I. CALL TO ORDER/ROLL CALL

MEMBERS PRESENT
Ms. Angela Sissine, RDH, Chair
Dr. Naved Fatmi, DMD
Dr. Nick Kavouklis, DMD
Dr. Matthew Freedman, DMD
Dr. Joseph Calderone, DMD

STAFF PRESENT
Jennifer Wenhold, Executive Director
Jessica Sapp, Program Administrator

BOARD COUNSEL
David Flynn, Esq.
Assistant Attorney General

COURT REPORTER
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II. DISCUSSION ITEMS
   a. Restorative Functions Dental Assistants

The following language was proposed:

64B5-16.0000 Delegation of Remediable Restorative Functions to Dental Hygienists and Dental Assistants
Notwithstanding any other rule provision to the contrary, a dentist may delegate remedial intraoral restorative functions to a Dental Hygienist or Dental Assistant in strict compliance with the provisions of this rule.
(1) After a dentist has prepared the tooth, a dentist under direct supervision may delegate to a dental hygienist or dental assistant who has met the mandatory training requirements of this rule the task of placing, packing and contouring amalgam and composite restorations and the fitting and contouring of stainless steel crowns. However, stainless steel crowns may not be temporarily or permanently seated cemented by the dental hygienist or dental assistant.
   a. The tasks shall only be performed using a slow speed handpiece and hand instruments.
   b. The delegating dentist shall not supervise more than four (4) auxiliaries who are simultaneously performing the tasks pursuant to this rule.
   c. The delegating dentist shall ensure that the patient’s dental chart is annotated to reflect the initials of and the tasks performed by the dental hygienist or dental assistant.
   d. The delegating dentist shall also ensure that the patient’s dental chart reflects that the final restoration was verified by the delegating dentist and the result of the verification shall also be documented.

(2) To be eligible to complete the mandatory training in subparagraph (3), A dental hygienist or dental assistant (Candidate) shall meet the following conditions:
   a. The Candidate shall be at least 18 years of age.
   b. The Candidate shall be a high school graduate or have a High School Equivalency Certificate.
   c. The Candidate shall have a current Basic Life Support for Healthcare Provider certificate.
   d. The Candidate, in the case of a hygienist, shall be a graduate of a CODA accredited dental hygiene program and shall have an active dental hygiene license from any U.S. state or territory. The active license shall not have been suspended or revoked.
   e. The Candidate, in the case of a dental assistant, shall be a graduate of a CODA accredited dental assisting program or shall have received formal training in expanded duties pursuant to Rule 64B5-16.002 (1)(b), FAC.
   f. Within 24 months prior to being admitted to take the mandatory training in subparagraph (3), the Candidate must have documented proof of 2400 hours of clinical work experience either in a dental office or as an educator of dental assisting or dental hygiene.

Mr. Flynn clarified that subsection 2 of the proposed rule isn’t verifiable by the Board, it must be verified by the schools and the Board does not have authority over the schools. We should confirm with the programs to ensure they are able to verify the 2400 hour requirement.

Ms. Cabanzon addressed the Committee with her concerns about the 2400 hour requirement and why the language specified only CODA requirement for dental hygienists and not dental assistants. She questioned how their expanded functions would be tracked. She believes there may be a public safety concern as dental assistants are not regulated by the Board and if an incident were to happen, only the dentist would be responsible.

Connie Reed, dental assistant instructor at Hillsborough Community College indicated that on the job trained (OJT) assistants can take the CDA through DANB and be tracked.

Ms. Cabanzon indicated that Alabama does not require CODA accredited for licensure.
Dr. Calderone does not believe we should place extra barriers and the dentist shall ultimately be responsible.

Ms. Reed asked for additional training on infection control since EFDA receives minimal, if any, training.

Mr. Flynn clarified that the CODA restorative functions program shall be responsible for providing that sterilization and infection control training and asked the committee if infection control should be listed in subsection 3.

Dr. Tejera stated that they should have obtained infection control training through their 2400 hours of clinical work experience.

The committee made the above changes that are highlighted and stricken.

