

Welcome

Marcella K. Oster

cella162@gmail.com

CALIFORNIA DENTAL PRACTICE ACT

Approved for license renewal Marcella Oster, RDA
cella162@gmail.com

COURSE OBJECTIVES

- ▶ Describe the legal issues for license renewal, including Continuing Education requirements and criminal history reporting.
- ▶ Record keeping and staff management
- ▶ How to comply with the legal requirements of the Dental practice Act

COURSE OBJECTIVES

Basic overview of the DPA and the new regulations, structure of the governing bodies of the BC.

Reviewing Citations, acts of violence, mandated reporters pertaining to the DPA.

Current changes for education and new licensees and fees

DENTAL PRACTICE ACT

Every state has a dental practice act. The mission statement for the California Dental Board states “Protection of the public shall be the highest priority, in exercising its licensing regulatory and disciplinary functions.

DENTAL PRACTICE ACT MISSION

- ▶ “Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount”

SERVICES TO THE PUBLIC

- ▶ As a professional we serve the public with quality, competent and timely care within the area of the clinical circumstances presented by the patient. We must behave with honor and decency towards our patient and commit to uphold the professional code of ethics.

DBC AND DEPARTMENT OF CONSUMER AFFAIRS

- ▶ The consumer affairs is the umbrella that many different agencies fall under. The DBC is one of many. DCA oversees boards, committees, and bureaus. They regulate all health professions. I have to explain this more to meet the current requirements of this course. So let's move forward.

DBC AND THE DCA

- ▶ The DCA regulates Health professions and other professions as:
 - ▶ Home furnishings
 - ▶ Auto repairs
 - ▶ Thermal insulation and more
- ▶ The Legislature mandates that each of these Boards be evaluated every 4 years to determine if the public needs their existence. Ouch!

DBC

- ▶ The board consist of 14 members.
 - ▶ 8 practicing Dentist (1 will be Faculty of Ca. dental school or nonprofit clinic)
 - ▶ 4 public members
 - ▶ 1 registered dental hygienist
 - ▶ 1 registered dental assistant
- ▶ All dental professionals must be actively, legally engaged in the practice of dentistry in California for at least 5 years prior to their appointment

DBC

- ▶ The DBC has the authority to create and promulgate regulations in regard to the practice of dentistry. They can request for new regulations or a change in current regulations coming from several different sources such as organizations, individuals, and state agencies.

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

- DHCC consists of nine-members appointed by the Governor=4 public members, one practicing dentist and 4 dental hygienists.
- DHCC responsibilities: issuing, reviewing, and revoking licenses as well as developing, administering examinations.
- DHCC adopts, regulates, and determines fees and CE requirements for all hygiene licensee categories.

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

- ▶ DHCC in the future will be establishing a Diversion program on their own.
- ▶ RDH License fees as of 2018:
- ▶ Clinical Licensing Exam \$200.00 CRDTS
- ▶ Or WREB
- ▶ Two-year license renewal \$160.00

LICENSE DENTAL PROFESSIONALS

- You either satisfy all outstanding tax obligations or enter into a payment installment program with the FTB or BOE.
- If you don't come into compliance they will have the DHCC suspend your license until the DHCC receives a release from the FTB or BOE.

DHCC

- Check this website for your name
- www.boe.ca.gov/cgi-bin/deliq.cgi
- **If your name is on this list by error call either one:**
- **FTB 866-418-3702**
- **BOE 916-445-5167**

DHCC NOTIFICATION EXAMPLE

- ▶ 916 263-1978
- ▶ www.DHCC.Ca.GOV

MOST RECENT ABUSES OF THE DPA

- ▶ Botox injections for "Smile improvement" has been a big issue.
- ▶ Strangest on was a Dentist doing breast exams for TMD diagnosis.
- ▶ Really out of Scope of practice

RECENT ABUSES OF THE DPA

- ▶ Misusing of Allied Dental Health Professionals out of their scope of practice.
- ▶ Spa dentistry using non-licensed individuals to perform facials and pedicures.

CALIFORNIA DENTAL SCOPE OF PRACTICE

- **Includes ONLY Human teeth, jaws, and associated structures**
- **You may not clean or extract animal teeth**

DENTAL AUXILIARIES

- **Dental Assistant**
- **Registered Dental Assistant (RDA)**
- **Registered Dental Assistant in Extended Functions (RDAEF)**
- **Registered Dental Hygienist (RDH)**
- **Registered Dental Hygienist with Extended Functions (RDHEF)**
- **Registered Dental Hygienist in Alternative Practice (RDHAP)**

BOARDS REQUEST

- **The board is requesting all Dental License at renewal time to go online to fill out the Statistical Data/ California Business & Professional Code 1715.5 authorizes the Dental Board to collect information from the Dental Healthcare workers at the time of license renewal.**

BOARDS REQUEST

- **Workers may self report His/hers employment status, post graduate training, practice specialty, cultural background and foreign language proficiency.**
- **This information will be reported annually on the Boards website follow the links at the Boards website**

BOARDS SURVEY REQUEST

- ▶ **Included in your renewal letter and online at the Breeze the survey is included.**
- ▶ **So no getting out of completing it now**

USE OF DENTAL AUXILIARIES

According to the California Dental Practice Act, a “dental auxiliary” is defined as a person who may perform dental assisting or dental hygiene procedures authorized by the act.

A Dental auxiliary also means a registered dental hygienist in alternative practice, who may provide authorized services by prescription provided by a dentist, physician or surgeon licensed to practice in California.

DENTAL ASSISTANT

■ A “DENTAL ASSISTANT” is a person who may perform basic supportive dental procedures under the supervision of a licensed dentist and who may perform basic supportive procedures as authorized under supervision of a registered dental hygienist in alternative practice.

2017 CHANGES FOR NEW RDA'S

- Dental Board Policy Changes:
- When filing to take the RDA exam you must:
- Include proof of completion of X-ray and coronal polish certification, 8 hour infection Control course and CPR.
- Failure to provide will result in rejection and return.

2017-2018 RDA PRACTICAL

- ▶ At this time the RDA practical has been suspended.
- ▶ Effective 8/2017
- ▶ The board will resume licensing applicants who have met all requirements except the practical exam.
- ▶ Submit complete applications to the board for eligibility to take the RDA written exam & RDA Law & Ethics exam.

RDA'S UPDATE 2018

- ▶ **the filing date for applications to the Dental Assisting Council has been extended to March 2, 2018. The updated application has been posted to the website.**

<http://www.dbc.ca.gov/>

RDA'S UPDATED APPLICATION FORM

- ▶ **The Filing date for submission of applications to the Dental Assisting Council has been extended to March 2, 2018. The updated application has been posted to the website. If you already applied with the form dated February 16, 2018, it is not necessary to resubmit application utilizing the updated form.**

RDA LAW AND ETHICS EXAM

- ▶ The implementation of the combined RDA Written and Law and Ethics Examination is anticipated to occur on Thursday, May 24, 2018. To prepare for the conversion to the singular exam, PSI will not administer the separate RDA Law and Ethics and the RDA Written Examinations from Tuesday, May 15 through Wednesday, May 23. Current applicants may schedule their RDA Law and Ethics and the RDA Written Examinations with PSI through Monday, May 14. If a candidate does not successfully pass both the RDA Law and Ethics and the RDA Written Examinations by Monday, May 14, the candidate will be required to take the combined RDA Written and Law and Ethics examination once it becomes available on May 24.

