Friday, February 25, 2011

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources.

8:00 AM DENTAL BOARD OF CALIFORNIA – FULL BOARD

ROLL CALL..... Establishment of a Quorum

AGENDA ITEM 1..... Approval of the Full Board Meeting Minutes from November 4-5, 2010 and December 14, 2010.

AGENDA ITEM 2..... President's Report

AGENDA ITEM 3..... Executive Officer's Report

AGENDA ITEM 4..... DCA Director's Report
(A) Update on Department of Consumer Affair's Substance Abuse Coordination Committee's Recommendations for the Board's Diversion and Probation Monitoring Programs, Pursuant to SB 1441

AGENDA ITEM 5..... Update on Dental Hygiene Committee of California (DHCC) Activities

AGENDA ITEM 6..... Update Regarding Dental Board of California's Sunset Review

AGENDA ITEM 7..... Budget Reports: Dental Fund & Dental Assisting Fund

AGENDA ITEM 8..... Discussion and Possible Action to Consider:
(A)Comments Received During the 15-Day Third Modified Text Notice Comment Period Relative to Amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and Proposed Additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 for Dental Assisting Educational Programs and Courses, and

(B) Adoption of Amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and Proposed Additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 for Dental Assisting Educational Programs and Courses

AGENDA ITEM 9..... Discussion and Possible Action to Consider:
(A) A Policy Decision to Extend Licensure Exemption for Out-of-State Licensed Dentists and Registered Dental Assistants to Provide Healthcare Services at Sponsored Free Health Care Events Pursuant to Business and Professions Code Section 901

(B) Initiation of a Rulemaking to Add Title 16, CCR, Sections 1023.15, 1023.16, 1023.17, and 1023.18 Relevant to Licensure Exemption for Out of State Licensed Practitioners to Provide Healthcare Services at Sponsored Free Health Care Events.

AGENDA ITEM 10..... Discussion and Possible Action to Consider the Initiation of a Rulemaking to Amend Title 16, CCR, Section 1018 Regarding Uniform Standards for Substance Abusing Healing Arts Licensees and Disciplinary Guidelines

AGENDA ITEM 11..... Discussion and Possible Action Regarding Proposals for Legislation to Exempt from Public Contracts Code Personal Services – Subject Matter Experts.

AGENDA ITEM 12..... Discussion and Possible Action Regarding Participation in the Office of Statewide Health Planning and Development's Phase 1 of the Clearinghouse Test Data Collection and the Impact on the Board's Staff Workload

AGENDA ITEM 13..... Examination Committee Report
The Board may take action on any items listed on the attached Examination Committee agenda.

AGENDA ITEM 14..... Licensing, Certification & Permits Committee Report
The Board may take action on any items listed on the attached Licensing, Certification & Permits Committee agenda.

AGENDA ITEM 15..... Dental Assisting Committee Report
The Board may take action on any items listed on the attached Dental Assisting Committee agenda.

AGENDA ITEM 16..... Legislative and Regulatory Committee Report
The Board may take action on any items listed on the attached Legislative and Regulatory Committee agenda.

AGENDA ITEM 17..... Enforcement Committee Report
The Board may take action on any items listed on the attached Enforcement Committee agenda.

AGENDA ITEM 18..... Discussion and Possible Action regarding the Dental Board of California's Public Records Act Policy

AGENDA ITEM 19..... Update from Subcommittee regarding Portfolio Licensure Examination for Dentistry (AB 1524, Stats 2010 ch 446)

AGENDA ITEM 20..... Report on the January 19, 2011 meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee, Discussion and Possible Action to Accept Committee Recommendations for Issuance of Permits, and Appointments of Credentialing Committee Member(s)

AGENDA ITEM 21..... Discussion and Possible Action Regarding Length of Time for Retention of Inactive Patient Records

PUBLIC COMMENT

ADJOURNMENT

Public comments will be taken on agenda items at the time the specific item is raised. The Board may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the President. For verification of the meeting, call (916) 263-2300 or access the Board's Web Site at **www.dbc.ca.gov**. The meeting facilities are accessible to individuals with physical disabilities. Please make any request for accommodations to Richard DeCuir at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by calling (916) 263-2300 no later than one week prior to the day of the meeting.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR
DENTAL BOARD OF CALIFORNIA
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Dental Board of California Meeting
Thursday, November 4, 2010
El Segundo, CA 90245
DRAFT Meeting Minutes

Members Present:
John Bettinger, DDS, President
Bruce Whitcher, DDS, Vice President
Luis Dominicis, DDS, Secretary
Steven Afriat, Public Member
Fran Burton, Public Member
Rebecca Downing, Public Member
Judith Forsythe, RDA
Huong Le, DDS
Suzanne McCormick, DDS
Steven Morrow, DDS, MS
Thomas Olinger, DDS

Members Absent:
Stephen Casagrande, DDS

Staff Present:
Richard DeCuir, Executive Officer
Denise Johnson, Assistant Executive Officer
Donna Kantner, Licensing & Examination Unit Manager
Lori Reis, Complaint & Compliance Manager
Kim A. Trefry, Enforcement Chief
Jocelyn Campos, Enforcement Coordinator
Karen Fischer, Administrative Analyst
Sarah Wallace, Legislative/Regulatory Analyst
Linda Byers, Executive Assistant
Kristy Schieldge, DCA Senior Staff Counsel
Greg Salute, Deputy Attorney General

President Bettinger called the meeting to order at 8:07 a.m. Secretary Dominicis called the roll and established a quorum. Dr.'s Casagrande and McCormick were not present. The Board immediately went into Committee Meetings. Dr. McCormick arrived at 11:15 a.m.

The Full Board reconvened at 11:45 a.m.

Recess - Lunch Break
The Board recessed at 11:45 a.m. for lunch

Dr. Bettinger reconvened the Board at 1:00 p.m. Dr. Dominicis called the roll and established a quorum.

AGENDA ITEM 1:Department of Consumer Affairs (DCA) Director's Report
Kim Kirchmeyer, from the Department of Consumer Affairs (DCA) Director's Office, gave a report. She stated that there is currently a hiring freeze which the Dental Board is complying with. DCA is preparing for the implementation of CPEI when the freeze is lifted. The 'BREEZE'

program is scheduled for implementation in July of 2011. Implementation of the new technology has begun for Forms, Data and Reports. This will enable posting of quarterly performance measurements such as cycle time and volume of complaints on the website. DCA hopes the Board will move forward with regulations for SB1111 and SB 1441. Ms. Kirchmeyer thanked the Board for posting material on the website and for webcasting the Board Meeting.

AGENDA ITEM 2: Update on Federal Healthcare Reform Legislation
Kim Kirchmeyer, from the Department of Consumer Affairs (DCA) Director's Office gave a report. DCA is offering to provide speakers to come and talk to the Board.

AGENDA ITEM 3: Update Regarding Dental Board of California's Sunset Review
Richard Decuir, Executive Officer, reported that the initial Sunset Review Report was sent to the Senate Business, Professions and Economic Development (BP&ED) Committee. Six other Boards are also up for Sunset Review. Mr. DeCuir wanted to emphasize that if a Board is sunsetted, it is abolished unlike in past years when is just became a Bureau. We would have to find someone to author a Bill to have the Board reinstated if we were sunsetted.

AGENDA ITEM 4-A: Discussion and Possible Action to Consider: Comments Received During the 45-Day Comment Period Relative to Amendments to Title 16, CCR, Section 1005 for the Minimum Standards for Infection Control
Sarah Wallace, Legislative and Regulatory Analyst stated that at the July 26, 2010 meeting, the Board accepted proposed regulatory amendments to the California Code of Regulations, Title 16, Section 1005 relative to the minimum standards for infection control. The Board directed staff to notice the text for the 45-day comment period and set a regulatory hearing.

The proposed regulatory amendments were mailed to interested parties and posted on the Board's web site on August 26, 2010. The 45-day public comment period began on August 27, 2010 and ended on October 11, 2010. The regulatory hearing was held on October 11, 2010. Comments were received from Dr. Earl Johnson, California Dental Association (CDA), Dental Assisting Alliance, Dental Hygiene Committee of California (DHCC), California Association of Dental Assisting Teachers (CADAT), and OSHA Review Incorporated.

The Dental Hygiene Committee suggested modifying the text in section (10) by deleting "in the form of package or being wrapped before sterilization if they are not to be used immediately after being sterilized" and replacing with "and packaged or wrapped upon completion of the disinfection process." In section (11) they suggested deleting "in the form of package or being wrapped before sterilization" and replacing with "and packaged or wrapped upon completion of the disinfection process."
Staff recommended acceptance of the modified text provided by the Dental Hygiene Committee of California. Dr. McCormick raised concern that specifying "formaldehyde" as the only chemical vapor method of sterilization is not correct as there are various methods of chemical vapor sterilization that can be used for infection control. M/S/C (Le/McCormick) to accept staff's recommendation to accept the Dental Hygiene Committee's modified text with the following amendment to remove the word "formaldehyde". The motion passed unanimously.

Dr. Earl Johnson commented that wrapping or packaging an item that is heat sensitive and therefore must be submerged in liquid disinfectant before sterilization would severely restrict the disinfectant's ability to contact the contaminated instrument, reduce the reliability of the disinfection process and create a very wet package that cannot be dried easily before storage and its ultimate use. Dr. Johnson suggested editing the text in paragraph (10) to clarify instruments are to be packaged after sterilization. The staff recommended rejection of this comment. The Dental Hygiene Committee's suggested modified text specified that the disinfection process must be complete before packaging or wrapping. M/S/C (Le/Morrow) to accept staff's recommendation to reject Dr. Johnson's comment. The motion passed unanimously.

The California Association of Dental Assisting Teachers (CADAT) suggested modifying the text in paragraph (10) to clarify wrapping instruments upon completion of the disinfection process and in paragraph (11) adding the descriptive words "autoclaving' and "formaldehyde" along with "packaging and wrapping upon completion of the disinfection process." Staff recommended rejection of this comment. The Dental Hygiene Committee's suggested modified text specified that the disinfection process must be complete before packaging or wrapping. However, staff recommended utilizing some of CADAT's suggested modifications to paragraph (11) to provide consistency with the definition in paragraph (10). M/S/C (Whitcher/Le) to accept staff's recommendation to reject CADAT's comment with modifications to paragraph (11). The motion passed unanimously.

The Dental Assisting Alliance commented that paragraphs (10) and (11) are incorrect and therefore unclear because it is not appropriate or effective to wrap a heat-sensitive item before high-level disinfection or sterilization of the item, since the method of high level disinfection or sterilization for heat-sensitive items is by immersion in a liquid chemical sterilant/disinfectant. They feel that wrapping instruments after high level disinfecting or cold sterile processing is inconsistent with the Center for Disease Control's (CDC) guidelines. They suggest revising the language to reflect that if an item is stored after sterilization it must be re-sterilized immediately before use. Staff recommended rejection of this comment. The Dental Hygiene Committee's suggested modified text specified that the disinfection process must be complete before packaging or wrapping. M/S/C (Olinger/Forsythe) to accept staff's recommendation to reject the Dental Assisting Alliance's comment. The motion passed unanimously.

The California Dental Association suggested changing the language in paragraph (1) from "safe injection practices" to "safe handling of sharps". Staff recommended acceptance of this comment. M/S/C (Dominicis/McCormick) to accept staff's recommendation to accept the California Dental Association's comment. The motion passed unanimously.

The California Dental Association (CDA) suggested the addition of the word "instruments" to paragraph (2) to be consistent with paragraph (3). Staff recommended acceptance of this comment. M/S/C (Whitcher/Le) to accept the staff's recommendation to accept CDA's comment. The motion passed unanimously.

The California Dental Association suggested deleting "is the least effective disinfection process" in paragraph (5). Staff recommended rejection of this comment. The current definition is necessary to specify the distinction between disinfection levels for infection control. M/S/C (Dominicis/Olinger) to accept staff's recommendation to reject CDA's comment. The motion passed unanimously.

The California Dental Association suggested removing "germicides must be used in accordance with intended use and label instructions" in paragraph (8) and moved to sub-section (b). Staff recommended acceptance of this comment. M/S/C (McCormick/Whitcher) to accept staff's recommendation to accept CDA's comment. The motion passed unanimously.

The California Dental Association suggested removing the second and third sentences from Section 1005 (a) and move them to Section 1005 (b) because they are not part of the definition of "cleaning," but are a practice standard. Staff recommended acceptance of this comment. M/S/C (Whitcher/Olinger) to accept staff's recommendation to accept CDA's comment. The motion passed unanimously.

The California Dental Association (CDA) suggested removing the examples contained within parenthesis "(shoes, gowns/labcoats)" in paragraph (11) as they are unnecessary and also any mention of gowns/labcoats should be changed to "protective attire" to be consistent with Cal/OSHA's Bloodborne Pathogens Standard. Additionally, they suggested being more specific in paragraph (11) when referencing "shoes". And finally they ask for clarity when referencing gowns/labcoats or just gowns. CDA suggests referring to all protective attire as "Personal Protective Equipment (PPE)". Staff recommended acceptance of this comment. M/S/C (Burton/Forsythe) to accept staff's recommendation to accept the California Dental Association's comment. The motion passed unanimously.

The California Dental Association suggested adopting Cal/Osha's definition of "Other Potentially Infectious Materials(OPIM)" in the Bloodborne Pathogens Standards for paragraph (12). Staff recommended partial acceptance of this comment. Staff recommended rejecting #(1) of Cal/OSHA's definition of OPIM. The current definition is derived from Cal/OSHA's definition and is specific to the practice of dentistry. It is unnecessary to include the entire definition specified by Cal/OSHA. Staff recommended acceptance of the proposed language regarding hepatitis B and C. Staff recommended replacing Section 1005(a)(12)(C) with "any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV: (i) Cell, tissue, or organ cultures from humans or experimental animals; (ii) Blood, organs, or other tissues from experimental animals; or (iii) Culture medium or other solutions". M/S/C (Whitcher/Olinger) to accept staff's recommendation to partially accept CDA's comment. The motion passed unanimously.

The California Dental Association commented that paragraph (b) needs clarification regarding PPE requirements during chemical handling and pointed out that the California Division of Occupational Safety and Health is referred to as Cal/OSHA, not "Cal-DOSH." CDA suggests using the Cal/OSHA requirements for infection control. Staff recommended rejection of this comment. The suggested change is unnecessary and does not provide further clarity. However, staff did suggest modifying the language to correctly identify the California Division of Occupational Safety and Health as Cal/OSHA. M/S/C (Burton/Olinger) to accept staff's recommendation to partially reject CDA's comment. The motion passed unanimously.

The California Dental Association commented on paragraph (4) citing the need to clarify the PPE requirements for chemical handling. They suggest "all Dental Health Care Professionals (DHCP) shall wear surgical facemasks in combination with either chin length plastic face

shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, OPIM, or chemical or germicidal agents. Chemical-resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals. After each patient, masks shall be changed and disposed. After each patient treatment, face shields and protective eyewear shall be cleaned and disinfected, or disposed." Staff recommended acceptance of this comment. M/S/C (Whitcher/Olinger) to accept staff's recommendation to accept CDA's comment. The motion passed unanimously.

The California Dental Association suggested changing "gowns" to "protective attire" and Cal-DOSH to Cal/OSHA. Additionally change "splattering" to "spattering" to be consistent with paragraph (4). Staff recommended acceptance of this comment. M/S/C (McCormick/Dominicis) to accept staff's recommendation to accept CDA's comment. The motion passed unanimously.

The California Dental Association suggests adding language to paragraph (6) recommending DHCP thoroughly wash their hands with soap and water at the start of each work day. Further, "work restrictions" should be defined. Staff recommended acceptance of this comment and suggested adding "DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday" and "a DHCP shall refrain from direct patient care if conditions are present that may render the DHCP or patients more susceptible to opportunistic infection or exposure." M/S/C (Whitcher/Le) to accept staff's recommendation to accept CDA's comment. The motion passed unanimously.

The California Dental Association suggested removing the reference to "germicidal agents" in paragraph (8) because paragraph (4) already addresses this and changing "cleaning" to "processing contaminated" to distinguish handling instruments during patient treatment from processing/cleaning contaminated sharp instruments when treatment is completed. Their suggested language is: "Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, or OPIM and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty, puncture resistant utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use." Staff recommended acceptance of this comment. M/S/C (Whitcher/Afriat) to accept staff's recommendation to accept CDA's comment. The motion passed unanimously.

The California Dental Association states that paragraph (9) needs clarification regarding the direct handling of sharps. Staff recommended rejection of this comment. Sharps containers are designed so that hands are not able to reach into the containers. M/S/C (Burton/Le) to accept staff's recommendation to reject CDA's comment. The motion passed unanimously.

The California Dental Association commented about the pre-packaging of instruments before sterilization. Staff recommended rejection of this comment. The Dental Hygiene Committee's suggested modified text specified that the disinfection process must be complete before packaging or wrapping. M/S/C (McCormick/Le) to accept staff's recommendation to reject CDA's comment. The motion passed unanimously.

The California Dental Association suggested changing the reference of the "United States Environmental Protection Agency" to "California Environmental Protection Agency (Cal/EPA)" to be legal and consistent with paragraph (18). Staff recommended acceptance of this comment. M/S/C (Burton/Dominicis) to accept staff's recommendation to accept CDA's comment. The motion passed unanimously.

The California Dental Association suggested deleting the word "instrument" to be consistent with definition of "semi-critical item" in paragraph (3). Staff recommended acceptance of this comment. M/S/C (Whitcher/Forsythe) to accept staff's recommendation to accept CDA's comment. The motion passed unanimously.

