

Chapter 246-812 WAC

BOARD OF DENTURE TECHNOLOGY

WAC

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- 246-812-130 Denturist licensure—Training course approval. [Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-130, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-130, filed 10/30/95, effective 11/30/95.] Repealed by 03-12-061, filed 6/2/03, effective 7/3/03. Statutory Authority: RCW 18.30.065.
246-812-140 Application for licensure—AIDS education requirements. [Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-140, filed 10/30/95, effective 11/30/95.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-812-995 Conversion to a birthday renewal cycle. [Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-995, filed 10/2/98, effective 11/2/98. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-812-995, filed 2/13/98, effective 3/16/98.] Repealed by 05-12-012, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110.

(9/16/10)

DENTURISTS

WAC 246-812-001 Purpose. The purpose of these rules is to further clarify and define chapter 18.30 RCW, Denturists.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-001, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-001, filed 10/30/95, effective 11/30/95.]

WAC 246-812-010 Definitions. The following terms are so defined for the purposes of this chapter:

"Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

"Approval" and "accreditation" are used interchangeably with reference to sanctioning of courses.

"Board" means the Washington state board of denturists, whose address is:

Department of Health
Health Profession Quality Assurance
Washington State Board of Denturists
310 Israel Rd. SE, PO Box 47867
Olympia, WA 98504-7867

"Office on AIDS" means that section within the department of health with jurisdiction over public health matters as defined in chapter 70.24 RCW.

[Statutory Authority: RCW 18.30.065. 03-12-061, § 246-812-010, filed 6/2/03, effective 7/3/03. Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-010, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-010, filed 10/30/95, effective 11/30/95.]

WAC 246-812-015 Adjudicative proceedings—Procedural rules. Adjudicative proceedings are conducted pursuant to the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-10 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-015, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-015, filed 10/30/95, effective 11/30/95.]

WAC 246-812-020 Continuing competency requirements. (1) Purpose. The board in agreement with the secretary of the department of health has determined that the public health, safety and welfare of the citizens of the state will be served by requiring all denturists, licensed under chapter 18.30 RCW, to continue their professional development via continuing competency after receiving their licenses.

(2) Effective date. The effective date for the continuing competency requirements for denturists is January 1, 2006. The reporting cycle for verifying completion of continuing competency hours will begin on January 1, 2008, and each renewal date thereafter.

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(3) Requirements. A licensed denturist must complete thirty clock hours of continuing competency, every two years, prior to his or her biennial renewal date. The licensee must sign a declaration attesting to the completion of the required number of hours as part of the biennial renewal requirement. The department of health may randomly audit up to twenty-five percent of practitioners for compliance with these rules, after the credential is renewed as allowed by chapter 246-12 WAC, Part 7.

(4) Acceptable continuing competency—Qualification of courses for continuing competency credit. The board will not authorize or approve specific continuing competency courses. Continuing competency course work must contribute to the professional knowledge and development of the practitioner, or enhance services provided to clients.

For the purposes of this chapter, acceptable continuing competency means courses offered or authorized by industry recognized state, local, private, national and international organizations, agencies or institutions of higher learning. Examples of sponsors or types of continuing competency courses include, but are not limited to:

(a) Courses offered or sponsored by the Washington State Denturist Association.

(b) Basic first aid, cardio pulmonary resuscitation, basic life support, advanced cardiac life support, or emergency related training such as courses offered or authorized by the American Heart Association, the American Cancer Society; training offered or sponsored by Occupational Safety and Health Administration (OSHA) or Washington Industrial Safety and Health Act (WISHA); or any other organizations or agencies.

(c) All forms of educational media related to denturism, available through internet, mail or independent reading, that include an assessment tool upon completion, may not exceed ten hours for the two-year period.

(d) A licensee who serves as a teacher or who lectures in continuing competency programs and/or courses, that contribute to the professional competence of a licensed denturist may accumulate the same number of hours obtained by licensed denturists attending the program and/or course may not exceed sixteen hours for the two-year period.

(e) Attendance at a continuing competency program with a featured speaker(s) may not exceed sixteen hours for the two-year period.

(f) Time spent preparing an original technical or clinical article for a professional publication may not exceed twelve hours for the two-year period.

