California Practice Act
Student Reading Material

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Table of Contents

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Instructions

Read the course material and circle the correct answers on the test.

You will earn course credit for a test answer sheet with at least 70% correct answers. We will notify failing students within 7 days and give them an opportunity to re-take the test. You must correctly answer 7 of the 10 questions.

We will grade all tests in a timely manner. If you do not receive your certificate within 14 days, please notify California Dental Certifications.

You have 1 MONTH to return your answer sheet. Completion dates are taken from the test answer sheet envelope post mark. Start dates are taken from the date of payment. After 1-month, all paperwork will be dismissed and the full fee will be required to complete this course again for CEU's. No credit for the original test will be applied.

Keep in mind several states have specific requirements on subject matter as well as credits earned through different educational methods for license renewal. You are responsible to know of these limitations. California Dental Certifications has made every effort to include information in this course that is factual and conforms to the accepted standards of care. This course is not to be used as a sole reference for treatment decisions. It is your responsibility to understand your legal obligations and license requirements when treating patients. California Dental Certifications is not responsible for any misuse of information presented in this course.

Course Description

This course meets the standards of the Dental Board of California (DBC) for a comprehensive review of the California Dental Practice Act (CDPA). All licensed dental professionals are mandated by the California Code of Regulation 1600 to receive instruction before each license renewal period. The course covers basics about the governing board, statutory mandates about the scope of dental practice for auxiliaries, laws governing the prescription of drugs, mandatory state and national associations interpretations for dental professionals. This course also includes the most recent 2016 updates from the Dental Board. The DBC publishes a compilation of the Dental Practice Act and related laws, which can be ordered from the Board directly. This course is suitable for all members of the dental team.

Objectives

Upon completion of this course, you will be able to:

- Understand and summarize the role of the Dental Board of California
- Understand elements of licensure and license removal

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- Describe enforcement ability of the Dental Board
- Know the basics of laws about prescription medications.
- Understand diversion programs
- Identify who are mandated reporters of abuse, violence, neglect.
- Discuss basic ethics related to dental practice and the law.
- Know the scope of practice for auxiliaries, like direct and indirect supervision of clinical tasks.

The California Dental Practice Act is the chapter of the California Business & Professions Code that contains the basic body of laws governing Dentistry. (Business & Professions Code {"B&P"} 1600) California law required that every dental professional must have a grasp of that basic body of law, together with the related portions of the California Code of Regulation ("CCR") and selected other California statutes. We have designed this course to summarize the Dental Practice Act and related laws through 2018. However, lawmakers change and add to these laws regularly. Licentiates should refer to the actual text of the law or consult a qualified attorney in serious matters.

The Dental Board of California publishes a compilation of the Dental Practice Act and related laws, which can be purchased from the Board. The address for ordering a copy of the Act can be found on their website: www.dbc.ca.gov

Dental Board of California

The Dental Board of California (DBC) is part of the Department of Consumer Affairs (DCA). The DCA is the California regulatory agency that oversees various professions who interact with the consumer public. The DCA was established to ensure businesses and professions that engage in the activities which have potential impact on public health, safety and welfare of the people of the state of California, are adequately regulated and allow for input from the public if violations are suspected. The DCA oversees various boards, committees, and bureaus. The Agency regulates all health professions not in healthcare professions such as medical, dental, veterinary, and pharmacy, and also oversees professions not in healthcare such as building contractor, auto repair, and home furnishings.

The mission statement of the Board of California reads:

The dental board of California is a mission is to protect and promote the health and safety of consumers of the state of California.

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Included in the DBC's mission to protect and promote the health and safety of consumers are responsibilities for:

- Licensing those dental healthcare professionals who demonstrate competency.
- Taking-action to maintain the appropriate standard of care.
- Enhancing the education of licensees and consumers.

California Dental Board Members

The board consists of 14 members:

- 8 practicing dentists
  - 1 must be a member of the faculty of any California dental College
  - 1 must be a dentist practicing in a non-profit community clinic
- 4 public members
  - 1 appointed by the Senate Rules Committee
  - 2 appointed by the Governor
  - 1 appointed by The Speaker of Assembly
- 1 registered dental hygienist
  - Appointed by the Governor
- 1 registered dental assistant
  - Appointed by the Governor

Subcommittees

The Board is organized into standing committees and ad hoc committees. The president of the Board has the sole discretion to appoint the chairperson and the majority of the members to each committee.

The standing committees include:

- Examinations
- Enforcement
- Diversion

The ad hoc committees may include:

- Continuing education
- Licensure/permits
- Legislature
- Infection Control

Allied Dental Health Professionals (ADHP)

The Committee ON Dental Auxiliaries (COMDA) which was previously was responsible for all Allied Dental Health Professionals was eliminated July 1, 2009.

Dental Hygienists

The dental hygiene committee of California was established July 1, 2009 and is the regulatory entity for all dental hygienist licensees. The committee shall consist of nine members appointed by the Governor. Four shall be public members, one member shall be a practicing general or public health dentist who holds a license in California, and four members shall be registered dental hygienists who hold current licenses in California. Of the registered dental hygienist members, one shall be licensed either in alternative practice or in extended functions, one shall be a dental hygiene

educator, and two shall be registered dental hygienist. No public member shall have been licensed under this chapter within five years of the date of his or her appointment or have any current financial interest in a dental related business.

The responsibilities of DHCC include issuing, reviewing, and revoking licenses as well as developing and administering examinations. Additional functions include adopting regulations and determining fees and continuing education requirements for all hygiene licensure categories.

Dental Assistants

Effective July 1, 2009, the dental board of California became the regulatory board for licenses Dentists (DDS), Registered Dental Assistants (RDAs), and Registered Dental Assistants in Extended Functions (RDAEFs) health care professionals. The responsibilities of the DBC related to dental assistance include: scope of practice and issuing, reviewing, and revoking licenses, as well as developing and administering examinations. Additional functions include adopting regulations and determining fees and continuing education requirements for all dental assisting categories.

Regulatory Powers of the Dental Board

The Dental Board has the authority to create new regulations relating to the practice of dentistry. Requests for new regulations or a change in current regulations can come from several different sources, such as: organizations, individuals, and state agencies. Examples of sources for new regulations laws or changes:

- Legislature - the California legislature considers legislative bills which can have an effect on the practice of dentistry. Once a bill is approved by both houses of the legislature, and the governor ultimately signs the bill or allows the bill to become law without his signature, it will become a statute and is considered a lot. Any change to that statue would require that an additional bill be authorized and carry through the legislature. Once a legislative bill is law, the dental board may be required to write and approve regulatory language to implement the statute.
- Stakeholder – any professional organization, consumer group, or other stakeholder can bring an idea or concern to the board's attention that affects the practice of dentistry. The board has the authority to consider such requests. If the board decides to pursue any new regulations, they are bound to follow a specific set of steps that include: public notices, public hearings, oversight from the Department of Consumer Affairs, and review by the Office of Administrative Law. The regulatory process can often take a year or longer.

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Scope of Practice

Laws and regulations specifically define the duties that a dentist in each category of Allied Dental Health Professionals (ADHP) are allowed to perform. The regulations also define the level of dentist supervision required in the settings in which an ADHP may perform the duties.

The two levels of supervision are:

1. Direct Supervision
2. General Supervision

Direct Supervision – performance of dental procedures based on instructions given by a licensed dentist. A licensed dentist must be physically present in the treatment facility during the performance of those procedures.

General Supervision – performance of dental procedures based on instructions given by a licensed dentist, but not requiring the physical presence of a supervising dentist during the performance of those procedures.

Dentistry is defined as: the diagnosis or treatment, by surgery or other method of diseases and lesions. The correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures. Such diagnosis or treatment may include all necessary related procedures including use of drugs, use of anesthetic agents, and physical evaluation.

Dentistry is NOT the practice of:

- prescription of weight loss medications,
- administration of injections such as the hepatitis B vaccine to staff for others,
- Performance of any treatment that falls outside the defined scope of practice.

