

**University of the Pacific Arthur A. Dugoni School of Dentistry
123rd Annual Alumni Meeting – 2022 Alumni Weekend
The Fairmont Hotel, San Francisco**

Steven D. Barrabee, JD

Saturday, March 5, 2022

11:00 am – 1:00 pm – 2 units

Subject Area: Dental Law

Title:

“Updates and Risk Management Recommendations Related to California Dental Practice Act”

Course Description:

The Dental Board of California requires that all dentists, registered dental hygienists and registered dental assistants, take 2 units of dental law every two years in order to renew their license. The Dental Board of California requires a discussion of: The Dental Practice Act, Dental Auxiliaries, Scope of Practice, Prescription of Medications and Renewal of License.

Objectives:

- 1) Understand the obligation for maintenance and renewal of a California Dental License.
- 2) Understand the Dental Board discipline system, requirements for compliance, standard of review and scope of remedial recommendations.
- 3) Understand the scope limits and roles of dentists and dental auxiliaries in private practice.
- 4) Understand the legal requirements of records keeping.
- 5) Understand the obligations for reporting including abuse, medical incidents requiring hospitalization, anesthesia complications and dental deaths.
- 6) Understand and avoid claims to Unprofessional Conduct.

Short Bio:

I am a practicing attorney for over 35 years specializing in the defense of dental and medical professionals. I am a principal in the Health Care Law firm of Bradley, Curley, Barrabee & Kowalski P.C. for over thirty years. My dental and legal knowledge are multifaceted as I am uniquely qualified to discuss the legal requirements for the practice of dentistry as I represent dentists in litigated matters in court, before administrative agencies and I counsel dentists in business law matters. I have published three articles in the California Dental Association Journal on safety issues in the dental place and business law matters. Previously I made presentations on the California Dental Practice Act and business law matters at California Dental Association conventions and before local dental societies. I have presented yearly courses on business law matters to the dental students at University of the Pacific Dental School and guest seminars at UCSF on dental and business law matters.

<https://www.professionals-law.com>

1 **Essential Information and Risk Management Recommendation to Comply with The California Dental Practice Act**

2 **STEVEN BARRABEE, J.D.**

- Attorney Bradley, Curley, Barrabee & Kowalski, PC
- Representation of health care providers in business transactions and defense of dental board and malpractice litigation

3 **Health Care Law Firm**

- Malpractice Claims
 - Litigation Defense
 - Preventative Office Audits
- Licensure Accusations
 - Defense
 - Responses to Board
- Practice Sale/Purchase
 - Contract Review
 - Dispute Management
 - Incorporation Protections
- Employment Defense
 - Preventative Claims
 - Associate Agreements
 - Litigation Defense

4 **Wisdom Shared**

- Having Good Judgment
-
- Judgment by Experience
-
- Experience from Bad Judgment

5 **How Not to Become a Target**

6 **California Dental Practice Act**

- The Mandated Course
- Category 1 (CCR §1016,1017)
- Nature of the Statutes/Codes
- Standards of Care
- <http://www.dbc.ca.gov/laws.html>

7 **When does the DBC Investigate?**

- Patient Complaint in Writing – *Most Cases
- Report from Insurance Co. Post-Settlement
- Report from PD of Arrest, Criminal Conviction

- Report of Patient's Insurance Provider (Audit)
- Report of Staff or Former Staff Person
- Report of Clinic or Practice Owner - *Rare

8 **Statistics on Board Actions**

- Small number of complaints result in accusation
- 2012-2013 2,868 complaints-719 open cases-85 referred to AG for accusation-19 criminal investigation - 3% of complaints led to accusation
- 2008-2013 Dental Board revoked license avg. 12 times per yr.
- Long investigations- 1 1/2 yrs. by Dental Board, 2 1/2 yrs. if accusation filed and action by AG
-

9 **When the Dental Board Comes Calling**

When You Get the Notice

Time is Critical – Typically < than 2 Weeks

Call Your Carrier

*Before Call – Check for Administrative Insurance

Don't Respond without Advice

Don't Contact the Patient(s)

Rarely Surprise Office Visit – Usually Very Bad

Entitled to have Attorney Present for Interview

10 **Sanction Affect**

IF PLACED ON PROBATION

- Some Insurance Plans - Exclusion
- Medical/Medicaid/ACA – Always Exclusion
- Internet Listing on DBC Web Page
 - Posting of accusation and settlement - Forever
- Public Perception – Google, Yelp, etc.
- If Revocation – Wait 3 years to Reapply

11 **Source of an Accusation(s)**

Violation(s) of a Statute

Substandard Care Act(s)

-incompetence,

-gross negligence

-repeated acts of negligence

Fraudulent Act(s)

Not Necessarily to One that Started the Complaint

12 **Common Issue**

13 **Common Violations Seen by DBC**

Improper use of auxiliary personnel

DA doing Coronal Polishing

DA or RDA doing Prophylaxis

Permanent Cementation of Crown by DA

Unlicensed DDS doing RDA or RDA treatments

DDS doing non-dental Cosmetic Treatment

Violation of OSHA or Infection Control Mandate

Issues General vs. Direct Supervision (CCR 1067)

** DBC Starting to Focus on Staff Scope Issues (see CCR 1085 to 1090)

14 **Other Violations**

- Failure to Refer to Specialist
- Refusing to Refer to a Specialist upon Request
- Inadequate RCT Fillings
 - Short, Long, Under Condensed, No Dam
- Open Restoration Margins
- Inadequate Records – Not Legible
- Billing not Matching Records or Imaging
- Chemical Dependency Issues

15 **REASONS ACCUSATIONS FILED**

- Not Just Negligence-Usually Something More
 - Dentists Looking After Own Interest And Not Patients
 - Publicity Surrounding Dentist's Acts
 - Failure To Report
 - Criminal Acts

16 **Evidence of Compliance**

- Chart the Standard of Care Treatment
- Chart the Use of Standard of Care Equipment
- Chart the Standard of Care Instructions
- Chart the Standard of Care Follow Up

17 **COMMONLY CITED VIOLATIONS**

- Failure to produce patient records —15 days
- Failure to follow infection-control guidelines
- Failure to comply with blood borne requirements —OSHA & Board & police share info
- Unprofessional conduct
-

