § 8.01-581.20, including when the standard of care requires the use of diagnostic testing or performance of a physical examination, and (ii) comply with the requirements of this chapter and the regulations of the Board.

E. In cases in which teledentistry is provided to a patient who has a dentist of record but has not had a dental wellness examination in the six months prior to the initiation of teledentistry, the dentist providing teledentistry shall recommend that the patient schedule a dental wellness examination. If a patient to whom teledentistry is provided does not have a dentist of record, the dentist shall provide or cause to be provided to the patient options for referrals for obtaining a dental wellness examination.

F. No dentist shall be supervised within the scope of the practice of dentistry by any person who is not a licensed dentist.

§ 54.1-2719. Persons engaged in construction and repair of appliances.

A. Licensed dentists may employ or engage the services of any person, firm, or corporation to construct or repair an appliance, extraorally, prosthetic dentures, bridges, or other replacements for a part of a tooth, a tooth, or teeth in accordance with a written or digital work order. Any appliance constructed or repaired by a person, firm, or corporation pursuant to this section shall be evaluated and reviewed by the licensed dentist who submitted the written or digital work order, or a licensed dentist in the same dental practice. A person, firm, or corporation so employed or engaged shall not be considered to be practicing dentistry. No such person, firm, or corporation shall perform any direct dental service for a patient, but they may assist a dentist in the selection of shades for the matching of prosthetic devices when the dentist sends the patient to them with a written or digital work order.

B. Any licensed dentist who employs the services of any person, firm, or corporation not working in a dental office under his the dentist's direct supervision to construct or repair, an appliance extraorally, prosthetic dentures, bridges, replacements, or orthodontic appliances for a part of a tooth, a tooth, or teeth, shall furnish such person, firm, or corporation with a written or digital work order on forms

prescribed by the Board, which shall, at minimum, contain: (i) the name and address of the person, firm, or corporation; (ii) the patient's name or initials or an identification number; (iii) the date the work order was written; (iv) a description of the work to be done, including diagrams, if necessary; (v) specification of the type and quality of materials to be used; and (vi) the signature and address of the dentist.

The person, firm, or corporation shall retain the original *written work order or an electronic copy of a digital work order*, and the dentist shall retain a duplicate *of the written work order or an electronic copy of a digital work order*, for three years.

C. If the person, firm, or corporation ~~receiving~~ *receives* a written *or digital* work order from a licensed dentist ~~engages a subcontractor to perform services relative to the work order~~, a written *disclosure and* subwork order shall be furnished *to the dentist* on forms prescribed by the Board, which shall, at minimum, contain: (i) the name and address of the *person, firm, or corporation and* subcontractor; (ii) a number identifying the subwork order with the original work order; (iii) the date ~~the~~ *any* subwork order was written; (iv) a description of the work to be done *and the work to be done* by the subcontractor, including diagrams *or digital files*, if necessary; (v) a specification of the type and quality of materials to be used; and (vi) the signature of the person issuing the *disclosure and* subwork order.

The subcontractor shall retain the subwork order, and the issuer shall retain a duplicate *of the subwork order, which shall be* attached to the work order received from the licensed dentist, for three years.

D. No person, firm, or corporation engaged in the construction or repair of appliances shall refuse to allow the Board or its agents to inspect the files of work orders or subwork orders during ordinary business hours.

~~The provisions of this section shall not apply to a work order for the construction, reproduction, or repair, extraorally, of prosthetic dentures, bridges, or other replacements for a part of a tooth, a tooth, or teeth, done by a person, firm or corporation pursuant to a written work order received from a licensed dentist who is residing and practicing in another state.~~

Virginia.gov Agencies | Governor



Agency Department of Health Professions

Board Board of Dentistry

Chapter Regulations Governing the Practice of Dentistry [18 VAC 60 - 21]

Action: Training and supervision of digital scan technicians**Notice of Intended Regulatory Action (NOIRA)** ⓘ

Action 5600 / Stage 9069

 [Edit Stage](#)
 [Withdraw Stage](#)
 [Go to RIS Project](#)

Documents		
Preliminary Draft Text	None submitted	Sync Text with RIS
<input type="checkbox"/> Agency Background Document	9/16/2020	Upload / Replace
<input type="radio"/> Governor's Review Memo	1/30/2021	
<input type="radio"/> Registrar Transmittal	1/30/2021	

Status	
Public Hearing	Will be held at the proposed stage
Exempt from APA	No, this stage/action is subject to Article 2 of the <i>Administrative Process Act</i>
DPB Review	Submitted on 9/16/2020 Policy Analyst: Jerry Gentile Review Completed: 9/24/2020
Governor's Review	Review Completed: 1/30/2021 Result: Approved
Virginia Registrar	Submitted on 1/30/2021 The Virginia Register of Regulations Publication Date: 3/1/2021 <input type="checkbox"/> Volume: 37 Issue: 14
Comment Period	Ended 3/31/2021 10 comments

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Dear Ms. Reen and Members of the Virginia Board of Dentistry:

I write to you on behalf of the American Association of Orthodontists (AAO) in response to the Notice of Intended Regulatory Action (NOIRA) published in the Virginia Register on March 1, 2021 to take regulatory action regarding the training and supervision of digital scan technicians. We appreciate the opportunity to submit public comment at this time.

