1 ☐ **CALIFORNIA DENTAL PRACTICE ACT & ETHICS**
WHERE'S THE LINE, & WHY?

2 ☐ **WHY ARE WE HERE?**

- It's required for re-licensure
- Dental profession has the privilege & obligation to self-govern (within limits)
- The DPA regulates & defines dental practice limits, dedicated to protecting public over other interests

3 ☐ **WHERE IS IT WRITTEN?**

3 layers of state law:
State Constitution
Statutory laws – general ".....Code"
Cal Code of Regulations (CCR) – most specific

To read statutes go to Board website
http://www.dbc.ca.gov/

4 ☐ **WHERE IS IT WRITTEN?**

Statutory laws – general Codes including:
Government
Family
Corporations
Health & Safety
Revenue & Taxation
Welfare & Institutions
Labor
Penal

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

5 ☐ **DENTAL HYGIENE BOARD OF CA**

6 ☐ **NEW REGULATIONS CAN COME FROM:**

- Organizations, individuals, state agencies
- State legislature approves bill
- Governor signs it or allows passage
- Bill becomes a statute, requires separate bill to change
- Dental Board writes & approves regulatory language to implement statute

7 ☐ **DENTAL BOARD OF CALIFORNIA**

- Operates as Bureau under Dept. of Consumer Affairs

- Evaluated ea. 4 years to demonstrate need for existence (Sunset Review)
- Governor appoints all but 2 public members
- Regulatory Board for licensed: DDS, RDA, RDAEF

8 **DENTAL PRACTICE ACT INCLUDES:**

- Definition of dentistry, specialties
- Education, qualifications, exams
- Approved dental school criteria
- Committees & special permits
- Restorative materials fact sheet: risks & efficacy, must update for all pts.
  - Pts sign, provide & retain copies
  - http://www.dbc.ca.gov/formspubs/pub_dmfs_english_webview.pdf
- Diversion (addiction recovery program to secure license)

9 **DENTAL PRACTICE ACT INCLUDES:**

- Health & safety codes, infection control
- Illegal acts, unprofessional conduct, gross negligence
- Prescriptions / drugs
- Criminal act & abuse reporting
- Ethics & consent

10 **2024 CDB UPDATES**

- Licensure requirements
- Dentist & RDH licensure exams
- Foreign dental school approval expirations
- Licensure by credential requirements
- Fictitious name requirement clarification
- License renewal course requirements
- Professional ethics.
- Name or gender change – board recognition and license update

11 **ETHICS**
(ADA, CDA, ADHA, CDHA)
PRINCIPLES OF ETHICS JUSTIFY
DENTAL CODE OF PROFESSIONAL CONDUCT

Public trust = based on our commitment to high ethical standards
Ethical obligations may exceed legal codes

- ADA may find member guilty of unethical conduct:
  - Suspension or expulsion from ADA
- Handouts

12 **WHAT IS REQUIRED?**

1 CODE OF CONDUCT
2
- Knowledge
- Skill
- Technical competence

- Legal qualifications

3 ETHICS

4
- Honesty
- Compassion
- Kindness
- Integrity
- Fairness
- Charity

13 **ADA:**
5 PRINCIPLES OF ETHICS

1. Patient autonomy: pt's rights to self-determination & confidentiality within acceptable limits
2. Non-maleficence ("do no harm")
3. Beneficence ("do good")
4. Justice (fairness)
5. Veracity (truthfulness)

14 **1. PATIENT AUTONOMY: PT'S RIGHTS TO SELF-DETERMINATION & CONFIDENTIALITY WITHIN ACCEPTABLE LIMITS**

- Informed consent
- Right to records (reasonable time & cost)
- Irrespective of finances
- HIPAA rules
-

15 **2. NON-MALEFICENCE (DO NO HARM)**

- Protect patient & staff from harm
- Keep knowledge & skills current
- Know one's limitations, refer when appropriate
- Practice within scope of practice
- Proper use of auxiliaries
- Never work while impaired
- Postexposure response, bloodborne pathogens (DDS as source: disclosures, testing)
- No patient abandonment: proper end of care

16 **3. BENEFICENCE ("DO GOOD")**

- Duty to serve others (public, patients, staff)
- Community service: maintain / elevate esteem of profession
- Balance competing ethical obligations to public & individual patients
  - Crisis management
- Profession's self-governance (Board, ADA, State Dental Assoc.....)
- Mandated reporting (abuse, neglect)
- Safe & fair workplace

17 **4. JUSTICE (FAIRNESS)**

- Deliver care without prejudice

- Applies to patients, colleagues, public
- Do not refuse care due to race, creed, color, gender, sexual orientation, gender identity, national origin or disability, including bloodborne pathogens
  - Not discrimination if medical conditions require referral
- Provide for emergency tx. of patients & return of pts.
- Report continual faulty tx. by other DDS
  - Inform patient if proven or justified
-

18 ☐ **5. VERACITY (TRUTHFULNESS)**

- Be trustworthy
- Communicate truth without deception
- Only make claims that are supported by science
- Same $ charges for ALL pts:
  - Truthful insurance claims
    - Dates, procedures, (un)necessary services….
- Disclosure: conflict of interest
-

19 ☐ **5. VERACITY (TRUTHFULNESS)**

- Report adverse reactions
  - Pt. Hospitalized w/n 2 weeks of tx: notify DB
- Never misrepresent value or necessity of tx, or DDS or auxiliary's qualifications
- No false / misleading advertising by statement, omission or implication
- Gen. Practice vs. Specialist qualifications
-

-

20 ☐ **ADVERTISING**

- Don't lie
- Unlawful: any form of false, fraudulent, misleading or deceptive claim, image, statement related to practicing dentistry or profiting from dental products
- Fee & discount ads must be accurate, precise with disclosures

21 ☐ **DDS LICENSING**

- Illegal to:
  - Misrepresent DDS credentials,
  - Sell, buy or counterfeit or fraudulently use dental degree, license or transcript or
  - Practice without valid license

22 ☐ **MUST POST IN OFFICE:**

Appendix 3
Dental Board of California
Infection Control Regulations

California Code of Regulations Title 16 Section §1005

Minimum Standards for Infection Control

All DHCP must comply with & follow OSHA laws (b) (1-3)

23 **RULES WE MUST FOLLOW**

- OSHA: Occupational Safety & Health Administration laws
  - Based on CDC recs
  - Both mandatory reg's & guidance (not mandatory)
- State Board laws
  - Include CDC & OSHA & ADA standards
- Civil & Health Dept.... laws
- FDA, EPA laws
- Instructions for use

24 **DUTIES OF THE BOARD**

- General duties:
  - Enforce DPA with "Seal"
  - Examine license applicants
  - Apply & collect fees (permits, licenses, fines, exams)
- Compensation: per diem & expenses
- Employs assistants, attorneys, investigators
- Collect information

25 **DUTIES OF THE BOARD**

- Regulatory authority
  - Inspect books, records, premises after complaint (failure to allow inspection = grounds for fines, license suspension, revocation) unless "good cause"
  - Keeps records of licenses, actions
  - Mandatory inspections of general & medical anesthesia & conscious sedation permit holders
  - Random audits - CE records

26 **DEFINITION OF DENTISTRY**

- § 1625 - Dentistry is:
  - 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 as well as the use of drugs, anesthetic agents, and physical evaluation.

27 **THE RULES APPLY TO DENTISTS WHO:**

- Identify themselves in writing as a DDS
- Perform tx or diagnose any oral structures (or offer to)
- Indicate they will alter, construct, repair, or sell any appliance or restoration
- Examine (or offer to) oral structures with intent to treat
- Manage, lease, run any dental facility

28 **EXEMPTIONS**

- Legal executor of deceased DDS estate may operate practice 1 yr. if all legal notification and practice limits are observed
- Students in approved programs
- Emergency services rendered in good faith at scene away from office
- Treatment of an emergency arising from prior tx by another DDS: (not liable for any civil damages)
- DDS not liable for failure to inform if:
  - Pt unconscious
  - DDS thinks immediate tx necessary: no time
  - Pt incapable of giving consent, no time to seek from authorized person §1627

29 **1 COUNCIL, 9 COMMITTEES**

Council: Dent Assisting

Committees:

- Diversion
- Elective Facial Cosmetic Surgery
- Enforcement
- Examination
- Access to Care
- Anesthesia
- Legislative & Reg
- Licensing, Cert & Permits
- Substance Use Awareness

30 **DENTAL ASSISTING COUNCIL MEETS QUARTERLY**

- All matters relating to Dent assistants
- Exams, licensing, permits
- Educ. & CE
- Duties, settings, supervision levels
- Standards of conduct, enforcement
- Infection control

31 **NEW TERMS**

- "Conscious sedation" is now "moderate sedation" meaning a drug-induced depression of consciousness during which a patient responds purposefully to verbal commands and meets other criteria. (Bus. & Prof. Code, § 1647.1.)

- (BPC), § 1646.1, subd. (a) https://www.dbc.ca.gov/formspubs/anesthesia_notice.pdf
-

32 **NEW TERMS**

- "Gen. anesthesia" is now "deep sedation"
- Deep sedation of pts 7 yrs and younger requires "pediatric endorsement" permit

(BPC), § 1646.1, subd. (a)

33 ☐ **DDS PERMITS**

- Moderate Sedation (Adults +/or Minors)
- Deep Sedation (Adults +/or Minors)
- Elective Facial Cosmetic Surgery
  - –26 DDSs have permits
- All require specific CE
- Renew ea. 2 years
- On-site inspections by Board

34 ☐ **REMINDER: PAST RULING**

- January 1, 2019: New infection control standard for procedures that expose dental pulp: irrigation must be "sterile or contain recognized disinfecting or antibacterial properties."
- NOT your daily DUWL product
-
-
-
- Post & comply with: CCR Title 16, sect §1005, CDC & OSHA rules *(b) (1-3)*
  B&PC §1683

35 ☐ **COMMUNICATION ISSUES**

36 ☐ **PATIENT'S PERCEPTION DETERMINES LITIGATION**

37 ☐ **WHO CAN TURN US IN?**
....AND HOW?

