

CHAPTER 39

Department of Labor, Licensing and Regulation— State Board of Dentistry

(Statutory Authority: 1976 Code §§ 40-1-40, 40-15-40, 40-15-140, and 40-15-275)

Editor's Note

These regulations, became effective December 29, 1976.

39-1. License to Practice Dentistry.

A. The South Carolina Board of Dentistry has no reciprocal licensure arrangement with any other jurisdiction.

B. No applicant shall be examined by the Board to practice dentistry in this state unless the applicant shall;

(1) Be at least twenty-one (21) years of age.

(2) Present such evidence of good moral character as is required by the Board.

(3) Present to the Board satisfactory evidence of graduation from a dental college approved by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs of the American Dental Association. The Board may, in its discretion, accept as such satisfactory evidence of graduation any of the following:

(a) A notarized copy of the applicant's diploma or other certificate of graduation from an approved dental college.

(b) A sworn statement from the Dean of the dental college stating that the applicant has graduated from such dental college.

(4) Complete the application to practice dentistry in South Carolina on the form furnished by the Board at least forty-five (45) days prior to the date of the examination. In making the application the applicant authorizes the Board to verify the information contained in the application or to seek such further information pertinent to the applicant's qualification or character as the Board may deem proper.

(5) Pay to the Board a fee as prescribed by the Board at the same time the application is received by the Board.

C. The Board shall require each applicant to successfully complete an examination before such applicant is licensed. The examination may be given either orally, or in writing, or by requiring a practical demonstration of the applicant's skill, or by any combination of such methods as the Board may in its discretion require. Each applicant shall furnish their own patient on the exam. The selection of this patient as well as the final treatment for this patient shall be considered in the final grade.

D. The Board may automatically disqualify any person who may be detected using or attempting to use any unfair assistance during the exam.

E. Dentists licensed in any state or territory of the United States may be issued a license to practice dentistry in this State if the applicant complies with the provisions of Regulation 39-1(B) and Section 40-15-275 and pays a fee for licensure by credentials. The Board may waive a portion of the fee upon agreement with an applicant to practice exclusively in a rural county for not less than two consecutive years.

F. The Board may charge fees as shown in South Carolina Code of Regulations Chapter 10–12 and on the South Carolina Board of Dentistry website at <http://lir.sc.gov/POL/Dentistry>.

HISTORY: Amended by State Register Volume 39, Issue No. 4, Doc. No. 4502, eff April 24, 2015.

39–2. License to Practice Dental Hygiene.

A. The South Carolina State Board has no reciprocal licensure arrangement with any other jurisdiction.

B. No applicant shall be examined by the Board to practice dental hygiene in this state unless applicant shall:

(1) Present such evidence of good moral character as is required by the Board.

(2) Present to the Board satisfactory evidence of graduation from a school of dental hygiene approved by the Commission on Accreditation of Dental and Dental Auxiliary Education Programs of the American Dental Association. The Board may, in its discretion, accept as such satisfactory evidence of graduation any of the following:

(a) A notarized copy of the applicant's diploma or other certificate of graduation from a school of dental hygiene accredited by the council on Dental Education of the American Dental Association.

(b) A sworn statement from the Dean or Registrar of a school of dental hygiene stating that the applicant has graduated from such school of dental hygiene.

(3) Complete the application to practice dental hygiene in South Carolina on the form furnished by the Board at least forty-five (45) days prior to the date of the examination. In making the application the applicant authorizes the Board to verify the information contained in the application or to seek such further information pertinent to the applicant's qualification or character as the Board may deem proper.

(4) The Board may charge fees as shown in South Carolina Code of Regulations Chapter 10–12 and on the South Carolina Board of Dentistry website at <http://lir.sc.gov/POL/Dentistry>.

C. The Board shall require each applicant to successfully complete an examination before such applicant is licensed. The examination may be given either orally, or in writing, or by requiring a practical demonstration of the applicant's skill, or by any combination of such methods as the Board may in its discretion require.

(1) The Board may automatically disqualify any person who may be detected using or attempting to use any unfair assistance during the exam.

HISTORY: Amended by State Register Volume 39, Issue No. 4, Doc. No. 4502, eff April 24, 2015.

39–3. Registration as a Dental Technician.

A. The South Carolina State Board has no reciprocal arrangement with any other jurisdiction.

B. No applicant shall be examined by the Board to practice as a dental technician unless he or she shall:

(1) Be at least twenty-one (21) years of age.

(2) Present such evidence of good moral character as is required by the Board.

(3) Present to the satisfaction of the Board evidence that the applicant has graduated from high school, or the equivalent, and present to the satisfaction of the Board, evidence that such applicant has completed a two (2) year course of study in a school for dental technological work acceptable to the Board or, in the alternative, has performed dental technological work under the direct supervision of a licensed dentist or registered dental technician for a period of three (3) years.

(4) Complete the application for registration as a dental technician on the form furnished by the Board at least forty-five (45) days prior to the date of the examination. In making the application, the applicant authorizes the Board to verify the information contained in the application or to seek such further information pertinent to the applicant's qualification or character as the Board may deem proper.