A clear understanding of scope of practice issues for an ADHP is necessary to comply with existing and new regulations. In the past few years there have been many changes to the scope of practice, like:

- New required permits for practice of certain clinical functions
- New license categories for extension of the existing license
- New limitation on previous scope of previous categories
- Training requirement for non-licensed staff

Before and after the Dental Examination

Scope of practice issues in specific limitations apply to all ADHP, just like certain limitations apply to dentists. A licensed dentist must provide direction to all clinical activities of ADHP. For example:

Before a dentist examines a patient:

A dentist may require or permit an ADHP to perform the following duties, provided that the duties are authorized for the particular classification.

1. Expose emergency radiographs upon direction of the dentist.
2. Perform extra-oral duties or function specified by the dentist.
3. Perform mouth-mirror inspections of the oral cavity, including charting obvious lesions, malocclusions, existing restorations, and missing teeth.

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After a dentist preliminarily examines a patient:
A dentist may require or permit any ADHP to perform procedures necessary for diagnostic purposes, provided that the procedures are permitted under the ADHPs authorized scope of practice.

This section does not apply to dentists providing examinations on a temporary basis outside a dental office, and setting such as health fairs in school screenings.

Registered Dental Hygienist (RDH)

The practice of dental hygiene includes dental hygiene assessment, development, planning, and implementation of a dental hygiene care plan. It also includes:

- oral health education
- nutritional counseling
- oral health screening

The specific duties include:

- scaling and root planning
- polish and control restorations
- oral exfoliative cytology
- apply pit and fissure sealants
- preliminary examination, including but not limited to:
  - periodontal charting
  - intra and extra-oral examination of soft tissue
  - charting of lesions, existing restorations and missing teeth
  - classifying occlusion
  - myofunctional evaluations
- irrigate sub-gingivally with an antimicrobial and/or antibiotic liquid solutions

Evidence of satisfactory completion of a Board approved course of instruction in the following 3 functions must be submitted to the DHCC prior to any performance thereof:

1. Periodontal soft tissue curettage
2. Administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity.
3. Administration of nitrous oxide and oxygen when used as an analgesic, utilizing fail safe type machines containing no other general anesthetic agents.

An individual who becomes licensed as an RDH in California on or after January 1, 2006, we no longer perform the duties in the scopes of practice of an RDA unless they also hold an RDA license.

The practice of dental hygiene does not include any of the following procedures:

- Diagnosis and comprehensive treatment planning.
- Placing, condensing, carving, or removal of permanent restorations.
- Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth in the cutting in suturing of soft tissue.
- Prescribing medication.

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- Administering general anesthesia or oral or parenteral conscious sedation.

The supervising licensed dentist is responsible for determining the competency of their allied dental health professionals to perform allowable functions. Each ADHP must know their own scope of practice. It is a criminal offense to perform illegal functions. It is also grounds for license discipline of the person performing the illegal function and any person who aids or events such illegal activity.

Registered Dental Hygienist in Alternative Practice (RDHAP)

A dental hygienist in alternative practice we provide services to a patient without obtaining written verification that the patient has been examined by a dentist or physician and surgeon license to practice in the state. If a dental hygienist in alternative practice provides services to a patient 18 months or more after the first day that they provide services to a patient, the RDHAP shall obtain written verification that the patient has been examined by a dentist or physician and surgeon license to practice in the state.

Prior to the establishment of an independent practice, and RDHAP shall provide to the committee documentation of an existing relationship with at least one dentist for referral, consultation, and emergency services. The individual must also have:

- Been engaged in clinical practice as a dental hygienist for a minimum of 2000 hours during the immediately preceding 36 months in either California or another state.
- A bachelor's degree or its equivalent
- Completion of 150 hours of an approved educational program
- Pass the written examination in California law and ethics required by the committee.
- Has received a letter of acceptance into the employment utilization phase of the Health Manpower Pilot Project No. 155 established by the Office of Statewide Health Planning and Development pursuant to Article 1 (commencing with Section 128125) of Chapter 3 of Part t3 of Division 107 of the Health and Safety Code.

A comprehensive list of permitted duties can be found at: www.dbc.ca.gov

Dental Assistant's Scope of Practice

The dental assisting profession in California is comprised of several different licensing tears. Statutory language to find what types of care at each level of assistant may perform and the level of supervision required. Allowable duties in California for each dental assistant category are required to be post to conspicuously in all dental offices.

The full list of duties can be found on the California Dental Board website: www.dbc.ca.gov

Legislation implemented January 1, 2010, had a profession why impact on all unlicensed dental assistants and their employers, as well as applicants for registered dental assistant (RDA) or

registered dental assistant in extended functions (RDAEF) licenses. The law added new allowable duties in all of these categories, and created two new permit categories:

1. Dental Sedation Assistant
2. Orthodontic Assistant

Current license holders may be required to take additional coursework to perform the new duties. Unlicensed dental assistants hired on or after January 1, 2010, are required to complete a 2-hour California Dental Practice Act course and an 8-hour Infection Control course which includes in person clinical instruction.

Additionally, all dental assistants will be required to keep current certification in basic life support in accordance with the American Heart Association courses for healthcare providers.
Dentist employers are responsible for ensuring any unlicensed dental assistant hired on or after January 1, 2010, and employed beyond 120 days, provide evidence of course completion for the 2 required courses within 12 months of the date of hire, including completion of at least 12 months of work experience as a dental assistant. The employer is also required to ensure any unlicensed dental assistant maintain basic life support certification.

A dental assistant, without a license, may perform basic supportive dental procedures, as authorized by law, under the general supervision of a licensed dentist. Basic supportive dental procedures are defined in law as: *those procedures that have technically elementary characteristics, is completely reversible, and are likely to precipitate potentially hazardous conditions for the patient being treated.*

These basics supportive dental procedures do not include those procedures authorized only for registered dental assistants (B&P 1750.1). The supervising licensed dentist is responsible for determining the competency of the dental assistant to perform the basic supported dental procedures.

An unlicensed dental assistant's allowable clinical duties include extra-oral (not in the mouth tasks) which may include:

- Charting and/or recordkeeping procedures
- Sterilization tasks
- Infection Control duties

Several new duties are currently permissible for the dental assistants and include duties such as:

- Facebow transfers
- Intra-oral and extra-oral photography
- Bite registrations
- Taking intra-oral impression for all non-prosthodontic appliances

Registered Dental Assistant (RDA)

A registered dental assistant may perform all the same duties as an unlicensed dental assistant as well as additional duties such as the following:

- Coronal polishing, after providing evidence to the dental board of having

completed a board approved certification course in the procedure
- Application of topical fluoride
- Application of sealants, after providing evidence to the dental board of having completed a board approved certification course in the procedure, certification is due by the second license renewal
- Other duties as defined on the dental board website at www.dbc.ca.gov

RDAs licensed after January 1, 2010, may chemically prepare teeth for bonding, place bonding agents, and place, adjust and finish direct provisional restorations after completing a board approved course on these duties. A registered dental assistant licensed on or after January 1, 2010, shall provide evidence of successful completion of the board approved course in the application a pit and fissure sealants prior to their second renewal. The license of a registered dental assistant who does not provide evidence of successful completion of that course shall not be renewed until evidence of course completion is provided.

Currently licensed RDAs must complete board approved education and training before they may chemically prepare teeth for bonding, place agents, and place, adjust and finish direct provisional restorations.

As of January 1, 2010, the supervising licensed dentist is responsible for determining whether an authorized procedure performed by an RDA should be performed under general or direct supervision, except for procedures performed in specific public health clinics pursuant to Section 1204 of the Health and Safety Code or a clinic owned and operated by hospital that maintains the primary contract under Section 17000 of the Welfare and Institutions Code. Within the specified clinics, coronal polishing, application of topical fluoride and application of sealants are allowed by either RDAs or RDAEFs under the direct supervision of an RDH or RDHAP.