The AAO is the nation's largest dental specialty organization and represents more than 19,000 orthodontists in the United States and abroad. We have 396 members who are residents of, or licensed to practice dentistry in, the Commonwealth of Virginia.

As you know, HB 165 and SB122 of the 2020 General Assembly defined a digital scan technician, as used in teledentistry, and required the Board to promulgate regulations for the training for technicians to practice under the supervision of a dentist licensed in Virginia. The AAO opposed HB 165/SB 122 unless amended, as we believed the bills, as eventually passed, have several provisions that could have unintended consequences and seemingly do not best protect patient health and safety. One proposed amendment, which was not accepted by the legislature, is included below in red font.

[As proposed in section 54.1-2719. Persons engaged in construction and repair of appliances. A.]: Licensed dentists may employ or engage the services of any person, firm, or corporation to construct or repair an appliance, extraorally, in accordance with a written or digital work order. Any appliance constructed or repaired by a person, firm, or corporation pursuant to this section shall be evaluated and reviewed in-person by the licensed dentist who submitted the written or digital work order, or a licensed dentist in the same dental practice. A person, firm, or corporation so employed or engaged shall not be considered to be practicing dentistry. No such person, firm, or corporation shall perform any direct dental service for a patient, but they may assist a dentist in

the selection of shades for the matching of prosthetic devices when the dentist sends the patient to them with a written or digital work order.

The AAO suggested amending this section so that the treating dentist, or a licensed dentist in the same dental practice, who orders any appliance, reviews that appliance in person to confirm its accuracy and fit. In the case of another dental appliance, dentures, laws regularly require that a lab creating the appliance send the appliance back to the prescribing dentist prior to receipt by the patient, so the dentist can inspect and confirm that the appliance conforms with the prescription and impressions that were provided. The same reasoning should apply to orthodontic appliances; the dentist should be required to inspect the appliances for conformity to the prescription and impressions (digital or physical) before being sent to the patient to begin treatment. Improperly fitting orthodontic appliances can cause significant harm—certainly physical harm from the appliance (such as cut or bleeding gums), but also significant harm from the unintended or improper movement of teeth caused by an inaccurate appliance. Dental boards regularly direct that treatment administered through teledentistry should maintain the same standard of care as in-person treatment. This principle applies in requiring the inspection and fitting of the appliance in-person by the treating dentist.

As the Board works to fulfill its task to promulgate regulations that specify the responsibility of the dentist for the practice of teledentistry and training and supervision of a digital scan technician, the AAO respectfully asks that you consider language that ensures that an appliance, such as a clear aligner, that is fabricated as a result of a scan taken by a digital scan technician, is verified in-person by the treating dentist to prevent patients from receiving clear aligners that were fabricated based on inaccurate images.

The AAO also emphasizes the importance of establishing a doctor/patient relationship via a face-to-face encounter, specifically before beginning orthodontic treatment, because there are certain diagnoses and evaluations that can only be performed in-person or are best performed in-person (x-rays, etc.). There are a number of categories of problems/conditions that a dentist usually looks for as part of a physical examination at the outset of traditional in-person treatment. These can include conditions or problems that may be quite serious, such as oral cancer, periodontal problems, advanced decay, gum disease, etc. If an in-person examination of the patient by a dentist does not occur, there may be no examination of the patient by a dentist to detect such problems. With that in mind, the AAO believes dental and orthodontic treatment should not occur before a physical, in-person examination/evaluation of the patient and before the treating dentist has inspected and approved any orthodontic appliance created using images taken by a digital scan technician, has occurred by a Virginia licensed dentist. To that end, the AAO proposes inclusion of the following requirement in any dental scan technician regulations:

No person, other than a dentist, shall obtain digital scans for use during the practice of dentistry unless the patient has or will be seen in person by a dentist within six months of the scan.

Thank you in advance for your consideration of these comments. Please do not hesitate to contact the AAO if we can be of any further assistance to the Board in its consideration of these issues.

Sincerely,

A handwritten signature in black ink, appearing to read 'Trey Lawrence', with a long horizontal flourish extending to the right.

Trey Lawrence

Vice President, Advocacy and General Counsel

American Association of Orthodontists



Virginia Dental
ASSOCIATION



March 31, 2021

Ms. Sandra Reen
Executive Director
Virginia Board of Dentistry
9960 Mayland Drive, Suite 300
Henrico, VA 23233

Dear Ms. Reen,

On behalf of the Virginia Dental Association, I am submitting comments and suggestions in response to the current Board of Dentistry NOIRA: Training and supervision of digital scan technicians.

Attached with this letter are our recommendations for digital scan technician requirements. Thank you in advance for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to be 'F. Iuorno'.

Dr. Frank Iuorno, DDS
President
Virginia Dental Association

VDA - PROPOSED REGULATIONS

18VAC60-21-10. Definitions.

E. The following words and terms relating to teledentistry or digital scan technicians as used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Appliance" means a permanent or removable device used in a plan of dental care, including crowns, fillings, bridges, braces, dentures, orthodontic aligners, and sleep apnea devices.

