

# Frequently Asked Questions

## Signature on Medical Record

The Board opines that, pursuant to Ala. Code (1975), § 34-9-15.1(a), the dentist's signature or other identifying mark on a medical record must be sufficient to identify the dentist to any other party, and the dentist's name or other unique identifier must be on all electronic records.

## Injectables and Topicals

❖ Dentists are allowed to use cosmetic **injectables and topicals** in any area of the face to treat maxillofacial trauma, and for the treatment of diagnosed dental and orofacial problems/pain and conditions and for cosmetic purposes following proper continuing education and certification such as is offered by national industry associations or other dental continuing education. See July 2010 and Feb. 2020 minutes.

## Home Sleep Test

❖ The Board opines that it is within the scope of practice for a dentist to order/administer a **home sleep test**; however, a definitive diagnosis of sleep apnea must be made by a licensed physician prior to the prescription and fabrication of an intra-oral sleep disorder appliance. It is outside the scope of dental practice to order or prescribe an intra-oral sleep disorder appliance as a result of a sleep study being interpreted by a dentist. Additionally, it is always outside beyond the scope of dental practice for a dentist to prescribe a CPAP. It is, however, permissible for a dentist to fabricate and prescribe an antisnoring appliance without the consultation of a physician. See July, 2011 minutes and August, 2017 minutes.

## Adverse Occurrences

❖ The Board opines that a dentist complies with Ala. Admin. Code r. 270-x-2-.20 when the dentist notifies the Board of an adverse occurrence within 7 days of **learning** of the occurrence, and submits to the Board within 30 days of learning of the occurrence a report that meets the requirements of Ala. Admin. Code Rule 270-X-2.20(2). See March 2019 minutes.

The Board opines that, for purposes of Rule 270-X-2.20, "hospital admission" means at least an overnight stay – inpatient, rather than outpatient (emergency room only) care. See August 2019 minutes.

## **Patient Referrals**

❖ The Board opines that an internal referral based upon asking current patients for referrals with the enticement of a prize/award would be permissible, so long as any prizes/awards given are not cash or a cash equivalent (i.e. a Visa gift card with a cash balance). So long as the source of the referrals is the dentist's current patient base and any incentive provided is not cash or a cash equivalent, then the referring party will not be deemed to be a "Dental Referral Service" by the Board and will not be subject to the requirements of Code of Alabama (1975), § 34-9-19.1

## **Advertising**

❖ The Board is no longer reviewing individual advertisements. To ensure that your advertisement complies with the Alabama Dental Practice Act, please review Rule 270-X-4.08.

## **Divide/Split Fees**

❖ Per Code of Alabama, § 34-9-18(9), **no** licensee of the Board of Dental Examiners may divide fees or agree to divide or split the fee received for dental services with any person for bringing or referring a patient without the knowledge of the patient or his legal representative.

Because online website-based discount programs such as Groupon retain a percentage of the monies paid by the consumer for the dental service, such online discounts may be construed as a violation of the DPA unless the patient is informed on the offer that the website service is retaining a portion of the fee. Therefore, it is the opinion of the Board of Dental Examiners that participation in such online discounting programs with this notification is acceptable and not a violation of the Dental Practice Act. Per April, 2012 Minutes.

## **Continuing Education Courses**

❖ The Board does not accredit Continuing Education courses. This is done by the Academy of General Dentistry or American Dental Association; the Board will accept their accreditation for Continuing Education courses. The individuals taking and/or giving any Continuing Education courses are each responsible for ensuring that the course meets the requirements of Board Rule 270-X-4-.04.

## **Retain Patient Records**

❖ The Alabama Dental Practice Act does not address the length of time that you must maintain patient records, however, retention of lab prescriptions is found in Code of Alabama (1975), §34-9-21 wherein it states the length of retention for lab

prescriptions is 2 years. Considering forensic value and need for defending a patient complaint, also please check with your malpractice insurance carrier and/or ADA for more guidance with this issue.

### **Name and Address Changes**

❖ For any **address and/or phone number** changes please submit your changes in writing (mail, email or fax) and include your name and license number. Indicate which address should be your public/ mailing address for Board correspondence.

❖ For any **name changes** please submit a copy of the legal document that changed your name along with your current listed name and license number (e.g. marriage certificate or page of divorce decree that indicates returning to former name, or court order). If you would like a new wall certificate reflecting your change of name, please include a check in the amount of \$25.00 with your change of name request and a new wall certificate will be mailed to you.

