

Inside this issue

Practices that are Permitted but not Advisable	1
Rules in Progress Webpage	1
Dental Hygienist Allowable Tasks Have Been Updated	2
Ethics of Sleep Appliances	4
Commission Recruitment	5
Dental Assistant and EFDA Delegation Rules	6
Infamous or Famous	7
Dentist CE Rule	9
CE Credit	11

Commission Members

- Colleen Madden, Public Member, Chair
- John Carbery, D.M.D., Vice-Chair
- Paul W. Bryan, D.M.D.
- LouAnn Mercier, D.D.S.
- Robert Shaw, D.M.D.
- James Henderson, Public Member
- Kara Baza, E.F.D.A.
- Bree Kramer, E.F.D.A.
- Karim Alibhai, D.M.D.
- John R. Liu, D.D.S.
- Kunal Walia, D.D.S.
- Aaron Stevens, D.M.D.
- Lyle McClellan, D.D.S.
- David Carsten, D.D.S.
- Ronald Marsh, D.D.S.
- Julia Richman, D.D.S.

Practices that are Permitted but not Advisable

Provided by Aaron Stevens, D.M.D.

My dad taught my brothers and me the concept "just because it is legal doesn't make it smart." It was an attempt to instill good judgment. Calling the results mixed is generous. I vividly remember an incident involving legal explosives, a microwave, a rifle, and a camcorder. Everything involved was technically legal, but proximity, how the items were used, and skill of those involved combined to make a remarkably dangerous situation. We were very fortunate to avoid harm. It became a fail video before there were fail videos.

The concept of legal vs. good idea came up while discussing some recent rule changes to the dental practice act. We establish rules that, when well applied, we believe will protect the public and promote quality dental care. Generally speaking, the rules represent minimum requirements. They also assume sound judgment on the part of the practitioner. At the

[continued on page 3](#)

Rules in Progress Webpage

The Dental Quality Assurance Commission (commission) has a "Rules in Progress" web page. Information related to dental rules in the process of being changed is on this [web page](#).

Infection Control WAC 246-817-601, 610, 620, 630 – The commission is considering rule amendments to update dental infection control practice standards, which includes potentially adopting Center for Disease Control and Prevention (CDC) guidelines.

Dentist Continuing Education WAC 246-817-440 – The commission is considering rule amendments to update and clarify continuing education (CE) requirements. Amendments would clarify appropriate CE subject matter, minimum/maximum number of hours in specified subject matter, methods to obtain CE including web-based options, and determine if hours in ethics will be mandatory. See complete article page 9.

Examination content WAC 246-817-120 – The commission implemented rule changes in

[continued on page 8](#)

Dental Hygienist Allowable Tasks Have Been Updated

WAC 246-817-550 and WAC 246-817-560

Provided by Jennifer Santiago, Program Manager

WAC 246-817-550

– Dental hygienist allowable tasks under general supervision

WAC 246-817-560

– Dental hygienist allowable tasks under close supervision

WAC 246-817-570

– Dental hygienist prohibited tasks

Access all dental and dental hygiene laws [here](#).

To receive updates on commission activity, join our [Listserv](#) (interested parties email list). Please contact [Jennifer Santiago](#) for copies of proposed rules or to provide any comment on any rule changes.

The recent rules amendments updated the listing of allowable duties a dentist may delegate to a licensed dental hygienist under general and close supervision. These rule amendments became effective on January 13, 2017.

Close supervision requires the dentist to be physically present in the treatment facility during the performance of a delegated task, while general supervision does not.

Why were rules amended?

The Dental Hygiene Examining Committee (hygiene committee) requested the Dental Quality Assurance Commission (commission) to move specific tasks from close supervision to general supervision and to add new tasks for dental hygienists. Dental hygienists routinely treat patients under general supervision. Administering local anesthetic may be necessary for some patients for scaling and root planing. Adopted rules allow admin-

istration of local anesthetic under both general and close supervision. Appropriate patient conditions must be met to administer local anesthetic under general supervision. Additionally, other added tasks are necessary to clarify current standards of practice.

Specifically, the amended rules:

- Add head and neck examination to general supervision;
- Add administering local anesthetics including reversal agents and buffered anesthetic under general supervision when certain conditions are met, and clarifies when these tasks are required under close supervision;
- Add taking specific impressions to general supervision;
- Add delivery of pre-medication for antibiotic prophylaxis to general supervision; and
- Amend administering of local anesthetics in close supervision by adding reversal agents, buffered anesthetic, and reference when general supervision is appropriate under WAC 246-817-550 (6).