- Colleagues, consumers, law enforcement, insurance companies.....
- Patients: not anonymous, public record created
- Colleagues: can be anonymous

38 ☐ **SUBMIT EMAIL ADDRESS TO BOARD**

- If licensed by DBC or DHBC
- Subject: "Electronic Mail Address Requirement"
- Name, license type, License #, email
- Send to: dentalboard@dca.ca.gov
- Also notify Board - address change
- Privacy protected

39 ☐ **ALL LICENSED CLINICIANS: I.D. YOURSELF!**

- In writing, first visit OR
- Must display (on name tag OR license in office):
  - –Educ. Degree
  - –Graduate / postgraduate educ. In specialty
  - –License type & status
  - –Board certification
  - –For supervising physicians & surgeons; hours in facility

• Also on website!

40 ☐ **NOTICE TO PATIENTS OF LICENSURE BY DENTAL BOARD**

Every DDS MUST provide notice to each patient (48 pt type) in office, & electronically for telehealth:

"Dentists are licensed and regulated by the Dental Board of California
(877) 729- 7789
http;//www.dbc.ca.gov"
16 CCR 1065

41 ☐ **NOTICE TO PATIENTS OF LICENSURE BY DENTAL HYGIENE BOARD**

Every DH MUST provide notice to each patient:
"Dental Hygienists are licensed and regulated by the Dental Hygiene Board of California
Business and Professions Code
Division 2, Ch. 4, Article 9
Sections 1900 - 1966.6"
https://www.dhbc.ca.gov/
dhbcinfo@dca.ca.gov
Phone: (916) 263-1978
Fax: (916) 263-2688
2005 Evergreen Street, Suite 1350
Sacramento, CA 95815

42 ☐ **NAME &/OR GENDER CHANGES (JAN 1, 2024)**

- Inform DB of name / gender change
- DB will recognize change: update license & online publicly viewable licensing info.
- Former name / gender is replaced
- When public online search of former name is done, referred to DB
- Enforcement records for previous name/gender are discoverable via DB (Cal. Pub. Records Ace).
-

43 ☐ **NAME &/OR GENDER CHANGES – WHO QUALIFIES?**

- Calif. Safe at Home program:
  - –Confidentially change name in court related to:
    - Domestic violence
    - Stalking
    - Sexual assault
    - Human trafficking

Code of Civil Procedure sect. 1277(b)

44 ☐ **NAME &/OR GENDER CHANGES – WHO QUALIFIES?**

- Those who change name in court to confirm gender identity
  Code of Civil Procedure sect. 1277.5
- Those who obtain court order change name related to gender or sex identifier

– Usually connected to change in birth certificate, marriage license & certificate
Health & Safety Code: Article 7, ch. 11, pt 1 div. 102

45 ☐ **FICTITIOUS NAME PERMITS**

- Any partnership, corp., group of 3 dentists must have valid permit from DB
- Must have ownership of practice
- Valid dental license required
- Name must include at least family name of past, present or prospective partner & "dental group, practice or office"
- May include descriptive terms: geographical and practice focus if truthful, not misleading

BPC Sect. 1701, 1804

46 ☐ **UNICORN SMILES ?**

MUST BE A CORPORATION

47 ☐ **FICTITIOUS NAME PERMITS**

- Permit NOT required:
  - By corporation operating under corporate name
  - By individual using their own name
- Submit Letter of Disassociation for a Fictitious Name Permit to DB if leave group
- Permits are address-specific
  - Change of address requires new permit
- Renewal: delinquency fees
-
-
-
-

48 ☐ **SAFE DRINKING WATER & TOXIC ENFORCEMENT ACT (PROP. 65)**

Must post (update annually):

- Use of chemicals that cause CA or reproductive toxicity
- Bisphenol A (BPA) in composites, & sealants (reproductive toxicity)
- Restorative materials
- Nitrous Oxide

List available: oehha.ca.gov/proposition-65

49 ☐ **POST 6 REVISED LABOR LAW POSTERS**

- Paid sick leave
- Safety & protection on the job
- Minimum wage
- Workplace discrimination & harassment prevention
- CDA.org

50 ☐ **LICENSING & QUALIFICATIONS**

51 ☐ **DDS LICENSURE PATHWAYS**

- National Board written exams
- Law & Ethics exam
- Fingerprinting (for criminal history)
- 2 Clinical Exams (w/n 5 yrs of application):
  - Western Regional Exam (WREB): competencies - diagnosis, tx. planning, restorative, endo, perio, prosthetic dent.
  - Amer. Board of Dental Examiners (ADEX)
  - Manikin exams

https://www.dbc.ca.gov/applicants/become_licensed_dds.shtml

52 ☐ **DDS LICENSURE PATHWAYS**

- By portfolio: all required competencies, "successfully completed" during school
  - Being eliminated
  - No reciprocity, expensive to update program, not popular
- By residency: min. of 12 months GP residency or CODA*-approved advanced program w/n 2 yrs prior to application

53 ☐ **DDS LICENSURE PATHWAYS**

- By credential: May apply in Cal without clinical exam IF:
- Grad of U.S. Dental school, licensed in another state & proof of active clinical practice
- Passed & may not have failed national boards w/n 5 years (also passed regional written exams)

54 ☐ **DDS LICENSURE BY CREDENTIAL**

May apply in Cal without clinical exam IF:

- License not revoked, suspended, restricted
- Min. Of 5,000 hours clinical practice in U.S., 5 of the last 7 immediate consecutive yrs
- w/ 2 yrs clinical practice or residency, other 3 yrs may be fulfilled w/ contract to teach or practice
- Must pass Law & Ethics exam, fingerprinting
-

55 ☐ **TEMP. LICENSURE: ACTIVE MILITARY PERSONNEL, SPOUSES, DOMESTIC PARTNERS**

- DB required to grant temp. license if:
- Licensed out of state, same scope of practice
- Expedited application, fees waived
- Applies to all dental & auxiliary license holders

56 ☐ **APPROVAL OF FOREIGN DENTAL SCHOOLS (JAN 1, 2024)**

- Applicant schools & previously approved schools must now successfully complete international consultative and accreditation by CODA, ADA, or comparable, approved,

accrediting body
- If school = approved at time of graduation, graduates eligible for licensure

57 **DDS LICENSING (DENIAL)**
FORMERLY CONVICTED OR DISCIPLINED OF CRIMES

- Disclosure is voluntary
- All applicants = fingerprinted for criminal history report
- History does not automatically prevent licensure
-
-
-
-
-

58 **DDS LICENSING DENIAL**
FORMERLY CONVICTED OR DISCIPLINED OF CRIMES

- Crimes substantially related to dental qualifications, functions, duties may disqualify applicant - determined by:
  - Nature & gravity of offense:
    - Serious felony
    - Crime requires registration
  - # of years elapsed since offense:
    - Conviction / incarceration, professional misconduct w/n 7 yrs
  - Nature of dental duties
- Board considers rehabilitation, clemency, pardons, dismissal

Penal Code section 1192.7, 290, subdivision (d)(2) or (3). (BPC, § 480, subd. (a)(1).), (CCR), tit. 16, § 1019, subs. (a)
-
-
-

59 **2 RDA LICENSING PATHWAYS**
- May qualify by 15 mos. experience &/or completion of approved educational programs
- Plus: pass Board-approved written law & ethics exam, X-Ray safety & coronal polishing certification courses
-

60 **RDAEF LICENSING**
- RDA must pass approved courses in all advanced RDAEF functions
- Pass written exam
- Clinical exam not required

61 **LICENSE RENEWAL**
- Ea. 2 years, end of birthday month
- No grace period; "practicing without a license"

- Fee assessed 30 days after lapsed

62 ☐ **REMEMBER: ONLINE-ONLY LICENSE RENEWAL**

- Electronic renewals replaced mail
  - 24 – 48 hr. Status update
  - Pocket license: 2-3 weeks
- Will NOT receive renewal notice by mail
- WILL receive renewal reminder postcard ~ 90 days b4 expiration date (for each permit or license held)
- MUST renew through BreEZe: www.BreEZe.ca.gov
- ?'s (916) 263-2300 or dentalboard@dca.ca.gov

63 ☐ **RETIRED LICENSE REDUCED FEE STATUS: DR. MUST:**

- Practiced in Cal 20 yrs or more
- Reached Social Security retirement age
- Customarily provide free dental services
  - May charge nominal fees, income must not disqualify for full SS benefits
  - Still owe any prior outstanding fees
  -
-

64 ☐ **RETIRED "ACTIVE" LICENSE**

- Pay reduced fee
- May offer dental services
- May prescribe meds
- 50 hours CE required / ea. 2 yrs
  - Including all mandatory CE
-

65 ☐ **RETIRED "INACTIVE" LICENSE**

- Pay reduced fee
- May NOT offer dental services that require license
- May NOT prescribe meds
- Exempt from CE requirements
-

66 ☐ **LICENSE RENEWAL**

- Disciplinary cases:
  - "practicing with expired licenses"
  - Some for up to 20 years!
- Employer: responsible for (must check) licensure status of staff

67 ☐ **UNLICENSED "DENTISTS"**

- Poor infection control
  - Disease transmission
- Poor quality care
  - Adverse outcomes
- Drug risks, poor pain management (alcohol often used)

–Accidents, injury, death

68 **THE CHALLENGES**

1 • Chasing unlicensed "dentists"
• Keeping them from re-surfacing
• Protecting & educating public

2 Chasing unlicensed "dentists"
Keeping them from re-surfacing
Protecting & educating public

69 **DENTAL HYGIENE BOARD OF CALIFORNIA (DHBC) § 1900-1966.6**

• Represents RDH's, RDH EF's (Extended Functions), RDH AP's (Alternative Practice)
• 1st of its kind in U.S.
• 9 members, appointed by Governor
–4 public
–1 practicing DDS
–4 RDH's: 1 educator, 1 RDHAP
• Contact DHBC: (916) 263-1978
• https://www.dhbc.ca.gov/

70 **DENTAL HYGIENE BOARD OF CALIFORNIA (DHBC) § 1900-1966.6**

• Issue, review, revoke licenses
• Develop & administer exams
• Adopts regulations
• Determines DH fees & CE regs
• Only DH Committee/Board with complete control over school accreditation
• New DH Schools must show need & feasibility to DHBC B4 CODA

71 **DH LICENSE REQUIREMENTS**

• DH Nat'nl Board & w/n 3 years, one of:
• Western Regional Examination Board (WREB) exam
• Central Regional Dental Testing Services (CRDTS)= Patient-based clinical exams
• American Board of Dent. Examiners (ADEX)
• RDH Law & Ethics

72 **DH LICENSE REQUIREMENTS**

• CRDTS, WREB & ADEX transitioning to mannequin-based exams
• Non- Cal graduates: pass courses in
–Soft Tis Curettage
–Local Anes.
–N2O
–Radiation safety
•
•

73 **EXPEDITED RDH LICENSE APPLICATIONS**

• Protected immigrant, refugee status
• Military or spouse

•

74 ☐ **RDH LICENSURE BY CREDENTIAL**

(apply in Cal without clinical exam)
- Graduate of U.S. CODA accredited DH program
- Passed DH Nat. Boards & State Boards
- Verify completion of Board approved courses:
  - Local Anes.
  - Soft tissue curettage
  - N2O
-
-

75 ☐ **RDHAP LICENSURE QUALIFICATIONS:**
- B.S. Degree & RDH license
- Active DH clinical practice - ≥ 2,000 hrs, last 36 mos.
- 150 hr approved educ. Program
- Pass written exam prescribed by DHBC

76 ☐ **CASE:**
- A DH lets his License lapse
- After 5 years, one month, he tries to renew his license
- Can it be reinstated?

