

*****WORKING DOCUMENT*****

Proposed Coronal Polish Course Regulation Changes

CADAT's proposed language for §1070.4 is as follows:

CCR §1070.4:

Coronal Polishing Certification - Approval; Continued Approved Status for Courses and Programs Providing Instruction in Coronal Polishing; Course Pre-Requisites; Curriculum Requirements; Issuance of Certification

The following minimum criteria shall be met for a course in coronal polishing to secure and maintain approval by the Board.

(a) Educational Setting. The course shall be established at the post-secondary educational level.

(a) A course in the performance of coronal polishing procedures is one that has as its primary purpose providing theory and clinical application in plaque and stain removal techniques from supragingival tooth surfaces. A single standard of care shall be maintained and the board shall approve and continue to approve only programmatic curricula and stand-alone courses which continuously maintain a high quality standard of instruction.

(b) A coronal polishing course provider applying for initial or continued approval shall submit to the board an application and other required documents and information on forms prescribed by the board, including all related fees. Consistent with Section 1070, the board may approve or deny approval after evaluation of all components of the course has been performed by subject matter experts who shall serve as educational consultants to the board. A recommendation for final approval shall be submitted to the Dental Assisting Council.

(1) Effective 1/1/2016, all stand-alone course providers of coronal polishing courses shall seek renewal as a registered course provider every two years by submitting a provider renewal application prescribed by the board that is hereby incorporated by reference and accompanied by the fee as required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that the provider will only offer the course and issue certificates of completion to participants that meet the requirements of the course as defined herein.

(2) To renew its provider status, a stand-alone course provider shall submit a renewal application and biennial report prescribed by the board and incorporated herein by reference, (insert here) which shall include, at minimum, copies of current course outlines, learning objectives of the course, current faculty and instructional staff teacher credentials and verification of teacher qualifications, and all other supporting documentation necessary to demonstrate compliance with current course regulations.

(3) The Board may randomly audit a provider of any course. If an audit is conducted the provider shall submit to the board the following information and documentation:

(A) All faculty and staff documentation;

(B) Course content outlines and examination records;

(C) Educational objectives or outcomes;

(D) Competency forms for each participant;

(E) Evidence of registration documents and protocols used for participant registration;

(F) Attendance records and rosters; and

(G) Copies of all course completion certification cards issued to participants.

(4) All provider records described in this Article shall be retained for a period of no less than seven years.

(c) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards for fraud, misrepresentation or violation of any applicable federal or state laws relating to the performance of coronal polishing, or for violation or non-compliance of this Section and all applicable regulations.

(d) In addition to the requirements of CCR Sections 1070 and 1070.1, the following criteria shall be met by a course in coronal polishing to secure and maintain approval by the board. Curriculum content pertaining to coronal polishing offered by a school or program approved by the board for instruction in registered dental assisting shall be deemed to be approved if the school or program has submitted evidence satisfactory to the board that it meets all the requirements set forth below and shall not be subject to biennial renewal unless offering a stand-alone course aside from a registered dental assisting program. To maintain approval, course providers and programs in registered dental assisting approved prior to the effective date of these regulations, shall submit to the board a completed "Notice of Compliance with New Requirements for Coronal Polishing Courses Certification (*insert date*)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(e) Adequate provisions for the supervision and operation of the course shall be made in compliance with Sections 1070 and 1070.1.

(1) Unless otherwise incorporated in a board-approved registered dental assisting program, providers shall demonstrate how evidence that all course pre-requisites

have been met prior to acceptance of the participant in the certification course. Course pre-requisites are:

- a. Current and valid licensure as a Registered Dental Assistant, and
 - b. Current and valid certification in basic life support.
- (2) When instruction is incorporated in a registered dental assisting program, students must have completed instruction in infection control, basic chairside skills, anatomy, tooth morphology and dental materials and must have obtained certification in basic life support, as defined herein, prior to the start of instruction.
- (3) All faculty and instructional staff shall have been licensed for a minimum of four years, shall be certified in coronal polishing, and shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate coronal polishing. Prior to instruction, all faculty and instructional staff shall complete a two-hour methodology certification course specific to curriculum addressing clinical evaluation criteria, course outline development, test construction, and developing student-learning outcomes.
- (4) Dental assisting programs and stand-alone courses in coronal polish shall not be required to employ a dentist for the purposes of oversight during pre-clinical or clinical instruction. Each clinical patient approved for coronal polishing must be deemed calculus free prior to clinical performance by the student and may be deemed so by faculty of the course or program.
- (1) Additionally, all patient's or their guardian must complete a health history form with consent acknowledging the procedure is being performed by a student of the course or program. Such documentation shall be maintained in the student records.
- (2) A course in coronal polishing shall be of sufficient duration for the student to develop minimum competence in coronal polishing, but shall in no event be less than ~~12~~ 16 clock hours, including at least ~~4~~ 8 hours of didactic training, at least 4 hours of ~~laboratory~~ pre-clinical training, and at least 4 hours of clinical training.
- (3) Unless a current enrolled student of a registered dental assisting program, each student of a course in coronal polishing must ~~possess the necessary requirements for application for RDA licensure or~~ must currently possess an active, valid and current RDA license as a registered dental assistant. Each student must
- (4) A detailed course outline shall be provided to students prior to the start of instruction.
- (5) Providers of coronal polishing certification courses shall issue a Course Completion Certification Card to each participant upon successful completion of the course. Each card shall transmit to the board the name, date of birth of each course completer, all provider information, date(s) of the course, course approval

code issued by the board, and certification by signature verifying completion requirements. Such proof of completion shall be issued by the participant to the Board for proof of certification.

(6) Programs in registered dental assisting who offer coronal polishing as a portion of a total program of study shall be exempt from this requirement unless offering a stand-alone course but shall issue wall certificates only to those having successfully graduated from the program, denoting compliance with educational requirements and shall include the program/school name, board-approved program provider number, total hours of instruction completed, a disclosure statement to both the student and any employer indicating that the recipient of the certificate of completion is not allowed to perform the function of coronal polishing until such time as licensure as a registered dental assistant has been obtained, and certification signature indicating successful graduation from the program.

~~(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student must satisfactorily demonstrate to the instructor clinical competency in infection control requirements prior to clinical instruction in coronal polishing.~~

~~(c) Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made. [Specifically],~~

~~(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed a board-approved course in coronal polishing. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach, place, and evaluate coronal polishing. All faculty responsible for clinical evaluation shall have completed a two hour methodology course in clinical evaluation.~~

~~(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:~~

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

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

- ~~i. Copies of curricula, course outlines, objectives, and grading criteria.~~
- ~~ii. Copies of faculty credentials, licenses, and certifications.~~
- ~~iii. Individual student records, including those necessary to establish satisfactory completion of the course.~~

~~C. Informing the board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.~~

~~(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in coronal polishing, but shall in no event be less than 12 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 4 hours of clinical training.~~

~~(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.~~

~~(f) Facilities and Resources. facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in the performance of coronal polishing.~~

~~(1) Such facilities shall include safe, adequate and educationally conducive: 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; air-water syringe; adjustable light; oral evacuation equipment; work surface; hand-washing sink; slow-speed handpiece, and all other armamentarium required to instruct in the performance of coronal polishing, and,~~

~~A. Each operatory must be of sufficient size to accommodate a student, an instructor, and a patient at one time.~~

~~(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in coronal polishing. Protective eyewear is required for each student.~~

~~(4) Infection Control. The program shall establish written 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.~~

~~(5) Emergency Materials/Basic Life Support.~~

~~(A) A written policy on managing emergency situations must be made available to all students, faculty, and staff.~~

~~(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. Re-certification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff.~~

~~(g) Program Content.~~

~~(1) Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the performance of coronal polishing.~~

~~(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction.~~

~~(3) 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 performance of coronal polishing. The course shall assure that students who successfully complete the course can perform coronal polishing with minimum competence.~~

~~(4) Objective evaluation criteria shall be used for measuring student progress toward attainment 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 that states the minimum number of satisfactory performances that are required for each procedure.~~

~~(5) Areas of instruction shall include at least the following as they relate to coronal polishing:~~