It is the purpose of the commission established in [RCW 18.32.0351](#) to regulate the competency and quality of professional healthcare providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensure, continuing education, consistent standards of practice, continuing competency mechanisms, and discipline.



[Access your dental chapter 246-817 WAC rules here.](#)

Practices—Not Advisable

Continued from page 1

end of the day, responsibility for patient care and meeting standards of care lies with the provider.

Below are some dental examples:

1. Ortho assistants (with orthodontist training and permission) can now legally use a high-speed to remove cement. Is that the right choice, right now, for every office, every assistant, and every patient? Probably not.
2. Hygienists can now administer local anesthetic (under some conditions) without the dentist being present in the building. Is this the right choice, right now, for every office, and every hygienist? Probably not.
3. A root canal procedure is something that I am licensed to do. Does that mean that I should do all root canals? Absolutely not.

My intent with these examples is to stimulate thought, not to knock the abilities of members of the dental team. I know that many team members are good to go on these items right now. I see them in my office. Hygienists in my office are amazing with anesthetic and have anesthetized patients who I couldn't, and taught me new and better ways. I am lucky to work with assistants I would trust taking ortho cement off my own teeth (assuming that it is a day when I haven't irritated them yet). I am grateful for an endodontist to whom I can send pulpally involved teeth that I have no business looking at, let alone putting a file inside. One of the greatest and most satisfying moments of my career was when I felt comfortable knowing my limitations. It cuts stress and makes dentistry so much more enjoyable. I am also responsible to know the limitations of those working with me to keep patients safe, even if the task is legally permissible. This is harder to do but it is the price of working with auxiliaries. To the patient, they are an extension of you.

The take-home message: Get to know the changes in the law. Put them to good use now or when you and those around you are ready. It goes back to the legal vs. wise choice concept. Use your best judgment. Above all, keep all those under your roof safe. We don't need dental fail videos.

Access
dentistry laws
here

[RCW 18.32](#)
[WAC 246-817](#)
[RCW 18.260](#)
[RCW 18.350](#)
[RCW 18.130](#)
[WAC 246-12](#)
[WAC 246-16](#)
[RCW 70.02](#)

Renew your credential online

Dentists, dental hygienists, dental assistants, expanded function dental auxiliaries, and dental anesthesia assistants who are within 60 days of their license expiration date, are able to renew their active status licenses, registrations or certifications online.

To renew online, you must register with Secure Access Washington and sign-in to the Department of Health Online Services. Go to the [Secure Access Washington \(SAW\) website](#). Here is a link to [online renewal frequently asked questions](#).

If you're having problems with the Department of Health Online Services site, [contact our Customer Service Office by email](#) or phone at 360-236-4700.



Ethics of Sleep Appliances

Provided by Rod Wentworth, D.D.S.

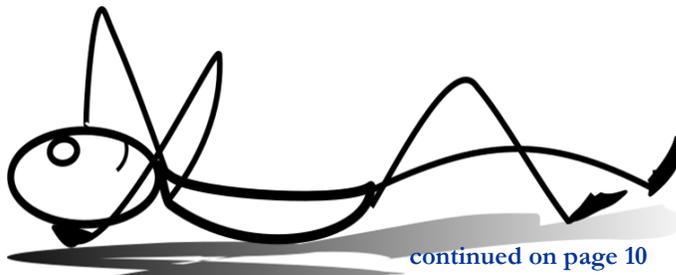
In my practice lifetime, it seems as if every five to 10 years, a new income-generating departure from conventional dentistry comes along: the myomonitor for TMJ treatment, fresh breath centers for halitosis, the snap-on smile, and teeth in a day, to name a few. Each one comes with a set of instructions or training to make your dental practice more productive than ever. The latest one is making oral sleep appliances for sleep breathing issues, including obstructive sleep apnea (OSA). I'm getting faxes and emails at least weekly showing me how I can bring in the big bucks by making sleep appliances. I see ads from dentists offering these appliances as an easier alternative to the patient-unfriendly continuous positive airway pressure (CPAP) machines. So, is there an ethical problem here?

