Washington November 2019

Dental Quality Assurance Commission Newsletter

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Washington State Department of Health

DOH 646-175 November 2019

Hot Topic

Dental Infection Control Rules

The Dental Quality Assurance Commission (commission) is proposing amending existing rules and establishing new rule sections in WAC 246-817-601 through -660 for dental infection control standards. The commission evaluated the Centers for Disease Control and Prevention (CDC) Guidelines for Infection Control in Dental Health-Care Settings 2003, MMWR Vol. 52., No. RR-17, and the Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care, March 2016 as the basis for the proposed rules development. Case reports and public health events regarding the transmission of diseases from patient to patient, dental health care provider to patient, and patient to dental health care provider have

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Dental Hygiene Rule Update

The Dental Quality Assurance Commission (commission) adopted rule amendments updating the listing of allowable duties a dentist may delegate to a licensed dental hygienist under general supervision. The commission considered a petition for rulemaking in July 2017 to allow dental hygienists to perform certain tasks under general supervision that are typically completed by dental assistants under close supervision. 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.

A licensed dental hygienist has appropriate education and training to competently perform the tasks in the rule amendments after a dentist has examined and diagnosed the patient, and has provided subsequent instructions to be performed without the dentist physically present in the office. Additionally, several tasks in the rule amendments may provide more opportunities for teledentistry when a dentist is not required to be on site. This will allow a dentist and dental hygienist to provide dental care to patients unable to be physically in the dental office.

The commission adopted the rule amendments by adding the following 17 tasks to WAC 246-817-550 Acts that may be performed by license dental hygienists under general supervision.

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Find current dental prevention control rules here:

WAC 246-817-601
WAC 246-817-610
WAC 246-817-620
WAC 246-817-630

Access all dentistry laws here:

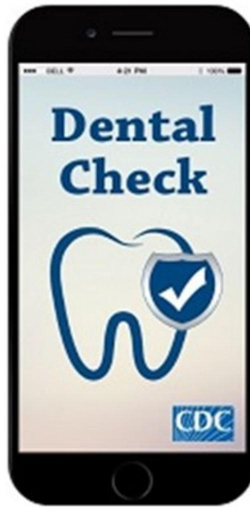
RCW 18.32
WAC 246-817
RCW 18.260
RCW 18.350
RCW 18.130
WAC 246-12
WAC 246-16
RCW 70.02

Infection Prevention Program

by Patricia Montgomery, RN, MPH, CIC, Department of Health

The Washington Dental Quality Assurance Commission is finalizing rules to update requirements for infection control everywhere dentistry is provided in Washington. The Infection Control Committee, chaired by Dr. David Carsten, has led this effort. It has included numerous engaged stakeholders.

The requirements will be new in Washington; however, they incorporate the Centers for Disease Control and Prevention (CDC) 2003 Guidelines for Infection Control in Dental Health-Care Settings (updated in 2016). Stakeholders have expressed concern that many dental offices are practicing below acceptable standards of infection control even under current rules. As the rules are being finalized, this is the opportune time to start looking at your office's infection prevention program to see how it measures up. This article will describe how you can establish a baseline, develop expertise, and begin to evaluate your program.



Evaluating your program may seem overwhelming at first, but new resources are available to help you. The CDC Oral Health Division (website) and the Organization for Safety and Asepsis (OSAP) (website) are two excellent organizations that publish many free resources. In 2016 CDC published Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care along with an Infection Prevention Checklist for Dental Settings. The checklist is available as a fillable PDF and as a mobile application called CDC DentalCheck Mobile App. Establish a baseline by using either the app or checklist to assess practices in your clinic. The checklist is in two sections. Section I focuses on policies and procedures. Section II includes tools to perform direct observations of practice. Don't be surprised if you find opportunities for improvement. The good news is that many can be easily fixed. Appendix C of the 2016 Summary document provides a list of comprehensive resources by topic area.