WHAT IF THE RDA WANTS TO BE A PERMIT HOLDER?

- An RDA may apply for either one or both by submitting written evidence of the following:
 1. Completion of a board approved ortho or dental sedation course
 2. Passing a written exam administered by the board that encompasses the knowledge, skills, and abilities necessary to competently perform duties of the particular permit.
- A RDA with either permit will be referred to as "RDA with ortho assistant permit" or "RDA with dental sedation assistant permit"
- CE requirements will be fulfilled for each permit

NEW RDAEF CATEGORY

- Currently, the 1,400 RDAEF's in the State of California can take impressions and place provisional crowns but not permanent restorations.
- As of Jan. 1, 2010 the new category will be called RDAEF-2
- They must be a current RDAEF and take a special course which only two Colleges in California are offering at this time. New ones are being added each month.

RDAEF-2

- This course will be a additional 280 hours and they must also pass the state exam.
 - When they become an RDAEF-2 they can now perform indirect and direct alloys and composites.
 - Endodontic points.
 - They can help cut in half the chair time for the Dentist.
- What a wonderful benefit!

RDAEF 2012 UPGRADE

- All currently licensed RDAEF'S who wish to perform the new functions must complete a new board approved course in these duties.
- 380 hours or approx. 29 days spread out in 8-9 months
- Some courses will involve online virtual classroom/ Sacramento City College

REGISTERED HYGIENIST

- ▶ The practice of Dental hygiene includes:
 - ▶ Dental hygiene assessment
 - ▶ Developing planning
 - ▶ Implementation of dental hygiene care plan
 - ▶ Oral health education
 - ▶ Nutritional counseling
 - ▶ Oral health screenings

RDH SPECIFIC DUTIES

- ▶ Root planning
- ▶ Polish/contour restorations
- ▶ Oral exfoliative cytology
- ▶ Apply pit/fissure sealants
- ▶ Preliminary examination, including but not limited to:
 - ▶ Periodontal charting, intra-extra oral exam of the soft tissue
 - ▶ Charting, missing teeth, lesions, restorations, classifying occlusion, myofunctional evaluation
 - ▶ Irrigate sub-gingival with an antimicrobial/antibiotic

RDH DUTIES WITH EVIDENCE OF COMPLETION AND BOARD APPROVAL

- ▶ Prior to performance the RDH must complete/pass courses approved by the board on the following
- ▶ Periodontal soft tissue curettage
- ▶ Administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity. (Sorry no Botox)
- ▶ Admin of nitrous oxide and oxygen when used as an analgesic
- ▶ Utilizing fail-safe type machines containing no other general anesthetic agent.

CURRENT HYGIENE DUTY TABLE

- See handout

REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE - RDHAP

An RDHAP may perform dental hygiene services for a patient who has a written prescription for dental services issued by a dentist, physician, or surgeon licensed to practice in CA, and who has performed a physical examination and diagnosis of the patient prior to a prescription being provided. The prescription shall be valid for a time period based on the dentist's, physician's, or surgeon's professional judgment, not to exceed 18 months from the date of issue.

RDHAP

- ▶ New changes the DHCC states that RDHAP can apply for a mobile dental hygiene clinic permit
- ▶ A RDHAP who would like additional offices must apply ahead of time for an additional office permit.
- ▶ All RDAHP must report their locations to the DHCC

DEFINED LEVELS OF SUPERVISION - CHAP. 3, ARTICLE 1, SEC 1067

■ **GENERAL -**
supervision of dental procedures based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising Dentist during the performance of those procedures.

■ **DIRECT -**
supervision of dental procedures based on instructions given by a licensed dentist who must be physically present in the treatment facility during the performance of those procedures. The Doctor is not there to monitor the technique, but to monitor the patient.

TABLE OF PERMITTED DUTIES

See attachment B&P 1750.1, Sec. 1750-1758 for new changes as of Jan.1, 2011

Remember if a function is not on the list of allowable duties it is not legal to perform

POSTING DUTIES

Regulation Section 1068 requires posting of dental auxiliary duties in a common area of the office

RESPONSIBILITIES OF THE SUPERVISING DENTIST

- Determining the competency of the DA to perform basic supporting procedures
- Assuring each DA, OAP, DSAP, RDH, RDHEF, RDA, and RDAEF completes within 6 months of employment date, board-approved courses in Infection Control, CAL Dental Practice Act, and basic life support by American Heart or Red Cross.

RESPONSIBILITIES OF THE SUPERVISING DENTIST

- Must check and approve all direct-supervision procedures performed by an RDAEF or RDHEF prior to the patient's dismissal from the office
- May utilize no more than three dental auxiliaries in extended functions

EMPLOYER'S RESPONSIBILITY

- ▶ It's the employer's responsibility to verify that all licensed employees are currently licensed. You can do this online. It is a criminal offense to perform illegal functions and grounds for license discipline for both ADHP and DDS.

2018 CHANGE IN LICENSE WEBSITE

License Verification / License Search

The Dental Board of California (Board) has recently deleted the License Verification page, as it is no longer valid.

The Department of Consumer Affairs has launched a new License Search page which is available by clicking on a link at the Board's home page. Be sure to visit the new License Search page to get real-time updated information on licensees.

<https://search.dca.ca.gov/>

"PERMIT HOLDER" DENTAL ASSISTANTS

TWO new "PERMIT HOLDER" license categories will be established:

1. Orthodontic Assistant Permit (OAP)
2. Dental Sedation Assistant Permit (DSAP)

ORTHO ASSISTANT PERMIT

DPA Section 1750.3a:

May perform, under direct supervision, all DA duties:

- Sizing, fitting, adjusting, repositioning, curing in a position approved by the dentist, and removal of ortho bands and brackets
- Removing excess cement, supragingival

“PERMIT HOLDER” DENTAL ASSISTANTS

- Each permit holder licensee shall be subject to the existing continuing education and renewal requirements.
- Each applicant for a “permit holder” license must complete a Dental Board-approved course or courses.
- Must have 6 months OJT before starting course work and must complete the 12 months OJT before taking the final exam.

ORTHO ASSISTANT PERMIT

- Prepare teeth for bonding
- Activating bleaching agents with non laser, light-curing devices.
- Removal of excess cement from coronal surfaces of teeth under ortho treatment by means of an ultrasonic scaler
- Taking face bow transfers & bite registration

DENTAL SEDATION ASSISTANT PERMIT

- Any duties that a dental assistant may perform.
- Monitoring of patients during the preoperative, intraoperative, and post operative phases, using noninvasive instrumentation such as pulse oximeters, electrocardiograms, capnography.
- Taking impressions for guards/splints

DENTAL SEDATION ASSISTANT PERMIT

- Placement and removal of surgical dressings and sutures
- Adding medications to intravenous lines using a syringe, in the presence of a licensed dentist.
- Removal of intravenous lines
- Under the direct supervision of a license dentist or health care professionals authorized to administer conscious or general anesthesia in the dental office.

PERMIT HOLDERS

- New with AB2637 law:

Two permits for orthodontic assistant and dental sedation assistant require the same renewal requirements as a licensee, including completion of 25 units biennially.

