

DHCC

Dental Hygiene Committee of California

RISKS INVOLVED WITH IMPURE WATER

State authorities search for solutions
for disease outbreak among
pediatric patients



By Noel Kelsch
DHCC President

The health-care provider who sat across from me was sincere, concerned, and passionate about his role in keeping consumers safe. He was not going to dismiss any risk—high, medium, or low. It was clear that he had the consumers' health and welfare as his highest priority. I listened intently as the story unfolded. He openly shared what was known, as well as what was not known. I was impressed with his candor, and his aim of informing and empowering people to make changes to keep the public safe.

Dr. Eric Handler, public health officer for the Orange County Health Department, is not just a healthcare professional, he is an advocate for awareness and necessary changes in infection control practices.

Many of you have read the national news about the infection control issues involving water in a Georgia office (if not, see my September 2016 column at RDHmag.com) or have heard about the pediatric office in Orange County (OC) that required 66 children to be hospitalized. You might be thinking the

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OC office was not doing its job and, as a result, the exposure impacted too many patients. That is not what investigations have shown. This doctor is someone who, after a thorough investigation, is reported as being in compliance with infection control guidelines and regulations, as well as being willing to go above and beyond to make any necessary changes.

What Happened?

In early September 2016, the Orange County Health Care Agency (OCHCA) was notified of several cases of bacterial infections called mycobacterium abscessus being seen at Children's Hospital of Orange County. The common thread for all of these children was they had all been treated at the same dental clinic. These children all have the same type of bacterial infection.

This is a very serious disease that often results in a loss of bone, permanent teeth, and disfigurements. This severe, invasive disease often requires very complicated antibiotics that have intensive side effects and invasive treatment that can last for months. The incubation period can last up to nine months.

OCHCA soon established that all of the children who had the disease had undergone the same dental procedure, a pulpotomy. Dental healthcare professionals know that this procedure is sometimes performed in very deep cavities on deciduous teeth to preserve them, so that the permanent tooth has the necessary elements to erupt properly.

The likely source of this outbreak was the office's dental water system, and the patients were susceptible hosts because they had current infections and, thus, the pulpotomy was necessary.

The office was reported to be in compliance with infection control procedures. When the water from the dental units was tested, however, mycobacterium abscessus was found in the system at an unsafe level. The OCHCA consulted with the Centers for Disease Control and Prevention (CDC), and it was determined that it was necessary to legally place an order to prohibit the clinic from using an on-site water system for dental procedures until specific criteria were met to ensure that the water supply in the clinic was free from mycobacterium contaminant.

The owner of the clinic was very cooperative and clearly had the patients' interest at heart. He replaced the entire water system in the clinic, going beyond what was required.

Unfortunately, on December 15, 2016, OCHCA's public health laboratory identified mycobacteria mucogenicum growing from multiple water samples obtained as part of follow-up testing at the facility. This was after the water system had been replaced. Though *M. mucogenicum* is not known to pose the same risk to dental patients as *M. abscessus*, the identification of any mycobacterium (even at low levels) was of sufficient concern that the health officer issued a second order requiring closure of the clinic pending further investigation of the situation.

Since this is a groundbreaking event, they had to work with the CDC and the Dental Board of California to determine what conditions were necessary to lift the order. Dr. Handler explained that California Health and Safety Code Sections 12030 and 120175 and California Code of Regulations, Title 17, Section 2501, require that the county health officer or designee(s) take whatever steps are deemed necessary for the investigation and control of infectious or communicable diseases.

As it states on the OCHCA website, the following conditions must be met to the satisfaction of the county health officer for the order to be lifted. These conditions include:

- Clinic shall cooperate fully with the health officer order.
- Clinic shall implement additional measures necessary to identify and remove any and all ongoing sources of bacteria posing or potentially posing a risk to the public, including patients.
- Certification by the Dental Board of California that the clinic's practices meet the Board's accepted standards of practice.
- Certification by the CDC that there are no bacterial levels at the clinic that pose or potentially pose a risk to the public, including patients.
- A health officer-approved independent expert, in addition to the CDC, would certify that there are no bacterial levels at the clinic that pose or potentially pose a risk to the public, including patients.