18 **Dentist Self Interest**

- Over Treatment
- Billing For Treatment Not Performed
- Billing In Excess Of Plan Fee Schedule
- Insurance Fraud

19 **Publicity**

- Public Scrutiny of Issues
 - Death Cases
 - Anesthesia Complications
 - Sexual Misconduct
 - Crimes

20 **Failure to Report**

-
-
-
- Not Filing Mandatory Reports B & P 1680(z)
- Legally Mandates Reports of Abuse
-

21 **Criminal Acts**

- Mandatory Reporting by Courts and Policy Agencies
- Self Reporting Required and if not report rationale for greater punishment
- Already Proved Liability
- Often Source of Publicity
 - Any Crimes-DUI, Domestic Violence, Tax Evasion, substance abuse,

22 **Basic Dental Board Law**

Negligence >
Causing >
Any Injury - NOT for DBC
Damages \$\$\$ - Not Needed
Dental Board Action Safety
Could Have Caused

23

24 ... **Standards of Care: Opinion**

- Expert Witnesses Primary Source
- Licensed to Do the Treatment in Question
- In California, Expert Does Not have to be the Same Type of Specialist
 - Sedation Cases - Common MD Anesthesiologist
 - Some States, Must be the Same Type of Dentist

25 **Standards of Care: Written**

- Any Statute that Mandates Specific Care
 - FDA
 - DPA Statutes
 - Example, IV General Anesthesia Rules
- Society Guidelines (ASA, AAOMS, ADA)
 - ALJ Can Accept
- Introduced by Experts if;
 - Peer Reviewed Article
 - Recognized Authoritative Text

26 **Duty to Refer Law-Can the Dentist Safely Treat This Patient**

- Basic Law: *What a Reasonable Dentist Should Do Under the Same or Similar Circumstances?*
 - 1) Predict & Prepare for Complication
 - 2) Timely Recognize Complication
 - 3) Timely Treat Complication, OR Timely Refer Complication

27 **Standards of Care: *Informed Consent***

- Warn of Known Risk, Serious Injury or Death
- Discuss Alternative Treatments
- Statutes; Must be Written For GA or Conscious Sedation (B&P §1682)
- Reasonable Person Standard as to What to Tell
- DDS must Explain at Some Point.
- Document, Document, Document

28 **New Law – Consent Content**

- Mandatory Consent Law 1/1/17 B&P 1682e2
- (2) The written informed consent, in the case of a minor, shall include, but not be limited to, the following information:
 - *“The administration and 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 for your child’s anesthesia for his or her dental treatment, and consult with your dentist or pediatrician as needed.”*

29 **Can’t Assume the Patient Knows**30 **Must Document Patient Told and Knows**31 32 **How Bad is it?**

33 34 **Digital Systems Risks**

- One Form does NOT fit all
 - Use Check Box Form
 - Customize Form, Patient Initials
- Avoid Letting System Dictate Content
 - Programmers vs. DDS
- Mandate and Verify Form Signed, Dated – *Time Out*

35 **Start with Form, Then Customize**36 **Individual Patient Consent Issues**

- Ethnicity
- Culture
- Religion
- Financial
-
- Cow, Pig, People

37 **MINORS MAY CONSENT**

- Minor is married (Need validated)
- Minor is on active duty in U.S. Military
- Minor is emancipated by a court
- Minor is 15 yrs old, living away from home & managing own finances Cal. Fam. Code 7112,et seq.
-

38 **Informed Refusal**

- HCP Must Make Sure Patient Aware of Significant Risks of Refusing Recommendations.
- Truman v. Thomas 27 C3d 285 (1980)

39 **Informed Refusal**

- Traditional
 - Risks of Having Treatment
- NEW
 - Risks of Not Having Treatment
 - Risks of Having Lesser Treatment
- Alternatives
 - Offered
 - Accepted or,
 - Declined
 - Document Choice

40 **[INF REFUS – ELEMENTS]**41 **Real Case Example**

- Recent Claim
 - Ortho vs. Veneer Restoration
 - Ortho vs. Restoration Risks
 - Time to Complete
 - Long Term Effects
 - Result
 - Claim
 - Suit
 - Verdict
 - \$80,000

42 **Sample Documentation**

- Patient advised to _____

- Patient declines/refuses
- Risk, Benefits & Alternatives Reviewed
- Including [Worst Risk] _____
- Patient declines/refuses
-
- [date] _____ [patient signature] _____

43 **Typical Refusals**

- No Go to Periodontist
- No Go to OMS for Biopsy
- Refuse Implants
- Refuse Orthodontic Referral
- No Agree to Periodic X-Rays
 - Can't Waive Standard of Care
 - Can't Operate without X-Rays

44 **Records**45 **Records**

- Statutory Requirements
 - All records ID provider
 - If anesthesia must have records of hx, exam and anesthesia
- Defined; Hx, Cx, Dx, Tx
- Preservation
- Recommendation: At Least 10 Years
- Retirement must provide for maintenance for 7 years

- Implants: 20-30 Years
- Tip: Go Digital, Keep Forever or Until Sale

46 **Records: Copies To Patient (H&S §123105-110)**

- Minors Confidentiality From Parents (H&S §123115)
- Patient ETOH Abuse Confidential (H&S §123125)
- Electronic Records (H&S §123149)
- Can't Limit Due To \$ Owed
- Can Charge for Copies, \$0.10 ea.
- No *Professional Fee*
- Refusal Delay – May hear from Attorney

47 **Failure To Produce Records**

- Mandate §1684.1(a) W/N 15 Days Of DBC Request
- \$250/Day Fine, Max \$5,000
- Same For Clinic
- \$1,000/Day If Court Ordered
- Also Misdemeanor \$5,000 Fine
- Major Source of Patient Complaints to DBC
 - Delay and you will be investigated

48 **Electronic Records**

- Regular Back-up, Off Site Storage,
 - 4th Quarter or Once a Year include Software
 - Provide to Board Upon Request
- No Alteration
- Printable
- Electronic Signature
- Confidential; Protected

49 **Patient Privacy Issues**

- Legal Mandates
- Federal HIPAA Laws
- State Laws
- Digital Risks
 - e-mail Security
 - Record Security
 - Communication Security

