

BOARD OF DENTAL EXAMINERS  
Professional & Vocational Licensing Division  
Department of Commerce and Consumer Affairs  
State of Hawaii

MINUTES OF COMMITTEE MEETINGS  
RULES COMMITTEE

The agenda for this meeting was filed with the Office of the Lieutenant Governor, as required by Section 92-7(b), Hawaii Revised Statutes ("HRS").

- Date: Monday, November 21, 2016
- Time: Immediately Following Board Meeting
- Place: Queen Liliuokalani Conference Room  
King Kalakaua Building  
335 Merchant Street, 1st Floor  
Honolulu, Hawaii 96813
- Present: Paul Guevara, D.M.D., M.D.S., Rules Committee Chair  
Mark Chun, D.M.D., Dental Member  
Rodney Ching, Public Member  
Janet Primiano, R.D.H., Dental Hygiene Member  
Garrett Ota, D.D.S., Dental Member  
Earl Hasegawa, D.M.D., Dental Member  
James Kobashigawa, Executive Officer  
Sandra Matsushima, Executive Officer  
Daniel Jacob, Deputy Attorney General  
Lisa Kalani, Secretary
- Guests: Diane Brucato, RDH, EF, BS, FAADH, Hawaii Dental Hygienists'  
Association ("HDHA")  
Dr. Dan Fujii, WCCHC  
Gerraine, Hignite, Hawaii Dental Hygienist' Association ("HDHA")
- Call to Order: Rules Committee Chair Guevara called the meeting to order at 12:19 p.m.

*The following agenda item was moved as the next order of business:*

3. Application of silver diamine by auxiliary personnel

Dr. Fujii stated that silver diamine fluoride (“SDF”) can be used as an interim cavity treatment, particularly in the pediatric population. The solution can be applied directly to carious lesions to arrest decay, but turn affected dentin black. His question is whether the use of SDF would fall under the allowable scope of service for a hygienist as defined in HAR §16-79-10 and HRS §447.3, and also, does a licensed dentist need to prescribe the application prior to its use.

Dr. Ota asked how much of a problem is staining?

Dr. Fujii stated it is going to stain, that is why the consent process is very critical. There are going to be side effects from it and there are concerns about how much should be used, so those are issues inherent to the procedure itself. However just like any other dental procedure, if I’m going to start something, I need to have informed consent and make sure the parents know about it.

Dr. Ota stated from what he understands this is something that is not placed on every single tooth in the mouth.

Dr. Fujii stated that is correct, it is not to be confused with fluoride varnish. This is very site, weight and age specific.

Dr. Ota stated ideally the dentist should be making the determination whether to apply it or not.

Dr. Fujii stated with any dental procedure that determination should be made by the dentist.

Dr. Ota stated in a public health setting where a dental hygienist would see a patient, will the dentist see that patient first?

Dr. Fujii stated at his site, the dentist always sees the patient first to assess what is going on. He did not look for details, but there are about five states that allow dental hygienist to place SDF, one state has different types of hygienists, not just RDH.

Dr. Ota asked Dr. Fujii how comfortable he would be with his dental hygienist applying SDF?

Dr. Fujii stated he would not have any issue with his dental hygienist applying SDF.

Dr. Chun stated he just used this product over the weekend on a geriatric patient. He believed that this is something the dentist would need to assess to see what could be done. He added with the proper education and training, dental assistants could also apply this, but only in selected cases.

Rules Committee Chair Guevara stated getting back to Dr. Fujii's question, who can apply SDF. We know a dentist can, but can a dental hygienist?

Dr. Ota stated in a public health setting, where the dentist is screening first, I don't see why a dental hygienist could not apply SDF. What would happen if too much is given?

Dr. Fujii stated the dose is one drop per ten kilogram child. So one drop will cover up to two teeth, two drops could cover up to five teeth, that is the recommended dose.

Dr. Hasegawa asked what are the ramifications of going over the recommended dose?

Dr. Fujii stated you have 25% silver, 8% ammonia and close to 5% straight fluoride ion, so the potential toxic dose is five milligrams per kilogram of fluoride. Like anything else, how much you use is a concern. You have to know what the safety parameters are.

Dr. Hasegawa asked if any of the dentists using it had any problems early on?

Dr. Fujii stated it has been used for years, and the toughest part is informing the patient what to expect, and making sure the areas are dry and are not going to get contaminated.

Ms. Primiano asked if this is something that is covered under medicinal preventive therapeutic agents in the rules?

Mr. Jacob stated since it is not specifically mentioned, this would fall within a broad term and it would be this Boards authority to determine the scope of those terms.

Ms. Primiano stated with the dentist screening the patient first and asking the dental hygienist to apply the SDF, it would appear to be covered under that.

Dr. Hasegawa asked if other states are treating it differently?

Dr. Fujii stated they are looking at it as a fluoride preventative treatment.

Mr. Jacob stated the statutes reads, "The practice of clinical dental hygiene is defined as the removal of hard and soft deposits and stains from the portion of the crown and root surfaces to the depth of the gingival sulcus, polishing natural and restored surfaces of teeth, the application of preventive chemical agents to the coronal surfaces of teeth, which chemical agents have been approved by the board of dental examiners,"..., so as long as the chemical is approved as being a preventative chemical agent, the dental hygienist can apply it.