As of this writing, there is no confirmed explanation on why mycobacterium is still present in the waterline. The CDC has stated that this is a low-risk situation at this point because of the low level of mycobacterium found in the water.

According to Dr. Handler, “The fact that it did not grow does not mean it is not there. We do not know how this happened or where the mycobacterium came from. There is a low-level risk. We cannot answer the questions surrounding this. That is why I am overly cautious.”

The facility discontinued performing pulpotomy procedures from September 6 through November 7 in order to replace their internal water system and install appropriate infection control safeguards. At this time, the office is using a separate sterile water delivery system.

Opportunity for Change:

As cases are evaluated and the risks weighed, there is an opportunity for learning. This event could happen in any dental office. It gives us all the opportunity for change—an opportunity to understand the importance of water in the chain of infection in the dental setting. Dr. Handler shared, “My hope is that this incidence can enlighten everyone to the importance of water quality in the dental setting.”

All dental offices should be reviewing the recommendations for quality water in the dental setting and assuring water safety by testing their water.

TIPS FOR ENSURING WATER QUALITY

1. Test: Follow manufacturer’s recommendations for monitoring the quality of the water to ensure that the recommended bacterial counts are being adhered to. All dental units should use systems that treat water to meet drinking water standards (i.e., ≤ 500 CFU/mL of heterotrophic water bacteria). You should be testing your quality of water on each dental unit and each point of water delivery.

2. Treat: Independent reservoirs or water-bottle systems alone are not sufficient. Commercial products and devices are available that can improve the quality of water used in dental treatment. Consult with the dental unit manufacturer for appropriate water maintenance methods and recommendations for monitoring dental water quality.

3. Sterile water for surgical procedures: During surgical procedures, you must take the next step of using an appropriate delivery device such as a bulb syringe or sterile tubing/single use devices that bypasses the dental unit waterline. Sterile water is required for surgical procedures in the dental setting.

4. Discharge: Discharge water and air for a minimum of 20 to 30 seconds after each patient, from any device connected to the dental water system that enters the patient’s mouth (for example, handpieces, ultrasonic scalers, and air/water syringes).

5. Consult: Consult the dental unit’s manufacturer for the need to periodically maintain anti-retraction devices.

Sources: Kohn WG, Collins AS, Cleveland JL, Harte JA, Eklund KJ, Malvitz DM; Guidelines for infection control in dental health-care settings-2003. MMWR Recomm Rep 2003;52 (No. RR-17). Centers for Disease Control and Prevention. Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health; March 2016.



EXECUTIVE OFFICER'S REPORT

Wow! Is it me, or is 2017 flying by? My name is Anthony Lum and I'm the new Interim Executive Officer (IEO) of the Dental Hygiene Committee of California (DHCC) who replaced Lori Hubble after she retired at the end of 2016. Yes, after 30-plus years of dedicated state service, she decided to leave and enjoy what life has to offer outside of work. Many times, I would have to kick her out of the office late in the evening because she was so dedicated and, in my opinion, a borderline workaholic. After all, she was the original Executive Officer who had a huge part in running this program from its genesis in 2009. I do want to thank her for all of the dedication, sacrifice, and contributions she made to not only start this program, but groom and work it to grow under her guidance. I'm also grateful because she was a good mentor, leader, and friend. Her legacy will continue, though, because DHCC is still the only autonomous dental hygiene government oversight agency in the nation and she was instrumental in creating the first one!

A quick history about me is that I've been with DHCC for almost six years and worked mostly in the administrative area of the program, which dabbles in every DHCC function (i.e., administration, enforcement, licensing, educational programs, and continuing education). I've worked for the Department of Consumer Affairs (DCA) for 17-plus years and have experience in multiple program areas including administration (budgets, personnel, procurement, contracts, etc.), licensing, enforcement, and continuing education. I started my state career at the Board of Psychology, moved to DCA itself in the Budget Office, worked for the Dental Board of California, the California Architects Board, and since 2011, DHCC. Before my state career, I worked in physical therapy for several years and, as a licensee, experienced the process of obtaining a license so I know what our applicants are going through. I was fortunate to land a position within DCA because in working for the state, I've come to know the government side of administering the license and the effort it takes to maintain it. It's a unique perspective that definitely comes in handy in dealing with issues concerning DHCC program operations. I've had incredible experiences wherever I've worked and I'm looking forward to creating new ones in my IEO role.