50 **Digital Privacy Laws**

- EMR Must be encrypted to send, Always Protected
- If Not, and Lost, Must advise and all Patients

- CC §1789.82, §1789.84 and HIPAA HITECH Law
- Data Breach: Name + DL, SS, or Ins. ID

51  **Consequences**

- Records Breach:
 - Report to Police
 - Report to Justice Department
 - Notify All Patients
- Communications Breach
 - Document Event
 - Document Correction
 - Advise Patient(s)
- Civil Suits, Criminal Charges

52  **Photos**

- Charting Without Notes
- Easy to Do
- Easy Storage
- Powerful Tool
- Your Side of the Story
- Hard to Dispute

53  **Photos as Records**

- Patient
- Models
- Preps
- Shade
- Approval

54  **[RECESSION]**

55 

56  **[open margin]**

57  **[WEAR]**

58 

59  **Treatment**

- Each Step
- Each Phase(s)
- = Detailed Charting without Writing

60  **[PREPS]**

61  **[MODEL]**

62 63 64 **Approval**65 **Shade**66 **[SMILE]**67 **Statutory Obligations**68 **Reporter Mandates**

- Mandatory Reporter Obligations Set Forth in the Child Abuse and Neglect Reporting Act
- (Penal Code §11166 et seq.)
- Elder Abuse and Dependent Adult Civil Protection Act (Welfare and Institutions Code §15600 et seq.)
- Physical injury due to assaultive conduct (Penal code 11160)
- Assumed Know Clinical Signs In Identifying Abuse
 - Neglect, Physical, Sexual, Mental (*Not Simple Dental Neglect*)
 - Knows or Reasonably Suspects
- Report Immediately

69 70 **Abuse Reporting**

- *Suspicion* of Child Abuse – PC §11165.7
 - Emotional abuse
 - Sexual abuse
 - Neglect
 -
- Reporting Methods – PC §11166
 - OK 1st by phone, writing w/in 36 hrs.
 - PC 11166.05 Emotional Damage
 - CPS, PD, Adult Protective Service
 - PC §11165.9

71 **Elder Abuse**

- *Suspicion* of Abuse of The Disabled
 - *Suspicion* of Elder Abuse
 - Physical abuse and Neglect
 - Financial abuse
 - Abandonment
 - Deprivation of goods or services to avoid physical or emotional harm
- Report by telephone and writing or internet within two days

72 **Domestic violence**

- Knowledge or suspicion of domestic violence
- Report by Police report as soon as practical
- Written Report within 48 hours
 - No legal requirement to inform patient of the report
 - Ethically should inform patient of obligation to report
 - Required reporting even if patient doesn't consent to report

73 **Mouth: What is Suspicion?**

- Non-accidental injuries most often include burns in the mouth caused by scalding liquids;
- Fractured or avulse teeth;
- Bruises to the palate and inner cheeks;
- Muscle under the tongue torn or the area under the lip damaged from food or utensils being shoved in the child's mouth.
- Sexual abuse, signs of certain sexually transmitted diseases in the mouth.

74 **Documentation**

- Credible Evidence in Patient Record
- Records Should Include:
 - Comments by injures person as to current and past incidents
 - Map of location of injury
 - Copy of reporting form
 - Photographs if patient consents
- Consent Required for Examination, Treatment Collection of Evidence, Photographs

75 **Reporting Protections**

- Child Abuse OK X-rays w/o Consent to Prove Abuse
 - PC §11171.2
- Immunities if Wrong PC §11172
 - So long as Good Faith Report
 - And Confidential Communication
 - DESIRE FOR REPORT PROTECTION FOR REPORTER

76 77 **Failure To Report Abuse**

- Unprofessional Conduct
- Civil Suits
- Criminal Penalties
- Codes:
 - W&I §15601a Seniors
 - W&I §15616b1 Disabled

– CPC §11165 Children

78 **New Incident Laws
Reporting Requirements**

79

80 **DBC Reporting Requirement**

- 1680 (z) (1) The failure to report to the board in writing within seven days any of the following: (A) the death of his or her patient during the performance of any dental or dental hygiene procedure; (B) the discovery of the death of a patient whose death is related to a dental or dental hygiene procedure performed by him or her; or (C) except for a scheduled hospitalization, the removal to a hospital or emergency center for medical treatment of any patient to whom oral conscious sedation, conscious sedation, or general anesthesia was administered, or any patient as a result of dental or dental hygiene treatment. With the exception of patients to whom oral conscious sedation, conscious sedation, or general anesthesia was administered, removal to a hospital or emergency center that is the normal or expected treatment for the underlying dental condition is not required to be reported. Upon receipt of a report pursuant to this subdivision the board may conduct an inspection of the dental office if the board finds that it is necessary.

81

- (2) The report required : 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; 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; 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. A report required by this subdivision shall not be admissible in any action brought by a patient of the licensee providing the report.

82

- (3) For the purposes of paragraph (2), categories of provider are: General Dentist, Pediatric Dentist, Oral Surgeon, Dentist Anesthesiologist, Physician Anesthesiologist, Dental Assistant, Registered Dental Assistant, Dental Sedation Assistant, Registered Nurse, Certified Registered Nurse Anesthetist, or Other.
- (4) The form shall state that this information shall not be considered an admission of guilt, but is for educational, data, or investigative purposes.
- (5) The board may assess a penalty on any licensee who fails to report an instance of an adverse event as required by this subdivision. The licensee may dispute the failure to file within 10 days of receiving notice that the board had assessed a penalty

against the licensee.