### **Continuing Education Course Approval –**

❖ 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
  2. Preventing Transmission of Bloodborne and Airborne Pathogens
  3. Hand Hygiene
  4. Personal Protective Equipment
  5. Sterilization and Disinfection of Patient Care Items
  6. Environmental Infection Control
  7. Dental Unit Waterlines, Biofilms, and Water Quality
  8. Dental Handpieces and Other Devices Attached to Air and Waterlines
  9. Dental Radiology
  10. Single Use or Disposable Devices
  11. Preprocedural Mouth Rinse
  12. Handling of Extracted Teeth
  13. Dental Laboratory
  14. Program Evaluation
- (See November 5, 2020 minutes)

### **PDO Thread Lifts**

❖ It is the opinion of the Board that PDO thread lifts are NOT within the scope of dentistry. (See November 5, 2020 minutes)

### **Animals in Dental Patient Care Areas**

❖ Board Rule 270-X-2-.15 requires dental personnel to observe CDC guidelines for infection control in dental clinics. It is the opinion of the board that those guidelines clearly require that animals other than service animals not be allowed into dental patient care areas. (See November 5, 2020 minutes)

## **Teledentistry**

- ❖ The Dental Practice Act does not prohibit one narrow class of teledentistry, wherein the doctor interacts directly with a patient. This can be to triage those patients whose conditions might constitute emergencies, or who might be carriers of COVID-19. The doctor must interact with the patient personally, rather than exclusively through auxiliary personnel; record the visit in detail, including making any necessary SOAP notes; and observe the same standard of care s/he would observe for an in-person visit.

This lone operational model of teledentistry is permissible, and will remain so once any remaining pandemic restrictions are lifted. Practitioners are cautioned to observe private and government insurers' requirements if seeking reimbursement, and any guidelines set forth by DEA or any other governing state or federal agency. (See April 29, 2020 minutes)

## **COVID-19 Opinions**

- ❖ Hygiene: Proper PPE and evacuation are required for all aerosol-generating procedures. An ultrasonic scaler should be limited to necessary use only as prescribed by the supervising dentist. If aerosol-generating procedures are necessary, the clinic shall use four-handed dentistry, high-evacuation suction, or isolation systems to minimize droplet spatter and aerosols. The patient shall rinse with a solution of 1/2 3% hydrogen peroxide and 1/2 mouthwash for 30 seconds before and after hygiene procedures. If a hygienist cannot safely use high volume aerosol evacuation working alone, an assistant must be utilized. Alternative methods of intra- and extra-oral evacuation may make an assistant unnecessary. The lowest safe level of coolant/irrigant is to be used with ultrasonic scalers. Since ultrasonic scalers create aerosol, attention to the dental office's environment of care must be closely monitored by the attending dentist. Saliva ejectors are not considered to be high-volume evacuation. (See May 30, 2020 minutes)
- ❖ Use of the waiting room is allowed for a patient and attendant (if necessary), if every individual in the waiting room wears a mask and remains six (6) feet away, in all directions, from every other individual who is not from the same household as the patient." (See June 11, 2020 minutes)
- ❖ It is the opinion of the board that patients who have tested positive for COVID-19 or have had COVID-19 symptoms are safe to treat after a 10-day quarantine, and one day of being asymptomatic. Healthcare workers utilizing proper PPE in their jobs may be safely treated when following the Dental Board protocols and utilizing proper PPE. A refusal to treat such patients could constitute patient abandonment. (See Aug. 13, 2020 minutes)

- ❖ It is the responsibility of all currently licensed dentists, dental hygienists, dental assistants and all other personnel who are utilized by a licensed dentist and who assist in a dental practice and may be exposed to body fluids such as blood or saliva to maintain familiarity with these recommendations and guidelines. (See Oct. 2, 2020 minutes)

### **Board Members Compensation**

- ❖ It is the opinion of the Board that the clause, “for each day actively engaged in the duties of their office,” as contemplated by Ala. Code (1975), § 34-9-41 and Ala. Admin. Code r. 270-X-1-.08(1), applies to all Board duties in the same manner as it applies to review of assigned cases under Rule 270-X-1-.08(1)(c)—one hundred dollars and 00/100 (\$100.00) per hour, not to exceed three hundred dollars and 00/100 (\$300.00) per day; except for Board Meetings, for which members will be compensated at a flat rate of three hundred dollars and 00/100 (\$300.00). See September 3, 2020 minutes.