(5) Pay to the Board a fee as prescribed by the Board at the same time the application is received by the Board. The Board may charge fees as shown in South Carolina Code of Regulations Chapter 10-12 and on the South Carolina Board of Dentistry website at <http://lir.sc.gov/POL/Dentistry>.

C. The Board shall require each applicant to successfully complete an examination before such applicant is registered. The examination may be given either orally, or in writing, or by requiring a practical demonstration of the applicant's skill, or by any combination of such methods as the Board may in its discretion require.

(1) The Board may automatically disqualify any person who may be detected using or attempting to use any unfair assistance during the exam.

HISTORY: Amended by State Register Volume 39, Issue No. 4, Doc. No. 4502, eff April 24, 2015.

39-4. Examination of Dentists and Dental Hygienists.

(Statutory Authority: 1976 Code §§ 40-1-40, 40-15-40, and 40-15-140)

All applicants for the general dentistry examination, and all applicants for the dental hygiene examination applying for licensure by examination in South Carolina must have passed the National Board (Joint Commission on National Dental Examinations).

HISTORY: Amended by State Register Volume 29, Issue No. 6, eff June 24, 2005.

39-4.1. Re-examination.

A. In case of failure at any examination, the applicant shall have the privilege of a second or third examination with the payment of the regular fee.

B. If the applicant has not met the Board's criteria for passing the examination after three takings, applicant shall not be permitted to retake the examination, and any score received after three takings shall not be considered, except by special permission of the Board. It shall be the responsibility of the applicant to petition the Board and to successfully complete at least one year of additional dental or dental hygiene education in an American Dental Association approved dental school or residency, as applicable, or explain in detail any special or compelling factors presented by the applicant to the Board the applicant wishes the Board to consider.

HISTORY: Added by State Register Volume 29, Issue No. 6, eff June 24, 2005.

39-5. Registration of Licenses or Certificates.

A. Every licensed dentist or dental hygienist and every registered technician shall keep the Board informed of their current mailing address.

B. The Board will notify any dentist, dental hygienist or technician of the expiration of his/her license or certificate.

C. Any person whose license or certificate has expired and who wishes to have the same reinstated must notify the Board of this in writing. Such notification must set forth the reasons for seeking to have the same reinstated and the reasons why the same has expired. Thereafter the Board may require a reexamination of the person whose license or certificate has expired or may require the person to appear before the Board and explain why the license or certificate has expired.

D. In Section 40-15-170 of the Code of Laws of South Carolina, 1976, there is a requirement that affects your license: "The license of a dentist or dental hygienist who does not either reside or practice in South Carolina for a period of six successive years shall be deemed inactive. Provided, that the time spent in active service by any person in the armed forces or public health service of the United States or with the Veterans' Administration shall not be construed as absence from or failure to practice in the State. Relicensing after an absence of over six years can be made at the discretion of the Board upon proof of high professional fitness and moral character."

E. Relicensing can be made at the discretion of the Board upon proof of high professional fitness and moral character.

F. Each licensed dentist, licensed dental hygienist and registered dental technician shall complete as a requirement for relicensure the following accredited continuing education on a two-year continuous cycle basis. The licensee/registrant shall certify on the relicensure/registration form that he/she has taken and can verify the required number of hours specified below. Verification shall be in the form of

a record of courses taken, continuing hours earned, the date, sponsor and subject matter of the courses. This material shall be maintained for a period of three years from the date of verification to the Board upon licensure/reregistration and, upon request of the State Board or its representative, the licensee/registrant shall provide documentation in the form of certificates or attendance or letters from course sponsors as proof of attendance.

(1) All dentists shall complete a minimum of fourteen (14) continuing education hours per year or twenty-eight (28) continuing education hours over two (2) years; dental hygienists shall complete a minimum of seven (7) continuing education hours per year or fourteen (14) over two (2) years; dental technicians shall complete a minimum of four (4) continuing education hours per year or eight (8) continuing education hours over two (2) years, in order to be eligible for relicensure or reregistration. Upon licensure by examination of this State, dentists, dental hygienists and dental technicians shall be exempt from continuing education requirements for the first relicensure period.

(a) All licensed dentists and dental hygienists must have at least two (2) hours of their required continuing education be dedicated to sterilization and infection control.

(b) It is the responsibility of all dentists to ensure that their auxiliary staff who may be exposed to blood and other body fluids require and provide two (2) hours biennially of continuing education on sterilization and infection control and maintain records of such training.

(2) The continuing education hours must be courses related to the procedures approved for each licensee/registrant such as

- (a) medical and scientific subjects;
- (b) clinical and technical subjects;
- (c) risk management and infection control;
- (d) dental radiology;
- (e) CPR, diet and nutrition.

(3) All dentists and dental hygienists must have completed an approved CPR course within three (3) years of licensure or renewal. Thereafter, all dentists and dental hygienists must be recertified in CPR once every three years. Yearly recertification is not required, but can be used as continuing education hours any time.