83 **Form to Report Sedation Incident**

- On Dental Board Site
- https://www.dbc.ca.gov/formspubs/form_courtesy_hospitalization.pdf
- Go to DBC site type in Form Anesthesia Death and Hospitalization

84 **Anesthesia or Death Form**

85 **Anesthesia or Death Form**

86 **Anesthesia or Death Form**

87 **Anesthesia or Death Form**

88 **Criminal History**

- CCR: §1007, Must Respond to BD request for Criminal History w/n 30 days. Provide Docs
- At Renewal : Must Disclose
 - Any Conviction, no-contest plea or expungement, of any Violation of Law
 - Anywhere
 - Except Traffic Less than \$1,000
 - Include Traffic Involving ETOH, Dangerous Drug, or Controlled Rx
 - Any Disciplinary Action Against Any License
 - Any Investigation of any License

89 **Failure To Pay Taxes**

- Effective July 1, 2012, the Dental Board of California is required to deny an application for licensure or suspend a license, certificate, or registration if a licensee or applicant has *outstanding tax* obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000. *Business and Professions Code 494.5*

90 **Licensure**

License Display – the name and license status of each licensee must be on a name tag in at least 18-point type or the person's License can be prominently displayed

91 **COVID License Renewal**

- July 2021: Electronic renewals replace mail
- 24 — 48 hr. approval (mail: 4-6 wks)
- Will NOT receive renewal notice by mail
- WILL receive renewal reminder postcard — 90 days before expiration date (for each permit or license held)
- Set up BreEZe account early: www.BreEZP.ca.gov
- (916) 263-2300 or dentalboarelPdca.c.Lgov
-

92 **Exemptions B&P §1626**

- Oral Surgery By Permitted MD
- Students In School
- Instructors – Licensed Elsewhere
- Demo Lecture If Approved By DBC
- During License Exam
- Military – Only Need License in Any State

93 **Renewal of License**

- CE Every Two Years (CCR §1015-17)
- DDS, 50 Units
- RDA, 25 Units
- Sedation DA, 25 Units
- ORTHO DA, 25 Units
- RDH, 25 Units
- RDEF, 25 Units
- RDHAP, 35 Units
- Instructor
 - Credit For
 - Teaching

94 **DPA and IC for DA
B&P §1750(c) 1/1/2010**

- Supervising DDS must assure all DA
- Hired After 1/1/10
- Continuous Employ for + 120 Days
- Completed with a year:
 - BLS/CPR
 - Infection Control Course (New 1X 8 hour course)
 - Dental Practice Act Course (1X)
 - *** One time requirement, not every 2 years
 - But must remain BLS training continuously

95 **Basic Life Support**

- (a) An American Heart Association (AHA) or American Red Cross (ARC) course in Basic Life Support (BLS) or,
- (b) A BLS course taught by a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE).
- Airway Protocols, Adult and Pedo -Deaths

96 **CE Specifics (CCR §1016, §1017)**

- Primarily for Patient Benefit – 80% OF ALL CE

- Mandated Courses
 - Infection Control – 2 Units
 - Dental Practice Act – 2 Units
 - Basic Life Support
- Units of Instruction
 - 1 Unit = 1 Hour, Max 8 Units/Day, By DBC Approved Providers
- Delivery
 - Traditional Lecture, Live By Phone/Video
 - Approved by DBC, ADA, CERP and AGD PACE
 - Not Live = Tape Recording, Home Study, Video, Computer
 - Must Be Pre-approved By CDB
 - Max 50% of Credits – CV 19 Exception
- Records – 6 (3X Renewals) YRS CCR §1017(n) – Ideal 7 Years – IRS Audit

97 **Dental Board and C.E. Audits**

- The Dental Board of California is currently in the process of auditing random dental practices to ensure that licensees are meeting the continuing education (C.E.) requirements necessary for license renewal.
- Over the last year, the dental board has been auditing approximately 60 dentists per month. (Less with CV 19) Two issues identified during these audits are that licensees are unable to produce the appropriate certificate of completion for C.E. courses, and licensees are taking classes that are not dental related.

98 **Courses In The Actual Delivery Of Dental Services To The Patient or The Community**

99 **Other Non-Mandated for Patient**

- (A) Courses in *preventive services, diagnostic* protocols and procedures (including physical evaluation, radiography, dental photography) comprehensive treatment planning, charting of the oral conditions, informed consent protocols and recordkeeping.
- (B) Courses dealing primarily with *nutrition* and nutrition counseling of the patient.
- (C) Courses in *esthetic, corrective* and restorative oral health diagnosis and treatment.
- (D) Courses in dentistry's role in individual and community health *emergencies, disasters, and disaster recovery.*

100 **Other Non-Mandated**

- (E) Courses that pertain to the legal requirement governing the licensee in the areas of auxiliary employment and delegation of responsibilities; the Health Insurance Portability and Accountability Act (*HIPAA*) and actual delivery of care.
- (F) Courses pertaining to federal, state and local regulations, guidelines or statutes regarding *workplace safety, fire and emergency, environmental safety, waste disposal and management, general office safety, and all training requirements set forth by the California Division of Occupational Safety and Health (Cal-DOSH) including the Bloodborne Pathogens Standard. [OSHA]*

- (G) Courses pertaining to the administration of general *anesthesia*, conscious sedation, oral conscious sedation or medical emergencies.

101 **Other Non-Mandated**

- (H) Courses pertaining to the evaluation, selection, use and care of dental instruments, sterilization *equipment*, operatory equipment, and personal protective attire.
- (I) Courses in dependency issues and *substance abuse* such as alcohol and drug use as it relates to patient safety, professional misconduct, ethical considerations or malpractice.
- (J) Courses in behavioral sciences, behavior guidance, and patient management in the delivery of care to all populations including *special needs, pediatric and sedation patients* when oriented specifically to the clinical care of the patient.
- (K) Courses in the selection, incorporation, and use of current and *emerging technologies*.

102 **Other Non-Mandated**

- (L) Courses in cultural competencies such as *bilingual dental* terminology, cross-cultural communication, provision of public health dentistry, and the dental professional's role in provision of care in non-traditional settings when oriented specifically to the needs of the dental patient and will serve to enhance the patient experience.
- (M) Courses in dentistry's role in individual and *community health* programs.
- (N) Courses pertaining to the legal and ethical aspects of the *insurance industry*, to include management of third party payer issues, dental billing practices, patient and provider appeals of payment disputes and patient management of billing matters.

103 **No More than 20% of Courses**

104 **Primarily for Benefit of the Licensee**

Courses Directly Related To The Practice of Dentistry vs. Patient Care

105 **Examples:**

- (A) Courses to improve *recall and scheduling* systems, production flow, communication systems and data management.
- (B) Courses in *organization and management* of the dental practice including office computerization and design, *ergonomics*, and the improvement of practice administration and office operations.
- (C) Courses in *leadership development* and team development.