The California Dental Association suggests removing the reference to "spore testing monitor," in paragraph (15) changing it to read "spore test" as they are unaware of the existence of a "spore testing monitor." Staff recommended acceptance of this comment. M/S/C (Morrow/Afriat) to accept staff's recommendation to accept CDA's comment. The motion passed unanimously.

The California Dental Association suggested move the third sentence in paragraph (17), "Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and follow all material safety data sheet (MSDS) handling and storage instructions" to paragraph (18) where cleaning is referenced also, the term "germicide" not "disinfectant" should be used for consistency in paragraphs (8) and (18). Staff recommended acceptance of this comment. M/S/C (Whitcher/Olinger) to accept staff's recommendation to accept CDA's comment. The motion passed unanimously.

The California Dental Association suggested adding language about labeling inparagraph (21). They suggested: "Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new rag-wheel shall be used for each patient. Devices used to polish, trim or adjust contaminated intraoral devices shall be disinfected or sterilized, properly packaged or wrapped and properly labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the instruments shall be recleaned, packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination." Staff recommended acceptance of this comment. M/S/C (Whitcher/Dominicis) to accept staff's recommendation to accept CDA's comment with an amendment to delete the word "properly". The motion passed unanimously.

OSHA Review Incorporated commented that they feel it is not correct to use the terms "low-level disinfection" or "intermediate-level disinfection" as recommended by the Centers for Disease Control (CDC). They maintain that the proposed language under review is unnecessary, confusing, and in conflict with State and Federal Law. Staff recommended rejection of this comment. It is necessary to clearly delineate disinfection levels to be used during infection control practices in dental healthcare settings. The suggested modifications diminish the specificity of the definitions for disinfection. M/S/C (Whitcher/Olinger) to accept staff's recommendation to reject OSHA Review Incorporated's comment. The motion passed unanimously.

OSHA Review Incorporated suggested changing the language in paragraph (8) to ""Germicide" is a chemical sterilizing and/or disinfecting agent that can be used to sterilize and/or disinfect items and surfaces based on the level of contamination." Staff recommended rejection of this comment. The recommended change is unnecessary and does not make any substantive

change. M/S/C (Afriat/McCormick) to accept staff's recommendation to reject OSHA Review Incorporated's comment. The motion passed unanimously.

OSHA Review Incorporated suggested changing the language in paragraph (12) to: "Non-critical surfaces and patient care items shall be cleaned with an appropriate cleaning product and disinfected using a Cal/EPA registered, hospital grade disinfectant legally sold in California registered as effective against tuberculosis var bovis or registered as effective against HIV and HBV. Disinfectants shall be used in accordance with the manufacturer's intended use and label instructions." Staff recommended rejection of this comment. The Dental Board does not regulate the effectiveness of the disinfectant. The Dental Board is not charged with the authority to enforce another agency's standards. The board does not set the minimum standards for disinfection and disinfection labels. M/S/C (Burton/Downing) to accept staff's recommendation to reject OSHA Review Incorporated's comment. The motion passed unanimously.

OSHA Review Incorporated suggested changing the language in paragraph (18) to: "All clinical contact surfaces that are not protected by impervious barriers shall be cleaned with an appropriate cleaning product and disinfected using a Cal/EPA registered, hospital grade disinfectant legally sold in California registered effective against tuberculosis var bovis or registered against HIV and HBV. Disinfectants shall be used in accordance with the manufacturer's intended use and label instructions. All housekeeping surfaces (e.g. floors, walls, sinks) shall be cleaned with a detergent and water or a Cal/EPA registered hospital grade disinfectant." Staff recommended rejection of this comment. The Dental Board does not regulate the effectiveness of the disinfectant. The Dental Board is not charged with the authority to enforce another agency's standards. The board does not set the minimum standards for disinfection and disinfection labels. M/S/C (Whitcher/Forsythe) to accept staff's recommendation to reject OSHA Review Incorporated's comment. The motion passed unanimously.

OSHA Review Incorporated suggested changing the language in paragraph (22) to: "All intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned with an appropriate cleaning product and disinfected using a Cal/EPA registered, hospital grade disinfectant legally sold in California registered effective against tuberculosis var bovis or registered against HIV and HBV before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth. Disinfectants shall be used in accordance with the manufacturer's intended use and label instructions." Staff recommended rejection of this comment. The Dental Board does not regulate the effectiveness of the disinfectant. The Dental Board is not charged with the authority to enforce another agency's standards. The board does not set the minimum standards for disinfection and disinfection labels. M/S/C (Morrow/Afriat) to accept staff's recommendation to reject OSHA Review Incorporated's comment. The motion passed unanimously.

Agenda Item 4-B: Adoption of Amendments to Title 16, CCR, Section 1005 for the Minimum Standards for Infection Control

M/S/C (McCormick/Afriat) to direct staff to take all steps necessary to complete the rulemaking process, including preparing a modified text for a 15-day public comment period, which includes the amendments accepted at this Board meeting. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt

amendments to Title 16, CCR, Section 1005 as noticed in the modified text notice. The motion passed unanimously.

AGENDA ITEM 5-A: Discussion and Possible Action to Consider: Comments Received During the 15-Day Modified Text Notice Comment Period Relative to Amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and Proposed Additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 for Dental Assisting Educational Programs and Courses

Sarah Wallace, Legislative and Regulatory Analyst gave background information regarding this item. At the September 16, 2010 meeting, the Board reviewed comments received during the 45-day public comment period. The board voted to modify the text and notice it for 15-day modified text public comment period. The public comment period began on September 28, 2010 and ended on October 12, 2010. Comments were received from the following organizations: Butte Sierra District Dental Society, Dental Assisting Alliance, California Dental Association, and California Association of Dental Assisting Teachers.

The Butte Sierra District Dental Society commented that terminology proposed in section 1070.2(d)(9)(D) pertaining to basic life support course would cause confusion with the continuing education regulations for licensees. They also commented that the Board would be put in the position of approving Basic Life Support programs other than the American Heart Association or American Red Cross providers. The staff recommended rejection of this comment. The Board's continuing education requirements are not germane to the approval of Registered Dental Assistant programs. Each program application is reviewed individually. The board may review the programs' basic life support course and instructor and determine if the course is equivalent during the initial application review. M/S/C (Downing/Afriat) to accept staff's recommendation to reject Butte Sierra District Dental Society's comment. The motion passed unanimously.

The Dental Assisting Alliance commented on the use of the term "designated faculty member" in subdivisions (1), (2), and (3) suggesting the term "faculty member" is sufficient. The staff recommended rejection of this comment. The term "designated faculty member" is applicable to this subsection. The term specifies the designated person responsible for clinical evaluation during the dental sedation assistant permit course. M/S/C (Downing/Forsythe) to accept staff's recommendation to reject the Dental Assisting Alliance's comment. The motion passed unanimously.

The Dental Assisting Alliance commented that clarification is needed at the end of subsection (b). They suggest: "Clinical instruction shall require completion of **all of** the duties described in Section 1750.5 of the Code during no less than twenty (20) supervised cases utilizing conscious sedation or general anesthesia." Staff recommended acceptance of this comment. M/S/C (Burton/Afriat) to accept staff's recommendation to accept the Dental Assisting Alliance's comment. The motion passed unanimously.

The Dental Assisting Alliance commented that they are concerned about removing the specified required number of pre-clinical experiences in subsections (f,j,k,l,m,and n). Staff recommended rejection of this comment. In order to promote better public protection in regard to sedation, it is pertinent that the student be able to demonstrate proficiency during laboratory and preclinical instruction rather than complete a specified number of experiences. The requirements for demonstration of proficiency provided in section 1070(i) indicate that "objective evaluation criteria shall be used". All programs and courses are required to provide students with specific

performance objectives, defined standards of performance, and those steps that would cause the student to fail the task being evaluated, all of which are reviewed by the Board during the application review process. This is the true measure of proficiency, not the number of times a task is performed. M/S/C (Burton/Whitcher) to accept staff's recommendation to reject the Dental Assisting Alliance's comment. The motion passed unanimously.

The Dental Assisting Alliance commented on the intent to revise the minimum number of hours in subsections (b) and (e). They recommend: "that subsection (b)(2)(A),which governs EF programs for existing EFs, be amended to change the total minimum program hours from 288 to 346, leave the didactic hours at 76, change the laboratory hours from 180 to 188, and change the clinical hours from 32 to 82. As stated in the other portions of the regulations, these clinical hours can be performed either within the facility, or at an extramural dental facility, or both and that subsection (e), which governs EF programs for RDAs, be amended to change the minimum program hours from 380 to 438, leave the didactic hours at 10, change the laboratory hours from 200 to 208, and change the clinical hours from 80 to 130. Staff recommended acceptance of this comment with a few modifications. Based on the proposed addition of 22 direct restorations, the proposed 4 simulated endodontic experiences, and the Dental Assisting Alliance's proposed 2 indirect restorations, staff proposes that the minimum program hours be changed by adding 32 hours, calculated as follows:

- .... 4 simulated endodontic experiences x 1.5 hours each = 6 additional laboratory hours;
- .... 20 direct restorations x 1 hour each = 20 additional clinical hours;
- .... And 2 indirect restorations x 2 hours each = 4 additional clinical hours.

To avoid duplication of training time, staff suggested the following language:
1071(b)(2)(A) The program shall be no less than ~~288~~**320** hours, including at least 76 hours of didactic instruction, at least ~~180~~**186** hours of laboratory instruction, and at least ~~32~~**58** hours of clinical instruction.

1071 (~~d~~e) The program shall be of sufficient duration for the student to develop minimum competence in all of the duties that RDAEFs are authorized to perform, but in no event less than ~~380~~**412** hours, including at least 100 hours of didactic instruction, at least ~~200~~**206** hours of laboratory instruction, and at least ~~80~~**106** hours of clinical instruction. All laboratory and simulated clinical instruction shall be provided under the direct supervision of program staff. Clinical instruction shall be provided under the direct supervision of a licensed dentist and may be completed in an extramural dental facility as defined in Section 1070.1(i).

M/S/C (Whitcher/McCormick) to accept staff's recommendation to accept the Dental Assisting Alliance's comments with a few modifications. The motion passed unanimously.

The Dental Assisting Alliance commented that they disagree with the types of restorations being required because they don't reflect current practice. They recommend amending paragraph (4) to read: Clinical instruction shall include experience with the following techniques, at least fifty percent of which must utilize esthetic restorative materials, and at least ten percent of which must utilize amalgam:
(A) Placement of a Class II restoration in ten prepared permanent teeth;
(B) Placement of a Class V restoration in two prepared permanent teeth;
(C) Placement of a Class III or IV restoration in ten prepared permanent teeth.
They did not include Class I restorations, since an individual who can successfully place a Class II restoration can easily place a Class I restoration. Staff recommended rejection of this

proposed language modification. Staff agreed that the Dental Assisting Alliance provided a good recommendation to require 50% of the clinical experiences utilize esthetic restorative material, and at least 10% of the clinical experiences utilize amalgam. However, the manner in which the language is written does not allow for flexibility for the programs to add experiences in certain classes without proportionally adjusting the experiences in other classes. The recommended language also requires experiences in Class IV restorations which is not a listed duty. M/S/C (Whitcher/Downing) to accept staff's recommendation to reject the Dental Assisting Alliance's comment. The motion passed unanimously.

The Dental Assisting Alliance commented that it is not appropriate for students to place cast metal crowns on anterior teeth as this is not done in practice. They suggest: "Clinical instruction shall include fitting, adjustment, and cementation of permanent indirect restorations on at least two teeth." Staff recommended acceptance of this comment. M/S/C (Afriat/McCormick) to accept staff's recommendation to accept the Dental Assisting Alliance's comment. The motion passed unanimously.

The California Dental Association (CDA) proposed changes to paragraph (4) regarding the classes of restorations and materials to be used. They suggested: replacing "shall include experience with the following techniques" with "require proficient completion of placing, contouring and finishing at least twenty (20) direct restorations in prepared permanent teeth with the following requirements." Additionally, replacing "(A)Placement of Class I, II, and V amalgam restorations in two prepared permanent teeth for each classification, with one of each classification used for clinical examination. (B)Placement of Class I, II, III, and V composite resin restorations in two prepared permanent teeth for each classification, with one of each classification used for clinical examination. (C)Placement of Class I, II, III, and V glass ionomer restorations in two prepared permanent teeth for each classification, with one of each classification used for clinical examination" with "(A)At least fifty (50) percent of the experiences shall be Class II restorations using esthetic materials. (B)At least twenty (20) percent of the experiences shall be Class V restorations using esthetic materials. (C)At least ten (10) percent of the clinical experiences shall use amalgam." Staff recommended acceptance of this comment with the addition of new subdivision (4)(D) stating: "(D) Students who complete the 20 restorations and meet all the instructional requirements of this section may complete additional Class I, II, III or V restorations as deemed appropriate for program success." Mr. Afriat asked exactly what "deemed appropriate" meant. How will there be consistency? Dr. Morrow is concerned that numbers don't assess competency. Dr. Olinger stated that these numbers are minimums and instructors may require more. M/S/C (Dominicis/Olinger) to accept staff's recommendation to accept the CDA's comments with the addition of the new subdivision (4)(D). The motion passed unanimously.

The California Dental Association (CDA) recommended deleting the required clinical instruction for adjusting and cementing permanent indirect restorations. Staff recommended rejection of this comment. Protection of the public is the board's highest priority. It is imperative that Registered Dental Assistants in Extended Functions have the appropriate clinical training before practicing on patients. Dr. Paul Reggiardo commented that he agreed that after the student has learned restorations in the lab, clinical experience is necessary. M/S/C (Downing/Whitcher) to accept staff's recommendation to reject CDA's comment. The motion passed unanimously.

The California Dental Association recommends changing the definition of "extramural dental facility" to clarify that an "approved" dental assisting educational program means a board-

approved program. CDA also suggested changing the word "campus" to "location" and adding "nothing in this definition shall exclude a dental office or dental clinic from being the primary location of a board-approved program." Staff recommended partial acceptance of the California Dental Association's comment. Staff recommended accepting the addition of "board-approved" and changing "campus" to "location". Staff also recommended rejecting the recommendation to add "Nothing in this definition shall exclude a dental office or dental clinic from being the primary location of a board-approved program." The addition of this sentence is not germane to the definition. There is nothing in this regulation that would preclude a dental office or dental clinic from being the primary location of a program as long as the qualifications are met. M/S/C (Afriat/McCormick) to accept staff's recommendations to partially accept CDA's comment. The motion passed unanimously.

The California Dental Association suggests changing "Principles of..." to "Overview of...", "preventative" to "preventive", and adding the term "caries risk assessment" between "including," and "plaque identification". Staff recommended rejection of this comment. Changing the term "principle" to "overview" insinuates teaching a general idea or summary. By keeping the term "principle", the language establishes that the standards are to be taught. Changing the term "preventative" to "preventive" is unnecessary as the two terms are synonymous. It is unnecessary to include "caries risk assessment" as it is a basic supportive duty that falls within the duties for a dental assistant as described in Business and Professions Code Section 1750. A "caries risk assessment" involves filling out a questionnaire, and according to American Academy of Pediatric Dentistry guidelines, may be performed by clinical or non-clinical personnel. It is an assessment and not a diagnosis, is completely reversible, and is unlikely to precipitate potentially hazardous conditions for the patient being treated. M/S/C (Burton/Downing) to accept staff's recommendation to reject CDA's comment. The motion passed unanimously.

The first four comments provided by the California Association of Dental Assisting Teachers were all taken together as they all proposed amendments to the "Notice of Compliance with New Requirements for Registered Dental Assistant Programs" New (09/10).

The first comment from the California Association of Dental Assisting Teachers (CADAT) suggested renaming the Notice: "Notice of Compliance with the New Requirements for Registered Dental Assistant Programs and Dental Assisting Educational Courses." Staff recommended rejection of this comment. The "Notice of Compliance with New Requirements for Registered Dental Assistant Programs" New (09/10) is specific to the section pertaining to Registered Dental Assistant Programs. The proposed additions are not relevant to section 1070.2 regarding Registered Dental Assistant Educational Programs. However, staff recommended modifying the text to include new forms for notice of compliance for the infection control courses, dental sedation assistant permit courses, orthodontic assistant permit courses, and the registered Dental Assistant in Extended Functions Programs. Staff recommended the addition of the following language to incorporate the new forms:

1070.6. Approval of Infection Control Courses
(h) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "notice of Compliance with New Requirements for Infection Control Courses (New 10/10)" within ninety (90) days of the effective date of these regulations.

1070.7. Approval of Orthodontic Assistant Permit Courses
(l) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Orthodontic Assistant Permit Courses (New 10/10)" within ninety (90) days of the effective date of these regulations.

1070.8. Approval of Dental Sedation Assistant Permit Courses
(p) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Dental Sedation Assistant Permit Courses (New 10/10)" within ninety (90) days of the effective date of these regulations.

Section 1071. Approval of RDAEF Educational Programs
To maintain approval, programs approved prior to the effective date of these regulations shall submit to the board a completed "Notice of Compliance with New Requirements for Registered Dental Assistants in Extended Functions Educational Programs (New 10/10)" within ninety (90) days of the effective date of these regulations.

The second comment from the California Association of Dental Assisting Teachers (CADAT) suggested amending the opening statement of the notice by including reference to dental assisting educational courses as well as Registered Dental Assistant programs and courses. Staff recommended rejection of this comment. The "Notice of Compliance with New Requirements for Registered Dental Assistant Programs" New (09/10) is specific to the section pertaining to Registered Dental Assistant Programs. The proposed additions are not relevant to section 1070.2 regarding Registered Dental Assistant Educational Programs. However, staff recommended modifying the text to include new forms for notice of compliance for the infection control courses, dental sedation assistant permit courses, orthodontic assistant permit courses, and the Registered Dental Assistant in Extended Functions Programs. Staff recommended using CADAT's recommended changes in the new forms for the courses' notice of compliance.