Registered Dental Assistants in Extended Functions (RDAEF)

An RDAEF may perform all duties assigned to dental assistance and registered dental assistance. And RDAEF may perform the procedures listed below under the direct supervision of a licensed dentist when done so under the direct order, control and full of professional responsibility of the supervising/employer dentist. The allowable duties of an RDAEF must be checked and approved but is supervising dentist prior to dismissal of the patient from the office.

Allowable Duties include:

1. Cord retraction of gingivae for impression procedures
2. Take impressions for cast restorations
3. Take impressions for space maintainers, orthodontic appliances and occlusal guards
4. Prepare enamel by etching for bonding
5. Formulate indirect patterns for endodontic post and core castings
6. Fit trial endodontic filling points
7. Apply pit and fissure sealants
8. Remove excess cement from subgingival tooth surfaces with a hand instrument

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9. Apply etchant for bonding restorative materials

Registered dental assistants in extended functions may undertake the duties authorized by the section in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the board.

Several new duties have been added to this license that may be performed by RDAEFs licensed after January 1, 2010. Currently licensed RDAEFs may perform these new duties after completing education and training in successfully passing a state administered examination. RDAEFs licensed after January 1, 2010 may perform all duties and procedures that an RDA is authorized to perform, and under the direct supervision of the dentist may:

1. Conduct a preliminary evaluation of the patient's oral health, including, but not limited to:
   a. charting,
   b. intraoral an extra-oral evaluation of soft tissue,
   c. classifying occlusion, and myofunctional evaluation
2. Perform oral health assessments in school-based community health project settings under the direction of a dentist, RDH, or RDHAP.
3. Cord retraction of gingiva for impression procedures
4. Size and fit endodontic master points and accessory points
5. See meant endodontic master points and accessory points
6. Take final impressions for permanent indirect restorations
7. Take final impressions for tooth-borne removable prosthesis
8. Polish and contour existing amalgam restoration's
9. Place, contour, finish and adjust all direct restorations
10. Adjust and cement permanent indirect restorations

Currently, licensed RDAEFs must successfully complete an examination consisting of the procedures above before they may perform procedures number 1, 2, 5, 7, 8, 9, and 10.

An RDA or RDAEF may perform the following procedures while employed by or practicing in a primary care clinic or specialty clinic, or a clinic owned and operated by a hospital that maintains the primary contract with a county government to feel the county's role under the Welfare and Institutions Code, under the direct supervision of a registered dental hygienist or a registered dental hygienist and alternative practice:

- Coronal polishing (with certification)
- Application of topical fluoride
- Application of sealants (with certification)

A law passed in a 2014 legislative session, permitting RDAEFs with additional training to perform additional expanded functions:

- Determine which radiographs to perform on a patient was not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and

treatment plan for the patient, following protocols established by the supervising dentist in the following settings:
  - Dental office
  - In public health settings, using telehealth for the purpose of communication with the supervising dentist, including but not limited to, schools, head start in preschool programs, and community clinics, under the general supervision of a dentist.
- Place protective restorations, identified as interim therapeutic restorations, and defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for interim therapeutic restoration placement. Interim therapeutic restorations shall be placed only in accordance with both of the following:
  - In either of the following settings:
    - In a dental office, under the direct or general supervision of a dentist as determined by the dentist.
    - In public health settings, using telehealth for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start in preschool programs, and community clinics, under the general supervision of a dentist.
  - After the diagnosis, treatment plan, and instruction to perform the procedure provided by a dentist.

Orthodontic Assistant and Dental Sedation Assistant Permits

Effective January 1, 2010, dental assistance registered dental assistants, and registered dental assistants in extended functions, who meet specified work experience and course requirements, and who pass a written examination may obtain an orthodontic assistant permit or dental sedation assistant permit.

Requirements for orthodontic and sedation permits:

1. Work experience requirement: completed at least 12 months of experience as a dental assistant (training may not begin prior to 6 months' work experience)
2. Board Approved Course Requirements:
   a. California Dental Practice Act
   b. 8-Hour Infection Control
   c. Basic Life Support
   d. Dental Sedation Assistant Course
   e. Orthodontic Assistant Course
3. Examination Requirements

Licensure and License Renewal

DDS/Doctor of Dental Surgery

Licensure -To practice dentistry in California, the following are various steps in applying for licensure:

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- Graduation from an ADA's Commission on Dental Accreditation (CODA) approved dental school or a board-approved dental school or Hybrid Portfolio Pathway
- Fulfill licensure examination requirements
- Each licensed dental professional must maintain their competency
- Complete continuing education requirements
- Pay license renewal fees every two years
- Apply for license, following residential licensure pathway or credential licensure pathway

License Requirements
The DBC has been mandated by the California legislature to except applicants from foreign dental schools for consideration. The process would allow any student from an improved foreign dental school to be eligible for licensure in California, with the same requirements as the U.S. dental school graduate.

DDS – There are many pathways to apply for licensure as a dentist:

- Exam - successfully complete a California board exam or the Western regional examination (WREB)
- Residency - complete a minimum of 12 months of general practice residency or advanced education in a General dentistry program approved by the CODA. Detailed below
- By credential – submit proof of having been in active clinical practice for 5000 hours and five of the last seven years, and of an active dental license issued by another state. Detailed below.
- Hybrid portfolio – detailed on the Dental Board of California website: www.dbc.ca.gov

Note: the applicant may not have failed in the California licensure exam or the WREB clinical exam within the last five years. A letter from WREB stating that the applicant has not failed the WREB exam must be submitted as proof.

Licensure by Residency - DDS
An individual may qualify for dental licensure on the basis of completion of a minimum of 12 months of general practice residency or advanced education in general dentistry program approved by the ADA's commission on dental accreditation. Complete details may be obtained at: www.dbc.ca.gov

Effective February 1, 2008 individuals may qualify for dental licensure on the basis of completion of a minimum of 12 months of a general practice residency or advanced education in general dentistry program approved by the ADA's commission on dental accreditation as long as the following requirements are submitted upon completion of the residency program. *Note, requirements include a completed application and application fee of $100 with completed Residency 1 (07/08) form and proof of:*

- Graduation from a commission on dental accreditation of the ADA approved dental school or board approved dental school
- Completion of a CODA approved general practice residency or advanced

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San Diego, CA 92101
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education in general dentistry program as certified by the program director on the certification of clinical residency completion form (07/08)

- Successful completion of part one and part two of the national board dental examination of the joint commission on national dental examinations
- Not failing the WREB or California clinical examination within the last five years (a letter from WREB stating that the applicant has not failed the WREB clinical examination within the last five years is acceptable proof)
- Completion of fingerprinting requirements pursuant to section 1629 (b) of the Business and Professions Code

Additional requirements for issuance of a California dental license are:

- Successful completion of the California law and ethics exam
- Fingerprint clearances received from the Department of Justice and the FBI
- Completion of Lic-2 (11/07) Application for Issuance of License and Registration of Place of Practice (Will be mailed to the applicant upon completion of all other licensure requirements).

Licensure by Credential – DDS

The requirements for Licensure by Credential include, but are not limited to:

1. A completed application and payment of all fees
2. A current license issued by another state to practice dentistry that is not revoked, suspended, or otherwise restricted. Out of state certification form.
3. Proof that the applicant has either been in active clinical practice or has been a full-time faculty member in an accredited dental education program and in active clinical practice for a total of at least 5000 hours and five of the seven consecutive years immediately preceding the date of his or her application.
4. The applicant may not have failed the California licensure exam or the WREB clinical exam within the last five years. A letter from WREB stating that the applicant has not failed the WREB exam must be submitted as proof.
5. 50 units of continuing education in the last two years, including current mandatory courses.