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- (C) Courses in *leadership development* and team development.

114 **Examples:**

- (D) Coursework in *teaching* methodology and curricula development.
- (E) Coursework in *peer evaluation* and case studies that include reviewing clinical evaluation procedures, reviewing diagnostic methods, studying radiographic data, study models and treatment planning procedures.
- (F) Courses in *human resource management* and employee benefits.

115 **Additional CE Requirements**

- Conscious Sedation; 15 Units/2yrs
 - General Anesthesia; ACLS Course
 - Oral Conscious Sedation 7 Hours/2yrs
 - *Permit Holders Can Apply For Credit*
 - Full Time Course May Get Credit
 - N/A for 2 years After 1st get License
- Fees (B&P §1725)
- 30 Grace Period (B&P §1718)
 - Re-exam At 5 Years, but 1 Yr for Disabled

116 **Infection Control RDA & RDAEF**

- 8 Hour Infection Control Course
- 1x Time
- With in 1 year of Employment
- Only Approved Course
- Effective 1/1/10

117 **Required Permits**

Additional Office
 Conscious Sedation
 Extramural Dental Facility – Schools
 Elective Facial Cosmetic Surgery
 Fictitious Name*
 General Anesthesia
 Mobile Dental Clinic
 Oral Conscious Sedation – Adult and Minors
 Oral & Maxillofacial Surgery

Referral Services – B&P 650

Special Permit - Teaching

118  **Notice To Board Of Incident (B&P §800-809)**

- Conviction Of A Crime - Unprofessional Conduct By PD/DA/AG
- Payment In Excess Of \$10,000 By Carrier (§801)
- Payment In Excess Of \$3,000 By Doctor (§802)
- Payment In Excess Of \$10,000 By Clinic
- Judgments In Excess Of \$30,000 By Court (§803)
- Report By Carrier or Plaintiff /Attorney (§801f)
- Written Consent of Dentist for Settlement (§801)

119  **Unlicensed DDS as RDA or RDH**

- Suspended License (B&P§1680 b)
- Foreign License (B&P§1680 c)
- Absolutely Prohibited
- Strict Liability
- Defense: Documentation Mandate
 - Diploma, Certificate, License, CE

120  **Practical Effect**

- License Sanction – Can't Get One Later
- Potential for Forced Refund of Fees
- Can't Get Licensed While Case Still Pending
- Presumption of Malpractice for Complication
- Criminal Penalties

121  **Revocation (B&P §1670)**

- Unprofessional Conduct (B&P §1680-5)
- Repeated Acts of Negligence
- Gross Negligence
- Incompetence
- Conviction of A Crime (B&P §1670.1)
 - Felony, Misdemeanor (Moral Turpitude)
 - Mandatory Reporting at Renewal

122  **Discipline**

- Sentencing Guidelines CCR §1018
 - Admissions
 - Revocation - Stayed
 - Probation 3-7 yrs
 - Suspension 1-4 wks
 - Fines/Cost \$500 - \$35,000 – Not Insurable
 - CE on Subject – Not Count Toward 25/50 Units

123 **Substance Abuse/Sales**

- Abuse of Controlled Substance
- Forging Rx
- Criminal Conviction Regard Drugs
 - Selling
 - Distribution
 - DUI with Injury

124 **[DBC Diversion]**125 **Rehabilitation-Diversion (B&P §1695-9)**

- Reporting Immunity
- Registration – License Status
- Confidential Mandate
- Completion: Records Destroyed; No Subpoena
 - (B&P §1698)
- Termination Due To Failure To Comply
 - (B&P §1697)

126 **Scope of Practice**

- DENTIST DEFINED (B&P §1625)
- The diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of mal-positions of the human teeth, alveolar process, gums, jaws, or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation.

127 **Practice of Dentistry**

- Includes management or conducting as manager, proprietor, conductor, lessor or otherwise a place where dental operations are performed.
- New argument any management of practice by non dentist may equal violation of DPA. Significant impact of Dental Service Organizations managing practices.
- Question raised as to acceptable scope of actions of non dentists
- Operations of office vs. clinical practice.

128 **Scope of Practice**

- Dental Manager acting as DDS
 - Controls DDS, RDH
 - 1st Presents Diagnosis to Patient, before DDS
- Staff Doing DDS Work
- Medications (B&P §1681)
 - Non-Dental
 - Self Rx (Schedule 2,3)

129 **Providing Covid 19 Vaccine**

- Waiver of scope of dental practice for Vaccine
- Trained dentist may administer Covid vaccine
 - required training courses :
 - COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers (0.5h)
 - Pfizer-BioNTech COVID-19 Vaccine: What Healthcare Professionals Need to Know (0.5h)
 - What Clinicians Need to Know About the Pfizer-BioNTech and Moderna COVID-19 Vaccines (1h)
 - What Every Clinician Should Know about COVID-19 Vaccine Safety (1h)

130 **Botox & Injectable(s)**131 **Boxtox Policy 4-8-19**

- *"The Board has concluded, however, that most general dentists understand how to incorporate the use of Boxtox and dermal fillers into the delivery of dentistry in compliance with the Dental Practice Act. Providing these services would be no different than providing other cosmetic services as part of a dental treatment plan. Clearly some orthodontic services are primarily cosmetic, as are some prosthetic services, and restorations. The Board, only on rare occasions, receives inquiries from licensed dentists regarding this issue. "*

Fran Burton, MSW
President
Dental Board of California

132 **Oral Meds (B&P §1647.10-15)**

- Law as of 1/6/00 [B&P §1647.7]
- Certification Required For Use Of Oral MEDS – Minors – Under Age 13
N/A If Already Have GA/CS Permit
- Document 10 Cases Over 3 Years
Take 25 Hour Approved Course
7 Hours CE Oral SED/2YRS

133 **Oral Meds (B&P §1647.18-25)**

- Adult Rules For O.C.S. as of 10/05
- Not Home, Only for Office Use
- Must Register With DBC
 - Prove Training + 7 HRS
 - 10 Cases - Grandfathered

134 **Place of Practice (B&P 1650)**

- Multiple Offices OK - B&P §1658.1

- Registration of Each with DBC (1650)
- Owner Must Accept Legal Responsibility for Each Office.
- Posting Names of All DDS At Office (§1700d)
- Must Post Name of Owner