Although everyone in your clinic is responsible for infection prevention, CDC recommends identifying one person to develop expertise in this area. A dentist may

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Purpose Statement

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.

Dental Hygiene Rule Update

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- Take intra-oral and extra-oral photographs.
- Give preoperative and postoperative instructions.
- Give fluoride treatments.
- Place and remove the rubber dam.
- Sterilize equipment and disinfect operatories.
- Place retraction cord.
- Take a facebow transfer for mounting study casts.
- Fabricate and deliver bleaching and fluoride trays.
- Fabricate, cement, and remove temporary crowns or temporary bridges.
- Place a temporary filling (as zinc oxide-eugenol [ZOE]) after diagnosis and examination by the dentist.
- Remove the excess cement after the dentist has placed a permanent or temporary inlay, crown, bridge or appliance, or around orthodontic bands.
- Pack and medicate extraction areas.
- Place periodontal packs.
- Remove periodontal packs or sutures.
- Select denture shade and mold.
- Place and remove orthodontic separators.
- Select and fit orthodontic bands, try in fixed or removable orthodontic appliances prior to the dentist cementing or checking the appliance.

A licensed dental hygienist may currently perform all the above tasks under close supervision. The proposed rule amendments would allow a licensed dental hygienist to perform the tasks under general supervision.

At the rule adoption hearing, the American Association of Orthodontists (AAO) opposed including (32) Place and remove orthodontic separators and (33) Select and fit orthodontic bands, try in fixed or removable orthodontic appliances prior to the dentist cementing or checking the appliance. Additionally, licensed dental hygienists expressed support that some of the orthodontic tasks are suitable under general supervision.

The commission determined items 32 and 33 would remain in the rule as the commission agrees there is a low risk to patient safety when completing these tasks. The commission will consider modifying items 32 and 33 and other orthodontic tasks in future rulemaking.

The updated list of allowable tasks under general supervision is effective October 5, 2019.

Find the complete dental hygiene rule WAC 246-817-550 here on the legislative website.

Learn more about the CR103 filed as WSR 19-18-095

To view the updated delegation matrix, visit our website.

Dental Infection Control Rules

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been published that demonstrate risk that was either unrecognized in the past or is new. This includes people accompanying patients and visitors. A strong educational component is necessary to prevent disease transmission.

The proposed infection control rules incorporate many of the CDC recommendations, including:

- Written policies and procedures with annual staff training;
- Sterilization of low-speed hand-piece motors;
- Sterilization of single-use items when appropriate;
- Storage and wrapped packages, container, or cassette requirements;
- Identification of appropriate disinfectants;
- High-volume evacuation; and
- Water line testing.

The primary intent of the proposed rule development is the safety of the citizens of the state of Washington. Antibiotic-resistant bacteria persistent on surfaces or skin are becoming more common and more dangerous. The proposed rule development is based on science, research, and best industry practice. As of 2019, 30 state dental boards already require that dental health care providers follow the CDC guidelines; the commission determined that it is reasonable for Washington state-licensed dentists and dental health care providers to follow these well-tested guidelines as requirements for infection control and prevention in the dental practice setting.

The commission approved proposed rule language on September 13, 2019 to continue with finalizing the rules. A CR102 proposed rule making will be filed to set a rule hearing date, anticipated for March 6, 2020. The commission will determine on that date whether to adopt the proposed rules. If adopted, a CR103 rule-making order will be filed. This determines the rules effective date, 31 days after filing of the CR103.

Access the complete proposed infection control rule here on our website.

Please send comments regarding proposed rules to Jennifer Santiago at jennifer.santiago@doh.wa.gov.

Learn more about the CDC infection control guideline here.

Reader Input

The commission is looking for reader input.

If you want to read about something specific, please let us know.