(g) Didactic Instruction: Areas of instruction shall include the following as they relate to coronal polishing:

(A) Coronal Polishing Basics:

(1) Legal requirements

(2) Description and goals of coronal polishing

(3) Indications and contraindications of coronal polishing

(4) Criteria for an acceptable coronal polish

(B) Principles of plaque and stain formation:

(1) Clinical description of plaque, intrinsic and extrinsic stains, and calculus

(2) Etiology of plaque and stain

(3) Clinical description of teeth that have been properly polished and are free of stain

(4) Tooth morphology and anatomy of the oral cavity as they relate to polishing techniques and to retention of plaque and stain

(C) Polishing materials:

(1) Polishing agent(s) composition, storage and handling

(2) Abrasive material(s) composition, storage, and handling, and factors which affect rate of abrasion

(3) Disclosing agent composition, storage and handling

(4) Armamentaria for disclosing and polishing techniques

(5) Contraindications for disclosing and polishing techniques

(D) Principals of tooth polishing:

(1) Clinical application of disclosing before and after a coronal polish

(2) Instrument grasps and fulcrum techniques

(3) Purpose and techniques of the mouth mirror for indirect vision and retraction

(4) Characteristics, manipulation and care of dental handpieces, mechanical devices and rotary devices used when performing a coronal polish procedure

(5) ~~Pre-medication requirements for the compromised patient~~ Introduction of advanced technologies in coronal polishing including the use of air polishing devices and selective polishing procedures

(6) ~~Use of adjunct materials for stain removal and~~ traditional and contemporary polishing techniques, including selective polishing

(7) Techniques for coronal polishing of adults and children

(8) Procedures for cleaning fixed and removable prosthesis and orthodontic appliances

(9) Disclosing and polishing evaluation criteria

(E) Infection control protocols

(F) OSHA Bloodborne Pathogens Standards

(a) Successful completion of a comprehensive written examination to include all areas of didactic instruction must occur prior to pre-clinical

instruction and experiences and shall be constructed and administered in a manner consistent with all state-administered examinations.

(h) Pre-Clinical Instruction: There shall be no more than 14 students per instructor during laboratory instruction. Laboratory Pre-clinical instruction may be conducted on a fully articulated typodont, simulated model, or mannequin device and shall include flexible facial covering that simulates cheeks and shall include a flexible tongue. Sufficient time shall be available for all students to obtain laboratory at least two pre-clinical experiences to achieve minimum competence in coronal polishing prior to the performance of procedures on patients.

(a) A procedure has been successfully completed only if each polish performed meets all stated performance criteria. Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all pre-clinical experiences.

(b) In accordance with Section 1070.1, there shall be no more than six students per instructor during pre-clinical instruction and experiences.

(c) Successful completion of all pre-clinical competencies must occur prior to clinical instruction and experiences.

(7i) Clinical Experiences: shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction and competency evaluations shall include clinical experience on three patients with two of the three patients used for the clinical examination. The clinical examination must include one performance utilizing selective polishing technique and one performance utilizing full mouth polishing technique. Patient selection and evaluation shall follow all stated criteria.

(a) Each clinical patient must have, at minimum, a mixed dentition or at least 2/3 of their natural teeth in place. Careful consideration shall be given to utilizing selective polishing techniques on clinical patients possessing implants, orthodontic bands and brackets, or removable appliances.

(b) Each clinical performance shall utilize all polishing techniques and procedures to ensure the student demonstrates to minimum competency the protocols for proper device and technique selection.

(c) A procedure has been successfully completed only if each polish performed meets all stated performance criteria. Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all clinical experiences.

(d) In accordance with Section 1070.1, there shall be no more than six students per instructor during clinical instruction and experiences.

(j) Upon completion of the course, each student must be able to:

- (a) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to coronal polishing.
- (b) Explain the procedure to patients.
- (c) Recognize decalcification and mottled enamel.
- (d) Identify plaque, calculus and stain formation within the oral cavity.
- (e) Identify the indications and contraindications for disclosing and coronal polishing.
- (f) ~~Identify the pre-medications for the compromised patient.~~ Recognize advanced technologies in coronal polishing including the use of air polishing devices and selective polishing procedures
- (g) Utilize proper armamentaria in an organized sequence for disclosing and polishing.
- (h) Perform plaque disclosure.
- (i) Demonstrate the proper instrument grasp, fulcrum position, and cheek/tongue retraction.
- (j) ~~Select and dispense the proper amount of polishing agent.~~ Utilize both full mouth and selective polishing techniques
- (k) Demonstrate proper polishing techniques using ~~appropriate cup adaptation, stroke, and handpiece use~~ traditional and contemporary mechanical devices
- (l) Demonstrate the use of floss, tape, and abrasive strips when appropriate.
- (m) Demonstrate techniques for cleaning fixed and removal prosthesis and orthodontic appliances.
- (n) Maintain aseptic techniques including disposal of contaminated material.

~~(6) There shall be no more than 6 students per instructor during laboratory instruction. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the performance of coronal polishing prior to the performance of procedures on patients.~~

~~(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency, which may include externship instruction as provided in subdivision (h). There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on at least three patients, with two of the three patients used for the clinical examination.~~

~~(h) Externship Instruction.~~

~~(1) If an extramural clinical facility is utilized for clinical instruction as provided in subdivision (g)(7), students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of coronal polishing.~~

~~(2) 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.~~

~~(3) Objective evaluation criteria shall be used by the program faculty and clinic personnel.~~

~~(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 course, 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.~~

~~(i) Evaluation and Examination.~~

~~(1) Upon completion of the course, each student must be able to:~~

~~(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to coronal polishing.~~

~~(B) Explain the procedure to patients.~~

~~(C) Recognize decalcification and mottled enamel.~~

~~(D) Identify plaque, calculus and stain formation within the oral cavity.~~

~~(E) Identify the indications and contraindications for disclosing and coronal polishing.~~

~~(F) Identify the pre-medications for the compromised patient.~~

~~(G) Utilize proper armamentaria in an organized sequence for disclosing and polishing.~~

~~(H) Perform plaque disclosure.~~

~~(I) Demonstrate the proper instrument grasp, fulcrum position, and cheek/tongue retraction.~~

~~(J) Select and dispense the proper amount of polishing agent.~~

~~(K) Demonstrate proper polishing techniques using appropriate cup adaptation, stroke, and handpiece use.~~

~~(L) Demonstrate the use of floss, tape, and abrasive strips when appropriate.~~

~~(M) Demonstrate techniques for cleaning fixed and removal prosthesis and orthodontic appliances.~~

~~(N) Maintain aseptic techniques including disposal of contaminated material.~~

~~(2) Each student shall pass a written examination which reflects the entire curriculum content.~~

~~(3) Each student shall pass a clinical examination in which the student successfully completes coronal polishing on two of the three clinical patients required for clinical instruction.~~

Dental Board's current language for §1070.4 is as follows:

§ 1070.4. Approval of Coronal Polishing Courses.

The following minimum criteria shall be met for a course in coronal polishing to secure and maintain approval by the Board.

- (a) Educational Setting. The course shall be established at the post-secondary educational level.
- (b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student must satisfactorily demonstrate to the instructor clinical competency in infection control requirements prior to clinical instruction in coronal polishing.
- (c) Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made.
 - (1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed a board-approved course in coronal polishing. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach, place, and evaluate coronal polishing. All faculty responsible for clinical evaluation shall have completed a two hour methodology course in clinical evaluation.
 - (2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:
 - (A) Providing guidance of didactic, laboratory and clinical assignments.
 - (B) Maintaining for a period of not less than 5 years:
 - i. Copies of curricula, course outlines, objectives, and grading criteria.
 - ii. Copies of faculty credentials, licenses, and certifications.
 - iii. Individual student records, including those necessary to establish satisfactory completion of the course.
 - (C) Informing the board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.
- (d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in coronal polishing, but shall in no event be less than 12

clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 4 hours of clinical training.

(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.

(f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in coronal polishing. Such facilities shall include safe, adequate and educationally conducive:

(1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.

(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every six students at any 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; air-water syringe; adjustable light; oral evacuation equipment; work surface; hand-washing sink; slow-speed handpiece, and all other armamentarium required to instruct in the performance of coronal polishing.