CE REQUIREMENTS FOR RENEWAL OF LICENSE - CCR 1017

- **DENTISTS:** 50 units/two years
- **RDA** 25 units/two years
- **RDAEF** 25 units/two years
- **RDH** 25 units/two years
- **RDAEF** 25 units/two years
- **RDHAP** 35 units/two years
- **Maintain records for 6 years!!**
 - Home study classes 50%
 - Attendance classes 50%

CE COURSES

- ▶ Home study can be 20% and consists of: tape recorded
- ▶ Home study materials
- ▶ Video courses
- ▶ On-line computer courses
- ▶ Interactive-classroom-courses should be 80% consists;
 - ▶ Lecture
 - ▶ Telephone conferencing
 - ▶ Live webinar

1017 (E) DISABLED LICENTIATE

- ▶ A licentiate who has not practiced dentistry in California for more than one year because of a disability is eligible for a waiver of CE requirements only during the disability period.

CE REQUIREMENTS

- **Remember you may only take 8 hours per day.**
- **Remember to take Approved classes for license renewal and check with the Boards website to confirm**

CE'S CONDITION OF RENEWAL

- (a) As a condition of renewal, all licensees are required to complete continuing education as follows:
- (1) Two units of continuing education in Infection Control specific to California regulations as defined in section 1016(b)(1)(A).
 - (2) Two units of continuing education in the California Dental Practice Act and its related regulations as defined in section 1016(b)(1)(B).
 - (3) A maximum of four units of a course in Basic Life Support as specified in section 1016(b)(1)(C).

RADIATION SAFETY B&P 1656

- The Dentist and anyone who operates x-ray units must either:
- Pass a Dental Board Approved x-ray safety course
 - or
 - Have passed the board-administered radiation safety exam by Jan.1, 1985.
- Most dental schools now include a course on radiation safety.

DENTAL ASSISTANTS & X-RAYS

- ▶ Although the Dental assistant is unlicensed each must have a California Radiation safety certificate if they are required to expose and process radiographs. Certification requiring successfully completing the Board approved course.

X-RAY COMPLIANCE

- ▶ December 18, 2017 -- The California Department of Public Health has been conducting compliance inspections of the state's dental practices to uncover instances of unlicensed dental assistants operating imaging machines, according to the California Dental Association (CDA).

X-RAY COMPLIANCE

- ▶ In California, dentists, registered dental hygienists, and registered dental assistants are allowed to take radiographs in a dental practice if they have passed a radiation safety course approved by the Dental Board of California, the CDA noted.
- ▶ Practices found not in compliance with this regulation will be reported to the dental board for investigation,

FINGERPRINTING LAW

- DDS pays for fingerprinting and searches.
- Keep your records of sending the prints to DOJ for 3 years to have proof you did it.
- Everyone license after Jan. 1, 1999 must have fingerprinting done.

LICENSURES

A Foreign license is not considered valid in the state of California

NEW INFORMATION

- ▶ The DBC has been mandated by Cal. Legislature to accept applications from foreign dental schools for consideration. The process would allow any student from an approved foreign dental school to be eligible for licensure in California, with the same requirements as a US dental school graduate.

LICENSURE BY CREDENTIALS

- ▶ Allows both the DDS & RDH to apply for licensure in California without completing the Ca. clinical exam process. Eligibility for LBC process is significant and limited to individuals who graduated from dental schools in the United States and have licenses from other states. These other state licenses must be current and in good standing. (no crimes or suspended, restricted)

LICENSE VIOLATIONS

- ▶ Business & Professions code section 119 states that it is a misdemeanor for any person to:
- ▶ Display or cause or permit to be displayed or have in his/her possession either of the following: a canceled, revoked, suspended, or fraudulent altered license
- ▶ A fake license
- ▶ Lend his/her license to another person, or knowing someone is using your license
- ▶ Displaying or represent someone's license to deceive.
- ▶ To duplicate or photograph or manufacture a license

LICENSE FEE INCREASE 10/2017

- ▶ Dental License renewal fee: \$650.00 (\$12 CURES fee)
- ▶ Retired status Dentist License renewal fee
- ▶ \$325.00 (\$12 CURES fee)
- ▶ Dental license (Disabled status) \$325.00
- ▶ Renewal of additional Office permit \$250.00

LICENSE FEE INCREASE

- ▶ Renewal of Fictitious Name Permit \$325.00
- ▶ Renewal of RDA license \$100.00
- ▶ Renewal of RDAEF license \$100.00
- ▶ Renewal of CE Provider Permit \$325.00
- ▶ Renewal of Ortho Ass. Permit \$100.00
- ▶ Renewal of Dental Sedation Asst. Permit \$100

LICENSE FEES

- ▶ Please note: Senate Bill 809 (DeSaulnier, Chapter 400, Statutes of 2013) requires healthcare professional who are authorized to prescribe or fill prescriptions for controlled substances to pay \$6.00 annually to support the Controlled Substance Utilization Review and Evaluation System (CURES) and Prescription Drug Monitoring Program (PDMP). This fee is collected at the time of a licensee's renewal. Effective April 1, 2014, all dentists will see an additional \$12.00 added to their renewal fee (\$6.00 per year). This \$12.00 will be transferred to the State of California Department of Justice, Office of the Attorney General to fund the CURES/PDMP. Renewal notices sent out with an expiration date of April 30, 2014 and later will have to pay this fee, no matter when the renewal fee is submitted. Failure to pay these additional fees will result in the renewal not being issued.

NEW FEES LAW AND ETHICS

- ▶ Beginning this year, the Board will begin collecting an application fee for the Dentistry Law and Ethics Examination Application in the amount of \$125. The Dentistry Law and Ethics Examination is required for dental licensure via the Portfolio, WREB, and Licensure by Residency pathways and for special permits. Applicants who submit a complete Dentistry Law and Ethics Examination Application, with the required fee, will be issued eligibility to register for the written examination with PSI. Applicants are responsible for paying the examination fee directly to PSI when scheduling their examination.

NEW FEES

- ▶ As a courtesy, the Board will waive the application fee for the Dentistry Law and Ethics Examination Application for all applications received by the Board on or before February 28, 2018. Any applications for the Dentistry Law and Ethics Examination Application received on or after March 1, 2018 without the required \$125 fee will be deemed deficient and the applicant will be notified to submit the required application fee.

▶

“BREEZE” ISSUES

- ▶ For Licensees who Expire on April 30, 2018:
Due to technical difficulties with the Breeze System, the renewal notices recently mailed may have an incorrect delinquency fee listed.
The Dental Board of California will be mailing out a corrected renewal notice to all affected licensees within the next few weeks.
The ‘Amount Due Now’ fee listed on the form is correct, and you can still renew online or mail in your payment.

“BREEZE”

- ▶ You will be able to apply for or renew your dental license online.
- ▶ Pay with a credit card, track your status of an application or licensing request.
- ▶ Submit address changes and obtain proof of license status.
- ▶ Also enables consumers to verify a license and file complaints.

“BREEZE”

- ▶ How to use BreZE .
- ▶ Users must create a profile at breeze.ca.gov
- ▶ Website will help you with registering and subscribing to notifications and more.
- ▶ For credit card payment BreZE will use a secured 3rd party vendor. Pretty Cool!

EXPIRED LICENSE

- No grace period on licenses
- Forfeit all professional liability coverage
- Renew your license on time
- Keep all your records-FOREVER!!!!
- With BreZE we have no excuse now.