"Digital work order" means the digital equivalent of a written dental laboratory work order used in the construction or repair of an appliance.

"Teledentistry" means the delivery of dentistry through the use of telehealth systems and technologies, including live, two-way interactions between a patient and a dentist holding an active license to practice dentistry in the Commonwealth using audiovisual telecommunications technology or the secure transmission of electronic health records, digital files, or medical data to a dentist holding an active unrestricted license to practice dentistry in the Commonwealth to facilitate evaluation of a patient other than as part of a real-time live interaction.

New Chapter 35: Regulations Governing the Practice of Digital Scan Technicians

Part I. General Provisions

Section 10: Definitions

"Digital scan" means digital technology that creates a computer-generated replica of the hard and soft tissues of the oral cavity using enhanced digital photography.

"Digital scan technician" means a person who has completed a training program approved by the Board to take digital scans of intraoral and extraoral hard and soft tissues of the oral cavity for use in the practice of teledentistry.

"Remote direction" means that a dentist is accessible and available at all times generally accessible for communication and consultation with a digital scan technician during the delivery of digital scan services but such dentist may not have conducted an initial examination of the patients who are to be seen by the digital scan technician and may not be present with the digital scan technician when digital scan services are being provided.

Commented [A1]: Code says "accessible and available at all times," and regulation should reflect that.

Section 20: Training

A. Any digital scan technician taking intraoral digital scans for any appliance, prosthesis, crown, or any other permanent or removable dental device for which a digital work order is required must complete a training program approved by the Board and, upon the request of the Board, make available evidence that they have complied with the training requirements.

B. Training certification may be earned by verifiable participation in any course that is relevant to digital scanning which includes programs provided by any of the following sponsors:

- 1. The American Dental Association and the National Dental Association and their constituent and component/branch associations, including the Virginia Dental Association;**

VDA - PROPOSED REGULATIONS

2. The American Association of Orthodontists and their constituent and component/branch associations, including the Virginia Association of Orthodontists;

23. The American Dental Hygienists' Association and the National Dental Hygienists Association and their constituent and component/branch associations;

24. The American Dental Assisting Association and its constituent and component/branch associations;

45. The American Dental Association specialty organizations and their constituent and component/branch associations;

66. A provider accredited by the Accreditation Council for Continuing Medical Education for Category 1 credits;

76. The Academy of General Dentistry and its constituent and component/branch associations;

82. Community colleges with an accredited dental hygiene program if offered under the auspices of the dental hygienist program;

98. A college or university that is accredited by an accrediting agency approved by the U.S. Department of Education or a hospital or health care institution accredited by the Joint Commission on Accreditation of Healthcare Organizations;

109. A medical school accredited by the American Medical Association's Liaison Committee for Medical Education or a dental school or dental specialty residency program accredited by the Commission on Dental Accreditation of the American Dental Association;

110. State or federal government agencies (i.e., military dental division, Veteran's Administration, etc.);

121. The Commonwealth Dental Hygienists' Society;

13. The VirginiaAMCV Orthodontic Education and Research Foundation;

143. The Dental Assisting National Board and its affiliate, the Dental Auxiliary Learning and Education Foundation;

154. The American Academy of Dental Hygiene, its constituent and component/branch associations;

165. A regional testing agency (i.e., Central Regional Dental Testing Service, Northeast Regional Board of Dental Examiners, Southern Regional Testing Agency, Council of Interstate Testing Agencies, or Western Regional Examining Board) when serving as an examiner

176. A training program certified by the manufacturer of the digital scanner; or

197. A written training program provided by the directing dentist that includes policies, procedures, and protocols for a digital scan and is sufficiently similar in information and training as another program found in this Section.

C. Verification of compliance with training requirements includes:

VDA - PROPOSED REGULATIONS

1. A certificate of completion from any of the training sponsors found in Section 20 subsection B of this Part; or

2. A written certification made by the directing dentist verifying that the digital scan technician has completed on-the-job training sufficient to meet all protocols and procedures for the performance of digital scans. The written certification shall be made at the time of training completion and shall be kept on record with the directing dentist.

D. A Board registered Dental Hygienist, Dental Assistant I, or Dental Assistant II with an active license in good standing who has been trained in digital scanning or educated in digital scanning as a part of their education curriculum shall be deemed to have training sufficient to comply with this Chapter.

Part II: Practice of Digital Scan Technicians

Section 30: Practice of digital scan technicians under direction

In all instances and on the basis of his or her 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 the Regulations Governing the Practice of Dentistry, and the Code.

Section 40: Nondelegable duties

A digital scan technician may not perform any other duties other than taking a digital scan unless authorized elsewhere in this Chapter or in another Chapter of these Rules.

Section 50: Delegation to a digital scan technician

A. Under the direction of a Board-licensed dentist, a digital scan technician may take a digital scan and use remote technology to transmit the digital scan to the directing dentist.

B. Nothing in this chapter shall be construed to allow a dentist to delegate duties to a digital scan technician that are **not** beyond the ability to take a digital scan.