(B) Each operatory must be of sufficient size to accommodate a student, an instructor, and a patient at one time.

(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in coronal polishing. Protective eyewear is required for each student.

(4) Infection Control. The program shall establish written 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.

(5) Emergency Materials/Basic Life Support.

(A) A written policy on managing emergency situations must be made available to all students, faculty, and staff.

(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. Re-certification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff.

(g) Program Content.

(1) Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the performance of coronal polishing.

(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction.

(3) 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 performance of coronal polishing. The course shall assure that students who successfully complete the course can perform coronal polishing with minimum competence.

(4) Objective evaluation criteria shall be used for measuring student progress toward attainment 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 that states the minimum number of satisfactory performances that are required for each procedure.

(5) Areas of instruction shall include at least the following as they relate to coronal polishing:

(A) Coronal Polishing Basics

- i. Legal requirements
- ii. Description and goals of coronal polishing
- iii. Indications and contraindications of coronal polishing
- iv. Criteria for an acceptable coronal polish

(B) Principles of plaque and stain formation

- i. Clinical description of plaque, intrinsic and extrinsic stains, and calculus
- ii. Etiology of plaque and stain
- iii. Clinical description of teeth that have been properly polished and are free of stain.

- iv. Tooth morphology and anatomy of the oral cavity as they relate to polishing techniques and to retention of plaque and stain

(C) Polishing materials

- i. Polishing agent composition, storage and handling
- ii. Abrasive material composition, storage, and handling, and factors which affect rate of abrasion
- iii. Disclosing agent composition, storage and handling.
- iv. Armamentaria for disclosing and polishing techniques.
- v. Contraindications for disclosing and polishing techniques.

(D) Principals of tooth polishing

- i. Clinical application of disclosing before and after a coronal polish.
- ii. Instrument grasps and fulcrum techniques
- iii. Purpose and techniques of the mouth mirror for indirect vision and retraction.
- iv. Characteristics, manipulation and care of dental handpieces when performing a coronal polish.
- v. Pre-medication requirements for the compromised patient.
- vi. Use of adjunct materials for stain removal and polishing techniques
- vii. Techniques for coronal polishing of adults and children.
- viii. Procedures for cleaning fixed and removable prosthesis and orthodontic appliances.
- ix. Disclosing and polishing evaluation criteria.

(E) Infection control protocols

(6) There shall be no more than 6 students per instructor during laboratory instruction. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the performance of coronal polishing prior to the performance of procedures on patients.

(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency, which may include externship instruction as

provided in subdivision (h). There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on at least three patients, with two of the three patients used for the clinical examination.

(h) Externship Instruction.

(1) If an extramural clinical facility is utilized for clinical instruction as provided in subdivision (g)(7), students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of coronal polishing.

(2) 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.

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

(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 course, 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.

(i) Evaluation and Examination.

(1) Upon completion of the course, each student must be able to:

(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to coronal polishing.

(B) Explain the procedure to patients.

(C) Recognize decalcification and mottled enamel.

(D) Identify plaque, calculus and stain formation within the oral cavity.

(E) Identify the indications and contraindications for disclosing and coronal polishing.

(F) Identify the pre-medications for the compromised patient.

(G) Utilize proper armamentaria in an organized sequence for disclosing and polishing.

(H) Perform plaque disclosure.

(I) Demonstrate the proper instrument grasp, fulcrum position, and cheek/tongue retraction.

(J) Select and dispense the proper amount of polishing agent.

(K) Demonstrate proper polishing techniques using appropriate cup adaptation, stroke, and handpiece use.

(L) Demonstrate the use of floss, tape, and abrasive strips when appropriate.

(M) Demonstrate techniques for cleaning fixed and removal prosthesis and orthodontic appliances.

(N) Maintain aseptic techniques including disposal of contaminated material.

(2) Each student shall pass a written examination which reflects the entire curriculum content.

(3) Each student shall pass a clinical examination in which the student successfully completes coronal polishing on two of the three clinical patients required for clinical instruction.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1645.1 and 1753.5, Business and Professions Code.

Proposed Infection Control Regulations Changes

(Proposed new language is underlined and deleted language is struck)

§ 1070.6. Approval of Infection Control Courses.

(a) A course in infection control is one that has as its primary purpose providing theory and clinical application in infection control practices and principles where the protection of the public is its primary focus. A single standard of care shall be maintained and the board shall approve and continue to approve only programmatic curricula and stand-alone courses which continuously maintain a high quality standard of instruction.

- The Board approves courses based on meeting “minimum standards”.

(1) 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 a course offering certification in infection control to secure and maintain approval by the board. An infection control course provider applying for approval shall submit to the Board a completed “Application for Approval of Course in Infection Control (New INSERT DATE)”, which is hereby incorporated by reference, accompanied by a non-refundable processing fee of \$ ____.

(1) Effective 1/1/2018, all stand-alone course providers of infection control courses shall seek renewal as a registered course provider every two years by submitting a provider renewal application prescribed by the board that is hereby incorporated by reference and accompanied by the fee as required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that the provider will only offer the course and issue certificates of completion to participants that meet the requirements of the course as defined herein.

(2) To renew its provider status, a stand-alone course provider shall submit a renewal application and biennial report prescribed by the board which shall include, at minimum, copies of current course outlines, learning objectives of the course, current faculty and instructional staff reports with copies of teacher credentials and verification of teacher qualifications, and all other supporting documentation necessary to demonstrate compliance with current course regulations.

- This language is discriminatory to the smaller stand-alone courses. The bigger RDA programs that make substantially more money than stand-alone courses are able to teach the course without having to pay the \$250 CE renewal fee. Stand-alone course providers would have to pay for the one-time curriculum review fee AND a \$250 CE renewal fee every 2 years.

(c) Approval may be granted after evaluation of all components of the course have been performed and the report of such evaluation indicates that the course meets the Board's requirements.

(d) Courses may be re-evaluated at any time within a 7 year period.

(1) Upon re-evaluation by the Board the provider shall submit any information at the discretion of the Board.

The Board may randomly audit a provider of any course.

~~(A) All faculty and staff documentation;~~

~~(B) Course content outlines and examination records;~~

~~(C) Educational objectives or outcomes;~~

~~(D) Competency forms for each participant;~~

~~(E) Evidence of registration documents and protocols used for participant registration;~~

~~(F) Attendance records and rosters; and~~

~~(G) Copies of all course completion certification cards issued to participants.~~

~~(H) Sample copies of safety and final exams.~~

~~(f) Course records shall be subject to inspection by the Board at any time. Electronic copies of the aforementioned documentation submitted to the Board for inspection are acceptable.~~

- Removing laundry list of re-evaluation items to submit. Leaving it at the discretion of the Board for items to be submitted for re-evaluation.

(e) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond within 30 calendar days. Approval may be withdrawn for failure to comply with the provisions of the Dental Practice Act or the Boards regulations.

(f) Notice of Compliance. To maintain approval, course providers 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 (*insert date*)", hereby incorporated by reference, within 90 days of the effective date of these regulations.

(g) Course Director. The course director, who may also be an instructor, shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, shall have been licensed for a minimum of two years, and possess the experience in the subject matter he or she is teaching. The course director shall provide guidance and be responsible for the administration of the course. Specifically, the course director shall be responsible for the following:

(1) Provide guidance of didactic, laboratory and clinical assignments;

(2) Calibrate faculty at least annually and when any of the following occurs:

(A) Changes in infection control equipment

(B) New protocols for infection control

(C) Changes in course faculty

(D) Changes made to course curriculum, location, or facilities.

(E) Still working on list

(3) Maintain for a period of not less than 7 years, copies of:

(A) Curricula,

(B) Course content outlines and examination records,

(C) Educational objectives or outcomes,

(D) Grading criteria,

(E) Copies of faculty credentials, licenses, and certifications, and

(F) Individual student records, including those necessary to establish satisfactory completion of the course.

(G) Issue certificates of completion to each student who has successfully completed the course and maintaining a record of each certificate of completion for at least 7 years from the date of its issuance.