First and foremost, the diagnosis of OSA must be done by physicians who are also responsible for managing treatment based on their diagnosis. As dentists we should be aware of systemic issues that affect our patients' health and, when our patients ask about a snoring issue or their medical history is suspicious of OSA, we have an obligation to recommend an evaluation. A referral to their physician for evaluation is in order. Why not invest in a few polysomnographs and send one home with the patient and find out for yourself? Remember that the diagnosis of OSA is not in our scope of practice as dentists. The physician will make the decision as to whether a home sleep study, an in-lab study, or another diagnostic test is appropriate. The correct diagnosis is critical to treatment efficacy. If OSA is diagnosed, a treatment modality will be recommended appropriate for the severity of the disorder. A CPAP machine is commonly prescribed for the most severe cases, but oral appliances may be helpful for mild to moderate cases, and the patient may be referred to a dentist for this treatment.

Now, how about those ads offering patients an oral appliance so they can be disconnected from their CPAP machine? Is this kind of communication ethical? Section 5 of the American Dental Association Principles of Ethics and Code of Professional Conduct ("the Code"), in describing our ethical principle of Veracity (truthfulness), states, "*Dentists shall not represent the care being rendered to their patients in a false or misleading manner.*" To advertise this ethically, one should be clear that an oral appliance may not be suitable for everyone. In addition, when patients ask about switching out their CPAP machine for an oral appliance, a dentist must first consult with the physician managing the patient's condition to make sure that an appliance would be appropriate for the patient, and that the physician can manage any follow-up care. Essentially, a dentist should be making oral appliances by oral or written prescription from a physician who is managing the patient's condition. A dentist is responsible for managing the appliance and any oral side effects.

So, how can a dentist ethically recruit patients for oral sleep appliances? Probably the best way is to develop a relationship with a sleep doctor. Set up a system of communication and patient routing, making yourself available to see their patients who would benefit from an oral appliance.

That brings us to another issue: What are your ethical responsibilities when that physician sends you patients currently under another dentist's care? Is outstanding dental treatment needed? Under section 2.B "Consultation and Referral," the Code states, "*Dentists shall be obliged to seek consultation, if possible, whenever the welfare of patients*



Commission Member Recruitment

Here is your chance to participate on the Dental Quality Assurance Commission.

The commission is looking for:

- Actively practicing dentists;
- One public member; and
- One licensed expanded function dental auxiliary.

Commission duties include:

- Establishing qualifications for minimal competency to grant or deny the credential of dentists, expanded function dental auxiliaries, dental assistants, and dental anesthesia assistants.
- Regulating the competency and quality of professional healthcare providers under its jurisdiction by establishing, monitoring and enforcing qualifications for credentials.
- Establishing and monitoring compliance with continuing education requirements.
- Ensuring consistent standards of practice.
- Developing continuing competency mechanisms.
- Assessing, investigating and making recommendations related to com-



plaints against dentists, expanded function dental auxiliaries, dental assistants, and dental anesthesia assistants that may range from a notice of correction to license revocation.

- Serving as reviewing members on disciplinary cases and serving on disciplinary hearing panels.
- Serving as members of standing committees, when appointed.
- Developing rules, policies and procedures that promote the delivery of quality healthcare to state residents.

The commission consists of 16 members appointed by the governor. This includes 12 practicing dentists, two expanded function dental auxiliaries and two public members.

The commission meets about every six weeks. Business meetings are usually scheduled on a Friday morning and are followed by disciplinary panels on Friday afternoon.

The commission's mission is to protect the health and safety of the public. It helps to ensure dental professionals are competent and provide quality health care.

Want to be a full member? Get the [Governor's application](#) here.

Want to be a pro tem member? Get the department's application [here](#).

[Jennifer Santiago](#) is available to answer all your questions about being a member.

**Join the Commission
Make a Difference**

Dental Assistant and EFDA Delegation Rules Have been Updated

WAC 246-817-510, 520, 525, 540, and 545

Provided by Jennifer Santiago, Program Manager

You may find all the dental assistant delegation rules at [WAC 246-817-520](#) and [WAC 246-817-540](#).

Know
the
Rules

You may find the answers to many of your dental assistant questions on our dental assistant [frequently asked questions](#) webpage.

The recent rules amendments updated the listing of allowable and prohibited duties a dentist may delegate to a registered dental assistant and a licensed expanded function dental auxiliary (EFDA). These rule amendments became effective March 13, 2017.