(g) Nonclinical courses relating to denturist practice organization and management, patient management, or methods of health delivery may not exceed eight hours for the two-year period.

(h) Estate planning, financial planning, investments, and personal health courses are not acceptable.

(5) The board may disallow any claim of credit for a continuing competency course that does not meet the requirements of subsection (4) of this section.

(6) Failure to complete the continued competency requirements by time of license renewal, or failure to provide adequate documentation of completion, is grounds for denying renewal of his or her license until such time as the licensee demonstrates compliance.

(7) Documentation required. Credit for a continuing competency course may not be claimed by a licensee unless the course organizer provides the licensee with documentation of course attendance.

(8) Exceptions. The following are exceptions from the continuing competency requirements:

Upon a showing of good cause by the licensee, the board may waive the licensee from any, all, or part of the continuing competency requirements in this chapter or may grant additional time for the licensee to complete the requirements. Good cause includes, but is not limited to:

- (a) Illness;
- (b) Medical necessity or family emergency;
- (c) Hardship to practice; or
- (d) Other extenuating circumstances.

(9) The requirements of this section are in addition to the requirements in chapter 246-12 WAC, Part 7, related to continuing competency.

[Statutory Authority: RCW 18.30.065. 05-23-101, § 246-812-020, filed 11/17/05, effective 1/1/06.]

LICENSURE—APPLICATION AND ELIGIBILITY REQUIREMENTS

WAC 246-812-101 Purpose. The purpose of WAC 246-812-101 through 246-812-170 is to establish guidelines on eligibility, and set forth the procedures for application to receive a license for the practice of denturism. By statute, the eligibility and application criterion are established in RCW 18.30.090.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-101, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-101, filed 10/30/95, effective 11/30/95.]

WAC 246-812-120 Denturist licensure—Initial eligibility and application requirements. To be eligible for Washington state denturist licensure, the applicant shall complete an application and shall include written documentation to meet eligibility criteria. Each applicant shall provide:

(1) A signed, notarized application and required fee. (Refer to WAC 246-812-990 for fee schedule.)

(2) Proof that they meet the basic eligibility requirements identified in RCW 18.30.090, documented by the signed, notarized affidavit processed as part of the application.

(3) Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(4) Photograph. A recent photograph, signed and dated, shall be attached to the application.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-120, filed 10/2/98, effective 11/2/98. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-812-120, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-120, filed 10/30/95, effective 11/30/95.]

WAC 246-812-125 Denturist licensure—Endorsement. For the purposes of endorsement as provided in RCW 18.30.090 (1)(a) licensing authorities shall be determined to be substantially equivalent that meet the following criteria:

(1) Written examination - applicants must have successfully completed a written examination which included testing in the areas of:

- (a) Oral pathology;
- (b) Head and oral anatomy and physiology;
- (c) Dental laboratory technology;

Additionally, the examination must include four of the following test categories:

- (d) Partial denture construction and design;
- (e) Microbiology;
- (f) Clinical dental technology;
- (g) Clinical jurisprudence;
- (h) Asepsis;
- (i) Medical emergencies;
- (j) Cardiopulmonary resuscitation.

(2) Practical examination - applicants must have successfully completed a clinical examination.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-125, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-125, filed 10/30/95, effective 11/30/95.]

WAC 246-812-150 Examination—Content and scores. An applicant seeking licensure in Washington by examination must successfully complete a written and practical examination as specified in RCW 18.30.100. In order to be licensed, an applicant shall be required to obtain an overall passing score of seventy percent on the written examination and an overall score of seventy percent on the practical examination.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-150, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-150, filed 10/30/95, effective 11/30/95.]

WAC 246-812-155 Denturist examination scores. An applicant must pass all sections of the written examination and the practical demonstration of skills within three attempts. After three failures the applicant must petition the board for permission to take any further examination. The board shall have complete discretion regarding such petition and the conditions under which further examination permission may be granted.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-155, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-155, filed 10/30/95, effective 11/30/95.]

WAC 246-812-160 Expired license. (1) If the license has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If the license has expired for more than three years, the practitioner must:

(a) Successfully pass the examination as provided in RCW 18.30.100;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 18.30.065. 03-12-061, § 246-812-160, filed 6/2/03, effective 7/3/03. Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-160, filed 10/2/98, effective 11/2/98. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-812-160, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-160, filed 10/30/95, effective 11/30/95.]

