BOARD OF DENTAL EXAMINERS OF ALABAMA

DECEMBER 2020 NEWSLETTER

FROM YOUR BOARD PRESIDENT

Mark R. McIlwain, D.M.D., M.D.

Acts, Rules, Opinions, and Your License

The Dental Practice Act is the bones of your dental license. This is the organizational statutory framework for the practice of dentistry in Alabama. These laws were passed by both the Alabama House of Representatives and the Alabama State Senate, and were signed into law by the Governor. They may be amended or repealed only by an act of the legislature. The Act, found in the Code of Alabama, may be accessed on the Board of Dental Examiners' website, www.dentalboard.org.

An example of the provisions of the Act is Ala. Code (1975), § 34-9-6, which defines what constitutes the practice of dentistry. Another provision, § 34-9-40, allows the licensed dentists and dental hygienists of Alabama to elect their colleagues, nominated by ten fellow licensees, to single five-year terms.

Board rules are the flesh of your dental license. Pursuant to §§ 34-9-43 and 34-9-43.2, the Dental Board is allowed to adopt rules that regulate the practice of dentistry and dental hygiene by licensees. Rules are to implement and clarify the Act, but may never conflict with any statue. An example of a Board rule is Ala. Admin. Code r. 270-X-3-.06 which defines direct supervision by a dentist.

First, a rule is proposed and following parliamentary procedure, if approved by a majority of the Board, the rule is submitted for 35 days of publication in the Alabama Administrative Monthly and must comply with the other notice requirements provided by Ala. Code (1975), § 41-22-5 (a) (1) and the rest of the Alabama Administrative Procedure Act.

The Board then conducts a scheduled public hearing where any citizen may present oral or written arguments for or against the rule. The Board has two

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public readings of the rule at Dental Board scheduled meetings before the rule is approved. The rule then takes effect at a later stated date to allow time for all parties to receive adequate notice and make provisions to comply.

Another example is Rule 270-X-2-.15, standards for infection control in dental offices. This rule allows the Board authority to deal with the unprecedented effects of COVID-19 on dental practice.

Finally, Board Opinions make clear the expectations underlying the Dental Practice Act and Board Rules. A recent example is the Dental Board's Protocol interpreting the CDC and ADPH recommendations concerning COVID-19. The Dental Board conferred with the CDC, current literature, University Medical Center and Dental School best practices, and over 200 years of combined dental practice experience. Remarkably, Alabama's protocol has become an example to other American Dental Boards, relied upon by licensees in other states.

Ultimately, your dental and dental hygiene licenses are very valuable to the citizens of Alabama and to your professional practice. Take time to familiarize yourself with the Dental Practice Act, Board Rules, and Board Opinions that are linked from the Board's website's home page. Your license depends on it.

Do yourself a favor:

DENTISTS:

Make sure you have renewed and paid for your dental license and all permits you hold. If you don't have a printed copy for each of your 2021 annual renewal certificates, log in again to the renewal portal and print them from the *PROFILE* page. **After Dec. 31, reinstatement of your license will cost you an additional $250.00.**

⇒ Make sure that **all hygienists who are in your employ can produce a license renewal certificate for 2021** before allowing them to practice hygiene after December 31st. This will avoid costly administrative fines.

HYGIENISTS:

⇒ Make sure you have renewed and paid for your hygiene license (and infiltration permit) before practicing hygiene/infiltration in 2021. If you don't have a printed copy of your 2021 annual renewal certificates, log in again to the renewal portal and print them from the *PROFILE* page. **After Dec. 31, reinstatement of your license will cost you an additional $100.00.**

KNOW THE RULES:

⇒ The Alabama Practice Act and Board Rules are available from the Board home page, www.dentalboard.org. Review these periodically to ensure the safety of your patients and your staff.

What Constitutes a Comprehensive Periodontal Examination? The Whys, Whats, and Hows

Kevin M. Sims, D.M.D., M.S.

Merriam Webster defines the ***periodontium*** as the**:** supporting structures of the teeth which includes the cementum, the periodontal ligament, the bone of the alveolar process, and the overlying soft tissue (gums). These are the components that keep the teeth healthy and in place. A failure of any of these components can lead to the loss of teeth. I like to compare the periodontium to the foundation of a house; i.e., if the foundation is faulty, then it really doesn't matter how well the roof is made, what colors the walls are painted, or if you have hardwood floors or wall to wall carpet. The house will be on shaky ground and eventually can fail.