(4) Programs that meet the general requirement of Section 2 may be developed and/or endorsed by organizations and agencies such as:

(a) the American Dental Association, Academy of General Dentistry, American Dental Hygienists' Association, American Dental Assistants' Association, National Association of Dental Laboratories, or their local societies and associations;

(b) national, state, local, district dental specialty organizations recognized by the American Dental Association;

(c) dental colleges or schools accredited by the American Dental Association;

(d) other organizations, schools, and agencies approved by the State Board of Dentistry.

(5) Each dentist, dental hygienist and dental technician licensed/registered by the Board who is not exempt from this regulation, at the time of filing his application for renewal of his license/registration, shall certify on the reregistration form that he/she has taken and can verify the required number of hours. A record of the courses taken, continuing education hours earned, date, sponsor, and subject matter shall be retained for a minimum of three (3) years from the date of attendance. Upon request, the applicant shall provide documentation in the form of certificates of attendance or letters from course sponsors, to the Board as proof of attendance.

(6) Failure to comply with this mandatory continuing education requirement may result in disciplinary action by the Board against the applicant.

(7) In individual cases involving extraordinary hardship or extenuating circumstances, disability or illness, all or any part of the requirements may be waived, modified or extended by the Board. Any applicant shall be eligible for waiver or extension who, upon written application to the Board and for good cause shown, demonstrates that they are unable to participate in a sufficient number of regular continuing educational programs for licensure/registration.

(8) The Board shall have the authority to decide if a course meets its accreditation criterion, if a question arises.

HISTORY: Added by State Register Volume 5, effective June 5, 1981. Amended by State Register Volume 17, Issue No. 6, eff June 25, 1993; State Register Volume 22, Issue No. 6, Part 3, eff June 26, 1998; State Register Volume 36, Issue No. 6, eff June 22, 2012; State Register Volume 40, Issue No. 5, Doc. No. 4573, eff May 27, 2016.

39-6. Annual Election of the Board.

Notice of the annual election of the Board will be mailed in March to each dentist qualified to vote, according to the records of the Board. Nominations of candidates shall be made to the Board by written petition signed by not less than fifteen dentists qualified to vote in the election. Any person who is nominated by valid petition may withdraw his name by written notice to the Board. If only one candidate is nominated, he shall be declared elected. If more than one candidate is nominated, ballots shall be prepared with the names of the nominees in alphabetical order. Ballots and return envelopes shall be mailed to every dentist qualified to vote in the election. The candidate receiving the majority of the ballots received by the Board, in the allotted time, will be declared elected. Voters will be allowed approximately ten days to cast their ballot. Annual elections for officers of the Board shall be conducted by the Board at the first meeting held in each calendar year.

Notice of the election of the dental hygiene member of the Board will be mailed in March of the appropriate year (once every six years) to each dental hygienist qualified to vote, according to the records of the Board. Nominations of candidates shall be made to the Board by written petition signed by not less than fifteen dental hygienists qualified to vote in the election. Nominations must be received by the Board within thirty days from the date of the notice announcing the election. Any person who is nominated by valid petition may withdraw their name by written notice to the Board. If only one candidate is nominated, she shall be declared elected. If more than one candidate is nominated, ballots shall be prepared with the names of the nominees in alphabetical order. Ballots and return envelopes shall be mailed to every dental hygienist qualified to vote in the election. The candidate receiving the majority of the ballots received by the Board in the allotted time will be declared elected. Voters will be allowed approximately ten days to cast their ballots.

HISTORY: Amended by State Register Volume 36, Issue No. 6, eff June 22, 2012.

39-7. Repealed by State Register Volume 36, Issue No. 6, eff June 22, 2012.

Editor's Note

Former R. 39-7 was titled "Executive Director".

39-8. Laboratory Work Authorization Form.

A. The Board has approved a specific type of laboratory work authorization form, a copy of which is available at the executive offices of the Board. Any variation from the form approved by the Board must be submitted to the Board for approval.

39-10. Sanitary Standards.

A. All dental offices and dental laboratories shall provide and maintain sanitary facilities and conditions in accordance with the following regulations:

(1) All dental practices shall conform to and comply with the current recommendations and guidelines of the Centers for Disease Control and Prevention (C.D.C.) relating to infection control practices for dentistry and/or dental offices.

(2) It is the responsibility of all dentists and dental hygienists licensed by the State 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.

(3) Premises:

(a) The premises shall be kept neat and clean, and free of accumulated rubbish and substances of a similar nature which create a public health nuisance.

(b) The premises shall be kept free of all insects and vermin. Proper methods for their eradication or control shall be utilized.

(c) Water of a safe, sanitary quality, from a source approved by the health officer, shall be piped under pressure and in an approved manner, to all equipment and fixtures where the use of water is required.

(d) All plumbing shall be in accordance with the local plumbing ordinances.

(4) Housekeeping:

(a) Comfortable and sanitary conditions for patients and employees shall be maintained constantly.

(b) All liquid and human waste, including floor wash water, shall be disposed of through trapped drains into a public sanitary sewer system in localities where such system is available. In localities where a public sanitary system is not available, liquid and human waste shall be disposed of through trapped drains in a manner approved by the health officer.

(5) Toilet Facilities:

(a) There shall be adequate toilet facilities on the premises of every dental office. They shall conform to standards of the State Board of Health.

