

The Dental Examiner

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From the Director's Desk

Greetings from the Board office! I hope everyone is having a fabulous summer. This special newsletter is being written to supply information to our licensees to answer various questions that have come to us since the beginning of 2024. This is not new information, we are just passing it along to help with the questions we've had.

Most of you know me and my Administrative Assistant, Christina Lesko, who is an extraordinary individual and makes life easier for us here in the office. Christina and I are always available to answer questions, by phone or email. If we do not know the answer, we will do our best to get the answer.

Please take the time to review this information in order to ensure compliance with various areas of the laws and rules. I wish you all the best and hope that you continue to provide the highest quality services you can to your patients and to the community while maintaining the highest level of the standard of care for the practice of dentistry.



Susan M. Combs
Executive Director

Relative Analgesia in West Virginia

The Board Office has received multiple inquiries from various dental offices regarding whether the doctors in their offices would need anesthesia permits to prescribe medications for Relative Analgesia. The Dental Practice Act (§30-4) defines Relative Analgesia as "An induced controlled state of minimally depressed consciousness produced solely by the inhalation of nitrous oxide/ oxygen or a single oral pre-medication without the addition of nitrous oxide/oxygen... dosage should not exceed the recommended dosage limits..." A single dose of a medication such as Diazepam (Valium), given appropriately, would qualify as relative analgesia and would not require a permit. The single dose drugs for relative analgesia requires it be a drug indicated for outpatient/home use not to exceed the recommended Physician Drug Reference dose for outpatient/home use. This will exclude drugs such as Versed because it is not a drug that is indicated for outpatient/home use. Please refer to the WV Dental Practice Act (§30-4) the WV Dental Anesthesia Law (§30-4A) and the Board's rules on the Administration of Anesthesia by Dentists (5CSR12) which are located on the Board's website for further clarification. §30-4A-4 specifically sets forth the standards for the use of relative analgesia which includes monitoring and equipment. The website also has a list of equipment and medications every office must/ should have in the case of a Medical emergency. The following are a few of the key takeaways from this information:

1. Drugs such as Versed are excluded since they are not indicated for home use.
2. If Valium (as an example) is used and does not exceed the recommended Physician Drug Reference dose for outpatient home use, a sedation permit is not required.
3. If Valium is combined with nitrous oxide/oxygen analgesia, a Level 2 permit is needed.
4. Multidosing of a single medication such as Valium (with or without nitrous oxide/oxygen) would require a 3a permit.

Summer 2024

EXPANDED DUTIES REQUIRING A CERTIFICATE

Dental Assistants

The duties listed below require completion of a board-approved course including an examination, as well as an application to the Board for a certificate to perform these duties. These duties are to be done under the direct supervision of a dentist.

Applying topical anticariogenic agents. (Restorative or Orthodontic duties)

Applying pit and fissure sealants. (Restorative duties)

Chemical conditioning of the tooth to accept a restoration and/or bracket. (Restorative duties)

Using a power-driven hand piece with rubber cup and/or brush only for preparing a tooth for accepting a restoration and/or appliance, which shall in no way be represented to the patient as a prophylaxis. (Restorative duties)

Placing retraction cords for crown impressions. (Restorative duties)

Placing or removing temporary space maintainers, orthodontic separating devices, ligatures, brackets and bands. (Orthodontic duties)

Supragingival and coronal polishing (this duty requires two years and at least three thousand hours of clinical experience and a restorative or orthodontic expanded duties certificate). (Coronal Polishing)

Visually monitoring a nitrous oxide analgesia unit. (Assistants can not turn a nitrous oxide unit on, but can turn it off). (Nitrous Oxide Monitoring)

Dental Hygienists

Direct Supervision

These duties require a board-approved course with an examination, as well as an application to the Board for a certificate to perform these duties. These duties are to be done under the direct supervision of a dentist.

Administration of infiltration and block anesthesia. A regional board exam is required, unless the hygienist has a license in local anesthesia in another state. In lieu of the written test, verification of the applicant's local anesthesia permit in the other state is required. (Local Anesthesia)

Use of a laser where the wavelength is limited to no higher than 1064 nanometers, for laser bacterial reduction, laser assisted periodontal therapy, other non-surgical periodontal therapeutic treatments, photobiomodulation, and treatment of herpetic lesions and aphthous ulcers. (Non-Surgical Laser Therapy)

Visually monitoring a nitrous oxide analgesia unit. (Hygienists can not turn a nitrous oxide unit on, but can turn it off). (Nitrous Oxide Monitoring)

General Supervision

Dental Hygienists who have two years and three thousand hours of clinical dental hygiene and have taken a three hour medical emergencies course may apply for a general supervision permit. Duties under general supervision can only be performed after receipt of the permit.