If the periodontium is the sole supporting structure of the dentition, we need to ask ourselves how to evaluate it, and what constitutes health or disease. A comprehensive examination requires the clinician to evaluate the appearance of the gingival soft tissue.

- Is there the presence of erythema, edema, ulceration, or any other abnormal tissue appearance?
- Is there an adequate band of keratinized tissue or is there a loss of tissue resulting in recession and exposure of tooth dentin?
- Does the tissue appear hyperplastic or are there signs of gingival desquamation that may indicate underlying disease?
- Are there variations such as a highly attached frenum or shallow vestibular depth that may be contributing factors to oral disease or loss of attachment?

Clinicians must then assess the level of patient home care. Two clinical parameters that should be assessed and recorded are the Plaque Index and the Gingival Index. These indices provide the metrics to track patients' home care over time and to provide short-term and long-term prognoses. These indices also allow practitioners to communicate the patient's level of home care to other dental care providers and allow for comparative values that can be used at each visit to educate the patient on the efficacy of their home care.

The clinician then must probe the gingival sulcus to evaluate the sulcus depth. Any site with a sulcus depth >3 mm is non-cleansable for the patient and facilitates the growth of a subgingival biofilm that will lead to attachment loss over time if not disrupted.

The clinician must also record the level of gingival recession present to determine the degree of attachment loss at each site (sulcus depth + recession = attachment loss). Standardized probing techniques are essential to allow for reproducible values and comparative data from visit to visit. Without standardized and reproducible probing techniques, disease status cannot be diagnosed and disease progression is not verifiable or identifiable.

Since periodontal disease progresses at varying rates among patients and over time within the same patient, it is essential that long term data are recorded correctly and analyzed over time to de-

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termine when intervention should be carried out. Within the dental office, periodontal probes (my favorite being the UNC CP-15) should be part of the normal "tool chest" that each clinician has readily available. Periodontal probing depths (recording 6 sites per tooth) should be recorded as part of the patient record and be completed at least annually. Once disease is identified, it is important to discuss and treatment plan interventional treatment to prevent disease progression and eventual tooth loss.

The Board's Regulatory Authority: The Dental Practice Act (DPA)

Bruce E. Cunningham, D.M.D.

Although the Board's existence can be traced back to 1881, the Board's authority is now found in the DPA—Code of Alabama 1975, Title 34, Chapter 9, which governs the Board and its operations, and also governs people in the state who practice, or purport to practice, dentistry and dental hygiene. Amending the DPA is an arduous task that involves the legislature and requires many steps to ensure, among other things, that the resulting law has no unintended consequences.

BOARD RULES

The DPA grants the Board administrative authority to make rules that implement the DPA. These are all found in Chapter 270 of Alabama's Administrative Code. Although making and/or changing Board rules requires state-level review and time for public comment, the process is more flexible and expeditious than amending the DPA.

BOARD OPINIONS

In addition to the DPA and administrative rules, from time to time the Board will issue opinions to provide clarity and guidance to our licensees. Opinions are often emailed to licensees when they are issued, and they are found on the Board's website under FAQs.

All the above are available on the Board's website www.dentalboard.org. After studying the website, if you have questions, please call the Board office.

Continuing Education and Infection Control

Marshall A. Williams, D.D.S.

Effective infection prevention and control should always be at top-of-mind for any dental facility. The threat of infectious disease, especially during this pandemic, remains a primary concern for all of us. We are concerned about protecting our patients as well as ourselves. Of primary importance is the education of dental health care personnel ("DHCP").

As to mandatory Continuing Education for dentists, Board rule 270-X-4-.04(1)(a)(ii) states, "Dentists must maintain current certification in infectious disease control as it relates to the dental office or to the practice of dentistry. Dentists must achieve a minimum of one (1) hour of Continuing Education in the subject of infectious disease control every two (2) years." Subsection (1)(b)(ii) provides similar requirements for dental hygienists.

The Board has issued an opinion on infection control Continuing Education courses, based on CDC guidelines for infection control in dental settings.

It is the opinion of the Board that any Continuing Education provider who wishes to have a course in infection control approved by the Board must cover all of the following topics in the course:

1. Review of Science Related to Dental Infection control—DHCP are more likely to understand and comply with an infection control program if they understand its rationale.