(h) Course Faculty. Course faculty shall be authorized to provide instruction by the program or course director at the educational facility in which instruction is provided. The faculty shall be adequate in number, qualifications and composition and shall be suitably qualified through academic preparation, professional expertise, and/or appropriate training, as provided herein. Each faculty member shall possess the following qualifications:

(1) Hold a valid special permit or valid license as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice issued by the Board or the applicable licensing entity.

(2) All faculty shall have been licensed for a minimum of 4 years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate in the instruction of California Division of Occupational Safety and Health (Cal/OSHA) regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005). Prior to instruction, all faculty shall complete a two-hour methodology certification course which shall include curriculum addressing clinical evaluation criteria, course outline development, test construction, and developing student-learning outcomes.

- Why are we asking for 4 years of holding a license, when we used to not require being licensed at all?? Why not 2 years of possessing a license? **Need feedback.**
- Why are we being prescriptive with 2-hour methodology course when we don't approve these? **Need feedback.**

(i) Length of Course. A course in infection control shall be of sufficient duration for the student to develop minimum competency in all aspects of Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005), but in no event less than 8 hours, including at least 5 hours of didactic instruction, and at least 2 hours of laboratory or preclinical instruction and at least 1 hour of clinical instruction.

- **Students need to understand the theory behind infection control. Based on comments from stand-alone providers, the student's knowledge is extremely limited, i.e.: when asked if the operatory is sterilized or disinfected, the answered: sterilized. Adding an additional hour of theory would allow more time for courses to ensure better understanding of infection control and better consumer protection.**
- **Past board staff recommendation.**

(j) Course Content. A detailed course outline shall be provided to students prior to the start of instruction.

(k) Didactic Instruction: Didactic instruction shall include, at a minimum, the following as they relate to Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, 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 Cal. Code of Regs., Title 16, 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.

- Radiation safety monitoring is not infection control related. Monitoring radiation would consist of wearing a badge that would monitor if the operator was receiving any radiation doses while exposing radiographs.

(l) Pre-clinical Instruction: Sufficient time shall be available for all students to complete at least 3 pre-clinical experiences to achieve minimum competence in infection control with one used as a final examination.

- Students complete experiences at different paces. Need feedback.
- Why was this changed from "practical" to "final"??

(1) A procedure has been successfully completed only if each skill performed meets all stated performance criteria. Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all pre-clinical/laboratory experiences.

- Need feedback on this language.

(2) Skills required to be evaluated for competency shall include:

~~(A) Demonstrate the application of hand cleansing products and perform hand cleansing techniques and protocols.~~

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

- Keeping original language

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

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

- Keeping original language but leaving “the use of utility gloves for precleaning”.

~~(D) Demonstrate the proper technique to pre-clean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.~~

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

- Keeping original language

~~(E) Demonstrate~~ Maintain proper utilization of a sterilizer including, at a minimum, proper loading and unloading of instrument packages, operation cycle, the proper use and placement of a biological spore tester, and management of sterilization and disinfection chemicals.

- Keeping original language

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

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

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

- Adding back (F), (G), and (H).
- Need feedback of why these were removed.

Why was Clinical instruction (below) found in original language taken out??

- Need feedback of why we are removing the entire Clinical language.

(m) 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.

(n) 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.

- Adding this language back in.
- Need feedback of why removing it.

(o) Certificates of Completion for Infection Control. Course providers and registered dental assisting programs shall provide 2 original copies of a Certificate of completion on form "Certificate of Completion for Infection Control" (New INSERT DATE) prescribed by the Board and incorporated by reference, to students within 30 days following their completion of the course. Providers shall retain records of course completion for 7 years from the date of completion and provide records of completion to the Board within 30 days, upon written request.

Dental Board's current language for §1070.6 is as follows:

In addition to the requirements of Sections 1070 and 1070.1 of these regulations, the following criteria shall be met by a course in infection control, as required in Sections 1750, 1750.2, 1750.4, and 1752.1 of the Business and Professions Code, 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 California Division of Occupational Safety and Health (Cal/OSHA) regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, 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 Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, 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, sterilizer approved by the United States Food and Drug Administration (FDA), 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 Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85), 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 Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, 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 Cal. Code of Regs., Title 16, 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.

(i) 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)", hereby incorporated by reference, 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.

HISTORY

1. New section filed 10-12-2011; operative 11-11-2011 (Register 2011, No. 41).

This database is current through 2/26/16 Register 2016, No. 9

16 CCR § 1070.6, 16 CA ADC § 1070.6

*****WORKING DOCUMENT*****

Proposed Pit & Fissure Sealants Regulation Changes

CADAT's proposed language for §1070.3 is as follows:

Approval of Pit and Fissure Sealant Certification – Approval; Continued Approved Status for Stand-Alone Courses in Pit and Fissure Sealant Application; Pre-Requisites; Curriculum Requirements; Issuance of Certification

~~The following minimum criteria shall be met for a course in the application of pit and fissure sealants to secure and maintain approval by the Board.~~

~~(a) Educational Setting. The course shall be established at the post-secondary educational level.~~

(a) A course in the application of pit and fissure sealants is one in which has, as its primary purpose, providing theory and clinical application in preventative sealant techniques. A single standard of care shall be maintained and the board shall approve and continue to approve only courses which continuously maintain a high quality standard of instruction.

~~(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student must have already completed a Board-approved course in coronal polishing.~~

(b) A pit and fissure sealant course provider applying for initial and continued approval shall submit to the board an application and other required documents and information on forms prescribed by the board with all related fees. Consistent with CCR Section 1070, the board may approve or deny approval after evaluation of all components of the course has been performed by subject matter experts who shall serve as educational consultants to the board. A recommendation for final approval shall be submitted to the Dental Assisting Council.

- (1) Effective January 1, 2016, all stand-alone course providers of pit and fissure sealant courses shall seek renewal as a registered course provider every two (2) years by submitting a provider renewal application prescribed by the board that is hereby incorporated by reference (insert here) and accompanied by the fee as required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that the provider will only offer the course and issue certificates of completion to participants that meet the requirements of the course as defined herein.
- (2) To renew its provider status, a stand-alone course provider shall submit a renewal application and biennial report prescribed by the board which shall include, at minimum, copies of current course outlines, learning

objectives of the course, current faculty and instructional staff reports with copies of teacher credentials and verification of teacher qualifications, and all other supporting documentation necessary to demonstrate compliance with current course regulations.

(3) The Board may randomly audit a provider of any course. If an audit is conducted the provider shall submit to the board the following information and documentation:

(A) All faculty and staff documentation;

(B) Course content outlines and examination records;

(C) Educational objectives or outcomes;

(D) Competency forms for each participant;

(E) Evidence of registration documents and protocols used for participant registration;

(F) Attendance records and rosters; and

(G) Copies of all course completion certification cards issued to participants.

(4) All provider records described in this Article shall be retained for a period of no less than seven years.

~~(c) Administration/Facility. Adequate provision for the supervision and operation of the course shall be made.~~

~~(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed Board-approved courses in coronal polishing and the application of pit and fissure sealants. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach, place, and evaluate the application of pit and fissure sealants. All faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation.~~

(c) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards for fraud, misrepresentation or violation of any applicable federal or state laws relating to the performance of pit and fissure sealants, or for violation or non-compliance of this Section and all applicable regulations.