2016 was another busy year for DHCC. We were able to implement the new BreEZe computer system, which allows applicants to apply and submit the required

documentation for licensure, pay all of the required application fees with a credit card, and check the status of their application online. For the licensee, BreEZe makes it easier to renew their license, complete the license renewal survey, pay the License Renewal Fee with a credit card, and request items like a Certification of Licensure, address or name change, or duplicate license, all online and in real time.

DHCC also had several new regulations implemented that help to oversee the dental hygiene profession and educational programs. In a brief overview, they were:

- 1) Definitions – California Code of Regulations (CCR) § 1100 allowed for frequently used and accepted dental terminology to be revised and updated.
- 2) Educational Programs – CCR §§ 1103, 1105, 1105.1, 1105.2, 1105.3, 1105.4, and 1106 created the requirements for all approved dental hygiene educational programs to follow regarding the program curriculum and faculty qualifications.
- 3) Remedial Education – CCR § 1108 provided the requirements for remedial education programs for individuals who failed to pass the clinical examination requirement for licensure after three attempts.
- 4) Feasibility Study – CCR §§ 1104, 1104.1, and 1104.2 set the requirements for any new dental hygiene educational program to submit a feasibility study to DHCC to demonstrate a need for a new dental hygiene educational program.
- 5) Administration and Examination – CCR §§ 1101, 1121, 1122, 1124, 1126, 1127, and 1133 provided clarification language for specific Executive Officer functions, examination parameters, and infection control references.

DHCC also created a new five-year Strategic Plan (2017 – 2021) with the assistance of the DCA SOLID Training and Planning Solutions Unit. In this session, DHCC updated its mission and vision, established new values, and created new goals that will be implemented over the next five years in the interest of consumer protection and to meet the oral hygiene needs of all Californians.

DHCC is expecting a busy 2017 as well, so we've already begun to tackle the extensive workload that is ahead of us. Thank you.

Sincerely,
Anthony Lum,
Interim Executive Officer

ATTENTION DENTAL HYGIENE LICENSEES:

In the course of conducting continuing education (CE) audits of licensee records for license renewal compliance, it has been discovered that some of the CE providers offering the required courses in Infection Control (IC) and the Dental Practice Act (DPA) may not have the proper approval from the Dental Board of California (DBC) pursuant to California Code of Regulations section 1016 (b)(1). Although these providers may have been approved to offer continuing education courses, they may not have been approved to provide the required continuing education courses outlined above.

Any required course in Infection Control or the Dental Practice Act taken on or *after July 1, 2017*, must be a DBC-approved course in Infection Control or California Dental Practice Act. Otherwise, those CE hours will not be accepted toward your license renewal.

If the CE required courses in IC and DPA is not approved appropriately by the DBC, it will result in a non-renewal of your license or permit pursuant to California Code of Regulations section 1017 (b). The CE hours completed to make up the deficiency will be applied to the renewal you are being audited for and not applied to the current renewal period. *It is the licensee's responsibility* to verify whether the required course of choice has proper approval from the DBC by searching the BreEZe website under License Search at www.breeze.ca.gov:

1. Under "License Search" select "Search by Board/Bureau Name" and choose "Dental Board of California."
2. "Under License/Registration Type" choose "Registered CE Provider Permit."
3. Under "Organization Name" type in the exact name of the chosen provider along with the City or County, if known.
4. Choose "Search."
5. When the providers name is listed, click on the provider name for further details about their approval status.
6. Their license details will indicate if they are approved as DPA or IC registered providers under "Qualification" individually or under "Specialty" as "Biennial Reporting."

If you have any questions, please contact us:

The Dental Hygiene Committee of California
Phone: 916-263-1978
E-mail: www.dhccinfo@dca.ca.gov



FREQUENTLY ASKED QUESTIONS

May a registered dental hygienist use lasers?