77 ☐ **CASE:**
- A DH lets his License lapse > 5 yrs
- Can he reinstate his license?
- NO, must re-apply as first time applicant, meet all requirements
- Licenses automatically cancel @ 5 years

78 ☐ **INACTIVE DH LICENSE STATUS**
- Must continue to pay renewal fee
- CE not required while inactive
- Allowed indefinitely

To activate license:
- Complete required CE for 2 yr period
- Return original inactive pocket license
- Pay fee

79 ☐ **DISABLED DH LICENSE**
- If disability prevents practicing > 1 yr:
- CE requirements waived for renewal period
- Must pay renewal fee
- Must provide proof of disability & unemployment
-

80 ☐ **RETIRED DH LICENSE**

- Must retire valid license, in good standing (NOT revoked, suspended, expired)
- Board can prosecute all violations
- Complete forms: "Application for a Retired RDH, RDHAP, or RDHEF License" DHBC RLC-01
- Pay $80 fee, no renewal fees
- CE waived
- Must use "retired" with professional name
- MAY NOT PRACTICE ANY DH DUTIES REQUIRING DH LICENSURE

81 ☐ **RETIRED DH ALLOWED DUTIES, WITHOUT SUPERVISION**

To public, free of charge, @ gov. Or sponsored event:

- DH & oral hx education & training
- OH screening
- Apply fluoride varnish
- Must refer pts with oral abnormalities to dentist for exam, diagnosis, tx plan

BPC sect 464, 1905, 1906, 1944

16 CCR §1119. Retired Licensure.

82 ☐ **RESTORING RETIRED DH LICENSE:**

- Submit "Application for Reactivation of a Retired RDH, RDHAP, or RDHEF License" DHBC RLC-02
- Pay fee
- Complete current CE requirements
- Fingerprints
-
-

83 ☐ **CE REQUIREMENTS**

- Dentists – 50 units
- RDH's – 25 units (RDHAP – 35)
- CE credits - limited to 8 hrs/day
- Mandatory CE: (mandated content, registered provider)
- Provider MUST be <u>licensed CE provider or CERP or PACE approved:</u>
  - Registered CE Provider: "Current-Active" Search BreEZe
  - Infection Control (2 hrs.), CDPA (2 hrs.)

84 ☐ **CE REQUIREMENTS**
MANDATED CONTENT, APPROVED PROVIDER

- BLS (<u>≤</u> 4 hrs CE, live course, skills assessment & written test)
  - Given by: Amer. Red Cross, Amer Heart Assoc, or approved by: CERP, PACE, ASHI
- Dentists: 2 hr CE on responsibilities & requirements of prescribing Schedule II opioid drugs & risks of addiction
- Sexual harassment prevention CE is acceptable for mandatory CE credit

85 ☐ **CE REQUIREMENTS**

- Special permit holders (GA, CS): subject- specific CE required for permit renewal
- DA's must pass (DDS responsible, w/n 12 months of hire):
  - IC (8 hours) & radiation safety <u>once</u>

  - –CDPA (2 hr.) once
  - –BLS must be kept current
- Keep CE certificates for 3 renewal periods

86 **MANDATORY CE**

- 80% must be scientifically oriented courses directly related to dental practice, benefiting patients
- 20% may primarily benefit DHCW, but must also benefit pt.
- 50/50 (live vs. remote) rule still applies
  - –50%: Clearly defined "live" course work
    - May be online if live
  - –50%: Clearly defined "home study"
    - Includes recorded / on-line / computer courses

87 **SEXUAL HARASSMENT PREVENTION TRAINING**

- January 1, 2020. SB 1343
- If ≥ 5 employees
- Managers require 2 hrs. Training
- Others require 1 hr.
-

88 **NON-ELIGIBLE CE SUBJECTS**

- Personal money management, "marketing"
- Basic subjects not related to dental practice
- General physical fitness, licensee's personal health;
- Basic skills - memory training & speed reading
- Courses where dentist is the primary beneficiary.
-

89 **AUXILIARY SCOPE OF PRACTICE & SUPERVISION**

90 **AUXILIARY SCOPE OF PRACTICE**
DPA LEGALLY DEFINES
(UPDATES @ 7 YEARS)

- Education, qualifications
- Allowable duties
- Level of supervision
- Allowable settings
- Illegal practices result in:
  - –Criminal offenses
  - –License discipline for person & anyone aiding & abetting

91 **RDA DUTIES, SETTINGS**

- Allowed duties specifically listed
- All other duties = NOT allowed & are illegal

  - Such duties represent dentistry; require knowledge, skill, training of licensed dentist)
- All auxiliary duties & settings (supervision), must be posted in office, visible to all employees

92 **SPECIAL ASSISTANT PERMITS**

- 2 Dental Assistant categories
  - Orthodontic Assistant (OA)
  - Dental Sedation Assistant (DSA)
  - DA's may earn permits
  - IC & DPA CE required to keep permit
  - Pass written exam

93 **SUPERVISION**

- N: Not permitted
- C: Allowed in specified setting, under supervision of DDS, RDH, RDHAP
- G: General
- D: Direct
- WS: Without supervision
-
- DD: Dentist decides (G or D)

94 **SUPERVISION**

- Direct supervision:
  - Procedures based on instructions given by licensed dentist
  - Dentist must be physically present in tx facility during performance of those procedures: (B&P C§ 1741)
- General supervision:
  - Procedures based on instructions given by licensed dentist
  - Dentist's physical presence not required during procedure

95 **VIRTUAL DENTAL HOME**

- Reaches service locations of greatest need – general supervision
- Tele-dentistry requires documented verbal or written consent from pt.
- Must provide name, telephone #, practice address & license # prior to tx

96 **WHAT IS ALLOWED?**

- DA: unlicensed, may perform:
  - specified dental supportive procedures under supervision of licensed dentist:
  - technically elementary, completely reversible, will not cause possible harm
  - Supervising licensed DDS determines competency
- RDA: licensed,
  - may perform: DA duties + other specified procedures, under varying supervision
  - Requires graduation from RDA program or 15 months DA experience + pass exam
- RDAEF: licensed + completed post-licensure clinical & didactic approved training & testing, may perform: RDA duties + others

97 **UNLICENSED DA**

(Dr. Determines competency)

- Extra-oral duties may include:
  - Charting, recordkeeping
  - Sterilization
  - Infection Control
- Intra-oral duties may include:
  - Facebow transfers
  - Photography (intra & extraoral)
  - Bite registration
  - Impressions – non-prosthodontic appliances

98 **RDAEF (EXTENDED FUNCTIONS) DUTIES, SETTINGS § 1753.5**

99 **RDAEF DUTIES, SETTINGS**

- RDAEF: completed post licensure approved training & exam;
- All RDA duties plus;
- Higher risk duties: (supervision – D Dr. must check, approve prior to dismissal)
- Settings: under jurisdiction & control of dentist in approved facility
- DDS May use no more than 3 RDAEF's or RDHEF's
  B&PC § 1753.6-7
-
-

100 **RDA & RDAEF MAY, UNDER DIRECT SUPERVISION OF RDH, RDHAP:**

- Perform coronal polishing
- Apply topical fluoride
- Apply sealants
-

101 **RDH WHAT IS ALLOWED?**

- RDH: licensed, may perform all specified DH duties & DA & RDA duties under specified supervision if licensed before Dec. 31, 2005. If licensed after Jan 1, 2006, must earn RDA license (B&P 1907)
- RDHEF: same as RDAEF - operative duties under supervision, with training, same settings
- RDHAP: Same RDH scope, practice independently;
  - without supervision
  - but with prescription from dentist or physician & surgeon

102 **RDH SCOPE § 1911**

- Includes assessment, development, planning & implementation of DH care plan.
- Oral health educ & screenings, nutritional counseling
- Pts with abnormalities will be referred to dentist

103 **RDH SCOPE INCLUDES § 1911**

- Root planing
- Polishing, contouring restorations
- Pit & fissure sealants

- ITRs: interim Therapeutic Restorations (Gen sup)
- Exams:
  - Perio charting
  - Charting of lesions, restorations, missing teeth
  - Classifying occlusion
  - Myofunctional eval
  - Intra / extra-oral soft tissue exams
- Sub-gingival irrigation (antimicrobials / antibiotics)
- Oral exfoliative cytology

104 ☐ **?**

- The hygiene patient requires anesthesia.
- Dr. will be there during the injection, but needs to leave right after.
- Is this okay?

105 ☐ **?**

- NO
- Administration of local anes. = DS
- DDS = liable & responsible for patient until tx = complete

106 ☐ **RDHAP (ALTERNATIVE PRACTICE) DUTIES, SETTINGS**

- Licensed with approved post-licensure training for AP
- May treat a pt. for up to 18 mos. without proof of DDS visit.
- Then, must have prescription from DDS or MD & surgeon: required to include:
  - Date services prescribed
  - Expiration date (up to 2 years)
  - DH services, special instructions
- Prop AB 502: allows tx of pt. after 18 months without DDS's prescription
-

107 ☐ **RDHAP**

- RDHAP must document relationship with dentist for referrals, emergencies
  - 1 or more dentist, with active licenses, not under discipline by board

108 ☐ **CASE:**

- An RDHAP, working remotely, administered local anesthetic and performed soft tissue curettage after consulting with a DDS.
- Is this allowed?