The third comment from the California Association of Dental Assisting Teachers (CADAT) suggested amending certifying statements on the Notice by changing the wording "Registered Dental Assistant" to all dental assisting. Staff recommended rejection of this comment. The "Notice of Compliance with New Requirements for registered Dental Assistant Programs" New (09/10) is specific to the section pertaining to Registered Dental Assistant Programs. The proposed additions are not relevant to section 1070.2 regarding registered Dental Assistant Educational Programs. However, staff recommended using some of CADAT's recommended language in the development of the notice of compliance for the infection control course, the dental sedation assistant permit course, and the orthodontic assistant permit course.

The fourth comment from the California Association of Dental Assisting Teachers (CADAT) suggested amending the Notice to include verification of faculty or instructional staff and current Program Director. Staff recommended rejection of this comment. It is unnecessary for the programs or courses to provide a verification of faculty or instructional staff with a notice of compliance. The programs and courses include this information in the initial application and they are required to notify the board of any changes in faculty or instructional staff within 10 days. M/S/C (Downing/Whitcher) to accept staff's recommendations to reject all four of CADAT's comments. The motion passed unanimously.

The Board's subcommittee recommended modifying the language in order to relieve the burden from the RDA programs of having to own a CAD machine or capnograph. This provides the RDA programs the flexibility to use alternative means for training, such as simulated devices and/or outside providers, instead of the costly CAD and capnograph machines. M/S/C (Downing/Forsythe) to accept the subcommittee's recommendation to modify the language. The motion passed unanimously.

The Board's subcommittee recommended modifying the language in section 1070.8(a)(3) relating to clinical instruction supervision for the Dental Sedation Assistant Permit Course. Business and Professions Code Section 1750.5 requires the dentist or other licensed health care professional to be at the patient's chair-side while conscious sedation or general anesthesia is being administered. To maintain public protection it is necessary for the director, designated faculty member, or instructional staff member authorized to administer conscious sedation or general anesthesia to be at the patient's chair-side during clinical instruction. M/S/C (Downing/Forsythe) to accept the subcommittee's recommendation to modify the language. The motion passed unanimously.

The subcommittee recommended modifying the language to clarify that the clinical instruction will require completion of all of the tasks described in subdivisions (j), (k), (l), (m), and (n) of section 1070.8. This helps to specify what tasks are required by the regulation rather than the Statute. The statute has a much broader definition and the proposed regulations have specified the regulations. M/S/C (Downing/Le) to accept the subcommittee's recommendation to modify the language. The motion passed unanimously.

The subcommittee recommended striking "Board-approved" from section 1071(d), pertaining to the educational methodology course or certification program requirements for faculty members responsible for clinical evaluation. The subcommittee made this recommendation to maintain consistency between the requirements for the RDA programs and the RDAEF programs. M/S/C (McCormick/Forsythe) to accept the subcommittee's recommended changes. The motion passed unanimously.

The subcommittee recommended modifying the text of section1071 (j) to maintain consistency with the terminology of "master points" and "accessory points". M/S/C (Dominicis/Olinger) to accept the subcommittee's recommendation to modify the text. The motion passed unanimously.

AGENDA ITEM 5-B Adoption of Amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and Proposed Additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 for Dental Assisting Educational Programs and Courses

M/S/C (Dominicis /Morrow) to direct staff to take all steps necessary to complete the rulemaking process, including preparing a second modified text for an additional 15-day comment period, which includes the amendments accepted by the board at this meeting. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and proposed additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 as noticed in the second modified text notice. The motion passed unanimously.

AGENDA ITEM 6:Request by the California Dental Association Relating to Review and Possible Amendments to Title 16, California Code of Regulations (CCR) Section 1049 Relative to Mobile Dental Clinics

Bill Lewis of CDA gave the report. Mr. Lewis stated that following CDA's review of California's regulations regarding Mobile and portable dental providers, CDA felt that the current regulations were lacking. CDA would like to work with the Board to promulgate additional regulations in order to better protect and serve the citizens of California. Dr's. Olinger and Le volunteered to serve on a subcommittee to work with CDA to begin looking at the issues.

AGENDA ITEM 7:Future Meeting Dates for Board Meetings

The Board agreed to the following dates and locations for the 2011 calendar year.
February 24-25, 2011 – San Diego
May 19-20, 2011 – San Francisco
August 11-12, 2011 – Sacramento
November 7-8, 2011 – Los Angeles

PUBLIC COMMENT - FOR ITEMS NOT ON THE AGENDA

There was no public comment.

The Board went into closed session to discuss disciplinary matters and litigation.

The Board returned to open session at 5:10 pm.

PUBLIC COMMENT

There was no public comment.

The meeting recessed at 5:15 pm.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 www.dbc.ca.gov

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

Friday, November 5, 2010

Embassy Suites LAX/South
1440 E. Imperial Avenue
El Segundo, CA 90245
1-310-640-3600
Draft Meeting Minutes

Members Present:
John Bettinger, DDS, President
Bruce Whitcher, DDS, Vice President
Luis Dominicis, DDS, Secretary
Steven Afriat, Public Member
Fran Burton, Public Member
Rebecca Downing, Public Member
Judith Forsythe, RDA
Huong Le, DDS
Suzanne McCormick, DDS
Steven Morrow, DDS, MS
Thomas Olinger, DDS

Members Absent:
Stephen Casagrande, DDS

Staff Present:
Richard DeCuir, Executive Officer
Denise Johnson, Assistant Executive Officer
Donna Kantner, Licensing & Examination Unit Manager
Lori Reis, Complaint & Compliance Manager
Kim A. Trefry, Enforcement Chief
Jocelyn Campos, Enforcement Coordinator
Karen Fischer, Administrative Analyst
Sarah Wallace, Legislative/Regulatory Analyst
Linda Byers, Executive Assistant
Kristy Schieldge, DCA Senior Staff Counsel
Greg Salute, Deputy Attorney General

President Bettinger called the meeting to order at 8:10 a.m. Secretary Dominicis called the roll and established a quorum.

AGENDA ITEM 1:Approval of the Full Board Meeting Minutes from May 5, 2010
M/S/C (Whitcher/Dominicis) to accept the minutes. The motion passed with Dr. Le, Dr. Morrow, and Mr. Afriat abstaining.

Approval of the Full Board Meeting Minutes from September 16, 2010
M/S/C (Afriat/MCormick) to accept the minutes. The motion passed unanimously.

AGENDA ITEM 2:President's Report

Dr. Bettinger recognized Dr. William Langstaff, President of the California Academy of General Dentistry. President Bettinger mentioned that for the first time in California, the Dental Board meetings are being webcast. Future meetings will be webcast and archived on the Board's website. This is being done for transparency so that the public can see how we formulate policies through collaboration with, among others, some of the largest and most valuable resources outside of the state such as the ADA and the Academy of General Dentistry.

AGENDA ITEM 3:Executive Officer's Report

Richard DeCuir, Executive Officer, advised that all materials relating to the Board Meetings can now be accessed on our website. Mr. DeCuir encourages everyone to sign up on the website to received notifications of future Board Meetings, and all pertinent materials. CPEI is the primary fix for long investigation times. The positions are still frozen due to the hiring freeze but as soon as they are lifted we are ready to move. M/S/C (Afriat/McCormick) to accept the Executive Officer's report. The motion passed unanimously.

AGENDA ITEM 4:Update on Dental Hygiene Committee of California (DHCC) Activities

Lori Hubble and Cathy DiFrancesco reported that the Dental Hygiene Committee of California (DHCC) has completed its strategic plans. DHCC feels that it is a high priority to build a solid infrastructure which includes collaboration with the Dental Board of California. Dr. Olinger requested that the DHCC minutes and exams be included on the Dental Board's agenda.

AGENDA ITEM 5:Budget Reports: Dental Fund & Dental Assisting Fund

Richard DeCuir, Executive Officer reported that for the current fiscal year (FY 10/11) total combined expenditure authorization, from both the Dentistry Fund, and the Dental Assisting Fund, is $12.892 million; $11.159 million from the Dentistry Fund and $1.733 million from the Dental Assisting Fund. Current law does not provide for the comingling of funds, so the Dentistry fund and Dental Assisting fund are two separate reports. Due to the lengthy budget impasse, we only recently received authorization to resume purchasing, so we have no current expenditure report to submit. The breakdown of each fund activity is:

DENTAL: For the prior fiscal year (FY 09/10) the Board budget was reduced to $9.541 million due primarily to furlough salary savings, followed by an additional 5% salary savings. Board expenditures were less than anticipated giving us a $1.8 million reversion. The under expenditure is largely attributed to salary savings due to a high vacancy rate during the fiscal year, in addition to less than anticipated costs to the Attorney General's Office, and the Office of Administrative Hearing. We also realized substantial savings in examinations; however, we anticipate a significant increase in expenditures for all these areas, this fiscal year, as we implement the Consumer Protection Enforcement Initiative (CPEI), and the Portfolio examination. For the current fiscal year, there were no furlough adjustments, so we begin with our full authorization of $10.164 million. That amount is augmented by roughly $1 million for CPEI, increasing the Board's expenditure authorization to $11.159 million for FY 10/11.

DENTAL ASSISTING: For fiscal year 09/10, the Dental Assisting Program started the year with an expenditure authorization of $1.715 million. After expenditures they reverted $439,000 back to our Dental Assisting fund. For the current fiscal year (FY 10/11) the Dental Assisting fund begins with an expenditure authorization of $1.733 million. The increase is attributed to their portion of CPEI funding.

AGENDA ITEM 6:Subcommittee Report on Office of Statewide Health Planning and Development (OSHPD) Health Workforce Pilot Project (WWPP#172) Application Relating to Training Current Allied Dental Personnel for New Duties in Community Settings.

At the September 16, 2010 Board meeting, Dr. Bettinger appointed Dr. Steven Morrow and Judith Forsythe, RDA, to a subcommittee to meet with Dr. Paul Glassman, Project Director, for the Office of Statewide Health Planning and Development (OSHPD) Health Workforce Pilot Project (WWPP#172) to discuss the Board's concerns relating to this project. Dr. Morrow reported that following that meeting, Dr. Glassman informed the subcommittee that the guidelines for placing ITR are: they will be done under general supervision, the training will be conducted at UOP for 9-10 trainees for a period of 3 days. An onsite assessment will be done on the first 5(five) ITR's placed by the trainee's. An electronic assessment will be sent to UOP on the first 50(fifty) ITR's placed by these trainee's. Collaborating dentist's are local, available electronically and available 24/7 for post treatment care if needed. Dr. Dominicis felt that 3 days of training is inadequate and with no anesthesia there will be pain. Dr. Morrow stated that the ITR procedure is recommended and approved by Pediatric Dentists. He stated that 30% of countries worldwide use this procedure. Dr. Morrow felt that the discussion should not be about the procedure itself but who does it. Dr. Olinger was concerned about already nervous kids being harmed more. Dr. Morrow reported that the literature states that only 20%-30% of the patients who receive this treatment report discomfort. He reminded the Board that there will be no teaching or use of rotary instruments and to be clear the IRT differs from the ART in that it is temporary. He felt that Pilot Studies are a good road to identify if new techniques will work. Dr. Bettinger was still concerned for the child's well being. Ms. Forsythe informed the Board that she discussed post treatment options with Dr. Glassman who assured her that local dentists, auxiliary, and Dr. Glassman himself will be available for post treatment care if needed. Dr. Morrow continued that the new consent form will be modified to disclose that there may be pain and that they can refuse treatment. Dr. McCormick asked if there was any other care available. Dr. Morrow answered that there are no dentists available nearby and that this is the only procedure that these auxiliaries are allowed to do. Dr. McCormick asked what the method is for contacting Dr. Glassman's group to voice the concerns of the Board. Dr. Bettinger wanted to gather the Board's concerns and send another letter to Dr. Carlyle. Dr. Olinger asked if the patient is told about interim treatment in other words how long to expect this temporary treatment to last. Dr. Morrow said that it is disclosed that the restoration is temporary and must be replaced by a permanent filling eventually. Dr. Morrow addressed Dr. Dominicis' concern about the 3 days of training by saying that the trainee must show competency before being allowed to practice on patients. Dr. Morrow wanted to make it clear that the ADA House of Delegates is opposed to mid-level providers. He reminded the Board that OSHPD has the ability to go forward without our approval but that Dr. Glassman listens to the Board. He stated that the Pilot study should indicate whether or not this is a viable option. Dr. Dominicis reiterated that full disclosure is his main concern, no sugar coating. M/S/C (Whitcher/Dominicis) to delegate authority to Dr. Bettinger to write a letter on behalf of the Board, voicing their concerns about this project, to Dr. Carlyle. The motion passed unanimously. Katie Dawson, CDHA, publicly commented that the history of Pilot Projects shows that the initial concerns and questions will be found out through the study. She hoped that we would rely on science and not personal history. CDHA supports the Pilot Project.

Earl Johnson, DDS, stated that in his opinion this is a good idea. He agreed that disclosure is paramount and he felt that the Board should make recommendations as to what should and should not be done.

AGENDA ITEM 7:Discussion and Possible Action Regarding the Need to Review and Update the Dental Restorative Materials Fact Sheet

Dr. Bettinger reported that the Dental Restorative Materials Fact Sheet has not been revised since 2004. There are new materials being used. He would like to appoint a subcommittee of Dr Morrow and Dr. Dominicis to review and decide if revisions are needed.

M/S/C(Morrow/McCormick) to appoint a 2-person subcommittee to review and recommend whether any changes are necessary to the Dental Restorative Materials Fact Sheet. The motion passed unanimously. Anita Vasquez, Consumers for Dental Choice, publicly commented by reading a statement warning about the risks of mercury in amalgam. She felt every patient should know the risks of the materials used on them.

AGENDA ITEM 8:Examination Committee Report

Dr. Le chaired the meeting in Dr. Casagrande's absence. She reported that a quorum was established and the meeting minutes of May 5, 2010 were accepted. The committee reviewed the RDA examination statistics. The low pass rate was discussed. The calendar for upcoming examinations was reviewed. There is a concern about the lack of facilities available for RDA exams. The Examination Committee voted to recommend to the Board, that all applicants in this packet be approved and sent to WREB pending review by staff for any disciplinary actions. M/S/C (Afriat/McCormick) to accept the Examination Committee report. The motion passed unanimously.

AGENDA ITEM 9:Dental Assisting Committee Report

Judy Forsythe, Committee Chair, reported that a quorum was established and the meeting minutes of May 5, 2010 were accepted. Richard DeCuir, Executive Officer gave an overview of the changes that are being made to the process for course approvals. The average length of time for course approvals has gone from 7.5 months to complete a review to approximately 30-45 days. Per request, the staff agreed to provide the Committee with a list of approved, pending, withdrawn and denied courses at each Board meeting. M/S/C (Whitcher/Olinger) to accept the Dental Assisting Committee report. The motion passed unanimously.

AGENDA ITEM 10:Licensing, Certification & Permits Committee Report

Dr. Whitcher, Committee Chair, reported that a quorum was established and the meeting minutes of May 5, 2010 were accepted. The Committee reviewed the Statistics for Dental, RDA and RDAEF Licensure and Permits and General Anesthesia/Conscious Sedation Permit Evaluations.

In closed session the Committee reviewed and denied the replacement of the cancelled license based on the fact that it has been more than 5 years since the license was cancelled. M/S/C (Dominicis/Afriat) to accept the Committee's findings to deny the replacement of the cancelled license. The motion passed unanimously.

The Committee reviewed and denied the request for a conscious sedation permit citing the applicant's failure of the last two evaluations including failure to call 911 for an emergency. M/S/C (Afriat/Burton) to accept the Committee's findings to deny the request for a Conscious Sedation Permit. The motion passed unanimously.

M/S/C (Afriat/Dominicis) to adopt the committee's report. The motion passed unanimously.

AGENDA ITEM 11:Enforcement Committee Report

Rebecca Downing, Committee Chair, reported that a quorum was established and the meeting minutes of May 5, 2010 were accepted. Some of the improvements in the Enforcement Program include the ongoing pursuit to fill the 3 vacant positions. Improvements in the Complaint and Compliance Unit statistics include an average of 134 days to close a complaint which shows a 54% decrease in time. The new contract for Probation Monitoring Drug testing appears to be very effective, freeing up staff. Diversion statistics showed there were no intakes in July and August, 2 in September. Alcohol and

amphetamines appear to be the most commonly abused. The impact of SB 1172 on the Board's Diversion Program and Probation Programs was also addressed. M/S/C (Burton/Whitcher) to adopt the Committee's report. The motion passed unanimously.

AGENDA ITEM 12:Legislative and Regulatory Committee Report

Fran Burton, Committee Chair, reported that a quorum was established and the meeting minutes of May 5, 2010 were accepted. The 2011 Legislative calendar is not available yet. A summary of the end of the 2-year Legislative Session was reviewed. There was an update of the pending Regulatory packages. There were no new Legislative Proposals. The Committee recommends that priority be given to these Regulatory packages, in this order:

1. Consumer Protection Enforcement Initiative (CPEI)
2. Portfolio
3. SB 1441 and 1172
4. Revise current Regulations for Use of Conscious Sedation, Use of Oral Conscious Sedation for Pediatric Patients , and Use of Oral Conscious Sedation for Adult Patients.

M/S/C (Burton/Afriat) to accept Committee's recommendation for 2011 priorities. The motion passed unanimously. M/S/C (Afriat McCormick) to adopt the Committee's report. The motion passed unanimously.