BPC Section 1914 states: A registered dental hygienist may use any material or device approved for use in the performance of a service or procedure within his or her scope of practice under the appropriate level of supervision, if he or she has the appropriate education and training required to use the material or device.

No auxiliary may provide and service, including the use of a laser, if doing so would be beyond the scope of their practice.

What are the requirements for supervision of a registered dental hygienist in alternative practice (RDHAP)?

RDHAPs are independent practitioners and do not require supervision in work settings as specified in BPC Section 1926. An RDHAP may practice pursuant to BPC sections 1907 (a), 1908 (a), and 1910 (a) and (b) in the capacity as specified in BPC section 1925.

What are the requirements for making notations in the patient's treatment record?

Business Professions Code (BPC) Section 1683 requires that every RDH, RDHAP, and RDHEF "who performs a service on a patient in a dental office shall identify himself or herself in the patient record by signing his or her name, or an identification number and initials, next to the service performed, and shall date those treatment entries in the record. Any person licensed under this chapter who owns, operates, or manages a dental office shall ensure compliance with this requirement."

Do I have to notify DHCC if I change my address?

Yes. BPC section 1934 states: A licensee who changes his or her physical address of record (AOR) or e-mail address shall notify DHCC within 30 days of the change.

Failure to notify DHCC of a change of address means that the licensee would no longer have a current address of record and would not receive important information, such as license renewal notices.

What does the law require I do if I know or suspect that a child who has come to the office has been abused?

Penal Code Section 11166 requires any health practitioner, which includes dental auxiliaries, who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse must make an initial report by phone to the reporting agency immediately or as soon as is practicably possible. The mandated reporter must prepare and send, fax, or electronically transmit a written follow-up report within 36 hours of receiving the information concerning the incident. They may include with the report any nonprivileged documentary evidence they possess relating to the incident.

Mandated reporting may be made to any police or sheriff's department (not including a school district police or security department), county probation department if designated by the county to receive mandated reports, or the county welfare department.

Where can I verify a dental hygienist's license?

DHCC's website can be used to verify a license. Visit www.dhcc.ca.gov and click on "License Verification." Search by name, license number, city, or county. You can also verify a dental hygienist's license number through the new BreEZe system; the link to BreEZe can be found on the DHCC homepage.

The following are a few statuses you could view on a dental hygienist's license:

- **Renewed/Current** – The license is current and valid until the expiration date.
- **Delinquent** – A license appears delinquent in the BreEZe system if not renewed by its expiration date. It is illegal for the licensee to practice with an expired license. A license may also reflect a delinquent status if the renewal application is incomplete for reasons such as deficient continuing education hours or if the Live Scan fingerprint requirement has not been met.
- **Inactive** – An inactive license is current, but the licensee is not allowed to practice until the license is returned to “active” status.
- **Continuing Education Required but Not Adequate** – If this status is on the record, a licensee has not indicated their license as active or inactive upon renewal. A licensee is not allowed to practice with this status.
- **Canceled** – A license is cancelled if not renewed within five years following its expiration date. A licensee is not allowed to practice with a cancelled license.

Where can I make a complaint against a hygienist?

A complaint can be submitted to the DHCC if you have concerns about a dental hygienist. The Consumer Complaint Form can be downloaded from the DHCC website, www.dhcc.ca.gov. Click on the “Consumers” tab and then “Complaint Information.”

You can also call the DHCC to have the complaint form mailed to you, our toll-free number is (866) 810-9899. In addition, starting in early 2016, you can use the BreEZe system to file a complaint; click on the BreEZe button on the DHCC homepage, then click on “File a Complaint.”

How to request a replacement license

A duplicate pocket identification (ID) card or duplicate wall certificate cost \$25 each (\$50 if a licensee requests both). Your request must be submitted in writing on the appropriate form with the correct fees. You must also submit your existing pocket ID card or wall certificate that

you are replacing, as appropriate, or provide a statement signed under penalty of perjury that the license or certificate has been lost, stolen, or misplaced. The Request for Duplicate/Replacement License form can be found at www.dhcc.ca.gov/formspubs/app_lic_replace.pdf.