(d) The following criteria shall be met by a course in pit and fissure sealants to secure and maintain approval by the Board. Courses approved prior to the effective date of these regulations, shall submit to the Board a completed "Notice of Compliance with New Requirements for Pit and Fissure Sealant Courses" (*insert date*), hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(e) Adequate provisions for the supervision and operation of the course shall be made in compliance with Sections 1070 and 1070.1 and the following:

1. Providers shall demonstrate how evidence that all course pre-requisites has been met prior to acceptance of the participant in the course. Course pre-requisites are:
 - (i) Current and valid licensure as a Registered Dental Assistant, and
 - (ii) Current and valid certification in basic life support.
2. All faculty and instructional staff shall have been licensed for a minimum of four years, shall be certified in Pit and Fissure Sealants, and shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate pit and fissure sealants. Prior to instruction, all faculty and instructional staff shall complete a two-hour methodology certification course that shall include curriculum addressing clinical evaluation criteria, course outline development, test construction, and developing student-learning outcomes.
3. Stand-alone courses in pit and fissure sealants shall not be required to employ a dentist for the purposes of oversight during pre-clinical or clinical instruction but must seek permission or prescription by a licensed dentist who shall diagnose and prescribe sealant placement for each patient utilized during clinical instruction. Each clinical patient approved for sealant placement must possess a minimum of two (2) virgin, non-restored, natural teeth, sufficiently erupted allowing for proper caries identification procedures to be performed by the student, and so that a dry field can be maintained for application of the etching, or etchant/bond combination, and sealant materials by the student.
4. Additionally, all patient's or their guardian must complete a health history form with consent acknowledging the procedure is being performed by a student with permission by a licensed dentist or the patient's dentist of record. Such documentation shall be maintained in the student records.
5. A course in pit and fissure sealants shall be of sufficient duration for the student to develop minimum competency in all aspects of the subject area, but shall in no event be less than ~~16~~ 24 clock hours, including at least ~~4-8~~ 4-8 hours of didactic training, at least ~~4-8~~ 4-8 hours of ~~laboratory~~ pre-clinical training, and at least 8 hours of clinical training.
6. Each student must ~~possess the necessary requirements for application for RDA licensure or~~ must currently possess an active, valid and current RDA license as a registered dental assistant. ~~Each student must~~
7. A detailed course outline shall be established and maintained consistent with CCR 1070 and 1070.1 and shall be provided to students prior to the start of instruction.

8. Providers of pit and fissure sealant courses shall issue Course Completion Certification Cards to each participant upon successful completion of the course. Each card shall transmit to the board the name, date of birth and RDA license number of each course completer, all provider information, date(s) of the course, course approval code issued by the board, and certification by signature verifying completion requirements. Such proof of completion shall be issued by the participant to the Board for proof of certification.

~~(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course 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 the course.~~

~~(C) Informing the Board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.~~

~~(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in the application of pit and fissure sealants, but shall in no event be less than 16 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 8 hours of clinical training.~~

~~(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.~~

~~(f) Facilities and Resources. facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in applying pit and fissure sealants.~~

~~(1) Lecture classrooms; classroom size and equipment shall accommodate the number of students enrolled.~~

~~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. [In addition];~~

~~(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; air-water syringe; adjustable light; oral evacuation equipment; work surface; hand-washing sink; curing light, and all other armamentarium required to instruct in the application of pit and fissure sealants.~~

~~(B) Each operatory must be of sufficient size to accommodate a practitioner, a student, an instructor, and a patient at one time.~~

~~(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in the application of pit and fissure sealants. Protective eyewear is required for each student.~~

~~(4) Infection Control. The program shall establish written 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.~~

~~(5) Emergency Materials/Basic Life Support.~~

~~(A) A written policy on managing emergency situations must be made available to all students, faculty, and staff.~~

~~(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. Re-certification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff.~~

~~(g) Program Content.~~

~~(1) Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of pit and fissure sealants.~~

~~(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction.~~

~~(3) 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 application of pit and fissure sealants. The course shall assure that students who successfully complete the course can apply pit and fissure sealants with minimum competence.~~

~~(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and 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 that states the minimum number of satisfactory performances that are required for each procedure.~~

(g) (51) Didactic Instruction: Areas of instruction shall include at least the following as they relate to pit and fissure sealants:

(A) Dental Science - Oral Anatomy, Histology, Physiology, Oral Pathology, Normal and Abnormal Anatomical and Physiological Tooth Descriptions

(B) Morphology and Microbiology

(C) Dental Materials and Pharmacology

(D) Sealant Basics:

1. Legal requirements
2. Description and goals of sealants
3. Indications and contraindications
4. Role in preventive programs
5. Use of caries identification devices and materials

(E) Sealant Materials and Caries Identification Devices:

1. Etchant and/or etchant/bond combination material composition, process, storage and handling
2. Sealant material composition, polymerization type, process, storage and handling
3. Armamentaria for etching and sealant application

4. Problem solving for etchant and sealant material placement/manipulation
5. Armamentaria for caries identification

(F) Sealant Criteria:

1. Areas of application
2. Patient selection factors
3. Caries identification ~~Other indication factors~~ protocols

(G) Preparation Factors:

1. Moisture control protocol
2. Tooth/teeth preparation procedures prior to etching or etchant/bond
3. Recording of caries identification devices or materials

(H) Acid Etching or Etchant/Bond Combination:

1. Material preparation
2. Application areas
3. Application time factors
4. Armamentaria
5. Procedure
6. Etchant or etchant/bond evaluation criteria

(I) Sealant Application:

1. Application areas
2. Application time factors
3. Armamentaria
4. Procedure for chemical cure and light cure techniques

5. Sealant evaluation criteria

6. Sealant adjustment techniques

(J) Infection control protocols

(K) Clinical re-call re-evaluation protocols

(L) OSHA Bloodborne Pathogens Standard review

(a) Successful completion of a written examination to include all areas of didactic instruction must occur prior to pre-clinical instruction and experiences and shall be constructed and administered in a manner consistent with all state-administered examinations.

~~(62) Pre-Clinical Instruction: There shall be no more than 14 students per instructor during laboratory instruction. Laboratory Pre-clinical instruction may be conducted on a typodont, a simulated model, and/or mounted extracted teeth. Sufficient time shall be available for all students to obtain laboratory pre-clinical experience to achieve minimum competence in caries identification and pit and fissure sealant application prior to the performance of procedures on patients.~~

(a) A procedure has been successfully completed only if each sealant placed meets all stated performance criteria. Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all pre-clinical experiences.

(b) In accordance with Section 1070.1, there shall be no more than six students per instructor during pre-clinical instruction and experiences.

(c) Successful completion of all pre-clinical/laboratory competencies must occur prior to clinical instruction and experiences.

~~(73) Clinical Experiences: shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction and competency evaluations shall include clinical experience on four patients with two of the four patients used for the clinical examination. Patient selection shall follow all stated criteria.~~

(a) Each clinical patient must have a minimum of ~~four (4)~~ two (2) virgin, non-restored, natural teeth, sufficiently erupted for the student to perform caries identification procedures and so that a dry field can be maintained, for application of the etching, or etchant/bond combination,

and sealant materials. ~~Such clinical instruction shall include teeth in all four quadrants for each patient.~~

- (b) Each clinical patient shall undergo caries identification procedures by the student as part of the procedural experience and to ensure student demonstrates to minimum competency the protocols for proper sealant tooth selection.
- (c) A procedure has been successfully completed only if each sealant placed meets all stated performance criteria. Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all clinical experiences.
- (d) In accordance with Section 1070.1, there shall be no more than six students per instructor during clinical instruction and experiences.

(4) Upon completion of the course, each student must be able to:

- (a) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to pit and fissure application.
- (b) Explain the procedure to patients.
- (c) Recognize decalcification, caries and fracture lines.
- (d) Identify the indications and contraindications for sealants.
- (e) Identify the characteristics of a caries identification device, light curing devices, isolation devices, and self-curing and light-cured sealant materials.
- (f) Define the appropriate patient selection factors and indication factors for sealant application.
- (g) Utilize proper armamentaria in an organized sequence.
- (h) Maintain appropriate moisture control protocol before and during application of etchant and sealant material.
- (i) Demonstrate the proper technique for teeth preparation prior to etching.

- (j) Select and dispense the proper amount of etchant and sealant material when using materials requiring etchant; and the proper use of etchless sealant materials including bondable materials.
- (k) Demonstrate the proper techniques for application of the etchant and sealant material.
- (l) Implement problem solving techniques associated with pit and fissure sealants.
- (m) Evaluate the etchant and sealant placement techniques according to appropriate criteria.
- (n) Check the occlusion and proximal contact for appropriate placement techniques.
- (o) Adjust occlusion and evaluate or correct proximal areas(s) when indicated.
- (p) Maintain aseptic techniques including disposal of contaminated material.