(3) The mandatory training shall be offered by any CODA accredited dental school or program and the training must be specifically designed and implemented to comply with the provisions of this rule. At a minimum, the training shall include and contain the following:

a. A preclinical didactic course, which may be offered online. The preclinical didactic course shall consist of at least twenty (20) clock hours. At the completion of the preclinical didactic course, the course shall require the passing of a written examination prior to the student moving on to the clinical portion of the training. A passing score shall require a 75 percent or above.

b. A clinical and lab session for Amalgam Restorations Class I, and II and V. The session shall include live patients.

c. A clinical and lab session for Composite Restorations Class I, II, III, and V. The session shall include live patients.

d. A clinical and lab session to size, fit and contour, but not permanently cement, stainless steel crowns.

e. The training program shall verify competency by requiring a written examination and clinical examination that includes live patients. The written portion of the examination shall include a section covering the Laws and Rules of Dentistry in Florida.

f. Upon the successful completion of the training program, a certificate of successful completion of the Restorative Function Auxiliary Course shall be issued.

Ms. Cabanzon suggested that this training be also offered at CODA hygiene programs.
Ms. Sissine suggested at first that only allow dental programs so that this rule can get off of the ground.

Dr. Tejera agreed that hygiene programs should be allowed to offer this program as well.

Danielle Driscoll addressed the committee and indicated that hygiene programs do teach dental materials and it would not be a problem for a hygiene school to teach this program. She offered to reach out to all of the programs to see who is interested.

Mr. Flynn will expand on the definition of CODA.

Don Ilkka, with the Florida Dental Association, stated that the FDA is in support of RFDA and in support of hygiene schools offering the program.

Dr. Dan Gesek addressed the committee regarding whether or not dental assisting programs have CODA standards. Ms. Reed clarified that dental assistant programs do have CODA standards they must comply with.

Ms. Cabanzon asked for clarification regarding the laws and rules requirement: Will they have to take the Laws and rules exam through CDCA? Ms. Sissine answered yes.

Ms. Cabanzon asked if clinical hours needed to be specified since the didactic hours are specified. Ms. Sissine stated it should be left up to dental schools. Dr. Kavouklis asked why specify one and not the other?

Ms. Cabanzon asked if we could implement a CE requirement for dental assistants. Ms. Sissine stated that we do not have that authority.

Ms. Cabanzon stated that in order to protect the public, dentists must report when they are aware of another licensee violating the law but they would not be required to report a dental assistant since they are not regulated which is concerning since the committee is considering expanding their scope.

The committee revisited the discussion on allowing both CODA accredited dental and hygiene schools to offer this program.

Motion: by Dr. Fatmi to include both CODA dental and hygiene schools
Second: Dr. Freedman
Vote: passed 4/1

Motion: by Dr. Calderone to remove the specific number of preclinical didactic hours.
Second: Dr. Freedman
Vote: Unanimous
Gather additional information about standards from the dental schools and bring suggestions back before the committee.

The committee made the above changes that are highlighted and stricken.

(4) A Dentist who delegates tasks pursuant to this rule shall ensure that a copy of the training certificate is immediately available at the location where tasks are delegated and the certificate shall be produced by the dentist when requested by the Board Office or any authorized inspector.

(5) The delegating and supervising dentist shall remain fully responsible for all delegated tasks.

III. OLD BUSINESS

Dr. Fatmi asked for discussion on teeth whitening. Mr. Flynn explained that JAPC was very adamant that tasks was reserved for a hygienist. Ms. Cabanzon suggested this be discussed on a future dental assistant council meeting agenda.

Dr. Fatmi discussed the possibility of requiring the laws and rules course as a part of the continuing education requirement? Ms. Cabanzon and Ms. Sissine agree. Dr. Calderone has concerns about too many mandated courses but sees the advantage in having a refresher course. Dr. Freedman and Dr. Kavouklis agreed with Dr. Calderone.

Dr. Ilka informed the committee that they author in the FDA journal every month a “Did you Know?” article.

IV. NEW BUSINESS

V. ADJOURNMENT

There being no further business, the meeting adjourned at 3:25.