Infection Prevention Program

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delegate this role to another member of the team but is still responsible for the program. Whomever takes on this role will need training. An excellent three-day infection control boot camp is offered through OSAP every January. The training is geared toward educators, compliance officers, and infection control coordinators in busy dental practices. Your staff will also be required to complete infection prevention training. OSAP has published many training materials, including this free webinar series. CDC provides Training: Basic Expectations for Safe Care, a series of 10 training modules along with speaker notes you can use to educate and train infection prevention coordinators, educators, consultants, and other dental health care personnel. OSAP is working on developing a certification in dental infection control expected 2020.

You will likely find areas where you need to improve but you can't do everything at once. Consider which practices are most likely to expose patients and staff members to body fluids. Begin there. Certain infection prevention and control lapses (e.g., re-use of syringes on more than one patient, sterilization failures) can result in bloodborne pathogen transmission. You should immediately take measures to address the lapses. These lapses are reportable to the dental commission and local public health. Prioritize attention to deficiencies identified in high risk areas such as instrument reprocessing and water management.

Need help?

Since 2015 the Washington State Department of Health, Healthcare-Associated Infections Program has offered complimentary infection prevention program assessments to hospitals, outpatient clinics, dialysis centers, and long-term care facilities. In 2018, our program received funding from CDC to provide assessments in dental clinics using the dental checklist. An experienced infection preventionist who is certified in infection control provides the assessment. The consultative visit takes two to three hours, and can be performed when it is convenient for you. Following the visit, you will receive a report identifying areas of strength and opportunities for improvements. To show our appreciation for participating you will also receive a customized list of infection control resources, a Department of Health infection control window cling to show your patients that you value patient safety, a certificate of participation and a copy of the OSHA and CDC Guidelines: Interact Training System 6th Edition (while supplies last).

This assessment is considered quality assurance and not regulatory, but we are required to report if we observe dangerous practices such as re-use of syringes on more than one patient, or sterilization failures.

The information gained from the aggregated assessments will help better understand how public health can best support infection prevention in the dental community by building relationships and providing targeted education.

To schedule an ICAR assessment, contact ICARAssessment@doh.wa.gov, 206-418-5550.

Answers From July 2019 Newsletter Quiz

Below are the answers to the continuing education quiz in the July 2019 newsletter. Look for the answers to this month's quiz in the March 2020 newsletter.

1. A 2. B 3. A 4. B

Opportunity in All Things: Release of Records

by Dr. Aaron Stevens and Janae Stevens

[Access dental patient record content requirements rule WAC 246-817-305 here.]

[Learn more about dental patient record and accessibility requirements WAC 246-817-310 here.]

[Access the complete medical records law 70.02 RCW here.]

I'm a believer that in all things there is opportunity. Often, when patients ask for their record, something has gone wrong in the relationship and sometimes trust has dropped (though not always). A great number of our Dental Quality Assurance Commission complaints about other issues have a records component, and it often becomes important in the case. If we released records better as a profession, there would likely be significantly fewer complaints. There is opportunity in this. When a practitioner is forthcoming, helpful, and transparent, sometimes it opens opportunity for dialogue and issues can be resolved amicably.

Experience 1.

A patient in my practice that I was unacquainted with came in after having gone to see a subsequent provider and received a very different treatment plan. I offered her the records, and just sat and listened. My wife had been suggesting that I work on this and I just happened to get it right this time. Once I had listened to all that she had on her mind, we had a great conversation. We went over aggressive vs conservative dentistry, ADA definition of carious lesions, and went through her radiographs and classified the lesions together. This spring-boarded us into the treatment plans. I hadn't ever reviewed the chart before. Before we started looking through the chart, she practiced evaluating lesions. If errors had been made in my practice, we would make it right. Seeing the change in her demeanor as we applied what she had learned at the ADA website was gratifying. The whole tone changed. Our meeting went from a contentious complaint to a learning opportunity. We talked about PH, diet, fluoride, and how to avoid going down the caries path. Listening, being forthcoming and transparent brought trust into the relationship, even though her tone starting out was strident. She chose not to take her records (she had read them with me at the computer) and we have a better relationship now.