~~(h) Externship Instruction. (1) If an extramural clinical facility is utilized, students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of pit and fissure sealants.~~

~~(2) 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.~~

~~(3) Objective evaluation criteria shall be used by the program faculty and clinic personnel.~~

~~(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 course, 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.~~

~~(i) Evaluation and Examination.~~

~~(1) Upon completion of the course, each student must be able to:~~

~~(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to pit and fissure application.~~

~~(B) Explain the procedure to patients.~~

~~(C) Recognize decalcification, caries and fracture lines.~~

~~(D) Identify the indications and contraindications for sealants.~~

~~(E) Identify the characteristics of self-curing and light cured sealant material.~~

~~(F) Define the appropriate patient selection factors and indication factors for sealant application.~~

~~(G) Utilize proper armamentaria in an organized sequence.~~

~~(H) Maintain appropriate moisture control protocol before and during application of etchant and sealant material.~~

~~(I) Demonstrate the proper technique for teeth preparation prior to etching.~~

~~(J) Select and dispense the proper amount of etchant and sealant material.~~

~~(K) Demonstrate the proper techniques for application of the etchant and sealant material.~~

~~(L) Implement problem solving techniques associated with pit and fissure sealants.~~

~~(M) Evaluate the etchant and sealant placement techniques according to appropriate criteria.~~

~~(N) Check the occlusion and proximal contact for appropriate placement techniques.~~

~~(O) Adjust occlusion and evaluate or correct proximal areas(s) when indicated.~~

~~(P) Maintain aseptic techniques including disposal of contaminated material.~~

(h) Extramural dental facilities may be utilized by a course for the purposes of sealant clinical competencies. There shall be a written contract of affiliation with each clinical

facility and the extramural supervising licensed dentist utilized by a course consistent with the requirements in CCR Section 1070.

~~(2) Each student shall pass a written examination which reflects the entire curriculum content.~~

~~(3) Each student shall pass a clinical examination in which the student successfully completes the application of pit and fissure sealants on two of the four clinical patients required for clinical instruction. The examination shall include teeth in all four quadrants.~~

Dental Board current language for §1070.3 is as follows:

§ 1070.3. Approval of Pit and Fissure Sealant Courses.

The following minimum criteria shall be met for a course in the application of pit and fissure sealants to secure and maintain approval by the Board.

- (a) Educational Setting. The course shall be established at the post-secondary educational level.
- (b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student must have already completed a Board-approved course in coronal polishing.
- (c) Administration/Facility. Adequate provision for the supervision and operation of the course shall be made.

(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed Board-approved courses in coronal polishing and the application of pit and fissure sealants. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach, place, and evaluate the application of pit and fissure sealants. All faculty responsible for clinical evaluation shall have completed a two hour methodology course in clinical evaluation.

(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course 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 the course.

(C) Informing the Board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.

(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in the application of pit and fissure sealants, but shall in no event be less than 16 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 8 hours of clinical training.

(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.

(f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in applying pit and fissure sealants. Such facilities shall include safe, adequate and educationally conducive:

(1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.

(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.

(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; air-water syringe; adjustable light; oral evacuation equipment; work surface; hand-washing sink; curing light, and all other armamentarium required to instruct in the application of pit and fissure sealants.

(B) Each operatory must be of sufficient size to accommodate a practitioner, a student, an instructor, and a patient at one time.

(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in

the application of pit and fissure sealants. Protective eyewear is required for each student.

(4) Infection Control. The program shall establish written 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.

(5) Emergency Materials/Basic Life Support.

(A) A written policy on managing emergency situations must be made available to all students, faculty, and staff.

(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. Re-certification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff.

(g) Program Content.

(1) Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of pit and fissure sealants.

(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction.

(3) 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 application of pit and fissure sealants. The course shall assure that students who successfully complete the course can apply pit and fissure sealants with minimum competence.

(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and 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 that states the minimum number of satisfactory performances that are required for each procedure.

(5) Areas of instruction shall include at least the following as they relate to pit and fissure sealants:

(A) Dental Science - Oral Anatomy, Histology, Physiology, Oral Pathology, Normal/Abnormal Anatomical and Physiological Tooth Descriptions

(B) Morphology and Microbiology

(C) Dental Materials and Pharmacology

(D) Sealant Basics

1. Legal requirements
2. Description and goals of sealants
3. Indications and contraindications
4. Role in preventive programs

(E) Sealant Materials

1. Etchant and/or etchant/bond combination material composition, process, storage and handling
2. Sealant material composition, polymerization type, process, storage and handling
3. Armamentaria for etching and sealant application
4. Problem solving for etchant and sealant material placement/manipulation

(F) Sealant Criteria

1. Areas of application
2. Patient selection factors
3. Other indication factors

(G) Preparation Factors

1. Moisture control protocol

2. Tooth/teeth preparation procedures prior to etching or etchant/bond

(H) Acid Etching or Etchant/Bond Combination

1. Material preparation
2. Application areas
3. Application time factors
4. Armamentaria
5. Procedure
6. Etchant or etchant/bond evaluation criteria

(I) Sealant Application

1. Application areas
2. Application time factors
3. Armamentaria
4. Procedure for chemical cure and light cure techniques
5. Sealant evaluation criteria
6. Sealant adjustment techniques

(J) Infection control protocol

(K) Clinical re-call re-evaluation protocols

(6) There shall be no more than 14 students per instructor during laboratory instruction. Laboratory instruction may be conducted on a typodont, a simulated model, and/or mounted extracted teeth. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in pit and fissure sealant application prior to the performance of procedures on patients.

(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on four patients with two of the four patients used for the clinical

examination. Each clinical patient must have a minimum of four (4) virgin, non-restored, natural teeth, sufficiently erupted so that a dry field can be maintained, for application of the etching, or etchant/bond combination, and sealant materials. Such clinical instruction shall include teeth in all four quadrants for each patient.

(h) Externship Instruction.

(1) If an extramural clinical facility is utilized, students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of pit and fissure sealants.

(2) 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.

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

(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 course, 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.

(i) Evaluation and Examination.

(1) Upon completion of the course, each student must be able to:

(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to pit and fissure application.

(B) Explain the procedure to patients.

(C) Recognize decalcification, caries and fracture lines.

- (D) Identify the indications and contraindications for sealants.
- (E) Identify the characteristics of self curing and light cured sealant material.
- (F) Define the appropriate patient selection factors and indication factors for sealant application.
- (G) Utilize proper armamentaria in an organized sequence.
- (H) Maintain appropriate moisture control protocol before and during application of etchant and sealant material.
- (I) Demonstrate the proper technique for teeth preparation prior to etching.
- (J) Select and dispense the proper amount of etchant and sealant material.
- (K) Demonstrate the proper techniques for application of the etchant and sealant material.
- (L) Implement problem solving techniques associated with pit and fissure sealants.
- (M) Evaluate the etchant and sealant placement techniques according to appropriate criteria.
- (N) Check the occlusion and proximal contact for appropriate placement techniques.
- (O) Adjust occlusion and evaluate or correct proximal areas(s) when indicated.
- (P) Maintain aseptic techniques including disposal of contaminated material.

(2) Each student shall pass a written examination which reflects the entire curriculum content.

(3) Each student shall pass a clinical examination in which the student successfully completes the application of pit and fissure sealants on two of the four clinical patients required for clinical instruction. The examination shall include teeth in all four quadrants.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1754 and 1777, Business and Professions Code.

*****WORKING DOCUMENT*****

Proposed Ultrasonic Scaling Course Regulation Changes

CADAT's proposed language for §1070.4 is as follows:

CCR §1070.5:

Ultrasonic Scaling for Orthodontic Cement Removal Certification for the RDA – Approval; Continued Approved Status for Stand-Alone Courses in Ultrasonic Scaling for Cement Removal for the RDA; Curriculum Requirements; Issuance of Certification

The following minimum criteria shall be met for a course in the removal of excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler, hereinafter referred to as “ultrasonic scaling”, to secure and maintain approval by the Board.

~~(a) Educational Setting. The course shall be established at the post-secondary educational level.~~

~~(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license.~~

(a) A course in the performance of ultrasonic scaling for is one that has as its primary purpose providing theory and clinical application in the mechanical removal of orthodontic cement from around bands and brackets utilized in orthodontic treatment. A single standard of care shall be maintained and the board shall approve and continue to approve only programmatic curricula and stand-alone courses which continuously maintain a high quality standard of instruction.