Rules Committee Chair Guevara stated we may want to consider forming a Sub-Committee to further investigate silver diamine fluoride.

Dr. Ota stated he does not think a Sub-Committee is necessary. In his opinion, this Committee could recommend to the Board that SDF be recognized as a preventative chemical agent, and then the dentist can delegate to the dental hygienist to start applying it.

Ms. Primiano stated the dentist will be the one who diagnoses and prescribes this treatment.

Rules Committee Chair Guevara stated so the dentist would be telling the dental hygienist exactly what needs to be done and specifically where it needs to be applied.

Dr. Ota asked if in certain public health settings, can a dental hygienist apply fluoride on their own?

Ms. Brucato replied no.

Mr. Jacob stated there's nothing in subsection B that said, "...the application of preventive chemical agents to the coronal surfaces of teeth, which chemical agents have been approved by the board of dental examiners,"..., the language does not say an application of a preventative chemical agent that has been prescribed by the dentist. I do not believe chemical agents approved by the board have to be prescribed by a dentist prior to a dental hygienist applying it.

Dr. Hasegawa asked so in a public health setting, like a school, the dental hygienist can go in and apply topical fluoride on their own?

Mr. Kobashigawa stated no, the definition of supervision, whether it is general or direct, has to be approved and authorized by the dentist.

Ms. Brucato stated as a clinical practitioner working under the direct supervision of a dentist in a private office, or under general supervision, with whatever I do, it has to be diagnosed and a treatment plan in place before I can do anything.

Mr. Jacob stated that is assuming general and direct supervision requires a prescription. If a dentist hires a dental hygienist, the dentist has a policy in his office to not allow the dental hygienist to administer certain types of chemical agents, that would not be the law, that would be the policy written by that dentist in his/her office. My reading of the statute is arguable that a dental hygienist under direct or general supervision of a dentist does not entail running by everything that they can do pursuant to the scope as appropriate with the dentist. It is possible that a dental hygienist could do this without the prescription of a dentist, and still be under the general or direct supervision of a dentist.

Ms. Brucato stated take block anesthesia for example. If I'm working for a dentist who does not want me, the dental hygienist doing block anesthesia for whatever reason even if I am qualified to do it, I am not going to do it because it is that dentists' policy.

Mr. Jacob stated that goes back to the question, general or direct supervision arguably could mean I'm just in the same room with you, it does not necessarily mean I am telling you what to do.

Ms. Brucato stated no, the dentist is diagnosing and planning, so he is telling me what to do.

Mr. Kobashigawa stated if you look at the definition of general supervision, it says, "... the supervising licensed dentist has examined and diagnosed the condition to be treated, and has authorized each procedure to be carried out in accordance with the dentist's diagnosis and treatment plan."

Mr. Jacob stated, yes you do have to be authorized, I apologize.

Dr. Ota stated so now the question is are we going to call SDF a preventative chemical agent?

Rules Committee Chair Guevara stated if everyone is comfortable with what we have come up with then we can present to the Board that SDF is a preventative chemical agent that can be applied by a dental hygienist.

The Rules Committee by consensus will recommend to the Board that SDF is a preventative chemical agent that can be applied by a dental hygienist.

*Mr. Ching was excused from the meeting at 12:48 p.m.*

*The following agenda item was moved as the next order of business:*

#### §16-79-141 Continuing education categories

The Rules Committee reviewed the proposed language that increases the number of CE hours allowed under new subsection (D) and new subsection (F) for the BLS (4 hours) and the ACLS or PALS (6 hours). Rules Committee Chair Guevara stated that these credit hours were discussed and accepted by the Committee at a previous meeting and will be recommending it to the Board.

#### §16-79-141.5 Ethics

The Rules Committee reviewed the proposed new subsection regarding ethics course requirements for dentists and for dental hygienists. Ms. Matsushima stated that this new subsection further clarifies the ethics requirements for dentists and dental hygienists and outlines the course content requirements and proof of

attendance/certificate information. The Rules Committee will further discuss at a future meeting.

§16-79-142 Approved sponsoring organizations

The Rules Committee reviewed the proposed language to allow acceptance for CE course hours that were approved by other state dental boards. The Rules Committee will defer for further discussion at a future meeting.

The Rules Committee deferred discussion on the following proposed rule amendments and agenda item 4. due to time constraints.

§16-79-144 Biennial renewal  
§16-79-146 Certification of compliance and audit  
§16-79-149 Retention of dental records  
§16-79-150 Availability of dental records

4. 2018 License Renewal/Continuing Education ("CE") Pre-Audit
5. Adjournment:

With no further business to discuss, Rules Committee Chair Guevara adjourned the meeting at 1:00 p.m.

Reviewed and approved by:

Taken and recorded by:

/s/ Sandra Matsushima  
Sandra Matsushima  
Executive Officer

/s/ Lisa Kalani  
Lisa Kalani, Secretary

SM:lk

12/23/16

- [ X ] Minutes approved as is.  
[ ] Minutes approved with changes; see minutes of \_\_\_\_\_.