135  **Corporations**

- Nature of The Entity – Must Document
- Protection For The Conduct of Others
- Claim/Incident May Not be Insurable-Insurance for entity required
- Annual Report (B&P §1803)
- Name = DDS (B&P §1804)
- Violation of Regulations = Unprofessional Conduct
 - (B&P §1807) Revocation Risk

136  **Not Applicable**

- Exams on Temporary Basis
 - Outside of Office
 - Health Fairs
 - School Screenings
 - Supplemental Programs Administered in a School or Pre-School Setting
 - Fluoride Mouth Rinse Programs

137  **Posting Requirement - Duties (CCR §1068)**

- Posters
- Must Post Dental Auxiliaries
- OSHA - Fines
- Worker's Comp
- *Posting of Dental Auxiliary Duties* – all dentists utilizing the services of dental auxiliaries shall post a notice in a common area of the office which delineates duties and functions deemed by the board as delegable within stipulated settings and/or circumstances. Such notice shall be readily accessible to all individuals under supervision of the dentist.

138  **New DDS/RDA Poster/Notice Law**

- Section CCR §1065. Notice to Consumers of Licensure by the Dental Board.
(a) 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. The notice shall include the following statement and information:

139 

NOTICE

Dentists are licensed and regulated by the Dental Board of California

(877) 729-7789

www.dbc.ca.gov

140 **New RDH Poster/Notice Law**

- B&P Section §138. Notice to Consumers of Licensure by Dental Hygiene Committee of California
- Licensees must provide notification to their patients that they are licensed by the DHCC
 - Post sign – 48 Arial point type, or
 - Signed letter in file that patient was informed, or
 - On letter head 14 point type

141

NOTICE TO CONSUMERS

Dental Hygienists are licensed and regulated by the Dental Hygiene Committee of California

(916) 263-1978

www.dhcc.ca.gov

142 **Poster/Notices Rules**

- Post in Waiting Room
- Only Has to be in English (For Now)
- OK other Languages Also
- Applies to Hospitals and Clinics
- Just as the Sign Says, Nothing More
- Still Post Names of DDS (B & P 1700)

143 **Required Employee Posters**

- Anti-Harassment
- EEOC
- Min Wage
- Pay Day
- Polygraph
- Pregnancy Disability Leave
- Time off to Vote
- Radiation Protection
- Unemployment
- Whistleblowers

144 **Dental Auxiliaries**

- Selection
- Management
- B&P §1740-1777

145 **Exam Before RDH Treatment or Any Treatment**

- No Treatment By Anyone B4 Patient is of Record.
- Defined: Medical/Dental Hx, Examined by DDS, and Diagnosed and Written Treatment

Plan. B&P §1684.5

- Exceptions: Only After Preliminary Exam by DDS
 - Emergency X-Rays Ordered by DDS
 - Extra Oral Duties Ordered by DDS
 - Mouth Mirror Inspection, Charting Obvious Lesions, Malocclusions, Existing Restorations, and Missing Teeth

146 **Not Applicable**

- Exams on Temporary Basis
 - Outside of Office
 - Health Fairs
 - School Screenings
 - Supplemental Programs Administered in a School or Pre-School Setting
 - Fluoride Mouth Rinse Programs

147 **General Supervision (B&P §1741d)**

- Instructions by DDS not requiring presence

148 **Exam Before RDH Treatment or Any Treatment**

- No Treatment By Anyone B4 Patient is of Record.
- Defined: Medical/Dental Hx, Examined by DDS, and Diagnosed and Written Treatment Plan. B&P §1684.5
- Exceptions: Only After Preliminary Exam by DDS
 - Emergency X-Rays Ordered by DDS
 - Extra Oral Duties Ordered by DDS
 - Mouth Mirror Inspection, Charting Obvious Lesions, Malocclusions, Existing Restorations, and Missing Teeth

149 **Law – Direct Supervision Change**

- Not Required to See Patient
 - B&P §1088 Repealed
 - Definition B & P 1067 Direct supervision = supervision based on instructions given by licensed dentist who must be physically present in facility during the performance of the procedure
- Controversy: Quality of Care? Few Claims
- Exceptions: Procedure Specific Statutes

150 **Table of Permitted Duties**

•

https://www.dbc.ca.gov/formspubs/pub_permitted_duties.pdf

CDA Table including hygienists

https://www.cda.org/Portals/0/practice_support/regulatory_compliance/table-of-permitted-duties.pdf

Hygienists alone
 Title 16. Professional and Vocational Regulations
 Division 10. Dental Board of California
 Chapter 3. Dental Auxiliaries
 Article 5. Duties and Settings
 16 CCR § 1088

151 **Table of Permitted Duties**

– DENTAL ASSISTING TABLE OF PERMITTED DUTIES The following is a table of duties which Dental Assistants (DA), Orthodontic Assistants(OA), Dental Sedation Assistants (DSA), Registered Dental Assistants (RDA) and Registered Dental Assistants in Extended Functions(RDAEF) are allowed to perform in California. This table is intended to provide summary information to interested parties. It is not intended to cover all aspects of applicable laws or provide a substitute for reviewing the laws that are cross-referenced below. It is highly recommended that applicants and licensees review the actual text of the laws cited at the link provided below. If a duty is not listed in the sections of law cited below, assistants are NOT allowed to perform the duty. Under each category of assistant is one of the following notations: "D", "C", "G" or "DD".

152 **Table of Permitted Duties**

- "D" = the assistant may perform the duty under the Direct supervision of a dentist, which means 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 duty must be performed pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures must be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist. Table says this but no longer required
- "G" = means that the assistant can perform the duty under the General supervision of a dentist, which means based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures.
-
- "DD" = The supervising licensed dentist shall be responsible for determining whether each authorized procedure performed by a registered dental assistant should be performed under general or direct supervision, except as provided in Section 1777.