C. Notwithstanding Subsection B of this Section, nothing in this Chapter shall be construed to limit the scope of practice for a dentist, a dental hygienist, or a dental assistant I or II.

Section 60: What does not constitute practice.

The following are not considered the practice of a digital scan technician:

1. General oral health education.
2. Taking of non-invasive photographs.
3. Using a digital scanner for a purpose other than for the construction of any appliance, prothesis, crown, or any other permanent or removable dental device for which a digital work order is required.
4. Collection of general patient information.

Part III: Standards of Conduct

Commented [A2]: The "not" here creates a double negative. We don't want the dentist delegating duties beyond the ability to take a digital scan.

VDA - PROPOSED REGULATIONS

Section 70: Patient records; confidentiality

A. A digital scan technician shall be responsible for accurate and complete information in patient records for those services provided by the digital scan technician, to include clearly labeling any digital images, digital scans, and photographs with the patient name and date taken.

B. A digital scan technician shall comply with the provisions of § 32.1-127.1:03 of the Code related to the confidentiality and disclosure of patient records. A digital scan technician shall not willfully or negligently breach the confidentiality between a dentist and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the technician shall not be considered negligent or willful.

March 24, 2021

Ms. Sandra Reen
Executive Director, Virginia Board of Dentistry
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463



Re: Comments on the Proposed Regulation for Digital Scan Technicians

Dear Executive Director Reen,

SmileDirectClub ("SDC") submits the following comment on the proposed action to regulate digital scan technicians for consideration. SDC has an interest in this proposed regulatory action because our contractually-affiliated, Virginia-licensed dentists and orthodontists who provide oral healthcare services to Virginia patients often utilize digital scanners – and "digital scan technicians" to operate those scanners – in the delivery of remote clear aligner therapy.

During the 2020 Virginia General Assembly session, SDC worked collaboratively with stakeholders to find compromise legislation regarding the regulation digital scan technicians and teledentistry – the same legislation that gives rise to the regulatory process the Board is now undertaking. We have drafted proposed regulations for the Board's consideration that we believe are reflections of the Legislature's intent and are protective of public health. We look forward to participating in the formal rulemaking process in the months ahead.

If you have any questions or would like to talk further on this issue or on teledentistry more broadly, please do not hesitate to contact me at 615-647-8656 or Peter.Horkan@smiledirectclub.com.

Respectfully,

A handwritten signature in black ink, appearing to read "Peter Horkan", with a long horizontal flourish extending to the right.

Peter Horkan
Vice President, Government Affairs
SmileDirectClub

SMILE DIRECT CLUB - PROPOSED REGULATIONS

18VAC60-21-10. Definitions.

E. The following words and terms relating to teledentistry or digital scan technicians as used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Appliance" means a permanent or removable device used in a plan of dental care, including crowns, fillings, bridges, braces, dentures, orthodontic aligners, and sleep apnea devices.

"Digital work order" means the digital equivalent of a written dental laboratory work order used in the construction or repair of an appliance.

"Teledentistry" means the delivery of dentistry through the use of telehealth systems and technologies, including live, two-way interactions between a patient and a dentist holding an active license to practice dentistry in the Commonwealth using audiovisual telecommunications technology or the secure transmission of electronic health records, digital files, or medical data to a dentist holding an active unrestricted license to practice dentistry in the Commonwealth to facilitate evaluation of a patient other than as part of a real-time live interaction.

New Chapter 35: Regulations Governing the Practice of Digital Scan Technicians

Part I. General Provisions

Section 10: Definitions

"Digital scan" means digital technology that creates a computer-generated replica of the hard and soft tissues of the oral cavity using enhanced digital photography.

"Digital scan technician" means a person who has completed a training program approved by the Board to take digital scans of intraoral and extraoral hard and soft tissues of the oral cavity for use in the practice of teledentistry.

"Remote direction" means that a dentist is accessible and available at all times for communication and consultation with a digital scan technician during the delivery of digital scan services but such dentist may not have conducted an initial examination of the patients who are to be seen by the digital scan technician and may not be present with the digital scan technician when digital scan services are being provided.

Section 20: Training

A. Any digital scan technician taking intraoral digital scans for any appliance, prosthesis, crown, or any other permanent or removable dental device for which a digital work order is required must complete a training program approved by the Board and, upon the request of the Board, make available evidence that they have complied with the training requirements.

B. Training certification may be earned by verifiable participation in any course that is relevant to digital scanning which includes programs provided by any of the following sponsors:

1. The American Dental Association and the National Dental Association and their constituent and component/branch associations, including the Virginia Dental Association;