2. Preventing Transmission of Bloodborne and Airborne Pathogens—exposure to blood- and airborne pathogens can result in transmission from patient to DHCP, from DHCP to patient, and from patient to patient.

3. Hand Hygiene—substantially reduces potential pathogens on the hands and is considered a most critical measure for reducing the risk of transmission.

4. Personal Protective Equipment—PPE protects the skin and the mucous membranes of the eyes, nose, and mouth of DHCP from exposure.

5. Sterilization and Disinfection of Patient Care Items—any items used that can transmit infection must be sterilized or disinfected.

6. Environmental Infection Control—surfaces and equipment that do not contact patients directly can become contaminated during patient care, and must be decontaminated and covered prior to dental procedures.

7. Dental Unit Waterlines, Biofilms, and Water Quality—DHCP should be trained on water quality, biofilm formation treatment methods, and appropriate maintenance protocols for water delivery systems.

8. Dental Handpieces and Other Devices Attached to Air and Waterlines—manufacturers' instructions for cleaning, lubrication, and sterilization should be followed carefully to ensure both the effectiveness of the process and the longevity of the devices.

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9. Dental Radiology—when taking radiographs, the potential to cross contaminate equipment and environmental surfaces is high. Appropriate barrier and disinfection/sterilization procedures for digital radiology sensors, other high-technology intraoral devices and computer components should follow manufacturers' guidelines.

10. Single Use or Disposable Devices—a single-use or disposable device is designed to be used on one patient, and then discarded.

11. Preprocedural Mouth Rinse—antimicrobial mouth rinses used by patients before a dental procedure are intended to reduce the number of microorganisms the patient might release in the form of aerosols or spatter.

12. Handling of Extracted Teeth—OSHA considers extracted teeth to be potentially infectious material that should be disposed of in medical waste containers.

13. Dental Laboratory—dental prostheses, appliances, and items used in their fabrication are potential sources for cross contamination, and should be handled in a manner that prevents exposure to dental personnel and patients.

14. Program Evaluation—evaluation offers an opportunity to improve the effectiveness of both the infection control program and dental practice protocols.

Infection control involves taking steps to prevent the spread of infectious disease to you and your patients.

Reporting Adverse Occurrences

Roberto V. Pischek, D.M.D.

We are all anxious for the calendar year to roll to 2021 and hopefully see normalcy return. Before we turn the page on this year, I would like to highlight rule 270-X-2-.20.

This rule deals with reporting an adverse occurrence in your practice. It states:

Any dentist practicing in the State of Alabama must notify the Board of Dental Examiners of Alabama (Board) of any mortality or significant injury occurring during or directly related to a dental procedure or treatment performed by a dentist or in which a dentist participated in any manner whether occurring in an office, hospital, or other outpatient treatment facility within seven (7) days of the referenced occurrence. A significant injury is defined as physical injury that results in hospital admission.

The dentist has to inform the Board of the occurrence within seven days of learning of the adverse occurrence. Once the Board receives the incident report, the dentist will receive a letter acknowledging the report. The dentist has up to thirty days to send the Board

(a) the description of the dental procedure;
(b) description of preoperative physical condition of the patient, including recorded vitals;
(c) list of drugs and dosages administered;
(d) description, in detail, of techniques utilized in

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administering the drugs used; and

(e) description of the adverse occurrence. You are also required to describe, in detail, symptoms of any complications to include, but not be limited to, the onset and type of symptoms exhibited by the patient and the treatment instituted on the patient. The Board's legal counsel will redact the names of the dentist and the involved patient. The case will be assigned to one of the Board's members for review and presentation to the other Board members for any action to be taken.

I hope that this information has been informative and helpful. Until next time!

Farewell

Sherry S. Campbell, RDH, CDHC

As my term ends and I reflect over the last five years, which have gone by quickly, the uncertainty of what I would experience has ended with a twist from the pandemic.

Never could I have predicted these uncharted times. Prior to 2020, we gathered in person and met for hours on end to create and revise Board Rules and regulations, making much needed changes for protection of the public and our profession. Various obstacles always hinder, however COVID-19 proved most challenging. We, the Board, met it head on with logic, careful thought, and scientific facts. Having to carefully balance between safe practice for patients and ourselves as practitioners was not taken lightly.