WAC 246-812-161 Inactive credential. A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

(9/16/10)

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-161, filed 10/2/98, effective 11/2/98. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-812-161, filed 2/13/98, effective 3/16/98.]

WAC 246-812-170 License renewal form. A license shall not be renewed until the applicant has submitted completed renewal forms and the full amount of the renewal fee, including any penalty fee for late renewal of the license.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-170, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-170, filed 10/30/95, effective 11/30/95.]

PRACTICE STANDARDS

WAC 246-812-301 Purpose. The purpose of WAC 246-812-201 through 246-812-460 is to provide standards to guide denturists in the conduct of their practice.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-301, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-301, filed 10/30/95, effective 11/30/95.]

WAC 246-812-320 Maintenance and retention of patient records. Any denturist who treats patients in the state of Washington shall maintain complete treatment records regarding patients treated. These records shall include, but shall not be limited to, treatment plans, patient charts, patient histories, correspondence, financial data and billing. These records shall be retained by the denturist for five years in an orderly, accessible file and shall be readily available for inspection by the secretary or its authorized representative. Copies of records may be forwarded to a second party upon the patient's or authorized agent's written request. In such cases, office records shall state the date on which the records were released, method forwarded and to whom, and the reason for the release. A reasonable fee may be charged the patient to cover mailing and clerical costs.

In offices where more than one denturist is performing the services, the records must specify the denturist who performed the services.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-320, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-320, filed 10/30/95, effective 11/30/95.]

WAC 246-812-330 Privileged communications. A denturist shall not, without the consent of the patient, reveal any information acquired in attending such patient, which was necessary to enable the denturist to treat the patient. This shall not apply to the release of information in an official proceeding where the release of information may be compelled by law.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-330, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-330, filed 10/30/95, effective 11/30/95.]

WAC 246-812-340 Patient abandonment. The denturist shall always be free to accept or reject a particular patient, bearing in mind that whenever possible a denturist shall respond to any reasonable request for his/her services in the interest of public health and welfare.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-340, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-340, filed 10/30/95, effective 11/30/95.]

WAC 246-812-350 License display—Notification of address. Every person who engages in the practice of denturism in this state shall display their license, at all times, in a conspicuous place within their office. Whenever requested, they shall exhibit their license to the secretary or the secretary's authorized agent. Every licensee shall notify the secretary of the address or addresses, including changes, where the licensee shall engage in the practice of denturism.

[Statutory Authority: RCW 18.30.070(3), 98-20-068, § 246-812-350, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-350, filed 10/30/95, effective 11/30/95.]

WAC 246-812-360 Identification of new dentures. Every complete upper and lower denture and removable partial denture fabricated by a dentist licensed under the provisions of chapter 18.30 RCW, or fabricated pursuant to the dentist's work order or under the dentist's direction or supervision, shall be marked with the name of the patient for whom the denture is intended. The markings shall be done during fabrication and shall be permanent, legible, and cosmetically acceptable. The exact location of the markings and the methods used to apply or implant them shall be determined by the dentist fabricating the denture. If, in the professional judgment of the dentist, this identification is not practical, identification shall be provided as follows:

- (1) The initials of the patient may be shown alone, if use of the patient's name is impracticable; or
- (2) The identification marks may be omitted in their entirety if none of the forms of identification specified in subsection (1) of this section is practicable, clinically safe, or the patient declines.

[Statutory Authority: RCW 18.30.070(3), 98-20-068, § 246-812-360, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-360, filed 10/30/95, effective 11/30/95.]

WAC 246-812-390 Improper billing practices. The following acts shall constitute grounds for which disciplinary action may be taken:

- (1) Rebating or offering to rebate to an insured any payment to the licensee by the third-party payor of the insured for services or treatments rendered under the insured's policy.
- (2) Submitting to any third-party payor a claim for a service or treatment at a greater or an inflated fee or charge other than the usual fee the licensee charges for that service or treatment when rendered without third-party reimbursement.

[Statutory Authority: RCW 18.30.070(3), 98-20-068, § 246-812-390, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-390, filed 10/30/95, effective 11/30/95.]