SMILE DIRECT CLUB - PROPOSED REGULATIONS

2. The American Association of Orthodontists and their constituent and component/branch associations, including the Virginia Association of Orthodontists;
3. The American Dental Hygienists' Association and the National Dental Hygienists Association and their constituent and component/branch associations;
4. The American Dental Assisting Association and its constituent and component/branch associations;
5. The American Dental Association specialty organizations and their constituent and component/branch associations;
6. A provider accredited by the Accreditation Council for Continuing Medical Education for Category 1 credits;
7. The Academy of General Dentistry and its constituent and component/branch associations;
8. Community colleges with an accredited dental hygiene program if offered under the auspices of the dental hygienist program;
9. A college or university that is accredited by an accrediting agency approved by the U.S. Department of Education or a hospital or health care institution accredited by the Joint Commission on Accreditation of Healthcare Organizations;
10. A medical school accredited by the American Medical Association's Liaison Committee for Medical Education or a dental school or dental specialty residency program accredited by the Commission on Dental Accreditation of the American Dental Association;
11. State or federal government agencies (i.e. military dental division, Veteran's Administration, etc.);
12. The Commonwealth Dental Hygienists' Society;
13. The Virginia Orthodontic Education and Research Foundation;
14. The Dental Assisting National Board and its affiliate, the Dental Auxiliary Learning and Education Foundation;
15. The American Academy of Dental Hygiene, its constituent and component/branch associations;
16. A regional testing agency (i.e. Central Regional Dental Testing Service, Northeast Regional Board of Dental Examiners, Southern Regional Testing Agency, Council of Interstate Testing Agencies, or Western Regional Examining Board) when serving as an examiner
17. A training program certified by the manufacturer of the digital scanner; or
18. A written training program provided by the directing dentist that includes policies, procedures, and protocols for a digital scan and is sufficiently similar in information and training as another program found in this Section.

C. Verification of compliance with training requirements includes:

SMILE DIRECT CLUB - PROPOSED REGULATIONS

1. A certificate of completion from any of the training sponsors found in Section 20 subsection B of this Part; or

2. A written certification made by the directing dentist verifying that the digital scan technician has completed on-the-job training sufficient to meet all protocols and procedures for the performance of digital scans. The written certification shall be made at the time of training completion and shall be kept on record with the directing dentist.

D. A Board registered Dental Hygienist, Dental Assistant I, or Dental Assistant II with an active license in good standing who has been trained in digital scanning or educated in digital scanning as a part of their education curriculum shall be deemed to have training sufficient to comply with this Chapter.

Part II: Practice of Digital Scan Technicians

Section 30: Practice of digital scan technicians under direction

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 the Regulations Governing the Practice of Dentistry, and the Code.

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Section 50: Delegation to a digital scan technician

A. Under the direction of a Board-licensed dentist, a digital scan technician may take a digital scan and use remote technology to transmit the digital scan to the directing dentist.

B. Nothing in this chapter shall be construed to allow a dentist to delegate duties to a digital scan technician that are beyond the ability to take a digital scan.

C. Notwithstanding Subsection B of this Section, nothing in this Chapter shall be construed to limit the scope of practice for a dentist, a dental hygienist, or a dental assistant I or II.

Section 60: What does not constitute practice.

The following are not considered the practice of a digital scan technician:

1. General oral health education.
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4. Collection of general patient information.

Part III: Standards of Conduct

SMILE DIRECT CLUB - PROPOSED REGULATIONS

Section 70: Patient records; confidentiality

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B. A digital scan technician shall comply with the provisions of § 32.1-127.1:03 of the Code related to the confidentiality and disclosure of patient records. A digital scan technician shall not willfully or negligently breach the confidentiality between a dentist and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the technician shall not be considered negligent or willful.

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Agency Department of Health Professions

Board Board of Dentistry

Chapter
Regulations Governing the Practice of Dentistry [18 VAC 60 - 21]

Action	<u>Training and supervision of digital scan technicians</u>
Stage	<u>NOIRA</u>
Comment Period	Ends 3/31/2021

10 comments

All good comments for this forum [Show Only Flagged](#)
[Back to List of Comments](#)
Commenter: William G. Horbaly, D.D.S., M.S., M.D.S., LTD.

3/24/21 11:12 am

Stop with over-regulating!

First of all, the Hygiene Board has no business making regulation recommendations that encroach on Dentistry as a whole. Secondly, the need for infection control training for DA's is obviously not an issue in Virginia as it was stated that there have been no significant cases of infection spread in a dental office in Virginia. Stop looking for things to regulate that do not require regulation. As professionals with advanced degrees we are all responsible and capable of training our DAs with regards to infection control in our individual practices. If you have found egregious issues with sterilization procedures in some offices then that is a reflection of the doctor in charge and they should be held accountable. Whether the DAs are trained or not will not matter if the particular office does not hold a high standard of infection control. An added regulation will incur costs that will simply be passed on to the public, who in the end, really pay for all of these regulations thereby impacting the affordability of care for those in need. I respectfully request that you reconsider establishing this needless regulation.

William G. Horbaly, DDS, MS, MDS

CommentID: 97415

Commenter: American Association of Orthodontists

3/28/21 11:31 am

Digital Scan Technicians and Patient Health and Safety

Dear Ms. Reen and Members of the Virginia Board of Dentistry:

I write to you on behalf of the American Association of Orthodontists (AAO) in response to the Notice of Intended Regulatory Action (NOIRA) published in the Virginia Register on March 1, 2021 to take regulatory action regarding the training and supervision of digital scan technicians. We appreciate the opportunity to submit public comment at this time.