Experience 2:

A second patient asked for his records. He is a patient one does not easily forget. In going through his record, I happened to remember more from this patient than was in the record and even noticed a mistake I had made in verbiage in a previous note. What to do? Changing the previous note from quite a ways back isn't OK, so I chose to add an addendum addressing it. I added the information in this same note, and left clear when I was inputting data. As I don't release records often, I wasn't familiar with how my EHR printed. In subsequent conversations with the patient I verified with him that he had the areas in paper that matched with what I had electronically. Having discrepancies in the record that the patient receives destroys trust. I wanted to make sure that this didn't

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Opportunity in All Things: Release of Records

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happen. The extra effort that was put in improved the relationship. Though the future of this relationship is in question, it is better because of the path taken.

In this process, I got to refresh on the basics:

1. Records for six years are required. This means for people who have been patients since the dawn of time, I am required to maintain the records for only the past six years. However, if I have all of the records, releasing them would be the right thing to do.
2. I have 15 days to release them, and can't hold them up for billing and other reasons. There is a provision for patients needing to pay a reasonable fee for the copying. There is a statute RCW 70.02.010 and WAC 246-08-400 that gives greater detail.

Releasing records, besides being legal requirement, can be a good thing. Done right, it can be a relationship builder as you are giving the patient evidence of your good work. Do it quickly, cheerfully, and with transparency. Both you and the patient will be glad you did.

Forensic Dentistry

by Dr. Julia Richman and Dr. Gary Bell

Many of us love watching "CSI" and other crime dramas on TV, but forensic dentistry is applied regularly in Washington state in order to prosecute criminals, investigate child and elder abuse, and identify human remains. Forensic dentistry (legal dentistry) comprises civil litigation, human abuse and neglect, age estimation using dentition, bitemark evidence and patterned injuries, and dental identification. While most dentists will not consult on these cases regularly, any dentist may be in a position to report child abuse and neglect or to aid law enforcement with identifying remains. There are about 1,800 missing persons at any time in Washington and 160 unidentified human remains. Being able to identify or rule out remains as being an individual may help to bring closure to a grieving family or to aid prosecution of criminals. Teeth are resistant to decomposition and high heat, and enamel is the hardest material in the body, so dental records are often used when a set of remains are not identifiable through other means.

The Seattle King County Dental Society has an active forensic dentistry committee with more than 35 members. Across the mountains, the Eastern Washington Dental Identification Team was established last year. Both teams actively work on providing consultation to medical examiners and law enforcement, and help identify human remains. Four forensic dentists assist the Washington State Patrol Missing/Unidentified Persons Unit in identifying remains. In the event of a mass fatality incident such as an earthquake, landslide, fire, aviation disaster or other mass disaster, forensic dentists would be called upon to help identify mangled remains quickly. This process is made much easier when good antemortem (before death) records are available.

How can you help aid forensic dentists and law enforcement in identifying remains?

- Remember that HIPAA laws specifically allow you to assist medical examiners, coroners, and law enforcement investigations.

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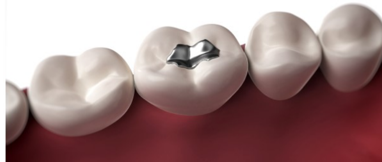
New Federal Amalgam Separator Rules

by David J. Knight P.E., Department of Ecology

For more information on these rules from the Environmental Protection Agency, visit their website here.

New federal rules: Federal rules at 40 CFR 441 passed in June 2017 place requirements on dental practitioners who emplace or remove amalgams and are connected to the sanitary sewer. This rule refers to the dentists subject to the rule as dental dischargers (DD's), and requires them to install an amalgam separator(s) for all operatories where amalgam work is performed. DD's must also follow best management practices relating to their choice of a vacuum line cleaner, and managing their amalgam waste.