AGENDA ITEM 13:Discussion and Possible Action to Recommend the Initiation of a Rulemaking to Implement the Portfolio Licensure Examination for Dentists (AB 1524, Stats 2010 ch 446)

Dr. Bettinger appointed Dr.'s Casagrande and Morrow to a subcommittee to assist Kristy Schieldge and Sarah Wallace with the Board's vision for Portfolio. Refer back to staff and subcommittee to clarify areas of concern.

M/S/C (Whitcher/McCormick) to adopt the Committee's report. The motion passed unanimously. William Langstaff, CAGD, and Bill Lewis, CDA commended the Board and offered their services to help expedite this project.

Agenda Item 14: Reconsideration of and Possible Action Regarding Proposed Regulations to Implement the Department of Consumer Affairs Recommendations to Strengthen Enforcement Programs Pursuant to the Consumer Protection Enforcement Initiative (CPEI) – SB1111

In May, 2010, the Department of Consumer Affairs (DCA) directed the Board to work on regulatory changes for items that DCA thought needed to be strengthened in the Enforcement Program. Legal counsel and staff prepared policy revisions which the Board reviewed and acted upon in July. Based on the Board's actions, staff revised the proposed policy revisions and asked the Board to reconsider with the new changes. Policy Revision 1 relates to delegation of authority to the Executive Officer. After reconsideration the Board decided to make no changes to their original decision to reject Policy Revision 1.

Policy Revision 2 relates to revocation of a license for sexual misconduct. M/S/C (Olinger/Dominicis) to reject Policy Revision 2. The suggested revision is too vague. The Board would like to continue with the existing regulations as they are consistent with the intent. The motion passed unanimously.

M/S (Whitcher/Afriat) to reconsider Policy Revision 2. 4(four) in favor, 5(five) opposed. The motion failed. The first motion stands.

Policy Revision 3(a) relates to unprofessional conduct as it pertains to providing records requested by the board in a timely manner. M/S/C (Whitcher/McCormick) to accept the changes to subsection(a). The motion passed unanimously.

Policy Revision 3(b) relates to a licensee's failure to report certain disciplinary and legal actions to the Board in a timely manner. M/S/C (Dominicis/Afriat) to accept the changes to subsection (b) with the change to add the word "professional" before the word licensing in subdivision (3). The motion passed unanimously.

Policy Revision 4 relates to the Psychological or Medical evaluation of an applicant or licensee. M/S/C (Morrow/Olinger) to accept the revisions to Policy 4. The motion passed unanimously.

M/S/C (Afriat/Forsythe) to direct staff to take all steps necessary to initiate the formal rulemaking process, authorize the Executive Officer to make any non-substantive changes to the rulemaking package, and set the proposed regulations for a public hearing. The motion passed unanimously.

AGENDA ITEM 15:Discussion and Possible Action to Implement DCA's Recommendations of the Substance Abuse Coordination Committee, Pursuant to SB 1441 for the Board's Diversion and Probation Monitoring Programs

Lori Reis, Manager, Dental Board of California reports that SB 1441 (Chapter 548, Statutes of 2008) was authored by Senator Ridley-Thomas, Chair of the Senate Business, Professions and Economic Development Committee. SB 1441 created the Substance Abuse Coordination Committee (SACC), which will be comprised of the Executive Officers of the department's healing arts licensing boards, as specified, and a designee of the State Department of Alcohol Drug Programs. The bill requires the committee to formulate, by January 1, 2011, to compile uniform and specific standards in specified areas, which each healing arts board would be required to use in dealing with substance-abusing licensees.

Kristy Schieldge, Senior Staff Counsel for the Dental Board (Board) provided an analysis of the proposed SB 1441 standards as they apply to the Board's Diversion Program. She stated that the recommended changes can be implemented via contract change, regulation change, or statutory change. This information was presented for information and action when appropriate. Dr. Bettinger asked Steve Afriat to be the diversion liaison and charged him with the task of reviewing and reporting back to the Board.

AGENDA ITEM 16:Subcommittee's Report Regarding the Review of the Guidelines from the American Dental Association Relating to Use of Conscious Sedation, Use of Oral Conscious Sedation for Pediatrics Patients, and Use of Oral Conscious Sedation for Adult Patients to Determine if Statutory Amendments are Necessary

Dr. Whitcher reported that in October 2007, the American Dental Association (ADA) House of Delegates adopted the "Guidelines for the Use of Sedation and General Anesthesia by Dentists". Currently, the Dental Board of California governs the use of conscious sedation and oral conscious sedation through Business and Professions Code Sections 1647 to 1647.26.

Dr. Whitcher and Dr. Le, the two-member subcommittee charged with the task of reviewing the ADA "Guidelines for the Use of Sedation and General Anesthesia by Dentists" and the current statutes and/or regulations governing the use of conscious sedation and oral conscious sedation gave a comprehensive report to the Board which showed that a review of California's sedation and anesthesia laws is consistent with the strategic plan and provides an opportunity for the Dental Board to adopt nationally recognized standards. New techniques and technology have become available since the 2006 revision. An update would allow revision for any related changes. Reports in the literature generally indicate an excellent safety record for sedation and general anesthesia provided by dentists. Nevertheless there is always the potential to improve outcomes. Periodic updating of the regulations related to sedation and anesthesia may offer an opportunity to improve patient safety. The Subcommittee also conducted a comprehensive review of the laws and regulations related to sedation and anesthesia in the California Dental Practice Act. Although they found general consistency with the ADA Guidelines, the ADA definitions of levels of anesthesia and sedation are more contemporary than those presently included in the Act.

The Subcommittee recommended revision of the Dental Practice Act sections related to general anesthesia and conscious sedation to improve clarity and where possible consistency with nationally recognized guidelines such as the ADA Guidelines. This will require both statutory and regulatory amendments. The last major revision to anesthesia and sedation regulations utilizing a task force approach was completed in 2006. Ideally such a revision would be completed every 5-7 years.
It is essential that any proposed changes be clearly stated and agreed to by all communities of interest. Stakeholders within the dental profession include general dentists, periodontists, endodontists, pediatric dentists, oral and maxillofacial surgeons, and dental anesthesiologists. It will be equally important to engage communities of interest outside of dentistry, including the medical and nursing professions and the public. If these proposed changes are to be developed by the Dental Board the subcommittee recommended the Board consider formation of a Task Force that will allow participation by stakeholders. This would require publicly noticed meetings and Board staff support.

As an alternative, a workgroup or task force could be hosted by the California Dental Association attended by Dental Board appointed representatives. This group would then present proposed changes for consideration and possible action by the Board. M/S/C (McCormick/Le) to accept the subcommittee's recommendation. The motion passed unanimously. Bill Lewis, CDA, would like to see a work group developed. He would like to work with the Board.

The meeting adjourned at 12:21pm.

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TELECONFERENCE MEETING OF THE DENTAL BOARD OF CALIFORNIA
Tuesday, December 14, 2010
DRAFT Meeting Minutes

Members Present:
John Bettinger, DDS, President
Bruce Whitcher, DDS, Vice President
Steve Afriat, Public Member
Fran Burton, Public Member
Steve Casagrande, DDS
Rebecca Downing, Public Member
Huong Le, DDS
Suzanne McCormick, DDS
Steve Morrow, DDS
Thomas Olinger, DDS

Members Absent:
Luis Dominicis DDS, Secretary
Judith Forsythe, RDA

Staff Present:
Richard DeCuir, Executive Officer
Karen Fischer, Administrative Analyst
Sarah Wallace, Legislative & Regulatory Analyst
Kristy Shellans, Legal Counsel
Jocelyn Campos, Enforcement Coordinator
Linda Byers, Executive Assistant

TELECONFERENCE LOCATIONS WITH PUBLIC ACCESS:
Contractors State Licensing Board:
9246 Lightwave Avenue, Suite 130, San Diego, CA 92123

Dental Board of California Offices:
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
333 S. Anita Drive, Suite 930, Orange, CA 92780

Other Locations:
1304 15th Street, Suite 100, Santa Monica, CA 90404
990 Boysen Avenue, San Luis Obispo, CA 93405
338 8th Street, Allied Health Services Room, 1st Floor, Oakland, CA 94607
4107 Magnolia Blvd., Burbank, CA 91505

Dr. Bettinger, President, called the meeting to order at 12:05 p.m. Dr. Casagrande called roll and a quorum was established.

AGENDA ITEM 1(A)-Discussion and Possible Action to Consider comments Received During the 15-Day Modified Text Notice Comment Period (November 16, 2010 to December 1, 2010) Relative to Amendments to Title 16, CCR, Section 1005 for the Minimum Standards for Infection Control:

Sarah Wallace, Legislative & Regulatory Analyst, reported that in response to the comments discussed by the Board at the last meeting, staff noticed the modified text regarding minimum standards for infection control for a 15-day public comment period. The public comment period began on November 16th and ended on December 1st. The Board received adverse comments from the Dental Assisting Alliance, Dr. Earl Johnson, and OSHA Review Inc.

The comments submitted by the Dental Assisting Alliance asked for clarification as to whether instruments needed to be sterilized prior to packaging and wrapping or after packaging and wrapping. Staff recommended rejection of the comments provided by the Dental Assisting Alliance because they are not specific to the noticed modified text and unnecessary; the existing accepted language is sufficient to promote safe sterilization and disinfection practices. Staff stated that the existing language was clear that the pre-cleaning, packaging or wrapping, and sterilization of critical items and semi-critical items is the process that should be followed after each use. M/S/C (Afriat/McCormick) to accept staff's recommendation to reject the Dental Assisting Alliance's comments. The motion passed unanimously.

Dr. Earl Johnson's comment addressed concerns with packaging instruments prior to dry-heat sterilization. Staff recommended rejection of the comment because research found that according to the Centers for Disease Control (CDC), the acceptable materials to be used for packaging during dry heat sterilization include paper bags, aluminum foil, polyfilm plastic tubing, and wrapped perforated cassettes. The text supports the CDC's recommendations and promotes safe infection control practices for patient protection. Dr. Johnson provided public comment that the CDC regulations for sterilization were written 20 years ago and they don't work. He maintained that you cannot wrap the instruments before dry heat sterilization because the wrapper itself impedes the sterilization process. Dr. Le commented that dry heat is an acceptable form of sterilization using the packaging listed in the CDC guidelines. Dr. Johnson argued that the paper wrap burns at high temperatures. Dr. Le reiterated that CDC guidelines recommend acceptable materials to be used for dry heat sterilization. M/S/C (Burton/Le) to accept staff's recommendation to reject Dr. Earl Johnson's comment. The motion passed unanimously.

The comments submitted by OSHA Review, Inc. refer back to and attempt to further clarify their previously submitted comments concerning the effectiveness of specific disinfectants. Staff recommended rejection of the comments because the Board had already rejected these comments during the initial 45-day comment period. The comments were not specific to the modified text and the suggested modifications did not further promote better infection control practices than what is currently written in the regulatory language. Staff maintained that the current language is consistent with the CDC's recommendations for non-critical clinical surfaces. M/S/C (Morrow/Olinger) to accept staff's recommendation to reject the comments submitted by OSHA Review Inc. The motion passed unanimously.

AGENDA ITEM 1(B) - Discussion and Possible Action to Consider Adoption of Amendments to Title 16, CCR, Section 1005 for the Minimum Standards for Infection Control;

M/S/C (McCormick/Afriat) to direct staff to take all steps necessary to complete the rulemaking process, including the filing of the final rulemaking package with the Office of Administrative Law and authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to Title 16, CCR, Section 1005 as noticed in the modified text. The motion passed unanimously.

AGENDA ITEM 2(A) - Discussion and Possible Action to Consider comments Received During the Second 15-Day Modified Text Notice Comment Period (November 18, 2010 to December 3, 2010) Relative to Amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and Proposed Additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 for Dental Assisting Educational Programs and Courses

Ms. Wallace reported that in response to the comments discussed by the Board at the last meeting, staff noticed the second modified text regarding dental assisting educational programs and courses for a 15-day public comment period. The public comment period began on November 18th and ended December 3rd. The Board received adverse comments from the Dental Assisting Alliance, the California Association of Dental Assisting Teachers (CADAT), Dr. Michael W. Champeau and Bill Barnaby Sr. & Jr. on behalf of the California Society of Anesthesiologists

The first comment from the Dental Assisting Alliance pertained to the re-lettering of subdivisions due to other changes to Section 1070 that added subdivisions. The second comment addressed a discrepancy in the number of hours required for the Registered Dental Assistant Educational program. The third comment pointed out a duplication in the language regarding those responsible for clinical evaluation and the completion of a two-hour methodology course. The fourth comment related to the re-lettering of subdivisions due to changes to Section 1071 that added subdivisions. The staff recommended acceptance of all 4 of the Dental Assisting Alliance's comments. M/S/C (Burton/Le) to accept staff's recommendation to accept the Dental Assisting Alliance's comments. The motion passed unanimously.

CADAT commented about omissions of Section 1070.1 in the "Notices of Compliance." The staff recommended acceptance of their comments. M/S/C (McCormick/Olinger) to accept staff's recommendation to accept CADAT's comments. The motion passed unanimously.

Dr. Michael W. Champeau commented on recent changes to the American Society of Anesthesiologists' (ASA) Standards for Basic Anesthesia monitoring and the need for training of the Dental Sedation Assistant in the use of the capnograph. Bill Barnaby Sr. & Jr., CSA Legislative Counsel, on behalf of the California Society of Anesthesiologists mirrored the comments provided by Dr. Champeau. The staff recommended rejection of both Dr. Michael W. Champeau and Bill Barnaby Sr. & Jr.'s comments. Staff found that the comments they provided were not directly related to the noticed second modified text which the Board had previously approved. Staff noted that the ASA Standards were updated on October 20, 2010 but would not take effect until July 2011. If the text were to be changed, the Board would risk not meeting the one-year deadline to submit the rulemaking package to OAL. However, staff believed that this was an issue that should be addressed by the Board when reviewing the conscious sedation

and general anesthesia regulations, which had been deemed a regulatory priority for 2011. M/S/C (Downing/Olinger) to accept staff's recommendation to reject the comments. The motion passed unanimously.

AGENDA ITEM 2(B) - Discussion and Possible Action to Consider Adoption of Amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and Proposed Additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 for Dental Assisting Educational Programs and Courses:

M/S/C (Afriat/McCormick) to direct staff to take all steps necessary to complete the rulemaking process, including preparing a third modified text for an additional 15-day comment period, which includes the amendments accepted by the board at this meeting. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and proposed additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 as noticed in the third modified text. The motion passed unanimously.

The Board went into Closed Session at 12:40 p.m. as authorized by Government Code section 11126(e) to confer with and receive advice from counsel on litigation
Levon Solak v. Dental Board of California, Los Angeles County Sup.Ct., Case No. BS122529
The Board returned to Open Session at 1:00 p.m.

There was no public comment.

The meeting adjourned at 1:01 p.m.

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MEMORANDUM

DATE	February 7, 2011
TO	Dental Board of California
FROM	Linda Byers, Administrative Assistant Dental Board of California
SUBJECT	**Agenda Item 2:** President's Report

Dr. John Bettinger will give a verbal report.

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MEMORANDUM

DATE	February 7, 2011
TO	Dental Board of California
FROM	Linda Byers, Administrative Assistant Dental Board of California
SUBJECT	**Agenda Item 3:** Executive Officer's Report

Richard DeCuir, Executive Officer, will give a verbal report.

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MEMORANDUM

DATE	February 7, 2011
TO	Dental Board of California
FROM	Linda Byers, Administrative Assistant Dental Board of California
SUBJECT	**Agenda Item 4:** DCA Director's Report, Update on Department of Consumer Affair's Substance Abuse Coordination Committee's Recommendations for the Board's Diversion and Probation Monitoring Programs, Pursuant to SB 1441

A representative(s) from the Department of Consumer Affairs Executive Office will give a verbal report on behalf of the Director.

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MEMORANDUM

DATE	February 7, 2011
TO	Dental Board of California
FROM	Linda Byers, Administrative Assistant Dental Board of California
SUBJECT	**Agenda Item 5:** Dental Hygiene Committee of California (DHCC) Activities Update

Lori Hubble, Executive Officer of the Dental Hygiene Committee and Rhona Lee, Committee President will give a verbal and visual report.

Pursuant to the Board's request, we have included copies of the minutes from the DHCC meeting on September 26-28, 2010. These are the most current minutes available.

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Dental Hygiene Committee of California

Education/Outreach Subcommittee Meeting

Department of Consumer Affairs
2005 Evergreen Street
Sacramento, CA 95815

September 27, 2010

1. Roll Call/Establishment of Quorum

Members Present	Staff Present
Rita Chen Fujisawa – Chair	Lori Hubble, EO
Cathy DiFrancesco, RDH	Tom Jurach
Michelle Hurlbutt, RDH	Traci Napper

The meeting began at 9:11 a.m.
Members introduced themselves for roll call. Andrew Wong was not present and Cathy DiFrancesco was appointed in his place.

2. Public Comment

There was no public comment.

3. Approval of Minutes

M/s/c (Ms. Hurlbutt/Ms. DiFrancesco) to approve March 22, 2010 Education and Outreach subcommittee meeting minutes as submitted. Motion passed unanimously.

4. Report on Attended Outreach Events

Traci Napper, DHCC, briefed the subcommittee about outreach events attended by DHCC and explained that the budget largely dictated cancellation of the consumer events. She provided background about outreach expenditures and information DHCC promotes. Ms. Hubble explained that we share "what we do" and the "benefits of DHCC;" but a greater benefit is the one-on-one time with attendees at associated public events.

Ms. Hurlbutt added that she has been invited to attend two outreach events and would like DHCC to attend to speak about function and purpose of DHCC.

Action: Ms. Hubble requested that outreach events be submitted to her and she will discuss them with the president of DHCC to approve or not.