The AAO is the nation's largest dental specialty organization and represents more than 19,000 orthodontists in the United States and abroad. We have 396 members who are residents of, or licensed to practice dentistry in, the Commonwealth of Virginia.

As you know, HB 165 and SB122 of the 2020 General Assembly defined a digital scan technician, as used in teledentistry, and required the Board to promulgate regulations for the training for technicians to practice under the supervision of a dentist licensed in Virginia. The AAO opposed HB 165/SB 122 unless amended, as we believed the bills, as eventually passed, have several provisions that could have unintended consequences and seemingly do not best protect patient health and safety. One proposed amendment, which was not accepted by the legislature, is included below in italicized and bold font.

[As proposed in section 54.1-2719. Persons engaged in construction and repair of appliances. A.]: Licensed dentists may employ or engage the services of any person, firm, or corporation to construct or repair an appliance, extraorally, in accordance with a written or digital work order. Any appliance constructed or repaired by a person, firm, or corporation pursuant to this section shall be evaluated and reviewed ***in-person*** by the licensed dentist who submitted the written or digital work order, or a licensed dentist in the same dental practice. A person, firm, or corporation so employed or engaged shall not be considered to be practicing dentistry. No such person, firm, or corporation shall perform any direct dental service for a patient, but they may assist a dentist in the selection of shades for the matching of prosthetic devices when the dentist sends the patient to them with a written or digital work order.

The AAO suggested amending this section so that the treating dentist, or a licensed dentist in the same dental practice, who orders any appliance, reviews that appliance in person to confirm its accuracy and fit. In the case of another dental appliance, dentures, laws regularly require that a lab creating the appliance send the appliance back to the prescribing dentist prior to receipt by the patient, so the dentist can inspect and confirm that the appliance conforms with the prescription and impressions that were provided. The same reasoning should apply to orthodontic appliances; the dentist should be required to inspect the appliances for conformity to the prescription and impressions (digital or physical) before being sent to the patient to begin treatment. Improperly fitting orthodontic appliances can cause significant harm—certainly physical harm from the appliance (such as cut or bleeding gums), but also significant harm from the unintended or improper movement of teeth caused by an inaccurate appliance. Dental boards regularly direct that treatment administered through teledentistry should maintain the same standard of care as in-person treatment. This principle applies in requiring the inspection and fitting of the appliance in-person by the treating dentist.

As the Board works to fulfill its task to promulgate regulations that specify the responsibility of the dentist for the practice of teledentistry and training and supervision of a digital scan technician, the AAO respectfully asks that you consider language that ensures that an appliance, such as a clear aligner, that is fabricated as a result of a scan taken by a digital scan technician, is verified in-person by the treating dentist to prevent patients from receiving clear aligners that were fabricated based on inaccurate images.

The AAO also emphasizes the importance of establishing a doctor/patient relationship via a faceto-face encounter, specifically before beginning orthodontic treatment, because there are certain diagnoses and evaluations that can only be performed in-person or are best performed in-person (x-rays, etc.). There are a number of categories of problems/conditions that a dentist usually looks for as part of a physical examination at the outset of traditional in-person treatment. These can include conditions or problems that may be quite serious, such as oral cancer, periodontal problems, advanced decay, gum disease, etc. If an in-person examination of the patient by a dentist does not occur, there may be no examination of the patient by a dentist to detect such

problems. With that in mind, the AAO believes dental and orthodontic treatment should not occur before a physical, in-person examination/evaluation of the patient and before the treating dentist has inspected and approved any orthodontic appliance created using images taken by a digital scan technician, has occurred by a Virginia licensed dentist. To that end, the AAO proposes inclusion of the following requirement in any dental scan technician regulations:

No person, other than a dentist, shall obtain digital scans for use during the practice of dentistry unless the patient has or will be seen in person by a dentist within six months of the scan.

Thank you in advance for your consideration of these comments. Please do not hesitate to contact the AAO if we can be of any further assistance to the Board in its consideration of these issues.

Sincerely,

Trey Lawrence

Vice President, Advocacy and General Counsel

American Association of Orthodontists

CommentID: 97446

Commenter: Julie Staggers

3/29/21 10:19 am

Scanning Technician

Allow someone to scan teeth outside of a dental office is opening the door to facilitate online do it yourself dentistry. The Board's primary function is to protect the public from unlicensed and/or poor dentistry. The public does not know the quality of unregulated online/direct to consumer dentistry, they are only focused on convenience and price. The Board should be protecting patients from online, do it yourself dentistry. Scanning teeth or selling aligners directly to patients should be illegal. Pretending that online care is the same as in person care delivered by a licensed, qualified is ridiculous. Disallowing scanning by unlicensed, unsupervised personnel is one step in the process of combating do it yourself dentistry.

CommentID: 97458

Commenter: Dr A B Hammond III

3/30/21 6:27 pm

I Support VDA proposed definition for Dental Scan Technician

I support the Virginia Dental Association proposal for the definition of Dental Scan Technician

A B Hammond

Orthodontist

Lexington VA

CommentID: 97568

3/31/21 1:39 pm

Commenter: Danielle Robb

Support for the definition of dental scan technician proposed

Good afternoon,

I strongly support the comments made by the AAO in regards to this NOIRA. I also additionally support the definitions and training protocols that the VDA has proposed to the board. I think it is incredibly important for a dentist or orthodontist who has initiated treatment or fabrication of a dental appliance via teledentistry (where the patient was scanned by specifically a dental scan technician) to be verified for accuracy and appropriate fit prior to delivery. It is disservice to our patients and standards of care to require anything but.

