



Scott Walker, Governor
Dave Ross, Secretary

DENTISTRY EXAMINING BOARD
Room 121A, 1400 E. Washington Avenue, Madison
Contact: Brittany Lewin (608) 266-2112
July 9, 2014

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions of the Board.

AGENDA

8:30 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Pledge of Allegiance
- B. Recognition of Board Members
 - 1) New Board Member
- C. Adoption of Agenda (1-4)
- D. APPEARANCE – 8:35 A.M. – Secretary Dave Ross and Assistant Deputy Secretary Tom Engels – Department Update and Questions and Answers
- E. Approval of Minutes – May 7, 2014 (5-8)
- F. Administrative Matters
 - 1) Election of Secretary
 - 2) Update on Status of Mobile Dentistry Scope Statement
- G. Education and Examination Matters
 - 1) Report of NERB Steering Committee Meeting – Eileen Donohoo (9-11)
- H. PDMP Liaison – Discussion and Consideration (12)
- I. Legislative and Administrative Rule Matters – Discussion and Consideration
 - 1) Status of Adopted Rules
 - a. CR 13-060 Amending DE 9 Relating to Lab Work Authorizations
 - b. CR 13-061 Amending DE 11 Relating to Sedation Permits and Classes of Permits
 - c. CR 13-074 Amending DE 12 Relating to Training of Unlicensed Persons
 - d. CR 14-011 Amending DE 8 Relating to record retention

- 2) Implementation of Recent Legislation (**13**)
 - a. Act 354 Relating to Administration of Nitrous Oxide and Practice of Dental Hygiene (**17**)
 - b. Act 341 Relating to Definition of Dentistry (**14**)
 - c. Act 345 Relating to Informed Consent (**15-16**)
- 3) Proposals for amending DE 2, 5 & 6 Relating to Pathway to Licensure for Foreign Trained Applicants
- 4) Scope for Amending DE 1, 10 Relating to Mobile Dentistry (Act 244)
- 5) Status of Pending and Possible Rule Projects

J. Speaking Engagement(s), Travel or Public Relation Request(s) – Discussion and Consideration

- 1) CRDTS Annual Meeting
- 2) NERB

K. Practice Matters – Discussion and Consideration

- 1) **APPEARANCE – 10:00 A.M. – Nan Kosydar Dreves – OSHA/CDC Compliance Issues in Dentistry (18-32)**

L. Informational Items – Discussion and Consideration

M. Items Added After Preparation of Agenda

- 1) Introductions, Announcements and Recognition
- 2) Presentations of Petition(s) for Summary Suspension
- 3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 4) Presentation of Final Decisions and Orders
- 5) Informational Items
- 6) DLSC Matters
- 7) Status of Statute and Administrative Rule Matters
- 8) Education and Examination Matters
- 9) Credentialing Matters
- 10) Practice Questions
- 11) Legislative/Administrative Rule Matters
- 12) Liaison Report(s)
- 13) Informational Item(s)
- 14) Speaking Engagement(s), Travel, or Public Relation Request(s)
- 15) Consulting with Legal Counsel

N. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (Wis. Stat. s. 19.85(1)(a),); to consider licensure or certification of individuals (Wis. Stat. s. 19.85(1)(b), Stats.; to consider closing disciplinary investigations with administrative warnings (Wis. Stat. s. 19.85 (1)(b), and 440.205,); to consider individual histories or disciplinary data (Wis. Stat. s. 19.85 (1)(f),); and to confer with legal counsel (Wis. Stat. s. 19.85(1)(g),).

O. Presentation and Deliberation on Proposed Final Decision and Order

- 1) 13 DEN 027/DHA Case SPS-13-043 – Dennis A. Butler, D.D.S. (33-50)
 - o Case Advisor – Leonardo Huck

P. Presentation and Deliberation on Proposed Stipulations, Final Decisions and Orders by the Division of Legal Services and Compliance (DLSC)

- 1) 13 DEN 036 – Anelin Feilen, D.D.S. (51-57)
 - o Case Advisor – Beth Welter

Q. Presentation and Deliberation on Rescinding Administrative Warning – APPEARANCE 10:40 A.M. – DLSC Attorney Sandra Nowack

- 1) 13 DEN 104 – A.V. (58-60)
 - o Case Advisor – Mark Braden

R. Credentialing Matters – Application Review(s)

- 1) **APPEARANCE 10:45 A.M. – Faculty License Applicant A.A. – Faculty License Application Review and Personal Appearance (61-74)**
- 2) Application Review - R.K. (B.D.S.) (75-143)
- 3) Application Review – A.A.G. (D.D.S.) (144-223)

S. DLSC Matters

- 1) Case Status Report (224)
- 2) Case Closing(s)
 - a. 13 DEN 105 – J.L., D.D.S. (225-228)
 - b. 13 DEN 127 – C.M., D.D.S. (229-233)
 - c. 13 DEN 038 – P.H., D.D.S. (234-237)
 - d. 13 DEN 082 – A.C., D.D.S. (238-240)
 - e. 14 DEN 041 – J.M., D.D.S. (241-243)
 - f. 14 DEN 040 – P.G., D.D.S. (244-245)

T. Consulting with Legal Counsel

U. Deliberation of Items Received After Preparation of the Agenda

- 1) Professional Assistance Procedure (PAP)
- 2) Monitoring Matters
- 3) Administrative Warnings
- 4) Review of Administrative Warning
- 5) Proposed Stipulations, Final Decisions and Orders
- 6) Proposed Final Decisions and Orders
- 7) Orders Fixing Costs/Matters Related to Costs
- 8) Petition(s) for Summary Suspensions
- 9) Petition(s) for Extension of Time
- 10) Petition(s) for Re-hearings
- 11) Complaints
- 12) Education and Examination Issues
- 13) Credential Issues
- 14) Appearances from Requests Received or Renewed

15) Motions

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

ADJOURNMENT

**DENTISTRY EXAMINING BOARD
MINUTES
MAY 7, 2014**

PRESENT: Debra Beres, RDH; Mark Braden, DDS; Eileen Donohoo, RDH; Leonardo Huck, DDS; Lyndsay Knoell, DDS; Sandra Linhart, RDH; Timothy McConville, DDS; Wendy Pietz, DDS; Beth Welter, DDS

STAFF: Brittany Lewin, Executive Director; Karen Rude-Evans, Bureau Assistant

CALL TO ORDER

Lyndsay Knoell, Chair, called the meeting to order at 8:30 a.m. A quorum of nine (9) members was confirmed.

RECOGNITION OF BOARD MEMBER(S)

MOTION: Lyndsay Knoell moved, seconded by Mark Braden, to recognize Sandra Linhart, RDH for her years of service and to thank her for her dedication to the Board. Motion carried unanimously.

