DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
NEVADA STATE BOARD OF DENTAL EXAMINERS

Interpretation Guidance - R053-26 (Radiology and Lead Apron Usage)

To guide practitioners in effectuating the regulatory changes adopted in R053-26 on July 1, 2026, the following is the interpretative guidance of the Nevada State Board of Dental Examiners (NSBDE):

Previously NAC 631.260 required the use of lead aprons in all situations where a dental patient was being radiographed. Further, the old language did not state a source of authority for guidance on the use of radiology in dental practices.

When the American Dental Association (ADA) issued guidance in 2024 that presented a significant change to the use of radiographs and shielding practices, the NSBDE identified the need for regulatory changes because we were constrained by the language of the old regulation to allow practitioners to adhere to ADA guidance. Accordingly, R053-26 came to fruition as not only the NSBDE's attempt to bring Nevada's dental practitioners into step with the ADA, but to make sure the ADA was the definitive source of authority related to use of radiographs in dental practices.

Accordingly, in R053-26, in lieu of this Board always requiring the use of a lead apron, we adopted as our guiding reference on radiology procedures in dental offices the publication titled "Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure" and any updates thereto. We did this because the ADA will be more up-to-date on dental radiology techniques and technology and more capable of making quick policy changes than this Board can when it comes to the standards to be met in dental practices. Thus, ***whether or not a dental practice needs to use a lead apron on patients*** is no longer determined by the Board in a draconian regulation; instead, it ***is henceforth determined by the ADA***.

To that end, in 2024, the ADA issued the update titled *Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure*, stating "The use of lead abdominal aprons or thyroid collars on patients when conducting dental X-rays is no longer recommended." *See* https://www.ada.org/about/press-releases/ada-releases-updated-recommendations-to-enhance-radiography-safety-in-dentistry. Accordingly, for purposes of NRS

and NAC Chapters 631, there is no longer a requirement to use a lead apron on patients. This means that, if a dental practice does not elect to use lead aprons on patients, there would be no licensing and/or disciplinary repercussions from not doing so.

That same article also urged dentists to safeguard patients against unnecessary radiation exposure; thus, a disciplinary case could result from proven unnecessary use of radiation, such that practitioners should be mindful of the six factors dentists should consider when making radiography decisions, including:

- Ordering radiographs like X-rays to optimize diagnostic information and enhance patient care outcomes and making every effort to use images acquired at previous dental exams;
- Using digital instead of conventional X-ray film for imaging;
- Restricting the beam size during an X-ray exam to the area that needs to be assessed (an approach called "rectangular collimation");
- Properly positioning patients so the best image can be taken;
- Incorporating CBCT only when lower-exposure options will not provide the necessary diagnostic information; and
- Adhering to all applicable federal, state and local regulations on radiation safety.

Practitioners should also be aware of more recent 2026 ADA guidance on radiology in dental practices, published at https://jada.ada.org/article/S0002-8177(25)00631-2/fulltext?_gl=1*e5herw*_ga*MTkzOTMxMjMwNS4xNzU0OTMxMjE2*_ga_NVSBFQCBYE*czE3ODcwMDAxNzgkbzI5JGcxJHQxNzg3MDAxNzk4JGo2MCRsMCRoMA..*_ga_JDE0LTHGWL*czE3ODcwMDAxNzgkbzI5JGcxJHQxNzg3MDAxNzk4JGo2MCRsMCRoMA..*_gcl_au*MTM0NjM2MTY5MS4xNzgxNzI5ODQ3*_ga_X8X57NRJ4D*czE3ODcwMDAxNzgkbzIxJGcxJHQxNzg3MDAxNzk4JGo2MCRsMCRoMA. These new guidelines provide recommendations on the use of:

- CBCT scans;
- Endodontic recommendations;
- General clinical recommendations; and
- Pediatric recommendations.

Keep in mind that, by removing the lead apron requirement, this only means the NSBDE is not requiring use of it for a practitioner to avoid compliance issues. However, neither this regulation, the Board, nor even the ADA guidelines stop or discourage a practice from OPTING TO DO MORE than is required by law, such that a practice can still ***choose*** to use lead aprons on patients, and a practice can still ***choose*** to make it an employment practice that an employee would have to follow, even if the law does not require it.

Also keep in mind that, while the regulation and the 2024 ADA guidance adopted by the Board may ease NSBDE compliance requirements and could be used as a defense if a consumer ever alleged malpractice in the manner of radiography, it may be in your interests to anticipate and avoid potential malpractice claims by balancing costs and availability with potential patient optics

when choosing whether or not to use a lead apron on, for instance, children and pregnant women (even if the ADA expressly stated that lead aprons were unnecessary for all age groups and medical conditions. *See* https://www.ada.org/about/press-releases/ada-releases-updated-recommendations-to-enhance-radiography-safety-in-dentistry).

Finally, while the Board, based on ADA guidance, no longer requires lead aprons on patients for purposes of dental licensing and discipline, we are not the only state Board that regulates radiation. You would also need to comply with regulations set forth by the Radiation Control Board. NAC 459.554 still requires either lead aprons OR body positioning at a certain distance away from the radiation/beams for *employees* or *for other patients who are not the patient being examined* if those persons are in the vicinity. We suggest reviewing NAC 459.554 to check on any safe distance and body positioning parameters if you are going to choose to limit radiation exposure to employees or other patients this way as opposed to using lead aprons on staff and other patients.