Thank you for your consideration.

CommentID: 97623

Commenter: Bao Vu

3/31/21 2:05 pm

Support VDA proposed definition for Dental Scan Technician

I support the Virginia Dental Association proposal for the definition of Dental Scan Technician

Bao Vu

Orthodontist

McLean, VA

CommentID: 97627

Commenter: Michael Holbert

3/31/21 2:06 pm

Support of Dental Scanning Technician

Good afternoon,

I strongly support the comments made by the AAO, as well as the definitions and training protocols that the VDA has proposed to the board. It is important for a dentist or orthodontist who has initiated treatment or fabrication of a dental appliance via teledentistry (where the patient was scanned by specifically a dental scan technician) to verify the scan for accuracy and the appropriate fit of the appliance prior to delivery.

CommentID: 97629

Commenter: Herb Hughes

3/31/21 6:22 pm

Support the VDA Proposal for Dental Scan Technican

I support the VDA proposal for dental scan technican.

I have had several grossly negligent orthodontic cases that were misdiagnosed and mistreated by a DIY aligner company. In one case, it was so bad that the patient had numerous teeth that were decayed to the gum line, moderate periodontial disease, and rampant caries only to be accepted and trays delivered to the patient. Thank heavens the trays didn't fit and the patient came to our

office to see what could be done. There were no in-person exams or x-rays reviewed. The general dentist who recently graduated from dental school lives in Phoenix, Arizona and doesn't even see patients in-person. She generates her income from her home working on a computer to approve as many aligner cases as possible. There is a financial incentive for dentists to approve cases because they get paid for patients that start treatment. At the present time they aren't accountable for their actions. Unless we fix this broken system more innocent people will be taken advantage of. It's bad enough to take their money but to cause irreversible harm is totally unacceptable. Let's put the patients first and make laws that protect them not the DIY companies that are focused on how much money they can generate.

CommentID: 97660

Commenter: Paul Supan

3/31/21 9:23 pm

Comments - Notice of Intended Regulatory Action Re: Digital Scan Technician Training & Supervision

Dear Distinguished Members of the Board,

I am writing regarding the pending NOIRA for Training and Supervision Requirements for Digital Scan Technicians. I would like to comment from the perspective of a dental specialist in dental public health and orthodontics. I fully support a prior comment made by another clinician, Dr. Julie Stagers, namely that:

" The Board's primary function is to protect the public from unlicensed and/or poor dentistry. The public does not know the quality of unregulated online/direct to consumer dentistry, they are only focused on convenience and price. The Board should be protecting patients from online, do it yourself dentistry. "

I support a dentist being a necessary part of the training and supervision process, but in what exact manner is the question that needs clarification. Quality care also needs to be reasonably accessible and affordable for the public.

In order to help ensure reasonable treatment costs and availability, I hope the Board will also permit dentists to have maximum flexibility in terms of delegating teledentistry related procedures. This would include scanning as well as the final seating of appliances, as long as some form of final check for quality of care, either directly or remotely, is available from a licensed dentist.

As teledentistry continues to expand in fields other than orthodontics, many traditionally underserved populations, including Medicaid patients, will benefit from regulations that offer wide freedom to delegate procedures. As has been already dramatically demonstrated in Alaska, remote dentist supervision of dental auxiliaries has been shown to be a safe and clinically successful means of providing often complex dental services.

To summarize, as the Board promulgates regulations for the training and supervision of digital scan technicians, I believe it is quite reasonable that the role of the dentist could be integrated in either a remote or direct manner. In this way the public will benefit from both quality assurance of services rendered, and increased availability and affordability.

Paul Supan, DDS, MA, MPH

Diplomate, American Board of Orthodontics

CommentID: 97677

Commenter: Albert L. Kelling DDS

3/31/21 10:05 pm

Intra-oral Scans Do Not Stand Alone

An intra-oral scan can not learn the patients's chief complaint, can not get a medical and dental history, can not examine the whole mouth, most of which is soft tissue and can not assemble a comprehensive problem list and discover any and all oral pathology. While an intra-oral scan can lend to gathering this information, it does not stand alone and can not be verified as accurate without expert analysis.

Any intra-oral scan must be performed within the context of gathering all the necessary information to provide the patient options for treatment, implications of doing nothing, and the expert professional recommendation on what the dentist believes is in the patient's best interest. These are the requirements for practicing dentistry. Accordingly, the gathering of an intra-oral scan must be performed under the direct supervision of a practicing dentist who can assure the accuracy of the scan through direct intra-oral examination and then bring together all the necessary information, as noted above, to form the full context in which the intra-oral scans may be made relevant. Any intra-oral scan, without this full context, is, at best, meaningless and could provide a basis to bring economic and/or physical harm to the patient. An intra-oral scan, by itself, does not serve the best interests of the patient.