Special Permits for DDS

Special permits are required for a dentist who may wish to perform certain types of procedures that required patients to be sedated. The permits include:

- Oral Conscious Sedations for Adults
- Oral Conscious Sedation for Minors
- Conscious Sedation
- General Anesthesia
- General Anesthesia for Minors

Each permit has specific:

- Educational requirements
- Continuing education requirements
- Renewal every 2 years
- On-site inspection for all except for Oral Conscious Sedation

Currently, as of November 2016, “Caleb’s Bill”, officially titled Assembly Bill No. 2235,

was approved by the governor and is in the final stages of revision, to better protect patients undergoing general anesthesia during dental procedures. The bill is named after a six-year-old child who was declared brain-dead after his organs shut down, from an oral surgery mishap while being sedated under general anesthesia. It sets out to better document unfortunate cases when patients require medical intervention due to complications and/or death arising from a dental procedure while under general anesthesia. This mandatory and collected data from the practitioner, by way of the dental board, or dental hygiene committee, will help decide if it would be safer to have a separate licensed practitioner performing the general anesthesia and the other performing the dental procedure. There is grave concern that by having a single practitioner perform both, that it is not ideal or safe for any aged patient, as hospitals routinely have separate licensed practitioners working together on patients undergoing general anesthesia.

RDH – Registered Dental Hygienist

To become licensed as a registered dental hygienist in California an individual must at a minimum:

- Graduate from an ADA accredited dental hygiene program in the United States
- Successfully complete the dental hygiene national boards
- Successfully complete the state clinical boards or successfully meet credentialing methods
- Provide verification of completion of board approved courses in:
  - Administration of local anesthesia
  - soft tissue curettage
  - Administration of nitrous oxide and oxygen

This is overview of the requirements for license by credential for the RDH. Complete details are available at: www.dhcc.ca.gov

- Licensure as a registered dental hygienist issued by another state that is not revoked, suspended, or otherwise restricted
- Clinical practice as a registered dental hygienist for a minimum of 750 hours per year for at least five years preceding date of application
- Graduation from an accredited dental hygiene school
- Not been subject to disciplinary action in any state
- Satisfactory completion of the dental hygiene national board examination
- Completion of a minimum of 25 units of continuing education, including completion of any continuing education requirements imposed by the board of California
- Completion of board approved courses of instruction in:
  - Periodontal soft tissue curettage
  - Administration of local anesthetic
  - Administration of nitrous oxide

Special Permits for RDH

Special certificates are required for the Registered Dental Hygienist to perform:

- Periodontal Soft tissue curettage
- Administration of local anesthetic
- Administration of nitrous oxide

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Attendance at a board approved course of instruction is required to obtain each of these licenses. The course of instruction must include patient treatment and written in clinical examinations. All graduates of California hygiene programs and individuals seeking licensure from out of state must complete courses in these three functions. Individuals who were licensed prior to set requirements have the option to be certified in these functions.

Registered Dental Hygienist in Alternative Practice – RDHAP

To become licensed as a Registered Dental Hygienist in Alternative Practice in California and individual must meet all requirements set forth for licensure as an RDH in California, plus:

- Hold a current RDH license
- Have been engaged in clinical practice as a dental hygienist for a minimum of 2000 hours in the preceding 36 months
- Possess a bachelor's degree or its equivalent
- Complete 150 hours of an approved education program
- Pass a written examination prescribed by the DHCC

Registered Dental Assistant - RDA

*** Suspension of the registered dental assistant RDA Practical Examination***

On April 6, 2017, the dental board of California voted to suspend the registered dental assistant practical examination as a result of the findings of the review of the practical examination conducted by the Office of Professional Examination Services of the Department of Consumer Affairs (DCA). Pursuant to Business and Professions code section 1752.1, the board may vote to suspend the practical examination if the review conducted by the OPS concludes that the practical examination is unnecessary or does not accurately measure the competency of RDAs.

There are two pathways to obtain a Registered Dental Assistant license in California:

1. For individuals applying on or after January 1, 2010, evidence of completion of satisfactory work experience of at least 15 months as a dental assistant in California or another state.
2. Successful completion of a formal education via a Dental Board approved RDA program
   a. Shall demonstrate satisfactory performance in both a state administered written exam, and a law and ethics exam.
   b. Successful completion of board approved radiation safety certification course.
   c. Successful completion of board approved certification course in coronal polishing.

In addition to the requirements, individuals applying for registered dental assistant licensure on or after January 1, 2010 shall provide written evidence of successful completion within five years prior to application of all of the following:

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1. A board approved course in the dental practice act
2. A board approved course in infection control
3. A course in basic life support offered by an instructor approved by the American Red Cross or the American heart Association, or any other course approved by the board as an equivalent.

Optional Certifications for the RDA:

- Orthodontic assistant permit: ultrasonic scaling, supragingival only, for the removal of orthodontics cement, and patients undergoing orthodontic treatment.
- Dental sedation assistant permit – according to California law chapter 4. Dentistry, article 7. Dental auxiliaries 1752.1:
  A registered dental assistant may apply for an orthodontic assistant permit or a dental sedation assistant permanent, or both, by submitting written evidence of the following:
  1. Successful completion of a board approved orthodontic assistant or dental sedation assistant course as applicable.
  2. Passage of a written examination administered by the board that show encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.
  3. A registered dental assistant with permits in either orthodontic assistant or dental sedation assisting shall be referred to as an "RDA with orthodontic assistant permit," or "RDA with dental sedition assistant permit," as applicable. These terms shall be used for reference purposes only and do not create additional categories of licensure.
  4. Completion of the continuing education requirements established by the board pursuant to section 1645 via registered dental assistant who also holds a permit as an orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirements for the permit or permits.
- Pit and Fissure Sealant – a registered dental assistant licensed on or after January 1, 2010, shall provide evidence of successful completion of a board approved course in the application of pit and fissure sealants prior to the first expiration of his or her license that requires the completion of continuing education as a condition of renewal, (second renewal). The license of a registered dental assistant who does not provide evidence of successful completion of that course shall not be renewed until evidence of course completion is provided.

Registered Dental Assistant in Extended Functions – RDAEF

To become licensed as a Registered Dental Assistant in Extended Functions in California an individual must:

- Currently be a licensed RDA

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- Completed a Board approved course of instruction in all advanced function in the RDAEF category.
- Pass written examinations administered by the course provider.
- Pass a comprehensive clinical examination administered by the Board.

Special Permits for RDA

Registered dental assistants must be certified to perform:

1. Ultrasonic scaling for orthodontics cement removal
2. Placement of pit and fissure sealants
3. Coronal Polishing
4. Exposure and processing of radiographs

DA – Unlicensed

Although the DA is an unlicensed individual, each must have a California radiation safety certificate if they are required to expose and process radiographs. Such certification requires successful completion of a board approved course.

Orthodontic Assistant and Sedation Assistant Permits

Effective January 1, 2010 dental assistants, registered dental assistants, and registered dental assistants in extended functions who meet specified work experience in course requirements and who also pass a written examination may obtain an orthodontic assistant permit or dental sedation assistant permit. Visit the dental board of California website for more information.

License Display for ALL Licensees

There is no requirement that the licenses have to be posted. However, business and professions code section 1700 provides that a person is guilty of a misdemeanor and subject to disciplinary action if any person:

engages in the practice of dentistry without causing to be displayed in a conspicuous place in his or her office the name of each and every person employed there in the practice of dentistry.

A healthcare professional shall disclose on a name tag in at least 18-point type:

- His or her name
- Prominently display his or her license
- License status

New changes to the dental practice act now require that every dental licensee must communicate his or her name, license type, and highest level of academic degree by one or both of the following methods:

1. In writing at the patient's initial office visit
2. In a prominent display in an area visible to patients in his or her place of practice.

License Renewal

Dentists and dental auxiliaries me renew their state license and make address changes online on the dental board website. License renewal for all categories of dental professionals occur every two years on the licensee's birthday.

- Payment of a license renewal fee and verification of the completion of continuing education requirements must occur prior to the examination date.
- To ensure continuing education units count for license renewal, make sure

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the course provider is at least one of the following:

  - Dental board of California approved provider
  - ADA certified education recognition program provider (CERP).
  - ADG program approval for continuing education provider (PACE).

- Always inform the dental board or licensing agency of an address change, which dentist can complete online at the dental board of California website.