ADOPTION OF AGENDA

MOTION: Deb Beres moved, seconded by Eileen Donohoo, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF MARCH 5, 2014

Corrections

➤ Correct the motion on page 3 of 6 to remove “ADEX” and insert “CRDTS”

MOTION: Eileen Donohoo moved, seconded by Deb Beres, to approve the minutes of March 5, 2014 as corrected. Motion carried unanimously.

LEGISLATIVE AND ADMINISTRATIVE RULE MATTERS

Adoption Order for Chs. DE 9, 11, 12 and 8 (CR 13-060, 13-061, 13-074, 14-011)

MOTION: Eileen Donohoo moved, seconded by Beth Welter, to approve the Adoption Order for Clearinghouse Rule CR 13-060, Chs. DE 9 relating to lab authorizations. Motion carried unanimously.

MOTION: Deb Beres moved, seconded by Leo Huck, to approve the Adoption Order for Clearinghouse Rule CR 13-061, Chs. DE 11 relating to sedation permits. Motion carried unanimously.

MOTION: Tim McConville moved, seconded by Wendy Pietz, to approve the Adoption Order for Clearinghouse Rule CR 13-074, Chs. DE 12 relating to training verification forms. Motion carried unanimously.

MOTION: Mark Braden moved, seconded by Lyndsay Knoell, to approve the Adoption Order for Clearinghouse Rule CR 11-011, Chs. DE 8 relating to patient dental records contingent on no action taken by the JCRAR. Motion carried unanimously.

Scope Statement for Chs. DE 1, 10, 11 and 12 – Mobile Dentistry and the Definition of Dentistry

MOTION: Eileen Donoho moved, seconded by Deb Beres, to approve the Scope Statement on Chs. DE 1, 10, 11, & 12 relating to mobile dentistry for submission to the Governor's Office and for publication, and to authorize the Chair to approve the Scope for implementation no less than ten (10) days after publication. Motion carried unanimously.

MOTION: Lyndsay Knoell moved, seconded by Eileen Donohoo, to create an ad hoc committee chaired by Beth Welter to work with DSPS staff to formulate administrative rules on registration of mobile dentistry programs. The committee chair will appoint no more than three (3) additional board members. Motion carried unanimously.

CLOSED SESSION

MOTION: Deb Beres moved seconded by Mark Braden, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Lyndsay Knoell read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Debra Beres-yes; Mark Braden-yes; Eileen Donohoo-yes; Leonardo Huck-yes; Lyndsay Knoell-yes; Sandra Linhart-yes; Timothy McConville-yes; Wendy Pietz-yes; and Beth Welter -yes. Motion carried unanimously.

The Board convened into closed session at 12:35 p.m.

PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS

MOTION: Eileen Donohoo moved, seconded by Deb Beres, to adopt the Findings of Fact, Conclusions of Law, Final Decision and Order in the matter of disciplinary proceedings against **Corey C. Dike, D.D.S, 11 DEN 031**. Motion carried unanimously.

PROPOSED ADMINISTRATIVE WARNINGS

MOTION: Deb Beres moved, seconded by Leo Huck, to issue an Administrative Warning in the matter of **11 DEN 097 (D.P.G., DDS)**. Motion carried unanimously.

MOTION: Leo Huck moved, seconded by Deb Beres, to issue an Administrative Warning in the matter of **13 DEN 118 (A.A.K., DDS)**. Motion carried unanimously.

The Administrative Warning in case **13 DEN 122 (M.B.V., DDS)** was tabled and will be reviewed at a future meeting.

MOTION: Leo Huck moved, seconded by Tim McConville, to issue an Administrative Warning in the matter of **14 DEN 001 (W.J.C., DDS)**. Motion carried unanimously.

MOTION: Eileen Donohoo moved, seconded by Deb Berers, to issue an Administrative Warning in the matter of **13 DEN 104 (A.V.)**. Motion carried unanimously.

APPLICATION REVIEW(S)

MOTION: Lyndsay Knoell moved, seconded by Mark Braden, to approve the dentistry application for licensure of **L.M., BDS**, once all requirements are met. Motion carried unanimously.

CASE CLOSING(S)

MOTION: Eileen Donohoo moved, seconded by Tim McConville, to close case **11 DEN 109 against T.H., DDS, for lack of jurisdiction (L2)**. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Deb Beres moved, seconded by Eileen Donohoo, to reconvene into open session. Motion carried unanimously.

The Board reconvened into open session at 2:45 p.m.

AFFIRM ALL VOTES MADE IN CLOSED SESSION

MOTION: Lyndsay Knoell moved, seconded by Deb Beres, to affirm all votes made in closed session. Motion carried unanimously.

ADJOURNMENT

MOTION: Eileen Donohoo moved, seconded by Deb Beres, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 2:53 p.m.

DRAFT

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Karen Rude-Evans, Bureau Assistant, On Behalf of Eileen Donohoo		2) Date When Request Submitted: June 23, 2014 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: July 9, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Informational Item - Report of NERB Steering Committee Meeting - Eileen Donohoo	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Eileen Donohoo will give a report on the NERB Steering Committee Meeting held June 12-13 in Baltimore, MD.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			
Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Report of NERB Steering Meeting June 12-13 Baltimore, MD
Submitted by: Eileen Donohoo

ADEX Report: June 20, 2014 Board of Directors and Executive Board meeting

- Consists of 12 districts
- 34 member states
- Accepted in 43 states and Puerto Rico
- Dental Exam Committee has 5 sub committees the review each portion of the dental exam
- Dental Hygiene Committee has been working on tablets for the 2015 exam season
- Calibration and standardization exercises being created
- Bruce Barrette's term as president will end in Nov
- Provides exam content to other agencies
- Will make final changes to the Dental Hygiene exam in November.

Report of changes to the ADEX dental and dental hygiene exams (Dr. Ellis Hall)

- Handout given that contains specific details of exams (available upon request.)
- Minor dental changes were made last year
- New medical history for both exams
- Dental hygiene will be using tablets for scoring this year
- Scoring is based on 100 points and the candidates earn points by completing the requirements.
- Exam is modeled after the SRTA hygiene exam with minor alterations.
- Scores will be released within days instead of weeks

Update on Examiner assignment System (EAS)

- New website was unveiled with improved ability and information for examiner assignment and profiles

Update on Quality Assurance and Credentialing Committees

- Dr. Jeff Hartog (MS) reported on progress with Examiner Profiles
- Committee is continuing to work on this
- Dr. David Mayer (Maine) reported that his committee is working with the data to provide individual feedback for examiner performance
- Three Documents from the "Examiner Credentialing Protocol" were approved.

Report on testing results (Dr. Hall)

- Statistics are available upon request
- Results from CIF Dental 2014 and Dental Hygiene 2014 exams.