The Board gets questions often about the time-frames and if the supervising dentist is out for an extended period of time, but a fill-in dentist is helping cover the office, how would this work?

First of all, we would like to point out that the hygienist must not treat any patient under general supervision more than 2 consecutive times. The dentist (or fill-in dentist) must have done medical history, diagnosis, and treatment planning not more than 12 months prior. The hygienist can't work under general supervision more than 15 consecutive business days or not more than three consecutive weeks.

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EXPANDED DUTIES REQUIRING A CERTIFICATE – continued

That being said, if the fill-in doctor has reviewed the patient charts and knows what needs to be done and is ok with the hygienist providing the cleaning or treatment they provide then that is fine. If a dentist is present for a day while the hygienist works, then a new 15 day period would begin.

The supervising dentist shall not have more than three dental hygienists treating patients under general supervision in dental offices or treatment facilities at any time when the dentist is not physically present.

Dental hygienists with a general supervision permit must complete 20 hours of CE, which includes 3 hours of medical emergencies every CE period.

The Board recommends a full review of the rule concerning expanded duties in order to familiarize yourself with the different settings that are included in general supervision as well as what duties are or are not permitted under this type of practice.

Public Health

Dental Hygienists who have two years and three thousand hours of clinical dental hygiene and have taken a three hour medical emergencies course and three hours in general public health content may apply for a public health permit. Duties under public health practice can only be performed after receipt of the permit.

Public health dental hygienists, in cooperation with a supervising dentist, shall have a written plan for referral and recording conditions that should be called to the attention of a dentist.

The supervising dentist shall not have more than four dental hygienists engaged in public health practice.

Dental hygienists with a public health permit must complete 26 hours of CE, which includes 3 hours of medical emergencies and 3 hours of general public health content every CE period.

The Board recommends a full review of the rule concerning expanded duties in order to familiarize yourself with the different settings that are included in public health practice as well as what duties are or are not permitted under this type of practice.

Annual Reporting

The dental hygienist and supervising dentist shall submit an annual report to the Board showing those services rendered in alternative settings as outlined in the Board's rules. This is required for those who hold a general supervision permit or a public health permit. Annual reports are not required for those services rendered in a general practice setting.

Dental Health Education

The dental hygienist is key to a patient's dental health education. Instructing a patient on proper oral hygiene practice is an allowable task for a licensed dental hygienist in West Virginia and referenced in the West Virginia Dental Practice Act §30-4-1 et seq.

As advocates of oral health, dental hygienists are charged with providing evidence-based health education to their patients.

Instructional topics can be reflective of comprehensive patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral and overall health.

**As a point of clarification, any licensed dental hygienist can provide dental health education regardless of their level of supervision (direct, general, public health). There is no additional certification required.*

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CONTINUING EDUCATION REQUIREMENTS

Reporting Periods

Licensed dentists and dental hygienists are to report the completion of continuing education credits every two years. The current period is from February 1, 2024 through January 31, 2026. While licenses are renewed annually, CEs are reported every two years on the even years.

Requirements

Dentists are required to complete 35 hours of CE during each reporting period.

Dentists with an anesthesia permit are required to take a number of their hours in areas relative to their sedation permit. Class 2 = 6 hours and Classes 3 and 4 = 16 hours.

Dentists, upon initial licensure and within one year, are required to complete 3 hours of drug diversion training and best practice prescribing of controlled substances training and training on prescribing and administration of an opioid antagonist. Thereafter, dentists are required to continue this training every CE reporting period. There is a waiver form which is required to be completed if the dentist doesn't prescribe and did not take the course during the CE period. There is no waiver for the initial requirement.

Dental Hygienists are required to complete 20 hours of CE during each reporting period.

Dental Hygienists with a general supervision permit are required to complete 3 hours of medical emergencies within the 20 hours.

Dental Hygienists with a public health permit are required to complete an additional 6 hours for a total of 26 hours, which includes 3 hours of medical emergencies and 3 hours of general public health content.

All licensees are required to complete a comprehensive basic life support course for a health care provider, which counts as 3 hours of credit. The Board may not accept courses or re-certifications completed on the internet for basic life support courses unless the course includes a skills examination with a certified instructor.

All licensees are required to complete 2 hours of any one or combination of the following:

- infection control and/or occupational hazards;
- oral effects of tobacco use; or
- oral effects of substance abuse.

Courses Not Approved for Credit

Courses not approved for credit include, but are not limited to, those subjects of estate planning, money management, personal finance, personal business matters, cultural subjects, personal health and recreation, politics, memory training and speed reading.