Ms. DiFrancesco explained the DHCC role at the recent CDA convention in San Francisco. Ms. Hubble commented that she has received letters of appreciation about the DHCC's participation at the event and the value which was provided. The subcommittee complimented DHCC staff on their outreach efforts and reiterated the importance of the one-on-one experience in meeting with DHCC's constituents.

Public Comment: Katie Dawson brought forth that the CDHEA meeting is scheduled in January 2011 in Long Beach, CA.

Ms. Chen Fujisawa suggested that consumer materials (such as the Consumer Information Pamphlet) be less "regulatory" in language and more reader-friendly for the general public. Ms. Hubble suggested that the subcommittee can have an opportunity to proof copy before finalization.

Action:

- Provide subcommittee with a copy of all materials being distributed to the public.
- Include outreach events on the DHCC calendar online showing when DHCC will be participating and what the content of our participation will be.

5. *Upcoming Scheduled Outreach Events*

There are no upcoming scheduled outreach events for this year.

Action: A 2011 outreach schedule will be provided to the DHCC at a future meeting.

6. *Information on Web Site*

The subcommittee recognizes the importance and benefit of the DHCC web site and would like to strategize it as the hub of DHCC's outreach information. Sub-committee members inquired about analytical information regarding web site and page hits, volume, frequency, etc. Tracking search words on the DHCC web site would help identify which parts of the site are being used the most, what kinds of information users are looking for, and how people are using the web site.

Action: Staff will look into the availability of web site statistics.

The FAQ section is being addressed as an immediate focus for developing the site. Ms. Hubble stated that Tom Jurach has assembled a working list of FAQs and the DCA process of approving them before posting has begun. She also expressed that modifying the FAQs is a larger task than the Committee originally anticipated and progress is, in fact, being made. Ms. Hurlbutt inquired if the DHCC can place a link for fingerprint modifications on the list on the left of the DHCC home page.

Action:

- Ms. Hubble indicated that the retroactive fingerprinting requirements could be added to the "Quick Hits" list, and a notification can be placed "front and center" on the page.

- Draft news release to send to local dental hygiene schools and associations highlighting new fingerprinting regulations to be used in their publications.
- To continue focusing traffic to the DHCC web site as a hub, ensure that the URL: "www.dhcc.ca.gov," is included on all promotional and marketing collateral.

The subcommittee inquired about how DHCC currently collects email addresses and how the website subscriber list can be increased. Subcommittee members explored whether DHCC could purchase email lists for marketing purposes or require that an email address be included with license application and renewal process. It was also suggested that an email address card or asking participants to sign up to the DHCC subscriber list be submitted before they play "Plinko," one of the DHCC booth games used during outreach events. Ms. Hubble explained that the DHCC cannot require email information from constituents and that currently any email addresses collected must be entered manually. However, she added that emails will be required for the future DHCC online billing system and that we can access that in the future.

Action: Initiate a news release procedure to broadcast to a distribution list to aid in disseminating relevant DHCC information, such as promoting the web site as a resource and to sign up for the subscriber list.

As an example of making materials available through the web site electronically Ms. Hubble also stated that Tom Jurach assembled the meeting packets and posted them on the website in their entirety.

Public Comment: Ms. Dawson, California Dental Hygiene Association, appreciated making the latest information digitally available.

7. *Future Agenda Items*

Future agenda items identified include the collection of email addresses; Webcast/videoconference Committee meetings live and then stream from DHCC website; placing student materials on the web site concerning the function and purpose of the DHCC; developing a PowerPoint presentation for DHCC members to use for outreach; creating a DHCC newsletter to post on the website.

8. *Adjournment*

There being no further business, the subcommittee meeting was adjourned at 9:55 am.

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Dental Hygiene Committee of California
Licensing and Examination Subcommittee Meeting

Department of Consumer Affairs
2005 Evergreen Street
Sacramento, CA 95815

September 27, 2010

1. Roll Call/Establishment of Quorum

Members Present	Staff Present
Michelle Hurlbutt, RDH Chair	Lori Hubble, Executive Officer
Cathy DiFrancesco, RDH	Nichole Johnston
Rhona Lee, RDHEF	Tom Jurach
	Traci Napper

Meeting began: 10:07 a.m.
Ms. Hurlbutt asked the members present to identify themselves.

2. Public Comment

There was no public comment.

3. Approval of March 22, 2010 Licensing and Examination Subcommittee Minutes

It was m/s/c (Lee/DiFrancesco) to adopt the minutes. The minutes were adopted unanimously.

4. Chairperson's Report

Ms. Hurlbutt attended two Dental Hygiene Committee of California (DHCC) Exams and was impressed with how well the examinations were run. For the last three exams, the examination staff has been monitoring water usage with regard to ultrasonic scalers and has noted an anecdotal decrease in trauma.

Ms. Hurlbutt has also attended 2 Department of Consumer Affairs (DCA) conference calls and reported that the budget strain is felt by all boards. She thanked the dedicated DHCC staff for their hard work and continued contributions.

Ms. Hubble added that DHCC missed a hiring opportunity because of the hiring freeze. Ms. Hurlbutt was thankful that DHCC is not in a dire situation. Ms. Hurlbutt then mentioned the drug level being done through Maximus was being done incorrectly. The detection levels used were higher than those specified in

the contract. The Department is encouraging **all** boards that require drug testing of licensees on probation to confirm the use of cutoff levels consistent with their contract. Any board that does not have a contract to conduct drug testing should use the department-wide contract. Ms. Hubble explained that it is still under investigation and that there was a contractual misunderstanding that raised reporting levels of certain substances to a level that would have allowed people to receive a negative result when, in fact, they may have tested positive had the correct contractual levels been enforced.

5. *2011 Clinical exam schedule for Registered Dental Hygienists*

Ms. Hubble explained that it takes nearly a year of planning to secure the dates and locations for our exams. These are the firmed up dates. Ms. Johnston, DHCC Exam Coordinator, presented the 2011 exam schedule and explained that the listed examination date of March 5 should read March 6.

6. *Clinical and Written Exam Statistics*

Ms. Johnston presented the exam statistics, noting that there are 2 more exams to be administered. The DHCC has a current pass rate of 80%. This may change given the upcoming 2 exams. The pass rate is about the same as it was last year.

Katie Dawson asked about test statistics for 3rd or 4th year dental students. It was explained that these statistics are provided in a later agenda item, but the total 3rd and 4th year dental student RDH licenses issued are 4 and none are currently active. Ms. Lee asked for a historical breakdown of pass/fail rates to identify trends.

It was asked if the DHCC can track how many "retakes?"

Ms. Johnston explained that she has maternity leave approaching and her replacement will have much to learn in addition to culling statistics. Ms. Hubble mentioned the hiring freeze relative to Ms. Johnston's vacancy and will do what can be done to generate the reports.

7. *Dental Hygiene Law and Ethics Written Examinations*

On July 7, the DHCC resumed testing candidates for the Registered Dental Hygiene Law and Ethics exam. This was 2 months sooner than projected which reduced the impact on licensure. Psychological Services, Incorporated (PSI), the computer based testing company, had an internal error in reporting test scores and has agreed to retest (at PSI's expense) any candidates who failed during the initial testing period. The exam is now being administered as usual.

Ms. Hurlbutt asked about a contract with PSI and if they may have violated a contract by presenting exam scores incorrectly over the phone and online. Ms. Hubble explained that PSI has made good on their error by offering the free retests. Ms. Johnston expressed that PSI was *"firmly advised"* of the displeasure experienced by the DHCC and their candidates.

JoAnn Galliano expressed her concern about the Law and Ethics exam and that it is not important how they learn it, but that they *do* learn it. Further, it is difficult to test the subject of ethics. Ms. Galliano would like DCA to turn the test into a

learning experience, not just a test. Ellen Standley expressed support for a more positive examination experience.

Ms. Hurlbutt presented the PSI candidate information bulletin which directs RDH and RDHAP candidates' studies for the Law and Ethics Exam. Currently the exam is created using various ethics resources and standardizing them is proposed. Ms. Lee asked if there were any glaring differences and Ms. Hurlbutt replied that there was nothing glaring, but there are differences and believes in developing the exams using standardized resources in the future. It was suggested to evaluate the differences between ethics resources. Ms. Galliano expressed that it is hard enough to learn one code of ethics and proposed having one code to teach.

M/S/C(Lee/DiFrancesco) to look at standardizing the ethics resources.

Ms. Johnston added that the DHCC is updating the RDHAP law & ethics exam to reflect current law.

8. *Licensure Statistics*

Ms. Johnston presented licensing statistics. There were no questions.

9. *Update on regulations relating to courses in the administration of nitrous oxide and oxygen, administration of local anesthetic agents and periodontal soft tissue curettage (California Code of Regulations, Section 1072.2)*

Ms. DiFrancesco touched on the subcommittee's work relating to courses in the administration of nitrous oxide and oxygen, administration of local anesthetic agents and periodontal soft tissue curettage regulations. Information will be acquired and evaluated before reporting at the December DHCC Committee Meeting.

10. *DHCC California Clinical Exam Review*

Ms. Lee provided an update on the California clinical exam review. The following were planned for review: RDH Candidate Information; RDH Examiner Handbook Guide; and RDH Recorder Handbook Guide. Ms. Lee asked to place this review on the next subcommittee meeting and include chief examiners and educators. Ms. Hubble discussed deadlines and lead time to update examination materials. A review and update is conducted annually and will consult with subject matter experts. She hopes to have more information to present in December.

11. *Standardized Exit Exams for California Graduates*

Ms. Hurlbutt stated that the committee will examine the option of a standardized exit exam for California graduates. Ms. DiFrancesco asked how each examiner would be calibrated. Ms. Galliano suggested, considering expense, one person from each college would be enough to calibrate other examiners at exam sites.

12. *Information regarding new dental hygiene program - Concorde Career College, San Bernardino*

This item was informational. Ms. Hurlbutt instructed that the statute does not require a committee to approve a dental hygiene program. The DHCC accepts the Commission on Dental Accreditation (CODA) approval.

13. *Job Creation Licensing Backlog Initiative*

Ms. Johnston reported, in January 2010, the Governor enacted the Job-Creation initiative, a goal to spark California's job growth and economy. In response to this initiative the DCA set a goal of reducing pending licensure applications by fifty percent by July 1, 2010. She highlighted the DHCC met this goal and continues to maintain minimal to no backlog of licensing applications.

14. *Future Agenda Items*

Ms Hurlbutt would like staff to research an alternative way to test Law and Ethics examination and review the Code of Ethics references. She would also like to discuss: DHCC approval of new dental hygiene programs vs. accepting CODA approval; alternative methods of initial licensure, including a standardized exit exam.

There being no further business, the subcommittee meeting was adjourned at 11:30 am.

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Dental Hygiene Committee of California

Enforcement Subcommittee Meeting

Department of Consumer Affairs
2005 Evergreen Street
Sacramento, CA 95815

September 27, 2010

1. Roll Call/Establishment of Quorum

Members Present	Staff Present
Alex Calero, Chair	Lori Hubble, Executive Officer
Miriam DeLaRoi, RDHAP	Tom Jurach
Cathy DiFrancesco, RDH	Shirley Moody
	Dennis Patzer

At 11:43 a.m., Mr. Calero called roll and established a quorum.

2. Public Comment

There was no public comment.

3. Approval of Enforcement Subcommitee Minutes 4/30/2010

M/s/c (DeLaRoi/DiFrancesco) to accept the minutes with the added date of April 30th. Motion passed unanimously. Mr. Calero would like to be addressed as Alex instead of Alexander.

4. Chairperson's Report

Mr. Calero reported two items. First is to notice the Enforcement Subcommittee that the enforcement statistics will be discussed in the Executive Officer Report during tomorrow's full committee meeting. He also informed the subcommittee of the status of SB 1111 which failed to pass out of committee, but explained that we may see some new legislation in the future.

5. Proposed DHCC Uniform Standards Related to Substance Abuse and Disciplinary Guidelines

It was m/s/c (DeLaRoi/DiFrancesco) to accept the proposed regulations for DHCC Uniform Standards Related to Substance Abuse and Disciplinary Guidelines. Mr. Calero and others came up with a list of small substantive changes. He stated that the non-substantive changes (punctuation, grammar, etc.) will be taken care of by staff and do not require time in the meeting to

discuss. M/s/c (DiFrancesco/DeLaRoi) to bring the modified document to the full committee for acceptance. Motion passed unanimously.

6. *Proposed Regulations for Cite and Fine*

Citations and Fines and associated verbiage were recommended and discussed by legal counsel based on best practices with other boards which have written their own cite and fine regulations. M/s/c (DiFrancesco/DeLaRoi) to accept the proposed regulations for Cite and Fine and any updates or revisions and recommend that the full committee approve this and begin the regulatory process. Motion passed unanimously.

7. *Report on Enforcement Improvement Plan*

Ms. Moody reported on reporting statistics tracked by DCA. Questions were posed regarding the meaning of the statistics and Ms. Moody explained the various acronyms used, their meaning, and value to the Department. This report monitors time frames and DCA uses this information to track the time taken to close cases.

Ms. Moody then reported on DHCC actions to support the Enforcement Improvement Plan. The DHCC Enforcement Improvement Plan includes the hiring of additional staff, creation of Desk Manuals for the Enforcement Staff, creation of the Disciplinary Guidelines, and the creation of a pool of Expert Witnesses to review the Quality of Care Cases.

8. *Proposed regulations to implement DCA recommendation to strengthen DHCC's enforcement program pursuant to Consumer Protection Initiative (CPEI)*

Ms. Hubble reported on recommendations to strengthen the DHCC enforcement process in the absence of SB 1111. DCA has recommended the creation of regulations in the following areas in SB 1111's absence:

1. Committee delegation to Executive Officer of approval for decisions on stipulated settlements to revoke or surrender a license.
2. Failure to provide information or cooperate in an investigation constitutes unprofessional conduct.
3. Failure to report an arrest, conviction, etc. constitute unprofessional conduct.
4. Denial of application for a registered sex offender.

M/s/c (DeLaRoi/DiFrancesco) to develop regulations with respect to the 4 items under ENF – 8 which includes the arrest language at which point after staff develops this language it will come back to subcommittee for review and we will revisit this topic, again. Motion passed unanimously.

9. *Future Agenda Items*

JoAnn Galliano would like to address peer review legislation for Dental Hygiene.

Meeting adjourned at 3:48 p.m.

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STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR
Dental Hygiene Committee of California
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Dental Hygiene Committee of California

Legislation and Regulatory Subcommittee Meeting

Department of Consumer Affairs
2005 Evergreen Street
Sacramento, CA 95815

September 27, 2010

1. Roll Call/Establishment of Quorum

Members Present	Staff Present
Alex Calero, Acting Chair	Lori Hubble, Executive Officer
Michelle Hurlbutt, RDH	Tom Jurach
Miriam DeLaRoi, RDHAP	Shirley Moody
	Dennis Patzer

Mr. Calero is the chairperson in the absence of Andrew Wong, chair and Ms. Hurlbutt is sitting on the subcommittee in Andrew Wong's absence. Mr. Calero called roll and established a quorum. The meeting began at 4:00 p.m.

2. Public Comment

There was no public comment.

3. Approval of March 22, 2010 minutes

M/s/c (DeLaRoi/Hurlbutt) to adopt minutes from March 22, 2010 for the Legislative and Regulatory subcommittee with modification. Mr. Calero identified a typo to the footer where the incorrect subcommittee is listed. Motion passed unanimously.

4. Legislative Update

AB1235 Healing arts: peer review – Mr. Calero updated: This bill has been enrolled and no need for subcommittee to take a position. The subcommittee asked staff to research the impact, if any, that this new law will have on dental hygienists. Staff to provide the subcommittee with the results of this research at a future meeting.

AB1310 Healing arts: database – Mr. Calero updated: Subcommittee supports this bill. This bill is effectively dead.

AB2699 Healing arts: database – Mr. Calero updated: Current status is that the bill has been chaptered. Katie Dawson explained that the bill was chaptered on Friday, 09/24/2010. John Perry, Legislative and Policy Review, DCA, explained this bill provided for licensees to help in the event of an emergency in their area of specialization or in the general capacity of a non-specialist.

SB294 Regulatory boards: operations – Mr. Calero updated: Current status is enrolled.

SB700 Healing arts: peer review – Mr. Calero updated: Current status is enrolled. Ms. Stevens reported that this bill would affect hygienists working in healthcare facilities and the DHCC may want to follow it. The subcommittee asked staff to research the impact that this new law will have on dental hygienists. Staff to provide the subcommittee with the results of this research at a future meeting.

Mr. Calero invited Mr. Perry to comment on other bills if he wished. Mr. Perry declined.

Mr. Calero reported on a few bills requiring an update from the March subcommittee meeting. AB583 Health Professionals and Disclosure of Education and Office Hours. DHCC has taken a watch position on the bill and it has been enrolled. SB389 Retroactive Fingerprinting for Existing Licensees. The bill is dead. Subcommittee asked that we watch this bill. SB638 Board Operations. This bill is dead. It failed to pass out of the first Senate Committee meeting.

5. *Proposed Legislation Regarding Clean Up of Senate Bill 853*

Mr. Calero reported that SB 853 is the bill that created the Dental Hygiene Committee of California on July1, 2009. Ms. Hubble reported that the DHCC has a timeline and must move accordingly. Ms. Hurlbutt addressed the letter from Perata explaining that the DHCC is not under the Dental Board of California and that it was never the intent of the legislation. Perata also acknowledged that some old language from the Committee on Dental Auxiliaries (COMDA) was entered into the bill and should be removed. Ms. Dawson would like to see information about the status of the clean-up language on the DHCC's web site. She expressed that we have national exposure and many other organizations are watching DHCC's lead. JoAnn Galliano stated that when the DHCC regulations move ahead, it will be clear that the DHCC is an autonomous entity.