Mandatory Fingerprinting

Beginning July 1, 2011 license dentists, dental assistant, dental hygienists who were licensed prior to January 1, 1999, or for whom an electronic record of fingerprint submission does not exist, are required to submit fingerprints as part of the license renewal process. Also, as a condition of renewal a license must disclose if he or she has been convicted in the prior renewal cycle of any violation of law, except for traffic infraction under $1,000 not involving alcohol, dangerous drugs, or controlled substances. Additionally, any disciplinary action against any other license held by the licensee must be disclosed.

The dental boards adoption of a finger printing in criminal background check regulation is consistent with other California healthcare professional licensing agencies. Each licensee must pay the cost of fingerprinting and a criminal record check. See the California dental board website for more information forms and instructions.

Continuing Education for Licensure

Each licensee must renew their license every two years by the last day of the month of their birthday. As a courtesy, renewal notices are sent about 60 day prior to expiration, but the licensee is ultimately responsible for renewing his or her license.

Remember: it is a criminal offense to perform licensed duties with an expired, canceled, or inactive license!

Continuing education courses must be taken from an approved provider. Every two years a licensee shall take at least the required number of continuing education's as noted below.

- Dentists – 50 units
- RDH – 25 units
- RDA – 25 units
- RDHAP – 35 units

The following courses are required for each license renewal, for all licensed dental professionals every two years:

1. Basic life support from an approved American red cross or American heart Association provider.
2. California Dental Practice Act
3. Infection Control

Record Keeping

Each licensee he should retain copies of the continuing education and certifications for a period of five years and may be audited by the board during that time. A licensee must

not send evidence of completion of the required units with a renewal form, unless requested to do so.

Inactive Status

A licensee can place their license on inactive status, which means that he or she must continue to pay the renewal fee, but is not required to complete the continuing education requirements.

Expired or Cancelled Licenses (5 or more years)

Before any application may take place in applicant must first petition the board for issuance of a new license!

A license that has expired can only be renewed by payment of the required renewal fees and delinquency fees for each renewal period. A license that has been expired for more than 5-years is automatically canceled and cannot be renewed. The holder of the canceled certificate, permit, or license must complete and apply to the Board.

For more information you can visit the Dental Board of California. www.dbc.ca.gov/licensees

Enforcement by the Dental Board

To provide optimum consumer protection, the Dental Board of California operates its own comprehensive enforcement program to manage and investigate complaints. Complaints can come from healthcare providers, consumers, law-enforcement, insurance companies, or any other number of sources. If an investigation shows cause, any licensee may be reprimanded or placed on probation, or have their license revoked or suspended by the board or the DHCC.

Reasons for Investigation are any circumstances that would be considered Unprofessional Conduct or Gross Negligence.

Conviction of a Crime

The dental board of California has the jurisdiction to revoke or suspend license for conviction of a crime substantially related to the qualifications, functions, or duties of a licensee. The DBC does not have to implement its own investigation and they use any court conviction as "conclusive evidence."

The types of crimes that constitute grounds for discipline are things in the licensee's personal life that can reflect upon your professional life they include, but are not limited to:

- Possession of a controlled substance
- Sexual battery
- Operating a vehicle under the influence of alcohol or drugs
- Acts of physical violence

Examples of Unprofessional Conduct –

- Patient abandonment
- Self-prescribing medication
- Communicating with patients by using threats or harassment
- Aiding or abetting of any unlicensed person to practice dentistry.
- Committing of any act or acts of sexual abuse, misconduct or relations with a patient.

- Alteration of a patient's record with intent to deceive
- Excessive prescribing or administering drugs
- Unsanitary or unsafe office conditions, as determined by the customary practice and standards of the dental profession
- Aiding or abetting of a licensed dentist or dental auxiliary to practice dentistry in a negligent or incompetent manner
- Practicing with an expires license

Dental Materials Fact Sheet (DMFS)

The dental board has developed and distributes a fact sheet describing in comparing the risks and efficiency of the various types of dental restorative materials that maybe used to treat dental patients. The fact sheet must be provided to every new patient and to patients of record prior to the performance of restorative dental treatment.

The dentist must also:

- Acquire a signed acknowledgment of receipt of the fact sheet by the patient
- place a copy in the patient's dental record
- provide any updated fact sheets to the patient
- provide a copy of the fact sheet to the patient upon request

Failure to provide a patient with the most current version of the dental materials fact sheet is an infraction of the CDPA, and is considered unprofessional conduct.

Probation

The dental board may place a licensee on probation, by specific means to rectify the condition which require discipline from the board. This includes but is not limited to additional training, medical exam by physicians appointed by the board, limitations of practice, and restitution fees to patients or payors.

Petition for Reinstatement of License/Permit

A person whose license, certificate, or permit has been revoked or suspended, who has been placed on probation, or whose license, certificate, or permit was surrendered pursuant to a stipulated settlement as a condition to avoid a disciplinary administrative hearing, may petition the board for reinstatement or modification of penalty, including modification or termination of probation, after a period of not less than the minimum periods determined by the board for the regulations of the dental practice act. A petition will not be considered while the petitioner is under sentence for any criminal offense, including any court-imposed probation or parole.

Prescriptions and the Law

Prescriptions can only be written by the dentist. An individual practitioner, acting in the usual course of their professional practice, can issue a prescription for a controlled substance only as part of dental treatment.

Examples of non-legal prescriptions:

1. A prescription that is issued not in the usual course and professional treatment.
2. Prescribing, administering, dispensing, or furnishing a controlled substance to or

for any person or animal not under the dentist's treatment.
3. False or fictitious prescriptions in any respect.
4. Prescribing, administering, or furnishing a controlled substance for one's self.

Controlled Substances

Schedule material provided by the U.S. Department of Justice, Drug Enforcement Administration

Schedule 1 –

- The drug or substance has a high potential for abuse.
- The drug or substance has no currently accepted medical use in treatment in the United States.
- There is a lack of accepted safety for use of the drug or other substance under medical supervision.
- Some Schedule 1 substances are heroin, LSD, marijuana, and methaqualone.

Schedule 2 –

- The drug or other substance has a high potential for abuse.
- The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.
- Abuse of the drug or substance may lead to severe psychological or physical dependence.
- Schedule 2 substances include morphine, PCP, cocaine, methadone, and methamphetamine. Requires triplicate prescription.

Schedule 3 –

- The drug or other substance has a potential for abuse less than the drugs or other substances in Schedules 1 & 2.
- The drug or substance has a currently accepted medical use in treatment in the United States.
- Abusive of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.
- Anabolic steroids, codeine and hydrocodone with aspirin or Tylenol, and some barbiturates are schedule 3 substances.

Schedule 4 –

- The drug or substance has a low potential for abuse relative to the drugs or other substances and schedule 3.
- The drug or substance has a currently accepted medical use in treatment in the United States.
- Abusive of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drug or other substances and schedule 3.
- Included and schedule 4 our Darvon, Talwin, Equanil, Valium, and Xanax.

Schedule 5 –

- The drug or substance has a low potential for abuse relative to the drugs or other substances in schedule 4.
- The drug or substance has a currently accepted medical used in the treatment in the United States.
- Abusive of the drug or substance may lead to limited physical dependence or

psychological dependence relative to the drugs or other substances and schedule 4.
- Over-the-counter cough medicines with codeine are classified in schedule 5.

Prescribing and SB 151

The prescribing of controlled substances changes with the passage of SB 151, which became effective on January 1, 2005.

Prescription – a written, oral, or electronically transmitted order from a prescriber to a pharmacy or pharmacist.

Cures – all information pertaining to the prescribing of schedule to controlled substances is maintain in the Department of Justice Controlled Substance Utilization Review and Evaluation System (CURES).

All written prescriptions for schedules 2–5 controlled substances must be on a new, tamper resistant form. Dentists can obtain the forms from a security vendor approved by the Board of Pharmacy and the Department of Justice.

Administering Schedule 2 Drugs

The administration of schedule 2 controlled substances does not have to be reported to CURES, but dentists who prescribe or administer a schedule 2 controlled substance must maintain a record of the transaction that includes all of the following:

- Name and address of patient
- Date of transaction
- Character, including name, strength, and quantity scheduled 2 controlled substance involved
- The pathology and purpose for which the schedule 2 controlled substance is prescribed.