Implementing changes in our Board Rules is always ongoing. Our having brought the privilege for hygienists to administer local anesthesia to Alabama has helped in access to care, a needful development that brought us out from the stone ages and put us in line with other hygienist professionals in the country.

We continue to evaluate needed changes to our ADHP, as we desire to improve in order to keep our Hygiene Program strong. It is imperative that our program educate and train to the highest level, in order to provide knowledgeable and skilled hygienists.

In efforts to help mitigate the Opioid Epidemic within our state and region, we adopted and implemented Continuing Education requirements, required checking the PDMP, and adopted daily MME standards. We developed a working and collaborative relationship with the Alabama Department of Public Health and Oral Health Coalition of Alabama, as together we are stronger. Accepting the new clinical typodont manikin exams for licensure is yet another outcome from the pandemic.

It is my opinion that there is just nothing that can compare to testing on a living and

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breathing human; however, these exams are serving as an imperfect but viable measure to accept.

Having had the opportunity to serve as Vice President along with being your Hygienist Board Member has been the highest honor. I have served with integrity, commitment, and compassion. The friendships I have made have forever changed my life, and I am grateful for that. The experience and knowledge I have gained are invaluable. My prayer for each one of you and our Board Members is that of good health and well-being.

I love this great profession of ours.

Serving on the Board and Keeping Patients Safe

Dr. Melodie Anderson Jones

As the newest member of the Board, I want to thank my fellow dentists for their vote to elect me to the Board of Dental Examiners of Alabama. I am humbled and honored to serve on the Board, and look forward to working with the other Board members and the Board staff. I love practicing dentistry and serving our community by improving the oral health of our patients.

The Dental Practice Act and Board Rules, both available on our home page, exist to protect the way dentistry is practiced in our state by advocating for and protecting the patients we serve. Ensuring the safety of our patients is the most important way we protect the public. The Board exists to make certain that dental professionals safely treat each and every patient of each dental practice and clinic in the state of Alabama.

How do we keep our patients safe? Licensure exams (Regional exams such as SRTA, CITA, and CRDTS) ensure that dentists and hygienists have achieved competency in their dental education and skills in order to treat patients. This ensures patient safety.

Another way that comes to mind is maintaining and improving our skills and knowledge through continuous learning. Dentistry involves constant learning. Our continuing education requirements, provided in Board Rule 270-X-4-.04, ensure that we continue learning ways to improve our dental treatment procedures and skills.

Infection control also ensures patient safety by providing an environment where patients can re-

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ceive dental treatment that minimizes the risk of infectious disease transmission. This is especially important in our current global COVID-19 pandemic. The protocols and guidelines established for the current pandemic build upon the precautions that dentistry had in place for decades by combining universal precautions for blood borne and airborne respiratory pathogens. Dentistry infection control procedures provide a safe environment for patients, dentists, hygienists, staff, our families, and our communities. In a safe and clean dental environment, the health of the patient and dental professional team is maintained. See Board Rule 270-X-2-.15. Following Board guidelines helps the dental practitioner stay abreast of the latest guidelines and research from the CDC, NIH, ADPH, and all public health agencies.

Communication is another way to ensure patient safety and wellbeing. Communicating treatment plan risks and benefits to patients is important and must be done at all times. Communicating is the way we educate our patients in order for treatment decisions to be made and informed consent for these procedures obtained. This also involves communicating with our staff, dental professionals, referring dentists, specialists, healthcare professionals, and dental laboratories.

The patient care chart is the most important way treatment and patient care communication is recorded. See Board Rule 270-X-2-.22. Make sure thorough medical histories and updates to these medical histories are recorded. Make sure that the patient chart clearly records and communicates what occurred with every patient and every procedure daily. Charting, treatment notes, medical history, and all treatment documents must be maintained. The dentist is responsible, and must make sure that all of these components are in the chart and that the information is correct for all patients treated in the dental setting. The treatment record is the witness to what occurred in the dental practice. It communicates this to everyone and should fully explain and answer questions about the care you provided for your patient.

Another way to keep patients safe is knowing how to handle emergencies that occur in the dental office. Staying current in CPR and treatment of medical emergencies keeps patients safe. Practicing and rehearsing how to address emergencies in the dental office can be life saving for our patients and the entire dental team. Making sure all emergency kits and AED devices are current and that you know how to use them is akin to insurance for safety.

