

**Dental Practice Act Update
Fact Sheet for Dental Hygienists
Provided by the Colorado Dental Hygienists' Association**

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Abbreviated Highlights from APPROVED Rules

Rules approved 4/28/16 and effective 6/30/16

Visit www.codha.org for the full documents of the Practice Act and Proposed Rules

Mandatory Continuing Education (Rule III. G)

- No changes to CE requirements
- Clarification added to Board accepted courses for Basic Life Support (BLS)
 - The Board automatically accepts any BLS course or program recognized by any of the following organizations (or a successor organization) or trainers certified/recognized by the:
 - a. American Heart Association
 - b. American Safety and Health Institute, or
 - c. American Red Cross

Record Keeping Requirements (Rule IX. C)

- Prior to initiating a dental exam, a licensee must establish and document the reason for the patient's visit in order to clearly identify an appropriate type of exam. All relevant findings and periodontal diagnosis must be documented, if applicable, including a finding of WNL (within normal limits), indicating that an evaluation took place.
 1. **The comprehensive exam** – if the patient desires a comprehensive exam, then the following components are required to be documented in order to appropriately evaluate the patient's dental status:
 - a) Obtaining a relevant medical and dental history;
 - b) Conducting a thorough clinical and radiographic examination (within ALARA guidelines) with evaluation of extraoral and intraoral structures;
 - c) Oral cancer screening;
 - d) Assessment of any prosthesis; and
 - e) **Complete periodontal charting for adult patients.**
 2. **The limited exam** – if a referring dentist, dental hygienist, other health care professional, or the patient is requesting an examination for an emergency condition or specific area of concern, then the examination can be limited to the specific problem and the following components are required to be documented in order to appropriately evaluate the patient's dental status:
 - a) Obtaining a relevant medical and dental history;
 - b) Conducting a thorough clinical and radiographic examination (within ALARA guidelines) of the area of concern and evaluation of extraoral and intraoral structures in the area of concern;
 - c) Assessment of any prosthesis as it relates to the area of concern; and
 - d) Periodontal charting in the area of concern, unless not clinically indicated.
 3. **The periodic exam** – if treating a patient for follow-up/maintenance care, then the following components are required to be documented in order to appropriately evaluate the patient's dental status:
 - a) Obtaining a relevant medical and dental history;
 - b) Conducting a thorough clinical and radiographic examination (within ALARA guidelines) with evaluation of extraoral and intraoral structures as clinically indicated;
 - c) Oral cancer screening;
 - d) Assessment of any prosthesis; and
 - e) Periodontal charting, including a full periodontal charting (examination) **every 12-18 months.**
 4. **Periodontal exam/diagnosis** – a licensee is required to document the following components in the patient record:
 - a) At a minimum, the following current diagnostic information is required in order to diagnose the periodontal condition of the patient:
 - i. Periodontal measurements for the teeth to be treated.
 - ii. Radiographs, which demonstrate the crestal bone.
 - iii. Bleeding upon probing data for the areas to be treated.
 - b) If periodontal therapy has been performed, a licensee is required to conduct a follow-up exam to evaluate and inform the patient of his/her response to the therapy, and to discuss any further treatment that may be necessary, including but not limited to, the referral to a dentist qualified and trained to treat advanced periodontal disease.
- **A rationale for omission of or exception from any required component.

Use of Lasers (Rule XXIV. D)

- A licensee who is a laser user must first successfully complete training that covers at a minimum laser physics, safety, and appropriate use prior to utilizing the laser. A licensee must also complete **live and interactive training** that addresses operation of the specific laser(s) utilized in the practice.
 - Training must be obtained through a course provided or recognized by any of the following organizations (or a successor organization)
 - a) A Commission on Dental Accreditation (CODA) accredited institution;
 - b) The American Dental Association (ADA) Continuing Education Recognition Program (CERP);
 - c) The Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE); or
 - d) The American Medical Association (AMA).
- NOTE: The prior rule stated that a “first-time laser user” must complete a Board approved course. The “grandfather” clause has been removed due to powerful public testimony. ALL dental hygienists who utilize a laser must now take a Board approved course.
- When utilizing a laser pursuant to this rule, at a minimum, the following must be documented in the patient’s record:
 - Type of laser, including wavelength;
 - Settings used (pulse or continuous wave, power setting);
 - Local anesthesia used, if any; and
 - Procedure attempted/performed (with details to include hard or soft tissue removal).

Placement of Interim Therapeutic Restorations by Dental Hygienists (Rule XXV) – NEW RULE!

- Pursuant to sections 12-35-125(1)(i) and 12-35-128.5, C.R.S., once issued a permit by the Board, a dental hygienist may place interim therapeutic restorations in a dental office setting under the “direct supervision” (defined by section 12-35-103(6), C.R.S.) or “indirect supervision” (defined by section 12-35-103(10), C.R.S.) of a dentist, or through “telehealth supervision” (defined by section 12-35-103(17), C.R.S.) for purposes of communication with the supervising dentist. A dentist shall not supervise more than 5 dental hygienists who place interim therapeutic restorations under telehealth supervision. A dentist who supervises a dental hygienist that provides interim therapeutic restorations under telehealth supervision must have a physical practice location in Colorado for purposes of patient referral for follow-up care.
- An “interim therapeutic restoration” or “ITR” means a direct provisional restoration placed to stabilize a tooth on a pediatric or non-pediatric patient until a licensed dentist can assess the need for further definitive treatment and involves the:
 - Removal of soft material using hand instrumentation, without the use of rotary instrumentation; and the
 - Subsequent placement of the following restorative materials:
 - Glass ionomer.
- In order to be eligible for a permit to place an ITR, a dental hygienist must:
 - Hold a license in good standing to practice dental hygiene in Colorado;
 - Complete a course developed at the post-secondary education level offered under the direct supervision of a member of the faculty of a Colorado dental or dental hygiene school accredited by the Commission on Dental Accreditation (CODA) or its successor agency that complies with uniform training standards. (see full rule for details on training standards).
 - Carry current professional liability insurance, on his/her own or through the supervising dentist, in the amount specified in section 12-35-141(2), C.R.S.; and
 - Submit documented proof of completing 1 of the following experience pathways in dental hygiene practice:
 - 2,000 hours of supervised dental hygiene practice after initial dental hygiene licensure;
 - 4,000 hours of unsupervised dental hygiene practice after initial dental hygiene licensure; or
 - A combination of the hours specified in paragraphs (4)(a) and (4)(b) of this rule considered on a case-by-case basis by the Board.
 - The requirement for submitting documented proof of practice hours is waived for a dental hygienist applying to perform interim therapeutic restorations exclusively under the direct supervision of a dentist.
- A dental hygienist shall not use local anesthesia for the purpose of placing interim therapeutic restorations.
- A dental hygienist may place an ITR only after a supervising dentist provides a diagnosis, treatment plan, and instruction to perform the procedure. 64
- See full Rules and Regulations document at www.codha.org/legislative-info
- Application will be available July 2016 in paper form, February 2016 online
- Community Colleges will begin offering certification courses in Fall 2016. CDHA and DORA will post more information as it is available.