(b) An ultrasonic scaling course provider applying for initial and continuing approval shall submit to the board an application and other required documents and information on forms prescribed by the board, including all applicable fees. Consistent with Section 1070, the board may approve or deny approval after evaluation of all components of the course has been performed by subject matter experts who shall serve as educational consultants to the board. A recommendation for final approval shall be submitted to the Dental Assisting Council.

(1) Effective 1/1/2016, all stand-alone course providers of ultrasonic scaling courses shall seek renewal as a registered course provider every two years by submitting a provider renewal application prescribed by the board that is hereby incorporated by reference and accompanied by the fee as required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that the provider will only offer the course and issue certificates of completion to participants that meet the requirements of the course as defined herein.

(2) To renew its provider status, a stand-alone course provider shall submit a renewal application and biennial report prescribed by the board which shall

include, at minimum, copies of current course outlines, learning objectives of the course, current faculty and instructional staff reports with copies of teacher credentials and verification of teacher qualifications, and all other supporting documentation necessary to demonstrate compliance with current course regulations.

(3) The Board may randomly audit a provider of any course. If an audit is conducted the provider shall submit to the board the following information and documentation:

- (A) All faculty and staff documentation;
- (B) Course content outlines and examination records;
- (C) Educational objectives or outcomes;
- (D) Competency forms for each participant;
- (E) Evidence of registration documents and protocols used for participant registration;
- (F) Attendance records and rosters; and
- (G) Copies of all course completion certification cards issued to participants.

(4) All provider records described in this Article shall be retained for a period of no less than seven years.

(c) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards for fraud, misrepresentation or violation of any applicable federal or state laws relating to the performance of ultrasonic scaling, or for violation or non-compliance of this Section and all applicable regulations.

(d) In addition to the requirements of Sections 1070 and 1070.1 of these regulations, the following criteria shall be met by a course in ultrasonic scaling to secure and maintain approval by the board. To maintain approval, courses approved prior to the effective date of these regulations, shall submit to the board a completed "Notice of Compliance with New Requirements for Ultrasonic Scaling Courses (*insert date*)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(e) Adequate provisions for the supervision and operation of the course shall be made in compliance with Sections 1070 and 1070.1.

(1) All faculty and instructional staff shall have been licensed for a minimum of four years, shall be certified in Ultrasonic Scaling for Cement Removal, and

shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate ultrasonic scaling for cement removal procedures. Prior to instruction, all faculty and instructional staff shall complete a board-approved two-hour educational methodology certification course specific to ultrasonic scaling which shall include curriculum addressing laboratory evaluation criteria, course outline development, test construction, and developing student learning outcomes.

- (2) A course in ultrasonic scaling shall be of sufficient duration for the student to develop minimum competence, but shall in no event be less than 4.6 clock hours, including at least 3 hours of didactic training and at least 3 hours of laboratory training.
- (3) Each student in a stand-alone course must possess an active, valid and current RDA license as a registered dental assistant. Courses must establish and demonstrate to the board the protocols necessary to ensure students have met licensure as a prerequisite prior to the start of instruction. Students enrolled in a board-approved Orthodontic Assistant Permit Course are exempt from this prerequisite.
- (4) Registered dental assisting programs incorporating ultrasonic scaling as a component of a total program of instruction shall ensure all students have completed instruction in infection control and basic chairside skills prior to instruction in orthodontic procedures involving ultrasonic scaling for cement removal.
- (5) A detailed course outline shall be provided to the board established and maintained consistent with CCR 1070(i) and shall be provided to students prior to the start of instruction.
- (6) Providers of ultrasonic scaling for cement removal certification courses shall issue a Course Completion Certification Card to each participant upon successful completion of the course. Each card shall transmit to the board the name, date of birth of each course completer, all provider information, date(s) of the course, course approval code issued by the board, and certification by signature verifying completion requirements. Such proof of completion shall be issued by the participant to the Board for proof of certification.

~~(c) Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made.~~

~~(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed a board-approved course in ultrasonic scaling. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach and evaluate ultrasonic scaling. All faculty responsible for clinical evaluation shall have completed a two hour methodology course.~~

~~(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:~~

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

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

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

~~b) Copies of faculty credentials, licenses, and certifications.~~

~~c) Individual student records, including those necessary to establish satisfactory completion of the course.~~

~~(C) Informing the board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.~~

~~(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in ultrasonic scaling, but shall in no event be less than 4 clock hours, including at least 2 hours of laboratory training.~~

~~(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.~~

~~(f) Facilities and Resources. facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in the performance of ultrasonic scaling.~~

~~(1) Such facilities shall include safe, adequate and educationally conducive: (f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in ultrasonic scaling. Such facilities shall include safe, adequate and educationally conducive:~~

~~(1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.~~

~~(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every six students at any 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; air-water syringe; adjustable light; oral evacuation equipment; work surface, hand-washing sink; and all other armamentarium required to instruct in the performance of ultrasonic scaling.~~

~~(B) Each operatory must be of sufficient size to accommodate a student and an instructor at one time.~~

~~(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in ultrasonic scaling. There shall be at least one ultrasonic unit and orthodontically banded typodont for every four students. This procedure shall be performed by an operator wearing gloves, mask, and safety glasses.~~

~~(4) Infection Control. The program shall establish written 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 and equipment shall be provided for preparing and sterilizing all armamentarium.~~

~~(g) Program Content:~~

~~(1) Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the various protocols used in the performance of ultrasonic scaling.~~

~~(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic and laboratory instruction and practical examination evaluation criteria.~~

~~(3) 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 performance of ultrasonic scaling. The course shall assure that students who successfully complete the course can perform ultrasonic scaling with minimum competence.~~

~~(4) Objective evaluation criteria shall be used for measuring student progress toward attainment 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 that states the minimum number of satisfactory performances that are required for each procedure.~~

~~(5) Areas of instruction shall include at least the following as they relate to ultrasonic scaling:~~

(g) Didactic Instruction: Areas of instruction shall include the following as they relate to ultrasonic scaling for cement removal:

(A) Ultrasonic Scaling Basics:

- (1) Legal requirements;
- (2) Description and goals of ultrasonic scaling;
- (3) Indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal;
- (4) Criteria for acceptable cement removal from orthodontically banded teeth

(B) Tooth morphology and anatomy of the oral cavity as they relate to the use of an ultrasonic scaler in cement removal of orthodontically banded teeth.

(C) Armamentarium and equipment use and care.

(D) Principles of cement removal from orthodontically banded teeth:

- (1) Characteristics of ultrasonic scaler units and tips for cement removal;
- (2) Instrument grasps and fulcrum techniques;
- (3) Purpose and techniques of the mouth mirror for indirect vision and retraction;
- (4) Characteristics, manipulation and care of ultrasonic scaler unit when removing excess cement from orthodontically banded teeth;
- (5) Effects of ultrasonic scalers on hard and soft tissue including root damage, enamel damage, thermal damage, and soft tissue damage;
- (6) Patient and operator safety including systemic medical complications and managing patients with pacemakers;
- (7) Use of adjunct material for removal of excess cement from orthodontically banded teeth;
- (8) Techniques for removal of excess cement from orthodontically banded teeth on a banded typodont;
- (9) Evaluation criteria for removal of excess cement by an ultrasonic scaler on a banded typodont.

(a) Successful completion of a written examination to include all areas of didactic instruction must occur prior to laboratory instruction and experiences and shall be constructed and administered in a manner consistent with all state-administered examinations.

(h) Laboratory Instruction: There shall be no more than six students per instructor during laboratory instruction and experiences. Laboratory instruction shall be conducted on a fully articulated typodont, simulated model, or mannequin device containing orthodontic bands or brackets or a combination thereof and shall include flexible facial covering that

simulates cheeks. Sufficient time shall be available for all students to obtain complete at least three laboratory experiences to achieve minimum competence in the performance of ultrasonic scaling prior to examination.