REINSTATEMENT OF LICENSE

- DBC addresses each license on a case-by-case basis
- License may be reinstated within a 5-yr grace period
- Be prepared to make up all required CE units within that time
- In extreme cases reinstatement could mean going back to dental school

ENFORCEMENT BY THE BOARD

- ▶ Complaints regarding fees, billing disputes general business practices, personality conflicts are not handled by the board.
- ▶ The boards purpose of enforcement is to investigate reported criminal and administrative violations in the dental profession. Complaints can come from health care providers, consumers, law enforcement, insurance companies and other sources. The board receives thousands of complaints each year.

CITATIONS BY THE DBOC

- ▶ Citation is issued by the Executive Officer
- ▶ To a permit or Certificate Holder of the DBOC for DPA violations
- ▶ To unlicensed person acting as a licentiate
- ▶ Written Notice of Violation, Assessment of an Administrative Fine, and 30 days to file a request for a Hearing
- ▶ Served personally or certified mail

CONTESTING CITATIONS

- ▶ Person cited may request, within 10 days, an informal conference with the Executive Officer in addition to the hearing
- ▶ May affirm, modify or dismiss citation
- ▶ A copy of the findings and a decision is mailed or served within 10 days.

ORAL CONSCIOUS SEDATION CERTIFICATE FOR PEDIATRIC PATIENTS

- A certificate is required when a dentist intends to order or administer Oral Cons. Sedation to patients under 13 years old.
- Applications can be based 3 ways
- Completion of a program in oral/max surgery or pedo dentistry or perio dentistry
- Complete practice residency or complete board approved oral max program
- call 916 263-2300 ext.2333

UPDATED NAME TAG/ DISPLAYING

- ▶ New changes: Every dental licensee must communicate to patient his/her name, license type and highest level of academic degree by one or both of the following methods:
- ▶ In writing at the patients initial office visit. (24 point)
- ▶ In a prominent display in an area visible to patients in his/her place of practice
- ▶ Same info must be on the offices website that is controlled by the office.

REQUIRED IDENTIFICATION

- ▶ All Licentiates must wear name tags that include licensure status
- ▶ OR
- ▶ Wall certificate posted in a conspicuous public place within the office
- ▶ Note: not the renewal "Pocket ID"

1700 (C) DISPLAY OF NAMES

- ▶ Display in a conspicuous place in the dental office
- ▶ The name of each and every person employed there is the practice of dentistry

FICTITIOUS 3 PERSON NAME PERMIT

- ▶ **1701.5 Requirements:**
- ▶ **One of the following:**
- ▶ **“Dental Group”**
- ▶ **“Dental Practice”**
- ▶ **“Dental Office”**
- ▶ **And “Family Name” of one or more group member. No previous charges of unprofessional conduct resulting in revocation or suspension**

NOTICE TO CONSUMERS

- ▶ Section 1065 effect: Nov.28,2012
- ▶ A Licensed dentist engaged in the practice of dentistry shall provide notice to each patient of the fact that the dentist is licensed and regulated by the board. This notice shall include the following statement: Notice to consumers Dentist are licensed and regulated by the Dental Board of California. 48 point in public view

NOTICE TO CONSUMERS

What it states:

- ▶ Notice to Consumers
- ▶ Dentist are Licensed and regulated by the Dental Board of California. (877) 729-7789
- ▶ www.dbc.ca.gov

UPDATED INFO FROM DBC

- ▶ **CURES 2.0**
- ▶ **You must be registered to use CURES, even if you do not actively prescribe or dispense, if you are a:**
- ▶ **California-licensed health care practitioner possessing a DEA number**
- ▶ **California-licensed pharmacist with an active license**
- ▶ **(California Health & Safety Code § 11165.1)**

UPDATED CURES INFO

- ▶ A valid email address
This will be the exclusive email address to which CURES-related correspondence is sent.
- ▶ Your state license information
This information will be verified with the regulatory board issuing your license.
- ▶ Your federal DEA license information (**prescribers only**)
This information will be verified with the Drug Enforcement Agency (DEA).
- ▶ DOJ will process your registration application and send email notification of its approval or denial.

CONTROLLED SUBSTANCE UTILIZATION REVIEW AND EVALUATION SYSTEM

- ▶ C.U.R.E.S enrollment deadline has changed to July 1, 2016.
- ▶ Changes comes after the governor signed AB679 (Allen). Cures program 2.0 is not fully operational at this time.
- ▶ All DDS who are authorized to prescribe, order, administer, furnish or dispense Controlled substances must register by 7/2016.

CURES

- ▶ Cures requirement was established as a part of a bill enacted 2014 (SB809 DeSaulneir) Legislation required the DOJ in conjunction with the DCA and DBC to develop a streamlined application and approval process to provide access to the CURES database, also known as the California Prescription Drug Monitoring Program (PDMP) for licensed health care Practitioner's and Pharmacists.

CURES

WHEN MUST I CONSULT CURES?

- * The first time a patient is prescribed, ordered, administered, or furnished a controlled substance, unless one of the exemptions on back apply.
- * Within the twenty-four hour period, or the previous business day, before prescribing, ordering, administering, or furnishing a controlled substance, unless one of the exemptions on back apply.
- * Before subsequently prescribing a controlled substance, if previously exempt.
- * At least once every four months if the controlled substance remains a part of the patient's treatment plan.

CURES

HOW CAN I GET HELP WITH CURES?

For general assistance with CURES including training and CURES usage support, contact the California DOJ at (916) 210-3187 or CURES@doj.ca.gov.
For Direct Dispensing assistance, contact Atlantic Associates, Inc. at (800) 639-3370 or caacures@aainh.com.

CURES

What if it is not reasonably possible for a prescriber to access the information in CURES in a timely manner?

- * If another individual with access to CURES is not reasonably available, a five-day supply of the controlled substance can be prescribed, ordered, administered, or furnished as long as there is no refill allowed. In addition, the prescriber must document in the medical records the reason for not consulting CURES.

What if I determine that consulting CURES would result in a patient's inability to obtain a prescription in a timely manner and thereby adversely impact the patient's medical condition?

- * A prescriber may provide a non-refillable five-day supply if they make this determination. The prescriber must document in the medical records the reason for not consulting CURES.

CURES

WHAT IF I EXPERIENCE TECHNICAL DIFFICULTIES WITH CURES?

There are exemptions to consulting CURES if there are technical difficulties accessing CURES, such as CURES is temporarily unavailable for system maintenance, or you experience temporary technological or electrical failure and CURES cannot be accessed (e.g., power outage due to inclement weather).

A prescriber should contact the CURES Help Desk at (916) 210-3187 or cures@doj.ca.gov for assistance accessing their CURES account.

Note: A prescriber must, without undue delay, seek to correct any cause of the temporary technological or electrical failure that is reasonably within their control.

CURES

- As part of a patient's treatment for a surgical procedure, and the controlled substance does not exceed a non-refillable five-day supply when a surgical procedure is performed at a
 - Licensed Clinic, or
 - Outpatient Setting, or
 - Health Facility, or
 - County Medical Facility, or
 - Place of Practice
- The patient is receiving hospice care.

"Place of Practice" is defined as a Dental Office pursuant to Business and Professions Code § 1659.



CURES

WHAT EXEMPTIONS ARE THERE TO CONSULTING CURES?