109 ☐ **CASE:**

- An RDHAP administered local anesthetic and performed soft tissue curettage after consulting with a DDS.
- Is this allowed?
- Yes, but he/she must have:
  - O2 and
  - Another person present: qualified in BLS

110 ☐ **Q:**

- Do we have to wear a name tag?

111 ☐ **A:**

- No, if license is in public view
- Workers must ID self
  - –(Name tag: 18 pt. Type or larger & license #)
- Unless safety risk

112 ☐ **PATIENT TREATMENT RECORDS: CAN YOU INITIAL YOUR ENTRY?**

113 ☐ **YES BUT....**

- May initial PLUS ID #
- Or sign
- Must date entry

114 ☐ **HIPAA**
HEALTH INFORMATION PORTABILITY & ACCOUNTABILITY ACT
PRIVACY OF ALL RECORDS

115 ☐ **2 HIPAA STANDARDS**

1. Privacy
   - –Control of PHI disclosures
2. Security
   - –Safeguard PHI specifically in electronic form (ePHI)

- Unauthorized disclosure or misuse of protected health info. = criminal. Fines - $250,000 & 10 years prison (Omnibus rule)

116 ☐ **CYBER-SECURITY DISASTERS**

- Avoid mistakes & purposeful attacks
- Keep data safe!
  - –Data backup & restoration
    - Have you ever tried to restore your data?
    - Is all data encrypted? (256-bit encryption level?)
  - –Learn & train to detect & prevent cyber attacks
  - –Update software & passwords
  - –

117 ☐ **BE CAREFUL ABOUT PAPER**

118 ☐ **BIGGEST RISKS**

- Hackers (remote access)
- Leaving information accessible
  - –Encrypt and physically secure data
- Untrained staff, casual policies
- No data compromise insurance

119 ☐ **HIPAA**

- Must have written plan, documented training
- Must have written agreements with ANY entity that sees pt. Info.

- File copy services
- When electronic files / images used
- Testimonials, social media, marketing

• Encrypt data & physically protect

120 ☐ **DR. HAS LEFT.**
RDH & RDA ARE WORKING

• Is it OK for RDA to do coronal polishing under direct supervision of RDH?

121 ☐ **DR. HAS LEFT**
RDH & RDA ARE WORKING

• Yes. BUT RDH must determine teeth are calculus-free PRIOR to polishing.
• RDA / RDAEF may also apply topical fluoride & sealants if trained – direct supervision of RDH or RHDEF
• Polishing is not "prophylaxis"

(B&P C§1753.5)

122 ☐ **MANDATED REPORTING**

• 65% of physical child abuse = visible in head / neck region
• 75% of physical injuries from domestic violence are to head, face, mouth & neck
• Dentists, Hygienists, assistants (DA's & RDA's), within professional capacity / scope of employment = responsible to report suspected child, elder, domestic & disabled: <u>abuse & neglect.</u>
• <u>Report "reasonable suspicions" (low threshold)</u>
• <u>$1000 fine & jail for NOT Reporting (liable for civil or criminal prosecution)</u>

123 ☐ **ABUSE = A CRIME**
PUNISHABLE BY IMPRISONMENT – COUNTY JAIL

Anyone who willfully attempts to or does:

• Cause or permit any child to suffer
• Inflict unjustifiable physical pain or mental suffering
• Cause or permit injury or danger to body or health

Cal Penal Code §273a

124 ☐ **IT IS A FELONY TO:**

• Inflict upon a child any cruel or inhuman corporal punishment or an injury resulting in a traumatic condition
• Punishment: prison

Cal Penal Code §273d

•

125 ☐ **WHAT IS ABUSE?**

• Spectrum of repetitive behavior
• Non-accidental physical injury by another person
• An act or failure to act resulting in:
  – Physical abuse / neglect or:

– Sexual abuse / exploitation, including attempted abuse or:
– Emotional abuse
• Fatal abuse is often preceded by minor maltreatment
•
(Pen. Code §11165.6, §11160)
•

126 ☐ **REPORTABLE ABUSE**

1 CHILD, ELDER & DEPENDENT ADULT, DOMESTIC VIOLENCE
2 • Child = under 18 yrs.,
• Elder = 65 yrs. + older
• Special disabilities – any age
•
• (Pen. Code §11165.6)
•
•

127 ☐

• Provider/patient privilege does NOT apply
• Must report if patient / caregiver confides, you suspect abuse / neglect

128 ☐ **REPORT CHILD / ELDER ABUSE: CALL, THEN WRITTEN REPORT**

• Must report suspected child abuse to a county welfare agency or police / sheriff
• Must report elder or dependent adult abuse to county welfare
• Domestic (physical) violence: to local police
• Call, written report – 36 hrs.
Cal Penal Code § 11165.9, 11166(a)

129 ☐ **CLINICAL SIGNS OF ABUSE**

• Bruises, burns, lacerations, abrasions, head, skeletal or pattern injuries (head, neck, limbs, etc.) – new & repeated
• Fractured, abscessed, missing teeth
• Healing or healed bones (X-rays)
• Bite marks
• Hair loss
• Strangulation marks
• Restraint marks
• Bleeding (nose, eyes, ears, mouth)

130 ☐ **STRANGULATION**

• 10% of violent deaths in US each year = strangulation
• Victims = 6 X more females than males

131 ☐ **STRANGULATION**

• Defined as: asphyxia due to closure of blood vessels &/or airway
• Only 11 lbs. of pressure on both carotids for 10 sec. → unconsciousness
• 33 lbs. of pressure closes trachea

132 ☐ **STRANGULATION: LOOK FOR:**

- Visible neck scratches, abrasions, bruises, scrapes
  - –Defensive & attack wounds
- Voice changes: hoarseness, complete loss of voice
- Swallowing / breathing difficulty, pain:
- Injuries may progress to death up to 36 hours after "choking"

133 ☐ **DENTAL NEGLECT**

- Failure of fully informed parent / caregiver to seek or follow through with dental tx essential for adequate function & freedom from pain & infection

134 ☐ **ELDER / DEPENDENT ADULT ABUSE=**

- Willfully causing, permitting, inflicting or attempting:
- Physical abuse, neglect, fiduciary abuse, abandonment, isolation, sexual assault
- Other treatment resulting in physical harm, pain or mental suffering
- Deprivation of goods & services necessary to avoid physical harm or physical suffering
- 90% caused by family members

Cal Penal Code §368, Cal Welfare & Institutions Code §15510.07

135 ☐ **ELDER ABUSE**
WHAT SHOULD YOU LOOK FOR?

1 • Bruises, physical injuries, restraint marks
- Dehydration, malnutrition, very poor oral & body hygiene
- Fear, anger, depression
- Inappropriate behavior
- Notice interaction between caregivers & elder

136 ☐ **CAREGIVERS MAY BE:**

- Overwhelmed
- Impaired
- Narcissistic
- Domineering or bullying
- Sadistic

137 ☐ **DOCUMENTATION / REPORTING**

- Objective observations, descriptions
- Observe demeanor, behavior

"pt. Became quiet and fearful near caregiver"

- Get histories from pt. & caregiver separately. Do they Match?
- Is injury consistent with history?
- Is there a history of similar injuries?
- X-Rays, photos, models

138 ☐ **CALL, THEN WRITE A REPORT**

- If immediate danger: 911!!!
- Call law enforcement or:
- Call County Child or adult Protective Services ASAP

- Submit written report – 36 hours
- Reporter is immune from criminal & civil liability!
- NOT reporting = misdemeanor
-

CPC §11165.9, 11172

139 ☐ **EMPLOYEE ACKNOWLEDGEMENT REQUIRED**

- Employees must sign a statement acknowledging responsibility (C.P.C. 11166.5[a])
- Employer provides statement & copy of Penal Code sect. 11165.7, 11166 and 11167
- Sign, date & witness forms
- Place in personnel file & give copies to employee
- Employer "encouraged" to provide training
- Lack of training does not exempt worker

140 ☐ **LEGAL PROTECTION OF MANDATED REPORTERS**

- Restriction, sanction, prevention of reporting by employers/managers is illegal
  – Establish internal process
- Reporters have immunity from criminal or civil liability
- Reporter's identity is protected within agencies but might be revealed in court

141 ☐ **REPORT FORMS**

- Cal. DOJ, Bureau of Criminal Identification & Info. (916) 227-3285 to get (child) NCR form SS 8572
- Elder or Dependent Adult Abuse Report (SOC 341) – http://www.cdss.ca.gov/Adult-Protective-Services
- Suspected Child Abuse Report (BCIA 8572) – https://oag.ca.gov/childabuse/forms
- Suspicious Injury Report (CAL OES 2-920)- http://www.caloes.ca.gov/GrantsManagementSite/Documents/2-920%20Mandated%20Suspicious%20Injury%20Report.pdf

142 ☐ **RESOURCES**

- Childhelp USA National Child Abuse Hotline: 1-800-422-4453 http://www.childhelpusa.org
- California Long Term Care Ombudsmen Crisis Line: 1-800-231-4024
- California Department of Aging Information Line: 1-800-510-2020 http://www.aging.ca.gov
- The National Domestic Violence Hotline: 1-800-799-SAFE
- Crime and Violence Prevention Center, California Attorney General's Office http://www.safestate.org
- Dental Professionals Against Violence: 1-800-CDA-SMILE ext. 4921
-

143 ☐ **SCOPE OF PRACTICE**

144 ☐ **CAN A DDS USE BOTOX?**

- Therapeutic use: yes, if within scope of practice & if trained
- Cosmetic use: yes, if have Elective Facial Cosmetic Surgery permit (from DBC) & within scope of practice (only 26 DDSs have permits)
- Category 1 permit: facial bone & cartilage structures
- Category 11 permit: soft-tissue contouring, rejuvenation

•
•

145 ☐ **DRUGS**

146 ☐ **CONTROLLED SUBSTANCES ACT (CSA) = FEDERAL LAW**

• 21 US.C. §§801-890, 21 CFR §§1300-1316
• Abide by most stringent law: usually State
• Practitioner's Manual:
https://www.deadiversion.usdoj.gov/pubs/manuals/pract/index.html
Any drug violations: DDS held responsible for office
Citations based only on act, irrespective of intent or knowledge

147 ☐ **CONTROLLED SUBSTANCES ACT SCHEDULES**

• Sched. 1: no accepted medical use (Heroin, LSD) – illegal to use in dentistry
• Sched. 11: high potential for abuse, severe psychological or physical dependency (codeine, opium, hydrocodone drugs: Norco, Percocet, morphine, Demerol, Vicodin,)
• Sched. 111: lower potential for abuse than sched. 11 (Tylenol w/codeine)
• Sched. 1V: lower potential for abuse than sched. 111 (Darvon, Xanax)
• Sched. V: lowest potential for abuse (Robitussin AC, Phenergan w/codeine)

148 ☐ **CURES 2.0**

"Controlled Substance Utilization Review & Evaluation /System"
• = State database of patients with controlled-substance abuse history
• Dr.'s may access only for pt. care
• HIPAA & state health info. privacy laws apply.
• Access: oag.ca.gov/cures-pdmp
• (Civ: 1798-1798.1)
• Must register if have DEA #
•

149 ☐ **? SCHED. II PRESCRIPTIONS:**
MUST YOU ALWAYS CHECK PT'S PRESCRIPTION HISTORY WITH CURES 2.0?