A dental assistant may provide only supportive services under close supervision of a dentist.

"Close supervision" means that a supervising dentist whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. The supervising dentist is continuously on-site and physically present in the treatment facility while the procedures are performed by the assistive personnel and capable of responding immediately in the event of an emergency. The term does not require a supervising dentist to be physically present in the operator.

An EFDA may provide identified supportive services under either close or **general supervision** of a dentist.

Why were rules amended?

The Dental Quality Assurance Commission (commission) rule amendments update the scope of practice (listing of allowable and prohibited tasks that may and may not be performed) for registered dental assistants and licensed expanded function dental auxiliaries (EFDAs). The scope of practice (list of allowable and prohibited tasks) has been an area of confusion for licensed dentists, registered dental assistants, and licensed EFDAs.

Specifically, notable changes include:

Delegation definitions changes include (WAC 246-817-510):

- Changing close supervision to be consistent with RCW 18.260.010.
- Changing general supervision to be consistent with RCW 18.260.010.

Dental assistant allowable tasks changes include (WAC 246-817-520):

- Adding place cavity liners and bases;
- Adding sterilize equipment and disinfect operatories;
- Adding bonding attachments for clear removable orthodontic aligners;
- Adding apply bonding agents to perform acid etch;
- Adding remove orthodontic cement and orthodontic bonded resin material to fixed orthodontic appliances;
- Detailing specific types of impressions and adding digital scans;



continued on page 7

DA and EFDA Rules

continued from page 6

- Clarifying that starting and stopping the flow of nitrous oxide as part of assisting in administration of inhalation minimal sedation (nitrous oxide);
- Adding language to require a dentist to ensure the dental assistant has demonstrated the skills necessary to perform each task competently, specifically to address use of high-speed versus slow-speed hand pieces; and
- Deleting taking health histories. Taking health histories is not a clinical function and a credential is not required to perform this task.

Dental assistant prohibited tasks changes include (WAC 246-817-540):

- Rewording intra-orally adjust and finish permanent restorations; and
- Deleting semi-permanent from placing of permanent restorations in natural teeth.

Expanded function dental auxiliary (EFDA) allowable tasks changes include (WAC 246-817-525):

- Deleting all dental assistant tasks and referring to dental assistant rule;
- Adding language to require a dentist to ensure the EFDA has demonstrated the skills necessary to perform each task competently.

Expanded function dental auxiliary prohibited tasks changes include (WAC 246-817-545):

- Correcting reference to WAC 246-817-520 (4) (e).

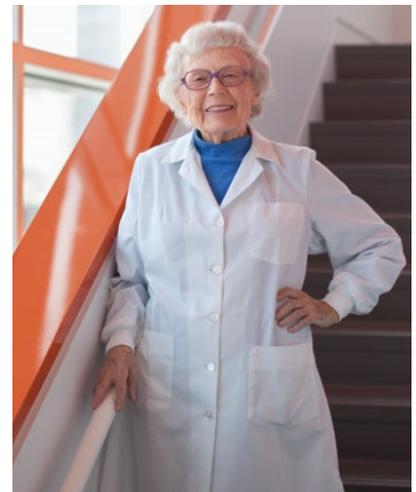
To receive updates on commission activity, join our [Listserv](#) (interested parties email list). Please contact [Jennifer Santiago](#) for copies of proposed rules or to provide any comment on any rule changes.

Infamous or Famous

Dr. Esther M. Wilkins is the founder of the University of Washington (UW) dental hygiene program and author of the comprehensive textbook for the study of dental hygiene, "Clinical Practice of the Dental Hygienist," first published in 1959. Her textbook is in its 12th edition and continues to be widely used today.

Dr. Wilkins, commonly known as the godmother of modern dental hygiene, set the standard for how to teach dental hygiene. She began teaching dental hygiene at UW in 1948. Her textbook was based on her lesson plans. Prior to Dr. Wilkins' modern curriculum there were no standards for teaching dental hygiene. At that time, most hygienists worked in schools, teaching children tooth decay prevention.

Esther Wilkins died on December 12, 2016 at the age of 100.



Rules Webpage

Continued from page 1

July 2016 that identified that a candidate must pass all portions of a practical examination and detailed the subject sections of the examination. Additionally, the commission added the Canadian national written examination as acceptable. In October 2016, the commission determined additional changes may be necessary to clarify that a complete clinical examination from one organization is required for initial dentist licensure. The commission also recently discussed whether the Canadian clinical examination is acceptable. The commission is considering rule amendments.