If you ever need help or guidance on how to keep your patients safe, please ask the Board. The Board is here to help you maintain safety for the public and the patients we serve. The Board website, www.dentalboard.org, is an excellent resource. Refer to the Dental Practice Act and other resources available to you on our website. The professionals on the Board and staff are here to help you keep the patients we serve safe.

Stay healthy and safe everyone!

Merry Christmas

And

Happy New Year

From the Director's Chair

Bradley W. Edmonds, J.D., M.S., M.B.A.

I don't need to tell you that 2020 was an eventful year. Many of you have had your practice disrupted, have had employees or patients test positive for COVID-19, and/or have had to apply for federal financial assistance. This year has been unprecedented for all of us.

Your Board members were not excluded from the hardships. They are practitioners just as you are, and suffered the same business disruptions you suffered. But as an observer, let me tell you that the board members met every challenge, and satisfied their statutory mandate to protect the public in spite of the unexpected challenges. They worked overtime studying new data and reports, answered hundreds (perhaps thousands) of questions from licensees and the general public, and kept the Board administrative offices humming. In addition to all of that:

◊ They authored guidelines for the safe provision of dental care during the pandemic, which guidelines are continually revised as conditions develop.

◊ They instituted videoconference board meetings, which allowed you and the general public to "attend" without having to travel to Birmingham. One meeting early in the pandemic saw more than 500 attendees. Virtual meetings thus have allowed more public involvement than before, which is a good thing.

◊ They amended the rule governing the Alabama Dental Hygiene Program, to promote the Program's continuing contribution to access to care in Alabama, in ways that better anticipate disruptions and allow flexibility without sacrificing quality of training.

2020 has been a unique and challenging year for everyone—dentists, hygienists, restaurant owners, department stores . . . everyone. As a medical layperson, I can tell you without equivocation that your representatives on the Board of Dental Examiners of Alabama have gone above and beyond the call of duty, and they have done so with tremendous success. I am proud to be in their employ.

DID YOU KNOW…

By: Donna L. Dixon, D.M.D., M.A., J.D.

That the Board recently issued an opinion regarding animals in the dental office? The Board stated that animals other than service animals must not be allowed into dental patient care areas. Let me explain the reason for the issuance of this opinion.

The Board has become aware that many dental offices in Alabama allow animals to roam freely inside the professional patient care facility. In fact, some allow patients to request that the dental office animal be present with them during their treatment—often resting comfortably on the patients' laps or upper bodies. Some of these animals are office/dentist "pets" while others may be emotional support animals.

Animals are classified as either pets, emotional support animals, or service animals. Importantly, service animals ARE protected by federal law, but pets and emotional support animals ARE NOT.

Title III of the Americans with Disabilities Act of 1990 requires that a person with a disability requiring a service animal must be allowed access with their service animal into places of public accommodation, including health-care facilities. Remember that the service animal may be excluded from an operating room or similar special care area if the area has restricted access to the general public.

General infection control guidelines dictate such limited access, for instance, where barrier protection (gloves, masks and gowns) must be utilized in the affected space. When dental personnel are not certain that an animal is a service animal, they may ask the person who has the animal if it is a service animal required because of a disability; however, the personnel cannot require that the person present certification or other documentation of the animal's service status.

Although animals potentially carry zoonotic pathogens transmissible to man (viral, bacterial, parasitic and fungal), the risk is minimal with a healthy, clean, vaccinated, well-behaved, and well-trained service animal. Please remember, however, that allowing an office animal to travel to different treatment areas among different patients transmits (potentially infectious) matter from one patient to the next on its coat. This practice, therefore, is not acceptable.

Please remember that Board Rule 270-X-2-.15 requires dental personnel to observe CDC guidelines. for infection control in dental clinics. The Board feels that allowing animals, other than service animals, in treatment areas is violative of CDC guidelines.

