

DENTAL BOARD OF CALIFORNIA

2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov



NOTICE OF PUBLIC MEETING – Notice is hereby given that a public meeting of the Dental Board of California will be held as follows:

TELECONFERENCE MEETING OF THE DENTAL BOARD OF CALIFORNIA

Tuesday, December 14, 2010

For more information, please contact (916) 263-2300

One or more Board Member(s) will participate in this meeting at the teleconference sites listed below. Each teleconference location is accessible to the public and the public will be given an opportunity to address the Dental Board of California at each teleconference location. The public teleconference sites for this meeting are as follows.

Dental Board of California Offices and Teleconference Locations:

Fran Burton, Public Member

Stephen Casagrande, DDS

Rebecca Downing, Public Member

2005 Evergreen Street

Lake Tahoe Room

Sacramento, CA 95815

(916) 263-2300

Judith Forsythe, RDA

Steven Morrow, DDS

333 S. Anita Drive, Suite 930

Orange, CA 92780

(714) 923-9725

Other Teleconference Locations:

John Bettinger, DDS

1304 15th Street, Suite 100

Santa Monica, CA 90404

(916) 263-2300

Bruce Whitcher, DDS

990 Boysen Avenue

San Luis Obispo, CA 93405

(916) 263-2300

Huong Le, DDS

338 8th Street,

Allied Health Services Room, 1st Floor

Oakland, CA 94607

(916) 263-2300

Steven Afriat, Public Member

4107 Magnolia Blvd.

Burbank, CA 91505

(916) 263-2300

Suzanne McCormick, DDS

Thomas Olinger, DDS

Contractors State Licensing Board

9246 Lightwave Avenue, Suite 130

San Diego, CA 92123

(858) 300-5840



NOTICE OF PUBLIC MEETING – Notice is hereby given that a public meeting of the Dental Board of California will be held as follows:

TELECONFERENCE MEETING OF THE DENTAL BOARD OF CALIFORNIA
Tuesday, December 14, 2010
For more information, please contact: (916) 263-2300

The Board may take action on any item listed on the agenda unless listed as information only. All times are approximate and subject to change. Public comments will be taken on agenda items at the time the specific item is raised. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the President. For verification of the meeting, call (916) 263-2300 or access the Board's Web Site at www.dbc.ca.gov. This Board meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Richard DeCuir, Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation

12:00 Noon DENTAL BOARD OF CALIFORNIA - FULL BOARD

ROLL CALL TO ESTABLISH QUORUM

AGENDA ITEM 1 Discussion and Possible Action to Consider:

- (A) Comments Received During the 15-Day Modified Text Notice Comment Period (November 16, 2010 to December 1, 2010) Relative to Amendments to Title 16, CCR, Section 1005 for the Minimum Standards for Infection Control, and
- (B) Adoption of Amendments to Title 16, CCR, Section 1005 for the Minimum Standards for Infection Control

AGENDA ITEM 2 Discussion and Possible Action to Consider:

- (A) Comments Received During the Second 15-Day Modified Text Notice Comment Period (November 18, 2010 to December 3, 2010) Relative to Amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and Proposed Additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 for Dental Assisting Educational Programs and Courses, and
- (B) Adoption of Amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and Proposed Additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 for Dental Assisting Educational Programs and Courses

PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

Note: The Board may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code Section 11125 and 11125.7(a))

***CLOSED SESSION - LITIGATION**

The Board will meet in Closed Session as authorized by Government Code section 11126(e) to Confer with and Receive Advice from Counsel on Litigation
Levon Solak v. Dental Board of California, Los Angeles County Sup.Ct., Case No. BS122529

RETURN TO OPEN SESSION

PUBLIC COMMENT

ADJOURNMENT



MEMORANDUM

DATE	December 6, 2010
TO	Dental Board Members Dental Board of California
FROM	Sarah Wallace Legislative & Regulatory Analyst
SUBJECT	Agenda Item 1(A): Discussion and Possible Action to Consider Comments Received During the 15-Day Modified Text Notice Comment Period (November 16, 2010 to December 1, 2010) Relative to Amendments to Title 16, CCR, Section 1005 for the Minimum Standards for Infection Control

Background:

At the November 4, 2010 meeting, the Board discussed comments received during the 45-day public comment period in response to the regulatory amendments to California Code of Regulations, Title 16, Section 1005 relative to the minimum standards for infection control. The Board accepted comments and amendments to the proposed language and directed staff to notice the modified text for a 15-day public comment period. The Board directed staff to bring back any adverse comments received during the comment period for a response.

The modified text was mailed to those parties who provided comment during the initial 45-day comment period and noticed on the Board's web site on November 15, 2010. The 15-day public comment period began on November 16, 2010 and ended on December 1, 2010. The Board received comments from Dr. Earl Johnson and the Dental Assisting Alliance.

Board Action Requested

Staff has prepared a recommended response to each comment. The Board may take action to reject or accept any comments. A rationale must be provided for any comments that are rejected. If comments are accepted, and the regulatory language is modified, the modified text must be noticed for a 15-day public comment period, and any negative comments received during that time must be brought back to the Board for a response.

**STAFF RECOMMENDATIONS FOR RESPONSE TO COMMENTS RECEIVED
DURING THE 15-DAY PUBLIC COMMENT PERIOD OR THE MODIFIED TEXT
FOR MINIMUM STANDARDS FOR INFECTION CONTROL,
CALIFORNIA CODE OF REGULATIONS, SECTION 1005**

COMMENT RECEIVED FROM THE DENTAL ASSISTING ALLIANCE

The Dental Assisting Alliance provided the following comment:

1005. Minimum Standards for Infection Control

Subsection (b)(12) and (13).

We believe that the statement “instruments, items, and devices shall be pre-cleaned, packaged or wrapped and sterilized after each use” was intended to mean that such items must be sterilized after packaging or wrapping. This sequential process is essential and supported by CDC guidelines.

However, it is not clear whether the text, as written, requires that this sequence be following, or whether it would allow items to be sterilized before packaging or wrapping.

Therefore, we recommend that the text be editorially modified to achieve the Board’s intent by inserting the word “then” in both sections”

“...packaged or wrapped, and then sterilized after each use.”

Staff recommends rejection of this comment. The comments provided by the Dental Assisting Alliance are not specific to the noticed modified text and are unnecessary. The existing accepted language is sufficient to promote safe sterilization and disinfection practices. The existing language is clear that the pre-cleaning, packaging or wrapping, and sterilization of critical items and semi-critical items is the process that should be followed after each use.

COMMENT RECEIVED FROM DR. EARL JOHNSON

Dr. Earl Johnson provided the following comment:

Dry heat sterilization is a very viable technique commonly used for the sterilization of instruments. Dry heat sterilization, however, requires uninhibited hot air flow and hot air contact with the items to be sterilized. Packaging, bagging or wrapping **before sterilization** either severely restricts or prevents the free flow of the hot air rendering the sterilization process ineffective and undependable.

Wrapping or packaging instruments before a dry heat sterilizing process will not protect the dental patients of California from previously infected (non sterile) instruments. This existing requirement is neither safe nor effective.

Dry heat sterilization should not be preceded with "packaging or wrapping" but followed with a process of wrapping, packaging or other isolating mechanism to prevent re-contamination of the sterilized instruments. The text under review should be modified to make heat sterilization procedures safe and effective.

If these text modifications, suggested above, are not acceptable to the Dental Board of California, then, all references to "dry heat" sterilization should be struck from this document. This text, in its current form, does not protect the public.

Staff recommends rejection of this comment. According the Centers for Disease Control (CDC), the acceptable materials to be used for packaging during dry heat sterilization include paper bags, aluminum foil, polyfilm plastic tubing, and wrapped perforated cassettes. For dry heat, the CDC states that the packaging material should not insulate items from heat and should not be destroyed by the temperature used. The currently written text supports the CDC's recommendations and promotes safe infection control practices for patient protection.

COMMENTS FROM OSHA REVIEW INCORPORATED

OSHA Review, Inc. provided the following comments:

Due to scheduling conflicts, we were unable to attend the November 4, 2010 Board meeting and provide testimony. We were, however, able to view the meeting via the webcast. We want to provide both the Board and staff some clarification on our comments submitted to the Board.

OSHA Review Comments:

The Dental Board staff recommendations for rejection of our comments state that:

“The Dental Board does not regulate the effectiveness of the disinfectant. The Dental Board is not charged with the authority to enforce another agency’s standards. The board does not set the minimum standards for disinfection and disinfection labels.”

We agree that the board does not have this authority. Additionally, the US Centers for Disease Control and Prevention (CDC) does not have any legal authority to “set the minimum standards for disinfection”. The following CDC excerpts support this:

1. Page 56, CDC’s *Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008*¹

THE REGULATORY FRAMEWORK FOR DISINFECTANTS AND STERILANTS

In the United States, chemical germicides formulated as sanitizers, disinfectants, or sterilants are regulated in interstate commerce by the Antimicrobials Division, Office of Pesticides Program, EPA, under the authority of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) of 1947, as amended. Under FIFRA, any substance or mixture of substances intended to prevent, destroy, repel, or mitigate any pest (including microorganisms but excluding those in or on living humans or animals) must be registered before sale or distribution. To obtain a registration, a manufacturer must submit specific data about the safety and effectiveness of each product.

FIFRA also requires users of products to follow explicitly the labeling directions on each product. The following standard statement appears on all labels under the “Directions for Use” heading: “It is a violation of federal law to use this product in a manner inconsistent with its labeling.” This statement means a health-care worker must follow the safety precautions and use directions on the labeling of each registered product. Failure to follow the specified use-dilution, contact time, method of application, or any other condition of use is considered a misuse of the product and potentially subject to enforcement action under FIFRA.

2. Pages 62-64, Appendix A of CDC's *Guidelines for Infection Control in Dental Health-Care Settings-2003*²

Regulatory Framework for Disinfectants and Sterilants

In the United States, liquid chemical germicides (disinfectants) are regulated by EPA and FDA. In health-care settings, EPA regulates disinfectants that are used on environmental surfaces (housekeeping and clinical contact surfaces), and FDA regulates liquid chemical sterilants/high-level disinfectants (e.g., glutaraldehyde, hydrogen peroxide, and peracetic acid) used on critical and semicritical patient-care devices. Disinfectants intended for use on clinical contact surfaces (e.g., light handles, radiographic-ray heads, or drawer knobs) or housekeeping surfaces (e.g., floors, walls, or sinks) are regulated in interstate commerce by the Antimicrobials Division, Office of Pesticide Programs, EPA, under the authority of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) of 1947, as amended in 1996. Under FIFRA, any substance or mixture of substances intended to prevent, destroy, repel, or mitigate any pest, including microorganisms but excluding those in or on living man or animals, must be registered before sale or distribution. To obtain a registration, a manufacturer must submit specific data regarding the safety and the effectiveness of each product.

The only agencies that regulate disinfectants for efficacy, use, and sale are Cal/EPA and US EPA. Specifically, Cal/EPA determines what disinfectants may be used in healthcare settings in California.

Additional Clarification:

In response to the Board's comments questioning the applicability of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA)³ to disinfectants, we would like to point out that disinfectants are in fact pesticides as defined under federal and state laws. We point this out because there was some consideration that FIFRA does not apply to dental disinfectants, which it definitely does. FIFRA provides the basis for regulation, sale, distribution and use of pesticides, including antimicrobials, in the U.S. FIFRA authorizes EPA to review and register pesticides for specified uses. EPA also has the authority to suspend or cancel the registration of a pesticide if subsequent information shows that continued use would pose unreasonable risks.

We also submit that, although CDC is only a recommending body, nothing in the language that we suggested is in conflict with CDC guidelines. In fact we believe our recommended language clarifies them for the DHCP. Simply put, CDC requires the use of either a tuberculocidal or an HIV/HBV compound, the use of which is dependant on the presence of blood or OPIM. The language we provided comes directly from CDC's *Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008*¹ and CDC's

Guidelines for Infection Control in Dental Health-Care Settings–2003².

Staff recommends rejection of this comment. The comments provided during the modified text public comment period were in response to the Board's rejection of OSHA Review, Inc.'s comments submitted during the initial 45-day public comment period. The comments are not specific to the modified text. The suggested modifications do not further promote better infection control practices than what is currently written in the regulatory language. The current language is consistent with the CDC's recommendations for non-critical clinical surfaces.



**Dental
Assisting
ALLIANCE**

California Dental Assistants Association (CDAA)
Expanded Functions Dental Assistants Association (EFDA)

November 22, 2010

Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

RE: Alliance Comments on Proposed Changes to Regulation 1005, Minimum Standards for Infection Control

Following are the comments of the Alliance regarding the above-referenced proposed regulation as amended and noticed November 15, 2010. The following comments propose non-substantive, technical, and/or editorial changes.

1005. Minimum Standards for Infection Control

Subsection (b)(12) and (13).

We believe that the statement "instruments, items, and devices shall be pre-cleaned, packaged or wrapped and sterilized after each use" was intended to mean that such items must be sterilized after packaging or wrapping. This sequential process is essential and supported by CDC guidelines.

However, it is not clear whether the text, as written, requires that this sequence be following, or whether it would allow items to be sterilized before packaging or wrapping.

Therefore, we recommend that the text be editorially modified to achieve the Board's intent by inserting the word "then" in both sections"

"...packaged or wrapped, and then sterilized after each use."

Sincerely,

Leslie Canham

Leslie Canham, RDA
Representing CDAA
(209) 785-3903

Joan Greenfield

Joan Greenfield, RDAEF
Representing EFDA
(916) 837-7171



California
Association
of Orthodontists

401 North Lindbergh Blvd.
St. Louis, MO 63141-7816
Tel 888-242-3934
Fax 314-993-6843
www.caortho.org

Sarah Wallace
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95915

November 26, 2010

RECEIVED

NOV 29 2010

DENTAL BOARD
OF CALIFORNIA

Re: Comments on the Modification to the text of Section 1005 in Title 16 Cal Code Regulations

1005 Minimum Standards for Infection Control

Sterilization and Disinfection

(12) Critical instruments, items and devices shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat sensitive, it shall at a minimum be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items and devices shall remain sealed and stored in a manner so as to prevent contamination and shall be labeled with the date of sterilization and the specific sterilizer used if one or more sterilizer is used in the facility.

(13) Semi-critical instruments, items and devices shall be pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor, and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner as to prevent contamination and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is used in the facility.

Subject: Suitability of suggested sterilization techniques?

Dry heat sterilization is a very viable technique commonly used for the sterilization of instruments. Dry heat sterilization, however, requires uninhibited hot air flow and hot air contact with the items to be sterilized. Packaging, bagging or wrapping before sterilization either severely restricts or prevents the free flow of the hot air rendering the sterilization process ineffective and undependable.

Wrapping or packaging instruments before a dry heat sterilizing process will not protect the dental patients of California from previously infected (non sterile) instruments. This existing requirement is neither safe nor effective.

Dry heat sterilization should not be preceded with "packaging or wrapping" but **followed with a process of wrapping, packaging or other isolating mechanism to prevent re-contamination** of the sterilized instruments. The text under review should be modified to make heat sterilization procedures safe and effective..

If these text modifications, suggested above, are not acceptable to the Dental Board of California, then , all references to "**dry heat**" sterilization should be struck from this document. This text, in its current form, does not protect the public.

Sincerely,

A handwritten signature in cursive script, appearing to read "Earl Johnson".

Earl Johnson DDS

Liaison to the Dental Board of California



P.O. Box 254805
Sacramento, CA 95865
(800) 555-6248
Fax (916) 362-7891
www.oshareview.com

December 1, 2010

To: Dental Board of California

Re: The Dental Board Meeting held on November 4, 2010, regarding Agenda Item 4 - Discussion and Possible Action to Consider:

(A) Comments Received During the 45-Day Comment Period Relative to Amendments to Title 16, CCR, Section 1005 for the Minimum Standards for Infection Control, and

(B) Adoption of Amendments to Title 16, CCR, Section 1005 for the Minimum Standards for Infection Control

Dear Members of the Board:

Due to scheduling conflicts, we were unable to attend the November 4, 2010 Board meeting and provide testimony. We were, however, able to view the meeting via the webcast. We want to provide both the Board and staff some clarification on our comments submitted to the Board.

OSHA Review Comments:

The Dental Board staff recommendations for rejection of our comments state that:

“The Dental Board does not regulate the effectiveness of the disinfectant. The Dental Board is not charged with the authority to enforce another agency’s standards. The board does not set the minimum standards for disinfection and disinfection labels.”

We agree that the board does not have this authority. Additionally, the US Centers for Disease Control and Prevention (CDC) does not have any legal authority to “set the minimum standards for disinfection”. The following CDC excerpts support this:

1. Page 56, CDC’s *Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008*¹

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FIFRA also requires users of products to follow explicitly the labeling directions on each product. The following standard statement appears on all labels under the "Directions for Use" heading: "It is a violation of federal law to use this product in a manner inconsistent with its labeling." This statement means a health-care worker must follow the safety precautions and use directions on the labeling of each registered product. Failure to follow the specified use-dilution, contact time, method of application, or any other condition of use is considered a misuse of the product and potentially subject to enforcement action under FIFRA.

2. Pages 62-64, Appendix A of CDC's *Guidelines for Infection Control in Dental Health-Care Settings-2003*²

Regulatory Framework for Disinfectants and Sterilants

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The only agencies that regulate disinfectants for efficacy, use, and sale are Cal/EPA and US EPA. Specifically, Cal/EPA determines what disinfectants may be used in healthcare settings in California.

Additional Clarification:

In response to the Board's comments questioning the applicability of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA)³ to disinfectants, we would like to point out that disinfectants are in fact pesticides as defined under federal and state laws. We point this out because there was some consideration that FIFRA does not apply to dental disinfectants, which it definitely does. FIFRA provides the basis for regulation, sale, distribution and use of pesticides, including antimicrobials, in the U.S. FIFRA authorizes EPA to review and register pesticides for specified uses. EPA also has the authority to suspend or cancel the registration of a pesticide if subsequent information shows that continued use would pose unreasonable risks.

We also submit that, although CDC is only a recommending body, nothing in the language that we suggested is in conflict with CDC guidelines. In fact we believe our recommended language



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clarifies them for the DHCP. Simply put, CDC requires the use of either a tuberculocidal or an HIV/HBV compound, the use of which is dependant on the presence of blood or OPIM. The language we provided comes directly from CDC's *Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008*¹ and CDC's *Guidelines for Infection Control in Dental Health-Care Settings-2003*².

Regards,

A handwritten signature in black ink, appearing to read "Rodney M. Stine".

Rodney M. Stine, President
OSHA Review, Inc.

- ¹ CDC. Healthcare Infection Control Practices Advisory Committee (HICPAC). *Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008*. Chapel Hill, NC. p.20-21,56.
- ² CDC. *Guidelines for Infection Control in Dental Health-Care Settings-2003*. MMWR 2003; 52:27 and 52, Appendix A:62-64.
- ³ US Environmental Protection Agency: 40 CFR Part 152. *Federal Insecticide, Fungicide, and Rodenticide Act*. Amended 1996.



MEMORANDUM

DATE	December 6, 2010
TO	Dental Board Members Dental Board of California
FROM	Sarah Wallace Legislative & Regulatory Analyst
SUBJECT	Agenda Item 1(B): Discussion and Possible Action to Consider Adoption of Amendments to Title 16, CCR, Section 1005 for the Minimum Standards for Infection Control

Background

Following the Board's consideration of comments received during the modified text's 15-day public comment period, the Board may hold discussion and take action to adopt proposed amendments to Title 16, CCR Section 1005 for the Minimum Standards for Infection Control.

Board Action Requested

Depending on the Board's action, staff requests one of the following:

- A. If the Board adopts the final text as noticed in the modified text and no changes are made, the Board must direct staff to take all steps necessary to complete the rulemaking process, including the filing of the final rulemaking package with the Office of Administrative Law and authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to Title 16, CCR, Section 1005 as noticed in the modified text.
- B. If the Board makes changes at the meeting to the text in response to any comments received, the Board must direct staff to take all steps necessary to complete the rulemaking process, including preparing a second modified text for a 15-day public comment period, which includes the amendments accepted by the Board at this meeting. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt amendments to Title 16, CCR, Section 1005 as noticed in the second modified text.



MEMORANDUM

DATE	December 6, 2010
TO	Dental Board Members Dental Board of California
FROM	Sarah Wallace Legislative & Regulatory Analyst
SUBJECT	Agenda Item 2 (A): Discussion and Possible Action to Consider Comments Received During the Second 15-Day Modified Text Notice Comment Period (November 18, 2010 to December 3, 2010) Relative to Amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and Proposed Additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 for Dental Assisting Educational Programs and Courses

Background

At the November 4, 2010 meeting, the Board discussed comments received during the modified text 15-day public comment period in response to regulatory amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and proposed additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 for Dental Assisting Educational Programs and Courses. The Board accepted comments and amendments to the initial modified text and directed staff to notice the second modified text for a 15-day comment period. The Board directed staff to bring back any adverse comments received during the comment period for a response.

The second modified text was mailed to those parties who provided comments during the first modified text 15-day comment period and noticed on the Board's web site on November 17, 2010. The 15-day public comment period began on November 18, 2010 and ended on December 3, 2010. The Board received comments from:

- The Dental Assisting Alliance,
- The California Association of Dental Assisting Teachers,
- Michael W. Champeau, M.D., Past President, California Society of Anesthesiologists, and
- Bill Barnaby Sr. & Jr., Legislative Counsel for California Society of Anesthesiologists

Board Action Requested

The Board may take action to reject or accept any comments. A rationale must be provided for any comments that are rejected. If comments are accepted, and the regulatory language is modified, the third modified text must be noticed for a 15-day public comment period, and any negative comments received during that time must be brought back to the Board for a response.

STAFF RECOMMENDATIONS FOR RESPONSE TO COMMENTS RECEIVED DURING
THE 15-DAY PUBLIC COMMENT PERIOD FOR THE SECOND MODIFIED TEXT FOR
DENTAL ASSISTING EDUCATIONAL PROGRAMS AND COURSES, CALIFORNIA
CODE OF REGULATIONS,
SECTIONS 1070, 1070.1, 1070.2, 1070.6, 1070.7, 1070.8, AND 1071

COMMENTS RECEIVED FROM THE DENTAL ASSISTING ALLIANCE

Comment #1:

The Dental Assisting Alliance provided the following comment:

1070. General Provisions Governing All Dental Assistant Educational Programs and Courses

Subsection (a)(1).

In the beginning of subsection (a)(1), it is stated that: "(1) The criteria in subdivisions (b) to (h), inclusive, shall be met....."

Due to other changes to Section 1070 that added subsections, this should now be revised to read:

"(1) The criteria in subdivisions (b) to ~~(h)~~ (i), inclusive, shall be met....."

Staff recommends acceptance of this comment.

Comment #2:

The Dental Assisting Alliance provided the following comment:

1070.2. Approval of Registered Dental Assistant Educational Programs

Subsection (d)(10).

In subsection (d)(10)(B), it states that the course shall be no less than 50 hours. We recollect that the Board voted to change the hours to 55 to be consistent with the hours for the Orthodontic Assistant course (proposed regulation (1070.7)). In addition, 55 hours is the appropriate total for the specified hours of 11 didactic, 24 hours laboratory, and 20 hours clinical.

Staff recommends acceptance of this comment.

Comment #3:

The Dental Assisting Alliance provided the following comment:

1070.8. Approval of Dental Sedation Assistant Permit Courses

Subsections (a)(1) and (2).

Subsections (1) and (2) contain duplicate language regarding the requirement that those responsible for clinical evaluation must complete a two-hour methodology course.

Staff recommends acceptance of this comment.

Comment #4:

The Dental Assisting Alliance provided the following comment:

1071. Approval of RDAEF Educational Programs

Subsection (g).

In the beginning of subsection (g), it is stated that: "(1) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (g) to (m), inclusive...."

Due to other changes to Section 1071 that added subsections, this should now be revised to read:

"(1) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions ~~(g)~~ (h) to ~~(m)~~ (o), inclusive...."

Staff recommends acceptance of this comment.

**COMMENTS RECEIVED FROM
THE CALIFORNIA ASSOCIATION OF DENTAL ASSISTING TEACHERS**

The California Association of Dental Assisting Teachers provided the following comment:

CADAT would like to bring to your attention omissions in content specific to the “Notices of Compliance” – the forms included in the regulatory package for consideration.

- Regarding “Notice of Compliance for Infection Control Courses”: The opening paragraph and the certifying statements both address Sections 1070, 1070.1 and 1070.6; however, the closing paragraph entitled “Notice of Collection of Personal Information” does not include Section 1070.1 nor has Section 1070.1 been added to the regulatory language attached to the Notice.
- The same Section, 1070.1, is referenced in the opening paragraph and certifying statements for the following Notices and is missing from the closing paragraph and attending regulations:
 - a. “Notice of Compliance for Orthodontic Assistant Permit Courses”
 - b. “Notice of Compliance for Dental Sedation Assistant Permit Courses”
 - c. “Notice of Compliance for Registered Dental Assistant in Extended Functions Educational Programs”
- Section 1070.1 is not included or referenced in the “Notice of Compliance for Registered Dental Assistant Programs”. For consistency and clarity purposes, we would recommend it be added to the Notice and the attending regulations to the RDA Program Notice.