6. *Proposed Fingerprint Regulations*

Mr. Calero presented the draft language for the fingerprinting regulations. Ms. DeLaRoi noted that the wording of "Article 2." Should be adjusted to correctly read "Article 7." It was also noted that the subcommittee recommended to insert the date of April 1, 2011 in the (INSERT DATE) area and to add the word electronic in the first sentence where it states "shall furnish a full set of *electronic* fingerprints for the purpose of....."

M/s/c (DeLaRoi/Hurlbutt) to accept this language with changes and move it on to the full committee. Motion passed unanimously.

7. *Proposed Dental Hygiene Regulations Implementing Senate Bill SB 853.*

SB 853 had a provision that allowed the DHCC to comply with Dental Board regulations until regulations could be adopted by the DHCC. The regulatory language contained in the meeting packet under LEG 7 will do that. Mr. Calero turned the chair over to Ms. Hurlbutt who stated, in interest of time, she wished to accept comments article-by-article. She also pointed out that the entire regulations will be new and the existing strike-thru and underlining is to aid in

reading – not to identify existing language as no existing language currently exists. Discussion ensued regarding the verbiage thus far drafted. She recommended that an ad hoc committee be created.

There being no further business, the subcommittee meeting adjourned 5:19 p.m.

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Dental Hygiene Committee of California

Committee Meeting

Department of Consumer Affairs
2005 Evergreen Street
Sacramento, CA 95815

September 28, 2010

1. Roll Call/Establishment of Quorum

Members Present	Staff Present
Rhona Lee, RDH, RDHEF – President	Lori Hubble, Exec. Officer
Michelle Hurlbutt, RDH, Educator – Vice President	Nichole Johnston
Alex Calero, Public Member – Secretary	Tom Jurach
Miriam DeLaRoi, RDH, RDHAP	Shirley Moody
Cathy DiFrancesco, RDH	Traci Napper
Rita Chen Fujisawa, Public Member	Dennis Patzer
Andrew Wong, Public Member	Liz Roberts

Mr. Calero called roll and a quorum was established. Ms. Lee instructed the audience about the presentation microphones and reminded them to sign in on the sheet in the back of the room. Meeting began at 9:08 a.m.

2. Public Comment

Toni Adams, RDH, proposed and presented on cultural and linguistic competency to be included within the education guidelines for dental hygienists. Ms. DiFrancesco commented on her support of linguistic competence. This issue is about health and better health can be provided with a greater level of cultural and linguistic competence.

3. President's Report

Ms. Lee reported on activities she attended from June 08, 2010, to September 28, 2010. June: CDHA's House of Delegates Meeting. July: Observed DHCC RDH Clinical Exam; Dental Board meeting in Sacramento; DCA Board Members Orientation; DHCC SWOT Analysis and Strategic Planning meeting. DHCC Vice President, Michelle Hurlbutt, acted on Ms. Lee's behalf in 2 DCA teleconference calls. Ms. Hurlbutt shared her experience of the teleconference and its heavy focus on budget and staffing levels. She added that, comparatively, the DHCC is in very good shape overall. Ms. Hurlbutt also touched on licensee drug testing. DCA is working with their contractor to make good on the contractor's error. Ms. Lee touched on the presence and support of DCA and praised Director Stiger for

his efforts to support the DHCC. Kim Kirchmeyer's presence in the audience is indicative of the efforts by DCA to be a more effective and connected department.

4. *Executive Officer's Report*

Ms.Hubble addressed the staff of DHCC and asked them to stand for public acknowledgement. She praised staff for their dedication and loyalty during difficult times. With no budget in place, staff has been travelling on their own expense and has continuously gone above and beyond the call of duty to maintain progress. Ms. Lee presented a small gift to the DHCC staff for their contributions to the DHCC in these difficult times. Ms. Hubble also reported on the hiring freeze which impacted a new hire. As of August 30, DHCC was not able to hire additional staff but is currently working toward an exemption with human resources. Furlough Fridays, resulting in a 15% pay decrease for staff, are still in effect and that impacts the licensees as well as the capabilities of staff to serve the DHCC's licensees. The furloughs are now the second, third, and fourth Friday of each month.

Ms. Hubble touched on the Dental Hygienist License Information statistical data posted on the DHCC web site including information regarding zip code, city, state, license type, ethnical background, and foreign language. This information is posted in compliance with AB269 and is updated annually. She touched on the DHCC customer satisfaction survey the DHCC is working in increasing the quantity of responses.

Moving to enforcement statistics, Ms. Moody presented open and pending investigations and quantity of various statistical analyses based upon those investigations.

Ms. Hubble then discussed the budget impasse and its effect on the DHCC. The DHCC cannot pay vendors, order supplies, reimburse for travel and is doing the best it can given the circumstances.

Debbie Balaam will give a presentation of a new DCA software solution that will revamp the way DHCC and DCA as a whole conducts business. This is a very interesting and anticipated upgrade to the antiquated software solutions now in place within DCA.

Ms. Hubble updated the DHCC testing schedule for the remainder of the year. Exams are being conducted at UCSF this upcoming weekend and Loma Linda toward the end of the month.

While on Holiday in Michigan, Ms. Hubble took advantage of a "secret shopper" event and took the computer-based PSI Law and Ethics exam. The benefit of taking an exam as such is to evaluate the professionalism and completeness of the testing process.

The December DHCC committee meetings will be on two days – December 5 and 6, 2010.

5. *Department of Consumer Affairs (DCA) Director's Report (DCA Representative)*

Ms. Kirchmeyer presented an update on projects and updates occurring within DCA; and overview. She discussed the success of conference calls and has asked for agenda items in advance of the teleconferences. The hiring freeze directive was received August 30 and the directive did state that it was written with exemption possibility. However, a very high threshold is being used to grant an exception to the freeze. She encouraged boards to continue with regulations to implement CPEI and also is measuring performance measurements. This info will be reported to the departments after October 15. This information is transparent and will be publicly available. Ms. Kirchmeyer is very excited to replace the antiquated equipment at the state and can't imagine the benefit this system will provide to staff. She also touched on licensing for job creation – it is important for people to be able to get licensed and enter the work force as soon as possible.

6. *Approval of June 8, 2010 minutes*

Mr. Calero touched on how to record members' votes in the minutes. The proposed format is m/s/c (motion/second) nays and abstention listed. m/s/c (Wong/Hurlbutt) to list m/s/c and those who recused themselves. Motion does not carry. Legal counsel advised if a member recuses themselves, they must indicate who and their rationale for the recusal.

m/s/c (Hurlbutt,DiFrancesco) moves that our minutes reflect the first and second of a person that did the motion as well as whether the motion was carried – so something to the effect of m/s/carried or m/s/failed and only those who recuse themselves be listed by name. Motion fails.

m/s/c (Wong/DeLaRoi) Motion on the floor to go ahead and put the mover of the motion, the second, the nays and abstentions listed and then – by law – must include the recusers and their rationale. Motion carries 3-2. Mr. Calero abstained.

m/s/c (DeLaRoi/DiFrancesco) to approve minutes with corrections. Passes unanimously.

7. *Central Regional Dental Testing Services – Presentation by Kim Laudenslager*

Kim Laudenslager presented on the structure, organization, and benefits of using the Central Regional Dental Testing Services (CRDTS) as an accepted testing organization.

8. *Western Regional Examining Board – Presentation by Beth Cole*

Beth Cole and Kelly Reich presented on the structure, organization, and benefits of continuing to use the Central Western Regional Examining Board (WREB) as an accepted testing organization.

9. *Health Workforce Pilot Project #172*

Ms. Hubble spoke about the pilot project is, its scope of practices, and skills required to complete. The project is on the director's desk, now, pending approval. Some of the Dental Board members are concerned that the patients

may feel pain as anesthetics are not used and that the patient consent form needs some additions. Another concern posed by the Dental Board is if an emergency were to occur, how would the patient get emergency care?

Ms. Hurlbutt suggested sending a letter to OHSPD supporting HWPP 172 since they are accepting comments after the date. Ms. Hurlbutt spoke to support the project and qualified her support for the temporary-type restorations. To support the pilot, Ms. Hubble explained how selective the patient selection is and that there is very little room for complication; the pilot is very well thought out. There are 9 areas in California where this pilot will take place.

Mr. Wong asked about downsides – additional costs, what other organizations have supported or denied it and why? Ms. Hurlbutt explained the costs are built into the study and have come from grants, etc., and it is fully funded. She also listed many organizations that support the pilot and indicated there are many more than she listed.

Ms. Lee countered (for discussion, not stance) support for the policy by positioning teledentistry as a technology in its infancy and it has its limitations. The skill and ability background educational experience of the assistants, RDHs, RDHAPs, are not on the same playing field as the dentists. Who would deal with a pulp exposure requiring immediate remedy? Ms. Lee provided this perspective to provide an alternate position to inform of what the Committee is deciding upon without giving her position.

Ms. DiFrancesco added about a volunteer organization that aids at public clinics and recognizes the need to get children into dental clinics. Ms. Hurlbutt highlighted that there is a specific criteria for the type of teeth that would qualify for this temporary-type of restoration. LaDonna Drury-Klein expressed her displeasure with not being part of the planning of this project and she takes an opposing view on this project. Ms. Dawson reminded the board to consider the benefit of highly screened individuals to participate in this study with limitations set for the scope of practice. It collects data and will collect real information that can be used to make real decisions about real life. M/s/c (Hurlbutt/DeLaRoi) to write a letter of support the HWPP #172 pilot project. Carries 4-2.

10. *DHCC Strategic Plan Development*

Ms. Lee briefed on the Strategic Planning process that the Committee underwent to develop their strategic plan. DCA project managed the process and the Committee members communicated individually and collectively with DCA to facilitate the strategic plan.

Evin and Shayne Van Outryve presented a slideshow highlighting the mission, values, and goals as created by the DHCC in two previous dedicated meetings.

11. *Budget Report*

Traci Napper, DHCC, reported pending budget information. Ms. Hubble touched on the state budget situation and that DHCC doesn't have a budget to show. Ms. DiFrancesco thanked for the work invested into the process.

12. *Dental Board of California Infection Control Regulations [California Code of Regulations, Section 1005 (d)]*

Ms. Hubble commended the effort put forth to build the infection control regulations by Ms. DeLaRoi and Ms. DiFrancesco before the document was presented to the Committee and later to Mr. DeCuir, EO, Dental Board of California (DBC). This was a consensus between DHCC and DBC with this document and all of the recommendations made by the DHCC were adopted by the DBC. Ms. Drury-Klein asked that CADAT's regulatory language be considered to replace language that is technically incorrect within the proposed language. Ms. DeLaRoi and DiFrancesco recommended the following:

~~(9)~~(10) ~~Heat stable c~~Critical ~~and semi-critical~~ instruments, items and devices shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization shall include ~~shall be cleaned and sterilized before use by using~~ steam under pressure (autoclaving), ~~dry heat, or~~ chemical (formaldehyde) vapor and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. ~~in the form of package or being wrapped before sterilization if they are not to be used immediately after being sterilized.~~ These instruments, items and devices, shall remain sealed and stored in a manner so as to prevent contamination. ~~FDA cleared chemical sterilants/disinfectants shall be used for sterilization of heat sensitive critical items and for high level disinfection of heat sensitive semi critical items.~~

~~10)~~(11) ~~Critical and s~~Semi-critical ~~instruments or containers of critical and semi critical instruments~~ items shall be pre-cleaned, packaged or wrapped and sterilized after each use. ~~by a heat or vapor m~~Methods of sterilization include steam under pressure, chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. ~~shall be packaged or wrapped in the form of package or being wrapped before sterilization. before sterilization if they are not to be used immediatelyafter being sterilized.~~ These packages or containers shall remain sealed ~~unless the instruments within them are placed onto a setup tray and covered with a moisture impervious barrier on the day the instruments will be used~~ and shall be stored in a manner so as to prevent contamination.

M/s/c (DiFrancesco/DeLaRoi) to accept the changes that were proposed by the DHCC in the revision for submission to the Dental Board. Motion passed unanimously.

13. *Education and Outreach Subcommittee Report*

Ms. Chen Fujisawa stated the Education and Outreach Subcommittee met on 9/27 and reviewed the outreach events attended this year. They focused on presentations and presence at professional associations. There were two consumer events that needed to be canceled given budget and timing conflicts. The DHCC is using their web site as a communication hub and the web site is a good first place to post new information. She proposed a news release regarding the new fingerprint requirement. M/s/c (Calero/Hurlbutt) motioned to accept the report of the Education and Outreach Subcommittee. Motion passed unanimously.

14. *Licensing and Examination Subcommittee*

Ms. Hurlbutt stated the last meeting of the Subcommittee was on 9/27/2010. The subcommittee looked at clinical and written exam statistics. The Committee was updated on the PSI Law and Ethics breach. It was noticed that the ethics' resources for the RDH and RDHAP exams were different and this will be looked

at in December. They also looked at the possibility of an exit exam and other items that may be included in the strategic plan. M/s/c (Calero/DeLaRoi) to accept the report from the Licensing and Examination Subcommittee. Motion passed unanimously. 5 yea. Mr. Wong was not present to vote.

15. *Enforcement Subcommittee Report*

Mr. Calero gave a brief overview of the Enforcement Subcommittee. SB 1111 failed to pass out of committee but there is another item discussing other aspects of SB 1111 later in the meeting. He then discussed the proposed regulations for Disciplinary Guidelines and SB 1441 Standards which are necessary for the DHCC given their new status. He explained that the DHCC currently uses the Dental Board's disciplinary guidelines. The Enforcement Subcommittee accepted the Disciplinary Guidelines and SB 1441 Standards unanimously at their subcommittee meeting. He asked the full committee to accept the proposed regulation under ENF 5 so that the regulatory process could begin.

He then spoke about the Cite and Fine regulations currently under development. Mr. Calero elaborated on the history of the "Cite and Fine" and reported that the proposed regulations under ENF 6 were unanimously accepted in the previous day's Enforcement Subcommittee meeting and wished the full committee to do the same.

Mr. Calero touched on the enforcement improvement plan by stating that the DHCC staff is required to report enforcement statistics each month to the Department of Consumer Affairs. He also stated that the DHCC is required to develop a written plan utilizing existing resources to improve their enforcement program. Since the DHCC is new, there are no improvements to be made.

DHCC staff provided a list of proposed regulations to implement DCA's recommendation to strengthen DHCC's enforcement program pursuant to the Consumer Protection Enforcement Initiative (CPEI). Staff will bring back proposed regulations at its' next meeting as shown in ENF 8. Ms. Lee asked that the staff present options both for and against the language referring to "arrest" and "conviction." Ms. Hurlbutt is opposed to "arrest" being part of the regulatory language.

In closing, he explained that an additional agenda item regarding a peer review process will be added to the next committee meeting agenda.

It was m/s/c (Calero/DeLaRoi) for the committee to accept the recommendations of the Enforcement Subcommittee. Motion is unanimous and carries.

16. *Legislation and Regulation Subcommittee Report*

Mr. Calero chaired the subcommittee in Mr. Wong's absence and Ms. Hurlbutt sat on the subcommittee; a quorum was established.

Mr. Calero reported on the status of all the legislative bills listed and other bill of interest:

- AB1235 Healing arts: peer review – This bill has been enrolled and no need for subcommittee to take a position.
- AB1310 Healing arts: database –Subcommittee supports this bill. This bill is effectively dead.

- AB2699 Healing arts: database –Current status is that the bill has been chaptered. Ms. Napper stated that the bill was chaptered on Friday, 09/24/2010.
- SB294 Regulatory boards: operations –Current status is enrolled.
- SB700 Healing arts: peer review –Current status is enrolled.

Mr. Calero recommends that staff carry over bills listed from previous DHCC meetings and track the bills from the Dental Board of California and Department of Consumer Affairs.

In addition to the report Mr. Calero recommended that if there are any questions regarding legislation to please contact Ms. Hubble for staff to compile an in-depth analysis to assist in the familiarity of the bills.

Mr. Calero recommended that an ad hoc committee be created to review existing statues and proposed regulations.

Mr. Calero also reported that the subcommittee recommends that the full committee adopt the fingerprint regulations with amendments: Ms. Hurlbutt noted that the wording of "Article 2." Should be adjusted to correctly read "Article 7." It was also noted that the subcommittee recommended to insert the date of April 1, 2011 in the (INSERT DATE) area and to add the word electronic in the first sentence where it states "shall furnish a full set of *electronic* fingerprints for the purpose of….." and instructed staff to move forward with the regulatory process as soon as possible.

M/s/c (Hurlbutt/Chen Fujisawa) move to accept the report of the Subcommittee on Legislation and Regulation and recommendations.

Adjourned into closed session at 3:15 p.m.

17. Closed session

18. Evaluate the performance of the Committee's Executive Officer

19. Future Agenda Items

Clean-up of SB 853 and proposed DHCC Regulations

20. Adjournment

Adjourned into Open session and closed at 5:15 p.m.

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MEMORANDUM

DATE	February 14, 2011
TO	Dental Board Members
FROM	Richard DeCuir Executive Officer
SUBJECT	**Agenda Item 6: Sunset Review Update**

As you are all aware, the Board has begun the process of sunset review. While boards typically go through a sunset review process every 4-6 years, the Dental Board's last review was in 2001.

Sunset review processes are intended to review all operations of a given board. The Senate Business, Professions, and Economic Development (BP&ED) Committee is the standing committee of the Senate that has oversight jurisdiction of the Department of Consumer Affairs and all agencies and entities which exist under the Department. It is the responsibility of the Senate BP&ED Committee to determine whether the State should continue to regulate dentistry, and if so, what changes should be made to improve the overall effectiveness and efficiency of Board operations to ensure that the interests of California's consumers are protected against incompetent practice or illegal activities of these professionals.