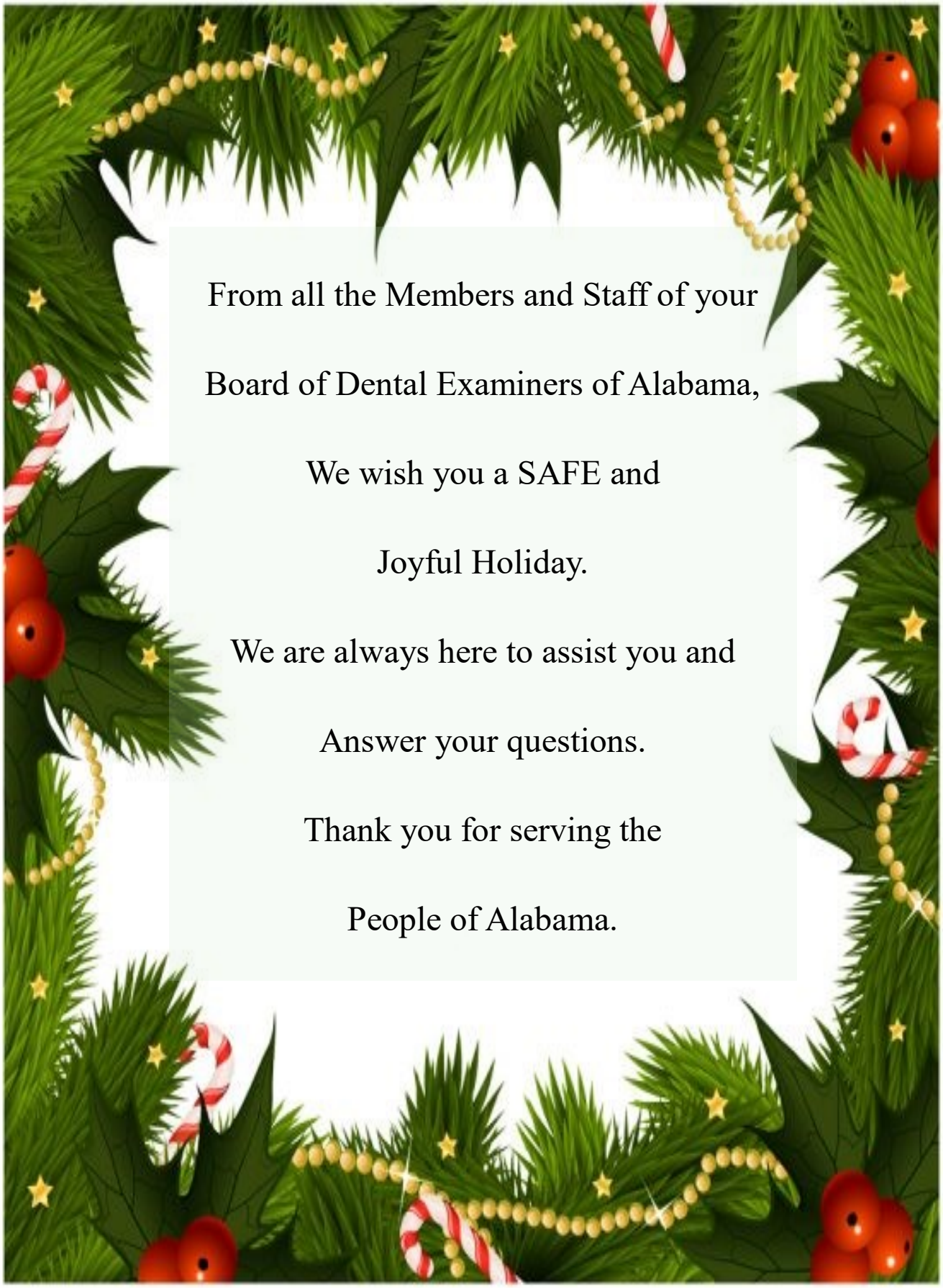
Note From the New Hygienist Representative

Kay Alexander, RDH

Greetings from your new/seasoned Dental Hygiene member!

It is an honor and pleasure to be your voice on the Board of Dental Examiners. Having served in this capacity before, I know that it will be an exciting and challenging endeavor.

I must say that I was disappointed to learn that fewer than 500 of the nearly 4,700 currently licensed hygienists in Alabama chose to vote for this important position. The person you choose to fill this position is responsible for decisions that affect your livelihood. I wish that if you were one of the ones that did not vote that you would email me at kalexander601305@bellsouth.net with your reason for not voting.


From all the Members and Staff of your
Board of Dental Examiners of Alabama,
We wish you a SAFE and
Joyful Holiday.
We are always here to assist you and
Answer your questions.
Thank you for serving the
People of Alabama.