(6) Sterilization:

(a) All instruments or equipment used in the treatment of dental patients shall be sterilized according to usage, i.e., autoclave, boiling water sterilization, or cold sterilizer solutions as indicated.

(b) Each facility shall ensure compliance by all personnel with existing federal and state infection control procedures.

HISTORY: Amended by State Register Volume 40, Issue No. 5, Doc. No. 4573, eff May 27, 2016.

39–11. Ethics.

PRINCIPLE—SECTION 1

Service to the Public and Quality of Care. The dentist's primary obligation of service to the public shall include the delivery of quality care, competently and timely, within the bounds of the clinical circumstances presented by the patient. Quality of care shall be a primary consideration of the dental practitioner.

CODE OF PROFESSIONAL CONDUCT

1-A Patient Selection.

While dentists, in serving the public, may exercise reasonable discretion in selecting patients for their practices, dentists shall not refuse to accept patients into their practice or deny service to patients because of the patient's race, creed, color, sex or national origin.

1-B Patient Records.

Dentists are obliged to safeguard the confidentiality of patient records. Dentists shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Upon request of a patient or another dental practitioner, dentists shall provide any information that will be beneficial for the future treatment of that patient.

1-C Community Service.

Since dentists have an obligation to use their skills, knowledge and experience for the improvement of the dental health of the public and are encouraged to be leaders in their community, dentists in such service shall conduct themselves in such a manner as to maintain or elevate the esteem of the profession.

1-D Emergency Service

Dentists shall be obliged to make reasonable arrangements for the emergency care of their patients of record.

Dentists shall be obliged when consulted in an emergency by patients not of record to make reasonable arrangements for emergency care. If treatment is provided, the dentist, upon completion

of such treatment, is obliged to return the patient to his or her regular dentist unless the patient expressly reveals a different preference.

1-E Consultation and Referral

Dentists shall be obliged to seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing those who have special skills, knowledge and experience. When patients visit or are referred to specialists or consulting dentists for consultation:

1. The specialists or consulting dentists upon completion of their care shall return the patient, unless the patient expressly reveals a different preference, to the referring dentist, or if none, to the dentist of record for future care.

2. The specialists shall be obliged when there is no referring dentist and upon a completion of their treatment to inform patients when there is a need for further dental care.

1-F Use of Auxiliary Personnel

Dentists shall be obliged to protect the health of their patient by only assigning to qualified auxiliaries those duties which can be legally delegated. Dentists shall be further obliged to prescribe and supervise the work of all auxiliary personnel working under their direction and control.

1-G Justifiable Criticism and Expert Testimony.

Dentists shall be obliged to report to the appropriate reviewing agency instances of gross and/or continual faulty treatment of other dentists. If there is evidence of such treatment, the patient should be informed. Dentists shall be obliged to refrain from commenting disparagingly without justification about the services of other dentists. Dentists may provide expert testimony when that testimony is essential to a just and fair disposition of a judicial or administrative action.

1-H Rebate and Split Fees.

Dentists shall not accept or tender “rebates” or “split fees.”

PRINCIPLE—SECTION 2

Education. The privilege of dentists to be accorded professional status rests primarily in the knowledge, skill and experience with which they serve their patients and society. All dentists, therefore, have the obligation of keeping their knowledge and skill current.

PRINCIPLE—SECTION 3

Research and Development. Dentists have the obligation of making the results and benefits of their investigative efforts available to all when they are useful in safeguarding or promoting the health of the public.

CODE OF PROFESSIONAL CONDUCT

3-A Devices and Therapeutic Methods.

Except for formal investigative studies, dentists shall be obliged to prescribe, dispense or promote only those devices, drugs and other agents whose complete formulae are available to the dental profession. Dentists shall have the further obligation of not holding out as exclusive any device, agent method or technique.

3-B Patents and Copyrights.

Patents and copyrights may be secured by dentists provided that such patents and copyrights shall not be used to restrict research or practice.

PRINCIPLE—SECTION [4]

Professional Announcement. In order to properly serve the public, dentists should represent themselves in a manner that contributes to the esteem of the profession. Dentists should not misrepresent their training and competence in any way that would be false or misleading in any material respect.

4-A Advertising.

Although any dentist may advertise, no dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect.

4-B Name of Practice.

Since the name under which a dentist conducts his practice may be a factor in the selection process of the patient, the use of a trade name or an assumed name that is false or misleading in any material respect is unethical and illegal.

Use of the name of a dentist no longer actively associated with the practice may be continued for a period not to exceed one year.

4-C Announcement of Specialization and Limitation of Practice.

This Section and Section 4-D are designed to help the public make an informed selection between the practitioner who has not completed such a program.

Dentists who choose to announce specialization should use "specialist in" and shall limit their practice exclusively to the announced special area(s) of dental practice, provided at the time of the announcement such dentists have met in each approved specialty for which they announce the existing educational requirements and standards set forth by the American Dental Association.

Dentists who use their eligibility to announce as specialists to make the public believe that specialty services rendered in the dental office are being rendered by qualified specialists when such is not the case are engaged in unethical and illegal conduct. The burden of responsibility is on specialists to avoid any inference that general practitioners who are associated with specialists are qualified to announce themselves as specialists.