• Yes, 1st prescription & every 6 mos.
• Except for surgical procedure when quantity $\leq$ nonrefillable 5-day supply

150 ☐ **PRESCRIPTION DISPENSING**

• Labeling requirements:
– Patients name
– Doctor's office name
– Date dispensed
– Name of drug
– Dosage
– Quantity
– Exp. Date
– Directions for use
• Child-proof containers
• Meet State & Local laws for storage – at ALL locations drugs are kept

- Records must be kept in 3 places: pt. Chart, separate in log & out log
-

151 ☐ **"DISPENSING" SCHEDULE II & III DRUGS FOR LATER USE**

- Report monthly to CURES
- Lock up controlled drugs
- Maintain a log
- Prior to dispensing, offer to write prescription & have written disclosure of patient's choice to obtain meds at office or pharmacy

152 ☐ **DISPENSERS OF CONTROLLED SUBSTANCES MUST REPORT DISPENSATIONS TO CURES USING VERSION 4.2B OF ASP FORMAT AS OF AUG. 1, 2024**

- Version 4.1 – no longer accepted
- Allow time for software implementation – update early online
- OAG's CURES Website: https://urldefense.com/v3/__https://oag.ca.gov/cures__;!!Em4Sr2I!KlytOA1r9udjWzc88PnAh2ANAWkzpKOTX3Rn7ILcu2esZ8jRoehx0LNZexP9uGLUnvO0-3emao5eLz-UvBqEqPrxhxz66Q$
- DCA's CURES information page: https://www.dca.ca.gov/licensees/cures_update.shtml
-

153 ☐ **PRESCRIPTIONS**

1 • Jan 1, 2022:

- E-prescriptions required for all drugs
- BUT have paper back-up
- Serial number is not reported on an e-prescription. The Electronic Prescription Reference Number is reported on an e-prescription.

154 ☐ **E-PRESCRIPTION EXEMPTIONS**
MAY WRITE PAPER SCRIPT:

- Temporary technical / electrical failures
  - MUST record in chart w/n 72 hours after services are restored
- Prescriptions dispensed outside CAL
- Drugs for terminally ill (Section 11159.2 of the Health and Safety Code)
- E-prescription exemptions may be granted, must renew annually

155 ☐ **PAPER PRESCRIPTIONS – BACK-UP TO ELECTRONIC**

- (AB) 1753 MUST use DOJ Approved Security Prescription Printers and required security prescription forms with unique twelve (12) character serial number & corresponding barcode compliant with the requirements introduced in AB 149 & HSC 11162.1.

Serial # AAANNNANNNNN

156 ☐ **REMINDER**

- When prescribing opioids to minors, must have mandatory informed-consent & <u>discussion</u> about:
  - Risk of opioid addiction & overdose
  - Higher risk for those with mental / addiction disorders
  - Danger: opioids + alcohol or CNS depressants (benzodiazepines)
  - SB 1109

157 **REMINDER:**

- Prescriber must offer naloxone (FDA-approved opioid reversal drug) IF:
  - Dosage ≥ 90 morphine milligram-equivalents (MEQ) /day
  - Opioid prescribed with benzodiazepine
  - Pt. = risk for OD, +/or history of OD / substance-use disorder
    - AB 2760
  -

158 **WHAT DO YOU DO WITH OUT-OF-DATE, DAMAGED, UNWANTED CONTROLLED SUBSTANCES?**

- Transfer to "reverse distributors"
- Local DEA field office has authorized list
- Use official forms, keep records 2 years
  - Sched. II drugs: Use DEA form 222
  - Sched. III-V drugs: can use invoice

159 **CASE: DDS - LICENSE REVOKED**
IMPROPER PRESCRIBING OF DRUGS

- Prescribed several drugs to his stepsons who were not his pts.
- Prescribed for non-dental related problems.
  - Ear infections
  - Sinus infections
  - Refilled asthma meds.
- Prescribed antibiotic Azithromycin several times over 2 - year period
- Convicted of insurance fraud & unlawful practice of medicine

160 **PRESCRIBING ABUSES**

- Lack of documentation
- Over prescribing to both patients and non-patients
  - Must show doctor-patient relationship
  - Must show relationship between drugs & dental treatment
  - Dr. must see pt. first,
  - ONLY Dr. may prescribe

161 **UNPROFESSIONAL CONDUCT**

- Concerns both patients & employees:
  - Lack of informed consent
  - Negligence
  - Sexual misconduct
- B & P Code 1680 "the committing of any act / acts of gross immorality substantially related to the practice of dentistry is considered unprofessional conduct."

162

163 **UNPROFESSIONAL CONDUCT 16 CCR §1018.05**

- Past felony convictions may affect licensure
- New convictions if substantially related to RDA, RDH, or DDS qualifications, functions or

duties must be reported w/n 30 days to the DBC, may be grounds for license revocation
  – DUI…
- Failure to notify CDB of indictment, guilty verdict by military, any state or fed authority = felony

164 ☐ **CASE: LICENSE REVOKED**

- RDA convicted of robbery 6 months ago. Did not disclose to Board.
- While serving jail time, license was revoked

165 ☐ **UNPROFESSIONAL CONDUCT**
FAILURE TO:

- Tx plan
- Show consistency in tx planning – below standard of care
- Do or record periodontal charting
- Inform of conditions, financial obligations, gather consent for tx, review history prior to tx

166 ☐ **UNPROFESSIONAL CONDUCT**

- Failure to refer to a specialist
- Not practicing within the standard of care provisions
- Failing to complete CE's
- Falsely reporting CE's
- Not reviewing most recent X-Rays prior to tx.

167 ☐ **EXAMPLES OF GROSS NEGLIGENCE VIOLATIONS**

- Failing to properly review pt. Health history
- Not taking FMX during 18 mos. of tx.
- Treating intoxicated pt. who also took a Halcion before tx.
- Failing to obtain a biopsy – lesion present for 7 years
- No perio exam over 4 yrs. of tx.

168 ☐ **CONSENT: OPPORTUNITY TO MANAGE PT & PROTECT SELF**

- 2 best risk management strategies:
  – Malpractice insurance
  – Consent
- Who is least likely to be sued?
  – Best communicators!
- Consent is ALWAYS part of EVERY malpractice case
- WHY? Everyone has the right to make decisions about their body (even bad decisions)
- Ethics: patient autonomy

169 ☐ **CONSENT**

- Not getting consent & tx beyond consent (medical malpractice) = battery
- Forgetting consent = negligence
- Consent establishes responsibility
- ALWAYS record consent, even verbal
- Informed refusal: must provide enough info for decision

•

170 ☐ **CONSENT: 2 TYPES**

- Simple (when risks = low & commonly understood)
  - –Cleanings, simple fillings
- Informed (written): required for surgery, extensive tx, or large number of simple procedures
- Must explain: Nature of tx, risks, complications, likelihood of success, expected benefits & alternatives (including NO tx & those risks), conflict of interest
- Harmful or offensive touching without effective consent = battery

171 ☐ **EXAMPLE OF BATTERY**

- Covering person's mouth & nose to quiet them
-

172 ☐ **INFORMED CONSENT**

- Must be made knowingly & given freely
- Express vs. Implied consent
- Methods:
  - –Verbal
  - –Written
  - –Pictures
  - –Video & audio recordings
  - –Forms
- DR. Determines capacity to consent:
  - –Pt. = rational, understands & freely commits
- Dentist alone = responsible, must be involved in consent

173 ☐ **CONSENT TO TREAT MINORS**

- Under age of 18 = minor
- Minors cannot legally consent to their tx or financially commit
  - –Includes minors who are pregnant or are mothers
- Dr.'s must not treat without clearly documented parental consent (potential liability)
- EXCEPTION: fully documented consent prior to serial tx (ortho) – renew if changes, or yearly

Cal. Fam. Code §6500

174 ☐ **MINORS MAY CONSENT IF:**

- Minor is married (validated)
- Minor is on active duty in U.S. Military
- Minor is emancipated by court
- Minor is 15 yo, living away from home & managing own finances

Cal. Fam. Code 7112,*et seq*.

175 ☐ **INCAPACITATED ADULTS: CONSENT**

- Power of consent goes to legal decisionmaker or nearest available family member
- Requires caregivers authorization affidavit: get consent for EVERY procedure

•

176 ☐ **PROTECT INDIVIDUAL AUTONOMY**

INFORMED CONSENT &
INFORMED REFUSAL

177 ☐ **WHO CAN GIVE CONSENT FOR MINORS?**

- Adoptive parents: yes, same as bio parents
- Step parents: NO, never unless adopted child
- Older sibling?
- Teen mother?
- Aunt, other family, not legal guardian?
- Minor living with adult family member & parents agree, need caregivers authorization affidavit

178 ☐ **FINES - CONSIDERATIONS**

- Citations follow violations. But fines vary:
- Good or bad faith exhibited
- Nature & severity of violation
- Evidence of willful violation
- History of similar violations
- Cooperation with Board
- Attempted mitigation of harm or injury caused by violation
- Other matters requested by Board
-

179 ☐ **ETHICS & BEHAVIOR**
OUR OATH PROMISES:

- Compassion & kindness
- Competence – justly expected by patients
- Integrity (honor & decency)
- Veracity (honesty)
- Service to public
- Obligation to inform & explain
- Accepting patients (reasonable discression, no discrimination)
-

180 ☐ **APPLY DENTAL LAWS & DPA REGULATIONS DAILY**

- Protect yourself & staff
- Protect your patients
- Improve public image
- How?
  - –Good will, "patients first"
  - –Listen! Communicate!
  - –Follow up (post-op calls….)