Moderate Sedation with parenteral Agents WAC 246-817-760 – The commission adopted amendments to update monitoring and equipment requirements for patient safety standards while administering moderate sedation with parenteral agents. Amendments consider The Washington State Academy of Pediatric Dentistry (WSAPD) concerns with previous adopted requirements to obtain vital signs before sedating children, and end-tidal carbon dioxide (CO2) monitoring for moderate sedation with parenteral agents. Requiring all dentists administering moderate sedation with parenteral agents to monitor appropriate patient vitals follows consistent practice standards. Providing specific exemptions for dentists when sedating children is consistent with the AAPD Guidelines on Behavior Guidance for the Pediatric Dental Patient. The final rule amendments are currently being processed for implementation.

Dental assistant and EFDA delegation of duties for WAC's 246-817-510, 520, 525, 540, and 545 – The commission adopted changes to the delegation of dental duties for dental assistants and expanded function dental auxiliaries. The updated rules clarify and amend practice standards to address concerns and confusion. Complete article on page 6.

Dental hygiene allowable tasks WACs 246-817-550 and 246-817-560 – The commission implemented changes to the list of allowable tasks for dental hygienists under close and general supervision. Complete article on page 2.

Graduates of non-accredited dental schools WAC 246-817-160 – The commission implemented rule amendments to clarify clinical training and examination eligibility process for graduates of non-accredited dental schools. The updated rule included that predoctoral or postdoctoral education must include clinical training and be accredited by the Commission on Dental Accreditation for education completed after July 1, 2018.

Dental licensure without examination WACs 246-817-130, 246-817-135, and 246-817-140 – The commission implemented rule changes to the licensing without examination standards. The updated rules combined like standards into one rule, removed unnecessary requirements, defined currently engaged in the practice of dentistry, and clarified U.S. state or territory.

⌘ Licenses, Permits and Certificates > Professions - New, Renew or Update > Dentist > Rules in Progress

Dentist	Dentist
Applications and Forms	Rules in Progress
Commission Information	The rules writing process is open to the public. The public is welcome to take part in helping us write rules. Rules are also known as regulations, Washington Administrative Code, or WAC. The rule-making process includes public notices and workshops, and usually a public hearing before a rule becomes final.
Commission Members	To receive updates about rule making and other topics related to dental professionals, join our Listserv .
Commission Meetings	Current rules in progress
Continuing Education	<ul style="list-style-type: none"> Delegation of duties to dental hygienists Delegation of duties to dental assistants and expanded function dental auxiliaries Moderate sedation with parenteral agents
Fees	
Frequently Asked Questions	
Helpful Tips and Information	

continued on page 9

Dentist Continuing Education Rule WAC 246-817-440

Provided by **Jennifer Santiago, Program Manager**

The Dental Quality Assurance Commission (commission) is considering amendments to clarify existing dentist continuing education (CE) requirements. Amendments would clarify appropriate CE subject matter, minimum/maximum number of hours in specified subject matter, methods to obtain CE including web-based options, determine if hours in ethics will be mandatory, identify acceptable CE documentation, and if continuing competency mechanisms should be added to the rule.



The commission routinely receives questions related to CE; for example, are live webinars considered in-person or on-line. Additionally, the commission received a request from the Washington State Dental Association in March 2015 requesting the commission require jurisprudence and ethics hours as a required subject of continuing education.

Because the commission has been evaluating the need to incorporate continued competency mechanisms, the Dental Continuing Competency Committee is drafting recommended rule changes for the commission's consideration.

The commission encourages stakeholders to participate in these committee meetings and to provide comment and recommendations for CE rule modifications. It's easy to participate; join the dental listserv to be notified of the next committee meeting. Most meetings have been by conference call.

To receive updates to rules, join our [Listserv](#) (interested parties email list).

Please contact [Jennifer Santiago](#) for copies of proposed rules or to provide any comment on any rule changes.

Comments related to CE rule modifications can be emailed to Jennifer.santiago@doh.wa.gov

Rules Webpage

[continued from page 8](#)

Dental treatment records WAC 246-817-304, 305, 310, and 315 – The commission implemented new standards for dental treatment record content, retention, accessibility, and business record accessibility. The updated rules thoroughly detail the information that must be included in patient records and extends the length of time patient records must be retained. You must keep records for six years.