4-D General Practitioner Announcement of Services.

General dentists who wish to announce the services available in their practices are permitted to announce the availability of those services so long as they avoid any communications that express or imply specialization. General dentists shall also state that the services are being provided by general dentists. No dentist shall announce available services in any way that would be false or misleading in any material respect. The phrase "practice limited to" shall be avoided.

39-12. Approved Procedures of Dental Assistants.

The Board has approved performance of the following procedures by dental assistants in South Carolina. No formal academic dental training is required for dental assistants. These procedures must be performed under the direct supervision of a dentist present on the premises and licensed in South Carolina.

- (1) Assist in basic supportive chairside procedures.
- (2) Chart existing restorations, clinically missing teeth, and appliances within the oral cavity.
- (3) Apply topical drugs as prescribed by the dentist.
- (4) Place and remove rubber dam.
- (5) Place and remove matrix.
- (6) Place and remove orthodontic ligatures.
- (7) Take and record vital signs (blood pressure, pulse, respiration, etc.).
- (8) Expose radiographs upon completion of a Board approved radiation safety course.
- (9) Place and remove periodontal packs.
- (10) Remove sutures.

39-13. Approved Procedures of Expanded Duty Dental Assistants.

An Expanded Duty Dental Assistant is a dental assistant who is a graduate of an American Dental Association accredited dental assisting program, or one who has completed two (2) years of continuous full-time employment as a chairside dental assistant. In addition to the procedures listed for dental assistants, Expanded Duty Dental Assistants may perform the following procedures under the direct supervision of a dentist present on the premises and licensed in South Carolina.

- (1) Take impressions for study models.
- (2) Place and remove socket dressing.
- (3) Place gingival retraction cord.
- (4) Place temporary restorations.

- (5) Cement temporary crowns or bridges.
- (6) Remove excess cement from restoration and/or appliances.
- (7) Polish restorations and supra-gingival tooth structure.
- (8) Application of pit and fissure sealant.
- (9) Monitor nitrous oxide anesthesia upon completion of a Board approved course and certification by the Board.

HISTORY: Amended by State Register Volume 21, Issue No. 6, Part 2, eff June 27, 1997.

39-14. Approved Procedures for Licensed Dental Hygienists.

In addition to the procedures outlined for dental hygienists as defined in the Code of Laws of South Carolina, Section 40-15-80, dental hygienists may perform all procedures listed above for dental assistants and expanded duty dental assistants.

39-15. Definitions.

(Statutory Authority: 1976 Code § 40-15-40)

(1) "Under the direction and control" is defined to mean that the dentist or registered dental technician is present and directly supervising the performance of any and all dental technological work.

(2) "Premises" is defined to mean the immediate location where the dentist or dental technician is present and engaged in the practice of dentistry or the performance of dental technological work respectively. In the case of a dentist, the premises is further defined to mean the physical area where the dentist is actually present and practicing dentistry, commonly known as the "dental office". In the case of a registered dental technician the premises is further defined to mean the physical area where the technician is present and actually performing dental technological work, commonly known as the "lab area".

Editor's Note

This regulation was adopted April 22, 1983.

39-16. Dental Radiography.

(Statutory Authority: 1976 Code § 40-15-40)

On or after July 1, 1985, all personnel in a dental office who place and expose radiographic films shall have successfully completed a structured course of training in radiation safety. Every dentist shall certify to the Board that any person employed by him, who shall place and expose radiographic films, has successfully completed the training required herein.

Editor's Note

This regulation became effective February 24, 1984.

39-17. Guidelines for Sedation and General Anesthesia.

(Statutory Authority: 1976 Code §§ 40-1-40 and 40-15-40)

A. Definitions.

1. "Analgesia" means the diminution or elimination of pain with full consciousness maintained by the patient.

2. "Deep sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. Reflex withdrawal from a painful stimulus is not considered a purposeful response. The ability to independently maintain ventilator function may be impaired. Patients may require assistance in maintaining patients' airways. Spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

3. "Enteral" means a route of administration that includes any technique in which the agent is absorbed through the gastrointestinal tract or oral mucosa.

4. “General anesthesia” means a drug-induced loss of consciousness during which patients are not aroused, even by painful stimulation. The ability to independently maintain ventilator functions is often impaired. Patients often require assistance in maintaining patients’ airways; positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

5. “Inhalation” means a route of administration in which a gaseous or volatile agent is introduced into the lungs and whose primary effect is due to absorption through the interface of gas and blood.

6. “Local anesthesia” means the elimination of sensation, especially pain, in one part of the body by the topical application or regional as applies to dental, oral, or maxillofacial injection of a drug.

7. “Minimal sedation” means a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient’s ability to independently and continuously maintain an airway and to respond appropriately to physical stimulation or verbal command.

8. “Moderate sedation” means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patient airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

9. “Nitrous oxide analgesia or sedation” means the administration by inhalation of a combination of nitrous oxide and oxygen producing an altered level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

10. “Parenteral” means a route of administration in which the drug bypasses the gastrointestinal tract.