153

154

155 **Treatments Defined (CCR §1067 & 1086)**

- ORAL PROPHYLAXIS:
 - "... complete removal of explorer-detectable calculus, soft deposits, plaque, stains and smoothing..." By RDH or Dentist Only

- CORONAL POLISHING:
 - "... removal of plaque and stain from exposed tooth surfaces, utilizing...rubber cup or brush..."
 - By RDA
 - Under direct supervision

156 **Treatments Continued RDH functions**

- ROOT PLANING:
 - "... unattached surface of the root ... made smooth ... no flap unless RDHEF..."
Ok for RDH under general supervision
- PERIODONTAL SOFT TISSUE CURETTAGE:
 - "... closed removal of tissue ... without flap ..."
 - *Only ok if done by RDH under direct supervision and completion of course submitted to Board*

157 **Duties: (CCR §1088)**

- GENERAL SUPERVISION
 - Root planing, polish and contour, oral exfoliative, sealants, pre-exam for perio charting, soft tissue, lesions, occlusion class, myofunctional evaluation
- DIRECT SUPERVISION
 - periodontal curettage, local anesthesia, N2O (all with approved training)

158 **Misc. Dental Practice Acts**

159 **Insurance Issues**

- Excessive Treatment (Not Documented)
- Discouraging Treatment (B&P §1685)
- *Wickline* Case: Recommend Regardless of Insurance
- Advise of Appeal Process

160 **Abandonment Without Notice (B&P §1680u)**

- Financial Limitations
 - No Threat, No Withhold Work
- 30 Days Written Notice
 - Letter, or
 - Fax – Home Not Work
- See only for Emergency for 30 Days
- Advise of Need for Care Elsewhere
- Managed Care Agreements - Exceptions

161 **Confidentiality (CC 56) H&S §123135 & HIPAA**

- Telephone
- Reception
- Placement
- Office Systems

- FAX Placement
- Self Audit

162 **Social Media**

- Not Private
- Not Secure
- Never Assume Otherwise
- Violation of Duty of Confidentiality CC §56
- Facebook, My Space, Twitter, etc.
 - Avoid “Friending” patients.
 - Bright Line Between Personal and Professional

163 **Medications**

- Schedule 2; Name, Address, Date
- Character, Quantity, Pathology and Purpose (H&S §11190)
- Note: Hydrocodone – Schedule II
 - No Call In
 - No Refill
 - CURES

164 **RX Law**

- Law Requires Assigned Numbers to all Rx
- AB 149 delays the requirement for prescription forms with uniquely serialized numbers until a date to be determined by DOJ but no later than January 1, 2020;

165 **Rx Laws**

- Jan 1, 2022: E-prescriptions required
- BUT have paper back-up
- Serial number is not reported on an e-prescription. The Electronic Prescription Reference Number is reported on an e-prescription.

166 **Records**

- Statutory Requirements
- Defined; Hx, Cx, Dx, Tx (H&S §123105)
- Signature (B&P 1683)
- Preservation
- Medications, 3 Years (H&S §11191)
- Medi-Cal, 3 Years (W&I §14124.1)
- Recommendation: At Least 10 Years from Last Tx
- Exception: Implants, Last 30yrs?

167 **Records**

- B&P §1683

- Sign Name In Chart or;
 - ID # and Initials
 - Next to Service Performed
 - Dated
 - Owner Must Assure Compliance
- 168 **Records: Copies To Patient (H&S §123105-110)**
- Summary if Voluminous (H&S §123130)
 - Minors Confidentiality From Parents (H&S §123115)
 - Patient ETOH Abuse Confidential (H&S §123125)
 - Electronic Records (H&S §123149)
 - Can't Limit Due To \$ Owed
 - Can Charge for Copies, \$0.10 Not Professional Fee
- 169 **Failure To Produce Records**
- Mandate §1684.1(a) W/N 15 Days Of DBC Request
 - \$250/Day Fine, Max \$5,000
 - Same For Clinic
 - \$1,000/Day If Court Ordered
 - Also Misdemeanor \$5,000 Fine
- 170 **Electronic Records (H&S §123149)**
- Back-up, Off Site Storage
 - No Alteration
 - Electronic Signature
 - Confidential; Internet
- 171 **Digital Privacy Laws**
- EMR Must be encrypted
 - If Not, and Lost, Must advise and all Patients
 - CC §1789.82, §1789.84 and HIPAA HITECH Law
 - Data Breach: Name + DL, SS, or Ins. ID
- 172 **CURES 2.0 Law**
- Controlled Substance Utilization Review and Evaluation System
 - 1) Requires all California licensed prescribers authorized to prescribe scheduled drugs to register for access to CURES 2.0 by July 1, 2016 or upon issuance of a DEA Controlled Substance Registration Certificate, whichever occurs later. California licensed pharmacists must register for access to CURES 2.0 by July 1, 2016, or upon issuance of a Board of Pharmacy Pharmacist License, whichever occurs later.
 - Prescriber will be Required to Consult CURES 2.0
 - Exception: In office Rx, <5day supply, no refill.
 - Must Check CURES 2.0 Every 4 months During Continuous Treatment
 - Pull Data within 24 hours of Rx

- Data Confidential

173 **Alteration of Records**

- Spoliation
- Evidence
- Sanctions
- Coverage Issues

174 **Practical Requirements**

- Standards of Care
- Style: S. O. A. P.
- Content
- Legibility
- Forms
- Educational Material
- Electronic Future

175 **Advertising**

- Deceptive Advertising (§1680h)
 - Advertising Guarantee Result or (§1680l)
 - Advertising Painless
 - Discounts not deceptive show non discounted and discounted fee, need verifiable fee
 - Pictures if show example of results comparison must be your work
 - Can't advertise superiority

176 **Unprofessional Conduct**

- Obtaining Fee by Fraud or Misrepresentation (BP 1680a)
 - Billing under name of non treating dentist
 - Waiving copay
 - Billing for treatment not performed
 - Balance billing when not allowed

177 **Fee Splitting**

- B&P 650
- Cannot give consideration for any referral for treatment
 - No gifts or rebates to referring dentist
 - No bonus to staff for referral
 - No sharing fees for referral (sleep medicine share with MD for patients seen)
 - Pay for sleep study interpreted by other provider
 - Can give sports, theatre tickets, lunches etc. as marketing but not tied to specific referrals

- Group on ok B & P 650 (g) the payment or receipt of consideration for advertising, wherein a licensee offers or sells services through a third-party advertiser, shall not constitute a referral of patients when the third-party advertiser does not itself recommend, endorse, or otherwise select a licensee.