CADAT would ask that your office consider these proposed changes as non-substantial and grammatical in nature so as to not delay the regulatory process further. We thank you for the opportunity to provide input.

Staff recommends acceptance of this comment.

**COMMENTS RECEIVED FROM MICHAEL W. CHAMPEAU, M.D.
PAST PRESIDENT, CALIFORNIA SOCIETY OF ANESTHESIOLOGISTS**

Dr. Michael W. Champeau provided the following comment:

Dear Ms. Wallace,

I am writing at the suggestion of Bruce Whitcher, DDS, to comment on the proposed regulations regarding the training of Dental Sedation Assistants. I have had several discussions with Dr. Whitcher over the past three years regarding this issue, and I applaud the changes proposed by Dr. Whitcher that fortify the initially proposed regulations.

However, I think there is one new issue that merits consideration. On October 20, 2010, the American Society of Anesthesiologists House of Delegates altered the ASA Standards for Basic Anesthesia monitoring. Specifically, the House voted to mandate monitoring for the presence of exhaled carbon dioxide (unless precluded or invalidated by the nature of the patient, procedure, or equipment) during moderate or deep sedation. Although the House approved the change on October 20, *implementation* of the new language was delayed until July 1, 2011 to allow practitioners time to acquire the technology required. This type of monitoring has been a standard during general endotracheal anesthesia for several years, but its application to the non-intubated patient receiving moderate or deep sedation is new.

I bring this to your attention because it is my impression that historically the Dental Board of California has mirrored the standards of the American Society of Anesthesiologists with regard to the monitoring required during anesthesia, a position that we think is in the best interests of the citizens of California. The proposed regulations concerning the training of the Dental Sedation Assistants do in fact include didactic instruction in the use of the capnograph in section 1070.8 (k) (1) (G). However, sections 1070.8 (k) (2) and 1070.8 (k) (3), which deal with preclinical and clinical instruction, respectively, do not specifically include a requirement to demonstrate proficiency in the use of the device.

Given that monitoring for detection of exhaled carbon dioxide will become the standard for the medical administration of anesthesia on July 1, 2011, and that it is, I believe, likely that it will similarly become the standard for dental anesthesia in the near future, I recommend that you extend the didactic training in the use of the capnograph to the preclinical and clinical phases of Dental Sedation Assistant training.

I apologize for the late hour of this comment, and thank you for your consideration.

Sincerely,

Michael W. Champeau, M.D.

Past President, California Society of Anesthesiologists

Alternate Director from California, American Society of Anesthesiologists

Adjunct Clinical Professor of Anesthesia, Stanford University School of Medicine

Staff recommends rejection of this comment. The comment provided is not directly related to the noticed second modified text and the Board has previously approved the text as currently written. The ASA Standards were updated on October 20, 2010 and do not take effect until July 2011. The Board risks not meeting the one-year deadline to submit the rulemaking package to OAL if previously approved text is changed. However, staff believes that this is an issue that should be addressed by the Board when reviewing the conscious sedation and general anesthesia regulations, which have been deemed a regulatory priority for 2011.

COMMENTS RECEIVED FROM BARNABY & BARNABY ATTORNEYS LOBBYISTS ON BEHALF OF THE CALIFORNIA SOCIETY OF ANESTHESIOLOGISTS

Bill Barnaby Sr. & Jr., CSA Legislative Counsel, provided the following comment on behalf of the California Society of Anesthesiologists:

Dr. Ms. Wallace:

These comments regarding the above-cited Second Modified text of proposed regulations are respectfully submitted on behalf of our client, the California Society of Anesthesiologists (CSA).

Over the years, the standards for safe and effective administration of anesthesia for dental patients have been closely similar to the standards applicable to medical patients. With regard to the proposed regulations presently under consideration, CSA has appreciated the opportunity to offer comments and suggestions to the Dental Board of California. In this context, the following information is conveyed about relevant recent changes adopted by the American Society of Anesthesiologists (ASA).

In October, ASA altered the Standards for Basic Anesthesia Monitoring to add a requirement for capnography during moderate or deep sedation. More specifically, the new standard mandates the use of quantitative assessment of CO₂ (i.e. capnography) for all patients undergoing moderate sedation, deep sedation, or general anesthesia after July 1, 2011. While this had previously been required for intubated patients undergoing general anesthesia, it is a new requirement for patients undergoing moderate or deep sedation. The language states "During moderate or deep sedation the adequacy of ventilation shall be evaluated by continual observation of qualified clinical signs and monitoring for the presence of exhaled carbon dioxide unless precluded or invalidated by the nature of the patient, procedure, or equipment."

As such, the Dental Board may want to include in the preclinical and clinical instruction the use of the capnograph under sections 1070.8(k)(2), and (k)(3), respectively, as it has for didactic instruction in (k)(1)(G).

On behalf of the CSA, your consideration of these comments is genuinely appreciated.

Sincerely,

Bill Barnaby Sr. & Jr.

Bill Barnaby Sr. & Jr.

CSA Legislative Counsel

Staff recommends rejection of this comment. The comment provided is not directly related to the noticed second modified text and the Board has previously approved the text as currently written. The ASA Standards were updated on October 20, 2010 and do not take effect until July 2011. The Board risks not meeting the one-year deadline to submit the

rulemaking package to OAL if previously approved text is changed. However, staff believes that this is an issue that should be addressed by the Board when reviewing the conscious sedation and general anesthesia regulations, which have been deemed a regulatory priority for 2011.



**Dental
Assisting
ALLIANCE**

California Dental Assistants Association (CDAA)
Expanded Functions Dental Assistants Association (EFDAA)

November 22, 2010

Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

RE: Alliance Comments on Proposed Regulations 1070, 1070.1, 1070.2, 1070.6, 1070.7, 1070.8, and 1071

Following are the comments of the Alliance regarding the above-referenced proposed regulations as amended and noticed November 17, 2010. All of the following comments propose non-substantive, technical, and/or editorial changes.

1070. General Provisions Governing All Dental Assistant Educational Programs and Courses

Subsection (a)(1).

In the beginning of subsection (a)(1), it is stated that: "(1) The criteria in subdivisions (b) to (h), inclusive, shall be met....."

Due to other changes to Section 1070 that added subsections, this should now be revised to read:

"(1) The criteria in subdivisions (b) to ~~(h)~~ (i), inclusive, shall be met....."

1070.2. Approval of Registered Dental Assistant Educational Programs

Subsection (d)(10).

In subsection (d)(10)(B), it states that the course shall be no less than 50 hours. We recollect that the Board voted to change the hours to 55 to be consistent with the hours for the Orthodontic Assistant course (proposed regulation (1070.7)). In addition, 55 hours is the appropriate total for the specified hours of 11 didactic, 24 hours laboratory, and 20 hours clinical.

1070.8. Approval of Dental Sedation Assistant Permit Courses

Subsections (a)(1) and (2).

Subsections (1) and (2) contain duplicate language regarding the requirement that those responsible for clinical evaluation must complete a two-hour methodology course.

1071. Approval of RDAEF Educational Programs

Subsection (g).

In the beginning of subsection (g), it is stated that: “(1) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (g) to (m), inclusive....”

Due to other changes to Section 1071 that added subsections, this should now be revised to read:

“(1) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions ~~(g)~~ (h) to ~~(m)~~ (o), inclusive....”

Sincerely,

Leslie Canham

Leslie Canham, RDA
Representing CDAA
(209) 785-3903

Joan Greenfield

Joan Greenfield, RDAEF
Representing EFDA
(916) 837-7171



CADAT

November 22, 2010

Mr. Richard DeCuir
Executive Officer
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

RE: Notice of Second Modified Text - Educational Regulations to Implement AB2637 – dated November 17, 2010

Dear Mr. DeCuir:

On behalf of the Board of Directors and membership of the California Association of Dental Assisting Teachers, we would like to express our appreciation for the Dental Board's continued effort to establish meaningful and accurate educational regulations. We recognize the time-consuming and difficult process the Board members and the Board staff engaged in to ensure that the regulations are managed in a timely manner.

CADAT would like to bring to your attention omissions in content specific to the "Notices of Compliance" – the forms included in the regulatory package for consideration.

- Regarding "Notice of Compliance for Infection Control Courses": The opening paragraph and the certifying statements both address Sections 1070, 1070.1 and 1070.6; however, the closing paragraph entitled "Notice of Collection of Personal Information" does not include Section 1070.1 nor has Section 1070.1 been added to the regulatory language attached to the Notice.
- The same Section, 1070.1, is referenced in the opening paragraph and certifying statements for the following Notices and is missing from the closing paragraph and attending regulations:
 - a. "Notice of Compliance for Orthodontic Assistant Permit Courses"
 - b. "Notice of Compliance for Dental Sedation Assistant Permit Courses"
 - c. "Notice of Compliance for Registered Dental Assistant in Extended Functions Educational Programs"
- Section 1070.1 is not included or referenced in the "Notice of Compliance for Registered Dental Assistant Programs". For consistency and clarity purposes, we would recommend it be added to the Notice and the attending regulations to the RDA Program Notice.

CADAT would ask that your office consider these proposed changes as non-substantial and grammatical in nature so as to not delay the regulatory process further. We thank you for the opportunity to provide input.

Respectfully,

LaDonna Drury-Klein, CDA, RDA, BS
President - CADAT

Lorraine Gagliardi, CDA, RDA, RDH Ed.D
Director – CADAT Policy Council

Sarah Wallace

From: m:champeau@comcast.net
Sent: Friday, December 03, 2010 3:02 PM
To: Sarah Wallace
Cc: William Barnaby; Narendra Trivedi; Kenneth Pauker; Linda NEW Hertzberg; Barbara Baldwin; Paul Yost; Bruce Whitcher, DDS
Subject: Dental Sedation Assistant Training Regulations 1070.8

Dear Ms. Wallace,

I am writing at the suggestion of Bruce Whitcher, DDS, to comment on the proposed regulations regarding the training of Dental Sedation Assistants. I have had several discussions with Dr. Whitcher over the past three years regarding this issue, and I applaud the changes proposed by Dr. Whitcher that fortify the initially proposed regulations.

However, I think there is one new issue that merits consideration. On October 20, 2010, the American Society of Anesthesiologists House of Delegates altered the ASA Standards for Basic Anesthesia monitoring. Specifically, the House voted to mandate monitoring for the presence of exhaled carbon dioxide (unless precluded or invalidated by the nature of the patient, procedure, or equipment) during moderate or deep sedation. Although the House approved the change on October 20, *implementation* of the new language was delayed until July 1, 2011 to allow practitioners time to acquire the technology required. This type of monitoring has been a standard during general endotracheal anesthesia for several years, but its application to the non-intubated patient receiving moderate or deep sedation is new.

I bring this to your attention because it is my impression that historically the Dental Board of California has mirrored the standards of the American Society of Anesthesiologists with regard to the monitoring required during anesthesia, a position that we think is in the best interests of the citizens of California. The proposed regulations concerning the training of the Dental Sedation Assistants do in fact include didactic instruction in the use of the capnograph in section 1070.8 (k) (1) (G). However, sections 1070.8 (k) (2) and 1070.8 (k) (3), which deal with preclinical and clinical instruction, respectively, do not specifically include a requirement to demonstrate proficiency in the use of the device.

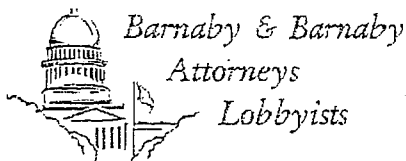
Given that monitoring for detection of exhaled carbon dioxide will become the standard for the medical administration of anesthesia on July 1, 2011, and that it is, I believe, likely that it will similarly become the standard for dental anesthesia in the near future, I recommend that you extend the didactic training in the use of the capnograph to the preclinical and clinical phases of Dental Sedation Assistant training.

I apologize for the late hour of this comment, and thank you for your consideration.

Sincerely,

Michael W. Champeau, M.D.

Past President, California Society of Anesthesiologists
Alternate Director from California, American Society of Anesthesiologists
Adjunct Clinical Professor of Anesthesia, Stanford University School of Medicine



December 3, 2010

Sarah Wallace
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

**RE: Proposed Regulations: Dental Assistant Educational Programs and Courses
Comments on behalf of the California Society of Anesthesiologists
Second Modified Text – Dental Sedation Assistants**

Dear Ms. Wallace:

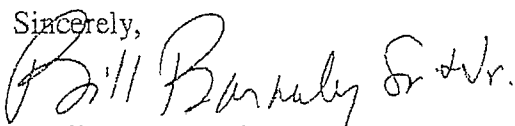
These comments regarding the above-cited Second Modified text of proposed regulations are respectfully submitted on behalf of our client, the California Society of Anesthesiologists (CSA).

Over the years, the standards for safe and effective administration of anesthesia for dental patients have been closely similar to the standards applicable to medical patients. With regard to the proposed regulations presently under consideration, CSA has appreciated the opportunity to offer comments and suggestions to the Dental Board of California. In this context, the following information is conveyed about relevant recent changes adopted by the American Society of Anesthesiologists (ASA).

In October, ASA altered the Standards for Basic Anesthesia Monitoring to add a requirement for capnography during moderate or deep sedation. More specifically, the new standard mandates the use of quantitative assessment of CO₂ (i.e. capnography) for all patients undergoing moderate sedation, deep sedation or general anesthesia after July 1, 2011. While this had previously been required for intubated patients undergoing general anesthesia, it is a new requirement for patients undergoing moderate or deep sedation. The language states "During moderate or deep sedation the adequacy of ventilation shall be evaluated by continual observation of qualitative clinical signs and monitoring for the presence of exhaled carbon dioxide unless precluded or invalidated by the nature of the patient, procedure, or equipment."

As such, the Dental Board may want to include in the preclinical and clinical instruction the use of the capnograph under sections 1070.8 (k) (2), and (k) (3), respectively, as it has for didactic instruction in (k) (1) (G).

On behalf of CSA, your consideration of these comments is genuinely appreciated.

Sincerely,

Bill Barnaby Sr. & Jr.
CSA Legislative Counsel

cc: Narendra Trivedi, M.D., CSA President
Barbara Baldwin, CSA CEO



MEMORANDUM

DATE	December 6, 2010
TO	Dental Board Members Dental Board of California
FROM	Sarah Wallace Legislative & Regulatory Analyst
SUBJECT	Agenda Item 2 (B): Discussion and Possible Action to Consider Adoption of Amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and Proposed Additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 for Dental Assisting Educational Programs and Courses

Background

Following the Board's consideration of comments received during the required 15-day public comment period for the second modified text, the Board may hold discussion and take action to adopt proposed amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and proposed additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 for Dental Assisting Educational Programs and Courses.

Board Action Requested

Depending on the Board's action, staff requests one of the following:

- A. If the Board adopts the final text as noticed in the second modified text and no changes are made, the Board must direct staff to take all steps necessary to complete the rulemaking process, including the filing of the final rulemaking package with the Office of Administrative Law and authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and proposed additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 as noticed in the second modified text.
- B. If the Board makes changes at the meeting to the text in response to any comments received, the Board must direct staff to take all steps necessary to complete the rulemaking process, including preparing a third modified text for an additional 15-day comment period, which includes the amendments accepted by the board at this meeting. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and proposed additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 as noticed in the third modified text.

STAFF RECOMMENDED THIRD MODIFIED TEXT

TITLE 16. DENTAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

THIRD MODIFIED TEXT

Changes to the originally proposed language are shown by double underline for new text and double strikeout for deleted text.

Changes to the first modified text are shown by bold italics with bold single underline for new text and bold italics with single strikeout for deleted text.

Changes to the second modified text are shown by bold italics with double underline for new text and bold italics with double strikeout for deleted text.

Amend Sections 1070, 1070.1, 1070.2, and 1071 and Adopt Sections 1070.6, 1070.7, 1070.8 of Division 10 of Title 16 of the California Code of Regulations, to read as follows:

Article 2. Educational Programs

Section 1070. Approval of Registered Dental Assistant Educational Programs.

~~(a) It is the intent of the board to approve only those educational programs for registered dental assisting which continuously maintain a high quality standard of instruction. Initial or continued approval shall be contingent upon compliance with these regulations.~~

~~(b) An educational program for registered dental assistants is one which has as its primary purpose providing post-secondary education in registered dental assisting and which encompasses educational training in the settings, foundation and application of all duties, functions and responsibilities assignable under these regulations to registered dental assistants. All approved programs shall include approved courses in coronal polishing and radiation safety pursuant to Sections 1014, 1014.1, and 1086(d)(15), but are not required to offer a course in the removal of excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler.~~

~~(c) Each program shall apply for approval prior to operation. The board may approve, provisionally approve, or deny approval of any such program.~~

~~The board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the board and adopt those findings as its own. If a negative evaluation is made, the specific reasons therefore shall be provided to the program by the board in writing within 90 days after such negative evaluation was made.~~

~~(d) The processing times for RDA educational program approval are set forth in Section 1069. Each approved program shall be re-evaluated approximately every five years, but is subject to re-evaluation at any time if the board has reason to believe that the~~

program may have violated these regulations.

(e) Program records shall be subject to inspection by the board at any time.

Note: Authority cited: Section 1614, Business and Professions Code. Reference:
Section 1753, Business and Professions Code.

1070. General Provisions Governing All Dental Assistant Educational Programs and Courses.

(a) (1) ~~The criteria in subdivisions (b) to (h)(j), inclusive, shall be met by a dental assisting program or course and all orthodontic assisting and dental sedation assisting permit programs or courses to secure and maintain approval by the board as provided in this article.~~

(2) The board may approve, provisionally approve, or deny approval of any program or course for which an application to the Board for approval is required. All RDA and RDAEF programs and dental assisting educational courses shall be re-evaluated approximately every seven years, but may be subject to re-evaluation and inspection by the Board at any time to review and investigate compliance with this article and the Act. Re-evaluation may include a site visit or written documentation that ensures compliance with all regulations. Results of re-evaluation shall be reported to the Board or its designee for final consideration and continuance of program or course approval, provisional approval and denial of approval.

(3) Program and course records shall be subject to inspection by the board at any time.

(4) The board may withdraw approval at any time that it determines that a program or course does not meet the requirements of this article or any other requirement in the Act, established in this section or any other requirements of law.

(5) All programs and courses shall be established at the postsecondary educational level or deemed equivalent thereto by the board.

(6) The Board or its designee may approve, provisionally approve, or deny approval to any such program. Provisional approval shall not be granted for a period which exceeds beyond the length of the program. When the Board provisionally approves a program, it shall state the reasons therefore. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status. If the Board denies approval of a program, the specific reasons therefore shall be provided to the program by the Board in writing within 90 days after such action.

(b) The program or course director shall possess a valid, active, and current license issued by the board or the dental hygiene committee. The program or course director shall actively participate in and be responsible for the day-to-day administration of the program or course. Specifically, the program or course director shall be responsible for the following requirements:

(1) Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the program or course.

(2) Informing the board of any major change to the program or course content, physical facilities, or faculty, within 10 days of the change.

(3) Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in this article.

(c) Course faculty and instructional staff shall be authorized to provide instruction by the program or course director and the educational facility in which instruction is provided.

(ed) No faculty or instructional staff member shall instruct in any procedure that he or she does not hold a license or permit in California to perform. Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, shall have been licensed or permitted for a minimum of two years and possess experience in the subject matter he or she is teaching. An ~~faculty member~~ instructor who has held a license as a registered dental assistant or registered dental assistant in extended functions for at least two years, and ~~who holds a permit who then becomes a permit holder as an Orthodontic Assistant on or after January 1, 2010~~ shall not be required to have held such a ~~certificate or permit for two years in order to instruct in such courses~~ the subject area.

(de) A certificate, diploma, or other evidence of completion shall be issued to each student who successfully completes the program or course and shall include the following: the student's name, the name of the program or course, ~~the total number of program or course hours,~~ the date of completion, and the signature of the program or course director or his or her designee.

(ef) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.

(1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this

section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.

~~(2) The minimum requirement for armamentaria includes infection control materials specified by the California Division of Occupational Safety and Health (Cal/OSHA) California Code of Regulations, Title 8, Division 1, Chapter 3.2 and the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005, protective eyewear, mask, and gloves for each student and faculty member, and appropriate eye protection for each piece of equipment.~~

(32) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.

(A) Each operatory shall contain functional equipment, including a power-operated chair for patient or simulation-based instruction in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, handpiece connection, and adjacent hand-washing sink. ~~Minimum requirements are a power-operated chair for light, oral evacuation equipment, work surface, and adjacent hand-washing sink.~~

(B) Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.

(C) Prior to clinical assignments, students must demonstrate minimum competence in laboratory or preclinical performance of the procedures they will be expected to perform in their clinical experiences.

(fg) The program or course shall establish written clinical and laboratory protocols ~~to ensure adequate asepsis, infection, and hazard control and disposal of hazardous wastes,~~ that comply with the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005 and other federal, state, and local requirements governing infection control. The program or course shall provide these protocols to all students, faculty, and ~~appropriate instructional staff to ensure compliance with these protocols.~~ Adequate space shall be provided for ~~preparing handling, processing and sterilizing all armamentarium. All reusable armamentarium shall be sterilized and nonreusable items properly disposed.~~

(gh) A written policy on managing emergency situations shall be made available to all students, faculty, and instructional staff. All faculty and staff involved in the direct ~~provision oversight~~ of patient care activities shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not

exceed two years. The program or course director shall ensure and document compliance by faculty and instructional staff. A program or course shall not be required sequence curriculum in such a manner so as to ensure that students complete instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation.

(hi) A detailed program or course outline shall clearly state, in writing, the curriculum subject matter, and specific instruction hours of in the individual areas of didactic, laboratory, and clinical instruction. General program or course objectives, and specific instructional unit objectives, shall be stated in writing, and shall include, at a minimum, theoretical aspects content of each subject, as well as and, where applicable, the use of practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:

(1) Specific unit performance objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical, and clinical used for measuring levels of competence for each component of a given procedure including those used for examinations.

(2) Standards of performance that state the minimum number of satisfactory performances that are required for each performance-evaluated procedure.

(3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that constitute a critical error and would cause the student to fail the procedure task being evaluated, and a description of each of the grades that may be assessed for each procedure utilized during evaluation procedures, and a defined standard of performance.

(ii) (1) As used in this article "extramural dental facility" means any clinical facility **employed-utilized by an board-**approved dental assisting educational program for instruction in dental assisting that exists outside or beyond the walls, boundaries or precincts of the primary **campus-location** of the **board-**approved program and in which dental treatment is rendered.

(2) If an extramural ~~clinical~~ dental facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of program or course faculty or instructional staff and shall not be provided in an extramural dental facility facilities.

(23) The program or course director, or a designated faculty member, shall be responsible for selecting extramural clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.

(34) Prior to student assignment in an extramural dental facility, the program or course director, or a designated faculty or instructional staff member, shall orient dentists and all licensed dental healthcare workers who may provide instruction, evaluation and oversight of the student in the clinical setting, who intend to provide extramural clinical facilities prior to the student assignment. Orientation shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist or the licensed personnel in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the program or course.

(4) The program or course faculty and extramural clinic personnel shall use the same objective evaluation criteria for grading.

(5) There shall be a written contract of affiliation between the program and each extramural dental clinical facility that includes written affirmation of compliance with the regulations of this Article. Such contract shall contain the following:

(A) A description of settings in which the clinical training will be received,

(B) An affirmation that the dentist and clinic personnel acknowledge the legal scope of duties and infection control requirements,

(C) An affirmation that the clinical facility has the necessary equipment and armamentaria appropriate for the procedures to be performed,

(D) And an affirmation that the equipment and armamentaria are in safe operating condition.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750, 1750.2, 1750.4, 1752.1, 1752.4, 1752.6, and 1753, Business and Professions Code.

Section 1070.1. Definitions.

As used in Section 1070.2:

(a) "Didactic instruction" means lectures, demonstrations, and other instruction without active participation by students.

(b) "Laboratory or Pre-clinical instruction" means instruction in which students receive supervised experience performing functions using study models, manikins, or other simulation methods.

(c) "Clinical Externship instruction" means instruction in which students receive supervised experience in performing functions in the clinical setting on patients.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1753, Business and Professions Code.

1070.1. Educational Program and Course Definitions and Instructor Ratios

As used in this article, the following definitions shall apply:

(a) "Didactic instruction" means lectures, demonstrations, and other instruction involving theory without that may or may not involve active participation by students. The faculty or instructional staff of an educational institution or approved provider or its designee may provide didactic instruction via electronic media, home study materials, or live lecture modality. methodology if the provider has submitted that content for approval.

(b) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in laboratory instruction.