181 ☐ **COMMUNICATING WITH THE BOARDS**

- http://www.dbc.ca.gov/
- 877-729-7789 (Toll Free)
  916-263-2300 (Direct)
  714-247-2100 (Tustin Field Office)
- Cal DPA with Related Statutes & Regs
  –800-223-1940, www.lexisnexis.com
- DHBC: https://www.dhbc.ca.gov/

dhbcinfo@dca.ca.gov
Phone: (916) 263-1978
Fax: (916) 263-2688
TDIC Risk Management Advice Line *800.733.0633*

- *CDA practice support*
- *CDA Legal Reference Guide*

182 ☐ **CALIFORNIA DENTAL PRACTICE ACT & ETHICS WHERE'S THE LINE, & WHY?**

183 ☐ **X-RAY DOSIMETERS – PORTABLE EQUIPMENT**

- Are dosimeters required when using portable x-ray systems?

184 ☐ **X-RAY DOSIMETERS – PORTABLE EQUIPMENT – REQUIRED?**

- CODE OF FEDERAL REGULATIONS, NUCLEAR REGULATORY COMMISSION, 10 CFR 20
- (Incorporated by reference in Section 30253, California Code of Regulations (CCR), Title 17.)

REQUIRES:

- Dosimeters, evaluated monthly
- Records must be available to Dept. of Public Health
- Must use FDA approved device following IFUs
- Backscatter shield permanently attached, unbroken
- Training and records
- EXEMPTION: dosimeters NOT required for Dexcowin DX3000, KaVo Nomad Pro2, Aribex Nomad, Aribex Nomad Pro, Nomad Pro2, Aribex Nomad eXaminer, and Nomad 75kV
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-
-
-
-

185 ☐ **CALIFORNIA REQUIRES X-RAY SHIELDS**

TITLE 17 OF THE CALIFORNIA CODE OF REGULATIONS (CCR)

CDA Code of Ethics

Adopted by the California Dental Association
House of Delegates, November 2017

California Dental Association
1201 K Street, Sacramento, CA 95814
800.232.7645 cda.org

Introduction

The privilege of being a dentist comes with a responsibility to society and to fellow members of the profession to conduct one's professional activities in a highly ethical manner. California Dental Association (CDA) members agree to abide by the tenets embodied in the American Dental Association (ADA) Principles of Ethics and Code of Professional Conduct (ADA Code) and the CDA Code of Ethics. The CDA Code of Ethics, in general, pertains to 1) service to the public, 2) conduct in a dental office and between dental practitioners, and 3) how dental practices and services are promoted. By following the Code of Ethics, dentists build public trust and maintain high ethical standards for the benefit of all.

Preamble

The CDA Code of Ethics consists of values and behavioral principles that serve as guidelines for the ethical practice of dentistry. The CDA Judicial Council may, from time to time, issue advisory opinions setting forth the council's interpretations of the principles set forth in this code. Such advisory opinions are meant to be consultative in nature and are designed to aid in the resolution of specific ethical dilemmas. They are not binding interpretations and do not become a part of this code, but they may be considered as persuasive by the trial body and any disciplinary proceedings under the CDA Bylaws should a dentist be charged with a violation of the ADA Code or the CDA Code of Ethics.

Ethical Principles

As health care professionals, dentists assume publicly-entrusted responsibilities founded on the principle of non-maleficence—first do no harm. Some of the many characteristics of being an ethical dental professional are presented in the American College of Dentists' Core Values and are hereby adopted by the California Dental Association as its core ethical principles:

Autonomy: Patients have the right to determine what should be done with their own bodies. Because patients are moral entities they are capable of autonomous decision-making. Respect for patient autonomy affirms this dynamic in the doctor-patient relationship and forms the foundation for informed consent, for protecting patient confidentiality, and for upholding veracity. The patient's right to self-determination is not, however, absolute. The dentist must also weigh benefits and harms and inform the patient of contemporary standards of oral health care.

Beneficence: Beneficence, often cited as a fundamental principle of ethics, is the obligation to benefit others or to seek their good. While balancing harms and benefits, the dentist seeks to minimize harms and maximize benefits for the patient. The dentist refrains from harming the patient by referring to those with specialized expertise when the dentist's own skills are insufficient.

Compassion: Compassion requires caring and the ability to identify with the patient's overall well-being. Relieving pain and suffering is a common attribute of dental practice. Acts of kindness and a sympathetic ear for the patient are all qualities of a caring, compassionate dentist.

Competence: The competent dentist is able to diagnose and treat the patient's oral health needs and to refer when it is in the patient's best interest. Maintaining competence requires continual self-assessment about the outcome of patient care and involves a commitment to lifelong learning. Competence is the just expectation of the patient.

Integrity: Integrity requires the dentist to behave with honor and decency. The dentist who practices with a sense of integrity affirms the core values and recognizes when words, actions or intentions are in conflict with one's values and conscience. Professional integrity commits the dentist to upholding the professions' Codes of Ethics and to safeguarding, influencing and promoting the highest professional standards.

Justice: Justice is often associated with fairness or giving to each his or her own due. Issues of fairness are pervasive in dental practice and range from elemental procedural issues such as who shall receive treatment first, to complex questions of who shall receive treatment at all. The just dentist must be aware of these complexities when balancing the distribution of benefits and burdens in practice.

Professionalism: Self-governance is a hallmark of a profession and dentistry will thrive as long as its members are committed to actively support and promote the profession and its service to the public. The commitment to promoting oral health initiatives and protecting the public requires that the profession work together for the collective best interest of society.

Tolerance: Dentists are challenged to practice within an increasingly complex cultural and ethnically diverse community. Conventional attitudes regarding pain, appropriate function, and esthetics may be confounded by these differences. Tolerance to diversity requires dentists to recognize that these differences exist and challenges dentists to understand how these differences may affect patient choices and treatment.

Veracity: Veracity, often known as honesty or truth telling, is the bedrock of a trusting doctor-patient relationship. The dentist relies on the honesty of the patient to gather the facts necessary to form a proper diagnosis. The patient relies on the dentist to be truthful so that truly informed decision-making can occur. Honesty in dealing with the public, colleagues and self are equally important.

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Behavioral Principles

Section 1. Service to the Public
Service to the public is the primary obligation of the dentist 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.

1A. Professional Esteem
While serving the public, a dentist has the obligation to act in a manner that maintains or elevates the esteem of the profession.

1B. Accepting Patients Into the Dental Practice
In serving the public, a dentist may exercise reasonable discretion in accepting patients into the dental practice. However, in keeping with the core value 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, gender identity, race, national origin, religion, disability, or ethnicity.

Advisory Opinions:
1.B.1. Patient Abandonment: Once a dentist has undertaken a course of treatment, the dentist should not discontinue that treatment without giving the patient adequate notice and the opportunity to obtain the services of another dentist. Care should be taken that the patient's oral health is not jeopardized in the process.

1.B.2. Notice of Provider Relocation: Patients treated by a dentist who leaves a dental practice have the right to be informed of the dentist's new contact information. It is unethical to withhold this information, if known, upon the request of a patient or to provide misleading information to patients. If the responsibility for notifying the patients falls to the departing dentist rather than the dental practice, the practice should not interfere with the discharge of these duties by withholding patient lists or other necessary information.

1.B.3. As is the case with all patients, when considering the treatment of patients with a disability, the dentist should determine if the patient needs the skills, knowledge, equipment or expertise of another practitioner, and if so, consultation or referral is indicated. Decisions regarding the type of dental treatment provided, or referrals made or suggested, should be made on the same basis as they are made with other patients. The dentist should also determine, after consultation with the patient's physician, if appropriate, if the patient's health status would be significantly compromised by the provision of dental treatment.

1C. Standards of Care
Wherever "standards of care" or "quality services" are undefined by law, such standards or services shall be defined by the California Dental Association or such agency as designated by the association. It is unethical for a dentist to render, or cause to be rendered, substandard care.

1D. Informed Consent
Fully informed consent is essential to the ethical practice of dentistry and reflects the patient's right of self-decision. Except as exempted by state law, a dentist has the obligation to obtain the fully informed consent of the patient or the patient's legal guardian prior to treatment, or the use of any identifiable artifacts (such as photographs, X-rays, study models, etc.) for any purpose other than treatment. Informed consent is also required when using a human subject for research.

Advisory Opinions:
1.D.1. Explanation of Treatment: A 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 in a manner that is accurate, easily understood, and allows patients to be involved in decisions affecting their oral health or their participation in a research project.

1.D.2. Reporting Abuse: When a dentist suspects abuse, the dentist is not legally required to obtain informed consent prior to taking photographs, impressions or x-rays on a minor or dependent adult.

1E. Patient Confidentiality
Dentists are obliged to safeguard the confidentiality of patient records. Dentists shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Upon request of a patient or another dental practitioner, dentists shall provide any information in accordance with applicable law that will be beneficial for the future treatment of that patient.

1F. Obligation to Inform
A dentist has the obligation to inform patients of their present oral health status.

Advisory Opinion:
1.F.1 It is the duty of a dentist to report instances of gross and/or continual faulty treatment. When informing patients of the status of their oral health, the dentist shall exercise care that the comments made are justifiable. This 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 in a disparaging manner which implies mistreatment.

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1G. Health Education of the Public

A dentist may participate in a program of health education of the public, involving such media as the press, radio, television, and lecture, provided that such programs are in keeping with the dignity of the profession.

Advisory Opinion:
1.G.1 Solicitation of Children: Solicitation of children on any private or public school grounds by the use of dental health programs (e.g., dental screening, mouth guards, sealants, etc.) for the purpose of generating referrals or for the financial benefit of the dentists participating in such programs is deemed not to elevate the esteem of the dental profession. For purposes of this advisory opinion, solicitation includes, but is not limited to, dissemination of business cards or any other materials intended to promote the dentist's practice.