Recording this information in the patient's chart is sufficient. You're not required to maintain a separate log.

Drug Dispensing

Dispensing is providing a controlled substance in a container to the patient for later use. Dispensing schedule 2 and schedule 3 drugs must be reported monthly to CURES.

Dispensing prescribers must report those substances dispensed to the CURES program on a monthly basis and must also:

- Store the substances in a locked cabinet or drawer.
- Maintain a log
- Prior to dispensing, offer to give a written prescription to the patient that the patient may elect to have filled by any pharmacy. The patient must be given the option to obtain the medication at the pharmacy.
- Child-proof containers are now required for dispensing.

Diversion Program

The legislature in the dental board of California established the diversion program for licensed dental professionals who may be impaired by the abuse of dangerous drugs or alcohol. The programs aid is to treat licensed dental professionals who are so affected and allow them to return to the practice of dentistry in a manner that will not endanger the public health and safety of the citizens of California.

The diversion program was established in part as a voluntary alternative approach to traditional disciplinary actions. The board has established criteria for acceptance, denial, or termination of licentiates into the diversion program. Any individual may enter into the program either by:

1. A voluntarily request
2. Board requirement as a condition of a licentiate's disciplinary probation.

If a licensed dental professional is determined to be abusing drugs or alcohol the board may:

- Revoke their license with refusal to enter a diversion program
- Force the individual into a diversion program
- The option to offer a diversion program as part of a rehabilitative package
- Offer the divergent program to all licensed individuals with drug/alcohol problem

Conditions

If a licensed dental professional is currently under investigation by the board for any violations of the dental practice act or other violations, they may request entry into the diversion program by contacting the boards diversion program manager. Prior to authorizing a licentiate to enter in the diversion program, the diversion program manager may request the individual to execute a statement of understanding. This states that the licentiate understands that their violation of the dental practice act or other statutes, would otherwise be the basis for discipline, may still be investigated in the subject of disciplinary action.

Neither the acceptance nor participation in the diversion program will preclude the board from investigating, or continuing to investigate, disciplinary action against any licentiate for any unprofessional conduct committed before, during, or after participation in the diversion program.

Upon committee determination that a licentiate has been rehabilitated and the diversion program is completed, the committee may purge and destroy all records pertaining to the licentiate participation in a diversion program. Except if he/she is noncompliant with the program agreement. Committee records pertaining to the treatment of a licentiate in a program are kept confidential and are not subject to discovery or subpoena.

Mandated Reporting – Abuse, Violence, Neglect

In 1995, the California legislature approved in law that was designed to help stop repeated instances of domestic abuse and violence. The California law became a model for other bills for many other states. One of the intense of the law was that screening for domestic violence be part of every routine healthcare contact. "Mandated Reporters" of suspected abuse are part of the California Penal Code section 11160.

In dentistry, mandated reporters include: DDS, RDH, RDHEF, RDHAP, RDA, RDAEF.

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The different types of abuse include child abuse and neglect, elder abuse and neglect, family violence, intimate partner violence.

Child Abuse

It's hard to imagine someone intentionally hurting a child, yet nearly a million children are abused every year just in the United States alone. And these are only the reported incidents of child abuse — many more cases are unreported and undetected, often because children are afraid to tell somebody who can help.

Most of the time, kids know their abusers and the abuse occurs in the home. This makes it difficult for kids to speak up. They may feel trapped by the affection they feel for their abusers or fearful of the power the abusers have over them — so they stay silent. That's why it's especially important to be able to recognize the signs of child abuse.

What Is Child Abuse?
Child abuse happens when a parent or other adult causes serious physical or emotional harm to a child.

In the United States, the laws defining what constitutes child abuse vary from state to state, but generally speaking, child abuse can take these forms:

- physical abuse
- sexual abuse
- neglect and abandonment
- emotional or psychological abuse

The most serious cases of child abuse can end in death. Those who survive may suffer emotional scars that can linger long after the physical bruises have healed. Kids who are abused are more likely to have problems building and maintaining relationships throughout their lives. They're also more likely to have low self-esteem, depression, thoughts of suicide, and other mental health issues.

Physical Abuse
When people think of child abuse, their first thought probably is of physical abuse — such as striking, kicking, or shaking a child. Physical abuse can also include:

- holding a child under water
- tying a child up
- intentionally burning a child or scalding a child with hot water
- throwing an object at a child or using an object to beat a child
- starving a child or failing to provide a child with food

Abusive head trauma, or shaken baby syndrome, is a specific form of physical abuse. It's the leading cause of death in child abuse cases in the U.S. Most incidents last just a few seconds, but that's enough time to cause brain damage or even kill a baby.

Sexual abuse happens when a child is raped or forced to commit a sexual act. But it's also any sort of sexual contact with a child or any behavior that is meant to sexually arouse the abuser. So, in addition to having sex with a child, fondling a child's genitals or making a child touch someone else's genitals, sexual abuse also includes:

- making a child pose or perform for pornographic pictures or videos

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- telling a child dirty jokes or stories
- showing a child pornographic material
- forcing a child to undress
- "flashing" a child or showing them one's genitals

Neglect is any action — or inaction — on the part of a caregiver that causes a child physical or emotional harm. For example, withholding food, warmth in cold weather, or proper housing is considered neglectful. Basically, anything that interferes with a child's growth and development constitutes neglect. This also includes:

- failing to provide medical and/or dental care when a child is injured or sick
- locking a child in a closet or room
- placing a child in a dangerous situation that could lead to physical injury or death

Abandonment is a type of neglect. This occurs when a child is left alone for extended periods of time or suffers serious harm because no one was looking after him or her.

Emotional abuse or psychological abuse is a pattern of behavior that has negative effects on a child's emotional development and sense of self-worth. Ignoring a child or withholding love, support, or guidance is considered emotional abuse. So is threatening, terrorizing, belittling, or constantly criticizing a child.

Substance Abuse - The use of alcohol, tobacco, or illicit drugs can hinder a caregiver's judgment and put a child in danger, leading to things like neglect or physical abuse. But in some states, substance abuse is also considered a form of child abuse on its own. Examples of child abuse due to a substance abuse problem in the house include:

- allowing a child to drink alcohol or take illegal drugs
- manufacturing, ingesting, or distributing illegal drugs in the presence of a child
- exposing a fetus to illegal drugs or other substances while pregnant

Profile of an Abuser

It would be simpler if all child abusers followed a pattern and were easy to recognize. The truth is that child abusers come from all walks of life. They can be parents, other family members, teachers, coaches, and family friends. Virtually anyone who has access to a child is in a position to mistreat the child. Fortunately, the vast majority of people don't.

Sometimes, people who abuse kids can show some behavioral signs. For example, parents who abuse their children may avoid other parents in the neighborhood, may not participate in school activities, and might be uncomfortable talking about their children's injuries or behavioral problems.

Adults who sexually abuse children typically know the kids beforehand. Rarely will a sexual abuser pick a child at random. The abuser may use this relationship to his or her advantage, telling the child to keep the relationship a secret or warning that the child will be hurt or in trouble if he or she tells anyone.

Many times, people who abuse children were themselves abused as kids. This cycle

of abuse can be hard to break and can pass down for generations within a family.

Signs of Abuse

It's sometimes difficult to tell the difference between the ordinary scrapes and scratches of childhood and a physical sign of child abuse. Multiple bruises or those that keep coming back, black eyes, and broken bones are certainly red flags, but other signs — like a child's emotional health — are also telling.