B. Education and Training Requirements for Practicing Sedation.

1. To provide moderate enteral sedation, applicable programs, pursuant to S.C. Code § 40–15–400(C)(1), must be accredited by The American Dental Association and its Commission of Dental Accreditation.

2. To provide moderate parenteral sedation, applicable programs, pursuant to S.C. Code § 40–15–400(D)(1), must be accredited by The American Dental Association and its Commission of Dental Accreditation.

3. To provide deep sedation/general anesthesia, applicable programs, pursuant to S.C. Code § 40–15–400(E)(1), must be accredited by The American Dental Association and its Commission of Dental Accreditation.

4. Residency programs, pursuant to S.C. Code § 40–15–400(F) must be accredited by The American Dental Association and its Commission of Dental Accreditation.

C. For purposes of these regulations, the administration of sedation and/or anesthesia by or under the direction of a licensed dentist in this state, except in the event that the sedation and/or anesthesia is administered by a licensed CRNA or anesthesiologist, shall be performed in accordance with the laws and regulations of this State, applicable guidelines approved by the Board, including but not limited to, current American Dental Association (ADA) “Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists” and current American Academy of Pediatric Dentistry (AAPD) “Guidelines for the Elective Use of Pharmacologic Conscious Sedation and Deep Sedation in Pediatric Dental Patients.”

D. A licensed dentist in this state shall be solely responsible for the administration and management of sedation and/or anesthesia in the practice of dentistry, including but not limited to ordering, supplying, and prescribing medications used in the sedation procedure, and must determine which of the guidelines, as referenced above, he or she shall operate under, and shall be responsible for complying with the same, as provided above.

E. In procedures utilizing a CRNA or an anesthesiologist, the administration of sedation and/or anesthesia shall be in accordance with South Carolina law.

F. Dentists who have qualified to administer sedation and/or anesthesia under these regulations are subject to review and audit, and their facilities subject to on-site inspection by an official designee of the Board to determine compliance with these regulations every two years.

G. Reporting of Adverse Occurrences - A licensed dentist must submit a written report within thirty (30) days to the Board regarding any known mortality or serious, unusual incident which occurs in a dental facility or during the twenty-four (24) hour period after the patient leaves the facility, if the incident produces significant temporary or permanent physical or mental injury of the patient as a direct result of the administration of the general anesthesia or sedation.

H. Nitrous Oxide/Oxygen. For purposes of these regulations, a licensed dentist in this state shall be solely responsible for the administration and management of nitrous oxide/oxygen in the practice of dentistry, and adequacy of the facility, including equipment with fail-safe features that prohibit the delivery of less than thirty (30%) percent minimum oxygen flow. Dental offices are subject to inspection and audit to determine compliance with these regulations.

I. Permit Fees for all dentists performing sedation and general anesthesia; on-site inspections.

Any dentist practicing or seeking to practice moderate and/or deep sedation/general anesthesia must obtain the appropriate permit.

1. Moderate sedation permit: \$200 biennially.

2. Deep sedation/general anesthesia permit: \$200 biennially. A dentist with a deep sedation/general anesthesia permit may also perform moderate sedation without obtaining an additional permit.

3. Permit fees are renewed biennially with a dental license renewal.

4. New applicants for sedation permits must have an on-site inspection of each facility where permitted sedation will occur before beginning sedation procedures that require a permit. Dentists with a current license who have been practicing moderate or deep sedation/general anesthesia prior to the effective date of these regulations may continue to so practice during the pendency of their application and inspection process.

5. Dentists applying for permits under this section must list each and every location at which they will practice sedation that requires a permit and must update the Board within thirty (30) days of any change in location at which they will practice permitted sedation. Each facility where permitted sedation occurs must be equipped as required to provide the level of sedation being administered in that facility, and will be inspected.

HISTORY: Added by State Register Volume 15, Issue 2, effective February 22, 1991. Amended by State Register Volume 17, Issue No. 5, Part 1, eff May 28, 1993; State Register Volume 29, Issue No. 6, eff June 24, 2005; State Register Volume 40, Issue No. 5, Doc. No. 4626, eff May 27, 2016.

39-18. Mobile Dental Facilities and Portable Dental Operations.

A. Applicability.

This regulation applies to an organization or dental practice utilizing a licensed dentist or dental hygienist to operate a mobile dental facility or portable dental operation who:

(1) provides dental or dental hygiene services; and

(2) does not have a physically stationary office at the location where the services are provided.

B. Exceptions.

(1) Federal, state, and local governmental agencies as well as Federally Qualified Health Centers (FQHCs) are exempt from the requirements of this regulation.

(2) Dentists licensed to practice in South Carolina who have not registered with the Board to operate a mobile dental facility or a portable dental operation may provide dental services through the use of dental instruments, materials, and equipment taken out of a dental office without registering if the service is provided as emergency treatment for their patients of record.

C. Definitions.

As used in this regulation unless the context indicates otherwise:

(1) "Mobile dental facility" means any self-contained facility in which dentistry or dental hygiene will be practiced, which may be moved, towed, or transported from one location to another.