(c) "Preclinical instruction" means instruction in which students receive supervised experience within the educational facilities experience performing procedures on simulation devices or patients which are limited to students, faculty, or instructional staff members. There shall be at least one instructor for every six students who are simultaneously engaged in preclinical instruction.

(d) "Simulated clinical instruction" means instruction in which students receive supervised experience performing procedures using simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operator. Clinical simulation spaces shall be sufficient to permit one simulation space for each 2 students at any one time.

(~~e~~) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical instruction shall only be performed procedures shall only be allowed upon successful demonstration and evaluation of laboratory and preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750, 1750.2, 1750.4, 1752.1, 1752.4, 1752.6, and 1753, Business and Professions Code.

Section 1070.2. Requirements for Registered Dental Assistant Educational Programs.

The following minimum criteria shall be met for a registered dental assistant educational program to secure and maintain approval by the Board. Additional requirements may be stipulated when deemed necessary by the Board:

(a) Educational Setting. The program shall be established at the post-secondary educational level, or deemed equivalent thereto by the Board.

(b) Advisory Committee. Programs shall have an advisory committee consisting of an

~~equal number of registered dental assistants and dentists, including at least two registered dental assistants and two dentists, all currently licensed by the Board. The advisory committee shall meet at least once each academic year with the program director, faculty and appropriate institutional personnel to monitor the ongoing quality and performance of the program. Programs that admit students at different phases shall meet at least twice each year.~~

~~(c) Administration/Faculty. Adequate provision for the supervision and operation of the program shall be made. The program must be staffed by faculty who are well qualified in curricular subject matter, dental assisting functions, and educational methodology.~~

~~(1) The program director and each faculty member shall possess a valid, active, current license issued by the Board, and shall have a background in and current knowledge of dental assisting and registered dental assisting duties. A registered dental assistant faculty member shall possess certification in coronal polishing and radiation safety, and shall have been licensed as a registered dental assistant for at least four years.~~

~~(2) Effective two years after the effective date of this regulation, each faculty member shall have received a certificate of completion of an COMDA approved course in teaching methodology of at least 60 hours at a post-secondary institution prior to student instruction.~~

~~(3) Student contact hour loads must allow the faculty sufficient time for class preparation, student evaluation and counseling, and development of subject content and appropriate evaluation criteria and methods.~~

~~(4) The program director must have the education, background, and occupational experience necessary to understand and fulfill the program goals. He or she shall have teaching responsibilities which are less than those of a full time faculty member. He/she shall actively participate in and be responsible for the day to day administration of the program including the following:~~

~~(A) Providing daily guidance of didactic, laboratory and clinical assignments.~~

~~(B) Maintaining for a period of not less than 5 years:~~

~~(1) Copies of curricula, course outlines, objectives, and grading criteria.~~

~~(2) Copies of faculty credentials, licenses, and certifications.~~

~~(3) Individual student records, including those necessary to establish satisfactory completion of all phases of the program, including clinical externship.~~

~~(4) Copies of minutes of all advisory committee meetings.~~

~~(C) Informing the Board of any changes to the program content, physical facilities, and/or faculty, at least 30 days prior to such change.~~

~~(D) Participating in budget preparation and fiscal administration, curriculum development and coordination, determination of teaching assignments, supervision and evaluation of faculty, establishment of mission criteria and procedures, design and operation of program facilities, and selection of extra-mural facilities and coordination of instruction in such facilities.~~

~~(E) Holding periodic faculty meetings to provide for subject matter correlation and curriculum evaluation, and to coordinate activities of full-time, part-time, and volunteer faculty.~~

~~(5) The owner and/or school administrator shall be responsible for the compliance of the program director with these regulations.~~

~~(d) Financial Resources. Sufficient financial resources to support the program and comply with these regulations shall be available. If the program or school requires approval by the California Department of Education and/or the Bureau for Private Post-secondary and Vocational Education, such approval must be obtained prior to application for Board approval by a new program and must be maintained at all times by approved programs. Failure to maintain such approval shall result in the automatic withdrawal of board approval of the program.~~

~~(e) The program shall notify the Board, within 30 days after enrollment, of the names, and expected date of graduation of all students enrolled, and shall notify the Board of the names of program graduates within 30 days of graduation.~~

~~(f) Length of Program. The program shall be of sufficient duration for the student to develop minimum competence in performing dental assistant and registered dental assistant duties, but shall in no event be less than 720 clock hours.~~

~~(g) Evidence of Completion. A certificate, diploma, or other evidence of completion shall be issued to each student who successfully completes the program. A student shall be deemed to have successfully completed the program if the student has met all program requirements and has obtained passing scores on final written and practical examinations on all dental assistant and registered dental assistant duties.~~

~~(h) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in performing dental assistant and registered dental assistant duties. Such facilities shall include safe, adequate and educationally conducive:~~

~~(1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled. Classrooms shall include: chalkboard or whiteboard, projection equipment, sufficient electrical outlets, adequate lighting and ventilation, and chairs and writing space for each student.~~

~~(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students at any one time, and shall be of sufficient size to accommodate an operator, a student, an instructor, and a patient at one time.~~

~~(A) Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; dental units designed for application of current principles of dental assistant and registered dental assistant utilization; air-water syringe; adjustable light; slow speed and high speed handpieces; oral evacuation equipment; work surface; view box; hand-washing sink; and all other armamentarium required to instruct dental assistant and registered dental assistant duties.~~

~~(B) Each operatory shall contain one training manikin with simulated face and tongue, full dentition, and water retrieval system.~~

~~(C) Each operatory must be of sufficient size to accommodate an operator, a student, an instructor, and a patient.~~

~~(3) Laboratories. The location and number of general use equipment, such as lathes, model trimmers, and vibrators shall assure that each student has the access necessary to develop minimum competency in performing all dental assistant and~~

registered dental assistant duties. Protective eyewear is required for each piece of equipment.

During laboratory procedures, dental rotary equipment are required in the ratio of at least one for every three students, model trimmers in the ratio of at least one for every seven students, and vibrators in the ratio of at least one for every three students.

(4) Library. Provision shall be made for reasonable access to current and diverse dental/medical reference texts, current journals, audiovisual materials and other necessary resources. Library holdings shall include: nutrition, oral health education, preventive dentistry, dental materials, anesthesia and pain control, oral anatomy, oral histology, oral physiology, oral pathology, morphology, pharmacology, microbiology, chairside assisting, legal/ethical aspects of dentistry, radiology and radiation safety, sterilization/infection control, laboratory procedures, office emergency procedures, general dentistry, and specialty dentistry including, but not limited to, endodontics, oral and maxillofacial surgery, orthodontics, pediatric dentistry, periodontics, and prosthodontics.

(5) Armamentarium

(A) The number and variety of hand instruments shall be sufficient to instruct students in identifying and exchanging instruments, preparing procedural trays, and assisting in the diagnostic, operative and specialty procedures which are a part of general dentistry.

(B) Each student shall possess a pair of safety goggles for their exclusive use.

(C) One permanently preassembled tray for each procedure shall be provided for reference purposes. In addition, at least one set of hand instruments per chairside procedure for every two students shall be available during instruction of clinical, pre-clinical, and laboratory procedures.

(D) There shall be at least one functional typodont and bench mount for every two students, or comparable equipment if approved in advance by the Board. Each typodont shall have full dentition and soft gingivae.

(6) Infection Control. The program shall establish written pre-clinical, clinical, and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium. All reusable armamentarium shall be sterilized, and a non-reusable items disposed of properly.

(7) Emergency Materials/Basic Life Support.

(A) A written policy on managing emergency situations must be made available to all students, faculty, and staff. Emergency materials shall include, but not be limited to, an oxygen tank which is readily available and functional. Medical materials for treating patients with life-threatening conditions must be available for instruction and accessible to the operatories. Facilities which do not treat patients must maintain a working model of a kit of such emergency materials for instructional purposes.

~~(B) All students, faculty, and staff involved in the direct provision of patient care must be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff, and keep a record of those who are not required to maintain such certification because they are medically or physically unable to perform such procedures.~~

~~(i) Program Content. The organization of the curriculum shall be balanced and flexible, creating opportunities for adjustments to changes in the practice of dentistry and registered dental assisting.~~

~~(1) Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in all dental assistant and registered dental assistant duties prior to the performance of procedures on patients.~~

~~(2) A detailed course outline shall be provided which clearly states curriculum subject matter and specific instruction hours for each topic in the individual areas of didactic, laboratory, pre-clinical, clinical, and externship instruction.~~

~~(3) There shall be no more than 14 students per instructor during laboratory instruction. There shall be no more than 6 students per instructor during pre-clinical and clinical instruction.~~

~~(4) Programs that admit students at different phases provide students with an orientation which shall include anatomy, tooth numbering, and universal precautions, including instrument sterilization, and which shall be successfully completed prior to participation in any other phase of the program.~~

~~(5) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the procedures which dental assistants and registered dental assistants are allowed to perform and to anticipate a dentist's needs during procedures performed in the practice of dentistry. The program shall assure that students who successfully complete the program can perform all dental assistant and registered dental assistant duties with minimum competence.~~

~~(6) Objective evaluation criteria shall be used for measuring student progress toward attainments of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance which states the minimum number of satisfactory performances which are required for each procedure.~~

~~(7) Areas of didactic and laboratory demonstration instruction shall include at least the following:~~

~~(A) Biomedical—Dental Medical Emergencies, Basic Life Support, Nutrition and Preventive Dentistry;~~

~~(B) Dental Science—Dental Materials, Oral Anatomy and Physiology, Oral Pathology, Pharmacology, Morphology and Microbiology;~~

~~(C) Dental Assisting—General and Specialty Dentistry, Chairside Assisting, Legal/Ethical Aspects of Dentistry; Patient Management; Infection Control;~~

~~(D) All functions dental assistants and registered dental assistants are allowed to perform by statute or regulation.~~

~~(j) Externship Instruction. Students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in performing all dental assistant and registered dental assistant duties.~~

~~(1) The program director/coordinator or a dental faculty member shall be responsible for selecting extern clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.~~

~~(2) Objective evaluation criteria shall be used by the program faculty and clinic personnel.~~

~~(3) Program faculty shall visit each extramural clinical facility at least once every ten clinical days.~~

~~(4) Dentists who intend to provide extramural clinical practices shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the program, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.~~

~~(5) There shall be a written contract of affiliation with each extramural clinical facility utilized by the program. Such contract shall describe the settings in which the clinical training will be received, affirm that the clinical facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.~~

~~(6) The program shall maintain documentation that students completed clinical training in all dental assisting and registered dental assisting functions during the clinical externship phase of the program.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1753, Business and Professions Code.

1070.2. Approval of Registered Dental Assistant Educational Programs

(a) A registered dental assistant program. All Registered Dental Assistant programs in California shall apply for and receive board approval prior to operation.

(b) The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own. All programs accredited by the American Dental Association Commission on Dental Accreditation (Commission) shall submit to the Board after each site visit a copy of the final report of the Commission's findings within 30 days of the final report issuance. New programs approved by the Commission shall apply to the Board and shall submit proof of Provisional Approval status by the Commission, a copy of the institutional self study and applications for Radiation Safety, Coronal Polish, Pit and Fissure Sealants and any other courses required of an RDA educational program. Acceptance of the Commission's or any accrediting agencies' findings is at the discretion of the Board and does not prohibit the Board from exercising its right to site evaluate a program.

(c) If the program is granted the status of "Approved with Reporting Requirements" from the Commission, the program shall submit to the Board copies of any and all

correspondence received from or submitted to the Commission until such time as the status of "Approval without Reporting Requirements" is granted. Additionally, if the program withdraws from accredited status by the Commission, the program shall notify the Board, in writing, of such status within 30 days.

(bd) In order for a registered dental assistant program to secure and maintain approval by the board, it shall meet the requirements of sections 1070 and 1070.1 and the requirements contained in this section.

(1) A program shall notify the board in writing if it wishes to increase the maximum student enrollment for which it is approved and shall provide ~~sufficient additional~~ documentation to the board to demonstrate compliance with Section 1070 and Section 1070.1 to reapprove the program for the increased enrollment prior to accepting additional students.

(2) Programs shall ~~have establish and maintain~~ an advisory committee ~~consisting of an equal number of registered dental assistants and dentists, including at least two registered dental assistants and two dentists whose membership provides for equal representation of dentists and dental assistants,~~ all currently licensed by the board. In addition, consideration shall be given to a student, a recent graduate or a public representative to serve on the advisory committee. The advisory committee shall meet at least once each academic year with the program director, faculty, and appropriate institutional personnel to monitor the ongoing quality and performance of the program and to receive advice and assistance from the committee. Programs that admit students at different phases shall meet at least twice each year.

(3) Adequate provision for the supervision and operation of the program shall be made. In addition to the requirements of sections 1070 and 1070.1, the following requirements shall be met:

~~(A) Each program faculty member shall have successfully completed a board-approved course in the application of pit and fissure sealants.~~

(BA) By January 1, 2012, each faculty member shall have completed a ~~board-approved~~ course or certification program in ~~instructional~~ educational methodology of at least 30 hours, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential. Each faculty member employed ~~on or~~ after January 1, 2012, shall complete a course or certification program in ~~instructional~~ educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this regulation.

(€B) The program director shall have teaching responsibilities that are less than those of a full-time faculty member. He or she shall actively participate in and be responsible for the day-to-day administration of the program including the following:

(i) Participating in budget preparation and fiscal administration, curriculum development and coordination, determination of teaching assignments, supervision and evaluation of faculty, establishment of mission-criteria and procedures, design and operation of program facilities, and selection of extramural facilities and coordination of instruction in those facilities.

(ii) Holding periodic faculty-staff meetings to provide for subject matter correlation and review, instructional calibration, curriculum evaluation, and coordinating activities of full-time, part-time, and volunteer faculty or instructional staff.

(iii) Maintaining for not less than five years' copies of minutes of all advisory committee and staff meetings.

(DC) The owner or school administrator shall be responsible for the compliance of the program director with the provisions of this section and Sections 1070 and 1070.1.

(4) The program shall have sufficient financial resources available to support the program and to comply with this section. If the program or school requires approval by any other governmental agency, that approval shall be obtained prior to application to the board for approval and shall be maintained at all times. The failure to maintain that approval shall result in the automatic withdrawal of board approval of the program.

(5) The program shall be of sufficient duration for the student to develop minimum competence in performing dental assistant and registered dental assistant duties, but in no event less than 800 hours, including at least 275 hours of didactic instruction, at least 260 hours of combined laboratory or preclinical instruction conducted in the program's facilities under the direct supervision of program faculty or instructional staff, and, at least 85 hours of preclinical and clinical instruction conducted in the program's facilities under the direct supervision of program faculty, and the remaining hours utilized in clinical instruction in extramural clinical-dental facilities. No more than 20 hours of instruction shall be devoted to instruction in clerical, administrative, practice management, or similar duties. Programs whose demonstrated total hours exceed 800 and who meet all the instructional requirements in this section, may utilize the additional instructional hours as deemed appropriate for program success. To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance

with New Requirements for Registered Dental Assistant Educational Programs (New 9/10)" within ninety (90) days of the effective date of these regulations.

(6) In addition to the requirements of Section 1070 with regard to extramural instruction:

(A) No more than 25 percent of extramural clinical instruction shall take place in a specialty dental practice.

(B) Program faculty shall visit each extramural clinical facility at least once every ten clinical days.

(7) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties that registered dental assistants are authorized to perform. The following requirements are in addition to those contained in Sections 1070 and 1070.1:

(A) The following are minimum requirements for equipment and armamentaria during laboratory, preclinical, and clinical sessions as appropriate to each type of session: amalgamator, model trimmers in the ratio of one for every seven students, dental rotary equipment in the ratio of one for every three students, vibrators in the ratio of one for every three students, light curing devices in the ratio of one for every operatory, functional typodonts and bench mounts in the ratio of one for every two students, functional orthodontically banded typodonts in the ratio of one for every four students, facebows in the ratio of one for every ten students, automated blood pressure device, EKG machine, pulse oximeters in the ratio of one for every ten students, capnograph or simulated device, one sets-of hand instruments in the ratio of one set for every two students for each procedure, respiration device, camera for intraoral use, camera for extraoral use, CAD machine or simulated device, caries detection device in the ratio of one for every ten students, and all other equipment and armamentaria required to teach dental assistant and registered dental assistant duties. With the exception of **a CAD machine or patient monitoring equipment specific to EKG machine, and pulse oximeter, and capnograph** the program shall own the necessary equipment and have it readily available upon inspection. Patient monitoring equipment owned by the institution and utilized by more than one program within the institution premises is acceptable and may be used by the RDA program as needed for instruction. Instruction by a licensed healthcare provider is acceptable. In the event instruction in patient monitoring procedures **and use of the CAD machine** is provided by an outside provider, the RDA program shall not be required to have available or own patient monitoring equipment **or CAD machine.**

(B) One permanently preassembled tray for each procedure shall be provided for reference purposes. Instruments must be provided to accommodate students needs in learning to identify, exchange, prepare procedural trays and assist in procedures as they relate to general and specialty dentistry.

(C) Provision shall be made for reasonable access to current and diverse dental and medical reference texts, current journals, audiovisual materials, and other necessary resources. Library holdings, which may include, in total or in part, access through the Internet, shall include materials relating to all subject areas of the program curriculum.

(D) Emergency materials shall include, at a minimum, an oxygen tank that is readily available and functional. Medical materials for treating patients with life-threatening conditions shall be available for instruction and accessible to the operatories. Facilities that do not treat patients shall maintain a working model of a kit of such emergency materials for instructional purposes.

(8) The curriculum shall be established, reviewed, and amended as necessary to allow for changes in the practice of dentistry and registered dental assisting. Curriculum documentation shall be reviewed annually and revised, as needed, to reflect new concepts and techniques. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.

(A) Programs that admit students in phases, including modular or open-entry programs, shall provide, at minimum, students with basic instruction prior to participation in any other portion of the program that shall, at a minimum, include in tooth anatomy, tooth numbering, general program guidelines, basic chairside skills, emergency and safety precautions, and infection control and sterilization protocols associated with and required for patient treatment. Such instruction shall occur prior to any other program content and prior to performances or activities involving patients.

(B) All programs shall provide students with additional instruction in the California Division of Occupational Safety and Health (Cal/OSHA) California Code of Regulations, Title 8, Division 1, Chapter 3.2 and the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005 prior to the student's performance of procedures on patients.

(9) In addition to the requirements of Sections 1070 and 1070.1 and subdivisions (b) (11) and (b) (12) of this section, programs shall include the following content:

(A) ~~A radiation safety course~~ Instruction in radiation safety that meets all of the requirements of the California Code of Regulations, Title 16, Division 10, Chapter 1, Article 3.1, Sections 1014 and 1014.1.

(B) ~~A coronal polishing course~~ Instruction in coronal polishing that meets all of the requirements of the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.4.

(C) ~~A pit and fissure sealant course~~ Instruction in the application of Pit and Fissure Sealants that meets all of the requirements of the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.3.

(D) A course in basic life support provided by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent. The program may require that the student complete this course as a prerequisite to program enrollment, or that the student provide evidence of having completed the course from another provider.

(E) ~~An Infection control course~~ Instruction in infection control that meets all of the requirements of the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.6.

(F) Instruction in the Dental Practice Act that includes the content specified in the California Code of Regulations, Title 16, Division 10, Chapter 1, Article 4, Section 1016 governing Dental Practice Act continuing education courses.

(10) A program that desires to provide instruction in the following areas shall apply separately for approval to provide the following courses:

(A) A course in the removal of excess cement with an ultrasonic scaler, which course shall meet the requirements of California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.5.

(B) An orthodontic assistant permit course that shall meet the requirements of California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.7, except that a program shall not be required to obtain separate approval to teach the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from surfaces of teeth with a hand instrument, and shall be no less than ~~60-50-55~~ hours, including at least ~~42-11~~ hours of didactic instruction, at least ~~26-24~~ hours of laboratory instruction, and at least ~~22-20~~ hours of clinical instruction.

(C) A dental sedation assistant permit course that shall meet the requirements of the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.8.

(D) A Registered Dental Assisting educational program that includes instructional content for either the orthodontic assistant permit or dental sedation assistant permit or both, shall provide a certificate or certificates of completion to the graduate. The certificate holder shall be deemed an eligible candidate for the permit examination process as having met all educational requirements for the permit examination.

(11) General didactic instruction shall include, at a minimum, the following:

(A) Principles of general anatomy, physiology, oral embryology, tooth histology, and head-neck anatomy.

(B) Principles of ~~abnormal~~ conditions related to and including oral pathology, orthodontics, periodontics, endodontics, pediatric dentistry, oral surgery, prosthodontics, and esthetic dentistry.

(C) ~~Legal requirements and ethics related to scope of practice, unprofessional conduct, and patient records and confidentiality.~~ Instruction in the Dental Practice Act that includes the content specified in the California Code of Regulations, Title 16, Division 10, Chapter 1, Article 4, Section 1016, as well as principles of HIPAA privacy and security standards, risk management and professional codes of ethical behavior.

(D) Principles of infection control, waste management and hazardous communication requirements in compliance with the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005 and other federal, state, and local requirements governing infection control. Instruction in infection control shall meet the education requirements set forth in Section 1070.6(e).

(E) Principles ~~and federal, state, and local requirements~~ related to pharmacology and biomedical sciences including nutrition and microbiology.

(F) Principles of medical-dental emergencies and first aid management; ~~including symptoms and treatment.~~

(G) Principles of the treatment planning process including medical health history data collection, patient and staff confidentiality, and charting.

(H) Principles of record classifications including management, storage, and retention protocol for all dental records including the legal and ethical issues involving patient records.

(I) Principles and protocols of special needs patient management, the psychology and management of dental patients, and overall interpersonal relationships.

(J) Principles, protocols, and armamentaria associated with all dental assisting chairside procedures.

(K) Principles, protocols, manipulation, use, and armamentaria for contemporary dental materials used in general and specialty dentistry.

(L) Principles and protocols for oral hygiene preventative methods including, plaque identification, toothbrushing and flossing techniques, and nutrition.

(M) Principles, protocols, armamentaria, and procedures associated with operative and specialty dentistry.

(N) Principles, protocols, armamentaria, and procedures for each duty that dental assistants and registered dental assistants are allowed to perform.

(O) All content for instruction in radiation safety as set forth in California Code of Regulations, Title 16, Division 10, Chapter 1, Article 3.1, Section 1014.1.

(P) All content for instruction in coronal polishing as set forth in California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.4.

(Q) All content for instruction in the application of Pit and Fissure Sealants as set forth in California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.3.

(12) Laboratory and clinical instruction shall be of sufficient duration and content for each student to achieve minimum competence in the performance of each procedure that dental assistant and registered dental assistant is authorized to perform.

(13) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

~~(c) The board may at any time conduct a thorough evaluation of an approved educational program's curriculum and facilities to determine whether the program meets the requirements for continued approval.~~

~~(d) The board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the board and adopt those findings as its own.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1752.1, 1752.4, and 1752.6, Business and Professions Code.

1070.6. Approval of Infection Control Courses

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a course in infection control, as required in Sections 1750, 1750.2, 1750.4, and 1752.1, to secure and maintain approval by the board:

(a) Adequate provisions for the supervision and operation of the course in infection control shall be made in compliance with Section 1070. Notwithstanding Section 1070, faculty shall not be required to be licensed by the board, but faculty shall have experience in the instruction of the California Division of Occupational Safety and Health (Cal/OSHA) California Code of Regulations, Title 8, Division 1, Chapter 3.2 and the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005. In addition to the requirements of ~~Section 1070~~, all faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation.

(b) A course in infection control shall be of sufficient duration for the student to develop minimum competency in all aspects of the California Division of Occupational Safety and Health (Cal/OSHA) California Code of Regulations, Title 8, Division 1, Chapter 3.2 and the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005, but in no event less than eight hours, including at least four hours of didactic instruction, at least two hours of laboratory or preclinical instruction, and at least two hours of clinical instruction. Preclinical instruction shall utilize instruments, surfaces, and situations where contamination is simulated, without actual contamination, from bloodborne and other pathogens being present.

(c) The minimum requirements for equipment and armamentaria shall include personal protective equipment, FDA-approved sterilizer, ultrasonic unit or instrument processing device, sharps container, selection of instruments, equipment, and armamentaria that are necessary to instruct or demonstrate proper hazardous waste disposal, consistent with the California Division of Occupational Safety and Health (Cal/OSHA) California Code of Regulations, Title 8, Division 1, Chapter 3.2, local, state, and federal mandates, and all other armamentaria required to instruct or properly demonstrate the subjects described in the course content.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) and (f).

(e) Didactic instruction shall include, at a minimum, the following as they relate to the California Division of Occupational Safety and Health (Cal/OSHA) California Code of Regulations, Title 8, Division 1, Chapter 3.2 and the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005:

(1) Basic dental science and microbiology as they relate to infection control in dentistry.