Examiner Information

- 369 Dental (are or have member on a dental Board)
- 126 Dental Hygienists (are or have been on a dental board)
- 157 Consultant Dentists
- 56 Consultant Dental Hygienists
- Plus examiners from Florida

NERB responsibilities

- Develop credentialing process for examiners
- Qualifications for examiners
- Analysis of examiner performance
- Keep state boards informed
- Administer the ADEX exam

A CE Program was also given on Friday morning titled: "How to Best Manage Deep Carious Lesions during NERB Licensure Exams"

- Examined research related to indirect and direct pulp caps and Slot preps.

Respectfully Submitted,

Eileen Donohoo
June 11, 2014

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 23 June 2014 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 9 July 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative and Administrative Rule Matters – Discussion and Consideration 1. Status of Adopted Rules a. CR 13-060 Amending DE 9 Relating to Lab Work Authorizations b. CR 13-061 Amending DE 11 Relating to Sedation Permits and Classes of Permits c. CR 13-074 Amending DE 12 Relating to Training of Unlicensed Persons d. CR 14-011 Amending DE 8 Relating to record retention 2. Implementation of Recent Legislation a. Act 354 Relating to Administration of Nitrous Oxide and Practice of Dental Hygiene b. Act 341 Relating to Definition of Dentistry c. Act 345 Relating to Informed Consent 3. Proposals for amending DE 2, 5 & 6 Relating to Pathway to Licensure for Foreign Trained Applicants 4. Status of Scope for Amending DE 1, 10 Relating to Mobile Dentistry (Act 244) 5. Status of Pending and Possible Rule Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both		8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed: 1. Verbal Update on status of Adopted Rules 2. Discussion and possible action regarding implementation of recent legislation 3. Proposals from the Board for amending DE 2, 5 & 6; designation of liaison and/or committee 4. Verbal Update on status of Scope amending DE 1, 10			
11) Authorization <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"><i>Sharon Henes</i></div> <div style="width: 35%; text-align: right;"><i>23 June 2014</i></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Signature of person making this request</div> <div style="width: 35%; text-align: right;">Date</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Supervisor (if required)</div> <div style="width: 35%; text-align: right;">Date</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</div> <div style="width: 35%; text-align: right;">Date</div> </div>			
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State of Wisconsin



2013 Assembly Bill 552

Date of enactment: April 23, 2014
Date of publication*: April 24, 2014

2013 WISCONSIN ACT 341

AN ACT *to repeal* 447.01 (8) (a), 447.01 (8) (b), 447.01 (8) (c), 447.01 (8) (d), 447.01 (8) (e), 447.01 (8) (f), 447.01 (8) (g) and 447.01 (8) (h); *to renumber and amend* 447.01 (8) (intro.); *to amend* 447.03 (3) (h); and *to create* 447.01 (8) (bm) of the statutes; **relating to:** the definition and practice of dentistry for professional licensing purposes.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 447.01 (8) (intro.) of the statutes is renumbered 447.01 (8) (am) and amended to read:

447.01 (8) (am) "Dentistry" means the examination, evaluation, diagnosis, prevention, or treatment, ~~planning or care~~ including surgery, of diseases, disorders, or conditions within or of the human oral cavity or its adjacent or associated tissues and structures. "Dentistry" ~~includes any of the following: or of the maxillofacial area, and their impact on the human body.~~

SECTION 2. 447.01 (8) (a) of the statutes is repealed.

SECTION 3. 447.01 (8) (b) of the statutes is repealed.

SECTION 4. 447.01 (8) (bm) of the statutes is created to read:

447.01 (8) (bm) A dentist licensed under this chapter may not perform dental services that are outside the scope of the dentist's relevant education, training, and experience.

SECTION 5. 447.01 (8) (c) of the statutes is repealed.

SECTION 6. 447.01 (8) (d) of the statutes is repealed.

SECTION 7. 447.01 (8) (e) of the statutes is repealed.

SECTION 8. 447.01 (8) (f) of the statutes is repealed.

SECTION 9. 447.01 (8) (g) of the statutes is repealed.

SECTION 10. 447.01 (8) (h) of the statutes is repealed.

SECTION 11. 447.03 (3) (h) of the statutes is amended to read:

447.03 (3) (h) A physician ~~or surgeon~~ licensed in this state who extracts teeth, or operates upon the palate or maxillary bones and investing tissues, or who administers anesthetics, either general or local under subch. II of ch. 448 acting within the scope of his or her license.

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

State of Wisconsin



2013 Senate Bill 518

Date of enactment: **April 23, 2014**
Date of publication*: **April 24, 2014**

2013 WISCONSIN ACT 345

AN ACT *to renumber and amend* 448.695 (1); and *to create* 446.02 (11), 446.08, 447.02 (2) (f), 447.40, 448.695 (1) (b), 448.697 and 449.25 of the statutes; **relating to:** a duty of podiatrists, chiropractors, dentists, and optometrists to inform patients of treatment options and granting rule-making authority.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 446.02 (11) of the statutes is created to read:

446.02 (11) The examining board shall promulgate rules implementing s. 446.08.

SECTION 2. 446.08 of the statutes is created to read:

446.08 Informed consent. Any chiropractor who treats a patient shall inform the patient about the availability of reasonable alternate modes of treatment and about the benefits and risks of these treatments. The reasonable chiropractor standard is the standard for informing a patient under this section. The reasonable chiropractor standard requires disclosure only of information that a reasonable chiropractor would know and disclose under the circumstances. The chiropractor's duty to inform the patient under this section does not require disclosure of any of the following:

- (1) Detailed technical information that in all probability a patient would not understand.
- (2) Risks apparent or known to the patient.
- (3) Extremely remote possibilities that might falsely or detrimentally alarm the patient.
- (4) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.

(5) Information in cases where the patient is incapable of consenting.

(6) Information about alternate modes of treatment for any condition the chiropractor has not included in his or her diagnosis at the time the chiropractor informs the patient.

SECTION 3. 447.02 (2) (f) of the statutes is created to read:

447.02 (2) (f) Provisions implementing s. 447.40.

SECTION 4. 447.40 of the statutes is created to read:

447.40 Informed consent. Any dentist who treats a patient shall inform the patient about the availability of reasonable alternate modes of treatment and about the benefits and risks of these treatments. The reasonable dentist standard is the standard for informing a patient under this section. The reasonable dentist standard requires disclosure only of information that a reasonable dentist would know and disclose under the circumstances. The dentist's duty to inform the patient under this section does not require disclosure of any of the following:

- (1) Detailed technical information that in all probability a patient would not understand.
- (2) Risks apparent or known to the patient.
- (3) Extremely remote possibilities that might falsely or detrimentally alarm the patient.

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

(4) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.

(5) Information in cases where the patient is incapable of consenting.

(6) Information about alternate modes of treatment for any condition the dentist has not included in his or her diagnosis at the time the dentist informs the patient.

SECTION 5. 448.695 (1) of the statutes is renumbered 448.695 (1) (intro.) and amended to read:

448.695 (1) (intro.) The affiliated credentialing board shall promulgate all of the following rules defining:

(a) Rules defining the acts or attempted acts of commission or omission that constitute unprofessional conduct under s. 448.60 (5).