(2) "Portable dental operation" means dental equipment utilized in the practice of dentistry or dental hygiene that is transported to and utilized on a temporary basis at an out-of-office location, including, but not limited to:

(a) other dentists' offices;

- (b) patients' homes;
- (c) schools;
- (d) nursing homes; or
- (e) other institutions or locations.

(3) "Operator" means the organization or dental practice engaged in providing dental or dental hygiene services directly or through persons authorized by law to provide the services.

(4) "Organization or dental practice" means persons or entities that provide dental or dental hygiene services to others.

D. Registration.

(1) In order to operate a mobile dental facility or portable dental operation, the operator shall first register with the Board.

(2) For registration purposes, each mobile dental facility or portable dental operation must be registered. Such registration may not be issued until the mobile dental facility or portable dental operation has passed an inspection as provided in this regulation.

(3) The applicant shall complete an application in the form and manner required by the Board.

(4) The Board may charge fees as shown in South Carolina Code of Regulations Chapter 10-12 and on the South Carolina Board of Dentistry website at <http://llr.sc.gov/POL/Dentistry>.

(5) The applicant shall provide the Board with evidence of compliance with the requirements of this regulation.

(6) The applicant shall submit proof of any applicable radiographic equipment inspection with the application for registration.

E. Inspection.

(1) An initial inspection of each mobile dental facility or portable dental operation shall be conducted by a representative of the Department/Board at a time and place to be designated by staff. Inspections may be scheduled throughout the year. Upon satisfactory inspection, the registrant will be issued a sticker, with the current year indicated, to be affixed to the mobile dental facility or portable dental operation in a place designated by the Board.

(2) Mobile dental facilities shall be inspected annually upon renewal of registration.

(3) Portable dental operations shall be inspected upon initial registration. Thereafter, the registration may be renewed annually without inspection, unless there has been a substantial repair, replacement, or modification made that requires inspection in the interest of patient safety before use on patients.

F. Official business or mailing address.

(1) The operator of a mobile dental facility or portable dental operation shall maintain an official business address of record, which shall not be a post office box and which shall be filed with the Board. A mailing address, if different than the business address and used on an official basis, shall be provided as well.

(2) The operator of a mobile dental facility or portable dental operation shall maintain an official telephone number of record, which shall be filed with the Board.

(3) The Board shall be notified within thirty (30) days of any change in the address or telephone number of record.

(4) All written or printed documents available from or issued by the mobile dental facility or portable dental operation shall contain an official address and telephone number of record for the mobile dental facility or portable dental operation.

(5) All dental and official records shall be maintained and available for inspection and copying upon request by the representatives of the Board.

G. Written procedures; communication facilities; conformity with requirements.

The operator of a mobile dental facility or portable dental operation shall ensure the following:

(1) There is a written procedure for emergency or follow-up care for patients treated in the mobile dental facility or portable dental operation and that such procedure includes prior arrange-

ments for emergency or follow-up treatment in a medical or dental facility, as may be appropriate, that is located in the area where services are being provided.

(2) The mobile dental facility has communication devices to enable immediate contact with appropriate persons in the event of a medical or dental emergency. The communications devices must enable the patient or the parent or guardian of the patient treated to contact the operator for emergency care, follow-up care, or information about treatment received. The provider who renders follow-up care must also be able to contact the operator and receive treatment information, including radiographs.

(3) The mobile dental facility complies with all applicable federal, state, and local laws, regulations, and ordinances dealing with radiographic equipment, flammability, construction, sanitation, zoning, infectious waste management, universal precautions, OSHA guidelines, access by persons with disabilities as required by state and federal law, and federal Centers for Disease Control Guidelines, and the applicant possesses all applicable county and city licenses or permits, including business licenses, to operate the unit at the location where services are being provided.

(4) The mobile dental facility has carbon monoxide detection devices installed and in proper working order.

(5) No services are performed on minors without a signed consent form from the parent or guardian.

(6) During or at the conclusion of each patient's visit to the mobile dental facility or portable dental operation, the patient, or patient's parent or guardian if the patient is a minor, is provided with an information sheet and that if the patient has provided consent to an institutional facility to assist in the patient's dental health records, the institution is provided with a copy of the information sheet. An institutional facility includes, but is not limited to, a long term care facility or school, and that the information sheet includes the following:

(a) pertinent contact information as provided by this section;

(b) the name of the dentist and other dental staff who provided services and their license numbers, if applicable;

(c) a description of the treatment rendered, including billed service codes and, in the instance of fee for service patients, fees associated with treatment and tooth numbers when appropriate;

(d) a description of any dental needs either observed during a hygienist's screening or diagnosed during a dentist's evaluation;

(e) a recommendation that the patient see another dentist if the mobile dental facility or the portable dental operation is unable to provide the follow-up treatment described in subitem (d).

H. Follow-up treatment services.

A mobile dental facility that accepts a patient and provides preventive treatment, including prophylaxis, radiographs, and fluoride, but does not follow-up with treatment or follow-up on referral for treatment when such treatment is clearly indicated, is considered to be abandoning the patient. Appropriate and accessible (within the patient's geographic area) arrangements must be made for treatment services on a follow up basis. Reasonable attempts to have follow up treatment in an instance where a patient does not re-appear for treatment or does not meet a scheduled appointment is not abandonment.