(2) Legal and ethical aspects of infection control procedures.

(3) Terms and protocols specified in the California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005 regarding the minimum standards for infection control.

(4) Principles of modes of disease transmission and prevention.

(5) Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals associated with infection control.

(6) Principles and protocols of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area.

(7) Principles and protocols associated with sharps management.

(8) Principles and protocols of infection control for laboratory areas.

(9) Principles and protocols of waterline maintenance.

(10) Principles and protocols of regulated and nonregulated waste management.

(11) Principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure requirements, and monitoring systems for radiation safety and sterilization systems.

(f) Preclinical instruction shall include three experiences in the following areas, with one used for a practical examination:

(1) Apply hand cleansing products and perform hand cleansing techniques and protocols.

(2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.

(3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.

(4) Preclean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.

(5) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.

(6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.

(7) Apply infection control protocol for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.

(8) Perform waterline maintenance, including use of water tests and purging of waterlines.

(g) Clinical instruction shall include two experiences in the following areas, with one used for a clinical examination:

(1) Apply hand cleansing products and perform hand cleansing techniques and protocols.

(2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.

(3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.

(4) Preclean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.

(5) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.

(6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.

(7) Apply infection control protocol for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.

(8) Perform waterline maintenance, including use of water tests and purging of waterlines.
(h) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(h) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Infection Control Courses (New 10/10)" within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750, 1750.2, 1750.4, and 1752.1, Business and Professions Code.

1070.7. Approval of Orthodontic Assistant Permit Courses

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a orthodontic assistant permit course to secure and maintain approval by the board.

(a) The course shall be of sufficient duration for the student to develop minimum competence in all of the duties that orthodontic assistant permitholders are authorized to perform, but in no event less than 84 hours, including at least 24 hours of didactic instruction, at least 28 hours of laboratory instruction, and at least 32 hours of clinical instruction. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument. The course hours for a student who holds a valid and current registered dental assistant license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory hours, and 20 clinical hours. A registered dental assistant who has completed a board-approved course in the use of an ultrasonic scaler shall not be required to complete further instruction in that duty. The course hours for a student who holds a valid and current registered dental assistant license and who has completed a Board-approved course in the use of an ultrasonic scaler shall be no less than 51 hours, including 9 didactic, 22 laboratory, and 20 clinical.

(b) The minimum requirements for equipment and armamentaria shall include banded or bonded orthodontic typodonts in the ratio of at least one for every four students, bench mount or dental chair mounted mannequin head, curing light, regular typodont with full dentition and soft gingiva in the ratio of at least one for every four students, and a selection of orthodontic instruments and adjunct material for all of the procedures that

orthodontic assistant permitholders are authorized to perform under Business and Professions Code Section 1750.3.

(c) In addition to the requirements of Section 1070, aAll faculty or instructional staff members responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (j), inclusive, as well as, instruction in basic background information on orthodontic practice."Basic background information on orthodontic practice" means, for purposes of this subdivision, the orthodontic treatment review, charting, patient education, and legal and infection control requirements as they apply to orthodontic practice.

(e) The following requirements shall be met for sizing, fitting, cementing, and removing orthodontic bands:

(1) Didactic instruction shall contain the following:

(A) Theory of band positioning and tooth movement.

(B) Characteristics of band material: malleability, stiffness, ductility, and work hardening.

(C) Techniques for orthodontic banding and removal, which shall include all of the following:

(i) Armamentaria.

(ii) General principles of fitting and removing bands.

(iii) Normal placement requirements of brackets, tubes, lingual sheaths, lingual cleats, and buttons onto bands.

(iv) Orthodontic cements and adhesive materials: classifications, armamentaria, and mixing technique.

(v) Cementing bands: armamentaria, mixing technique, and band cementation procedures.

(vi) Procedure for removal of bands after cementation.

(2) Laboratory instruction shall include typodont experience in the sizing, fitting, cementing, and removal of four posterior first molar bands a minimum of two times, with the cementing and removal of two first molar bands used as a practical examination.

(3) Clinical instruction shall include the sizing, fitting, cementing, and removal of four posterior first molar bands on at least two patients.

(f) The following requirements shall be met for preparing teeth for bonding:

(1) Didactic instruction shall contain the following:

(A) Chemistry of etching materials and tooth surface preparation

(B) Application and time factors

(C) Armamentaria

(D) Techniques for tooth etching.

(2) Laboratory instruction shall include typodont experience with etchant application in preparation for subsequent bracket bonding on four anterior and four posterior teeth a minimum of four times each, with one of each of the four times used for a practical examination.

(3) Clinical instruction shall include etchant application in preparation for bracket bonding on anterior and posterior teeth on at least two patients.

(g) The following requirements shall be met for bracket positioning, bond curing, and removal of orthodontic brackets.

(1) Didactic instruction shall include the following elements:

(A) Characteristics and methods of orthodontic bonding.

(B) Armamentaria.

(C) Types of bracket bonding surfaces.

(D) Bonding material characteristics, application techniques, and curing time factors.

(E) Procedure for direct and indirect bracket bonding.

(F) Procedures for bracket or tube removal.

(2) Laboratory instruction shall contain typodont experience with selecting, prepositioning, tooth etching, positioning, curing and removing of four anterior and four posterior brackets a minimum of four times each, with one each of the four times used for a practical examination.

(3) Clinical instruction shall contain selecting, adjusting, repositioning, etching, curing and removal of anterior and posterior brackets on at least two patients.

(h) The following requirements shall be met for archwire placement and ligation:

(1) Didactic instruction shall contain the following:

(A) Archwire characteristics.

(B) Armamentaria.

(C) Procedures for placement of archwire previously adjusted by the dentist.

(D) Ligature systems, purpose and types, including elastic, wire, and self-ligating.

(2) Laboratory instruction shall contain typodont experience on the following:

(A) The insertion of a preformed maxillary and mandibular archwire a minimum of four times per arch, with one of each of the four times used for a practical examination.

(B) Ligation of maxillary and mandibular archwire using elastic or metal ligatures or self-ligating brackets a minimum of four times per arch, with one of each of the four times used for a practical examination.

(3) Clinical instruction shall contain the following:

(A) Insertion of a preformed maxillary and mandibular archwire on at least two patients.

(B) Ligating both preformed maxillary and mandibular archwires using a combination of elastic and metal ligatures or self-ligating brackets on at least two patients for each.

(i) The following requirements shall be met for cement removal with a hand instrument:

(1) Didactic instruction shall contain the following:

(A) Armamentaria

(B) Techniques of cement removal using hand instruments and related materials

(2) Laboratory instruction shall contain typodont experience on the removal of excess cement supragingivally from an orthodontically banded typodont using a hand instrument four times, with one of the four times used for a practical examination.

(3) Clinical instruction shall contain removal of excess cement supragingivally from orthodontic bands with a hand instrument on at least two patients.

(j) Instruction for cement removal with an ultrasonic scaler shall be in accordance with the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.5 governing courses in the removal of excess cement from teeth under orthodontic treatment with an ultrasonic scaler.

(k) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(l) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Orthodontic Assistant Permit Courses (New 10/10)" within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750.2 and 1752.4, Business and Professions Code.

1070.8. Approval of Dental Sedation Assistant Permit Courses

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a dental sedation assistant permit course to secure and maintain approval by the board. As used in this section, the following definitions apply: "IV" means "intravenous", "AED" means automated external defibrillator, "CO2" means carbon dioxide, and "ECG" or "EKG" means electrocardiogram.

(a) ~~(1) In addition to the requirements of Section 1070, all faculty or instructional staff members responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.~~ The course director, designated faculty member, or instructional staff member ~~or faculty~~ may, in lieu of a license issued by the board, possess a valid, active, and current license issued in California as a ~~certified registered nurse anesthetist or a physician and surgeon.~~

(2) ~~All faculty~~ The course director, designated faculty member, or instructional staff member responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(3) Clinical instruction shall be given under direct supervision of the course director, designated faculty member, or instructional staff member who shall be the holder of a valid, active, and current general anesthesia or conscious sedation permit issued by the board. **Evaluation of the condition of a sedated patient shall remain the responsibility of the director, designated faculty member, or instructional staff member authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside while conscious sedation or general anesthesia is being administered.**

(b) The course shall be of a sufficient duration for the student to develop minimum competence in all of the duties that dental sedation assistant permitholders are authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical instruction. Clinical instruction shall require completion of **all of the duties-tasks** described in **Section 1750.5 of the Code subdivisions (j), (k), (l), (m), and (n) of this Section** during no less than twenty (20) supervised cases utilizing conscious sedation or general anesthesia.

(c)(4) The following are minimum requirements for equipment and armamentaria:

(1) ~~One~~ pulse oximeter for each six students; one AED or AED trainer; one capnograph or teaching device for monitoring of end tidal CO₂; blood pressure cuff and stethoscope for each six students; one pretracheal stethoscope for each six students; one electrocardiogram machine, one automatic blood pressure/pulse measuring system/machine, and one oxygen delivery system including oxygen tank; one IV start kit for each student; one venous access device kit for each student; IV equipment and supplies for IV infusions including hanging device infusion containers and tubing for each six students; one sharps container for each six students; packaged syringes, needles, needleless devices, practice fluid ampules and vials for each student; stopwatch or timer with second hand for each six students; one heart/lung sounds mannequin or teaching device; tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube and appropriate connectors, suction equipment for aspiration of oral and pharyngeal cavities, and laryngoscope in the ratio of at least one for each six students; any other monitoring or emergency equipment that the California Code of Regulations, Title 16, Division 10, Chapter 2, Article 5, Section 1043 require for the administration of general anesthesia or conscious sedation; and a selection of instruments and supplemental armamentaria for all of the procedures that dental sedation assistant permitholders are authorized to perform according to Business and Professions Code Section 1750.5.

(2) Each operatory used for preclinical or clinical training shall contain either a surgery table or a power-operated chair for treating patients in a supine position, an irrigation system or sterile water delivery system as they pertain to the specific practice, and all other equipment and armamentarium required to instruct in the

duties that dental sedation assistant permitholders are authorized to perform according to Business and Professions Code Section 1750.5.

(3) All students, faculty, and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including the use of an automatic electronic defibrillator.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (n), inclusive, as they relate to the duties that dental sedation assistant permitholders are authorized to perform.

(e) General didactic instruction shall contain:

(1) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and respiratory systems, and the central and peripheral nervous system.

(3) Characteristics of anxiety management related to the surgical patient, relatives, and escorts, and characteristics of anxiety and pain reduction techniques.

(4) Overview of the classification of drugs used by patients for cardiac disease, respiratory disease, hypertension, diabetes, neurological disorders, and infectious diseases.

(5) Overview of techniques and specific drug groups utilized for sedation and general anesthesia.

(6) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, including the distinctions between conscious sedation, deep sedation, and general anesthesia.

(7) Overview of patient monitoring during conscious sedation and general anesthesia.

(8) Prevention, recognition, and management of complications.

(9) Obtaining informed consent.

(f)(4) With respect to medical emergencies, didactic instruction shall contain:

(1) An overview of medical emergencies, including, but not limited to, airway obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope, cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia, drug overdose, hyperventilation, acute coronary syndrome

including angina and myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and congestive heart failure.

(2) Laboratory instruction shall include the simulation and response to at least the following medical emergencies: airway obstruction, bronchospasm, emesis and aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction, hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia, syncope, and respiratory depression. Both training mannequins and other students or staff may be used for simulation. The student shall demonstrate proficiency in all simulated emergencies during training and shall then be eligible to complete a practical examination on this section. ~~Instruction shall include at least two experiences each, one of each of which shall be used for a practical examination.~~

(g) With respect to sedation and the pediatric patient, didactic instruction shall contain the following:

(1) Psychological considerations.

(2) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(3) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, with special emphasis on the distinctions between conscious sedation, deep sedation, and general anesthesia.

(4) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on establishing and maintaining a patent airway.

(5) Overview of pharmacology agents used in contemporary sedation and general anesthesia.

(6) Patient monitoring.

(7) Obtaining informed consent.

(8) Prevention, recognition, and management of complications, including principles of basic life support.

(h) With respect to physically, mentally, and neurologically compromised patients, didactic instruction shall contain the following: an overview of characteristics of Alzheimer's disease, autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular dystrophy, Parkinson's disease, schizophrenia, and stroke.

(i) With respect to health history and patient assessment, didactic instruction shall include, at a minimum but not be limited to, the recording of the following:

(1) Age, sex, weight, physical status as defined by the American Society of Anesthesiologists Physical Status Classification System, medication use, general health, any known or suspected medically compromising conditions, rationale for anesthesia or sedation of the patient, visual examination of the airway, and auscultation of the heart and lungs as medically required.

(2) General anesthesia or conscious sedation records that contain a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry and blood pressure and pulse readings, frequency and dose of drug administration, length of procedure, complications of anesthesia or sedation, and a statement of the patient's condition at time of discharge.

(j) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and ECG/EKG and use of AED:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope.

(B) Review of anatomy and physiology of circulatory system: heart, blood vessels, and cardiac cycle as it relates to EKG.

(C) Characteristics of rhythm interpretation and waveform analysis basics.

(D) Characteristics of manual intermittent and automatic blood pressure and pulse assessment.

(E) Characteristics and use of an AED.

(F) Procedure for using a pretracheal/precordial stethoscope for monitoring of heart sounds:

(G) Procedure for use and monitoring of the heart with an ECG/EKG machine, including electrode placement, and the adjustment of such equipment.

(H) Procedure for using manual and automatic blood pressure/pulse/respiration measuring system.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this section. ~~shall include at least three experiences on another student or staff person for each of the following, one of each of which shall be used for an examination. Clinical instruction shall include at least three experiences on a patient human subjects~~

for each of the following, one of each of which shall be used for a clinical examination:

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an electrocardiogram (ECG/EKG). Instruction shall include the adjustment of such equipment.

(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(D) Use of an AED or AED trainer.

(3) Clinical instruction: The student shall demonstrate proficiency in each of the following tasks, under supervision of faculty or instructional staff as described in section 1070.8(a)(3), utilizing patients and shall then be eligible to complete an examination on this section. ~~shall include at least three experiences on a patient for each of the following, one of each of which shall be used for a clinical examination:~~

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an electrocardiogram (ECG/EKG). Instruction shall include the adjustment of such equipment.

(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

~~(D) Use of an AED or AED trainer.~~

(k) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope and monitoring oxygen saturation end tidal CO₂ with pulse oximeter and capnograph:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and capnograph for respiration monitoring.

(B) Review of anatomy and physiology of respiratory system to include the nose, mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.

(C) Characteristics of respiratory monitoring/lung sounds: mechanism of respiration, composition of respiratory gases, oxygen saturation.

(D) Characteristics of manual and automatic respiration assessment.

(E) Procedure for using a pretracheal/precordial stethoscope for respiration monitoring.

(F) Procedure for using and maintaining pulse oximeter for monitoring oxygen saturation.

(G) Procedure for use and maintenance of capnograph.

(H) Characteristics for monitoring blood and skin color and other related factors.

(I) Procedures and use of an oxygen delivery system.

(J) Characteristics of airway management to include armamentaria and use.

(2) Preclinical ~~and clinical~~ instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this section. ~~shall include at least three experiences on a student or staff person for each of the following, one of each of which shall be used for an examination:~~

(A) Assessment of respiration rates.

(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.

(C) Monitoring oxygen saturation with a pulse oximeter.

(D) Use of an oxygen delivery system.

(3) Clinical instruction: The student shall demonstrate proficiency in each of the following tasks, under supervision by faculty or instructional staff as described in section 1070.8(a)(3), utilizing patients and shall then be eligible to complete an examination on this section. ~~shall include at least three experiences on a patient for each of the following, one of which shall be used for a clinical examination:~~

(A) Assessment of respiration rates.

(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.

(C) Monitoring oxygen saturation with a pulse oximeter.

(D) Use of an oxygen delivery system.

(l) With respect to drug identification and draw:

(1) Didactic instruction shall contain:

(A) Characteristics of syringes and needles: use, types, gauges, lengths, and components.

(B) Characteristics of drug, medication, and fluid storage units: use, type, components, identification of label including generic and brand names, strength, potential adverse reactions, expiration date, and contraindications.

(C) Characteristics of drug draw: armamentaria, label verification, ampule and vial preparation, and drug withdrawal techniques.

(2) Laboratory instruction: The student shall demonstrate proficiency in the ~~shall include at least three experiences in the~~ withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff and shall then be eligible to complete, ~~one of which shall be for~~ a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in the ~~shall include at least three experiences in the~~ evaluation of vial or container labels for identification of content, dosage, and strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this section. ~~the extramural facility dentist.~~

(m) With respect to adding drugs, medications, and fluids to IV lines:

(1) Didactic instruction shall contain:

(A) Characteristics of adding drugs, medications, and fluids to IV lines in the presence of a licensed dentist.

(B) Armamentaria.

(C) Procedures for adding drugs, medications, and fluids, including dosage and frequency.

(D) Procedures for adding drugs, medications, and fluids by IV bolus.

(E) Characteristics of patient observation for signs and symptoms of drug response.

(2) Laboratory instruction: The student shall demonstrate proficiency in-shall include at least three experiences of adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment, and shall then be eligible to complete a practical examination on this section. one of which shall be used for a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in-shall include at least three experiences adding fluids to existing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this section. on at least three patients in the presence of a licensed dentist.

(n) With respect to the removal of IV lines:

(1) Didactic instruction shall include overview and procedures for the removal of an IV line.

(2) Laboratory instruction: The student shall demonstrate proficiency-shall include at least three experiences on a venipuncture training arm or in a simulated environment for IV removal, and shall be eligible for a practical examination. one of which shall be used for a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in-shall include at least three experiences removing IV lines on at least three patients in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3) and shall then be eligible to complete an examination on this section. a licensed dentist.

(o) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(p) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Dental Sedation Assistant Permit Courses (New 10/10)" within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750.4, Section 1750.5 and 1752.4, Business and Professions Code.

Section 1071. Approval of RDAEF Educational Programs.

(a) A single standard of care shall be maintained and the board shall approve only those

educational programs for dental assisting in extended functions which continuously maintain a high quality standard of instruction. The requirements contained in this article are designed to that end and govern the approval of educational programs for RDAEF's. Continuation of approval will be contingent upon compliance with these requirements.

(b) An educational program for RDAEF's is one which has as its primary purpose providing post secondary education in extended function dental assisting and which encompasses educational training in the settings, foundation and application of all duties, functions and responsibilities assignable under these regulations to registered dental assistants in extended functions.

(c) A new educational program for RDAEF's shall apply for approval prior to operation. The Board may approve, provisionally approve, or deny approval of any such program. Provisional approval shall not be granted for a period which exceeds the length of the program and in no event for more than 30 days. When the board provisionally approves a program, it shall state the reasons therefore. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status.

The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own. If the Board denies approval of a program, the specific reasons therefor shall be provided to the program by the Board in writing within 90 days after such action.

(d) The processing times for RDAEF educational program approval are set forth in Section 1069.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and 1756, Business and Professions Code, and Section 15376, Government Code.

Section 1071.1. Requirements for Approval of RDAEF Educational Programs.

The following criteria must be met by a dental assisting educational program in extended functions to secure and maintain approval by the board:

(a) Licensure Requirements for Students—All students must possess valid, active certificates as registered dental assistants issued by the board in order to be admitted to the program.

(b) Education Setting—The program shall be established at the postsecondary educational level.

(c) Administration/Clinical Training.—The clinical training shall be given at a dental school or facility which has a written contract of affiliation for such training with a dental school. An extension program of a university shall not be considered a dental school. Such written contract of affiliation shall include a description of the settings in which the clinical training may be received and shall provide for direct supervision of such training by faculty designated by the dental school. An affiliated facility shall not include a private dental office unless such office is a site approved by the Board on recommendation of a dental school. Each RDAEF educational program shall provide clinical facilities and clinical resources necessary to accomplish training of duties assigned to the RDAEF.

(d) Facilities.

~~(1) There shall be a sufficient number of safe, modern lecture classroom operatories, X-ray operatories, and laboratories for use by the students.~~

~~(2) All students shall have access to modern equipment in order to develop extended functions dental assisting skills.~~

~~(3) Adequate sterilizing facilities shall be provided.~~

~~(e) Curriculum Organization/Learning Resources.~~

~~(1) The organization of the curriculum for RDAEF's shall be flexible, creating opportunities for adjustments to and research of, advances in the practice of registered dental assisting in extended functions.~~

~~(2) Students shall have reasonable access to dental/medical reference texts, current journals, audio visual materials and other relevant resources.~~

~~(3) Curriculum shall provide students with a basic understanding of extended function dental assisting procedures and an ability to perform procedures with competence and judgment.~~

~~(f) Curriculum Content.~~

~~(1) Areas of didactic and laboratory instruction shall include at least the following areas and shall be related specifically to extended functions:~~

~~(A) Biomedical nutrition and preventive dentistry.~~

~~(B) Dental science materials, oral anatomy and physiology, oral pathology, pharmacology, morphology, microbiology, and histology.~~

~~(C) Dental assisting general and special dentistry, legal/ethical aspects of dentistry, and patient/dental personnel psychology.~~

~~(D) Emergency procedures.~~

~~(E) Coronal polishing in pit and fissure sealant procedures. (2) A student who possesses a valid certificate in coronal polishing need not take any course in coronal polishing in order to complete the program.~~

~~(3) Each student shall be provided, as part of an organized program of instruction, with sufficient clinical experience to obtain competency in all functions approved by the board for performance by an RDAEF.~~

~~(g) Length of Program. The program shall be not less than 90 hours in length and shall be of sufficient length, as determined by the dental school faculty, to ensure that all students will possess the necessary skills to consistently perform extended functions safely on a patient. The board shall reevaluate the minimum length of the program one year after the effective date of this rule.~~

~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1756, Business and Professions Code.~~

(a) A new educational program for RDAEF's shall apply for and receive approval prior to operation. The Board may approve, provisionally approve, or deny approval of any such program. The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own.

(ab) In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by an educational program for registered dental assistants in extended functions (RDAEF) to secure and maintain approval by the board.

(1) A program applying for approval to teach all of the duties specified in Section 1753.5 shall comply with all of the requirements of this section.

(2) A program applying for approval to teach RDAEFs licensed on or before January 1, 2010 the additional duties specified in Section 1753.6 shall comply with all of the requirements of this section, except as follows:

(A) The program shall be no less than ~~288-318~~ hours, including at least 76 hours of didactic instruction, at least ~~180-186~~ hours of laboratory instruction, and at least ~~32-56~~ hours of clinical instruction.

(B) Students shall not be required to complete instruction related to the placement of gingival retraction cord, the taking of final impressions for permanent indirect restorations, or the fitting of endodontic master **points** and accessory points.

(bc) In order to be admitted to the program, each student shall possess a valid, active, and current license as a registered dental assistant issued by the board and shall submit documentary evidence of successful completion of a board-approved pit and fissure sealant course.

~~(ed) Adequate provision for the supervision and operation of the program shall be made in compliance with section 1070. Notwithstanding the requirements of Sections 1070 and 1070.1, the program director and each faculty member of an approved RDAEF program shall possess a valid, active, and current license as a dentist or an RDAEF. In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical evaluation shall have completed a six-hour teaching methodology course in clinical evaluation prior to conducting clinical evaluations of students. **Board-approved** course or certification program in educational methodology of at least six (6) hours by January 1, 2012, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential. Each faculty member employed on or after January 1, 2012, shall complete a course or certification program in educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this regulation.~~

(de) The program shall be of sufficient duration for the student to develop minimum competence in all of the duties that RDAEFs are authorized to perform, but in no event less than ~~380-410~~ hours, including at least 100 hours of didactic instruction, at least ~~200~~

206 hours of laboratory instruction, and at least ~~80-104~~ hours of clinical instruction. All laboratory and simulated clinical instruction shall be provided under the direct supervision of program staff. Clinical instruction shall be provided under the direct supervision of a licensed dentist and may be completed in an extramural dental facility as defined in Section 1070.1(i).

(ef) The following requirements are in addition to the requirements of Sections 1070 and 1070.1:

(1) The following are minimum requirements for eEquipment and armamentaria:

(A) Laboratory facilities with individual seating stations for each student and equipped with air, gas and air, or electric driven rotary instrumentation capability. Each station or operatory shall allow an articulated typodont to be mounted in a simulated head position.

(B) Clinical simulation facilities that provide simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. Clinical simulation spaces shall be sufficient to permit one simulation space for each two students at any one time.

(C) Articulated typodonts of both deciduous and permanent dentitions with flexible gingival tissues and with prepared teeth for each procedure to be performed in the laboratory and clinical simulation settings. One of each type of typodont is required for each student.

(D) A selection of restorative instruments and adjunct materials for all procedures that RDAEFs are authorized to perform.

(2) Notwithstanding Section 1070, there shall be at least one operatory for every two students who are simultaneously engaged in clinical instruction.