SECTION 6. 448.695 (1) (b) of the statutes is created to read:

448.695 (1) (b) Rules implementing s. 448.697.

SECTION 7. 448.697 of the statutes is created to read:

448.697 Informed consent. Any podiatrist who treats a patient shall inform the patient about the availability of reasonable alternate modes of treatment and about the benefits and risks of these treatments. The reasonable podiatrist standard is the standard for informing a patient under this section. The reasonable podiatrist standard requires disclosure only of information that a reasonable podiatrist would know and disclose under the circumstances. The podiatrist's duty to inform the patient under this section does not require disclosure of any of the following:

(1) Detailed technical information that in all probability a patient would not understand.

(2) Risks apparent or known to the patient.

(3) Extremely remote possibilities that might falsely or detrimentally alarm the patient.

(4) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.

(5) Information in cases where the patient is incapable of consenting.

(6) Information about alternate modes of treatment for any condition the podiatrist has not included in his or her diagnosis at the time the podiatrist informs the patient.

SECTION 8. 449.25 of the statutes is created to read:
449.25 Informed consent. (1) Any optometrist who treats a patient shall inform the patient about the availability of reasonable alternate modes of treatment and about the benefits and risks of these treatments. The reasonable optometrist standard is the standard for informing a patient under this section. The reasonable optometrist standard requires disclosure only of information that a reasonable optometrist would know and disclose under the circumstances. The optometrist's duty to inform the patient under this section does not require disclosure of any of the following:

(a) Detailed technical information that in all probability a patient would not understand.

(b) Risks apparent or known to the patient.

(c) Extremely remote possibilities that might falsely or detrimentally alarm the patient.

(d) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.

(e) Information in cases where the patient is incapable of consenting.

(f) Information about alternate modes of treatment for any condition the optometrist has not included in his or her diagnosis at the time the optometrist informs the patient.

(2) The examining board shall promulgate rules implementing sub. (1).

SECTION 9. Initial applicability.

(1) The treatment of section 446.08 of the statutes first applies to a chiropractor required to inform a patient about modes of treatment on the effective date of this subsection.

(2) The treatment of section 447.40 of the statutes first applies to a dentist required to inform a patient about modes of treatment on the effective date of this subsection.

(3) The treatment of section 448.697 of the statutes first applies to a podiatrist required to inform a patient about modes of treatment on the effective date of this subsection.

(4) The treatment of section 449.25 (1) of the statutes first applies to an optometrist required to inform a patient about modes of treatment on the effective date of this subsection.

State of Wisconsin



2013 Senate Bill 311

Date of enactment: **April 23, 2014**
Date of publication*: **April 24, 2014**

2013 WISCONSIN ACT 354

AN ACT *to repeal* 447.06 (2) (c) 4.; *to amend* 447.065 (2); and *to create* 447.02 (2) (f), 447.04 (2) (d) and 447.06 (2) (e) 4. of the statutes; **relating to:** a dental hygienist's administration of nitrous oxide inhalation analgesia and practice of dental hygiene.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 447.02 (2) (f) of the statutes is created to read:

447.02 (2) (f) The educational requirements for a dental hygienist licensed under this chapter to administer nitrous oxide inhalation analgesia under s. 447.06 (2) (e) 4.

SECTION 2. 447.04 (2) (d) of the statutes is created to read:

447.04 (2) (d) 1. The examining board shall grant a certificate to administer nitrous oxide inhalation analgesia to a dental hygienist who is licensed under par. (a) or (b) and who submits evidence satisfactory to the examining board that he or she satisfies the educational requirements established in rules promulgated under s. 447.02 (2) (f), including by having satisfied substantially similar requirements in another state.

2. A certificate granted under subd. 1. remains in effect while the dental hygienist's license granted under

par. (a) or (b) remains in effect unless the board suspends or revokes the certificate.

SECTION 3. 447.06 (2) (c) 4. of the statutes is repealed.

SECTION 4. 447.06 (2) (e) 4. of the statutes is created to read:

447.06 (2) (e) 4. If the dental hygienist is certified under s. 447.04 (2) (d) 1., nitrous oxide inhalation analgesia.

SECTION 5. 447.065 (2) of the statutes is amended to read:

447.065 (2) Subject to the requirements under s. 447.06 (2), a dentist who is licensed to practice dentistry under this chapter may delegate to a dental hygienist who is licensed to practice dental hygiene under this chapter the performance of remediable procedures and the administration of oral systemic premedications, local anesthesia, nitrous oxide inhalation analgesia, and subgingival sustained release chemotherapeutic agents.

SECTION 6. Effective date.

(1) This act takes effect on the first day of the 7th month beginning after publication.

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

**OSHA / CDC ISSUES IN DENTISTRY
information on JULY 9, 2014 TO THE
WISCONSIN DENTISTRY EXAMINING BOARD
PROVIDED BY:**

**NAN KOSYDAR DREVES, RDH, MBA
PROFESSIONAL HEALTH HORIZONS**

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QUESTIONS WELCOME. EMAIL PREFERRED.

"Safety, like kindness...matters."



Oklahoma State Department of Health

[email](#) | [print](#)

Public Health Investigation of Tulsa Dental Practice

Get E-mail Updates: 

Health Officials Announce New Results of Harrington Investigation

(Oct. 17, 2013) The Oklahoma State Department of Health and Tulsa Health Department announced today that findings from genetic testing of HIV specimens from former patients of the W. Scott Harrington dental surgical practice have been deemed inconclusive for potential connection to the practice, according to the Centers for Disease Control and Prevention (CDC). Specimens from three of four Harrington patients testing positive for HIV were submitted to CDC for genetic analysis in an effort to determine if the source of infections was related to the clinic.

Last month the two public health agencies released an interim status report on results of their public health investigation of the W. Scott Harrington dental surgical practice, which indicated that genetic-based testing of patient specimens by CDC confirmed one event of patient-to-patient transmission of hepatitis C virus had occurred in the practice. This is the first documented report of patient-to-patient transmission of hepatitis C virus associated with a dental setting in the United States.

On March 28, public health officials announced they were notifying current and former patients of the practice that they may have been exposed to blood-borne viruses at Harrington's Tulsa and Owasso offices. Health officials recommended these patients have their blood drawn for testing for hepatitis B, hepatitis C and HIV infection at free screening clinics established at the Tulsa Health Department, Oklahoma City-County Health Department and other county health departments in the state. The free screening clinics were available through June 28.

In total, the Oklahoma Public Health Laboratory completed testing for 4,208 persons. Ninety patients tested positive for hepatitis C, 6 for hepatitis B, and 4 for HIV. An unknown number of persons also sought testing through their private health care provider.

A final report summarizing the oral healthcare-associated public health investigation and response is underway.