- A health care practitioner is exempt from consulting the CURES database before prescribing, ordering, administering, or furnishing a controlled substance in any of the following circumstances:
 - While the patient is admitted to, or during an emergency transfer between a
 - Licensed Clinic, or
 - Outpatient Setting, or
 - Health Facility, or
 - County Medical Facility
 - In the emergency department of a general acute care hospital, and the controlled substance does not exceed a non-refillable seven-day supply.

The facilities listed are specifically defined in statute commencing with HSC § 1239, § 1240, § 1250, and § 1440, respectively.



CURES 2.0

- All California-licensed health care practitioners authorized to prescribe schedule II-IV controlled substance, and be registered to use Cures before July 1, 2016. You must register for Cures access if you meet these criteria, even if you are not prescribing or dispensing at this time. If you have a DEA # you must register.

CURES 2.0

- In order to use the CURES 2.0 system you must use a secured browser:
 - Microsoft Internet Explorer version 11 or greater
 - Google Chrome
 - Mozilla Firefox
 - Safari
- Regardless of the browser, you must register for CURES
- www.oag.ca.gov/cures

EXISTING CURES USERS

- If you do not use a secure browser, you can continue using CURES 1.0 on your current browser.
- Still need to confirm your account with DOJ and update security CURES on January 8, 2016.

CURES

- If you have any questions on CURES contact them on the web: cures@doj.ca.gov
- Dispensed controlled substances prescriptions can be recorded in CURES. This allows prescribers to look up a patient's current and past history of controlled substance use.

HYDROCODONE DRUGS RECLASSIFIED

- ▶ The DEA's ruling comes from a U.S. Food and Drug Administration (FDA) recommendation that hydrocodone combination products have restrictive classification and schedule. Control over prescriptions from dentist and physicians is their goal.

HYDROCODONE DRUGS RECLASSIFIED

- ▶ Drug Enforcement Agency classify Hydrocodone combination products, Vicodin and Norco as schedule II drugs instead of Schedule III.
- ▶ These drugs and other Opioids, are being abused and misused.
- ▶ Dental Offices are a big target for abusers.
- ▶ In California more than 1 Billion doses of Hydrocodone combo were dispensed 2013

HYDROCODONE DRUGS RECLASSIFIED

- ▶ Steps to new DEA registration with a Schedule II classification:
- ▶ Go to the DEA registration website go under "Registration Support" select Registration Changes.
- ▶ Log in with your DEA registration info,
- ▶ Step 2 "Business Activity" select change
- ▶ Check applicable DEA schedules and select "Update"
- ▶ DEA registration schedule changes are posted in 24 hours Monday-Friday

RECLASSIFICATION CHANGES

- ▶ Telephone and faxed prescriptions of Schedule II drugs are not permitted. In an emergency only a prescriber (not your RDA, RDH, Office staff) may call in a prescription for up to a 72-hour supply and then follow up with a written prescription to the pharmacy.
- ▶ Go on the DOJ website has a list of state approved prescription form printers you can purchase from.

STORAGE/DISPOSAL OF MEDS



Mandatory checks in CURES take effect Oct. 2

The Department of Justice announced that California's Controlled Substance Utilization Review and Evaluation System, also known as CURES 2.0, is ready for statewide use and that mandatory CURES consultation becomes effective Oct. 2, 2018. Beginning on this date, prescribers must check a patient's prescription history in CURES 2.0 before prescribing a Schedule II-IV substance, with some exceptions.

STORAGE/DISPOSAL OF MEDS

Rules for storing and disposing of controlled substances

A dentist who stores controlled substances must follow both state and federal rules for storage, inventory and disposal of these drugs. DEA registration is required for each address where a dentist stores controlled substances.

Store controlled substances in a securely locked, substantially constructed cabinet. The DEA uses a list of factors to determine the adequacy of security:

1. Location of the premises and the relationship such location bears on security needs.
2. Type of building and office construction.
3. Type and quantity of controlled substances stored on the premises.
4. Type of storage medium (safe, vault or steel cabinet).
5. Control of public access to the facility.
6. Adequacy of register's monitoring system (alarms and detection systems).
7. Availability of local police protection.

Maintain a log of drugs stored and retain information on the log for no less than three years.



STORAGE/DISPOSAL OF MEDS

Dispose of out-of-date, damaged or otherwise unusable or unwanted controlled substances, including samples, by transferring them to an entity that is authorized to receive such materials. These entities are referred to as "reverse distributors." Contact your local DEA field office for a list of authorized reverse distributors. Mail-back programs are also available. Schedule II controlled substances should be transferred using DEA Form 222, while Schedule III, IV and V compounds may be transferred via invoice. Maintain copies of the records documenting the transfer and disposal of controlled substances for two years.

Prescribers should encourage patients to properly dispose of their unused or expired controlled substances through their local pharmacy or take-back event sponsored by local law enforcement. The DEA amended regulations in September 2014 to allow retail pharmacies, hospitals and clinics with pharmacies to collect the drugs from the ultimate users and to place collection containers at long-term care facilities.

STORAGE/DISPOSAL OF MEDS

Take inventory of controlled substances at least once every two years and include controlled substance samples provided by pharmaceutical companies in the record. The inventory record must be in a handwritten, type-written or printed form and be maintained at the practice for at least two years from the date that the inventory was conducted. Each inventory record must contain the following information:

- Whether the inventory was taken at the beginning or close of business
- Names of controlled substances
- Each finished form of the substances, e.g., 100-milligram tablet
- The number of dosage units of each finished form in the commercial container, e.g., 100-tablet bottle
- The number of commercial containers of each finished form, e.g., four 100-tablet bottles
- Disposition of the controlled substances

Clinics, but not private dental practices, that are licensed under Business & Professions Code section 4180 or 4190 are required to follow new state inventory regulations that became effective in April 2018. Those regulations are found in Title 16 California Code of Regulations section 1715.65.

The theft or loss of controlled substances from a prescriber's premises must be reported to local law enforcement and to the DEA. Report the theft or loss to the DEA using Form 106, available at www.deadiversion.usdoj.gov/21-cfr/reports/theft.

DEA PHONE NUMBERS IN CALIFORNIA

- | | |
|---|---|
| ▶ Fresno/Central California
(559) 487-5406 | ▶ Riverside/Counties of Orange,
Riverside, San Bernardino
(951) 328-6200 |
| ▶ Los Angeles Field Division,
Counties of LA, Ventura, Santa
Barbara, San Luis Obispo
(213) 621-6942 | ▶ Sacramento /Northern CA.
(916) 480-7250 |
| ▶ Oakland/Counties of Alameda,
Contra Costa, Del Norte,
Humboldt, Mendocino, Sonoma,
Marin, Napa, Lake
(510) 637-5665 | ▶ San Diego/Imperial
(858) 616-4100 |
| | ▶ San Jose/Counties/Cities of SF,
SC, SB, Santa Cruz, SM, Monterey
(408) 282-3477 |

LABELING

- ▶ As of 2011 new labeling 50% label with 4 elements.
- ▶ Patients name
- ▶ Drug name and strength
- ▶ Directions for use
- ▶ Purpose or condition
- ▶ Remaining part of the label:
- ▶ Prescribers name and address
- ▶ Date medication was dispensed
- ▶ Quantity
- ▶ Expiration date of the effectiveness of the med