Here are some ways that kids who are being abused might react:

- Being sad or angry - Kids who are being abused may act withdrawn, fearful, depressed, have low self-esteem, or engage in self-harm, like cutting. The most depressed kids might contemplate suicide or attempt suicide. Other kids become bullies and have problems managing their anger and other strong emotions. Many have nightmares or trouble sleeping.
- Relationship troubles - Those who are abused usually have trouble developing and maintaining relationships. They are often unable to love or trust others, especially adults, whom they can be fearful of. A telling sign that something's just not right is when a child fails to seek comfort from a parent or other caregiver who is an abuser.
- "Acting out" or engaging in risky behavior. Kids who are being abused sometimes act out in class and are disruptive. They may lose interest in activities they once loved or lose focus on their schoolwork — and their grades suffer. Drug and alcohol abuse, as well as sexual promiscuity, are also common.

Other kids might not act out in the typical ways, but will avoid going home after school or doing any activity that would cause them to spend time alone with the abuser.

In addition to kids who are being abused, those who witness abuse (but are not the victims themselves — like siblings) sometimes show similar signs.

But just because a child is showing these signs, it doesn't necessarily point to abuse. Children who are going through stressful situations, like parents' separation or divorce, a family move, or the loss of a friend or family member, may undergo a change in their mood or disposition.

If You Suspect Abuse

Abuse is **not** a private family matter, although it most often occurs within families and often is kept as a family secret. **Once you suspect child abuse, you need to act to protect the child from further possible harm.** It doesn't matter if you're wrong: it's better to be wrong than sorry.

Here's what to do:

If you suspect that a child is being abused, it's your responsibility to contact your local child protective services agency, police, hospital, or emergency hotline. If necessary, you may remain anonymous. The child's safety is the immediate issue: you could save his or her life by removing the child from a dangerous situation as soon as possible.

If you think you may have abused your own child, or you're worried that you might, make sure the child is somewhere safe away from

you, and then speak with a friend, relative, or health care professional. It may be that you just need someone to talk to or you may want to seek counseling. Speaking with a trained professional can be an effective way to work through the reasons behind your abusive feelings.

If you suspect that someone you know, such as a babysitter or childcare provider, is abusing a child, keep the child away from that person until authorities have been notified. If you suspect the person may abuse the child again, make sure any future contact between the child and that person is supervised. **Never threaten a person or take the law into your own hands.** Let the legal system decide an appropriate punishment for an abuser.

Pediatricians recommend that children who are suspected abuse victims be brought to a hospital, where the initial diagnosis can be made and treatment can be given. Hospitals are havens for abused kids, especially battered children who may need X-rays or cultures for a diagnosis to be made. Imaging can indicate broken bones, which are often the only sign that infants and very young children have been abused, as they aren't able to speak of the abuse themselves.

Psychological help is also strongly recommended. Without it, children who have been abused may suffer emotional problems or repeat the pattern of abuse with their own kids.

Break the Silence - While not all suspicions and accusations of child abuse turn out to be true, all deserve serious attention and immediate action. Child abuse can rob kids of the joy of growing up and affect them negatively for years to come.

But abuse doesn't have to ruin a child's life, as long as it's stopped and dealt with. The earlier abuse can be identified and stopped, the less destructive it will be. Healing from the abuse and dealing with its aftermath can also start that much earlier.

Take any accusations of abuse seriously until you know for sure whether or not they're true. All children deserve to be heard, protected, and helped, no matter what.

Elder Abuse

"Abuse of an elder or dependent adult" is defined as the following:

- Physical abuse (includes sexual abuse)
- Neglect
- Financial abuse
- Abandonment
- Isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering;
- Deprivation by a custodian of goods or services that are necessary to avoid physical harm or mental suffering.

PHYSICAL ABUSE

"**Physical Abuse**" means any of the following:

- Assault
- Battery
- Assault with a deadly weapon or force likely to produce great bodily injury
- Unreasonable physical constraint, or continual deprivation of food or water;
- Sexual assault, that means any of the following:

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- Sexual battery
- Rape
- Rape in concert
- Spousal rape
- Incest
- Sodomy
- Oral copulation
- Penetration of a genital or anal opening

- Use of a physical or chemical restraint or psychotropic medication under any of the following conditions:
  - For punishment.
  - For a period beyond that for which the medication was ordered pursuant to instructions of a physician and surgeon licensed in the State of California, who is providing medical care to the elder or dependent adult at the time the instructions are given.
  - For any purpose not authorized by the physician and surgeon.

Possible Indicators of Physical Abuse - The following descriptions are not necessarily proof of abuse, but they may be clues that a problem exists. Signs that may indicate someone has been a victim of abuse may include:

- Unusual or recurring scratches, bruises, skin tears, welts
- Bilateral bruising (bruises on opposite sides of the body) "Wrap around" bruises
- Bruises around the breasts or genital area Infections around the genital area
- injuries caused by biting, cutting, pinching or twisting of limbs
- Burns (may be caused by hot water)
- Fractures or sprains
- Torn, stained or bloody underclothing
- Any untreated medical condition
- Signs of excessive drugging
- Injuries that are incompatible with explanations
- Intense fear reaction to people in general, or certain individuals in particular

Descriptions are not necessarily proof of abuse, **BUT** they maybe **clues** that a problem exists.

"Neglect" means either of the following:

1. The negligent failure of any person having the care or custody of an elder or a dependent adult to exercise that degree of care that a reasonable person in a like position would exercise.
2. The negligent failure of the person themselves to exercise that degree of care that a reasonable person in a like position would exercise.

Neglect includes, but is not limited to, all of the following:

- Failure to assist in personal hygiene, or in the provision of food, clothing or shelter.
- Failure to provide medical care for physical and mental health needs. No person shall be deemed neglected or abused for the sole reason that he or she voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment.
- Failure to protect from health and safety hazards.
- Failure to prevent malnutrition or dehydration.

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- Failure of a person to provide the needs specified in paragraphs 1-4, inclusive, for themselves due to ignorance, illiteracy, incompetence, mental limitation, substance abuse or poor health.

(Welfare and Institutions Code Section 15610.57)

Possible Indicators of Neglect - The following descriptions are not necessarily proof of neglect, but they may be clues that a problem exists. Some signs that indicate a resident has been a victim of neglect may include:

- Skin disorders or untreated rashes
- Unkempt, dirty, matted or uncombed hair, unshaven
- Neglected bedsores
- Signs of dehydration, malnutrition or sudden weight loss
- Soiled bedding or clothing
- Inadequate clothing
- Hunger
- Absence of, or failure to give prescribed medication
- Lack of necessary dentures, hearing aids or eyeglasses
- Untreated or unattended medical conditions

Abandonment - The desertion or willful forsaking of an elder or a dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.

(Welfare and Institutions Code Section 15610.05)

Financial Abuse - occurs when a person or entity does any of the following:

- Takes, secretes, appropriates, or retains real or personal property of an elder or dependent adult to a wrongful use or with intent to defraud, or both.
- Assists in taking, secreting, appropriating, or retaining real or personal property of an elder or dependent adult to a wrongful use or with intent to defraud, or both.
- A person or entity shall be deemed to have taken, secreted, appropriated, or retained property for a wrongful use if, among other things, the person or entity takes, secretes, appropriates or retains possession of property in bad faith.
- A person or entity shall be deemed to have acted in bad faith if the person or entity knew or should have known that the elder or dependent adult had the right to have the property transferred or made readily available to the elder or dependent adult or to his or her representative.
- For purposes of this section, a person or entity should have known of a right specified in paragraph (1) if, on the basis of the information received by the person or entity or the person or entity's authorized third party, or both, it is obvious to a reasonable person that the elder or dependent adult has a right specified in paragraph (1).
- For purposes of this section, "representative" means a person or entity that is either of the following:
    - A conservator, trustee or other representative of the estate of an elder or dependent adult.
    - An attorney-in-fact of an elder or dependent adult who acts within the authority of the power of attorney.

