

Kansas Extended Care Permit Dental Hygienist Overview

September 2013

[KSA 65-1456](#)

	Extended Care Permit I (ECP I)	Extended Care Permit II (ECP II)	Extended Care Permit III (ECP III)
Target Population	<ul style="list-style-type: none"> With the consent of the parent or legal guardian -- children and youth, targeting those who are dentally underserved Adults who are clients in local health departments, community health centers, safety-net clinics, and correctional institutions 	<ul style="list-style-type: none"> All populations served by ECP I Persons with developmental disabilities and adults who are 65 years and older 	All populations served by ECP I & ECP II
Target Locations	<ul style="list-style-type: none"> Schools Early childhood programs Residential and non-residential therapeutic services Custody of state and in foster care and juvenile detention Children in runaway youth programs and homeless shelters Health departments Correctional institutions Community health centers and federally qualified health centers 	<ul style="list-style-type: none"> Residential centers (nursing or long-term care facility) Adult care homes Subsidized housing Hospital long-term care unit State institutions Community senior centers Elderly nutrition programs Home of a person who qualifies for Home and Community Based Services waivers 	All locations served by ECP I & ECP II
Requirements	<ul style="list-style-type: none"> 1,200 hours of practice within the past three years under the supervision of a dentist or an instructor at an accredited dental hygiene program for two academic years within the past three years Proof of professional liability insurance (waived for those working for an FQHC) Sponsored by a dentist licensed in the state of Kansas Report findings and treatment within 30 days to sponsoring dentist* and dental/medical supervisor for the participating organization 	<ul style="list-style-type: none"> 1,600 hours of practice under the supervision of a dentist or instructor in a dental hygiene program to two academic years within the past three years Complete six hours of training on the care of special needs patients Proof of professional liability insurance Sponsored by a dentist licensed in the state of Kansas Report findings and treatment to sponsoring dentist and dental/medical supervisor for the participating organization Complete three hours of training in the 	<ul style="list-style-type: none"> 2,000 hours of practice under the supervision of a dentist or instructor in a dental hygiene program to three academic years within the past four years Complete a course of study of 18 seat hours approved by the Kansas Dental Board, which includes but not limited to emergency dental care techniques, the preparation and placement of temporary restorations, adjustment of dental prostheses and appropriate pharmacology Proof of professional liability insurance Sponsored by a dentist licensed in the state of Kansas

		area of special needs care within the board's continuing dental education requirements for re-licensure	<ul style="list-style-type: none"> Report findings and treatment to sponsoring dentist and dental/medical supervisor for the participating organization Complete a minimum of three hours of training related to ECP III assignments within the Kansas Dental Board's continuing dental education requirements for re-licensure
Scope of Practice	<p>The tasks and procedures are limited to:</p> <ul style="list-style-type: none"> Removal of extraneous deposits, stains and debris from the teeth and the rendering of smooth surfaces of the teeth to the depths of the gingival sulci; The application of topical anesthetic if the dental hygienist has completed the required course of instruction approved by the dental board; The application of fluoride; Dental hygiene instruction; Assessment of the patient's apparent need for further evaluation by a dentist to diagnose the presence of dental caries and other abnormalities;** and Other duties as may be delegated verbally or in writing by the sponsoring dentists consistent with this act. 	The tasks and procedures are the same as ECP I	<p>Tasks and procedures are limited to:</p> <ul style="list-style-type: none"> All of the tasks and procedures included for ECP I and II Identification and removal of decay using hand instrumentation and placing a temporary filling, including glass ionomer and other palliative materials; Adjustment of dentures, placing soft relines in dentures, checking partial dentures for sore spots and placing permanent identification labeling in dentures; Smoothing of a sharp tooth with a slow speed dental hand piece; Use of local anesthetic, including topical, infiltration and block anesthesia, when appropriate to assist with procedures where medical services are available in a nursing home, health clinic or any other settings if the dental hygienist has completed a course on local anesthesia and nitrous oxide as required in this act; Extraction of deciduous teeth that are partially exfoliated with class 4 mobility; and Other duties as may be delegated verbally or in writing by the sponsoring dentist consistent with this act.

*Sponsoring dentist is responsible to sign the hygienist's ECP application to Dental Board and review the hygienist's findings and report, but has no supervisory responsibility to 1) direct or oversee the assignments or the services provided by the hygienist; 2) diagnose or treat any person seen by an ECP; 3) have ever worked with the hygienist; 4) collect payment on behalf of the hygienist or to receive payment for service. A dentist may sponsor no more than five ECP I, five ECP II and five ECP III hygienists.

**The dental hygienist advises the patient and legal guardian that the services are palliative or preventive in nature and do not constitute comprehensive dental diagnosis and care.

Payment for ECP Services: Any payment to the dental hygienist for dental hygiene services is received from the sponsoring dentist or the participating organization.