NEW FORMS

- New Rx form must come from approved printer.
www.pharmacy.ca.gov/prescribe_dispense.htm
- Features include watermark, ink that changes color when heated
- "VOID" appears on form if faxed or copied
- Quantity check off boxes
- Dentist's name, profession, license and DEA numbers must be pre-printed
- Must state Rx is void if more than a one c.s. per Rx or void if number of c.s. is not noted.
- H&S 11162.1

VIOLATION OF THE DENTAL PRACTICE ACT

Most common abuse in regards to the DPA:

- ▶ Over prescribing to patients, non-patients and self
- ▶ Lack of documentation, and not showing a relationship between the drug and dental treatment

DRUG VIOLATIONS

H&S 11170, B&P 1681

- State/Federal conviction (example DUI)
- Obtain drugs illegally
- Drug use during treatment of patients which may cause you to be dangerous
- For questions or you need to report abuse
- Dental Board of California Diversion Program
- 916-263-2300 ext. 2297
- **ALL AREAS OF YOUR LIFE REFLECT ON YOUR LICENSE!!!**

DRUG VIOLATIONS

YOU MUST NEVER PRESCRIBE, ADMINISTER, OR FURNISH A CONTROLLED SUBSTANCE FOR YOURSELF!
H&S 11154, 111170

It is illegal to prescribe a controlled substance not issued in the usual course of treatment....Or to prescribe to an addict or habitual user to keep him/her comfortable. (Penalty - max 1 year in prison and/or \$20,000 fine H&S 11153, 11156)

It is illegal to :
issue a prescription that is false or fictitious in any respect AND cannot antedate or postdate a prescription H&S 11157, 11174
Fill a prescription for a controlled substance more than six months after it was written. H&S 11166

DENTAL BOARD DIVERSION PROGRAM

- ▶ Each licentiate who request participation in a diversion program must agree to the following:
- ▶ Cooperate with the treatment program by the DBC
- ▶ Pay all costs related to the program
- ▶ Understand that failure to comply with the treatment program may result in termination .

DIVERSION PROGRAM

- ▶ Duties of the Diversion Committee:
- ▶ Evaluate licentiates using the guidelines prescribe by the board and consider recommendations of any licentiate who want to serve as consultants on the admission of board of the diversion program
- ▶ Review & designate those treatment facilities that a licentiate may be referred to as a diversion program
- ▶ Receive & review information concerning a licentiate participating in the program
- ▶ Consider each case whether they can continue or resume the practice of dentistry or duties

DIVERSION RECORDS

- ▶ Upon completion of rehab/diversion program and the licentiate has been compliant. The committee will purge and destroy all records of diversion.

DIVERSION ANSWER

- ▶ The Board considers many things in your personal life to impact your professional life. If an investigation of a dental professional primary involves drugs or alcohol situations that do not involve patient harm and the individual enters and completes the diversion program, the Board will close the investigation without further action.

DIVERSION PROGRAM (1695 ET SEQ.)

- ▶ Legislative intent-voluntary alternative approach to traditional disciplinary actions
- ▶ Committee evaluates request from licentiate
- ▶ Impairment of competency by drug or alcohol abuse
- ▶ Rehabilitated, then all records of diversion program participation are destroyed
- ▶ DBOC, committee, and proceedings records are kept confidential, not subject to subpoena
- ▶ Diversion Program is now contracted to an outside agency

PATIENT HEALTH HISTORY

- Add new emerging diseases
- Chart new prescriptions patient is taking.
- Add to patient's health history if patient is undergoing radiation treatment.

DENTAL MATERIALS FACT SHEET

- Dentist must:
- Have form and verbal explanation
- Describe and compare the risks
- One per patient and upon request
- signed acknowledgment and placed in patient file
- Provide updated Fact sheet to patients
- Can have a laminated copy of Fact Sheet for patient review then have patient sign acknowledgment for patient file.

REQUIREMENTS FOR DENTAL MATERIAL FACT SHEET

- Only required for "structure or device intended to remain in the mouth indefinitely" examples: amalgam rest.
- Not required for procedures where dental restorative materials are not used

PARENT ACCESS TO RECORDS

- Parent needs to provide written demand for records for minors or elderly patients
- Records are given only to custodian or guardian parent or parent that is financially responsible for the minor or elderly patient.
- Records can be given to both parents if both are financially responsible without a court order.

MINOR PATIENTS

- Dentist cannot disclose to parents if minor is pregnant or involved in disclosed drug use.
- Can document pregnancy or drug use in chart.
- Age of consent is 18

PATIENTS

- You may not be intimate with any of your patients unless you are married to them.
- We are licensed to examine patients in our scope of practice
- A Dentist in Woodland, Ca. has been charged with fondling patients. His license has been suspended.

ELECTRONIC RECORDS H&S 123149

- Safety and integrity of all patients records hard or electronic must be ensured.
- If you only have electronic files you must have a off site back up, image mechanism that is able to copy signature documents
- Mechanism must ensure once the record is imputed it is unalterable.
- DDS must develop and implement policies to include safeguards.

ELECTRONIC RECORDS

- Original hard copies of patients records must be destroyed once the record has been electronically stored.
- The printout of the computerized version shall be the original
- More info at www.leginfo.ca.gov

DIAGNOSTIC CODE CHANGES ICD-10

- ▶ Effective Jan.1, 2016 International Classification of Diseases version 10, Clinical modification codes will affect limited California Dentist who treat these areas:
- ▶ Sleep Apnea, Oral Surgeons, Anesthesiologists, Pathologists. In the future all DDS in California will be required.
- ▶ Pediatric DDS who treat patients in hospitals/surgical centers will need to adopt the ICD-10 codes.

DIAGNOSTIC CODE CHANGES

- ▶ Clinical modification Codes will be the standard set of diagnostic coding.
- ▶ But this will not impact the use of Dental Procedure codes (CDT= Current Dental Terminology).
- ▶ For more info go to: ada.org/ICD10
- ▶ cms.gov/ICD10

MANDATED REPORTERS

Section 11166 of the Penal Code requires any Health practitioner, which includes dental auxiliaries, who have knowledge of, or observes, a child in his/her professional capacity, employment whom he/she knows or suspects has been the victim of child abuse to report the instance to a child protective agency a.s.a.p..

MANDATED REPORTERS

- ▶ Family Violence:
- ▶ Because of the familiar and sensitive connection between the victims and the abuser, family violence is uniquely different from any other crime.
- ▶ 25-30% of all Americans Families will experience domestic violence through caretaker to child, partner to partner and caretaker to elder abuse and violence
- ▶ Abuse can range from child to spouse, spousal beatings to sexual assaults to murder; family violence covers a wide range of crimes.