(fg) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions ~~(g)(h)~~ to ~~(m)(o)~~, inclusive, and the following didactic instruction:

(1) The following instruction as it relates to each of the procedures that RDAEFs are authorized to perform: restorative and prosthetic treatment review; charting; patient education; legal requirements; indications and contraindications; problem solving techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection control protocol implementation.

(2) Dental science, including dental and oral anatomy, histology, oral pathology, normal or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic microbiology relating to infection control, and occlusion.

(3) Characteristics and manipulation of dental materials related to each procedure.

(4) Armamentaria for all procedures.

(5) Principles, techniques, criteria, and evaluation for performing each procedure, including implementation of infection control protocols.

(6) Occlusion: the review of articulation of maxillary and mandibular arches in maximum intercuspation.

(7) Tooth isolation and matrix methodology review.

(g) General laboratory instruction shall include:

(1) Rubber dam application for tooth isolation in both maxillary and mandibular arches and for deciduous and permanent dentitions. A minimum of four experiences per arch is required, with two anterior and two posterior applications, with one of the applications used for a practical examination.

(2) Matrix placement for amalgam, and nonmetallic restorative material restorations in both primary and permanent dentitions, with three experiences for each cavity classification and for each material.

(3) Base, liner, and etchant placement on three posterior teeth for each base, liner, or etchant, with one of the three teeth used for a practical examination.

(h) With respect to preliminary evaluation of the patient's oral health, including, ~~at a minimum,~~ charting of existing conditions excluding periodontal assessment, intraoral and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:

(1) Didactic instruction shall contain the following:

(A) Normal anatomical structures: oral cavity proper, vestibule, and lips.

(B) Deviations from normal to hard tissue abnormalities to soft tissue abnormalities.

(C) Overview of classifications of occlusion and myofunction.

(D) Sequence of oral inspection: armamentaria, general patient assessment, review of medical history form, review of dental history form, oral cavity mouth-mirror inspection, and charting existing conditions.

(2) Preclinical instruction shall include performing an oral inspection on at least two other students.

(3) Clinical instruction shall include performing an oral inspection on at least two patients, with one of the two patients used for a clinical examination.

(j) With respect to sizing, fitting, and cementing endodontic master points and accessory points:

(1) Didactic instruction shall include the following:

(A) Review of objectives, canal preparation, filling of root canal space, including the role of the RDAEF as preparatory to condensation which is to be performed by the licensed dentist.

(B) Description and goals of filling technique using lateral condensation techniques.

(C) Principles and techniques of fitting, **and** cementing master **points** and accessory points using lateral condensation including, characteristics, manipulation, use of gutta percha and related materials, and criteria for an acceptable master and accessory points technique using lateral condensation.

(2) Laboratory instruction shall include fitting **and cementing** master **points** and **accessory points and cementing cones** on extracted teeth or ~~assimilated~~ simulated teeth with canals in preparation for lateral condensation by the dentist, with at a minimum two experiences each on a posterior and anterior tooth. This instruction shall not include obturator based techniques or other techniques that employ condensation.

(3) Simulated clinical instruction shall include fitting, **and** cementing master **points** and accessory points in preparation for condensation by the dentist with extracted or simulated teeth prepared for lateral condensation mounted in simulated patient heads mounted in appropriate position and accommodating and articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operator. This instruction shall not include obturator based techniques that employ condensation. Simulated clinical instruction shall include fitting **and cementing** master **points cones** and accessory points for lateral condensation by the dentist in at least four teeth, one of which shall be used for a practical exam.

(k) With respect to gingival retraction, general instruction shall include:

(1) Review of characteristics of tissue management as it relates to gingival retraction with cord and electrosurgery.

(2) Description and goals of cord retraction.

(3) Principles of cord retraction, including characteristics and manipulation of epinephrine, chemical salts classification of cord, characteristics of single versus double cord technique, and techniques and criteria for an acceptable cord retraction technique.

(k) With respect to final impressions for permanent indirect and toothborne restorations:

(1) Didactic instruction shall contain the following:

(A) Review of characteristics of impression material and custom.

(B) Description and goals of impression taking for permanent indirect restorations and toothborne prosthesis.

(C) Principles, techniques, criteria, and evaluation of impression taking for permanent indirect restorations and toothborne prosthesis.

(2) Laboratory instruction shall include the following:

(A) Cord retraction and final impressions for permanent indirect restorations, including impression taking of prepared teeth in maxillary and mandibular arches, one time per arch with elastomeric impression materials.

(B) Impressions for toothborne removable prostheses, including, at a minimum, taking a total of four impressions on maxillary and mandibular arches with simulated edentulous sites and rest preparations on at least two supporting teeth in each arch.

(3) Clinical instruction shall include taking final impressions on five cord retraction patients, with one used for a clinical examination.

(l) With respect to placing, contouring, finishing, and adjusting direct restorations:

(1) Didactic instruction shall contain the following:

(A) Review of cavity preparation factors and restorative material.

(B) Review of cavity liner, sedative, and insulating bases.

(C) Characteristics and manipulation of direct filling materials.

(D) Amalgam restoration placement, carving, adjusting and finishing, which includes principles, techniques, criteria and evaluation, and

description and goals of amalgam placement, adjusting and finishing in children and adults.

(E) Glass-ionomer restoration placement, carving, adjusting, contouring and finishing, which includes, principles, techniques, criteria and evaluation, and description and goals of glass-ionomer placement and contouring in children and adults.

(F) Composite restoration placement, carving, adjusting, contouring and finishing in all cavity classifications, which includes, principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include typodont experience on the following:

(A) Placement of Class I, II, and V amalgam restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(B) Placement of Class I, II, III, and V composite resin restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(3) ~~Clinical simulation and Simulated~~ clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory as follows:

(A) Placement of Class I, II, and V amalgam restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(B) Placement of Class I, II, III, and V composite resin restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(4) Clinical instruction shall ***include experience with the following techniques require proficient completion of placing, contouring and finishing at least twenty (20) direct restorations in prepared permanent teeth with the following requirements:***

(A) Placement of Class I, II, and V amalgam restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(B) Placement of Class I, II, III, and V composite resin restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(A) At least fifty (50) percent of the experiences shall be Class II restorations using esthetic materials.

(B) At least twenty (20) percent of the experiences shall be Class V restorations using esthetic materials.

(C) At least ten (10) percent of the experiences shall use amalgam.

(D) Students who complete the 20 restorations and meet all the instructional requirements of this section may complete additional Class I,II,III or V restorations as deemed appropriate for program success.

(m) With respect to polishing and contouring existing amalgam restorations:

(1) Didactic instruction shall include principles, techniques, criteria and evaluation, and description and goals of amalgam polishing and contouring in children and adults.

(2) Laboratory instruction shall include typodont experience on polishing and contouring of Class I, II, and V amalgam restorations in three prepared permanent teeth for each classification, and in two deciduous teeth for each classification.

(3) ~~Clinical simulation and~~ Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory in the polishing and contouring of Class I, II, and V amalgam restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(n) With respect to adjusting and cementing permanent indirect restorations:

(1) Didactic instruction shall contain the following:

(A) Review of fixed prosthodontics related to classification and materials for permanent indirect restorations, general crown preparation for permanent indirect restorations, and laboratory fabrication of permanent indirect restorations.

(B) Interocclusal registrations for fixed prosthesis, including principles, techniques, criteria, and evaluation.

(C) Permanent indirect restoration placement, adjustment, and cementation, including principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include:

(A) Interocclusal registrations using elastomeric and resin materials. Two experiences with each material are required.

(B) Fitting, adjustment, and cementation of permanent indirect restorations on one anterior and one posterior tooth for each of the following materials, with one of each type used for a practical examination: ceramic, ceramometal, and cast metallic.

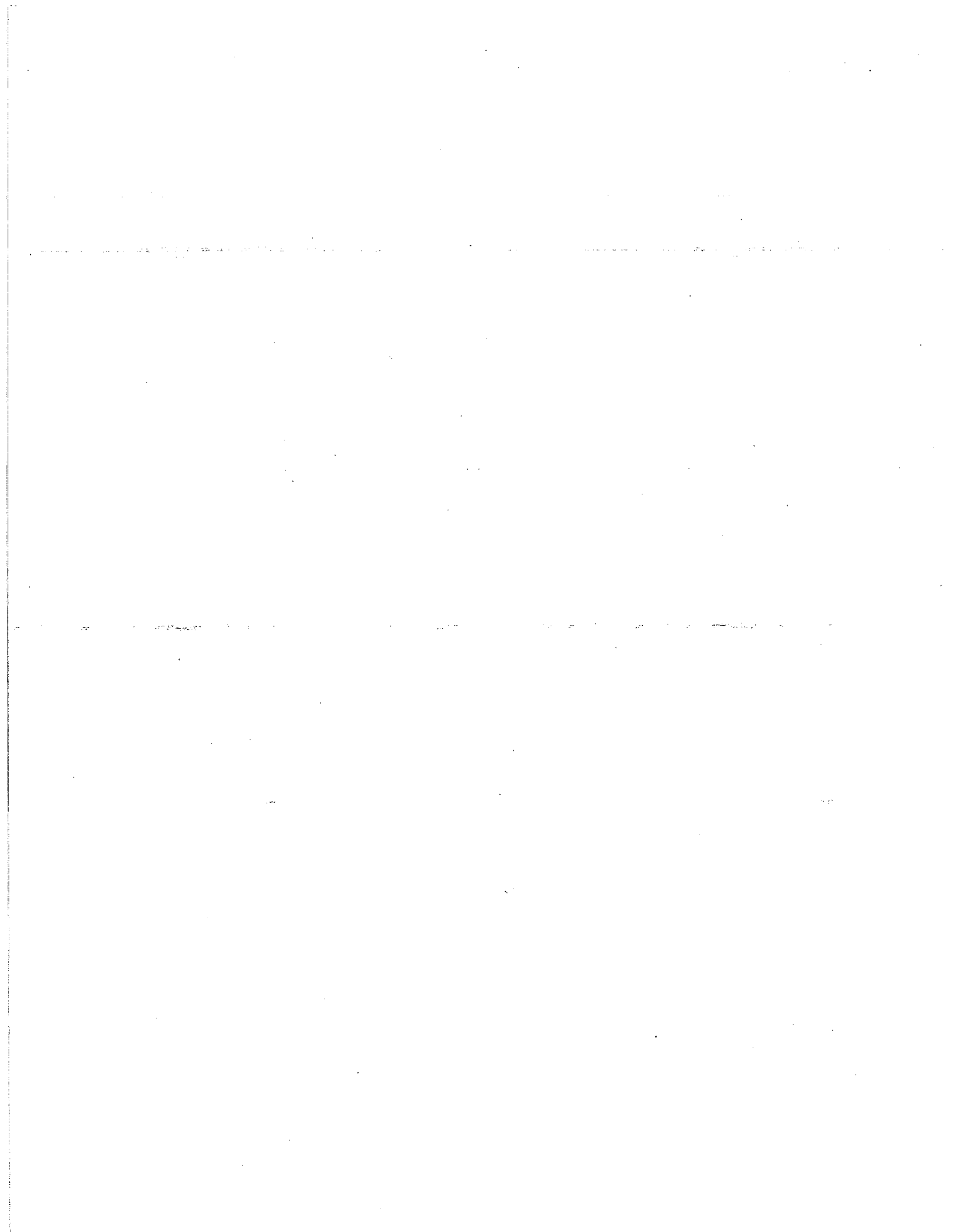
(3) Clinical experience for interocclusal registrations shall be performed on four patients who are concurrently having final impressions recorded for permanent indirect restorations, with one experience used for a clinical examination.

(4) Clinical instruction shall include fitting, ~~and~~ adjustment, and cementation of permanent indirect restorations on at least ***two teeth one anterior and one posterior tooth for each of the following materials, with one of each type used for a clinical examination: ceramic, ceramometal, and cast metallic.***

(ep) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(g) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant in Extended Functions Educational Programs (New 10/10)" within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1753, Business and Professions Code.





NOTICE OF COMPLIANCE WITH NEW REQUIREMENTS FOR REGISTERED DENTAL ASSISTANT EDUCATIONAL PROGRAMS

To maintain approval by the Board, each Registered Dental Assistant (RDA) educational program that was approved prior to the date that Sections 1070, 1070.1 and 1070.2 became effective must complete and submit this form to the Board at its offices no later than 90 days from the effective date of these new requirements. Any student graduating from such a program will not be accepted to sit for examination or qualify for registration until this form has been submitted to the Board.

I, _____ (Enter Name),

Program Director for _____ (Enter Full Name of Educational Institution or Program) **HEREBY CERTIFY:**

- 1) I have read the attached regulations pertaining to the approval of Registered Dental Assistant (RDA) educational programs, including Sections 1070, 1070.1 and 1070.2 of Title 16 of the California Code of Regulations;
- 2) I have the authority to sign this notice on behalf of the educational institution or program; and,
- 3) That to the best of my knowledge, information and belief, the institution and its RDA programs or courses comply with these regulations and have been in compliance with these regulations since _____ (Insert Date).

I certify under penalty of perjury under the laws of the State of California that this Notice of Compliance is true and correct.

Signature of Program Director _____

DATE _____

Printed Name of Program Director: _____

Name of Educational Institution or Program: _____

Address of Educational Institution or Program: _____

Telephone Number: _____ Email Address: _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Title 16, California Code of Regulations Sections 1070, 1070.1 and 1070.2. Failure to provide any of the required information will result in the form being rejected as incomplete and your approval may be withdrawn for noncompliance. The information provided will be used to determine compliance with Article 2 of Division 10 of Title 16 of the California Code of Regulations (beginning at Section 1070). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.

REGULATIONS PERTAINING TO THE APPROVAL OF REGISTERED DENTAL ASSISTANT EDUCATIONAL PROGRAMS

Title 16 of the California Code of Regulations

Section 1070. General Provisions Governing All Dental Assistant Educational Programs and Courses.

- (a) (1) The criteria in subdivisions (b) to (h), inclusive, shall be met by a dental assisting program or course and all orthodontic assisting and dental sedation assisting permit programs or courses to secure and maintain approval by the board as provided in this article.
- (2) The board may approve, provisionally approve, or deny approval of any program or course for which an application to the Board for approval is required. All RDA and RDAEF programs and dental assisting educational courses shall be re-evaluated approximately every seven years, but may be subject to re-evaluation and inspection by the Board at any time to review and investigate compliance with this article and the Act. Re-evaluation may include a site visit or written documentation that ensures compliance with all regulations. Results of re-evaluation shall be reported to the Board or its designee for final consideration and continuance of program or course approval, provisional approval and denial of approval.
- (3) Program and course records shall be subject to inspection by the board at any time.
- (4) The board may withdraw approval at any time that it determines that a program or course does not meet the requirements of this article or any other requirement in the Act
- (5) All programs and courses shall be established at the postsecondary educational level or deemed equivalent thereto by the board.
- (6) The Board or its designee may approve, provisionally approve, or deny approval to any such program. Provisional approval shall not be granted for a period which exceeds beyond the length of the program. When the Board provisionally approves a program, it shall state the reasons therefore. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status. If the Board denies approval of a program, the specific reasons therefore shall be provided to the program by the Board in writing within 90 days after such action.
- (b) The program or course director shall possess a valid, active, and current license issued by the board or the dental hygiene committee. The program or course director shall actively participate in and be responsible for the administration of the program or course. Specifically, the program or course director shall be responsible for the following requirements:
- (1) Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the program or course.
- (2) Informing the board of any major change to the program or course content, physical facilities, or faculty, within 10 days of the change.
- (3) Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in this article.
- (c) Course faculty and instructional staff shall be authorized to provide instruction by the program or course director and the educational facility in which instruction is provided.
- (d) No faculty or instructional staff member shall instruct in any procedure that he or she does not hold a license or permit in California to perform. Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board of the Dental Hygiene Committee of California, shall have been licensed or permitted for a minimum of two years and possess experience in the subject matter he or she is teaching. An instructor who has held a license as a registered dental assistant or registered dental assistant in extended functions for at least two years, who then becomes a permit holder as an Orthodontic Assistant on or after January 1, 2010 shall not be required to have held such a permit for two years in order to instruct in the subject area.
- (e) A certificate, diploma, or other evidence of completion shall be issued to each student who successfully completes the program or course and shall include the following: the student's name, the name of the program or course, the date of completion, and the signature of the program or course director or his or her designee.
- (f) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.
- (1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.
- (2) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.
- (A) Each operatory shall contain functional equipment, including a power-operated chair for patient or simulation-based instruction in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, handpiece adaptation, and adjacent hand-washing sink
- (B) Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.

(C) Prior to clinical assignments, students must demonstrate minimum competence in laboratory or preclinical performance of the procedures they will be expected to perform in their clinical experiences.

(g) The program or course shall establish written clinical and laboratory protocols that comply with the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005 and other federal, state, and local requirements governing infection control. The program or course shall provide these protocols to all students, faculty, and staff to ensure compliance. Adequate space shall be provided for handling, processing and sterilizing all armamentarium.

(h) A written policy on managing emergency situations shall be made available to all students, faculty, and instructional staff. All faculty and staff involved in the direct oversight of patient care activities shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course director shall ensure and document compliance by faculty and instructional staff. A program or course shall sequence curriculum in such a manner so as to ensure that students complete instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation.

(i) A detailed program or course outline shall clearly state, in writing, the curriculum subject matter, hours of didactic, laboratory, and clinical instruction, general program or course objectives, instructional objectives, theoretical content of each subject, and, where applicable, the use of practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:

- (1) Specific performance objectives and the evaluation criteria used for measuring levels of competence for each component of a given procedure including those used for examinations.
 - (2) Standards of performance that state the minimum number of satisfactory performances that are required for each performance-evaluated procedure.
 - (3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that would cause the student to fail the task being evaluated, a description of each of the grades that may be utilized during evaluation procedures, and a defined standard of performance.
- (j)
- (1) As used in this article "extramural dental facility" means any clinical facility employed-utilized by an board- approved dental assisting educational program for instruction in dental assisting that exists outside or beyond the walls, boundaries or precincts of the primary campus-location of the board-approved program and in which dental treatment is rendered.
 - (2) If an extramural dental facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of program or course faculty or instructional staff and shall not be provided in an extramural dental facility.
 - (3) The program or course director, or a designated faculty member, shall be responsible for selecting extramural clinical sites and evaluating student competence before and after the clinical assignment.
 - (4) Prior to student assignment in an extramural dental facility, the program or course director, or a designated faculty or instructional staff member, shall orient dentists and all licensed dental healthcare workers who may provide instruction, evaluation and oversight of the student in the clinical setting. Orientation shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist or the licensed personnel in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the program or course.
 - (5) There shall be a written contract of affiliation between the program and each extramural dental facility that includes written affirmation of compliance with the regulations of this Article.

Section 1070.1. Educational Program and Course Definitions and Instructor Ratios

As used in this article, the following definitions shall apply:

(a) "Didactic instruction" means lectures, demonstrations, and other instruction involving theory that may or may not involve active participation by students. The faculty or instructional staff of an educational institution or approved provider may provide didactic instruction via electronic media, home study materials, or live lecture modality.

(b) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in instruction.

(c) "Preclinical instruction" means instruction in which students receive supervised experience within the educational facilities-performing procedures on simulation devices or patients which are limited to students, faculty, or instructional staff members. There shall be at least one instructor for every six students who are simultaneously engaged in instruction.

(d) "Simulated clinical instruction" means instruction in which students receive supervised experience performing procedures using simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operator. Clinical simulation spaces shall be sufficient to permit one simulation space for each 2 students at any one time.

(e) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical procedures shall only be allowed upon successful demonstration and evaluation of laboratory and preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.

Section 1070.2. Approval of Registered Dental Assistant Educational Programs

(a) All Registered Dental Assistant programs in California shall apply for and receive board approval prior to operation.

(b) The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own. All programs accredited by the American Dental Association Commission on Dental Accreditation (Commission) shall submit to the Board after each site visit a copy of the final report of the Commission's findings within 30 days of the final report issuance. New programs approved by the Commission shall apply to the Board and shall submit proof of Provisional Approval status by the Commission, a copy of the institutional self study and applications for Radiation Safety, Coronal Polish, Pit and Fissure Sealants and any other courses required of an RDA educational program. Acceptance of the Commission's or any accrediting agencies' findings is at the discretion of the Board and does not prohibit the Board from exercising its right to site evaluate a program.

(c) If the program is granted the status of "Approved with Reporting Requirements" from the Commission, the program shall submit to the Board copies of any and all correspondence received from or submitted to the Commission until such time as the status of "Approval without Reporting Requirements" is granted. Additionally, if the program withdraws from accredited status by the Commission, the program shall notify the Board, in writing, of such status within 30 days.

(d) In order for a registered dental assistant program to secure and maintain approval by the board, it shall meet the requirements of sections 1070 and 1070.1 and the requirements contained in this section.

(1) A program shall notify the board in writing if it wishes to increase the maximum student enrollment for which it is approved and shall provide documentation to the board to demonstrate compliance with Section 1070 and Section 1070.1 to reapprove the program for the increased enrollment prior to accepting additional students.

(2) Programs shall establish and maintain an advisory committee whose membership provides for equal representation of dentists and dental assistants, all currently licensed by the board. In addition, consideration shall be given to a student, a recent graduate or a public representative to serve on the advisory committee. The advisory committee shall meet at least once each academic year with the program director, faculty, and appropriate institutional personnel to monitor the ongoing quality and performance of the program and to receive advice and assistance from the committee.

(3) Adequate provision for the supervision and operation of the program shall be made. In addition to the requirements of sections 1070 and 1070.1, the following requirements shall be met:

(A) By January 1, 2012, each faculty member shall have completed a course or certification program in educational methodology of at least 30 hours, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or a Community College Teaching Credential. Each faculty member employed after January 1, 2012, shall complete a course or certification program in educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this regulation.

(B) The program director shall have teaching responsibilities that are less than those of a full-time faculty member. He or she shall actively participate in and be responsible for the administration of the program including the following:

(i) Participating in budget preparation and fiscal administration, curriculum development and coordination, determination of teaching assignments, supervision and evaluation of faculty, establishment of criteria and procedures, design and operation of program facilities, and selection of extramural facilities and coordination of instruction in those facilities.

(ii) Holding periodic staff meetings to provide for subject matter review, instructional calibration, curriculum evaluation, and coordinating activities of full-time, part-time, and volunteer faculty or instructional staff.

(iii) Maintaining for not less than five years' copies of minutes of all advisory committee and staff meetings.

(C) The owner or school administrator shall be responsible for the compliance of the program director with the provisions of this section and Sections 1070 and 1070.1.

(4) The program shall have sufficient financial resources available to support the program and to comply with this section. If the program or school requires approval by any other governmental agency, that approval shall be obtained prior to application to the board for approval and shall be maintained at all times. The failure to maintain that approval shall result in the automatic withdrawal of board approval of the program.

(5) The program shall be of sufficient duration for the student to develop minimum competence in performing dental assistant and registered dental assistant duties, but in no event less than 800 hours, including at least 275 hours of didactic instruction, at least 260 hours of combined laboratory or preclinical instruction conducted in the program's facilities under the direct supervision of program faculty or instructional staff, and the remaining hours utilized in clinical instruction in extramural dental facilities. No more than 20 hours of instruction shall be devoted to clerical, administrative, practice management, or similar duties. Programs whose demonstrated total hours exceed 800 and who meet all the instructional requirements in this section, may utilize the additional instructional hours as deemed appropriate for program success. To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant Educational Programs (New 9/10)" within ninety (90) days of the effective date of these regulations.