Fact Sheets

Oklahoma Dental Association Statement on Infection Control in Dental Practices (.pdf)

OSDH Frequently Asked Questions About the Dental Public Health Investigation (.pdf)

OSDH Frequently Asked Questions About HIV (.pdf)

OSDH Frequently Asked Questions About Hep C (.pdf)

Oklahoma HIV/AIDS Fact Sheet (.pdf)

CDC Hepatitis B General Information (.pdf)

CDC Hepatitis C General Information (.pdf)

Nan Kosydar Dreves

From: OSAP <tlong@osap.org>
Sent: Tuesday, February 21, 2012 8:00 AM
To: ndreves@charter.net
Subject: Legionnaires' Disease Linked To Dental Office, Needlestick Injury Decline And More...



In This Issue

[Patient Dies From Legionnaires' Disease Linked To Dental Office](#)

[Needlestick Prevention Law Linked To Decline In US Healthcare Worker Injuries](#)

[FDA Orders New Jersey Dental Company To Cease Manufacturing](#)

[FDA Safety Communication - Spinbrush Powered Toothbrush By Arm and Hammer Or Crest](#)

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LATEBREAKING

Dental Infection Prevention & Safety *InfoBites* for February 21, 2012

Patient Dies From Legionnaires' Disease Linked To Dental Office

Published in the February 18, 2012 issue of *The Lancet* is an account of an elderly Italian woman who contracted Legionnaires' Disease and subsequently died. Scientists investigating her death determined that during the incubation period of her illness, she only left her house twice to visit her dentist. After testing both her home and dentist's office for *Legionella* bacteria, they found the source of contamination in the water line supplying water to dental devices in the dental office. Samples in the dental office were taken from the tap and the high-speed turbine of the dental unit waterlines, and from the dental practice's taps. All yielded positive results for *Legionella pneumophila*. [Click here](#) to learn more.



[Related Article](#)

[Related Article](#)

[More Information About Legionnaires' Disease](#)

[More Information About Dental Unit Waterlines](#)

Woman Dies After Contracting Legionnaires' Disease From Dentist's Office

Feb. 17, 2012

By KIM CAROLLO via Good Morning America

 An 82-year-old Italian woman died after she contracted **Legionnaires' disease**, a severe, pneumonia-like illness, from the water in her dentist's office, according to a case report published in the journal *The Lancet*.

Scientists who determined the source of the woman's illness, which occurred in February 2011, said during the disease's incubation period the woman only left her home twice to visit her dentist.

When they tested the water in both places, they discovered the bacteria that causes Legionnaires' in the dentist's water line. Water lines carry water from the main water supply to certain devices used during **patient care**.

While the authors wrote the most common sources of infection are air conditioning systems, hot water systems, spas and fountains, a recent study found dental water lines to be another major source of contamination with *Legionella* bacteria. *Legionella pneumophila* is the bacterial strain that causes Legionnaires' disease.

"However, as far as we are aware, no case of Legionnaires' disease has been associated with this source of infection," added the authors, led by Maria Luisa Ricci of the Italian National Health Service.

While it was not clear what kind of water line standards were in place in Italy, in the U.S., the **American Dental Association (ADA)** said infection control standards are very stringent in order to prevent cases like the one in Italy from happening.

"Since the ADA convened a special task force in the mid-1990s focusing on infection prevention, there have been a number of recommendations made to treat the water and keep the number of bacteria down," said John Molinari, the ADA's spokesman on infection control, infectious diseases and allergic reactions.

The ADA recommends that dental water lines contain no more than 500 colony-forming units of bacteria per milliliter of water, the same limit recommended by the U.S. Centers for Disease Control and Prevention.

The ADA also recommends that dentists monitor water quality and maintain a water reservoir that is separate from the municipal water supply, as well as use filters that will keep microorganisms out of the water.

Legionella bacteria is one of the most common types of bacteria found in water.

"Legionella is found in old homes, shower heads and anywhere else there can be stagnant water," Molinari said.

Most dentists take the necessary precautions to protect their water lines from contamination, but Molinari said that the Italian case is an important reminder.

"This report sends the message that it can happen," he said.

OSHA

General Duty Clause

The General Duty Clause of the Occupational Safety and Health Act of 1970 states that each employer "shall furnish...a place of employment which is **free from recognized hazards that are causing or are likely to cause death or serious physical harm to his/her employees.**"

More information:

<http://www.osha.gov>

Appendix 1 Bloodborne Pathogens



U.S. Department of Labor
Occupational Safety & Health Administration

www.osha.gov

Search

Advanced Search | A-Z Index

Regulations (Standards - 29 CFR)

Bloodborne pathogens. - 1910.1030

[Regulations \(Standards - 29 CFR\) - Table of Contents](#)

• Part Number:	1910
• Part Title:	Occupational Safety and Health Standards
• Subpart:	Z
• Subpart Title:	Toxic and Hazardous Substances
• Standard Number:	<u>1910.1030</u>
• Title:	Bloodborne pathogens.
• Appendix:	A

1910.1030(a)

Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

1910.1030(b)

Definitions. For purposes of this section, the following shall apply:

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Appendix 1 Hazard Communication



U.S. Department of Labor
Occupational Safety & Health Administration

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Search

Advanced Search | A-Z Index

Regulations (Standards - 29 CFR) Hazard Communication. - 1910.1200

[Regulations \(Standards - 29 CFR\) - Table of Contents](#)

• Part Number:	1910
• Part Title:	Occupational Safety and Health Standards
• Subpart:	Z
• Subpart Title:	Toxic and Hazardous Substances
• Standard Number:	<u>1910.1200</u>
• Title:	Hazard Communication.
• Appendix:	<u>A</u> , <u>B</u> , <u>C</u> , <u>D</u> , <u>E</u>

1910.1200(a)

"Purpose."

1910.1200(a)(1)

The purpose of this section is to ensure that the hazards of all chemicals produced or imported are evaluated, and that information concerning their hazards is transmitted to employers and employees. This transmittal of information is to be accomplished by means of comprehensive hazard communication programs, which are to include container labeling and other forms of warning, material safety data sheets and employee training.

..1910.1200(a)(2)

1910.1200(a)(2)

This occupational safety and health standard is intended to address comprehensively the issue of evaluating the potential hazards of chemicals, and communicating information concerning hazards and appropriate protective measures to employees, and to preempt any legal requirements of a state, or political subdivision of a state, pertaining to this subject. Evaluating the potential hazards of chemicals, and communicating information concerning hazards and appropriate protective measures to employees, may include, for example, but is not limited to, provisions for: developing and maintaining a written hazard communication program for the workplace, including lists of hazardous chemicals present; labeling of containers of chemicals in the workplace, as well as of containers of chemicals being shipped to other workplaces; preparation and distribution of material safety data sheets to employees and downstream employers; and development and implementation of employee training programs regarding hazards of chemicals and protective measures. Under section 18 of the Act, no state or political subdivision of a state may adopt or enforce, through any court or agency, any requirement relating to the issue addressed by this Federal standard, except pursuant to a Federally-approved state plan.