- (a) A procedure has been successfully completed only if each student completes a cement removal procedure involving at least two teeth on an orthodontically prepared typodont, mannequin or model using cementation product(s) easily visible to the operator.
- (b) A total of three performances shall be completed and evaluated, with one of the three performances used as a final examination for competence.
- (c) Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all laboratory experiences.

(i) Upon completion of the course, each student must be able to:

- (a) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to the use of an ultrasonic scaler in the removal of cement from orthodontic bands.
- (b) Describe the necessary aspects of pre-operative instructions to patients.
- (c) Recognize loose appliances.
- (d) Recognize decalcification and mottled enamel.
- (e) Identify the indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal.
- (f) Identify pre-medications for the compromised patient.
- (g) Utilize proper armamentaria in an organized sequence for the use of an ultrasonic scaler in cement removal on an orthodontically banded typodont.
- (h) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction.
- (i) Demonstrate the proper techniques for removal of cement from teeth under orthodontic treatment without causing damage to hard or soft tissues, removing cement from underneath appliances, or loosening appliances.
- (j) J) Maintain aseptic techniques including disposal of contaminated materials.

~~(6) There shall be no more than six (6) students per instructor during laboratory instruction. Laboratory experience will consist of practice on orthodontically banded typodonts. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the performance of ultrasonic scaling~~

prior to examination on two orthodontically banded typodonts for evaluation of clinical competence.

~~(h) Extramural Instruction.~~

~~(1) If an extramural facility is utilized, students shall, as part of an organized program of instruction, be provided with planned, supervised instruction in the removal of excess cement from orthodontically banded teeth.~~

~~(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extramural sites and evaluating student competence in performing procedures both before and after the extramural assignment.~~

~~(3) Objective evaluation criteria shall be used by the program faculty and extramural personnel.~~

~~(4) Dentists who intend to provide extramural facilities 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 course, 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 facility utilized by the program. Such contract shall describe the settings in which the instruction will be received, affirm that the extramural 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.~~

~~(i) Evaluation and Examination.~~

~~(1) Upon completion of the course, each student must be able to:~~

~~(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to the use of an ultrasonic scaler in the removal of cement from orthodontic bands.~~

~~(B) Describe the necessary aspects of pre-operative instructions to patients.~~

~~(C) Recognize loose appliances.~~

~~(D) Recognize decalcification and mottled enamel.~~

~~(E) Identify the indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal.~~

~~(F) Identify pre-medications for the compromised patient.~~

~~(G) Utilize proper armamentaria in an organized sequence for the use of an ultrasonic scaler in cement removal on an orthodontically banded typodont.~~

~~(H) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction.~~

~~(I) Demonstrate the proper techniques for removal of cement from teeth under orthodontic treatment without causing damage to hard or soft tissues, removing cement from underneath appliances, or loosening appliances.~~

~~J) Maintain aseptic techniques including disposal of contaminated materials.~~

~~(2) Each student shall pass a written examination which reflects the entire curriculum content.~~

~~(3) Each student shall pass a laboratory examination on two orthodontically banded typodonts which represent all four quadrants which have been banded using cementation product(s) easily visible to the operator.~~

Dental Board's current language for §1070.5 is as follows:

§ 1070.5. Approval of Ultrasonic Scaling Courses.

The following minimum criteria shall be met for a course in the removal of excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler, hereinafter referred to as "ultrasonic scaling", to secure and maintain approval by the Board.

(a) Educational Setting. The course shall be established at the post-secondary educational level.

(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license.

(c) Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made.

(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed a board-approved course in ultrasonic scaling. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach and evaluate ultrasonic scaling.

(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:

(A) Providing guidance of didactic and laboratory assignments.

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

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

(ii) Copies of faculty credentials, licenses, and certifications.

(iii) Individual student records, including those necessary to establish satisfactory completion of the course.

(C) Informing the board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.

(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in ultrasonic scaling, but shall in no event be less than 4 clock hours, including at least 2 hours of laboratory training.

(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.

(f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in ultrasonic scaling. Such facilities shall include safe, adequate and educationally conducive:

(1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.

(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every six students at any 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; air-water syringe; adjustable light; oral evacuation equipment; work surface, hand-washing sink; and all other armamentarium required to instruct in the performance of ultrasonic scaling.

(B) Each operatory must be of sufficient size to accommodate a student and an instructor at one time.

(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in ultrasonic scaling. There shall be at least one ultrasonic unit and orthodontically banded typodont for every four students. This procedure shall be performed by an operator wearing gloves, mask, and safety glasses.

(4) Infection Control. The program shall establish written 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 and equipment shall be provided for preparing and sterilizing all armamentarium.

(g) Program Content.

(1) Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the various protocols used in the performance of ultrasonic scaling.

(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic and laboratory instruction and practical examination evaluation criteria.

(3) 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 performance of ultrasonic scaling. The course shall assure that students who successfully complete the course can perform ultrasonic scaling with minimum competence.

(4) Objective evaluation criteria shall be used for measuring student progress toward attainment 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 that states the minimum number of satisfactory performances that are required for each procedure.

(5) Areas of instruction shall include at least the following as they relate to ultrasonic scaling:

(A) Ultrasonic Scaling Basics

- i. Legal requirements;
- ii. Description and goals of ultrasonic scaling;
- iii. Indications and contraindication of using an ultrasonic scaler as it relates to other methods of cement removal;
- iv. Criteria for acceptable cement removal from orthodontically banded teeth.

(B) Tooth morphology and anatomy of the oral cavity as they relate to the use of an ultrasonic scaler in cement removal of orthodontically banded teeth.

(C) Armamentarium and equipment use and care.

(D) Principles of cement removal from orthodontically banded teeth

- i. Characteristics of ultrasonic scaler units and tips for cement removal;
- ii. Instrument grasps and fulcrum techniques;
- iii. Purpose and techniques of the mouth mirror for indirect vision and retraction;
- iv. Characteristics, manipulation and care of ultrasonic scaler unit when removing excess cement from orthodontically banded teeth;

- v. Effects of ultrasonic scalers on hard and soft tissue including root damage, enamel damage, thermal damage, and soft tissue damage;
- vi. Patient and operator safety including systemic medical complications and managing patients with pacemakers;
- vii. Use of adjunct material for removal of excess cement from orthodontically banded teeth;
- viii. Techniques for removal of excess cement from orthodontically banded teeth on a banded typodont;
- ix. Evaluation criteria for removal of excess cement by an ultrasonic scaler on a banded typodont.

(E) Infection control protocols

(6) There shall be no more than six (6) students per instructor during laboratory instruction. Laboratory experience will consist of practice on orthodontically banded typodonts. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the performance of ultrasonic scaling prior to examination on two orthodontically banded typodonts for evaluation of clinical competence.

(h) Extramural Instruction.

(1) If an extramural facility is utilized, students shall, as part of an organized program of instruction, be provided with planned, supervised instruction in the removal of excess cement from orthodontically banded teeth.

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

(3) Objective evaluation criteria shall be used by the program faculty and extramural personnel.

(4) Dentists who intend to provide extramural facilities 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 course, 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 facility utilized by the program. Such contract shall describe the settings in which the instruction will be received, affirm that the extramural 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.

(i) Evaluation and Examination.

(1) Upon completion of the course, each student must be able to:

(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to the use of an ultrasonic scaler in the removal of cement from orthodontic bands.

(B) Describe the necessary aspects of pre-operative instructions to patients.

(C) Recognize loose appliances.

(D) Recognize decalcification and mottled enamel.

(E) Identify the indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal.

(F) Identify pre-medications for the compromised patient.

(G) Utilize proper armamentaria in an organized sequence for the use of an ultrasonic scaler in cement removal on an orthodontically banded typodont.

(H) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction.

(I) Demonstrate the proper techniques for removal of cement from teeth under orthodontic treatment without causing damage to hard or soft tissues, removing cement from underneath appliances, or loosening appliances.

(J) Maintain aseptic techniques including disposal of contaminated materials.

(2) Each student shall pass a written examination which reflects the entire curriculum content.

(3) Each student shall pass a laboratory examination on two orthodontically banded typodonts which represent all four quadrants which have been banded using cementation product(s) easily visible to the operator.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1754, Business and Professions Code.