(6) In addition to the requirements of Section 1070 with regard to extramural instruction:

- (A) No more than 25 percent of extramural clinical instruction shall take place in a specialty dental practice.
- (B) Program faculty shall visit each extramural clinical facility at least once every ten clinical days.
- (7) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties that registered dental assistants are authorized to perform. The following requirements are in addition to those contained in Sections 1070 and 1070.1:
- (A) The following are minimum requirements for equipment and armamentaria during laboratory, preclinical, and clinical sessions as appropriate to each type of session: amalgamator, model trimmers in the ratio of one for every seven students, dental rotary equipment in the ratio of one for every three students, vibrators in the ratio of one for every three students, light curing devices in the ratio of one for every operator, functional typodonts and bench mounts in the ratio of one for every two students, functional orthodontically banded typodonts in the ratio of one for every four students, facebows in the ratio of one for every ten students, automated blood pressure device, EKG machine, pulse oximeters in the ratio of one for every ten students, capnograph or simulated device, one sets-of hand instruments in the ratio of one set for every two students for each procedure, respiration device, camera for intraoral use, camera for extraoral use, CAD machine or simulated device, caries detection device in the ratio of one for every ten students, and all other equipment and armamentaria required to teach dental assistant and registered dental assistant duties. With the exception of a CAD machine or patient monitoring equipment specific to EKG machine, and pulse oximeter, and capnograph the program shall own the necessary equipment and have it readily available upon inspection. Patient monitoring equipment owned by the institution and utilized by more than one program within the institution premises is acceptable and may be used by the RDA program as needed for instruction. Instruction by a licensed healthcare provider is acceptable. In the event instruction in patient monitoring procedures and use of the CAD machine is provided by an outside provider, the RDA program shall not be required to have available or own patient monitoring equipment or CAD machine.
- (B) Instruments must be provided to accommodate students needs in learning to identify, exchange, prepare procedural trays and assist in procedures as they relate to general and specialty dentistry.
- (C) Provision shall be made for reasonable access to current and diverse dental and medical reference texts, current journals, audiovisual materials, and other necessary resources. Library holdings, which may include, in total or in part, access through the Internet, shall include materials relating to all subject areas of the program curriculum.
- (D) Emergency materials shall include, at a minimum, an oxygen tank that is readily available and functional. Medical materials for treating patients with life-threatening conditions shall be available for instruction and accessible to the operatories. Facilities that do not treat patients shall maintain a working model of a kit of such emergency materials for instructional purposes.
- (8) Curriculum documentation shall be reviewed annually and revised, as needed, to reflect new concepts and techniques. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.
- (A) Programs that admit students in phases, including modular or open-entry programs, shall provide, at minimum, basic instruction in tooth anatomy, tooth numbering, general program guidelines, basic chairside skills, emergency and safety precautions, infection control and sterilization protocols associated with and required for patient treatment. Such instruction shall occur prior to any other program content and prior to performances or activities involving patients.
- (B) All programs shall provide students with additional instruction in the California Division of Occupational Safety and Health (Cal/OSHA) California Code of Regulations, Title 8, Division 1, Chapter 3.2 and the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005 prior to the student's performance of procedures on patients.
- (9) In addition to the requirements of Sections 1070 and 1070.1 and subdivisions (b) (11) and (b) (12) of this section, programs shall include the following content:
- (A) Instruction in radiation safety that meets all of the requirements of the California Code of Regulations, Title 16, Division 10, Chapter 1, Article 3.1, Sections 1014 and 1014.1.
- (B) Instruction in coronal polishing that meets all of the requirements of the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.4.
- (C) Instruction in the application of Pit and Fissure Sealants that meets all of the requirements of the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.3.
- (D) A course in basic life support provided by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent. The program may require that the student complete this course as a prerequisite to program enrollment, or that the student provide evidence of having completed the course from another provider.
- (E) Instruction in infection control that meets all of the requirements of the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.6.
- (F) Instruction in the Dental Practice Act that includes the content specified in the California Code of Regulations, Title 16, Division 10, Chapter 1, Article 4, Section 1016 governing Dental Practice Act continuing education courses.
- (10) A program that desires to provide instruction in the following areas shall apply separately for approval to provide the following courses:

- (A) A course in the removal of excess cement with an ultrasonic scaler, which course shall meet the requirements of California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.5.
 - (B) An orthodontic assistant permit course that shall meet the requirements of California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.7, except that a program shall not be required to obtain separate approval to teach the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from surfaces of teeth with a hand instrument, and shall be no less than ~~60~~50 hours, including at least ~~12~~11 hours of didactic instruction, at least ~~26~~24 hours of laboratory instruction, and at least ~~22~~20 hours of clinical instruction.
 - (C) A dental sedation assistant permit course that shall meet the requirements of the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.8.
 - (D) A Registered Dental Assisting educational program that includes instructional content for either the orthodontic assistant permit or dental sedation assistant permit or both, shall provide a certificate or certificates of completion to the graduate. The certificate holder shall be deemed an eligible candidate for the permit examination process as having met all educational requirements for the permit examination.
- (11) General didactic instruction shall include, at a minimum, the following:
- (A) Principles of general anatomy, physiology, oral embryology, tooth histology, and head-neck anatomy.
 - (B) Principles of conditions related to and including oral pathology, orthodontics, periodontics, endodontics, pediatric dentistry, oral surgery, prosthodontics, and esthetic dentistry.
 - (C) Instruction in the Dental Practice Act that includes the content specified in the California Code of Regulations, Title 16, Division 10, Chapter 1, Article 4, Section 1016, as well as principles of HIPAA privacy and security standards, risk management and professional codes of ethical behavior.
 - (D) Principles of infection control, waste management and hazardous communication requirements in compliance with the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005 and other federal, state, and local requirements governing infection control. Instruction in infection control shall meet the education requirements set forth in Section 1070.6(e).
 - (E) Principles related to pharmacology and biomedical sciences including nutrition and microbiology.
 - (F) Principles of medical-dental emergencies and first aid management.
 - (G) Principles of the treatment planning process including medical health history data collection, patient and staff confidentiality, and charting.
 - (H) Principles of record classifications including management, storage, and retention protocol for all dental records including the legal and ethical issues involving patient records.
 - (I) Principles and protocols of special needs patient management, the psychology and management of dental patients, and overall interpersonal relationships.
 - (J) Principles, protocols, and armamentaria associated with all dental assisting chairside procedures.
 - (K) Principles, protocols, manipulation, use, and armamentaria for contemporary dental materials used in general and specialty dentistry.
 - (L) Principles and protocols for oral hygiene preventative methods including, plaque identification, toothbrushing and flossing techniques, and nutrition.
 - (M) Principles, protocols, armamentaria, and procedures associated with operative and specialty dentistry.
 - (N) Principles, protocols, armamentaria, and procedures for each duty that dental assistants and registered dental assistants are allowed to perform.
 - (O) All content for instruction in radiation safety as set forth in California Code of Regulations, Title 16, Division 10, Chapter 1, Article 3.1, Section 1014.1.
 - (P) All content for instruction in coronal polishing as set forth in California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.4.
 - (Q) All content for instruction in the application of Pit and Fissure Sealants as set forth in California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.3.
- (12) Laboratory and clinical instruction shall be of sufficient duration and content for each student to achieve minimum competence in the performance of each procedure that dental assistant and registered dental assistant is authorized to perform.
- (13) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.



NOTICE OF COMPLIANCE WITH NEW REQUIREMENTS FOR INFECTION CONTROL COURSES

To maintain approval by the Board, each Infection Control Course that was approved prior to the date that Sections 1070, 1070.1 and 1070.6 became effective must complete and submit this form to the Board at its offices no later than 90 days from the effective date of these new requirements. Any student graduating from such a course will not be accepted to sit for examination or qualify for registration until this form has been submitted to the Board. Certificates of Completion issued by educational course providers not meeting Notice submission requirements will not be recognized by the Board.

I, _____ *Enter Name*),

Course Provider for _____ *Enter Full Name of Educational Institution, Organization, or Course Provider* **HEREBY CERTIFY:**

- 1) I have read the attached regulations pertaining to the approval of Infection Control Courses, including Sections 1070, 1070.1 and 1070.6 of Title 16 of the California Code of Regulations;
- 2) I have the authority to sign this notice on behalf of the educational institution, organization, or course provider; and,
- 3) That to the best of my knowledge, information and belief, the institution, organization, or course provider and its programs or courses comply with these regulations and have been in compliance with these regulations since _____ *(Insert Date)*.

I certify under penalty of perjury under the laws of the State of California that this Notice of Compliance is true and correct.

Signature of Course Provider _____

DATE _____

Printed Name of Course Provider: _____

Name of Educational Institution, Organization, or Course Provider: _____

Address of Educational Institution, Organization, or Course Provider: _____

Telephone Number: _____

Email Address: _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Title 16, California Code of Regulations Sections 1070, 1070.1 and 1070.6. Failure to provide any of the required information will result in the form being rejected as incomplete and your approval may be withdrawn for noncompliance. The information provided will be used to determine compliance with Article 2 of Division 10 of Title 16 of the California Code of Regulations (beginning at Section 1070). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.

**REGULATIONS PERTAINING TO THE APPROVAL OF
INFECTION CONTROL COURSES**

Title 16 of the California Code of Regulations

Section 1070. General Provisions Governing All Dental Assistant Educational Programs and Courses.

- (a) (1) The criteria in subdivisions (b) to (h), inclusive, shall be met by a dental assisting program or course and all orthodontic assisting and dental sedation assisting permit programs or courses to secure and maintain approval by the board as provided in this article.
- (2) The board may approve, provisionally approve, or deny approval of any program or course for which an application to the Board for approval is required. All RDA and RDAEF programs and dental assisting educational courses shall be re-evaluated approximately every seven years, but may be subject to re-evaluation and inspection by the Board at any time to review and investigate compliance with this article and the Act. Re-evaluation may include a site visit or written documentation that ensures compliance with all regulations. Results of re-evaluation shall be reported to the Board or its designee for final consideration and continuance of program or course approval, provisional approval and denial of approval.
- (3) Program and course records shall be subject to inspection by the board at any time.
- (4) The board may withdraw approval at any time that it determines that a program or course does not meet the requirements of this article or any other requirement in the Act
- (5) All programs and courses shall be established at the postsecondary educational level or deemed equivalent thereto by the board.
- (6) The Board or its designee may approve, provisionally approve, or deny approval to any such program. Provisional approval shall not be granted for a period which exceeds beyond the length of the program. When the Board provisionally approves a program, it shall state the reasons therefore. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status. If the Board denies approval of a program, the specific reasons therefore shall be provided to the program by the Board in writing within 90 days after such action.
- (b) The program or course director shall possess a valid, active, and current license issued by the board or the dental hygiene committee. The program or course director shall actively participate in and be responsible for the administration of the program or course. Specifically, the program or course director shall be responsible for the following requirements:
- (1) Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the program or course.
- (2) Informing the board of any major change to the program or course content, physical facilities, or faculty, within 10 days of the change.
- (3) Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in this article.
- (c) Course faculty and instructional staff shall be authorized to provide instruction by the program or course director and the educational facility in which instruction is provided.
- (d) No faculty or instructional staff member shall instruct in any procedure that he or she does not hold a license or permit in California to perform. Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board of the Dental Hygiene Committee of California, shall have been licensed or permitted for a minimum of two years and possess experience in the subject matter he or she is teaching. An instructor who has held a license as a registered dental assistant or registered dental assistant in extended functions for at least two years, who then becomes a permit holder as an Orthodontic Assistant on or after January 1, 2010 shall not be required to have held such a permit for two years in order to instruct in the subject area.
- (e) A certificate, diploma, or other evidence of completion shall be issued to each student who successfully completes the program or course and shall include the following: the student's name, the name of the program or course, the date of completion, and the signature of the program or course director or his or her designee.
- (f) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.
- (1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.
- (2) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.
- (A) Each operatory shall contain functional equipment, including a power-operated chair for patient or simulation-based instruction in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, handpiece adaptation, and adjacent hand-washing sink
- (B) Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.

- (C) Prior to clinical assignments, students must demonstrate minimum competence in laboratory or preclinical performance of the procedures they will be expected to perform in their clinical experiences.
- (g) The program or course shall establish written clinical and laboratory protocols that comply with the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005 and other federal, state, and local requirements governing infection control. The program or course shall provide these protocols to all students, faculty, and staff to ensure compliance. Adequate space shall be provided for handling, processing and sterilizing all armamentarium.
- (h) A written policy on managing emergency situations shall be made available to all students, faculty, and instructional staff. All faculty and staff involved in the direct oversight of patient care activities shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course director shall ensure and document compliance by faculty and instructional staff. A program or course shall sequence curriculum in such a manner so as to ensure that students complete instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation.
- (i) A detailed program or course outline shall clearly state, in writing, the curriculum subject matter, hours of didactic, laboratory, and clinical instruction, general program or course objectives, instructional objectives, theoretical content of each subject, and, where applicable, the use of practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:
- (1) Specific performance objectives and the evaluation criteria used for measuring levels of competence for each component of a given procedure including those used for examinations.
 - (2) Standards of performance that state the minimum number of satisfactory performances that are required for each performance-evaluated procedure.
 - (3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that would cause the student to fail the task being evaluated, a description of each of the grades that may be utilized during evaluation procedures, and a defined standard of performance.
- (j) (1) As used in this article "extramural dental facility" means any clinical facility utilized by a board- approved dental assisting educational program for instruction in dental assisting that exists outside or beyond the walls, boundaries or precincts of the primary location of the board-approved program and in which dental treatment is rendered.
- (2) If an extramural dental facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of program or course faculty or instructional staff and shall not be provided in an extramural dental facility.
- (3) The program or course director, or a designated faculty member, shall be responsible for selecting extramural clinical sites and evaluating student competence before and after the clinical assignment.
- (4) Prior to student assignment in an extramural dental facility, the program or course director, or a designated faculty or instructional staff member, shall orient dentists and all licensed dental healthcare workers who may provide instruction, evaluation and oversight of the student in the clinical setting. Orientation shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist or the licensed personnel in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the program or course.
- (5) There shall be a written contract of affiliation between the program and each extramural dental facility that includes written affirmation of compliance with the regulations of this Article.

Section 1070.1. Educational Program and Course Definitions and Instructor Ratios

As used in this article, the following definitions shall apply:

- (a) "Didactic instruction" means lectures, demonstrations, and other instruction involving theory that may or may not involve active participation by students. The faculty or instructional staff of an educational institution or approved provider may provide didactic instruction via electronic media, home study materials, or live lecture modality.**
- (b) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in instruction.**
- (c) "Preclinical instruction" means instruction in which students receive supervised experience within the educational facilities performing procedures on simulation devices or patients which are limited to students, faculty, or instructional staff members. There shall be at least one instructor for every six students who are simultaneously engaged in instruction.**
- (d) "Simulated clinical instruction" means instruction in which students receive supervised experience performing procedures using simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operator. Clinical simulation spaces shall be sufficient to permit one simulation space for each 2 students at any one time.**
- (e) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical procedures shall only be allowed upon successful demonstration and evaluation of laboratory and preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.**

Section 1070.6. Approval of Infection Control Courses

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a course in infection control, as required in Sections 1750, 1750.2, 1750.4, and 1752.1, to secure and maintain approval by the board:

- (a) Adequate provisions for the supervision and operation of the course in infection control shall be made in compliance with Section 1070. Notwithstanding Section 1070, faculty shall not be required to be licensed by the board, but faculty shall have experience in the instruction of the California Division of Occupational Safety and Health (Cal/OSHA) California Code of Regulations, Title 8, Division 1, Chapter 3.2 and the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005. In addition, all faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation.
- (b) A course in infection control shall be of sufficient duration for the student to develop minimum competency in all aspects of the California Division of Occupational Safety and Health (Cal/OSHA) California Code of Regulations, Title 8, Division 1, Chapter 3.2 and the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005, but in no event less than eight hours, including at least four hours of didactic instruction, at least two hours of laboratory or preclinical instruction, and at least two hours of clinical instruction. Preclinical instruction shall utilize instruments, surfaces, and situations where contamination is simulated, without actual contamination, from bloodborne and other pathogens being present.
- (c) The minimum requirements for equipment and armamentaria shall include personal protective equipment, FDA-approved sterilizer, ultrasonic unit or instrument processing device, sharps container, selection of instruments, equipment, and armamentaria that are necessary to instruct or demonstrate proper hazardous waste disposal, consistent with the California Division of Occupational Safety and Health (Cal/OSHA) California Code of Regulations, Title 8, Division 1, Chapter 3.2, local, state, and federal mandates, and all other armamentaria required to instruct or properly demonstrate the subjects described in the course content.
- (d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) and (f).
- (e) Didactic instruction shall include, at a minimum, the following as they relate to the California Division of Occupational Safety and Health (Cal/OSHA) California Code of Regulations, Title 8, Division 1, Chapter 3.2 and the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005:
- (1) Basic dental science and microbiology as they relate to infection control in dentistry.
 - (2) Legal and ethical aspects of infection control procedures.
 - (3) Terms and protocols specified in the California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005 regarding the minimum standards for infection control.
 - (4) Principles of modes of disease transmission and prevention.
 - (5) Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals associated with infection control.
 - (6) Principles and protocols of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area.
 - (7) Principles and protocols associated with sharps management.
 - (8) Principles and protocols of infection control for laboratory areas.
 - (9) Principles and protocols of waterline maintenance.
 - (10) Principles and protocols of regulated and nonregulated waste management.
 - (11) Principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure requirements, and monitoring systems for radiation safety and sterilization systems.
- (f) Preclinical instruction shall include three experiences in the following areas, with one used for a practical examination:
- (1) Apply hand cleansing products and perform hand cleansing techniques and protocols.
 - (2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.
 - (3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.
 - (4) Preclean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.
 - (5) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.
 - (6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.
 - (7) Apply infection control protocol for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.
 - (8) Perform waterline maintenance, including use of water tests and purging of waterlines.
- (g) Clinical instruction shall include two experiences in the following areas, with one used for a clinical examination:
- (1) Apply hand cleansing products and perform hand cleansing techniques and protocols.
 - (2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.
 - (3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing,

sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.

(4) Preclean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.

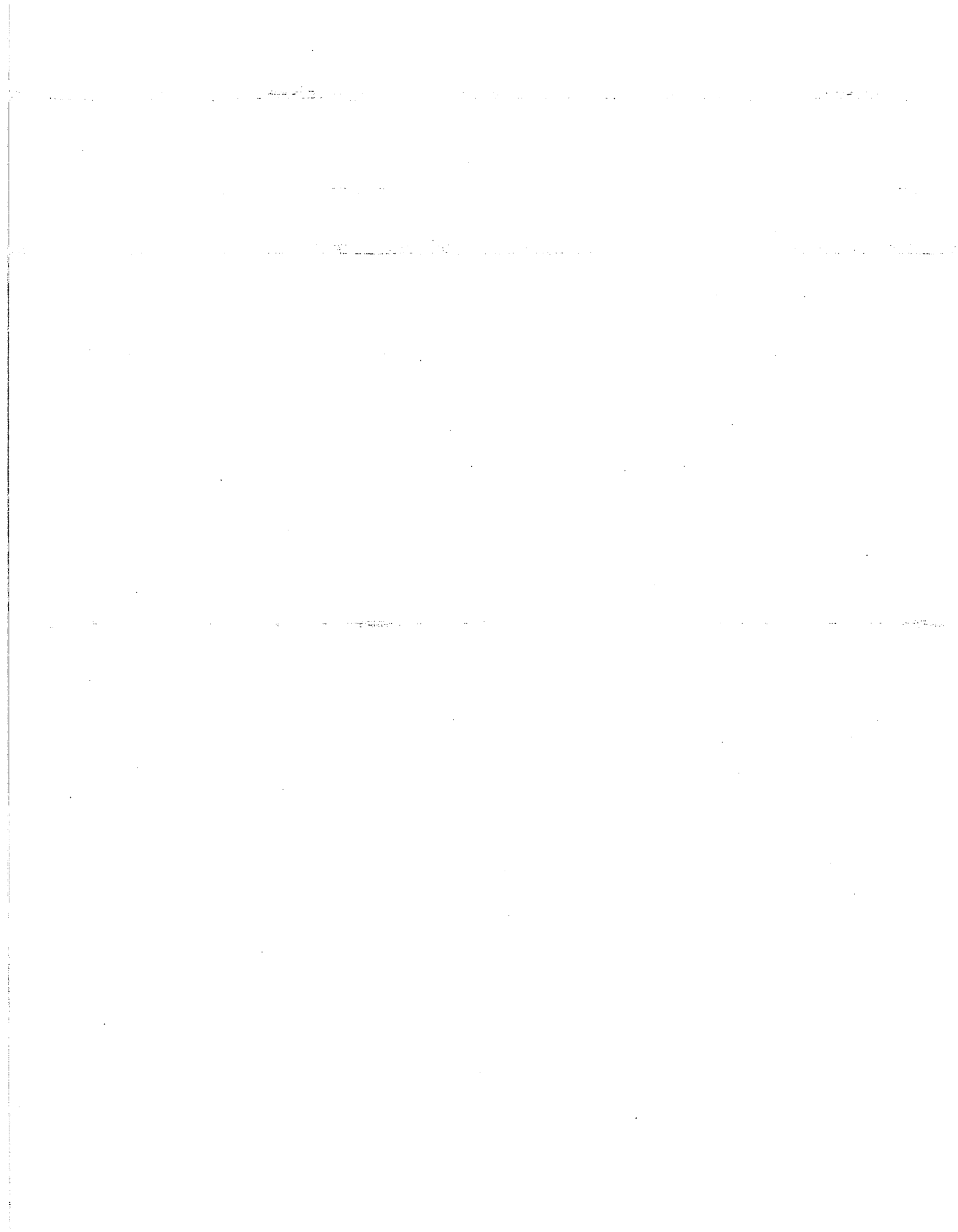
(5) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.

(6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.

(7) Apply infection control protocol for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.

(8) Perform waterline maintenance, including use of water tests and purging of waterlines. (h) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(h) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Infection Control Courses (New 10/10)" within ninety (90) days of the effective date of these regulations.





NOTICE OF COMPLIANCE WITH NEW REQUIREMENTS FOR ORTHODONTIC ASSISTANT PERMIT COURSE

To maintain approval by the Board, each Orthodontic Assistant Permit Course that was approved prior to the date that Sections 1070, 1070.1 and 1070.7 became effective must complete and submit this form to the Board at its offices no later than 90 days from the effective date of these new requirements. Any student graduating from such a course will not be accepted to sit for examination or qualify for registration until this form has been submitted to the Board. Certificates of Completion issued by educational course providers not meeting Notice submission requirements will not be recognized by the Board.

I, _____ (Enter Name),

Course Provider for _____ (Enter Full Name of Educational Institution, Organization, or Course Provider) **HEREBY CERTIFY:**

- 1) I have read the attached regulations pertaining to the approval of Orthodontic Assistant Permit Courses, including Sections 1070, 1070.1 and 1070.7 of Title 16 of the California Code of Regulations;
- 2) I have the authority to sign this notice on behalf of the educational institution, organization, or course provider; and,
- 3) That to the best of my knowledge, information and belief, the institution, organization, or course provider and its programs or courses comply with these regulations and have been in compliance with these regulations since _____ (Insert Date).

I certify under penalty of perjury under the laws of the State of California that this Notice of Compliance is true and correct.

Signature of Course Provider _____

DATE _____

Printed Name of Course Provider: _____

Name of Educational Institution, Organization, or Course Provider: _____

Address of Educational Institution, Organization, or Course Provider: _____

Telephone Number: _____

Email Address: _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Title 16, California Code of Regulations Sections 1070, 1070.1 and 1070.7. Failure to provide any of the required information will result in the form being rejected as incomplete and your approval may be withdrawn for noncompliance. The information provided will be used to determine compliance with Article 2 of Division 10 of Title 16 of the California Code of Regulations (beginning at Section 1070). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.

REGULATIONS PERTAINING TO THE APPROVAL OF ORTHODONTIC ASSISTANT PERMIT COURSES

Title 16 of the California Code of Regulations

Section 1070. General Provisions Governing All Dental Assistant Educational Programs and Courses.

- (a) (1) The criteria in subdivisions (b) to (h), inclusive, shall be met by a dental assisting program or course and all orthodontic assisting and dental sedation assisting permit programs or courses to secure and maintain approval by the board as provided in this article.
- (2) The board may approve, provisionally approve, or deny approval of any program or course for which an application to the Board for approval is required. All RDA and RDAEF programs and dental assisting educational courses shall be re-evaluated approximately every seven years, but may be subject to re-evaluation and inspection by the Board at any time to review and investigate compliance with this article and the Act. Re-evaluation may include a site visit or written documentation that ensures compliance with all regulations. Results of re-evaluation shall be reported to the Board or its designee for final consideration and continuance of program or course approval, provisional approval and denial of approval.
- (3) Program and course records shall be subject to inspection by the board at any time.
- (4) The board may withdraw approval at any time that it determines that a program or course does not meet the requirements of this article or any other requirement in the Act
- (5) All programs and courses shall be established at the postsecondary educational level or deemed equivalent thereto by the board.
- (6) The Board or its designee may approve, provisionally approve, or deny approval to any such program. Provisional approval shall not be granted for a period which exceeds beyond the length of the program. When the Board provisionally approves a program, it shall state the reasons therefore. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status. If the Board denies approval of a program, the specific reasons therefore shall be provided to the program by the Board in writing within 90 days after such action.
- (b) The program or course director shall possess a valid, active, and current license issued by the board or the dental hygiene committee. The program or course director shall actively participate in and be responsible for the administration of the program or course. Specifically, the program or course director shall be responsible for the following requirements:
- (1) Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the program or course.
- (2) Informing the board of any major change to the program or course content, physical facilities, or faculty, within 10 days of the change.
- (3) Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in this article.
- (c) Course faculty and instructional staff shall be authorized to provide instruction by the program or course director and the educational facility in which instruction is provided.
- (d) No faculty or instructional staff member shall instruct in any procedure that he or she does not hold a license or permit in California to perform. Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board of the Dental Hygiene Committee of California, shall have been licensed or permitted for a minimum of two years and possess experience in the subject matter he or she is teaching. An instructor who has held a license as a registered dental assistant or registered dental assistant in extended functions for at least two years, who then becomes a permit holder as an Orthodontic Assistant on or after January 1, 2010 shall not be required to have held such a permit for two years in order to instruct in the subject area.
- (e) A certificate, diploma, or other evidence of completion shall be issued to each student who successfully completes the program or course and shall include the following: the student's name, the name of the program or course, the date of completion, and the signature of the program or course director or his or her designee.
- (f) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.
- (1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.
- (2) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.
- (A) Each operatory shall contain functional equipment, including a power-operated chair for patient or simulation-based instruction in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, handpiece adaptation, and adjacent hand-washing sink
- (B) Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.