A request for a duplicate license or wall certificate can also be requested and paid for with a credit card through BreEZe online system; the link can be found on the DHCC website, www.dhcc.ca.gov, or click on www.breeze.ca.gov.

Where can I get information on DHCC committee meetings?

The schedule of DHCC public meetings is available on our website at: www.dhcc.ca.gov. Under “Quick Hits” on the DHCC homepage, click on “Committee Meetings.” The DHCC calendar lists meeting dates and locations. Also available are meeting agendas, materials, and minutes.

What are the laws and regulations that govern registered dental hygienists?

Laws and regulations specifically define the duties each category of dental auxiliary is allowed to perform, the level of dentist supervision required, and the settings in which the duties may be performed. It is a criminal offense to perform illegal functions, as well as grounds for license discipline of both the person performing the illegal function and any person who aids such illegal activity.

The duties and responsibilities of RDHs, RDHAPs, and registered dental hygienists in extended functions (RDHEFs) are located in BPC Sections 1900 through 1966.6.

You can download a publication of our laws and regulations at our website www.dhcc.ca.gov by selecting “Laws and Regulations” under “Quick Hits.”

Administrative Actions

JANUARY 2016 – MARCH 2017

BENOIT, Melanie (RDH 30968)

Folsom, CA

License granted, revoked, stayed with 5-year probation with terms and conditions.

February 24, 2017

BERGMAN, Diann (RDH 16793)

Napa, CA

License revoked, stayed, placed on 3-year probation with terms and conditions.

July 15, 2016

DEKKERT, Candace Sue

(RDH 9028)

Santa Cruz, CA

License surrendered.

March 23, 2016

FANG, Bruce (RDH 30112)

Sacramento, CA

Probationary license issued with 3-year probation with terms and conditions.

February 11, 2016

GIBSON, Kristin (RDH 30131)

Canyon Country, CA

Probationary license issued with 3-year probation with terms and conditions.

February 24, 2016

GRADNEY, Timothy (RDH 30822)

El Cajon, CA

License revoked, stayed, placed on 3-year probation with terms and conditions.

November 23, 2016

HELM, Nicola (HAP 304, RDH 9205)

Malibu, CA

Licenses surrendered.

April 22, 2016

HILL, Lezleigh

(RDH 21814)

Palm Desert, CA

License revoked, stayed, placed on 5-year probation with terms and conditions.

February 17, 2017

HUTCHINSON, Jennifer

(RDH 22961)

Granite Bay, CA

License revoked, stayed, placed on 5-year probation with terms and conditions.

September 21, 2016

JUNG, Grace (RDH 30583)

Vacaville, CA

Probationary license issued with 3-year probation with terms and conditions.

August 26, 2016

KENNEDY, Jeanne Lynne

(RDH 15451)

Reno, NV

License revoked.

July 6, 2016

KIDD, Elizabeth (RDH 24462)

Suisun City, CA

License revoked, stayed, placed on 5-year probation with terms and conditions.

June 9, 2016

MCGINN, Bonnie (RDH 30879)

Los Angeles, CA

Probationary license issued with 3-year probation with terms and conditions.

January 5, 2017

MOORE, Maurice (RDH 30582)

La Mesa, CA

Probationary license issued with 3-year probation with terms and conditions.

August 24, 2016

MORTIMER, Tristin (RDH 26022)

Paradise, CA

License revoked, stayed, placed on 3-year probation with terms and conditions.

June 23, 2016

NUNEZ-GARCIA, Deyci

(RDH 31029)

Fresno, CA

License revoked, stayed, placed on 5-year probation with terms and conditions.

March 31, 2017

O'DAY, Casey (RDH 29666)

Probationary license issued with 3-year probation with terms and conditions.

Yuba City, CA

January 6, 2016

RUBIO, Dora (RDH 21453)

El Dorado Hills, CA

License revoked, stayed, placed on 3-year probation with terms and conditions.

March 10, 2017

ADMINISTRATIVE ACTIONS (CONTINUED FROM PAGE 8)

SEGRETI, Ildiko (RDH 15437)

San Mateo, CA

License revoked, stayed, placed on 3-year probation with terms and conditions.