Deadline: To confirm DD's have met the requirements of the rule, provisions (at 40 CFR 441.50(a)) require DD's in business before July 15, 2017 to submit a "One-Time Compliance Report" to the "Pretreatment Control Authority" by October 12, 2020. Practices starting after July 15, 2017 must submit this report within 90 days after starting business.

Where to find the report: Department of Ecology (Ecology) has added a link to the form on the agency's dental web page, a web site describing best management practices for dental wastes which may be dangerous wastes. The web page is here and a direct link to the report is here.

Where to send the report: Ecology is the pretreatment control authority in areas outside of the service areas of delegated (typically larger) municipalities. Ecology's report was developed for DD's in these areas. The instructions list the local pretreatment control authorities and their contact information, and the address to send the report to Ecology. Dental dischargers served by the listed municipalities should submit the form to the municipality instead of Ecology (most will have already been contacted by their municipality).

Visit the Washington State Department of Ecology's website here.

Exempt practices: Dental practitioners exclusively practicing oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, prosthodontics, or mobile units are exempt from the rule and don't have to file a report to Ecology. (Because local programs can be more stringent, if your municipality still wants a report, follow its instructions).

Waivers: The rule's requirement to install amalgam separators are waived for DD's who never emplace amalgam, and who remove amalgam only in limited emergency, or unplanned, unanticipated circumstances. To qualify, such DD's must complete sections A, B, and G of the form (attesting to this), and sign and submit the form to Ecology.

Pre-2008 amalgam separators: The rule allows 10 years for separators that do not meet the ISO 11143:2008 (or ANSI/ADA 108-2009) standards to be replaced with compliant units. The rule does not require DD's to submit a second notice to confirm this has been done.

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New Federal Amalgam Separator Rules

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Keep your copy of the report: The form itself is three pages, and should be completed in duplicate with one signed copy sent to Ecology and the other retained on site in perpetuity. The rule requires DD's to keep the report in perpetuity, but Ecology is obliged to keep your report for only three years, so after that, your copy may be the only record that you have complied with the federal rules. Page 4 of the report is applicable only where DD's have assigned a duly authorized representative to complete this report.

Keep your maintenance records: Federal rules at 40 CFR 441.50(b) require DD's to keep certain records. These requirements are reinforced near the top of page 3 of the report.

Some Medicines and Driving Don't Mix

The Department of Health and the Dental Quality Assurance Commission are working with the Washington Traffic Safety Commission to help spread the word about impaired driving from prescription and nonprescription drugs.

Many people associate only alcohol and illicit drugs with impaired driving. Although most medications won't affect your ability to drive, some prescription and over-the-counter (OTC) drugs can have side effects and cause reactions that may make it unsafe to drive. Some medicines can affect your driving for a short time after you take them. For others, the effects can last for several hours, and even into the next day. And some medicines have a warning not to operate heavy machinery. This includes driving a car.

Look for opportunities on how you can help consult with your patients to make sure they are aware of any impaired drive risks with the prescription and nonprescription drugs they may be taking.

Find more information on the U.S. Food and Drug Administration website.

Forensic Dentistry

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- ◊ Section 45 CFR 164.52.g.1:

  "Coroners and medical examiners. A covered entity may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person……"

- ◊ Document the agency and purpose of the request in the record.

- Keep accurate records for your patients, including missing teeth and existing dental restorations. Keep digital or very legible records.
- Expose high-quality radiographs.
- Keep records for at least the six years required by law, WAC 246-817-410. Many cold case remains are finally identified with records 20 or more years old, which is an excellent reason to maintain digital records indefinitely.
- If you are asked for records by law enforcement or a coroner or medical examiner, send records as quickly as possible. Remember that a grieving, anxious family may be awaiting results.

Find the continuing education and renewal rules for dental hygienists here.

Dental Hygienist Basic Life Support Certification

by Bruce Bronoske Jr., Department of Health

Dental hygienists must maintain a current basic life support (BLS) for the health care provider certification in order to renew their license (WAC 246-815-140(1)(b). The BLS for the health care provider course is specifically designed for health care professionals. It includes additional information not covered in other classes. Health care provider-level training develops a team-based approach to medical emergencies and covers topics more appropriate to a health care setting. No other CPR courses will meet the requirement for renewal.