CommentID: 97680

18VAC60-21-165. Delegation to digital scan technicians for use in teledentistry.

A. A dentist who delegates the taking of a digital scan by a digital scan technician shall ensure that the technician has received certification of completing the following required training:

1. Training in evaluating the quality of a digital scan, safety protocols, and dental terminology given by the American Association of Orthodontists and their constituent and component/branch associations, including the Virginia Association of Orthodontists or another sponsor approved for continuing education as set forth in subsection C of 18VAC60-21-250; and

2. Training by the manufacturer on the operation of the digital scanner that includes orientation to the process and protocols for taking digital scans for fabrication of an appliance.

B. The dentist under whom a digital scan technician is directed to take digital scans shall establish written or electronic protocols for:

1. The practice of teledentistry in compliance with subsection (C) of § 54.1-2711 of the Code of Virginia and any other provisions required by the board; and

2. The performance of digital scans by digital scan technicians in compliance with subsection (B) of §54.1-2708.5 of the Code of Virginia.

C. The dentist under whom a digital scan technician is directed to take digital scans shall be:

1. Licensed by the board to practice dentistry in the Commonwealth;

2. Accessible and available for communication and consultation with the digital scan technician at all times during the patient interaction;

3. Responsible for ensuring that the digital scan technician has a program of training approved by the Board for such purpose; and

4. Ultimately responsible 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 the Regulations Governing the Practice of Dentistry and the Code.

D. The directing dentist shall make available to the board any requested:

1. Protocols and procedures;

2. Evidence that a digital scan technician has complied with the training requirements of the board; and

3. All written or electronic work orders used in reliance on digital scans.

DRAFT

Agenda Item: Information on Pulp Capping by DAII

Included in your agenda package are:

As of 2020, there were 38 persons registered as DAII, 32 of whom were approved for pulp capping

Copy of information from other states

Pulp Capping

State	Authority	Language	Pulp Capping
<p>Virginia</p> <p>DAsII are required to be trained in pulp capping.</p>	<p>Va. Code § 54.1-2729.01 (DAs); 18VAC60-30-120.</p>	<p>DAsI are unlicensed and allowed to do things not restricted to DAsII, Hygienists, or dentists. DAsII may perform reversible procedures duties not restricted to dentists or hygienists.</p>	<p>No mention in Code; Regulations require training that includes learning and practicing pulp capping procedures to be registered as a DAsII. CDA – DANB required.</p>
<p>Maryland</p> <p>Pulp capping is implicitly allowed if the DA received additional training.</p>	<p>Md. Code § 4; COMAR 10.44.01.05</p>	<p>...; A dentist may use the services of a DA to perform certain duties if the DA: (1) has successfully completed a Board-approved course of at least 35 hours related to Maryland general duties dental assisting; and (2) is certified by the DANB as qualified in general duties or was recognized by the Board of Dental Examiners, on or before June 19, 1974, as a DA qualified in general duties.</p>	<p>No mention in Code; Regulations do not strictly prohibit pulp capping. The relevant language may allow DAs to perform pulp capping with proper DANB training.</p>
<p>West Virginia</p> <p>Does not mention pulp capping</p>	<p>W. Va. Code § 30-4-4; W. Va. Code R. § 5-13-4.</p>	<p>The following ...may be assigned to a dental assistant, provided that under no circumstances can an assistant use a power-driven instrument of any type intra-orally except...performing pulp vitality testing (thermal or electrical) with a final evaluation by the supervising dentist...</p>	<p>No mention in Code; No mention in regulations</p>
<p>Kentucky</p> <p>The language carves out certain functions that an RDA may not perform. Pulp capping is prohibited only if it falls</p>	<p>KRS 313.045; 201 KAR 8:571</p>	<p>Registered dental assistant services shall not include the following: (a) The practice of dental hygiene or the performance of the duties of a licensed dental hygienist that require the use of any instrumentation which may elicit the removal of calcareous deposits or accretions on the crowns and roots of teeth; (b) Diagnosis; (c) Treatment planning and prescription, including prescriptions for drugs or</p>	<p>No mention in Code; No mention in Regulations</p>

within one of these prohibited functions.		medicaments, or authorization for restorative, prosthodontic, or orthodontic appliances; (d) Surgical procedures on hard or soft tissues of the oral cavity, or any other intraoral procedure that contributes to or results in an irreversible alteration of the oral anatomy; and (e) The making of final impressions from which casts are made to construct any dental restoration.	
Tennessee Prohibited from performing direct pulp capping.	Tenn. Code § 63-5-101 et al; 0460-04-.08 (4) (Scope of Practice)	Dental assistants are not permitted to perform the following: ... direct pulp capping, pulpotomy, and other endodontic procedures...	No mention in Code; Strictly prohibited by regulation
North Carolina Prohibited from performing direct pulp capping.	G.S. 90-22 et al; 21 NCAC 16G .0103(7)	Those procedures that require the professional education and skill of a dentist and shall not be delegated to a dental hygienist include: ... performing direct pulp capping or pulpotomy.	No mention in Code; Regulations prohibit pulp capping by anyone other than a dentist.