178 **Failure To Use Infection Control CCR §1005**

B & P 1680 (ad)

- OSHA Sets Standard of Care
- Workers Compensation
- Fear of Disease
- For Everyone!

179 **Infection Control Standards**

- Many Recommendations for Covid Compliance
 - OSHA recommendations Special Guidance for Dentistry
<https://www.osha.gov/coronavirus/control-prevention/dentistry>
 - Screening
 - PPP
 - Engineering and Administrative Controls
 - Safe Work Practices-sterilization and disinfection aerosol control

180 **Infection Control Guidelines**

- CDC Requirements
 - Guidance for Dental Settings
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>
 - Triage—EE sick leave—Response to Exposure—
 - Use of PPE—social distancing –patient scheduling– local control mouth rinse—ventilation –aerosol collection devices—disinfection--disposal of PPE

181 **Reporting Symptoms**

- If patient or EE reports symptoms
 - Test to determine if positive diagnosis
 - Positive diagnosis inform patient and staff of those with close contact
 - Recommend quarantine
 - If 3 or more employees infected within 14 days report to local Health Department
 - Inform all employees of patient or employee illness within one day

182 **Reporting Symptoms of Covid**

- Required Reporting
 - To Local Health Dept. if 3 or more EES test positive within 14 days
 - To OSHA any serious illness or injury within 8 hours
 - Workers comp carrier positive test
- EE Management
 - Stay home if exposure or positive test

– Return 10 days post symptom onset or positive test and 24 hours after fever resolution without meds

-
-
-
-

183 **Other Guidelines**

- ADA Toolkit
- CDA Recommendations
- Recommendations Differ
 - All Can be Enforced
 - All Guidelines are Source of Standard for Required Protection
 - Must comply with most stringent of any guidelines if there is a conflict in recommendations

184 **“Care Credit Rules”**

Laws on Open Ended Credit Accounts

1/1/10 B&P §654.3 and H&S §1395.7

- 1) Written Treatment Plan
- 2) Written Estimate of Costs
- 3) Timely Refund Payment
- 4) Notice of Patient’s Legal Rights

185 **Mandated Agreement**

- *(d) A licensee, or an employee or agent of that licensee, shall not arrange for or establish credit or a loan extended by a third party for a patient without first providing the following written or electronic notice, on one page or screen, respectively, in at least 14-point type, and obtaining a signature from the patient:*

186

187

188 **Rules**

- The treatment plan shall include each anticipated service to be provided and the estimated cost of each service.
- Communicates primarily in a language other than English that is one of the Medi-Cal threshold languages, unless the written notice information required by subdivision (d) is also provided in that language.

189 **Rules**

- (g) A licensee, or an employee or agent of that licensee, shall not arrange for or establish credit or a loan that is extended by a third party for a patient who has been administered or is under the influence of general anesthesia, conscious sedation, or

nitrous oxide.

190 **Overpayments**

- Refund: 30 Days For Patient Request (B&P §732)
-
- Refund: Knew or Should Have 90 Days Notify; Refund In 30 Days

191 **Dental Materials; Fact Sheet (B&P §1648.10)**

- Information
- Posting
- Acknowledgement - Ideal
- 3 Languages
 - English
 - Spanish
 - Mandarin
- Chart Delivery of Form

192 **Mercury Notice – Prop 65**

- Nature of The Requirement
- Posting – 10 or More Employees
- Liability Potential
 - Negligence
 - Evidence Code 669 Violation

193

194 **Amalgam Separator**

- Required ? Yes as of 7/14/20
- Replace Old Ones by 6-14-27

195 **N2O Use Notice**

- Nitrous Oxide Added To Prop 65 List
- IF 10 or More Employees, Must So Post In Waiting Room
- As of 8-1-09
- H&S Code §25249.6
- 8 1/2 x 11 Size
- Only English for Now

196

197 **Prop 65 PBA Notice (New 2016)**

- PBA Added to Proposition 65 List
- If 10 or More Employees, Must so Post in
- Waiting Room
- As of 1-1-2016

- 8 ½ x 11 Size
- Only English for Now
- Up to \$2,500/day for violation

198 NOTICE TO PATIENTS

PROPOSITION 65 WARNING: BISPHENOL A (PBA) is Chemical present during the application of some composite fillings and sealants is known to the State of California to Cause Cancer or Reproductive Toxicity.

Consult Your Dentist to Determine Which Materials are Appropriate for Your Treatment

199 **Mandatory Sexual Harassment Prevention Training**

- All Offices with 5 or More Employees
 - In a Dental Corp. Typically Owner is an Employee
 - Census Includes Part-time, Temporary, and I/C (Dynamex Case)
- Mandatory 2 hrs. Prevention Training All Managerial Employees
- Mandatory 1 hr. Prevention Training All Other Employees
- All DUE by 1/1/20
- Repeat Thereafter Every 2 years
- New Employees w/n 6 mos. of Hire or Promotion to Managerial
- Can be on Line or Live
- Lateral Hires can prove Prior Compliance – Document
- New Businesses have 6 months to Comply

200 **MSHPT Records Requirement**

- Name of Supervisor Trained
- Date and Type of Training
- Attendance Sign-In
- Certificates of Completion
- Copies of Materials Used
- Trainer's Name
- DEFH Must Provide 2 Interactive Online Training Programs
- Government Code section 12950.1

201 **Sexual Misconduct CCR 1018**

- New Law: Conviction or ALJ Findings of Sexual Misconduct must result in Revocation, not stayed and probation. License Sanction for Registered Sex Offenders

202 **Transgender Rights Poster**

- Must Post as of 1-1-18
- 5 or more Employees

- Must be conspicuously displayed where they can be easily seen and read by all employees and job applicants.

203

204 **Intimacy**

- Prohibited Unless Married (B&P §726)
- OK Recognized or Domestic Relationship
- A Continuing Source of Claims
- Exam – Tray, Napkin?
- Alone with Patient
- Out of Office Contacts

205 **Risk Recognition**

- Understand
- Plan
- Practice
- S l o w D o w n

206 **When You Take a Time Out**

Good Things Will Happen