Dental hygienists who have been randomly selected for a continuing education audit will be required to provide a copy of their current BLS for the health care provider certification. If the submitted course was not developed for a health care professional, the dental hygienist may potentially face disciplinary action.

If you require further information about the BLS for the health care provider renewal requirement, please email Bruce Bronoske Jr., Dental Hygiene Program Manager, at bruce.bronoske@doh.wa.gov.

For more information about renewing online, visit our webpage.

Renew Your Credential Online

Dentists, dental hygienists, dental assistants, expanded function dental auxiliaries, and dental anesthesia assistants who are within 90 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.

Legal Actions
July 2019 — October 2019

The following are final actions taken by the commission, Secretary of Health, or Board of Denturists. Notices of decision on applications, modifications to orders, terminations of orders, and stipulations to informal discipline are not listed. The actions below have been edited for clarity and brevity. You can view the actual orders on the **provider credential search webpage**.

Dental Commission Legal Actions				
Practitioner and County	**Date**	**Order Type**	**Cause of Action**	**Commission Action**
Do, Liem Duy (dentist) Florida	8/13/2019	Final Order	Fraudulent Medicaid reimbursement claims.	Permanent revocation with no right to reapply.
Lo, John C. (dentist) Pierce	9/13/2019	Agreed Order	Failed to meet continuing education requirements.	Pay $1,500 fine; reimburse commission $590.78; complete continuing education; take and pass jurisprudence exam.
Compton, Jennifer Mikele (dental assistant) Snohomish	9/13/2019	Agreed Order	Diverted and abused nitrous oxide at the dental office where she worked.	Summary suspension. Respondent surrendered credential with no right to reapply.
Gagneja, Prashant (dentist) Clark	9/13/2019	Agreed Order	Co-owned and operated pediatric dentist office utilizing anesthesia services with no established written contract for provision of anesthesia services.	Pay $5,000 fine; reimburse commission $3,500; submit revised dentist and anesthesia provider contract; take and pass jurisprudence exam; complete continuing education.
Hsu, Richard Pao-Yuan (dentist) Oregon	9/30/2019	Summary Action Order	Failed to comply with orders in Oregon, resulting in suspension of Oregon license. Performed deep sedation on minor patient without permit. Improper discharging of deeply sedated patients.	Summary suspension.

Board of Denturists Legal Actions				
Practitioner and County	**Date**	**Order Type**	**Cause of Action**	**Board Action**
Vizcarra, Jorge (denturist) King	8/15/2019	Agreed Order	Infection control and representing himself as a "dentist."	Pay $5,000 fine; comply with unannounced infection control inspections up to two times per year for five years.

Earn Continuing Education Credit!

Continuing Education Quiz

The commission allows one hour of continuing education 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)(b). You are allowed 30 minutes for every hour of self-study continuing education. Completing this quiz will be counted as 30 minutes toward your continuing education requirements.

1. As of 2019, how many state dental boards already require that dental health care providers follow the CDC guidelines for infection control?

   A. 20

   B. 30

   C. 40

2. The commission is proposing a dental hygienist may perform ________ under general supervision of a dentist?

   A. Give fluoride treatments

   B. Administer nitrous oxide analgesia

   C. Place restorations

3. HIPAA laws specifically allow you to assist medical examiners, coroners, and law enforcement investigations.

   A. True

   B. False

4. How long are dentists in Washington required to keep patient records?

   A. 4 years

   B. 5 years

   C. 6 years.

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www.doh.wa.gov

Commission website

Commission Meeting Dates

December 6, 2019
January 24, 2020
March 6, 2020
April 17, 2020
June 5, 2020
July 17, 2020
September 11, 2020
October 23, 2020
December 11, 2020

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