- (C) Prior to clinical assignments, students must demonstrate minimum competence in laboratory or preclinical performance of the procedures they will be expected to perform in their clinical experiences.
- (g) The program or course shall establish written clinical and laboratory protocols that comply with the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005 and other federal, state, and local requirements governing infection control. The program or course shall provide these protocols to all students, faculty, and staff to ensure compliance. Adequate space shall be provided for handling, processing and sterilizing all armamentarium.
- (h) A written policy on managing emergency situations shall be made available to all students, faculty, and instructional staff. All faculty and staff involved in the direct oversight of patient care activities shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course director shall ensure and document compliance by faculty and instructional staff. A program or course shall sequence curriculum in such a manner so as to ensure that students complete instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation.
- (i) A detailed program or course outline shall clearly state, in writing, the curriculum subject matter, hours of didactic, laboratory, and clinical instruction, general program or course objectives, instructional objectives, theoretical content of each subject, and, where applicable, the use of practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:
- (1) Specific performance objectives and the evaluation criteria used for measuring levels of competence for each component of a given procedure including those used for examinations.
 - (2) Standards of performance that state the minimum number of satisfactory performances that are required for each performance-evaluated procedure.
 - (3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that would cause the student to fail the task being evaluated, a description of each of the grades that may be utilized during evaluation procedures, and a defined standard of performance.
- (j)
- (1) As used in this article "extramural dental facility" means any clinical facility utilized by a board- approved dental assisting educational program for instruction in dental assisting that exists outside or beyond the walls, boundaries or precincts of the primary location of the board-approved program and in which dental treatment is rendered.
 - (2) If an extramural dental facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of program or course faculty or instructional staff and shall not be provided in an extramural dental facility.
 - (3) The program or course director, or a designated faculty member, shall be responsible for selecting extramural clinical sites and evaluating student competence before and after the clinical assignment.
 - (4) Prior to student assignment in an extramural dental facility, the program or course director, or a designated faculty or instructional staff member, shall orient dentists and all licensed dental healthcare workers who may provide instruction, evaluation and oversight of the student in the clinical setting. Orientation shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist or the licensed personnel in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the program or course.
 - (5) There shall be a written contract of affiliation between the program and each extramural dental facility that includes written affirmation of compliance with the regulations of this Article.

Section 1070.1. Educational Program and Course Definitions and Instructor Ratios

As used in this article, the following definitions shall apply:

(a) "Didactic instruction" means lectures, demonstrations, and other instruction involving theory that may or may not involve active participation by students. The faculty or instructional staff of an educational institution or approved provider may provide didactic instruction via electronic media, home study materials, or live lecture modality.

(b) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in instruction.

(c) "Preclinical instruction" means instruction in which students receive supervised experience within the educational facilities performing procedures on simulation devices or patients which are limited to students, faculty, or instructional staff members. There shall be at least one instructor for every six students who are simultaneously engaged in instruction.

(d) "Simulated clinical instruction" means instruction in which students receive supervised experience performing procedures using simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operator. Clinical simulation spaces shall be sufficient to permit one simulation space for each 2 students at any one time.

(e) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical procedures shall only be allowed upon successful demonstration and evaluation of laboratory and preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.

Section 1070.7. Approval of Orthodontic Assistant Permit Courses

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a orthodontic assistant permit course to secure and maintain approval by the board.

(a) The course shall be of sufficient duration for the student to develop minimum competence in all of the duties that orthodontic assistant permit holders are authorized to perform, but in no event less than 84 hours, including at least 24 hours of didactic instruction, at least 28 hours of laboratory instruction, and at least 32 hours of clinical instruction. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument. The course hours for a student who holds a valid and current registered dental assistant license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory hours, and 20 clinical hours. A registered dental assistant who has completed a board-approved course in the use of an ultrasonic scaler shall not be required to complete further instruction in that duty. The course hours for a student who holds a valid and current registered dental assistant license and who has completed a Board-approved course in the use of an ultrasonic scaler shall be no less than 51 hours, including 9 didactic, 22 laboratory, and 20 clinical.

(b) The minimum requirements for equipment and armamentaria shall include banded or bonded orthodontic typodonts in the ratio of at least one for every four students, bench mount or dental chair mounted mannequin head, curing light, regular typodont with full dentition and soft gingiva in the ratio of at least one for every four students, a selection of orthodontic instruments and adjunct material for all of the procedures that orthodontic assistant permit holders are authorized to perform under Business and Professions Code Section 1750.3.

(c) In addition to the requirements of Section 1070, all faculty or instructional staff members responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (j), inclusive, as well as, instruction in basic background information on orthodontic practice. "Basic background information on orthodontic practice" means, for purposes of this subdivision, the orthodontic treatment review, charting, patient education, and legal and infection control requirements as they apply to orthodontic practice.

(e) The following requirements shall be met for sizing, fitting, cementing, and removing orthodontic bands:

(1) Didactic instruction shall contain the following:

(A) Theory of band positioning and tooth movement.

(B) Characteristics of band material: malleability, stiffness, ductility, and work hardening.

(C) Techniques for orthodontic banding and removal, which shall include all of the following:

(i) Armamentaria.

(ii) General principles of fitting and removing bands.

(iii) Normal placement requirements of brackets, tubes, lingual sheaths, lingual cleats, and buttons onto bands.

(iv) Orthodontic cements and adhesive materials: classifications, armamentaria, and mixing technique.

(v) Cementing bands: armamentaria, mixing technique, and band cementation procedures.

(vi) Procedure for removal of bands after cementation.

(2) Laboratory instruction shall include typodont experience in the sizing, fitting, cementing, and removal of four posterior first molar bands a minimum of two times, with the cementing and removal of two first molar bands used as a practical examination.

(3) Clinical instruction shall include the sizing, fitting, cementing, and removal of four posterior first molar bands on at least two patients.

(f) The following requirements shall be met for preparing teeth for bonding:

(1) Didactic instruction shall contain the following:

(A) Chemistry of etching materials and tooth surface preparation

(B) Application and time factors

(C) Armamentaria

(D) Techniques for tooth etching.

(2) Laboratory instruction shall include typodont experience with etchant application in preparation for subsequent bracket bonding on four anterior and four posterior teeth a minimum of four times each, with one of each of the four times used for a practical examination.

(3) Clinical instruction shall include etchant application in preparation for bracket bonding on anterior and posterior teeth on at least two patients.

(g) The following requirements shall be met for bracket positioning, bond curing, and removal of orthodontic brackets.

(1) Didactic instruction shall include the following elements:

(A) Characteristics and methods of orthodontic bonding.

(B) Armamentaria.

(C) Types of bracket bonding surfaces.

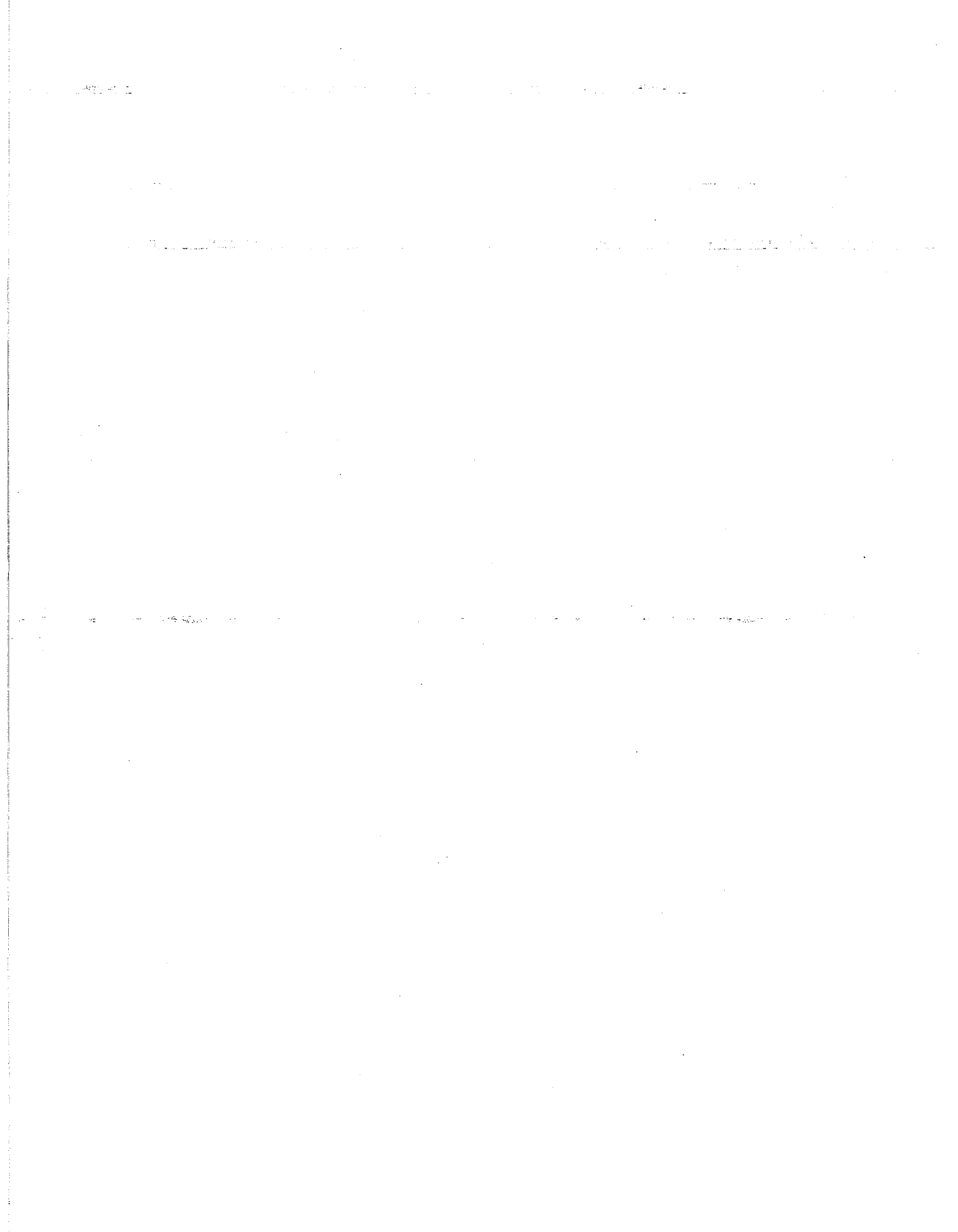
(D) Bonding material characteristics, application techniques, and curing time factors.

(E) Procedure for direct and indirect bracket bonding.

(F) Procedures for bracket or tube removal.

(2) Laboratory instruction shall contain typodont experience with selecting, prepositioning, tooth etching, positioning, curing and removing of four anterior and four posterior brackets a minimum of four times each, with one each of the four times used for a practical examination.

- (3) Clinical instruction shall contain selecting, adjusting, repositioning, etching, curing and removal of anterior and posterior brackets on at least two patients.
- (h) The following requirements shall be met for archwire placement and ligation:
 - (1) Didactic instruction shall contain the following:
 - (A) Archwire characteristics.
 - (B) Armamentaria.
 - (C) Procedures for placement of archwire previously adjusted by the dentist.
 - (D) Ligature systems, purpose and types, including elastic, wire, and self-ligating.
 - (2) Laboratory instruction shall contain typodont experience on the following:
 - (A) The insertion of a preformed maxillary and mandibular archwire a minimum of four times per arch, with one of each of the four times used for a practical examination.
 - (B) Ligation of maxillary and mandibular archwire using elastic or metal ligatures or self-ligating brackets a minimum of four times per arch, with one of each of the four times used for a practical examination.
 - (3) Clinical instruction shall contain the following:
 - (A) Insertion of a preformed maxillary and mandibular archwire on at least two patients.
 - (B) Ligating both preformed maxillary and mandibular archwires using a combination of elastic and metal ligatures or self-ligating brackets on at least two patients for each.
- (i) The following requirements shall be met for cement removal with a hand instrument:
 - (1) Didactic instruction shall contain the following:
 - (A) Armamentaria
 - (B) Techniques of cement removal using hand instruments and related materials
 - (2) Laboratory instruction shall contain typodont experience on the removal of excess cement supragingivally from an orthodontically banded typodont using a hand instrument four times, with one of the four times used for a practical examination.
 - (3) Clinical instruction shall contain removal of excess cement supragingivally from orthodontic bands with a hand instrument on at least two patients.
- (j) Instruction for cement removal with an ultrasonic scaler shall be in accordance with the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.5 governing courses in the removal of excess cement from teeth under orthodontic treatment with an ultrasonic scaler.
- (k) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.
- (l) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Orthodontic Assistant Permit Courses (New 10/10)" within ninety (90) days of the effective date of these regulations.





NOTICE OF COMPLIANCE WITH NEW REQUIREMENTS FOR DENTAL SEDATION ASSISTANT PERMIT COURSE

To maintain approval by the Board, each Dental Sedation Assistant Permit Course that was approved prior to the date that Sections 1070, 1070.1 and 1070.8 became effective must complete and submit this form to the Board at its offices no later than 90 days from the effective date of these new requirements. Any student graduating from such a course will not be accepted to sit for examination or qualify for registration until this form has been submitted to the Board. Certificates of Completion issued by educational course providers not meeting Notice submission requirements will not be recognized by the Board.

I, _____ (Enter Name),

Course Provider for _____ (Enter Full Name of Educational Institution, Organization, or Course Provider) **HEREBY CERTIFY:**

- 1) I have read the attached regulations pertaining to the approval of Dental Sedation Assistant Permit Courses, including Sections 1070, 1070.1 and 1070.8 of Title 16 of the California Code of Regulations;
- 2) I have the authority to sign this notice on behalf of the educational institution, organization, or course provider; and,
- 3) That to the best of my knowledge, information and belief, the institution, organization, or course provider and its programs or courses comply with these regulations and have been in compliance with these regulations since _____ (Insert Date).

I certify under penalty of perjury under the laws of the State of California that this Notice of Compliance is true and correct.

Signature of Course Provider _____

DATE _____

Printed Name of Course Provider: _____

Name of Educational Institution, Organization, or Course Provider: _____

Address of Educational Institution, Organization, or Course Provider: _____

Telephone Number: _____ Email Address: _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Title 16, California Code of Regulations Sections 1070, 1070.1 and 1070.8. Failure to provide any of the required information will result in the form being rejected as incomplete and your approval may be withdrawn for noncompliance. The information provided will be used to determine compliance with Article 2 of Division 10 of Title 16 of the California Code of Regulations (beginning at Section 1070). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.

REGULATIONS PERTAINING TO THE APPROVAL OF DENTAL SEDATION ASSISTANT PERMIT COURSES

Title 16 of the California Code of Regulations

Section 1070. General Provisions Governing All Dental Assistant Educational Programs and Courses.

- (a) (1) The criteria in subdivisions (b) to (h), inclusive, shall be met by a dental assisting program or course and all orthodontic assisting and dental sedation assisting permit programs or courses to secure and maintain approval by the board as provided in this article.
- (2) The board may approve, provisionally approve, or deny approval of any program or course for which an application to the Board for approval is required. All RDA and RDAEF programs and dental assisting educational courses shall be re-evaluated approximately every seven years, but may be subject to re-evaluation and inspection by the Board at any time to review and investigate compliance with this article and the Act. Re-evaluation may include a site visit or written documentation that ensures compliance with all regulations. Results of re-evaluation shall be reported to the Board or its designee for final consideration and continuance of program or course approval, provisional approval and denial of approval.
- (3) Program and course records shall be subject to inspection by the board at any time.
- (4) The board may withdraw approval at any time that it determines that a program or course does not meet the requirements of this article or any other requirement in the Act
- (5) All programs and courses shall be established at the postsecondary educational level or deemed equivalent thereto by the board.
- (6) The Board or its designee may approve, provisionally approve, or deny approval to any such program. Provisional approval shall not be granted for a period which exceeds beyond the length of the program. When the Board provisionally approves a program, it shall state the reasons therefore. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status. If the Board denies approval of a program, the specific reasons therefore shall be provided to the program by the Board in writing within 90 days after such action.
- (b) The program or course director shall possess a valid, active, and current license issued by the board or the dental hygiene committee. The program or course director shall actively participate in and be responsible for the administration of the program or course. Specifically, the program or course director shall be responsible for the following requirements:
- (1) Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the program or course.
- (2) Informing the board of any major change to the program or course content, physical facilities, or faculty, within 10 days of the change.
- (3) Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in this article.
- (c) Course faculty and instructional staff shall be authorized to provide instruction by the program or course director and the educational facility in which instruction is provided.
- (d) No faculty or instructional staff member shall instruct in any procedure that he or she does not hold a license or permit in California to perform. Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board of the Dental Hygiene Committee of California, shall have been licensed or permitted for a minimum of two years and possess experience in the subject matter he or she is teaching. An instructor who has held a license as a registered dental assistant or registered dental assistant in extended functions for at least two years, who then becomes a permit holder as an Orthodontic Assistant on or after January 1, 2010 shall not be required to have held such a permit for two years in order to instruct in the subject area.
- (e) A certificate, diploma, or other evidence of completion shall be issued to each student who successfully completes the program or course and shall include the following: the student's name, the name of the program or course, the date of completion, and the signature of the program or course director or his or her designee.
- (f) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.
- (1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.
- (2) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.
- (A) Each operatory shall contain functional equipment, including a power-operated chair for patient or simulation-based instruction in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, handpiece adaptation, and adjacent hand-washing sink
- (B) Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.

- (C) Prior to clinical assignments, students must demonstrate minimum competence in laboratory or preclinical performance of the procedures they will be expected to perform in their clinical experiences.
- (g) The program or course shall establish written clinical and laboratory protocols that comply with the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005 and other federal, state, and local requirements governing infection control. The program or course shall provide these protocols to all students, faculty, and staff to ensure compliance. Adequate space shall be provided for handling, processing and sterilizing all armamentarium.
- (h) A written policy on managing emergency situations shall be made available to all students, faculty, and instructional staff. All faculty and staff involved in the direct oversight of patient care activities shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course director shall ensure and document compliance by faculty and instructional staff. A program or course shall sequence curriculum in such a manner so as to ensure that students complete instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation.
- (i) A detailed program or course outline shall clearly state, in writing, the curriculum subject matter, hours of didactic, laboratory, and clinical instruction, general program or course objectives, instructional objectives, theoretical content of each subject, and, where applicable, the use of practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:
- (1) Specific performance objectives and the evaluation criteria used for measuring levels of competence for each component of a given procedure including those used for examinations.
 - (2) Standards of performance that state the minimum number of satisfactory performances that are required for each performance-evaluated procedure.
 - (3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that would cause the student to fail the task being evaluated, a description of each of the grades that may be utilized during evaluation procedures, and a defined standard of performance.
- (j)
- (1) As used in this article "extramural dental facility" means any clinical facility utilized by a board- approved dental assisting educational program for instruction in dental assisting that exists outside or beyond the walls, boundaries or precincts of the primary location of the board-approved program and in which dental treatment is rendered.
 - (2) If an extramural dental facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of program or course faculty or instructional staff and shall not be provided in an extramural dental facility.
 - (3) The program or course director, or a designated faculty member, shall be responsible for selecting extramural clinical sites and evaluating student competence before and after the clinical assignment.
 - (4) Prior to student assignment in an extramural dental facility, the program or course director, or a designated faculty or instructional staff member, shall orient dentists and all licensed dental healthcare workers who may provide instruction, evaluation and oversight of the student in the clinical setting. Orientation shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist or the licensed personnel in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the program or course.
 - (5) There shall be a written contract of affiliation between the program and each extramural dental facility that includes written affirmation of compliance with the regulations of this Article.

Section 1070.1. Educational Program and Course Definitions and Instructor Ratios

As used in this article, the following definitions shall apply:

(a) "Didactic instruction" means lectures, demonstrations, and other instruction involving theory that may or may not involve active participation by students. The faculty or instructional staff of an educational institution or approved provider may provide didactic instruction via electronic media, home study materials, or live lecture modality.

(b) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in instruction.

(c) "Preclinical instruction" means instruction in which students receive supervised experience within the educational facilities performing procedures on simulation devices or patients which are limited to students, faculty, or instructional staff members. There shall be at least one instructor for every six students who are simultaneously engaged in instruction.

(d) "Simulated clinical instruction" means instruction in which students receive supervised experience performing procedures using simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operator. Clinical simulation spaces shall be sufficient to permit one simulation space for each 2 students at any one time.

(e) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical procedures shall only be allowed upon successful demonstration and evaluation of laboratory and preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.

Section 1070.8. Approval of Dental Sedation Assistant Permit Courses

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a dental sedation assistant permit course to secure and maintain approval by the board. As used in this section, the following definitions apply: "IV" means "intravenous", "AED" means automated external defibrillator, "CO₂" means carbon dioxide, and "ECG" or "EKG" means electrocardiogram.

- (a) (1) In addition to the requirements of Section 1070, all faculty or instructional staff members responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students. The course director, designated faculty member, or instructional staff member may, in lieu of a license issued by the board, possess a valid, active, and current license issued in California as a physician and surgeon.
- (2) The course director, designated faculty member, or instructional staff member responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.
- (3) Clinical instruction shall be given under direct supervision of the course director, designated faculty member, or instructional staff member who shall be the holder of a valid, active, and current general anesthesia or conscious sedation permit issued by the board. Evaluation of the condition of a sedated patient shall remain the responsibility of the director, designated faculty member, or instructional staff member authorized to administer conscious sedation or general anesthesia, who shall be at the patient's bedside while conscious sedation or general anesthesia is being administered.
- (b) The course shall be of a sufficient duration for the student to develop minimum competence in all of the duties that dental sedation assistant permit holders are authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical instruction. Clinical instruction shall require completion of all of the tasks described in subdivisions (j), (k), (l), (m), and (n) of this Section during no less than twenty (20) supervised cases utilizing conscious sedation or general anesthesia.
- (c) The following are minimum requirements for equipment and armamentaria:
- (1) One pulse oximeter for each six students; one AED or AED trainer; one capnograph or teaching device for monitoring of end tidal CO₂; blood pressure cuff and stethoscope for each six students; one pretracheal stethoscope for each six students; one electrocardiogram machine, one automatic blood pressure/pulse measuring system/machine, and one oxygen delivery system including oxygen tank; one IV start kit for each student; one venous access device kit for each student; IV equipment and supplies for IV infusions including hanging device infusion containers and tubing for each six students; one sharps container for each six students; packaged syringes, needles, needleless devices, practice fluid ampules and vials for each student; stopwatch or timer with second hand for each six students; one heart/lung sounds mannequin or teaching device; tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube and appropriate connectors, suction equipment for aspiration of oral and pharyngeal cavities, and laryngoscope in the ratio of at least one for each six students; any other monitoring or emergency equipment that the California Code of Regulations, Title 16, Division 10, Chapter 2, Article 5, Section 1043 require for the administration of general anesthesia or conscious sedation; and a selection of instruments and supplemental armamentaria for all of the procedures that dental sedation assistant permit holders are authorized to perform according to Business and Professions Code Section 1750.5.
- (2) Each operatory used for preclinical or clinical training shall contain either a surgery table or a power-operated chair for treating patients in a supine position, an irrigation system or sterile water delivery system as they pertain to the specific practice, and all other equipment and armamentarium required to instruct in the duties that dental sedation assistant permit holders are authorized to perform according to Business and Professions Code Section 1750.5.
- (3) All students, faculty, and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including the use of an automatic electronic defibrillator.
- (d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (n), inclusive, as they relate to the duties that dental sedation assistant permit holders are authorized to perform.
- (e) General didactic instruction shall contain:
- (1) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.
- (2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and respiratory systems, and the central and peripheral nervous system.
- (3) Characteristics of anxiety management related to the surgical patient, relatives, and escorts, and characteristics of anxiety and pain reduction techniques.
- (4) Overview of the classification of drugs used by patients for cardiac disease, respiratory disease, hypertension, diabetes, neurological disorders, and infectious diseases.
- (5) Overview of techniques and specific drug groups utilized for sedation and general anesthesia.
- (6) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, including the distinctions between conscious sedation, deep sedation, and general anesthesia.
- (7) Overview of patient monitoring during conscious sedation and general anesthesia.
- (8) Prevention, recognition, and management of complications.
- (9) Obtaining informed consent.