1910.1200(b)

"Scope and application."

Appendix 2 Bloodborne Pathogens**Summary of CDC's Guidelines for Infection Control in Dental Health-Care Settings - 2003**

New CDC Guidelines for Infection Control in Dental Health-Care Settings - 2003 were released on December 19, 2003. These recommendations incorporate into a single document advances in infection control knowledge and technology acquired since 1993. Furthermore, pertinent recommendations found in regulatory documents from other agencies are also included. The CDC endeavored to base recommendations upon sound scientific data, theoretical rationale and applicability to dentistry. Recommendations were categorized by the quality of the supporting data. Guidance is provided for infection control issues when insufficient evidence is available to make a recommendation. Several research studies conducted by the ADA contributed to the formulation of these recommendations. The following summary focuses on recommendations and guidances that are new or modified from 1993 infection control recommendations.

NEW: Issue not addressed in the 1993 recommendations or substantially modified since 1993.

UPDATED: Issue previously addressed but updated with new information.

Standard Precautions. UPDATED. Standard precautions now supersede the use of universal precautions. In 1996, CDC replaced universal precautions with *Standard Precautions*. Standard precautions integrate and expand the elements of universal precautions into a standard of care designed to protect health care providers and patients from pathogens that may be spread by blood or any other body fluid, excretion, or secretion. Standard precautions apply to contact with 1) blood; 2) all body fluids, secretions, and excretions except sweat, regardless of whether they contain blood; 3) non-intact skin; and 4) mucous membranes. Airborne pathogen transmission cannot be adequately prevented by standard precautions.

Oral Surgical Procedures. NEW. The oral cavity is colonized with numerous microorganisms. Oral surgical procedures present an opportunity for entry of microorganisms (i.e., exogenous and endogenous) into the vascular system and other normally sterile areas of the oral cavity (e.g., bone, subcutaneous tissue) and an increased potential for localized or systemic infection. Oral surgical procedures involve the incision, excision, or reflection of tissue that exposes the normally sterile areas of the oral cavity. Examples include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth (e.g., removal of erupted or non-erupted tooth, requiring elevation of mucoperiosteal flap, removal of bone and/or section of tooth, and suturing if needed).

Sterile gloves and sterile water are recommended for all oral surgical procedures. Furthermore, either plain soap and water or an antimicrobial soap and water followed by an alcohol-based hand rub with persistent activity should be used before any oral surgical procedure. Persistent activity refers to prolonged or extended activity that prevents or inhibits the proliferation or survival of microorganisms after application of the product. After application of an alcohol-based product, hands and forearms should dry thoroughly before immediately donning sterile gloves and other personal protective equipment (e.g., surgical mask, protective eyewear, protective clothing).

Dental Unit Water Quality. NEW. Dentists need to assure that the quality of water emanating from their dental units does not exceed 500 colony-forming units per milliliter (CFU/mL). This means that dental units directly plumbed to municipal water sources

likely need to be retrofitted with a self-contained water supply as soon as possible. Furthermore, all closed-circuit water supply systems in dental units would require implementation of a regular schedule of water line cleaning or disinfection to control biofilm proliferation. This schedule includes periodic microbial enumeration to assure effluent below 500 CFU/mL. 500 CFU/mL is a realistic, achievable microbial level for dental unit water, and is the EPA standard level for potable drinking water.

The previous recommendation to flush waterlines at the beginning of each clinic day has been eliminated. If dental unit water treatments are successful in meeting the requirement for 500 CFU/mL, then there is no reason to continue initial flushing. The recommendation remains for flushing the high-speed handpiece for 20-30 seconds between patients to expel any patient material.

Environmental Surface Disinfection. UPDATED. A tuberculocidal claim is no longer required for environmental surface disinfectants. Disinfectants carrying a virucidal claim for HBV and HIV are now permitted; giving dentists a greater choice of available disinfectants, which may be less corrosive to equipment, have a more pleasant odor or lower toxic potential than some tuberculocidal products. Many surrogate tests for HBV or HCV virucidal activity have been recently developed and have been accepted by the EPA as predictive of virucidal activity. As a result many more disinfectants now carry a label claim of efficacy against HBV, HCV, HIV as well as a host of pathogenic bacteria and fungi. This recommendation is consistent with the OSHA bloodborne pathogens standard recommendations. Furthermore, disinfectants that carry a TB kill claim can continue to be used as surface disinfectants, but do not use glutaraldehyde based products for surface disinfection.

Immunization. UPDATED. Immunization of DHCP (dental health care providers) before they are placed at risk remains the most efficient and effective use of vaccines in health-care settings. Detailed recommendations and immunization schedule are provided for immunization of dental health care providers against several pathogenic organisms for which vaccines are available. Earliest possible hepatitis B vaccination continues to be recommended, along with post vaccination testing for surface antibody within 1 to 2 months following the final inoculation. Booster inoculation for individuals who have lost surface antibody titers continues not to be recommended.

Work restrictions for health care personnel occupationally exposed to or infected with infectious diseases. NEW. The use of standard precautions is effective in preventing transmission of an infectious agent from provider to patient. Under certain circumstances, however, health care facilities may need to implement additional measures to prevent further transmission of infection that warrant exclusion of personnel from work or patient contact. Decisions on work restrictions are based on the mode of transmission and the epidemiology of the disease. Exclusion policies should be written, include a statement of authority defining who may exclude personnel (e.g., personal physician), and be clearly communicated to personnel through education and training. Policies also need to be designed to encourage personnel to report their illnesses or exposures and not to penalize them with loss of wages, benefits or job status.

Management of occupational exposures to bloodborne pathogens, including postexposure prophylaxis (PEP). NEW. Follow current CDC recommendations for postexposure management and prophylaxis after percutaneous, mucous membrane, or non-intact skin exposure to blood or blood-contaminated saliva. Many effective antiviral therapies were discovered over the past decade resulting in modified approaches to PEP. The US Public Health Service (USPHS) published several guidelines for the management of exposures to HBV, HCV, or HIV that included considerations for PEP and management. The USPHS consolidated into one set of guidelines (MMWR June 29, 2001/ Vol. 50/ No.

RR-11) all previous USPHS recommendations. Current guidelines reflect the availability of new antiretroviral agents, new information about the use and safety of HIV PEP, and considerations about employing HIV PEP when resistance of the source patient's virus to antiretroviral agents is known or suspected. In addition, the 2001 document provides guidance to clinicians and exposed HCP on deciding when to consider HIV PEP and recommendations for PEP regimens.

Selection and use of devices with features engineered to prevent sharps injury. NEW. Improved safety devices continue to emerge for the prevention of percutaneous injuries, and DHCPs are encouraged to use and evaluate these new devices as they become available (e.g., safer anesthetic syringes, blunt suture needle, retractable scalpel, needleless IV system).