January 5, 2017

SHAPLEY, Charles (RDH 15779)

San Diego, CA

License surrendered.

May 23, 2016

SUBER, Dominique (RDH 30508)

Pittsburg, CA

License granted, revoked, stayed with 5-year probation with terms and conditions.

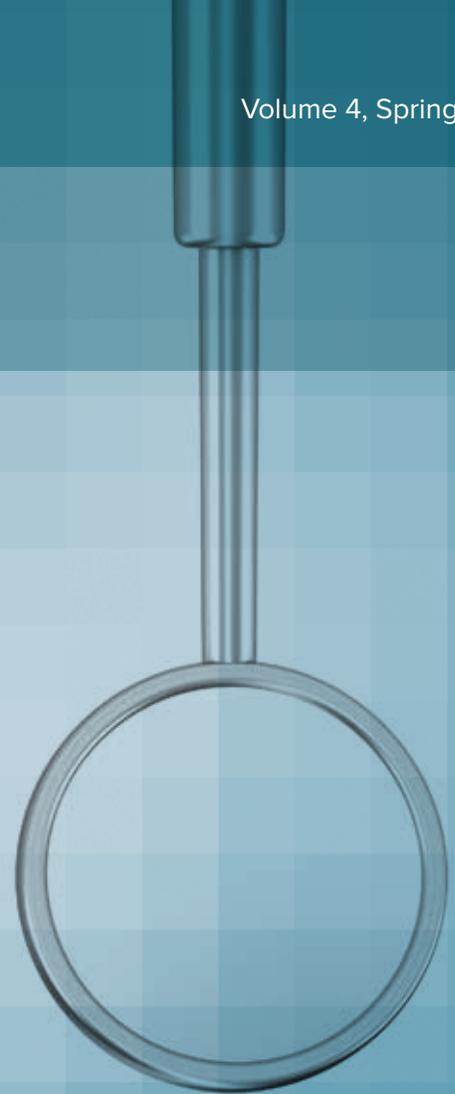
August 10, 2016

SWAIN, Helen (RDH 21092)

Alameda, CA

License revoked, stayed, placed on 5-year probation with terms and conditions.

January 5, 2017



License Renewal Tips

It is illegal to practice dental hygiene with an expired license, so be sure to complete your license renewal prior to its expiration. Follow these tips to ensure your renewal process goes smoothly and efficiently:

- 1) Be aware of exactly when your license expires so you can renew well before its expiration date and can continue to practice without interruption. All licenses, except the issuance of an initial license, are renewed on a biennial (every two years) cycle and expire on the last day of the licensee's birth month in an odd- or even-numbered year, depending on when you were born. For example, if you were born on January 1, 1986, your license will expire on January 31 of every even-numbered year after your first license renewal. The same applies to the licensees born in odd-numbered years. The process was set up this way to make it easier for licensees to remember their license expiration date.
- 2) If you are renewing for the first time after the initial issuance of your license, you will need to renew your license anywhere from three to 23 months after your license is issued. This is due to the explanation of the two-year renewal cycle as stated above and that the license can be valid for no longer than 24 months. Licensees renewing their license for the first time are exempt from the continuing education (CE) requirements, but after the first renewal is complete, they begin the two-year biennial renewal cycle and will need to complete the appropriate amount of CE to renew the license every two years.
- 3) License renewals can now be completed through the new online BreEZe computer system. It is available through the Dental Hygiene Committee of California's (DHCC's) website at www.dhcc.ca.gov or through the BreEZe website at www.breeze.ca.gov. Renewing your license through BreEZe allows you to answer all of the required renewal and survey questions online and pay the renewal fee with a credit card in real time, with minimal delays in processing. Once completed, a new pocket license will be sent within two weeks to your address of record on file with DHCC.
- 4) Paper license renewals will still be sent to the licensee's address of record on file with DHCC approximately 60 days in advance of the license's expiration date to allow for adequate processing time. It will be the licensee's choice to renew via paper or online, but not by both methods, as this may cause complications and possible delays in the license renewal process.
- 5) If you have questions about your license renewal, be aware that DHCC is busiest the first and last weeks of each month, addressing the influx of license renewal issues and questions from licensees.



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