In preparation for the review, the Board submitted it's Sunset Review Report to the Senate Business, Professions, and Economic Development (BP&ED) Committee, the Assembly Business & Professions (B&P) Committee, the Secretary of the Senate, and the Assembly Clerk's Office on October 1, 2010. The initial hearings were slated for November 2010, however due to the changes which occurred from the November 2010 elections – a new governor, and a shuffle of Committee members – the hearing was rescheduled for February 18, 2011; and then again postponed until March 14, 2011.

Since October 1st, I have met with Senate BP&ED Committee staff three times to review questions they had about the Board's October 1, 2010 report. We have also submitted additional information, as requested by the Committee. These questions, along with the staff responses are attached for your information. While we have not been provided with any specific information from Senate BP&ED staff, I anticipate the major issues to be vetted will include the Board's enforcement program,

Diversion, the Board's budget and the need for future fee increases, and possibly dental assisting issues.

On February 9, 2011, I received notice that the Senate BP&ED Committee will be holding sunset review hearings on Monday, March 14 from 11:00 am to 4 pm. Attached is the memo which outlines the attendance and presentation requirements for the Sunset Review Hearing.

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California State Senate

SENATOR
CURREN D. PRICE, JR.
TWENTY-SIXTH SENATE DISTRICT

COMMITTEES
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BUDGET AND FISCAL REVIEW
GOVERNMENTAL ORGANIZATION

JOINT COMMITTEE
THE ARTS
CHAIR

SELECT COMMITTEES
PROCUREMENT
CHAIR
CALIFORNIA'S HORSE RACING INDUSTRY
CALIFORNIA'S WINE INDUSTRY
CONSTITUTIONAL REFORM
THE CENSUS

MEMORANDUM

To: Boards, Bureaus, Committees, and Commission Scheduled for Sunset Review

From: Senate Business, Professions and Economic Development Committee

Date: February 8, 2011

Subject: Attendance and Presentation to be made at the Sunset Review Hearings

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The Senate Business, Professions and Economic Development Committee (BP&ED) will be holding sunset review hearings March 14th and March 21st from 11:00 a.m. to 4:00 p.m. in Room 3191 of the State Capitol. There will be a short recess during Senate Session at 2:00 p.m. and we will reconvene upon adjournment of Session. At this time of year, Senate Session normally lasts for about 30 minutes.

The BP&ED Committee is the standing committee of the Senate that has oversight jurisdiction of the Department of Consumer Affairs and all agencies and entities which exist under the Department. All of these boards, bureaus, and programs currently license or certify a particular occupation and are responsible for enforcing the laws and the practice acts regarding these professions. It is the responsibility of the BP&ED Committee to determine whether the State should continue to regulate in this area, and if so, what changes should be made to improve the overall effectiveness and efficiency of these entities to ensure that the interests of California's consumers are protected against incompetent practice or illegal activities of these professionals.

Pursuant to SB 294 (Chapter 695, Statutes of 2010), every board under the Department was provided a sunset date which would correspond to a review to be conducted by the BP&ED Committee. In the past, this "sunset review" was conducted by a Joint Committee of the Legislature which was established by the Senate. However, it was determined that any review of these boards or other programs under the Department would now be conducted by the appropriate standing Committee. The following boards, bureau, committee and commission are scheduled for review. They are listed in order of appearance before the BP&ED Committee:

March 14th

California Board of Registered Nursing
Board of Vocational Nursing and Psychiatric Technicians
Dental Board of California
State Athletic Commission

March 21st
California Board of Accountancy
Professional Fiduciaries Bureau
Contractors' State License Board
Board for Professional Engineers, Land Surveyors, and Geologists
California Architects Board
Landscape Architects Technical Committee

The following is an outline of the agenda for each board, bureau, and program reviewed:

A. Board or Program Presents Short "Overview" of the Current Regulatory Program (5 minutes)
B. Board Response to Issues, Problem Areas, Questions and Staff Recommendations (20 minutes)
C. Public Comment (15 minutes)
D. Comment by Professional Individuals, Groups or Associations (15 minutes)
E. Any Closing Comments by the Board (5 minutes)

Both the Executive Officer and President/Chair of your board or program should appear before the BP&ED Committee. You may also include other board members and staff members as needed. Please provide us with those names as soon as possible by contacting Kathleen Sullivan at (916) 651- 4104 or email to kathleen.sullivan@sen.ca.gov. Also provide us with your contact information and your email address.

In providing an "Overview" of your current regulatory program, please be brief. Members will have a copy of your Sunset Review Report, however it will not include the appendices or attachments. Please try to limit your overview to about 5 minutes after introductions.

During your "Overview" presentation, you should discuss the history, function, and activities of the board and its current composition, who you license, amount of licensees, brief description of your budget and any other information you consider as relevant to provide an introduction of your board or program to members of the Committee. You should also briefly discuss what major changes have taken place since the last sunset review of your board or program if you had a prior review.

After your introductory presentation, you may then present your response to issues and/or questions raised by the staff of the Committee. **We will provide a listing of these issues and questions to you by Monday, February 28th, if your hearing is scheduled for March 14th, and March 7th if your hearing is scheduled for March 21st.** There may be other questions which individual members may have, but we believe these issues are the most important to be addressed by the board, bureau or program at the hearing.

The Committee staff is also preparing a "Background Paper" for members of the Committee. This paper will provide background information concerning the issues we have raised for each individual board or program. Where appropriate, staff recommendations may be made. We hope to provide you with a copy of the Background Paper at least two weeks prior to your hearing. We will email you a copy once it is completed.

Upon completion of the hearings, the board or program may have 30 days to respond to any of the other issues or recommendations of the Committee staff which were raised in the Background Paper or during the hearing. Certain recommendations may require legislation and will be included in a "Sunset Bill" for the particular board or program. The Sunset Bill will be sponsored by the Chair of the BP&ED Committee and it is anticipated that the bill will be heard sometime in April.

If you have any questions regarding your presentation, or other concerns about the hearing, please contact the consultant who is directly responsible for reviewing and preparing the Background Paper for your board or program. A listing of staff assigned to each board and program is provided. Committee staff can be reached at (916) 651-4104. We look forward to your participation in these hearings.

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MEMORANDUM

DATE	February 7, 2011
TO	Rosielyn Pulmano, Consultant Senate Business, Professions & Economic Development Committee
FROM	Richard E. DeCuir Executive Officer
SUBJECT	**Additional Sunset Review Questions**

Following is the Board's response to your additional questions relating to Sunset Review.

FUNDING/STAFFING QUESTIONS

1. ***How much of the overall enforcement costs is attributable to: a) AG costs; and b) OAH costs?***

   The current year authorization for AG is $1,778, 300; current year authorization for OAH is $405,700.

2. ***How many total authorized staff for DBC? Any additional staffing authorized for DBC under CPEI?***

   Authorized PY's for DBC is 72.8 (60.8 Filled; 12.0 Vacant).....12.5 of these authorized positions are CPEI (4.0 Filled; 8.5 Vacant). However, 1.5 of the 12.5 CPEI positions are 2-year limited term. These positions were created to expedite and maximize the efficiency of handling all pending disciplinary actions and are dedicated to the tracking of AG cases.

3. ***Does DBC anticipate any changes in staff positions?***

   Yes. DBC plans to submit a second CPEI BCP to convert 1.5 two-year limited term positions to permanent.

4. ***How many staff are there in the: a) enforcement unit; b) how many are peace officers c) how many are inspectors?***

   The Enforcement Unit is comprised of 35 staff: 14 peace officers, 3 inspectors, 2 staff managers, 8 AGPAs, 4 SSAs, and 4 OTs. This does not include 10.5 vacant positions within the Enforcement Unit.

5. ***Impact of: a) 5% overall cut and b) hiring freeze on the board:***

a) The board was able to save by cutting the "proctor" line item in both the Dental and Dental Assisting programs. Additionally, overtime for examination staff was reduced.

b) Vacant positions have been difficult to fill due to the hiring freeze. The Board has found itself hiring lateral transfers from the Department and other Boards and Bureaus, therefore leaving vacancies to be filled in those other locations. The inability to promote current state employees has added to the difficulty. The Board currently has limited-term positions available, however they are nearly impossible to fill because permanent state employees, qualified to be hired for our limited-term positions, are unwilling to leave their current position for a limited-term position unless the position is a promotion.

OTHER QUESTIONS

1. ***Dental Schools: Could you provide a primer on dental approval schools in California. A brief one is sufficient. Specifically, looking at approval of dental schools, approval of clinical education program. Who is in charge? What is the role of DBC?***

California Code of Regulations Section 1024 requires a new dental school in California to apply to the DBC for provisional approval in its first academic year, and final approval when its program is in full operation. Subsection 1024(c) provides that in lieu of conducting its own independent investigation, the board may accept the findings of any commission or accreditation agency approved by the board, and adopt those findings as its own. Currently the board accepts findings of the Commission on Dental Accreditation (CODA), which is considered the national standard. It is the intent of the board to approve only those schools which continuously maintain a high quality standard of instruction.

2. ***Committees: Whether the RDA and RDAEF committees still exist.***

Yes. Both Committees still exist. In accordance with Business and Professions Code, Section 1752.3 (b), the Board President appointed members to the Registered Dental Assistant Examination (RDA-EX) Committee. The committee met on May 5, 2010 to assign procedures to be tested on the Registered Dental Assistant practical examination, as specifically outlined in statute. It is anticipated that the Committee will meet once a year to perform this duty.

Additionally in accordance with Business and Professions Code, Section 1753.4 (b), the Board President appointed members to the Registered Dental Assistant in Extended Functions Examination (RDAEF-EX) Committee. The committee met on May 5, 2010 to assign procedures tested on the Registered Dental Assistant in Extended Functions examination, as specifically outlined in statute. It is anticipated that the Committee will meet once a year to perform this duty.

3. ***Whether fees collected from candidates taking the exam support the examination program for both dentists and RDAs and whether fees from the licensure and renewal support licensing program.***

The examination and licensing programs are adequately funded by the board's current examination and licensing fee schedules. Examination and renewal fees have been sufficient and pay for board expenses. However, with the inclusion of the new CPEI positions, the board could move into a deficit spending situation by FY 12/13, thus resulting in a need for a fee increase.

4. ***Infection Control: Were final regulations adopted and when? Please send a summary.***

The Board adopted the proposed amendments to Title 16, CCR, Section 1005 (Minimum Standards for Infection Control) during its December 14th teleconference meeting. The board directed staff to take all steps necessary to complete the rulemaking process, including filing the final rulemaking file with the Office of Administrative Law and authorized the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process.

Staff is currently working with legal counsel on drafting the Final Statement of Reasons. Once the final rulemaking documents have been approved by legal counsel, the rulemaking file will be sent to the Department of Consumer Affairs for the Director's approval. Staff anticipates that the file will be turned in to the Director within the next month. The Director has 30 days to review the file. Once the file has been approved by the Director of DCA, the file needs to be signed by the Secretary of the State and Consumer Services Agency and the Economic and Fiscal Impact Statement needs to be signed by the Director of the Department of Finance.

The deadline for returning the final rulemaking file to the Office of Administrative Law is August 26, 2011. The Office of Administrative Law will have 30 working days to review the file and approve or disapprove. If the file is approved, the regulation will become effective 30 days after it is filed with the Secretary of State.

5. ***Wasn't there an examination controversy recently with RDA exams? If so, could you tell me what happened?***

On May 3, 2010, the Board was notified from by the Department of Consumer Affairs, Office of Professional Examination Services (OPES) that information contained within the RDA Law and Ethics examination was posted on an internet blog. Staff reviewed the information posted and stopped the examination from being administered beginning June 1, 2010. A special written examination workshop was held on June 5 and 6, 2010. As a result of this workshop, the RDA Law and Ethics examination was modified and updated, and the Board resumed testing August 1, 2010. As part of the examination sign-in procedure, applicants now are required to certify that they will not release examination

content information. The Board did not grant licensure to the applicant who posted the examination information to a blog.

6. ***Why DBC issues a medical general anesthesia. What is the use for this permit.***

Business and Professions Code §1646.9 (b) requires the Dental Board of California (DBC) to issue medical general anesthesia permits. The medical general anesthesia permit is required for a physician and surgeon licensed by the Medical Board of California (MBC) to administer general anesthesia in a **dental** office.

7. ***Dentists that get oral and maxillofacial permit: What kind of oversight DBC has on these clinics? What is the elective facial cosmetic surgery permit? What are the differences in these two permits.***

The Board has no statutory oversight authority over clinics in which an OMS permit is used.

An Elective Facial Cosmetic Surgery (EFCS) Permit may be issued to a dentist licensed by the board, who has met specific criteria according to Business and Professions Code Section 1638.1. This permit allows the licensee to perform elective facial cosmetic surgery procedures in a general acute care hospital, or a licensed outpatient surgical facility as outlined in statute.

In contrast, pursuant to Business and Professions Code Section 1638, the board has the authority to issue an Oral and Maxillofacial Surgery (OMS) Permit to a person who is licensed as a physician and surgeon by the Medical Board of California and who is or has been licensed to practice dentistry in another state.

The difference between an OMS permit holder and an EFCS permit holder is that an OMS permit holder is an oral and maxillofacial surgeon licensed by the Medical Board who has a permit to perform oral surgery in a dental office. An EFCS permit holder is an oral and maxillofacial surgeon licensed by the Dental Board who is issued a permit to perform elective facial cosmetic surgery procedures in a general acute care hospital, or a licensed outpatient surgical facility as outlined in statute.

STATE OF CALIFORNIA
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DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	February 11, 2011
TO	Rosielyn Pulmano, Consultant Senate Business, Professions & Economic Development Committee
FROM	Richard E. DeCuir Executive Officer
SUBJECT	**Additional Sunset Review Questions of 2/8/2011**

Following is the Board's response to your highlighted questions relating to Sunset Review.

I. DIVERSION PROGRAM AND PROBATION QUESTIONS FOR LICENSEES WITH SUBSTANCE ABUSE

1. How many licensees are currently on:

   a. Diversion Program

   Total Participants in Diversion: **DDS: 38**
   RDA: 2

   On probation and in Diversion: **DDS: 10**
   RDA: 2

   b. Probation with substance abuse

   RDA: 25
   DDS: 18

2. How many participants last year (or last fiscal year) were on:

   a. Diversion Program

   Last Fiscal Year = 59
   DDS: 57
   RDA: 2

b. Probation for substance abuse (Please include RDA numbers if available)

RDA: 25
DDS: 18

3. How many tests were ordered last year for:

a. Licensees on diversion **1442**

b. Licensees on probation (Please include RDA numbers if available)

Probation testing not including Diversion tests:
RDA: 22 Tests DDS: 12 Tests

Effective January 26, 2011, the Board's Enforcement Program began setting up our Biological Fluid Testing (BFT) with the Department's contract vendor, Phamatech.

What is the frequency of drug testing for the following:

c. Licensees on Diversion **36-52 Times per year**

d. Licensees on Probation (Please include RDA numbers if available)

RDA: 12 DDS: 12 (in addition to Diversion testing)
Regardless of Diversion status, all are tested equal times per year

4. How many licensees are currently working who are:

a. Enrolled in Diversion 35 of the 38 Enrolled

b. On Probation (Please include RDA numbers if available)

RDA: 21 DDS: 16

5. How many licensees were referred to Probation due to termination for non-compliance in diversion program?

13 since September 2003

II. SB 1441 STANDARDS

1. When did the Board start the process to adopt SB 1441 standards by regulation? When will the Boards start regulatory process to implement SB 1441? When is the completion date for this regulatory process?

2. What is the status of revisions to the disciplinary guidelines implementing SB 1441? When will the revisions to the disciplinary guidelines occur?

3. What elements of the standards are being sought through regulations? Specify for each standard

III. SB 1111 REGULATIONS

1. What is the progress of these regulations? When did the Board start the process to adopt SB 111 regulations by regulation? When will the Board start regulatory process to implement SB 1111 regulations? When is the completion date for this regulatory process?

IV. FUND CONDITIONS

1. We need more current projections for 2010 – 2011.

   Updated tables for more accurate Revenue and Fund Conditions were provided to Rosielyn on 2/9/11. There was a telephone discussion between Roz and Sharon (the Board's budget analyst) on 2/10/11 to discuss this in detail. Another Fund Condition with adjustments for receiving the $1.9 million balance in FY 2012/13, to compare to previous table was provided.

2. If CPEI positions are not filled and CPEI positions get swept in because of the 6 months vacancy rule (if position has been vacant for 6 months, automatically abolished), we need new fund condition/expenditure if this happens in 2011/2012, 2012/2013.

3. What is the effect of case aging if CPEI positions are abolished?

ADDITIONAL QUESTIONS:

RDA Questions

1. Dental Assisting Forum - What the Dental assisting forum have done? Who conducts this meetings? Who is attending, what kind of outreach the DBC has done to inform public about this forum?

2. Dental Assisting Fund – P. 16 – what is the negative $600K for FY 2010-2011.

   The $600K was a typo, which should have read $600.00. A corrected table was provided with updated totals. The amount is a Reimbursement so it is

parenthesized to indicate a deduction. This issue was discussed over the phone between Roz and our budget analyst on 2/10/11.

3. Fee Increase, Page 17 – it states will seek it through Board Resolution – Should it be Board Regulation?

   "Resolution" is correct. (Business and Professions Code Section 1725)

4. RDA Law and Ethics Exam – What steps DBC has taken to address compromise? How far in advance were RDAs notified of the compromise?