(Welfare and Institutions Code Section 15610.30)

Possible Indicators of Financial Abuse - The following descriptions are not necessarily proof of financial abuse, but they may be clues that a problem exists. Some signs that indicate a resident has been a victim of financial abuse may include:

- Disappearance of papers, checkbooks, legal documents
- Staff assisting residents with credit card purchases, ATM withdrawals
- Lack of amenities: appropriate clothing, grooming items, etc.
- Bills unpaid despite availability of adequate financial resources
- Provision of services that are not necessary or requested
- Unusual activity in bank accounts, such as withdrawals from automatic teller machines when the person cannot get to the bank
- Denial of necessary and/or needed services by the person controlling the elder or dependent adult's resources
- Use of "representative payee" under suspicious circumstances
- Use of power of attorney or conservatorship when not indicated by certain circumstances

Isolation means any of the following:

- Acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls.
- Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller, or does not wish to meet with the visitor where the statement is false, is contrary to the express wishes of the elder or the dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons.
- False imprisonment, as defined in Section 236 of the Penal Code.
- Physical restraint of an elder or dependent adult, for the purpose of preventing the elder or dependent adult from meeting with visitors.
- The acts set forth in subdivision (a) shall be subject to a rebuttable presumption that they do not constitute isolation if they are performed pursuant to the instructions of a physician and surgeon licensed to practice medicine in the state, who is caring for the elder or dependent adult at the time the instructions are given, and who gives the instructions as part of his or her medical care.
- The acts set forth in subdivision (a) shall not constitute isolation if they are performed in response to a reasonably perceived threat of danger to property or physical safety.

(Welfare and Institutions Code Section 15610.43)

Examples of Isolation:

- A nursing assistant tells a resident's family member that the resident does not wish to speak to them. You are aware, however, that the resident does indeed want to speak to his or her family and has never expressed the desire not to talk with them.

- A nursing assistant restrains a resident in bed and tells the resident's family that the resident is too ill to have visitors.

Possible Indicators of Isolation - The following descriptions are not necessarily proof of isolation, but they may be clues that a problem exists.

Some signs that indicate a resident has been a victim of isolation may include:

- Resident is hesitant to speak freely
- Resident is withdrawn, timid and perhaps overly fearful or untrusting

ADDITIONAL COMPONENTS/DEFINITIONS OF ABUSE

Abduction - means the removal from this state and the restraint from returning to this state, of any elder or dependent adult who does not have the capacity to consent to the removal from this state and restraint from returning to this state, as well as the removal from this state or the restraint from returning to this state, of any conservatee without the consent of the conservator or the court.
(Welfare and Institutions Code Section 15610.06)

"Goods and Services Necessary to Avoid Physical Harm or Mental Suffering" include but are not limited to all of the following:

- The provision of medical care for physical and mental health needs
- Assistance in personal hygiene.
- Adequate clothing
- Adequately heated and ventilated shelter
- Protection from health and safety hazards. Protection from malnutrition, under those circumstances where the results include, but are not limited to, malnutrition and deprivation of necessities or physical punishment.
- Transportation and assistance necessary to secure any of the needs set forth above.

(Welfare and Institutions Code Section 15610.35)

Mental Suffering - means fear, agitation, confusion, severe depression or other forms of serious emotional distress that is brought about by threats, harassment or other forms of intimidating behavior.
(Welfare and Institutions Code Section 15610.53)

Office Protocols

An important component of the office protocol is to establish office procedures. Mandated reporter responsibilities are a team effort. Collaboration and sharing will assist in gathering as many observations and as much data as possible. One mandated reporter can make a report on behalf of the team.

Employers are required to discuss with each mandated reporter employee the fact that they are mandated reporters. Employer should place signed acknowledgment documents in the employee's personnel file and they are strongly encouraged to provide training to these employees regarding their mandated reporter status.

Clinical Protocol

The clinical protocol to gather objective observations begin when the patient enters the door of your practice. The protocol should include:

- General physical assessment
- Behavior assessment
- Patient histories
- Oral examination

- Documentation
- Consultation
- Determination if any action is necessary

Legal Issues & Reporting Suspected Abuse

Confidentiality – the mandated reporter's identity is kept confidential within the state offices involved in the reporting process. If the case should go to court, the mandated reporter's identity would be made known to the court through your written report and pertinent documentation, or if you were required to testify. Most cases do not go to court.

Immunity – a mandated reporter is immune from civil or criminal liability when filing a report, whether or not it turns out that the abuse has occurred. However, this does not mean that the mandated reporter cannot be sued. If sued, the mandated reporter may incur legal fees which can be reimbursed by the state up to $50,000.

Patient provider privilege – in the case of mandated reporting for abuse and neglect the healthcare provider/patient privilege does **not** apply. If a child, parent, caregiver, Elder, dependent adult, or domestic violence victim confides in you that abuse or neglect has occurred, you must report it and are not required to keep the information confidential. This communication is exempt from the HIPPA regulations and it is recommended to tell the patient of the obligation to report, yet this is not required.

Penalties for not reporting – if a dental professional suspects abuse and/or neglect and does not report it, and the abuse is discovered to have occurred, the dental professional can be liable for civil or criminal prosecution that can result in a fine of $1000 and or a jail term of up to six months.

How to report child abuse

- Report suspected abuse immediately, or as soon as practically possible. by phone to Child Protective Services (CPS) in your county.
- A written report must be forwarded within 36 hours of receiving the information by phone regarding the incident.

Official forms, the general instructions, and definitions can be downloaded from the Department of Justice Website.

Ethics and the Law

Ethics is defined as – *the principles and norms of proper professional contact concerning the rights and duties of healthcare professionals themselves and their conduct towards patients and fellow practitioners, including the actions taken in the care of patients and family members.*

Service to the public is the primary obligation of the dentist or dental professional as a professional person. Service to the public includes the delivery of quality, competent, and timely care within the bounds of the clinical circumstances presented by the patient.

Accepting patients – a dentist may exercise reasonable discussion in excepting patients into the dental practice. However, in keeping with the core values of justice, it is unethical

for a dentist to refuse to accept a patient into the practice, deny dental service to a patient, or otherwise discriminate against a patient because of the patient's gender, sexual orientation, racial, religious, or ethnic characteristics.

Standards of Care – Substandard care is unethical for dentist, or dental professional to render, or cause to be rendered. The California dental practice act defines ask which fall below a standard of care.

Informed Consent – fully informed consent is required for the ethical practice of dentistry and is the patients right of self-decision. The patient's legal guardian must be informed if applicable.

Explanation of Treatment – the dentist has the obligation to fully explain proposed treatment, reasonable alternatives, and the risks of not performing treatment to the patient. The dentist shall explain treatment any manner that is accurate, easily understood, and allows for the patient to be involved in treatment decisions.

Reporting Abuse – a licensed dental professional must report suspected abuse.

Patient Confidentiality – all members of the dental team are obligated to safeguard the confidentiality of patient records. Not only is confidentiality a supreme ethical issue, the federal HIPPA laws must be complied with specifically in the dental office.

Obligation to Inform – a dentist, or dental professional, has the obligation to inform patients of the present oral health status. A dentist has the duty to report instances of gross and or continual faulty treatment. The dentist's evaluation would include finding out from the previous treating dentist under what circumstances and conditions the treatment was performed. A difference of opinion as to preferred treatment shall not be communicated to the patient any disparaging manner that implies mistreatment.

Continuing Education – licensed dental professionals have the obligation to advance their knowledge and keep their skills freshened by continuing education throughout their professional lives.

Representations and Claims – in order to properly serve the public, dentists have the obligation to represent themselves in a manner that contributes to the steam of the profession.

False and Misleading Statements – a dentist or dental professional may not mislead a patient or misrepresent in anyway, either directly or indirectly, the dentist's, or dental professionals, identity, training, competence, services, or fees. A statement or claim is false or misleading when it:

- Contains a material misrepresentation of fact.
- Is materially misleading because the statement as a whole makes only a partial disclosure of relevant facts.
- Is intended or is likely to create false or unjustified expectations of favorable results.

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Subjective statements about the quality of dental services can raise ethical concerns. In particular, statement of opinion may be misleading if they are not honestly held, if they misrepresent the qualifications of the holder, or the basis of the opinion, or the patient reasonably interprets them as implied statements of fact. The fundamental issue of whether the advertisement, taken as a whole, is false or misleading of any material respect.

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