Categories of Credit

Educational and scientific courses given by permanent or Board approved sponsors can be obtained at 100% of the requirement. These are generally live and in-person courses taken at various conferences and state and local society meetings.

Supervised self-instruction, which includes a testing mechanism supplied by a permanent or Board approved sponsor can be obtained at 80% of the requirement. These courses are graded courses, including, but not limited to, those taken on the internet, correspondence courses, or audio/video courses.

Non-supervised self-instruction, which includes, but is not limited to review of a home study journal, correspondence programs, educational television, audio/video programs, scientific exhibits, and study clubs (other than organized study clubs) credits can be obtained at 10% of the requirement.

CONTINUING EDUCATION REQUIREMENTS CONTINUED

Scientific papers, publications, and scientific presentations wherein an original scientific paper authored by the licensee is published in a scientific professional journal, original presentations of papers, essays, or formal lectures to recognized groups or fellow professions, credits can be obtained at 10% of the requirement.

Teaching and research appointments wherein licensees are involved in teaching or research activities at an accredited dental or dental hygiene facility, dental assisting program, dental laboratory technology program, or a part-time faculty or research appointment in such facility or program can obtain credits at 10% of the requirement.

Original table clinic and scientific exhibits are allowed at 10% of the requirement.

Course subjects on billing, office management, practice building, insurance reimbursement, communication skills, use of dental software, programs and/or dental equipment, credits are limited to 10% of the requirement.

Successful completion of written exams given by the National Boards as well as the written exams given by the various approved regional boards will satisfy the full amount of the requirement for the period during which it was taken.

Dental Committees and Indigent Care Participation

Licensees who serve as elected or appointed members to national, state and local dental, or dental hygiene boards, councils or committees can obtain credits of 1 hour for every 4 hours of meeting time not to exceed 5 hours for each reporting period.

Licensees who provide dental care to indigent patients may obtain one-half hour of credit for every hour of documented treatment not to exceed 8 hours for dentists and 5 hours for dental hygienists.

Exemptions

A licensee who is licensed during a reporting period is not required to complete CE during that first period.

A dentist who is a graduate student in an approved dental specialty program, internship or residency program is not required to complete the 35 hours, but is required to complete the drug diversion requirement and complete a certification course in health care provider basic life support.

A dental hygienist enrolled in an approved dental program is not required to complete the 20 hours of CE, but is required to complete a certification course in health care provider basic life support.

Auditing and Violations

The Board conducts random audits of CE records maintained by dentists and dental hygienists. Licensees are to maintain copies of their CE records for a period of 6 years.

A licensee who fails to successfully complete a CE audit may be subject to disciplinary actions. However, the Board may allow a licensee who does not provide proof of completion of CE courses to make up for the deficiency and assess a late fee.

If a licensee is found to not have completed their CEs upon renewal of their license, the licensee shall pay a penalty fee and has 3 months to satisfy the requirements. A licensee who fails to satisfy the requirement may be subject to disciplinary actions.

A false statement on a renewal or CE form constitutes unprofessional conduct and may result in disciplinary actions.



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LEGISLATIVE UPDATE

The Board recently put into effect an updated set of rules 5CSR10 concerning Practitioner Requirements for Accessing the West Virginia Controlled Substance Monitoring Program Database (CSMP). This rule is available on the Board's website for review.

Currently, going through the legislative process, are 5CSR11, the Continuing Education Rule and 5CSR14, the Mobile Dental Facility & Portable Dental Unit Rule. These proposed rules are located on the home page of the Board's website for review. The Board will review these rules at their meeting in July to finalize an Agency Approved Rule, which will be reviewed by the Legislative Rule Making Review Committee during an interim session sometime this year.

EMERGENCY DRUGS & EQUIPMENT RECOMMENDED FOR ALL DENTAL OFFICES

The following are emergency drugs or equipment that all dental offices should have in case of an emergency.

Oxygen Portable tank with appropriate masks or nasal prongs
Aspirin 325mgs (Chewable)
Diphenhydramine 50mg/ml vial injectable
Albuteral Inhaler
Ammonia Capsules
Epi-pen (Auto injectors) (adult and child) / Epi Ampoules Inject
Nitroglycerine tablets/or spray
Insta-glucose
Diazepam 5mg/ml vial injectable (Recommended)
CPR Breathing mask / Ambu Bag / Mask & positive pressure bag
Blood Pressure Cuff
Stethoscope
Thermometer
AED - Automated External Difibrillator (Highly recommended)
Nasal Naloxone (Highly Recommended) - Free From Local Health Departments