Section 2. Government of a Profession

Every profession receives from society the right and obligation to regulate itself, to determine and judge its own members. Such regulation is achieved largely through the influence of the professional societies, and a dentist has the dual obligation of becoming part of a professional society and of observing its rules of ethics.

2A. False Statements

It is unethical for a dentist to make a statement in any document filed with the California Dental Association, its component societies, or the American Dental Association, which is fraudulent or false in a material respect, or which omits to disclose any material fact or matter. For the purpose of this section, the word "material" means "not insubstantial" or "of significance" with respect to reasons for which the document is filed.

Section 3. Cooperation with Duly Constituted Committees

A dentist has the obligation to comply with the reasonable requests of a duly constituted committee, council or other body of the component society or of this association necessary or convenient to enable such a body to perform its functions and to abide by the decisions of such body.

Section 4. Violation of State and Federal Laws

A dentist has the obligation to comply with all state and federal laws and regulations. It is unethical for a dentist to violate any law of the state of California relating to the practice of dentistry or to engage in activity for which the dentist may be reprimanded, disciplined, or sentenced by final action of any court or other authority of competent jurisdiction, when such action reflects unfavorably on dentists or the dental profession. It is also unethical for a dentist to engage in unprofessional conduct as it is defined by the Dental Practice Act.

Section 5. Continuing Education

The right of dentists to professional status rests in the knowledge, skill and experience with which they serve their patients and society. Dentists have the obligation to advance their knowledge and keep their skills freshened by continuing education throughout their professional lives.

Section 6. Representations and Claims

In order to properly serve the public, dentists have the obligation to represent themselves in a manner that contributes to the esteem of the profession.

6A. False and Misleading Advertising and Solicitations

It is unethical for a dentist to mislead a patient or misrepresent in any material respect either directly or indirectly the dentist's identity, training, competence, services, or fees. Likewise, it is unethical for a dentist to advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect.

Advisory Opinions:
6.A.1. False Advertising: A dentist shall not disseminate, permit or cause to be disseminated, or participate in the benefits from any form of advertising containing a statement or claim which is false or misleading in any material respect, for the purpose of, directly or indirectly, soliciting patients or inducing the rendering of dental services.

A statement or claim is false or misleading when it:
a. Contains a material misrepresentation of fact;
b. Is materially misleading because the statement as a whole makes only a partial disclosure of relevant facts; or
c. Is intended or is likely to create false or unjustified expectations of favorable results.

6.A.2. Publicity: A dentist who compensates or gives anything of value to a representative of the press, radio, television or other communication medium in anticipation of, or in return for, professional publicity must make known the fact of such compensation in such publicity.

6.A.3. Public Statements: A dentist shall not issue or cause to be issued through any medium, a public statement expressing or implying official sanction of the ADA, CDA, or any of its component societies, without due consent of the governing body of said organization. Upon receiving such authorization, the dentist shall ascertain that any public statement is scientifically correct and complies with the Code of Ethics.

6.A.4. Subjective statements about the quality of dental services can raise ethical concerns. In particular, statements 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 if the patient reasonably interprets them as implied statements of fact. Such statements will be evaluated on a case by case basis, considering how patients are likely to respond to the impression made by the advertisement as a whole. The fundamental issue is whether the advertisement, taken as a whole, is false or misleading in a material respect.

6B. Professional Titles and Degrees

Dentists may use the degrees conferred upon them by diploma from recognized dental colleges or schools legally empowered to confer the same, the letters "D.D.S." as permitted by state law, and/or the titles, "Doctor" or "Dentist" and any additional advanced academic degrees earned in health service areas. It is unethical for a dentist to use a title or degree in connection with the promotion of any dental or other commercial endeavor when such usage is false or misleading in any material respect.

Advisory Opinions:

6.B.1. Volunteer Position Titles and Experience: A dentist using volunteer position titles and association and/or component society connected experience in any commercial endeavor may be making a representation which is false or misleading in a material respect. Such use of volunteer position titles and association and/or component society connected experience may be misleading because of the likelihood that it will suggest that the dentist using such is claiming superior skills. However, when such usage does not conflict with state law, volunteer position titles and association and/or component society connected experience may be indicated in scientific papers and curriculum vitae which are not used for any commercial endeavor. In any review by the council of the use of volunteer position titles and association and/or component society connected experience, the council will apply the standard of whether the use of such is false or misleading in a material respect.

6.B.2. Additional Advanced Academic Degrees: The phrase "any additional advanced academic degrees earned in health service areas" is interpreted to mean only those degrees that are earned after a dentist graduates from dental or medical school. Use of a degree earned prior thereto may be misleading in a material respect because of the likelihood that it will indicate to the public the attainment of specialty status or advanced dental education. A dentist may list degrees only in the order received. A certificate or license is not a degree and shall not be listed with professional titles or degrees.

6.B.3. Letter Abbreviations: A dentist may append either the letters "D.D.S." as permitted by state law, or the letter abbreviation(s) representing the degree(s) conferred upon the dentist by a recognized dental college or school legally empowered to confer the same, when indicating successful completion of a dental educational program. The simultaneous use of these abbreviations, however, may be making a representation which is false or misleading in a material respect as it implies completion of an increased level of dental education. In any review by the council of the use of letter abbreviations, the council will apply the standard of whether the use of such is false or misleading in a material respect.

6C. Name of Practice

As the name under which a dentist conducts a dental practice may be a factor in the selection process of the patient, it is unethical for a dentist to use a trade name or an assumed name that is false or misleading in any material respect. Use of the name of a dentist no longer actively associated with the practice may be continued for a period not to exceed one year.

Section 7: Billing Practices

A dentist has the obligation to submit any billing for services rendered or to be rendered in a manner which is not fraudulent, deceitful, or misleading.

Advisory Opinions:

7.A.1. Third Party[1] Benefits: A dentist shall avoid any representation that causes patients to believe the dentist is a provider for the patient's third party payer if, in fact, the dentist is not.

7.A.2. Waiver of Copayment: A dentist who accepts a third party payment under a copayment plan as payment in full, without disclosing to the third party payer that the patient's payment portion will not be collected, may be engaged in overbilling. The essence of this ethical impropriety is deception and misrepresentation; an overbilling dentist makes it appear to the third party[1] payer that the charge to the patient for the services rendered is higher than it actually is.

7.A.3. Billing For Services Not Rendered: A dentist shall avoid billing for services not rendered. If payment has been received for a service that is ultimately never rendered, the dentist shall arrange to refund any overpayment immediately.

Section 8. Emergency Service

A dentist has the obligation to make reasonable arrangements for the emergency care of his or her patients of record. A dentist has the obligation, when consulted in an emergency by a patient not of record, to make reasonable arrangements for emergency care of

that patient.
Advisory Opinion:
8.A.1. Continuity of Care: In the interest of preserving the patient's continuity of care, a dentist who treats a patient not of record shall recommend to the patient to continue treatment with the original treating dentist unless the patient expressly reveals a different preference.

Section 9. Consultation and Referral
Whenever the delivery of care to a patient requires diagnostic and therapeutic modalities that are beyond a dentist's scope of services, the dentist has the obligation to inform the patient of all available treatment options and to refer the patient to a provider who is qualified to provide consultation or necessary care.

Some third party[1] payer contracts restrict a contracting dentist's scope of referral to specialists who have contractual arrangements with the payer. Some third party[1] payers also restrict the circumstances under which referrals may be made to contracting specialists. If a dentist believes a patient's condition requires services beyond a third party[1] payer's contracted services or providers, a dentist has the obligation to inform the patient of all available options in order that the patient may decide whether to seek services available within the contracted plan or to accept an outside referral at his or her own expense.

When a patient visits or is referred to a specialist or consulting dentist for consultation:
1. A dentist has the obligation to make a reasonable inquiry to determine whether a prospective patient is currently under the care of another dentist.
2. In the interest of preserving the continuity of care, a specialist or consulting dentist has the obligation to inform the patient of the need to continue care with the referring dentist, unless the patient expressly reveals a different preference.
3. When there is no referring dentist and upon completion of the treatment, a specialist or consulting dentist has the obligation to inform the patient when there is a need for further dental care.

Section 10. Expert Testimony
A dentist may provide expert testimony when that testimony is essential to a just and fair disposition of a judicial or administrative action.

10A. Conflict of Interest
It is unethical for a dentist to engage in activities where personal or professional interests may conflict with the dentist's duties as an expert witness. It is unethical for a dentist to use information learned as expert witness for personal gain or advantage. If a dentist accepts a request from an attorney to provide an expert opinion about a person who is not a patient of the dentist, the dentist shall not accept that person as a patient into his or her practice until the litigation or other proceeding, if any, involving that person has concluded.

10B. Statements on Policies
A dentist has the right to speak out against any policies espoused by organized dentistry, provided the dentist does not misrepresent such policies. It is unethical, however, for a dentist to represent his or her views as those of the dental society or as those of the majority of the dentists of the community when, in fact, those views are opposed to those of the society or the majority of dentists in the community.

10C. Fair and Reasonable Comments
A dentist has the right to make fair comments with respect to dental health subjects, including dentists and the quality of dental care delivered and costs related thereto. However, it is unethical to publish, cause to be published or encourage the publication of comments on such subjects if the dentist does so without having sufficient information that would justify a reasonable dentist to believe the comments to be true. The burden shall be on the commenting dentist to produce the evidence upon which the comments were based and to establish there from that a reasonable dentist would be justified in believing the comments to be true. For the purposes of this section, the word "publication" means any form of communication, including, without limitation, the press, radio, television and lecture.

Section 11. Rebates, Split Fees and Other Fee Arrangements
It is unethical for a dentist to accept or tender "rebates" or "split fees." Other fee arrangements between dentists or other persons or entities of the healing arts which are not disclosed to the patient are unethical.

Advisory Opinion:
11.A.1. Split Fees in Advertising and Marketing Services: The prohibition against a dentist's accepting or tendering rebates or split fees applies to business dealings between dentists and any third party, not just other dentists. However, the prohibition is not applicable to the marketing of dental treatments or procedures via "social coupons" if:
a. The third-party advertiser does not recommend, endorse or select the healthcare provider; and
b. The fee paid to the third-party advertiser is commensurate with the advertising service provided.

In addition, the prohibition against fee splitting is not applicable to marketing via group advertising or referral services that do not base their fees on the number of referrals or amount of professional fees paid by the patient to the dentist.