MANDATED REPORTING IN DENTISTRY

- ▶ 75% of intimate partners with physical abuse & neglect will have injuries to the head, neck, face and mouth.
- ▶ 65% of physical abuse & neglect to children involves injuries to the head, neck, face and mouth.
- ▶ Individuals will more likely seek regular dental care in the dental office.
- ▶ Abusers and care providers may avoid the same doctor but will often return to the same dentist

ELDER ABUSE/DEPENDENT ADULT CIVIL PROTECTION ACT

- Ca. Penal code states Abuse: intentionally or recklessly causing or attempting to cause bodily injury or causing reasonable apprehensive of imminent serious bodily injury to himself, herself or another.
- Abuse of an Elder: Physical abuse, neglect, financial abuse, abandonment, isolation or physical pain, suffering, mental suffering

ELDER ABUSE INDICATORS

- ▶ Multiple injuries in various stages of healing
- ▶ Injuries to the trunk, stomach, genitalia, thighs and buttocks
- ▶ Injuries to the face, ear, neck, upper arm
- ▶ Control marks on the wrists, forearms, biceps
- ▶ Dehydration, malnutrition, bedsores, misuse of meds, or excessive dirt or odor
- ▶ Burns in odd locations/ shapes like cigar burns

ELDER ABUSE STATISTICS

- ▶ 90% of all abusers of elderly/dependent adults are family members
- ▶ Statistics from the House Select Committee on aging states one in twenty will be victims of elder abuse
- ▶ Women 75 or older are at the greatest risk who depend on daily care.

ELDER ABUSE/DEPENDENT ADULT

- Dependent Adult: any person between 18-64 years residing in California who has a physical or mental limitations that restrict ability to carry out normal activities, physical and mental abilities diminishes because of age.
- An Elder is anyone residing in California who is 65 years of age or older

ELDER ABUSE/ DEPENDENT ADULT

- ▶ Neglect: Failure to assist in personal hygiene, or in provision of food, clothing, shelter
- ▶ Failure to provide medical care for physical and mental health needs
- ▶ Failure to protect from health and safety hazards
- ▶ Failure to prevent malnutrition

ELDER ABUSE 5 TYPES OF OFFENDERS

- ▶ Overwhelmed offenders: They enter a care giving position and can't handle it. Too much work for them
- ▶ Impaired Offenders: They have problems mental/physical that renders them unqualified
- ▶ Narcissistic Offender: motivated by personal gain, not the desire to help others, but to exploit.
- ▶ Domineering: Bullying, they believe their actions are justified and the victim deserves the abuse
- ▶ Sadistic Offender: feelings of power and importance by humiliating, terrifying and harming others.

ELDER ABUSE ADDITIONAL FACTORS

- ▶ Stress of providing care
- ▶ Mental Illness
- ▶ Drug or alcohol abuse
- ▶ Unresolved family conflict
- ▶ History of family violence
- ▶ Vulnerability and dependence of the older person

MANDATED REPORTERS RADAR

R= Recognize: Signs and symptoms of abuse/neglect, make it a routine to screen.

A= Ask direct: questions with compassion not judging.

D= Document your findings

A= Assess patient safety

R= Review, refer, report

ESTABLISH OFFICE PROCEDURES

- ▶ Approach mandated reporter responsibilities as a team effort.
- ▶ One reporter can make a report on behalf of the team
- ▶ Employers are required to discuss with each mandated reporter what their responsibilities are
- ▶ Employers should have each mandated reporter sign and acknowledge the awareness and place it in the employee's file

MANDATED REPORTER COMPLIANCE

- ▶ Train new mandated reporters
- ▶ In responsibilities and maintain signed statements in employee files
- ▶ Discuss abuse and neglect at staff meetings
- ▶ Provide clinical articles to staff members
- ▶ Encourage staff to discuss concerns within the office
- ▶ Remember you could be fined for noncompliance

CLINICAL PROTOCOL

- ▶ To gather "objective" observations begins when the patient enter the door of your practice.
- ▶ Protocol should include:
 - ▶ General physical assessment
 - ▶ Behavior assessment
 - ▶ Patient histories
 - ▶ Oral examination
 - ▶ Documentation
 - ▶ Consultation
 - ▶ Determination if "action" is necessary

REMEMBER

- ▶ We are not investigators. We make report of our suspicions and the appropriate agency will investigate. Ask yourself Do I have reasonable suspicion that this individual is being abused or neglected? If yes make the report.

REPORTING QUESTION?

- ▶ We had a 11 year old child come into our office a week ago. She had a large bruise on her soft palate and had trouble sitting down into the dental chair. She was very shy. When I asked her about the bruise she started to cry. Wow what was I to do?

REPORTING ANSWER.

- ▶ First off be supportive and don't judge her and let her know she has done no wrong and you are there to help her. Start documenting what you see, her behavior, and take photographs. This child may have been sexually abused. Report with your office team and call the authorities. This child needs your help.

ABUSE RED FLAGS

- ▶ Repeated injuries (multiple bruises)
- ▶ Inappropriate behavior
- ▶ Neglected appearance
- ▶ Strict, super critical parents or caregiver
- ▶ Extremely isolated families
- ▶ Mental and physical disabilities
- ▶ Be aware that any of these situations could be present and not be abuse or neglect.

ABUSE "RED FLAGS"

- ▶ Are all bruises indications of abuse? No
- ▶ Could they be indicators of abuse? Yes
- ▶ This where you as a professional need to make a judgment call.
- ▶ Approaching the parent or care provider: Remember this is a very delicate area and one that can be very intimidating to dental professionals.
- ▶ Sharing your concern with either one may be exactly what the abuser needs.

CHILD ABUSE OR NEGLECT

- Includes: sexual abuse, sexual exploitation, other physical or emotional abuse, severe general neglect of the child's needs: food, clothing, shelter medical care.
- Willful cruelty or unjustifiable punishment of a child

DENTAL NEGLECT

- ▶ Dental neglect is defined as the willful failure by a person or guardian to seek and obtain appropriate treatment for caries or infection or any other conditions of the teeth or supporting structures that:
 - ▶ Makes routine eating difficult or impossible
 - ▶ Cause chronic pain
 - ▶ Delays or retards a child's growth or development

DENTAL NEGLECT

- ▶ Makes it difficult or impossible for a child to perform daily activities as playing or going to school.
- ▶ Lack of care that medically endangers the person

DENTAL NEGLECT INCLUDES:

- ▶ Untreated rampant caries easily detected by a layperson
- ▶ Untreated pain, infection, bleeding or trauma affecting the oral-facial region
- ▶ History of a lack of follow through care with identified dental pathology

CONFRONTING THE "ABUSER"

- ▶ The parent or care-provider might be relieved to finally be given assistance in dealing with problems that they may have suspected but had no idea on how to confirm them or deal with it.
- ▶ Most often its not confrontational
- ▶ You do have the option of telling the parent that it is your legal obligation to report suspected abuse/neglect and that you are trying to assist the family / victim.

SAFETY FOR REPORTER AND VICTIM

- ▶ If you have concern for the immediate safety of you or the victim call 911 and report it to law enforcement.
- ▶ If you are concern about your safety and staffs you can call Child Protection Services without telling the parent.
- ▶ Obtain histories from patient & care provider separately if possible. Do they match? Is the injury consistent with the history? Is this similar to injuries in the past?

REPORTERS CONFIDENTIALITY

- ▶ When a report is made your identity is kept confidential.
- ▶ If your case goes to court your identity will be known to court through written documents.
- ▶ Many cases don't make it to court and your appearance is not required.
- ▶ **Immunity:** Mandated reporter is immune from Civil or criminal liability when filing a report, whether or not it turns out the abuse has occurred.

PATIENT/PROVIDER PRIVILEGE

- ▶ Remember anyone can be sued. But if you are after reporting the State Law says you can petition the State for up to \$50,000 in compensatory legal fees.
- ▶ In the case of mandated reporting for abuse and neglect, the health care provider/patient privilege does not apply.
- ▶ If a child, parent, caregiver, elder, dependent adult, or Domestic violence victim confides in you that abuse or neglect has occurred you must report it and are not required to keep the information confidential.