(f) With respect to medical emergencies, didactic instruction shall contain:

(1) An overview of medical emergencies, including, but not limited to, airway obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope, cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia, drug overdose, hyperventilation, acute coronary syndrome including angina and myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and congestive heart failure.

(2) Laboratory instruction shall include the simulation and response to at least the following medical emergencies: airway obstruction, bronchospasm, emesis and aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction, hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia, syncope, and respiratory depression. Both training mannequins and other students or staff may be used for simulation. The student shall demonstrate proficiency in all simulated emergencies during training and shall then be eligible to complete a practical examination on this section.

(g) With respect to sedation and the pediatric patient, didactic instruction shall contain the following:

(1) Psychological considerations.

(2) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(3) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, with special emphasis on the distinctions between conscious sedation, deep sedation, and general anesthesia.

(4) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on establishing and maintaining a patent airway.

(5) Overview of pharmacology agents used in contemporary sedation and general anesthesia.

(6) Patient monitoring.

(7) Obtaining informed consent.

(8) Prevention, recognition, and management of complications, including principles of basic life support.

(h) With respect to physically, mentally, and neurologically compromised patients, didactic instruction shall contain the following: an overview of characteristics of Alzheimer's disease, autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular dystrophy, Parkinson's disease, schizophrenia, and stroke.

(i) With respect to health history and patient assessment, didactic instruction shall include, at a minimum but not be limited to, the recording of the following:

(1) Age, sex, weight, physical status as defined by the American Society of Anesthesiologists Physical Status Classification System, medication use, general health, any known or suspected medically compromising conditions, rationale for anesthesia or sedation of the patient, visual examination of the airway, and auscultation of the heart and lungs as medically required.

(2) General anesthesia or conscious sedation records that contain a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry and blood pressure and pulse readings, frequency and dose of drug administration, length of procedure, complications of anesthesia or sedation, and a statement of the patient's condition at time of discharge.

(j) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and ECG/EKG and use of AED:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope.

(B) Review of anatomy and physiology of circulatory system: heart, blood vessels, and cardiac cycle as it relates to EKG.

(C) Characteristics of rhythm interpretation and waveform analysis basics.

(D) Characteristics of manual intermittent and automatic blood pressure and pulse assessment.

(E) Characteristics and use of an AED.

(F) Procedure for using a pretracheal/precordial stethoscope for monitoring of heart sounds.

(G) Procedure for use and monitoring of the heart with an ECG/EKG machine, including electrode placement, and the adjustment of such equipment.

(H) Procedure for using manual and automatic blood pressure/pulse/respiration measuring system.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this section.

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an electrocardiogram (ECG/EKG). Instruction shall include the adjustment of such equipment.

(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(D) Use of an AED or AED trainer.

(3) Clinical instruction: The student shall demonstrate proficiency in each of the following tasks, under supervision of faculty or instructional staff as described in section 1070.8(a)(3), utilizing patients and shall then be eligible to complete an examination on this section.

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an electrocardiogram (ECG/EKG). Instruction shall include the adjustment of such equipment.

(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(k) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope and monitoring oxygen saturation end tidal CO₂ with pulse oximeter and capnograph:

(1) Didactic instruction shall contain the following:

- (A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and capnograph for respiration monitoring.
 - (B) Review of anatomy and physiology of respiratory system to include the nose, mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.
 - (C) Characteristics of respiratory monitoring/lung sounds: mechanism of respiration, composition of respiratory gases, oxygen saturation.
 - (D) Characteristics of manual and automatic respiration assessment.
 - (E) Procedure for using a pretracheal/precordial stethoscope for respiration monitoring.
 - (F) Procedure for using and maintaining pulse oximeter for monitoring oxygen saturation.
 - (G) Procedure for use and maintenance of capnograph.
 - (H) Characteristics for monitoring blood and skin color and other related factors.
 - (I) Procedures and use of an oxygen delivery system.
 - (J) Characteristics of airway management to include armamentaria and use.
- (2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this section.
- (A) Assessment of respiration rates.
 - (B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.
 - (C) Monitoring oxygen saturation with a pulse oximeter.
 - (D) Use of an oxygen delivery system.
- (3) Clinical instruction: The student shall demonstrate proficiency in each of the following tasks, under supervision by faculty or instructional staff as described in section 1070.8(a)(3), utilizing patients and shall then be eligible to complete an examination on this section.
- (A) Assessment of respiration rates.
 - (B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.
 - (C) Monitoring oxygen saturation with a pulse oximeter.
 - (D) Use of an oxygen delivery system.
- (l) With respect to drug identification and draw:
- (1) Didactic instruction shall contain:
- (A) Characteristics of syringes and needles: use, types, gauges, lengths, and components.
 - (B) Characteristics of drug, medication, and fluid storage units: use, type, components, identification of label including generic and brand names, strength, potential adverse reactions, expiration date, and contraindications.
 - (C) Characteristics of drug draw: armamentaria, label verification, ampule and vial preparation, and drug withdrawal techniques.
- (2) Laboratory instruction: The student shall demonstrate proficiency in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff and shall then be eligible to complete a practical examination.
- (3) Clinical instruction: The student shall demonstrate proficiency in the evaluation of vial or container labels for identification of content, dosage, and strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this section.
- (m) With respect to adding drugs, medications, and fluids to IV lines:
- (1) Didactic instruction shall contain:
- (A) Characteristics of adding drugs, medications, and fluids to IV lines in the presence of a licensed dentist.
 - (B) Armamentaria.
 - (C) Procedures for adding drugs, medications, and fluids, including dosage and frequency.
 - (D) Procedures for adding drugs, medications, and fluids by IV bolus.
 - (E) Characteristics of patient observation for signs and symptoms of drug response.
- (2) Laboratory instruction: The student shall demonstrate proficiency in adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment, and shall then be eligible to complete a practical examination on this section.
- (3) Clinical instruction: The student shall demonstrate proficiency in adding fluids to existing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this section.
- (n) With respect to the removal of IV lines:
- (1) Didactic instruction shall include overview and procedures for the removal of an IV line.
- (2) Laboratory instruction: The student shall demonstrate proficiency on a venipuncture training arm or in a simulated environment for IV removal, and shall be eligible for a practical examination.
- (3) Clinical instruction: The student shall demonstrate proficiency in removing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3) and shall then be eligible to complete an examination on this section.
- (o) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.
- (p) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Dental Sedation Assistant Permit Courses (New 10/10)" within ninety (90) days of the effective date of these regulations.



NOTICE OF COMPLIANCE WITH NEW REQUIREMENTS FOR REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS EDUCATIONAL PROGRAMS

To maintain approval by the Board, each Registered Dental Assistant in Extended Functions (RDAEF) educational program that was approved prior to the date that Sections 1070, 1070.1 and 1071 became effective must complete and submit this form to the Board at its offices no later than 90 days from the effective date of these new requirements. Any student graduating from such a program will not be accepted to sit for examination or qualify for registration until this form has been submitted to the Board.

I, _____ (Enter Name),

Program Director for _____ (Enter Full Name of Educational Institution or Program) **HEREBY CERTIFY:**

- 1) I have read the attached regulations pertaining to the approval of Registered Dental Assistant in Extended Functions (RDAEF) educational programs, including Sections 1070, 1070.1 and 1071 of Title 16 of the California Code of Regulations;
- 2) I have the authority to sign this notice on behalf of the educational institution or program; and,
- 3) That to the best of my knowledge, information and belief, the institution and its RDAEF programs or courses comply with these regulations and have been in compliance with these regulations since _____ (Insert Date).

I certify under penalty of perjury under the laws of the State of California that this Notice of Compliance is true and correct.

Signature of Program Director _____	DATE _____
Printed Name of Program Director: _____	
Name of Educational Institution or Program: _____	
Address of Educational Institution or Program: _____	
Telephone Number: _____	Email Address: _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Title 16, California Code of Regulations Sections 1070, 1070.1 and 1071. Failure to provide any of the required information will result in the form being rejected as incomplete and your approval may be withdrawn for noncompliance. The information provided will be used to determine compliance with Article 2 of Division 10 of Title 16 of the California Code of Regulations (beginning at Section 1070). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.

**REGULATIONS PERTAINING TO THE APPROVAL OF
REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS EDUCATIONAL PROGRAMS**

Title 16 of the California Code of Regulations

Section 1070. General Provisions Governing All Dental Assistant Educational Programs and Courses.

- (a) (1) The criteria in subdivisions (b) to (h), inclusive, shall be met by a dental assisting program or course and all orthodontic assisting and dental sedation assisting permit programs or courses to secure and maintain approval by the board as provided in this article.
- (2) The board may approve, provisionally approve, or deny approval of any program or course for which an application to the Board for approval is required. All RDA and RDAEF programs and dental assisting educational courses shall be re-evaluated approximately every seven years, but may be subject to re-evaluation and inspection by the Board at any time to review and investigate compliance with this article and the Act. Re-evaluation may include a site visit or written documentation that ensures compliance with all regulations. Results of re-evaluation shall be reported to the Board or its designee for final consideration and continuance of program or course approval, provisional approval and denial of approval.
- (3) Program and course records shall be subject to inspection by the board at any time.
- (4) The board may withdraw approval at any time that it determines that a program or course does not meet the requirements of this article or any other requirement in the Act
- (5) All programs and courses shall be established at the postsecondary educational level or deemed equivalent thereto by the board.
- (6) The Board or its designee may approve, provisionally approve, or deny approval to any such program. Provisional approval shall not be granted for a period which exceeds beyond the length of the program. When the Board provisionally approves a program, it shall state the reasons therefore. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status. If the Board denies approval of a program, the specific reasons therefore shall be provided to the program by the Board in writing within 90 days after such action.
- (b) The program or course director shall possess a valid, active, and current license issued by the board or the dental hygiene committee. The program or course director shall actively participate in and be responsible for the administration of the program or course. Specifically, the program or course director shall be responsible for the following requirements:
- (1) Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the program or course.
- (2) Informing the board of any major change to the program or course content, physical facilities, or faculty, within 10 days of the change.
- (3) Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in this article.
- (c) Course faculty and instructional staff shall be authorized to provide instruction by the program or course director and the educational facility in which instruction is provided.
- (d) No faculty or instructional staff member shall instruct in any procedure that he or she does not hold a license or permit in California to perform. Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board of the Dental Hygiene Committee of California, shall have been licensed or permitted for a minimum of two years and possess experience in the subject matter he or she is teaching. An instructor who has held a license as a registered dental assistant or registered dental assistant in extended functions for at least two years, who then becomes a permit holder as an Orthodontic Assistant on or after January 1, 2010 shall not be required to have held such a permit for two years in order to instruct in the subject area.
- (e) A certificate, diploma, or other evidence of completion shall be issued to each student who successfully completes the program or course and shall include the following: the student's name, the name of the program or course, the date of completion, and the signature of the program or course director or his or her designee.
- (f) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.
- (1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.
- (2) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operator for every five students who are simultaneously engaged in clinical instruction.
- (A) Each operatorial shall contain functional equipment, including a power-operated chair for patient or simulation-based instruction in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, handpiece adaptation, and adjacent hand-washing sink

(B) Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.

(C) Prior to clinical assignments, students must demonstrate minimum competence in laboratory or preclinical performance of the procedures they will be expected to perform in their clinical experiences.

(g) The program or course shall establish written clinical and laboratory protocols that comply with the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005 and other federal, state, and local requirements governing infection control. The program or course shall provide these protocols to all students, faculty, and staff to ensure compliance. Adequate space shall be provided for handling, processing and sterilizing all armamentarium.

(h) A written policy on managing emergency situations shall be made available to all students, faculty, and instructional staff. All faculty and staff involved in the direct oversight of patient care activities shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course director shall ensure and document compliance by faculty and instructional staff. A program or course shall sequence curriculum in such a manner so as to ensure that students complete instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation.

(i) A detailed program or course outline shall clearly state, in writing, the curriculum subject matter, hours of didactic, laboratory, and clinical instruction, general program or course objectives, instructional objectives, theoretical content of each subject, and, where applicable, the use of practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:

(1) Specific performance objectives and the evaluation criteria used for measuring levels of competence for each component of a given procedure including those used for examinations.

(2) Standards of performance that state the minimum number of satisfactory performances that are required for each performance-evaluated procedure.

(3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that would cause the student to fail the task being evaluated, a description of each of the grades that may be utilized during evaluation procedures, and a defined standard of performance.

(j) (1) As used in this article "extramural dental facility" means any clinical facility utilized by a board-approved dental assisting educational program for instruction in dental assisting that exists outside or beyond the walls, boundaries or precincts of the primary location of the board-approved program and in which dental treatment is rendered.

(2) If an extramural dental facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of program or course faculty or instructional staff and shall not be provided in an extramural dental facility.

(3) The program or course director, or a designated faculty member, shall be responsible for selecting extramural clinical sites and evaluating student competence before and after the clinical assignment.

(4) Prior to student assignment in an extramural dental facility, the program or course director, or a designated faculty or instructional staff member, shall orient dentists and all licensed dental healthcare workers who may provide instruction, evaluation and oversight of the student in the clinical setting. Orientation shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist or the licensed personnel in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the program or course.

(5) There shall be a written contract of affiliation between the program and each extramural dental facility that includes written affirmation of compliance with the regulations of this Article.

Section 1070.1. Educational Program and Course Definitions and Instructor Ratios

As used in this article, the following definitions shall apply:

(a) "Didactic instruction" means lectures, demonstrations, and other instruction involving theory that may or may not involve active participation by students. The faculty or instructional staff of an educational institution or approved provider may provide didactic instruction via electronic media, home study materials, or live lecture modality.

(b) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in instruction.

(c) "Preclinical instruction" means instruction in which students receive supervised experience within the educational facilities-performing procedures on simulation devices or patients which are limited to students, faculty, or instructional staff members. There shall be at least one instructor for every six students who are simultaneously engaged in instruction.

(d) "Simulated clinical instruction" means instruction in which students receive supervised experience performing procedures using simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. Clinical simulation spaces shall be sufficient to permit one simulation space for each 2 students at any one time.

(e) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical procedures shall only be allowed upon successful demonstration

and evaluation of laboratory and preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.

Section 1071. Approval of RDAEF Educational Programs.

(a) A new educational program for RDAEF's shall apply for and receive approval prior to operation. The Board may approve, provisionally approve, or deny approval of any such program. The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own.

(b) In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by an educational program for registered dental assistants in extended functions (RDAEF) to secure and maintain approval by the board.

(1) A program applying for approval to teach all of the duties specified in Section 1753.5 shall comply with all of the requirements of this section.

(2) A program applying for approval to teach RDAEFs licensed on or before January 1, 2010 the additional duties specified in Section 1753.6 shall comply with all of the requirements of this section, except as follows:

(A) The program shall be no less than 318 hours, including at least 76 hours of didactic instruction, at least 186 hours of laboratory instruction, and at least 56 hours of clinical instruction.

(B) Students shall not be required to complete instruction related to the placement of gingival retraction cord, the taking of final impressions for permanent indirect restorations, or the fitting of endodontic master points and accessory points.

(c) In order to be admitted to the program, each student shall possess a valid, active, and current license as a registered dental assistant issued by the board and shall submit documentary evidence of successful completion of a board-approved pit and fissure sealant course.

(d) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical evaluation shall have completed a course or certification program in educational methodology of at least six (6) hours by January 1, 2012, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or a Community College Teaching Credential. Each faculty member employed on or after January 1, 2012, shall complete a course or certification program in educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this regulation.

(e) The program shall be of sufficient duration for the student to develop minimum competence in all of the duties that RDAEFs are authorized to perform, but in no event less than 410 hours, including at least 100 hours of didactic instruction, at least 206 hours of laboratory instruction, and at least 104 hours of clinical instruction. All laboratory and simulated clinical instruction shall be provided under the direct supervision of program staff. Clinical instruction shall be provided under the direct supervision of a licensed dentist and may be completed in an extramural dental facility as defined in Section 1070.1(i).

(f) The following requirements are in addition to the requirements of Sections 1070 and 1070.1:

(1) The following are minimum requirements for equipment and armamentaria:

(A) Laboratory facilities with individual seating stations for each student and equipped with air, gas and air, or electric driven rotary instrumentation capability. Each station or operator shall allow an articulated typodont to be mounted in a simulated head position.

(B) Clinical simulation facilities that provide simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operator. Clinical simulation spaces shall be sufficient to permit one simulation space for each two students at any one time.

(C) Articulated typodonts of both deciduous and permanent dentitions with flexible gingival tissues and with prepared teeth for each procedure to be performed in the laboratory and clinical simulation settings. One of each type of typodont is required for each student.

(D) A selection of restorative instruments and adjunct materials for all procedures that RDAEFs are authorized to perform.

(2) Notwithstanding Section 1070, there shall be at least one operator for every two students who are simultaneously engaged in clinical instruction.

(g) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (g) to (m), inclusive, and the following didactic instruction:

(1) The following instruction as it relates to each of the procedures that RDAEFs are authorized to perform: restorative and prosthetic treatment review; charting; patient education; legal requirements; indications and contraindications; problem solving techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection control protocol implementation.

(2) Dental science, including dental and oral anatomy, histology, oral pathology, normal or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic microbiology relating to infection control, and occlusion.

(3) Characteristics and manipulation of dental materials related to each procedure.

(4) Armamentaria for all procedures.

(5) Principles, techniques, criteria, and evaluation for performing each procedure, including implementation of infection control protocols.

(6) Occlusion: the review of articulation of maxillary and mandibular arches in maximum intercuspation.

(7) Tooth isolation and matrix methodology review.

(h) General laboratory instruction shall include:

Notice of Compliance with New Requirements for Registered Dental Assistant in Extended Functions Educational Programs

New (10/10)

- (1) Rubber dam application for tooth isolation in both maxillary and mandibular arches and for deciduous and permanent dentitions. A minimum of four experiences per arch is required, with two anterior and two posterior applications, with one of the applications used for a practical examination.
 - (2) Matrix placement for amalgam, and nonmetallic restorative material restorations in both primary and permanent dentitions, with three experiences for each cavity classification and for each material.
 - (3) Base, liner, and etchant placement on three posterior teeth for each base, liner, or etchant, with one of the three teeth used for a practical examination.
- (i) With respect to preliminary evaluation of the patient's oral health, including, charting of existing conditions excluding periodontal assessment, intraoral and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:
- (1) Didactic instruction shall contain the following:
 - (A) Normal anatomical structures: oral cavity proper, vestibule, and lips.
 - (B) Deviations from normal to hard tissue abnormalities to soft tissue abnormalities.
 - (C) Overview of classifications of occlusion and myofunction.
 - (D) Sequence of oral inspection: armamentaria, general patient assessment, review of medical history form, review of dental history form, oral cavity mouth-mirror inspection, and charting existing conditions.
 - (2) Preclinical instruction shall include performing an oral inspection on at least two other students.
 - (3) Clinical instruction shall include performing an oral inspection on at least two patients, with one of the two patients used for a clinical examination.
- (j) With respect to sizing, fitting, and cementing endodontic master points and accessory points:
- (1) Didactic instruction shall include the following:
 - (A) Review of objectives, canal preparation, filling of root canal space, including the role of the RDAEF as preparatory to condensation which is to be performed by the licensed dentist.
 - (B) Description and goals of filling technique using lateral condensation techniques.
 - (C) Principles and techniques of fitting and cementing master points and accessory points using lateral condensation including, characteristics, manipulation, use of gutta percha and related materials, and criteria for an acceptable master and accessory points technique using lateral condensation.
 - (2) Laboratory instruction shall include fitting and cementing master points and accessory points on extracted teeth or simulated teeth with canals in preparation for lateral condensation by the dentist, with at a minimum two experiences each on a posterior and anterior tooth. This instruction shall not include obturator based techniques or other techniques that employ condensation.
 - (3) Simulated clinical instruction shall include fitting and cementing master points and accessory points in preparation for condensation by the dentist with extracted or simulated teeth prepared for lateral condensation mounted in simulated patient heads mounted in appropriate position and accommodating and articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operator. This instruction shall not include obturator based techniques that employ condensation. Simulated clinical instruction shall include fitting and cementing master points and accessory points for lateral condensation by the dentist in at least four teeth, one of which shall be used for a practical exam.
- (k) With respect to gingival retraction, general instruction shall include:
- (1) Review of characteristics of tissue management as it relates to gingival retraction with cord and electrosurgery.
 - (2) Description and goals of cord retraction.
 - (3) Principles of cord retraction, including characteristics and manipulation of epinephrine, chemical salts classification of cord, characteristics of single versus double cord technique, and techniques and criteria for an acceptable cord retraction technique.
- (l) With respect to final impressions for permanent indirect and toothborne restorations:
- (1) Didactic instruction shall contain the following:
 - (A) Review of characteristics of impression material and custom.
 - (B) Description and goals of impression taking for permanent indirect restorations and toothborne prosthesis.
 - (C) Principles, techniques, criteria, and evaluation of impression taking for permanent indirect restorations and toothborne prosthesis.
 - (2) Laboratory instruction shall include the following:
 - (A) Cord retraction and final impressions for permanent indirect restorations, including impression taking of prepared teeth in maxillary and mandibular arches, one time per arch with elastomeric impression materials.
 - (B) Impressions for toothborne removable prostheses, including, at a minimum, taking a total of four impressions on maxillary and mandibular arches with simulated edentulous sites and rest preparations on at least two supporting teeth in each arch.
 - (3) Clinical instruction shall include taking final impressions on five cord retraction patients, with one used for a clinical examination.
- (m) With respect to placing, contouring, finishing, and adjusting direct restorations:
- (1) Didactic instruction shall contain the following:
 - (A) Review of cavity preparation factors and restorative material.
 - (B) Review of cavity liner, sedative, and insulating bases.
 - (C) Characteristics and manipulation of direct filling materials.

- (D) Amalgam restoration placement, carving, adjusting and finishing, which includes principles, techniques, criteria and evaluation, and description and goals of amalgam placement, adjusting and finishing in children and adults.
- (E) Glass-ionomer restoration placement, carving, adjusting, contouring and finishing, which includes, principles, techniques, criteria and evaluation, and description and goals of glass-ionomer placement and contouring in children and adults.
- (F) Composite restoration placement, carving, adjusting, contouring and finishing in all cavity classifications, which includes, principles, techniques, criteria, and evaluation.
- (2) Laboratory instruction shall include typodont experience on the following:
- (A) Placement of Class I, II, and V amalgam restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.
- (B) Placement of Class I, II, III, and V composite resin restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.
- (C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, and in four deciduous teeth for each classification.
- (3) Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory as follows:
- (A) Placement of Class I, II, and V amalgam restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.
- (B) Placement of Class I, II, III, and V composite resin restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.
- (C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.
- (4) Clinical instruction shall require proficient completion of placing, contouring and finishing at least twenty (20) direct restorations in prepared permanent teeth with the following requirements:
- (A) At least fifty (50) percent of the experiences shall be Class II restorations using esthetic materials.
- (B) At least twenty (20) percent of the experiences shall be Class V restorations using esthetic materials.
- (C) At least ten (10) percent of the experiences shall use amalgam.
- (D) Students who complete the 20 restorations and meet all the instructional requirements of this section may complete additional Class I, II, III or V restorations as deemed appropriate for program success.
- (n) With respect to polishing and contouring existing amalgam restorations:
- (1) Didactic instruction shall include principles, techniques, criteria and evaluation, and description and goals of amalgam polishing and contouring in children and adults.
- (2) Laboratory instruction shall include typodont experience on polishing and contouring of Class I, II, and V amalgam restorations in three prepared permanent teeth for each classification, and in two deciduous teeth for each classification.
- (3) Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory in the polishing and contouring of Class I, II, and V amalgam restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.
- (o) With respect to adjusting and cementing permanent indirect restorations:
- (1) Didactic instruction shall contain the following:
- (A) Review of fixed prosthodontics related to classification and materials for permanent indirect restorations, general crown preparation for permanent indirect restorations, and laboratory fabrication of permanent indirect restorations.
- (B) Interocclusal registrations for fixed prosthesis, including principles, techniques, criteria, and evaluation.
- (C) Permanent indirect restoration placement, adjustment, and cementation, including principles, techniques, criteria, and evaluation.
- (2) Laboratory instruction shall include:
- (A) Interocclusal registrations using elastomeric and resin materials. Two experiences with each material are required.
- (B) Fitting, adjustment, and cementation of permanent indirect restorations on one anterior and one posterior tooth for each of the following materials, with one of each type used for a practical examination: ceramic, ceramometal, and cast metallic.
- (3) Clinical experience for interocclusal registrations shall be performed on four patients who are concurrently having final impressions recorded for permanent indirect restorations, with one experience used for a clinical examination.
- (4) Clinical instruction shall include fitting, adjustment, and cementation of permanent indirect restorations on at least two teeth.
- (p) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.
- (q) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant in Extended Functions Educational Programs (New 10/10)" within ninety (90) days of the effective date of these regulations.