WAC 246-812-400 Denturist associations or societies. The president or chief executive officer of any denturist association or society within this state shall report to the secretary when an association or society determines that a denturist has committed unprofessional conduct or that a denturist may not be able to practice denturism with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety, or welfare. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the

association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.30.070(3), 98-20-068, § 246-812-400, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-400, filed 10/30/95, effective 11/30/95.]

WAC 246-812-410 Insurance carriers. The executive officer of every insurer, licensed under Title 48 RCW operating in the state of Washington, shall report to the secretary any evidence that a dentist has charged fees for dentist services not actually provided, or has otherwise committed unprofessional conduct.

[Statutory Authority: RCW 18.30.070(3), 98-20-068, § 246-812-410, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-410, filed 10/30/95, effective 11/30/95.]

WAC 246-812-420 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to denturists shall send the secretary a complete report of any malpractice settlement, award or payment over five thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured denturist's incompetence or negligence in the practice of denturism. Such institution or organization shall also report the payment of three or more claims during a year as the result of alleged incompetence or negligence in the practice of denturism regardless of the dollar amount of the payment.

[Statutory Authority: RCW 18.30.070(3), 98-20-068, § 246-812-420, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-420, filed 10/30/95, effective 11/30/95.]

WAC 246-812-430 Courts. The secretary requests the assistance of all clerks of trial courts within the state to report, to the secretary, all professional malpractice judgments and all criminal convictions of licensed denturists, other than for minor traffic violations.

[Statutory Authority: RCW 18.30.070(3), 98-20-068, § 246-812-430, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-430, filed 10/30/95, effective 11/30/95.]

WAC 246-812-440 State and federal agencies. The secretary requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a denturist has been judged to have demonstrated incompetence or negligence in the practice of denturism, or has otherwise committed unprofessional conduct; or whose practice is impaired as a result of a mental, physical or chemical condition, to report to the secretary all professional malpractice judgments and decisions.

[Statutory Authority: RCW 18.30.070(3), 98-20-068, § 246-812-440, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-440, filed 10/30/95, effective 11/30/95.]

WAC 246-812-450 Professional standards review organizations. Unless prohibited by federal or state law, every professional standards review organization operating within the state of Washington shall report to the secretary any conviction, determination, or finding that a license holder has committed an act which constitutes unprofessional conduct, or to report information which indicates that the license

holder may not be able to practice their profession with reasonable skill and safety to consumers as a result of a mental or physical condition.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-450, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-450, filed 10/30/95, effective 11/30/95.]

WAC 246-812-460 Board conflict of interest. Members of the board shall not participate in a disciplinary case where their participation presents a conflict of interest or creates an appearance of a conflict of interest.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-460, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-460, filed 10/30/95, effective 11/30/95.]

INFECTION CONTROL

WAC 246-812-501 Purpose. The purpose of WAC 246-812-501 through 246-812-520 is to establish requirements for infection control in dentist offices to protect the health and well-being of the people of the state of Washington. For purposes of infection control, all dentist staff members and all patients shall be considered potential carriers of communicable diseases. Infection control procedures are required to prevent disease transmission from patient to dentist and staff, dentist and staff to patient, and from patient to patient. Every dentist is required to comply with the applicable standard of care in effect at the time of treatment. At a minimum, the dentist must comply with the requirements defined in WAC 246-812-520.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-501, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-501, filed 10/30/95, effective 11/30/95.]

WAC 246-812-510 Definitions. The following definitions pertain to WAC 246-812-501 through 246-812-520.

"Communicable diseases" means an illness caused by an infectious agent which can be transmitted from one person, animal, or object to another person by direct or indirect means including transmission via an intermediate host or vector, food, water or air.

"Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

"Direct care staff" are the dentist staff who directly provide dentist care to patients.

"Sterilize" means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-510, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-510, filed 10/30/95, effective 11/30/95.]