[1]*A third party is any party to a dental prepayment contract that may collect premiums, assume financial risks, pay claims, and/or provide*

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administrative services.

Code Enforcement

The association's Code of Ethics, although presented in the form of general guidelines, clearly suggests the conduct that a dentist is expected to follow in carrying out professional activities whether they are related to patients or to fellow practitioners.

Problems involving questions of ethics should be solved within the broad boundaries established in this Code of Ethics and within the meaning and interpretation of the Code of Ethics and Bylaws of the constituent and component societies. If a satisfactory decision cannot be reached, the question should be referred, on appeal, to the Council on Ethics, Bylaws and Judicial Affairs of the American Dental Association, as provided in Chapter XII of the Bylaws of the American Dental Association, and also in Chapter XI of the Bylaws of the California Dental Association.

Resources

American Dental Association *Principles of Ethics and Code of Professional Conduct*
American Dental Association *Constitution and Bylaws*
State of California Department of Consumer Affairs *Dental Practice Act*
California Dental Association *Bylaws*

CODE OF ETHICS FOR DENTAL HYGIENISTS

1. Preamble

As dental hygienists, we are a community of professionals devoted to the prevention of disease and the promotion and improvement of the public=s health. We are preventive oral health professionals who provide educational, clinical, and therapeutic services to the public. We strive to live meaningful, productive, satisfying lives that simultaneously serve us, our profession, our society, and the world. Our actions, behaviors, and attitudes are consistent with our commitment to public service. We endorse and incorporate the Code into our daily lives.

2. Purpose

The purpose of a professional code of ethics is to achieve high levels of ethical consciousness, decision making, and practice by the members of the profession. Specific objectives of the Dental Hygiene Code of Ethics are:

$ To increase our professional and ethical consciousness and sense of ethical responsibility.
$ To lead us to recognize ethical issues and choices and to guide us in making more informed ethical decisions.
$ To establish a standard for professional judgement and conduct.
$ To provide a statement of the ethical behavior the public can expect from us.

The Dental Hygiene Code of Ethics is meant to influence us throughout our careers. It stimulates our continuing study of ethical issues and challenges us to explore our ethical responsibilities. The Code establishes concise standards of behavior to guide the public=s expectations of our profession and supports dental hygiene practice, laws and regulations. By holding ourselves accountable to meeting the standards stated in the Code, we enhance the public=s trust on which our professional privilege and status are founded.

3. Key Concepts

Our beliefs, principles, values and ethics are concepts reflected in the Code. They are the essential elements of our comprehensive and definitive code of ethics, and are interrelated and mutually dependent.

4. Basic Beliefs

We recognize the importance of the following beliefs that guide our practice and provide context for our ethics:

$ The services we provide contribute to the health and well being of society.
$ Our education and licensure qualify us to serve the public by preventing and treating oral disease and helping individuals achieve and maintain optimal health.

- $ Individuals have intrinsic worth, are responsible for their own health, and are entitled to make choices regarding their health.
- $ Dental hygiene care is an essential component of overall health care and we function interdependently with other health care providers.
- $ All people should have access to health care, including oral health care.
- $ We are individually responsible for our actions and the quality of care we provide.

5. Fundamental Principles

These fundamental principles, universal concepts and general laws of conduct provide the foundation for our ethics.

Universality
The principle of universality expects that, if one individual judges an action to be right or wrong in a given situation, other people considering the same action in the same situation would make the same judgment.

Complementarity
The principle of complementarity recognizes the existence of an obligation to justice and basic human rights. In all relationships, it requires considering the values and perspectives of others before making decisions or taking actions affecting them.

Ethics
Ethics are the general standards of right and wrong that guide behavior within society. As generally accepted actions, they can be judged by determining the extent to which they promote good and minimize harm. Ethics compel us to engage in health promotion/disease prevention activities.

Community
This principle expresses our concern for the bond between individuals, the community, and society in general. It leads us to preserve natural resources and inspires us to show concern for the global environment.

Responsibility
Responsibility is central to our ethics. We recognize that there are guidelines for making ethical choices and accept responsibility for knowing and applying them. We accept the consequences of our actions or the failure to act and are willing to make ethical choices and publicly affirm them.

6. Core Values

We acknowledge these values as general for our choices and actions.

Individual autonomy and respect for human beings
People have the right to be treated with respect. They have the right to informed consent prior to treatment, and they have the right to full disclosure of all relevant information so that they can make informed choices about their care.

Confidentiality
We respect the confidentiality of client information and relationships as a demonstration of the value we place on individual autonomy. We acknowledge our obligation to justify any violation of a confidence.

Societal Trust
We value client trust and understand that public trust in our profession is based on our actions and behavior.

Nonmaleficence
We accept our fundamental obligation to provide services in a manner that protects all clients and minimizes harm to them and others involved in their treatment.

Beneficence
We have a primary role in promoting the well being of individuals and the public by engaging in health promotion/disease prevention activities.

Justice and Fairness
We value justice and support the fair and equitable distribution of health care resources. We believe all people should have access to high-quality, affordable oral healthcare.

Veracity
We accept our obligation to tell the truth and expect that others will do the same. We value self-knowledge and seek truth and honesty in all relationships.

7. Standards of Professional Responsibility

We are obligated to practice our profession in a manner that supports our purpose, beliefs, and values in accordance with the fundamental principles that support our ethics. We acknowledge the following responsibilities:

To Ourselves as Individuals...
- $ Avoid self-deception, and continually strive for knowledge and personal growth.
- $ Establish and maintain a lifestyle that supports optimal health.
- $ Create a safe work environment.
- $ Assert our own interests in ways that are fair and equitable.
- $ Seek the advice and counsel of others when challenged with ethical dilemmas.
- $ Have realistic expectations of ourselves and recognize our limitations.

To Ourselves as Professionals...

- $ Enhance professional competencies through continuous learning in order to practice according to high standards of care.
- $ Support dental hygiene peer-review systems and quality-assurance measures.
- $ Develop collaborative professional relationships and exchange knowledge to enhance our own lifelong professional development.

To Family and Friends...

- $ Support the efforts of others to establish and maintain healthy lifestyles and respect the rights of friends and family.

To Clients...

- $ Provide oral health care utilizing high levels of professional knowledge, judgment, and skill.
- $ Maintain a work environment that minimizes the risk of harm.
- $ Serve all clients without discrimination and avoid action toward any individual or group that may be interpreted as discriminatory.
- $ Hold professional client relationships confidential.
- $ Communicate with clients in a respectful manner.
- $ Promote ethical behavior and high standards of care by all dental hygienists.
- $ Serve as an advocate for the welfare of clients.
- $ Provide clients with the information necessary to make informed decisions about their oral health and encourage their full participation in treatment decisions and goals.
- $ Refer clients to other healthcare providers when their needs are beyond our ability or scope of practice.
- $ Educate clients about high-quality oral health care.

To Colleagues...

- $ Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, and appropriately open and candid.
- $ Encourage a work environment that promotes individual professional growth and development.
- $ Collaborate with others to create a work environment that minimizes risk to the personal health and safety of our colleagues.
- $ Manage conflicts constructively.
- $ Support the efforts of other dental hygienists to communicate the dental hygiene philosophy and preventive oral care.
- $ Inform other health care professionals about the relationship between general and oral health.
- $ Promote human relationships that are mutually beneficial, including those with other health care professionals.

To Employees and Employers...

- $ Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, open, and candid.
- $ Manage conflicts constructively.
- $ Support the right of our employees and employers to work in an environment that promotes wellness.
- $ Respect the employment rights of our employers and employees.

To the Dental Hygiene Profession...

- $ Participate in the development and advancement of our profession.
- $ Avoid conflicts of interest and declare them when they occur.
- $ Seek opportunities to increase public awareness and understanding of oral health practices.
- $ Act in ways that bring credit to our profession while demonstrating appropriate respect for colleagues in other professions.
- $ Contribute time, talent, and financial resources to support and promote our profession.
- $ Promote a positive image for our profession.
- $ Promote a framework for professional education that develops dental hygiene competencies to meet the oral and overall health needs of the public.

To the Community and Society...

- $ Recognize and uphold the laws and regulations governing our profession.
- $ Document and report inappropriate, inadequate, or substandard care and/or illegal activities by a health care provider, to the responsible authorities.
- $ Use peer review as a mechanism for identifying inappropriate, inadequate, or substandard care provided by dental hygienists.
- $ Comply with local, state, and federal statutes that promote public health and safety.
- $ Develop support systems and quality-assurance programs in the workplace to assist dental hygienists in providing the appropriate standard of care.
- $ Promote access to dental hygiene services for all, supporting justice and fairness in the distribution of healthcare resources.
- $ Act consistently with the ethics of the global scientific community of which our profession is a part.
- $ Create a healthful workplace ecosystem to support a healthy environment.
- $ Recognize and uphold our obligation to provide pro bono service.

To Scientific Investigation...

We accept responsibility for conducting research according to the fundamental principles underlying our ethical beliefs in compliance with universal codes, governmental standards, and professional guidelines for the care and management of experimental subjects. We acknowledge our ethical obligations to the scientific community:

- $ Conduct research that contributes knowledge that is valid and useful to our clients and society.
- $ Use research methods that meet accepted scientific standards.
- $ Use research resources appropriately.

- $ Systematically review and justify research in progress to insure the most favorable benefit-to-risk ratio to research subjects.
- $ Submit all proposals involving human subjects to an appropriate human subject review committee.
- $ Secure appropriate institutional committee approval for the conduct of research involving animals.
- $ Obtain informed consent from human subjects participating in research that is based on specification published in Title 21 Code of Federal Regulations Part 46.
- $ Respect the confidentiality and privacy of data.
- $ Seek opportunities to advance dental hygiene knowledge through research by providing financial, human, and technical resources whenever possible.
- $ Report research results in a timely manner.
- $ Report research findings completely and honestly, drawing only those conclusions that are supported by the data presented.
- $ Report the names of investigators fairly and accurately.
- $ Interpret the research and the research of others accurately and objectively, drawing conclusions that are supported by the data presented and seeking clarity when uncertain.
- $ Critically evaluate research methods and results before applying new theory and technology in practice.
- $ Be knowledgeable concerning currently accepted preventive and therapeutic methods, products, and technology and their application to our practice.