Hand hygiene. UPDATED. Reduction of the bioburden on the skin of hands is one of the most important methods of reducing microbial transmission in a health care setting. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, perform hand hygiene with either a non-antimicrobial soap and water or an antimicrobial soap and water. If hands are not visibly soiled, a non-antimicrobial soap, an antimicrobial soap or an alcohol-based hand rub may be used.

Contact dermatitis and latex hypersensitivity. NEW. Dental health care providers must familiarize themselves about the signs, symptoms, and diagnoses of skin reactions associated with frequent hand hygiene and glove use. Immediate and delayed hypersensitivities have been associated with natural rubber latex (NRL) proteins and processing chemicals used in the manufacture of NRL gloves. Lotions should be used to prevent skin dryness associated with hand washing at the end of the workday. Lotions must be compatible with antiseptic products and must not compromise the integrity of gloves. Petroleum-based lotions will degrade NRL gloves.

Flash sterilization. NEW. Patient care items routinely should not be sterilized unwrapped. Use must be limited to emergency situations where time does not permit wrapped, full cycle heat sterilization.

Boil-water advisories. NEW. While a boil-water advisory is in effect do not deliver water from the public water system to the patient through the dental operative unit, ultrasonic scaler, or other dental equipment that uses the public water system. Do not use water from the public water system for dental treatment, patient rinsing or hand washing. Use antimicrobial-containing products for hand washing that does not require water for use such as alcohol-based hand rubs. If hands are visibly soiled, use bottled water and soap for hand washing or a detergent-containing towelette. When the boil-water advisory is cancelled follow guidance given by the local water utility on proper flushing of waterlines. If no guidance is provided, flush dental waterlines and faucets for 1 to 5 minutes before using for patient care. Disinfect dental waterlines as recommended by the dental unit manufacturer.

Aseptic technique for parenteral medications. NEW. Medication from a single-dose syringe must not be administered to multiple patients even if the needle on the syringe is changed. Use single-dose vials for parenteral additives or medications when possible. Do not combine the leftover content of single-use vials for later use. If multiple dose vials are used, cleanse the access diaphragm of multiple dose vials with 70% alcohol before inserting a device into the vial. Use a sterile device to access a multiple dose vial and avoid touch contamination of the device before penetrating the access diaphragm. Refrigerate multiple dose vials after they are opened if recommended by the manufacturer. Discard a multiple dose vial if sterility is compromised. All fluid infusion and administration sets (IV tubing and connections) are single patient use.

Pre-procedural mouth rinsing for patients. NEW. To date, no scientific evidence indicates that pre-procedural mouth rinsing prevents clinical infections among DHCP or patients. Therefore, only **guidance is provided without recommendation**. However, studies have shown that a pre-procedural rinse with a long-lasting antimicrobial (e.g., chlorhexidine gluconate, essential oils, povidone-iodine) can reduce the level of oral microorganisms generated during routine dental procedures with rotary instruments (e.g., dental handpieces, ultrasonic scalers). Pre-procedural mouth rinses may be most beneficial before a procedure using a prophylaxis cup or ultrasonic scaler because rubber dams cannot be used to minimize aerosol and spatter generation; unless the provider has an assistant, high-volume evacuation is not commonly used.

Transmissible spongiform encephalopathies (TSEs). NEW. There is no evidence to indicate that TSEs are transmissible in a dental setting. Nevertheless, **guidances but not recommendations** are provided for preventing the transmission of prionic protein from an infected patient requiring dental care. The use of disposable items is encouraged along with chemical pretreatment followed by prolonged steam sterilization for non-disposable items.

Handling of Extracted Teeth. UPDATED. Extracted teeth containing amalgam should not be disposed of in regulated medical waste intended for incineration. Incineration will vaporize mercury.

Program evaluation. NEW. Dental facilities should establish an infection control program evaluation, based on evaluation of performance indicators at an established frequency. The primary goal of an infection control program is to prevent errors and provide a safe working environment that will reduce the risk of health-care-associated infections among patients and occupational exposures among DHCP. Medical errors are caused by faulty systems, processes, and conditions that lead people to make mistakes or fail to prevent them. Effective program evaluation is a systematic way to improve and account for safe public health actions by involving procedures that are useful, feasible, ethical, and accurate.

Sterilization

Chemical indicators, internal and external, use sensitive chemicals to assess physical conditions (e.g., time and temperature) during the sterilization process. Although chemical indicators do not prove sterilization has been achieved, they allow detection of certain equipment malfunctions, and they can help identify procedural errors. External indicators applied to the outside of a package (e.g., chemical indicator tape or special markings) change color rapidly when a specific parameter is reached, and they verify that the package has been exposed to the sterilization process. Internal chemical indicators should be used inside each package to ensure the sterilizing agent has penetrated the packaging material and actually reached the instruments inside. A single-parameter internal chemical indicator provides information regarding only one sterilization parameter (e.g., time or temperature). Multiparameter internal chemical indicators are designed to react to ≥ 2 parameters (e.g., time and temperature; or time, temperature, and the presence of steam) and can provide a more reliable indication that sterilization conditions have been met (254). Multiparameter internal indicators are available only for steam sterilizers (i.e., autoclaves).

Summary – Sterilization Monitoring

F. Sterilization Monitoring

1. Use mechanical, chemical, and biological monitors according to the manufacturer's instructions to ensure the effectiveness of the sterilization process (IB) (248,278,279).
2. Monitor each load with mechanical (e.g., time, temperature, and pressure) and chemical indicators (II) (243,248).
- * 3. Place a chemical indicator on the inside of each package. If the internal indicator is not visible from the outside, also place an exterior chemical indicator on the package (II) (243,254,257).
4. Place items/packages correctly and loosely into the sterilizer so as not to impede penetration of the sterilant (IB) (243).
5. Do not use instrument packs if mechanical or chemical indicators indicate inadequate processing (IB) (243,247,248).
- * 6. Monitor sterilizers at least weekly by using a biological indicator with a matching control (i.e., biological indicator and control from same lot number) (IB) (2,9,243,247,278,279).
7. Use a biological indicator for every sterilizer load that contains an implantable device. Verify results before using the implantable device, whenever possible (IB) (243,248).
8. The following are recommended in the case of a positive spore test:
 - a. Remove the sterilizer from service and review sterilization procedures (e.g., work practices and use of mechanical and chemical indicators) to determine whether operator error could be responsible (II) (8).
 - b. Retest the sterilizer by using biological, mechanical, and chemical indicators after correcting any identified procedural problems (II).
 - c. If the repeat spore test is negative, and mechanical and chemical indicators are within normal limits, put the sterilizer back in service (II) (9,243).
9. The following are recommended if the repeat spore test is positive:
 - a. Do not use the sterilizer until it has been inspected or repaired or the exact reason for the positive test has been determined (II) (9,243).
 - b. Recall, to the extent possible, and reprocess all items processed since the last negative spore test (II) (9,243,283).
 - c. Before placing the sterilizer back in service, rechallenge the sterilizer with biological indicator tests in three consecutive empty chamber sterilization cycles after the cause of the sterilizer failure has been determined and corrected (II) (9,243,283).
10. Maintain sterilization records (i.e., mechanical, chemical, and biological) in compliance with state and local regulations (IB) (243).