WAC 246-812-520 Use of barriers and sterilization techniques. The use of barriers and sterilization techniques is the primary means of assuring that there is the least possible chance of the transmission of communicable diseases from dentist and staff to patients, from patient to patient and from patient to dentist and staff. To prevent patient to

patient cross contamination, instruments and supplies contaminated or likely to be contaminated with blood or saliva and touched during treatment must be sterilized between patients or discarded except as otherwise set forth below. Surfaces and equipment which are likely to be contaminated with blood or saliva and touched during treatment must be decontaminated or covered with a barrier which is discarded and replaced between patients except as otherwise set forth below:

(1) Denturists shall comply with the following barrier techniques:

(a) Gloves shall be used by the dentist and direct care staff during treatment which involves intraoral procedures or contact with items potentially contaminated with the patient's bodily fluids. Fresh gloves shall be used for every intraoral patient contact. Gloves shall not be washed or reused for any purpose. The same pair of gloves shall not be used, removed, and reused for the same patient at the same visit or for any other purpose. Gloves that have been used for dentist treatment shall not be reused for any nondentist purpose.

(b) Masks shall be worn by the dentist and direct care staff when splatter or aerosol is likely.

(c) Unless effective surface decontamination methods are used, protective barriers shall be placed over areas which are likely to be touched during treatment, not removable to be sterilized, and likely to be contaminated by blood or saliva. These procedures must be followed between each patient. These include but are not limited to:

- (i) Delivery unit;
- (ii) Chair controls (not including foot controls);
- (iii) Light handles;
- (iv) Head rest;
- (v) Instrument trays;
- (vi) Treatment area and laboratory countertops/benches.

(d) Protective eyewear shields shall be worn by the dentist and direct care staff and provided to all patients during times when splatter or aerosol is expected.

(2) Denturists shall comply with the following sterilization requirements:

(a) Every dentist office shall have the capability to ultrasonically clean and sterilize contaminated items by autoclave, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave®) or ethylene oxide, where adequate ventilation is provided. Sterilizers shall be tested by a biological spore test on at least a weekly basis. In the event of a positive biological spore test, the dentist shall take immediate remedial action to ensure the objectives of (a) of this subsection are accomplished. Documentation shall be maintained either in the form of a log reflecting dates and person(s) conducting the testing or copies of reports from an independent testing entity. The documentation shall be maintained for a period of at least five years.

(b) The following items shall be sterilized by an appropriate autoclave, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave®) or ethylene oxide sterilization method between patients:

- (i) Hand instruments;
- (ii) Air-water syringe tips;
- (iii) High volume evacuator tips;
- (iv) Nose cone sleeves;
- (v) Metal impression trays.

(c) Gross debris shall be removed from items prior to sterilization. Ultrasonic disinfectant solution cleaning shall be used whenever possible.

(d) Nondisposable items used in patient care which cannot be autoclaved, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave®) or ethylene oxide sterilized shall be immersed and ultrasonically cleaned in a chemical sterilant. If such a technique is used, the solution shall be approved by the Environmental Protection Agency and used in accordance with the manufacturer's directions for sterilization.

(e) Items such as impressions contaminated with blood or saliva shall be thoroughly rinsed, appropriately disinfected, placed in and transported to the denturist laboratory in an appropriate case containment device that is properly sealed and separately labeled.

(f) In the laboratory: Ragwheels shall be sterilized or disinfected; patient pumice shall be discarded after each use; and, patient burrs and stones shall be sterilized or disinfected.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-520, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-520, filed 10/30/95, effective 11/30/95.]

SUBSTANCE ABUSE MONITORING

WAC 246-812-601 Purpose. The secretary recognizes the need to establish a means of proactively providing early recognition and treatment options for denturists whose competency may be impaired due to the abuse of drugs or alcohol. The secretary intends that such denturists be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the secretary shall approve voluntary substance abuse monitoring programs and shall refer denturists impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-601, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-601, filed 10/30/95, effective 11/30/95.]

WAC 246-812-610 Definitions. The following general terms are defined within the context used in this chapter:

"Aftercare" is that period of time after intensive treatment that provides the denturist and the denturist's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

"Approved substance abuse monitoring program" or **"approved monitoring program"** is a program the secretary has determined meets the requirements of the law and the criteria established by the secretary in WAC 246-812-620 which enters into a contract with denturists who have substance abuse problems regarding the required components of the denturist's recovery activity and oversees the denturist's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating denturists.

"Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of

social and health services according to RCW 70.96A.020(2) or 69.54.030 to provide intensive alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.020(2) or 69.54.030.

"Contract" is a comprehensive, structured agreement between the recovering denturist and the approved monitoring program stipulating the denturist's consent to comply with the monitoring program and its required components of the denturist's recovery activity.