I. Physical requirements for mobile dental facility.

The operator shall ensure that the mobile dental facility or portable dental operation has the following:

(1) ready access to a ramp or lift if services are provided to disabled persons;

(2) a properly functioning sterilization system;

(3) ready access to an adequate supply of potable water, including hot water;

(4) ready access to toilet facilities;

(5) a covered galvanized, stainless steel, or other noncorrosive container for deposit of refuse and waste materials.

J. Identification of personnel; notification of changes in written procedures; display of licenses.

(1) The operator shall identify and advise the Board in writing within thirty (30) days of any personnel change relative to all licensed dentists and licensed dental hygienists associated with the mobile dental facility or portable dental operation by providing the full name, address, telephone numbers, and license numbers where applicable.

(2) The operator shall advise the Board in writing within thirty (30) days of any change in the written procedure for emergency follow-up care for patients treated in the mobile dental facility, including arrangements for treatment in a dental facility, which is permanently established in the area. The permanent dental facility shall be identified in the written procedure.

(3) Each dentist and dental hygienist providing dental services in the mobile dental facility or portable dental operation shall prominently display his or her authorization to practice in this State in plain view of patients.

K. Identification of location of services.

(1) Each operator of a mobile dental facility or portable dental operation shall maintain a confidential written or electronic record detailing for each location where services are provided, including:

- (a) the street address of the service location;
- (b) the dates and times of each session;
- (c) the number of patients served; and
- (d) the types of dental services provided to each patient by name and quantity of each service provided.

(2) The confidential written or electronic record shall be made available to the Board within ten (10) days of a request by the Board. Costs for such records shall be borne by the mobile dental facility or portable dental operation.

L. Licensed dentist in charge.

A mobile dental facility or portable dental operation shall at all times be in the charge of a dentist licensed to practice dentistry in this State, who is responsible for services provided at the mobile dental facility or portable dental operation.

M. Prohibited operations.

The operator of a mobile dental facility or portable dental operation is prohibited from hiring, employing, allowing to be employed, or permitting to work in or about a mobile dental facility or portable dental operation, any person who performs or practices any occupation or profession regulated under Title 40 who is not duly authorized in accordance with state law.

N. Information for patients.

(1) During or at the conclusion of each patient's visit to the mobile dental facility or portable dental operation, the patient shall be provided with an information sheet. If the patient has provided consent to an institutional facility to access the patient's dental health records, the institution shall also be provided with a copy of the information sheet. An institutional facility includes, but is not limited to, a long term care facility or school.

(2) An information sheet shall include the following:

- (a) pertinent contact information as required by this regulation;
- (b) the name of the dentist and other dental staff who provided services and their license numbers, if applicable;
- (c) a description of the treatment rendered, including billed service codes and, in the instance of fee for service patients, fees associated with treatment, and tooth numbers when appropriate;
- (d) a description of any dental needs either observed during a dental hygienist's screening or diagnosed during a dentist's evaluation;
- (e) if necessary, referral information to another dentist.

O. Cessation of operations.

(1) Upon cessation of operation by the mobile dental facility or portable dental operation, the operator shall notify the Board within thirty (30) days of the last day of operations in writing of the final disposition of patient records and charts.

(2) If the mobile dental facility or portable dental operation is sold, a new registration application must be filed with the Board.

(3) Upon choosing to discontinue practice or services in a community, the operator of a mobile dental facility or portable dental operation shall:

(a) notify all of the operator's active patients in writing, or by publication once a week for three (3) consecutive weeks in a newspaper of general circulation in the community, that the operator intends to discontinue the mobile dental facility's or portable dental operation's practice in the community; and

(b) encourage the patients to seek the services of another dentist.

(4) The operator shall make reasonable arrangements with the active patients of the mobile dental facility or portable dental operation for the transfer of the patient's records, including radiographs or copies thereof, to the succeeding practitioner or, at the written request of the patient, to the patient.

(5) As used in this section, "active patient" applies and refers to a person whom the mobile dental facility or portable dental operation has examined, treated, cared for, or otherwise consulted with during the two (2) year period prior to discontinuation of practice, or moving from or leaving the community.

P. Renewal of registration.

(1) The registration of mobile dental facilities and portable dental operations shall be renewed in accordance with a schedule set by the Department of Labor, Licensing and Regulation and the forms approved by the Board on the dates in the form and manner provided by the Board.

(2) The registrant shall pay the registration renewal fee in an amount set by the Department of Labor, Licensing and Regulation.

Q. Failure to comply.

Failure to comply with state statutes or regulations regulating the practice of dentistry, dental hygiene, and the operation of mobile dental facilities or portable dental operations may subject the operator and all practitioners providing services through a mobile dental facility or portable dental operation to disciplinary action.

HISTORY: Added by State Register Volume 33, Issue No. 2, eff February 27, 2009. Amended by State Register Volume 39, Issue No. 4, Doc. No. 4502, eff April 24, 2015.