Recording requirements for all prescription drugs WAC 246-817-340 – The commission repealed this rule as it is redundant to WAC 246-817-305 (3)(i)(i) through (iv).

Sedation monitoring and equipment requirements WAC 246-817-724, 740, 745, 755, 760, and 772 – The commission implemented updated minimum patient safety standards when administering minimal and moderate sedation and updates the continuing education rule language for clarity.

Oral Sleep Appliances

continued from page 4

will be safeguarded or advanced...” In short, if the patient is under the care of another dentist, then that dentist needs to know about the appliance, have the opportunity to complete treatment before the appliance is made, and be able to look for any possible side effects.

Once you decide to make oral sleep appliances in your practice, how can you involve your staff in treatment? The “Code” in section 2.C states “Dentists shall be obliged to protect the health of their patients by only assigning to qualified auxiliaries those duties which can be legally delegated.” In the delegation rule, sleep appliances are not mentioned by name; one has to look at procedures that are comparable. Note these are all under close supervision (dentist in the office.)

WAC 246-817-520 Supportive services that may be performed by registered dental assistants. (4)(v) Take impressions, bite registrations, or digital scans of the teeth and jaws for (i) diagnostic and opposing models; (ii) fixed and removable orthodontic appliances, occlusal guards, bleaching trays, and fluoride trays; and (iii) temporary indirect restorations such as temporary crowns.

WAC 246-817-540 Acts that may not be performed by registered dental assistants or noncredentialed persons. (22) Fit and adjust occlusal guards.

A dentist might be comfortable classifying sleep appliances as temporary oral devices used similar to occlusal guards but in both arches. With that reasoning, a dentist might feel comfortable delegating the taking of impressions to an assistant under close supervision. However, using the same reasoning, a dentist should not delegate delivery and any adjustments to a dental assistant.

The last potential ethical pitfall involves how dentists announce their personal credentials in accepting referrals and in advertising to the public. General dentists who make sleep appliances must be clear to the patient that they are not specialists. In any announcements to the public, including business signs, cards, websites, and advertising, dentists must disclose that they are general dentists.

Please join us at the PNDC for a legal-ethics panel discussion. If you would like to have any questions answered or issues discussed, you can email us at dental-ethics@gmail.com

Find supportive services that may be performed by registered dental assistants [here](#).

Find acts that may not be performed by registered dental assistants or noncredentialed persons [here](#).

Reader Input

The commission is looking for reader input. If you want to read about something specific, [please let us know](#).



Earn Continuing Education Credit!

The commission is now allowing one hour of continuing education credit for reading this newsletter! To qualify, please take the quiz below. Keep the completed quiz with your other continuing education certificates of completion.

If you are audited, provide the quiz along with your other proof of continuing education and you will receive one hour of continuing education under WAC 246-817-440(4)(c). You are allowed no more than seven hours in the categories of educational audio or videotapes, films, slides, internet, or independent reading, where an assessment tool is required. This section will provide one of those seven hours allowed.

Continuing Education Quiz

1. According to recent rule amendments, a dental hygienist may administer local anesthetic under:
 - A. Close supervision
 - B. General supervision
 - C. Both close and general supervision
 - D. None of the above
2. How many years must a dentist retain dental records?
 - A. 2
 - B. 5
 - C. 6
3. When did the dental assistant and EFDA delegation rule amendments become effective?
 - A. March 13, 2017
 - B. January 1, 2017
 - C. December 31, 2016
 - D. February 1, 2017
4. Can a dental hygienist perform head and neck examinations under general supervision?
 - A. Yes
 - B. No

Commission Staff Contact Information

Department of Health
P.O. Box 47852
Olympia, WA 98504-7852

[Trina Crawford](#), Executive Director

[Jennifer Santiago](#), Program Manager

[Tracie Drake](#), Assistant Program Manager

[Erin Obenland](#), Case Manager

Customer Service
360-236-4700

www.doh.wa.gov

Commission Meeting Dates

Mar. 17, 2017
April 21, 2017
June 2, 2017
Jul. 21, 2017
Sept. 8, 2017
Oct. 27, 2017
Dec. 15, 2017

**Public Health - Always
Working for a Safer and
Healthier Washington.**