"Health care professional" is an individual who is licensed, certified, or registered in Washington to engage in the delivery of health care to patients.

"Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person being tested.

"Substance abuse" means the impairment, as determined by the secretary, of a denturist's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

"Support group" is a group of health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced health care professional facilitator in which denturists may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

"Twelve-step groups" are groups such as alcoholics anonymous, narcotics anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, a peer group association, and self-help.

[Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-610, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-610, filed 10/30/95, effective 11/30/95.]

WAC 246-812-620 Approval of substance abuse monitoring programs. The secretary shall approve the monitoring program(s) which shall participate in the substance abuse monitoring program. A monitoring program approved by the secretary may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program shall not provide evaluation or treatment to the participating denturist.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of denturism as defined in this chapter to be able to evaluate:

- (a) Clinical laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individuals and facilities;
- (d) Support groups;
- (e) The denturist work environment; and
- (f) The ability of the denturist to practice with reasonable skill and safety.

(3) The approved monitoring program shall enter into a contract with the denturist and the secretary to oversee the denturist's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff shall recommend, on an individual basis, whether a dentist shall be prohibited from engaging in the practice of denturism for a period of time and restrictions, if any, on the dentist's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program shall be responsible for providing feedback to the dentist as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the secretary any dentist who fails to comply with the requirements of the monitoring program.

(9) The approved monitoring program shall receive from the secretary guidelines on treatment, monitoring, and limitations on the practice of denturism for those participating in the program.

[Statutory Authority: RCW 18.30.070(3), 98-20-068, § 246-812-620, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-620, filed 10/30/95, effective 11/30/95.]

WAC 246-812-630 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the dentist may accept secretary referral into the approved substance abuse monitoring program.

(a) The dentist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation shall be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The dentist shall enter into a contract with the secretary and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The dentist shall undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The dentist shall agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The dentist must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The treatment counselor(s) shall provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis, and goals.

(v) The dentist shall submit to random drug screening as specified by the approved monitoring program.

(vi) The dentist shall attend support groups facilitated by a health care professional and/or twelve-step group meetings as specified by the contract.

(vii) The dentist shall comply with specified employment conditions and restrictions as defined by the contract.

(viii) The dentist shall sign a waiver allowing the approved monitoring program to release information to the secretary if the dentist does not comply with the requirements of this contract.

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(c) The dentist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The dentist may be subject to disciplinary action under RCW 18.130.160, if the dentist does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) A dentist who is not being investigated by the secretary or subject to current disciplinary action or currently being monitored by the secretary for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the secretary. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the secretary if they meet the requirements of the approved monitoring program as defined in subsection (1) of this section.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsection (1) of this section. Records held by the secretary under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: RCW 18.30.070(3), 98-20-068, § 246-812-630, filed 10/2/98, effective 11/2/98; 95-22-062, § 246-812-630, filed 10/30/95, effective 11/30/95.]

FEES

WAC 246-812-990 Dentist fees and renewal cycle.

(1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. The secretary may require payment of renewal fees less than those established in this section if the current level of fees is likely to result in a surplus of funds. Surplus funds are those in excess of the amount necessary to pay for the costs of administering the program and to maintain a reasonable reserve. Notice of any adjustment in the required payment will be provided to practitioners. The adjustment in the required payment shall remain in place for the duration of a renewal cycle to assure practitioners an equal benefit from the adjustment.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Application	\$1,500.00
Examination	1,500.00
Reexamination, written	500.00
Reexamination, practical	500.00
License renewal	1,855.00
Late renewal penalty	300.00
Expired license reissuance	300.00
Inactive license renewal	750.00
Expired inactive license reissuance	300.00
Duplicate license	15.00
Certification of license	25.00

Title of Fee	Fee
Multiple location licenses	50.00

[Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. 10-19-071, § 246-812-990, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. 08-15-014, § 246-812-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. 05-12-012, § 246-812-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250 and chapter 18.30 RCW. 00-07-050, § 246-812-990, filed 3/8/00, effective 4/8/00. Statutory Authority: RCW 18.30.070(3). 98-20-068, § 246-812-990, filed 10/2/98, effective 11/2/98. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-812-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-990, filed 10/30/95, effective 11/30/95.]