Source: MMWR. 12-19/03. Guideline for Inf. Control in Dental

Infection Control Frequently Asked Questions

Extracted Teeth

How do I dispose of extracted teeth in the dental office?

Extracted teeth that are being discarded are subject to the containerization and labeling provisions of the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard. OSHA considers extracted teeth to be potentially infectious material that should be disposed into medical waste containers. Extracted teeth containing amalgam should not be placed in a medical waste container that uses an incinerator for final disposal. State and local regulations should be consulted regarding disposal of amalgam. Many metal recycling companies will accept extracted teeth with amalgam. Contact a recycler and ask about their policies and any specific handling instructions they may have.

On this page:

Disposing of teeth

Giving patients their teeth

Recommendations for extracted teeth

References

Can I give patients their teeth after they have been extracted?

Extracted teeth may be returned to the patients upon request and are not subject to the provisions of the OSHA Bloodborne Pathogens Standard.

What are the recommendations for using extracted teeth in educational settings?

Extracted teeth are occasionally collected and used for preclinical educational training. The teeth should be cleansed of visible blood and gross debris and maintained in a hydrated state. Because the teeth will be autoclaved before clinical teaching exercises, using an economical storage solution (e.g., water or saline) may be practical. A liquid chemical germicide (e.g., sodium hypochlorite [household bleach] diluted 1:10 with tap water) could reduce bacterial accumulation during storage, although it does not completely disinfect/sterilize the tooth. Extracted teeth must be placed in a well-

HAZCOM

(GHS)

GHS PICTOGRAMS AND HAZARD CLASSES



Oxidizers



Flammables
Self Reactives
Pyrophorics
Self-Heating
Emits Flammable Gas
Organic Peroxides



Explosives
Self Reactives
Organic Peroxides



Acute Toxicity (severe)



Corrosives



Gases Under Pressure



Carcinogen
Respiratory Sensitizer
Reproductive Toxicity
Target Organ Toxicity
Mutagenicity
Aspiration Toxicity



Environmental Toxicity



Irritant
Dermal Sensitizer
Acute Toxicity (harmful)
Narcotic Effects
Respiratory Tract Irritation

WHAT IS ON A SDS:

Section 1: Identification

This section identifies the chemical on the SDS as well as the recommended uses. It also provides the essential contact information of the supplier.

Section 2: Hazard(s) Identification

This section identifies the hazards of the chemical presented on the SDS and the appropriate warning information associated with those hazards.

Section 3: Composition/ Information on Ingredients

This section identifies the ingredient(s) contained in the product indicated on the SDS, including impurities and stabilizing additives. This section includes information on substances, mixtures, and all chemicals where a trade secret is claimed.

Section 4: First-Aid Measures

This section describes the initial care that should be given by untrained responders to an individual who has been exposed to the chemical.

Section 5: Fire-Fighting Measures

This section provides recommendations for fighting a fire caused by the chemical.

Section 6: Accidental Release Measures

This section provides recommendations on the appropriate response to spills, leaks, or releases, including containment and cleanup practices to prevent or minimize exposure to people, properties, or the environment. It may also include recommendations distinguishing between responses for large and small spills where the spill volume has a significant impact on the hazard.

Section 7: Handling and Storage

This section provides guidance on the safe handling practices and conditions for safe storage of chemicals.

Section 8: Exposure Controls/ Personal Protection

This section indicates the exposure limits, engineering controls, and personal protective measures that can be used to minimize worker exposure.

Section 9: Physical and Chemical Properties

This section identifies physical and chemical properties associated with the substance or mixture.

Section 10: Stability and Reactivity

This section describes the reactivity hazards of the chemical and the chemical stability information. This section is broken into three parts: reactivity, chemical stability, and other.

Section 11: Toxicological Information

This section identifies toxicological and health effects information or indicates that such data are not available.

Section 12: Ecological Information (non-mandatory)

This section provides information to evaluate the environmental impact of the chemical(s) if it were released to the environment.

Section 13: Disposal Considerations (non-mandatory)

This section provides guidance on proper disposal practices, recycling or reclamation of the chemical(s) or its container, and safe handling practices. To minimize exposure, this section should also refer the reader to Section 8 (Exposure Controls/Personal Protection) of the SDS.

Section 14: Transport Information (non-mandatory)

This section provides guidance on classification information for shipping and transporting of hazardous chemical(s) by road, air, rail, or sea.

Section 15: Regulatory Information (non-mandatory)

This section identifies the safety, health, and environmental regulations specific for the product that is not indicated anywhere else on the SDS. The information may include: Any national and/or regional regulatory information of the chemical or mixtures (including any OSHA, Department of Transportation, Environmental Protection Agency, or Consumer Product Safety Commission regulations).

Section 16: Other Information

This section indicates when the SDS was prepared or when the last known revision was made. The SDS may also state where the changes have been made to the previous version. You may wish to contact the supplier for an explanation of the changes. Other useful information also may be included here.

HAZCOM (GHS) LABEL

Hazard Statement **Product Identifier** **Signal Word**

Methanol

Danger!
Toxic if Swallowed,
Flammable Liquid and Vapor

*Do not drink or eat when using this product.
Wash hands thoroughly after handling.
Keep container tightly closed.
Keep away from heat/sparks/open flame.
No smoking.
Wear protective gloves and eye/face protection.
Bond and ground containers and equipment when using explosion-proof electrical equipment.
Take precautionary measures against static discharge.
Use only non-sparking tools.
Store in cool well-ventilated place.*

IF SWALLOWED: Immediately call the POISON CONTROL CENTRE.

**In case of fire, use water fog, dry chemical, CO₂, or alcohol foam.
Safety Data Sheet**

Supplemental Information

XYZ Chemical Co., 345 Jones Rd, Laguna, Ca. 92677
Tel: 1-800-555-1234

Precautionary **Supplier Identifier** **Pictogram**

HMIS

HEALTH	<input type="checkbox"/>	4 - Severe Hazard
FLAMMABILITY	<input type="checkbox"/>	3 - Serious Hazard
REACTIVITY	<input type="checkbox"/>	2 - Moderate Hazard
SPECIAL PROTECTION	<input type="checkbox"/>	1 - Slight Hazard
	<input type="checkbox"/>	0 - Minimal Hazard

NFPA

Fire Hazard	4 - Severe Hazard
Health Hazard	3 - Serious Hazard
Reactivity	2 - Moderate Hazard
Specific Hazard	1 - Slight Hazard
	0 - Minimal Hazard