PENALTIES FOR NOT REPORTING

- ▶ If a Dental Professional suspects abuse and or neglect and does not report it and the abuse is discovered to have occurred the professional can be liable for civil or criminal prosecution which can result in a fine of \$100,000 or jail up to 6 months. If the neglect or abuse results in death or bodily injury the penalty is up to 1 year in jail or \$5000.00 or both. This is new.
- ▶ This is true in these situations: Child abuse & neglect
- ▶ Elder abuse & neglect
- ▶ Dependent adult abuse & neglect
- ▶ Domestic violence physical assault only

REPORTING ANSWER

- ▶ Follow the steps that you have learned. Remember it is against the penal code of California not to report suspected abuse.
- ▶ If you have reasonable suspicions of abuse you must report it. You're a Mandated Reporter!

WHEN TO CALL?

- ▶ If a victim reports any symptoms, call the paramedics. Important questions to ask:
- ▶ Are you having trouble breathing?
- ▶ Are you having trouble swallowing?
- ▶ Is there any pain or tenderness?
- ▶ Who? Children to 18 years
- ▶ Elders age 65 and older
- ▶ Dependent adults of any age
- ▶ Violence in adults 18-65

COMMUNITY RESOURCES

- ▶ Child help USA National child abuse hotline
- ▶ 1-800-422-4453 www.childhelpusa.com
- ▶ California Long term Care Ombudsmen Crisis Line
- ▶ 1-800-231-4024
- ▶ Dental Professionals Against Violence
- ▶ 1-800-CDA-SMILE ext. 4921

PROFIT ON A REFERRAL, VIOLATION?

- ▶ Offers such as "bundle deal" on CT scans, radiographs from outside source or other referral for profit for patients is a violation of the California Dental Practice Act.
- ▶ When your office gets a financial kick back from an referral you are being paid for it and that is a violation of the CDPA. Be cautious and make sure you are in compliance with CDPA, call the DBC , or check with cda.org/practicesupport.

REFERRALS FOR PROFIT?

- ▶ Dentist/Family member who owns imaging companies outside their office need to make sure they are in compliance with the CDPA.
- ▶ CDPA prohibits referrals for "diagnostic imaging goods or services if the licensee or immediate family has a financial interest with the person or in the entity that receives the referral.
- ▶ Follow the two exceptions, if not you could face civil penalties for \$5,000 per patient, and or misdemeanor violation.

CDPA COMPLIANCE WITH REFERRALS

- ▶ 1. If the service is performed in the office, prohibition of Section 650.01 shall not apply to any service for a specific patient that is performed within, or goods supplied by, a licensee's office or the office of a group practice.
- ▶ 2. Personal Services arrangement has been established. It must be in writing, specify all of the services to be performed, and the compensation to be paid must be set in advance, not to exceed fair market value, not determined by accounts volume or value of referrals.

INFORMED CONSENT

■ Required for general anesthesia and conscious sedation.

■ Doctor must educate patient about the:

■ Consequences of non treatment

■ Diagnosis, treatment options and the risks and benefits associated with each option

■ Costs and long-term prognosis of each option

■ Have patient read and sign informed consent/put in chart

UPDATED ANESTHESIA CONSENT FORM

- ▶ **As part of this requirement, the written informed consent form must contain new, specific language as follows:**

UPDATED ANESTHESIA CONSENT FORM

- ▶ **"The administration and the monitoring of general anesthesia may vary depending on the type of procedure, the type of practitioner, the age and health of the patient, and the setting in which anesthesia is provided. Risks may vary with each specific situation. You are encouraged to explore all the options available.**

UPDATED ANESTHESIA

- ▶ **AB 2235** was introduced in response to a tragic incident involving the use of general anesthesia for a pediatric dental patient. Following the incident the bills language was amended supporting the bill. Check CDA's website for the consent forms in many languages. TDIC policyholders may also access forms at tdicinsurance.com

UPDATED ANESTHESIA CONSENT FORM

Gov. Jerry Brown last September, dentists are required to obtain written informed consent from the parent or legal guardian of a minor patient prior to administration of general anesthesia or conscious sedation.

As part of this requirement, the written informed consent form must contain new, specific language as follows:

HOSPITALIZATION OR DEATH REPORT

- ▶ Effective January 1, 2017, the reporting of a hospitalization or death for cases in which patients received anesthesia must include the required information listed below. This information may be submitted in letter format, or by using the [Courtesy Reporting Form](#) provided by the Board.
- ▶ Pursuant to Business and Professions Code 1680(z)(2), the required information shall include, but not be limited to

HOSPITALIZATION OR DEATH REPORT

- ▶ **The date of the procedure;The patient's age in years and months, weight, and sex;The patient's American Society of Anesthesiologists (ASA) physical status;The patient's primary diagnosis;The patient's coexisting diagnoses;The procedures performed;the sedation setting;The medications used;The monitoring equipment used;**

HOSPITALIZATION OR DEATH REPORT

- ▶ **The category of the provider responsible for sedation oversight;The category of the provider delivering sedation;The category of the provider monitoring the patient during sedation;Whether the person supervising the sedation performed one or more of the procedures;The planned airway management;**

HOSPITALIZATION OR DEATH REPORT

- ▶ **The planned depth of sedation;The complications that occurred;A description of what was unexpected about the airway management;Whether there was transportation of the patient during sedation;The category of the provider conducting resuscitation measures;and The resuscitation equipment utilized.**

HOSPITALIZATION OR DEATH REPORT

- ▶ In addition, please provide the following information:
- ▶ The date of the incident;
- ▶ The date dentist learned of incident;
- ▶ The name of the patient;
- ▶ The emergency contact and their contact information; and
- ▶ The location transported (name of the hospital).

NITROUS OXIDE & OXYGEN ADMINISTRATION IS **NOT** CONSCIOUS SEDATION

- ▶ 1647.1 (a) As used in this article, "conscious sedation" means a minimally depressed level of consciousness produced by a pharmacologic or nonpharmacologic method, or a combination thereof, that retains the patient's ability to maintain independently and continuously an airway, and respond appropriately to physical stimulation or verbal command.
- ▶ 1647.19 (c) This article shall not apply to the administration of local anesthesia or a mixture of **nitrous oxide and oxygen**, or to the administration, dispensing or prescription of postoperative medications

WRITTEN ORDERS TO DENTAL TECHNICIANS

- ▶ Section 1063. Any written authorization issued by a licensed Dentist to a dental technicians must include the following:
- ▶ A. the date of its issuance
- ▶ B. A description of the work authorized by the dentist to be done by the tech.
- ▶ C. The signature of the dentist issuing the written authorization
- ▶ D. The license number of the dentist

1715 MARKING DENTURES

- ▶ Every complete upper or lower denture during fabrication needs to be marked
- ▶ Name or SS number unless patient objects:
- ▶ LTC Rule!
- ▶ Initials are fine if name is impractical
- ▶ Permanent, legible
- ▶ Dentists keeps a record for law enforcement or anyone authorized by the patient

HIRING NEW EMPLOYEES?

When interviewing new employees make sure that their license is current and a California Dental License.

Check online at the Dental Boards website
Remember your employees should be a reflection of you