Examination Questions:

5. Dental Law and Ethics Exam – 98% passage rate – is there a scramble? How often updated?

6. Processing Exams: What is the real average days to process examination applications (14-120 days). What is contributing to the delays?

   Statistics for the past 5 months show that dentist applications with no deficiencies are completed within an average of **32 days**. Applications that are deficient may be delayed depending upon how quickly the requirements are submitted by the applicant.

7. Examination funding – whether the fees generated from examination applications support the examination functions of the board? Is there a need to adjust the fees? Which fees support the examination functions (see page 16 of the sunset report).

CE requirements

8. Verify the CE requirements for dentists (50 hours) and RDA (25 hours)

9. How are CEs audited per licensee? Does the DBC have a formal policy on CE audits? What is the percentage of licensees whose CE requirements are audited on a given year?

Enforcement

10. Whether DBC has SOL for cases – where in the code **B&P 1670.2**

11. Oral & Maxillofacial Permit - Whether they have received complaints from the public about dentists doing these procedures? After a permit is issued, what kind of oversight functions require of licensees given this permit? See Section 1638.1 (k) reporting requirements

12. How many 801 (malpractice)/805 (peer review) reports last year?

There were 350 801(malpractice) cases reported to the Dental Board in 2010. There were four (4) B&P 805 cases reported to the Dental Board in 2010.

13. Page 28 – "Other category" – clarify what kinds of reports are these?

Page 28 Top Chart – Sources of Complaints
The "Other" category is a combination of two small complaint categories: Miscellaneous, and Anonymous.

Page 28 Bottom Chart – Types of Complaints
The "Other" category for complaint types is used by the Intake Desk to categorize issues which may not seem to fit in any established category, or may fit in more than one, and the staff are unsure which is most appropriate. Examples would include an allegation of prostitution taking place in a dental setting – whether it is a criminal charge or unprofessional conduct. Billing issues which could be fraud or civil matters. A patient with a medical issue which presents prior to any dental care being provided. A dental office closure due to an enforcement action followed by an allegation of patient abandonment because now the patient cannot get their records. Advertising violations and Fictitious Name Permits have also been included in the Other category.

Please see Complaint Source by FY and Complaint Type by FY charts for fiscal year breakouts of the data from page 28.

14. How many reports under B & P 1680(z) last year? – patient deaths related to practice

There were three (3) cases reported pursuant to B&P 1680(z)

15. Complaints - Enforcement Numbers – See page 26 of the report. Please clarify the total for complaints, complaints received, etc...

The Complaints Received (Source) totals for FY 2006/07 and FY 2007/08 were taken directly off data previously reported on the website. However, when the current Complaint Manager ran reports to breakout this data (By Type), the total changed. This is most likely attributed to differences in the date parameters between when the original reports were run and the current reports were run.

Consistent numbers are seen in the latter two fiscal years, since the current manager ran these reports using consistent date parameters.

16. Cease and Desist Letters – why the letters decreased in the last two years? Why did the Board changed its approach?

17. Case Aging – where are the AG numbers? See page 32

18. OAH- What are some of the reasons identified for the increase in timeframe for OAG

19. Page 34 – Please explain how many cases are pending?

    Currently there are 177 cases pending at the AG's office (Pre-accusation). This is down from 184 at the end of June.

20. Cite and Fine – Are there guidelines for cite and fine? Please explain the informal conferences for cite and fine. How many informal conferences? Why is the DBC struggling to collect cite and fine money?

21. Complaint Satisfaction Survey - When did the DBC start taking the surveys? Please provide data from Aug. 2010 – Jan. 2011 if available.

    The Board began including the web address to the Department's survey tool on all outgoing correspondence to consumer complaint effective August 1, 2010. **Consumer Satisfaction Survey Results attached.**

22. IAR – What is the new policy? Is it being implemented?

23. Expert Reviewers – is the rate sufficient? If DCA converts to K for expert reviewers, how will the DBC be affected?

24. Tracking of Disciplinary Cases (Page. 46 – how the DBC got to 857 days

25. Disciplinary Guidelines – Took 3 years but not resolved. Do the guidelines exclude SB 1441 standards?

26. Toxicology testing – who conducts toxicology testing. Please clarify non-sworn enforcement processes/functions (See page 50).

27. Page 50 – how many vehicles DBC lost with 15% reduction in vehicle fleet?

Probation:

28. Who conducts drug test samples for probations?

29. Who supervises probation monitoring activity. What do they do?

30. Will you have a corrective action plan for issues addressed in the Enforcement Assessment?

Other Programs:

31. Update on the dental loan repayment program? How many people applied? Will the funds be spent?

32. Are there workforce issues the DBC is aware of relative to the ACA?

Additional Follow-up questions from Taryn:

Will you please provide the average time for the AGs office to meet following milestones for fiscal years 20007/08, 2008/09 and 2009/10?

- Average number days from date case is received to date assigned to DAG
- Average number of days from date case is received to date accusation is served
- Average number of days accusation is served to settlement completed (singed by licensee)

Answers to the first and third bullets are included in the information provided in the Sunset Review document in the table located on page 32. However, with regards to the second bullet – the accusations are signed by the Executive Officer and returned to the DAG for service. We do not know the date they are served and have not collected that information.

Response to Question 13:
Complaint Source by FY Breakout

	FY 2006/2007	
Source of Complaint	**Total Complaints**	**Percentage of Complaints**
Public	1858	60%
Governmental Agencies	454	15%
Licensee/Professional Groups	633	21%
Other -	137	4%

	FY 2007/2008	
Source of Complaint	**Total Complaints**	**Percentage of Complaints**
Public	2175	59%
Governmental Agencies	286	8%
Licensee/Professional Groups	1154	31%
Other -	94	3%

	FY 2008/2009	
Source of Complaint	**Total Complaints**	**Percentage of Complaints**
Public	2528	72%
Governmental Agencies	87	2%
Licensee/Professional Groups	833	24%
Other -	79	2%

	FY 2009/2010	
Source of Complaint	**Total Complaints**	**Percentage of Complaints**
Public	2370	75%
Governmental Agencies	67	2%
Licensee/Professional Groups	639	20%
Other -	96	3%

Response to Question 13:
Complaint Type by FY Breakout

	FY 2006/2007	
Type of Complaint	**Total Complaints**	**Percentage of Complaints**
Competence/Negligence	2109	59%
Unprofessional Conduct	416	12%
Non-Jursidictional	237	7%
Other	202	6%

	FY 2007/2008	
Type of Complaint	**Total Complaints**	**Percentage of Complaints**
Competence/Negligence	2129	63%
Unprofessional Conduct	258	8%
Non-Jursidictional	266	8%
Other	119	4%

	FY 2008/2009	
Type of Complaint	**Total Complaints**	**Percentage of Complaints**
Competence/Negligence	1626	46%
Unprofessional Conduct	349	10%
Non-Jursidictional	327	9%
Other	453	13%

	FY 2009/2010	
Type of Complaint	**Total Complaints**	**Percentage of Complaints**
Competence/Negligence	1649	52%
Unprofessional Conduct	334	11%
Non-Jursidictional	366	12%
Other	201	6%

Note: Complaint categories do not equal 100% because these tables only show the top 4 complaint types. Please refer to page 26 in the Sunset report for a breakout of all complaint types by fiscal year.

Q2 2010/11

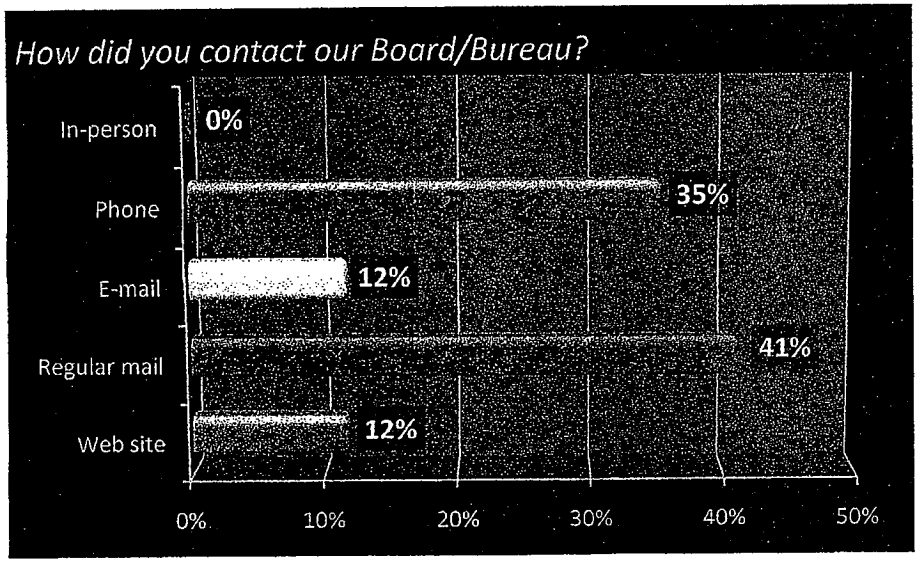
Dental Board of California

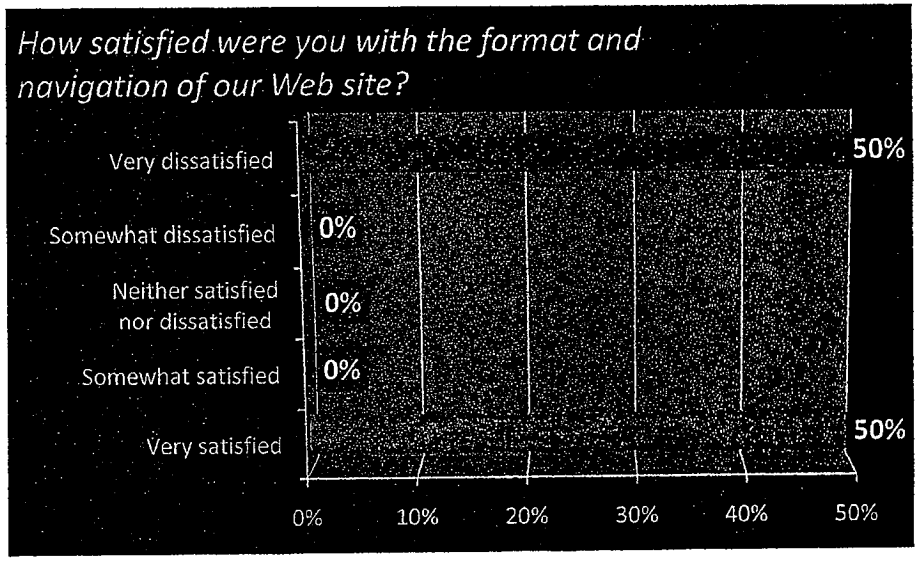
Performance Measure #6

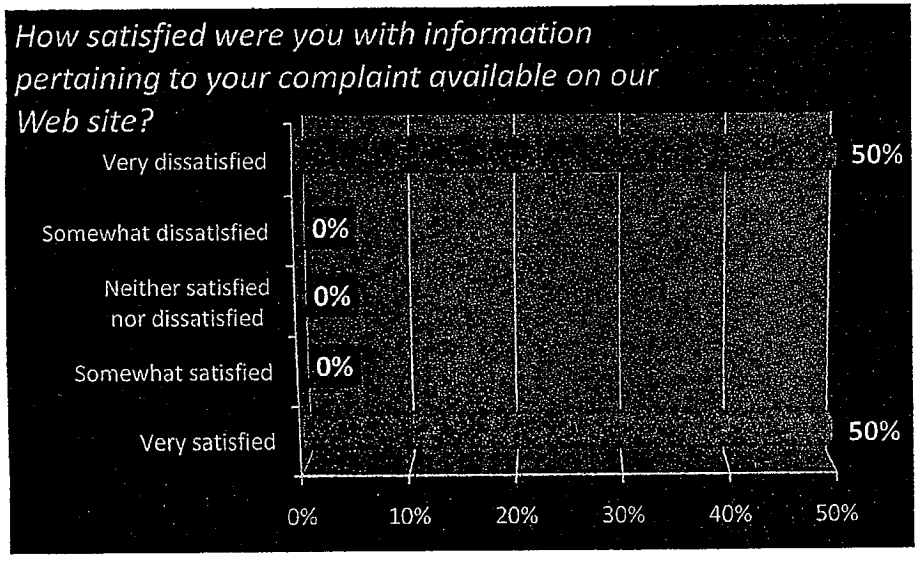
Consumer Satisfaction Survey Results

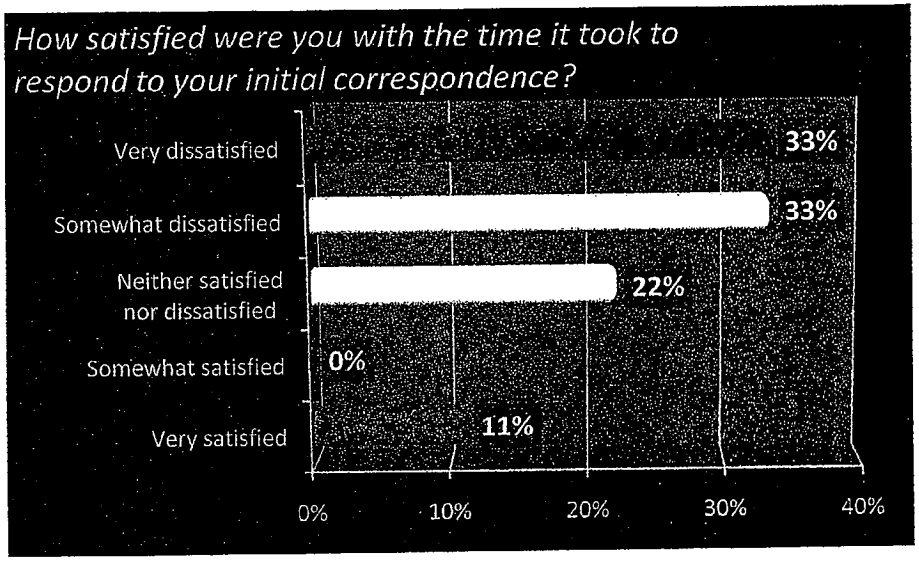
The following results were generated through an online survey posted by the Department of Consumer Affairs on behalf of your program. Due to a low response rate for many Boards and Bureaus, PM6 will not be reported publicly until a larger sample size has been generated. These results are for your information only at this time.

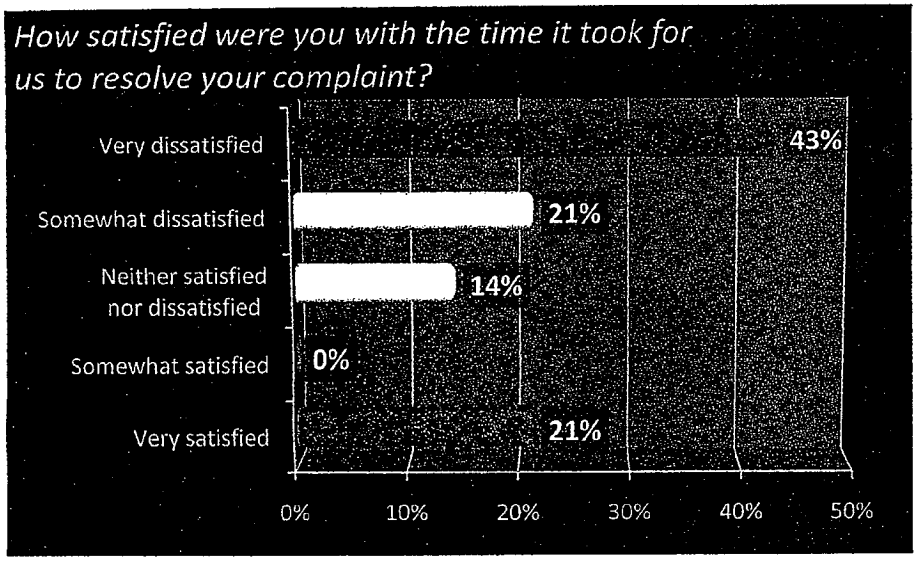
Q2 2010 Consumer Satisfaction Survey Results were generated from: 17 responses

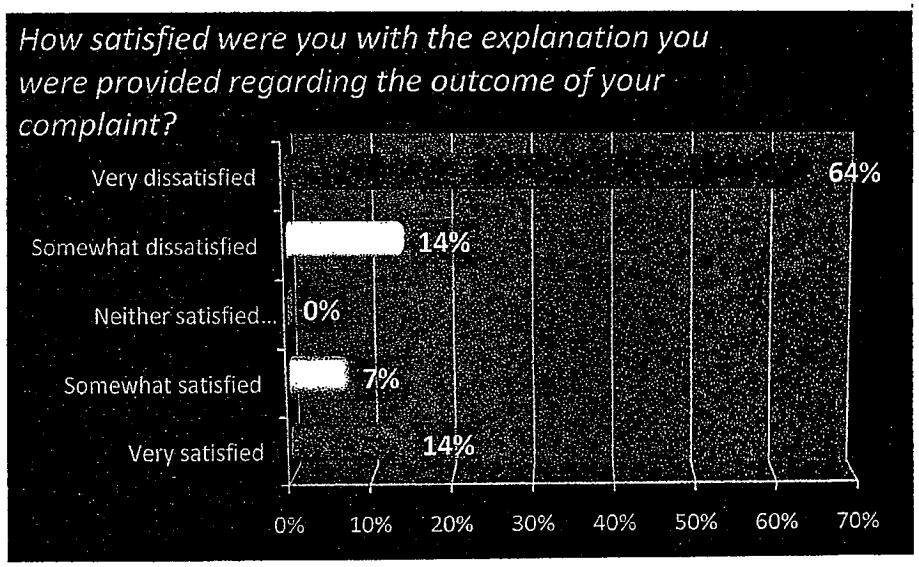


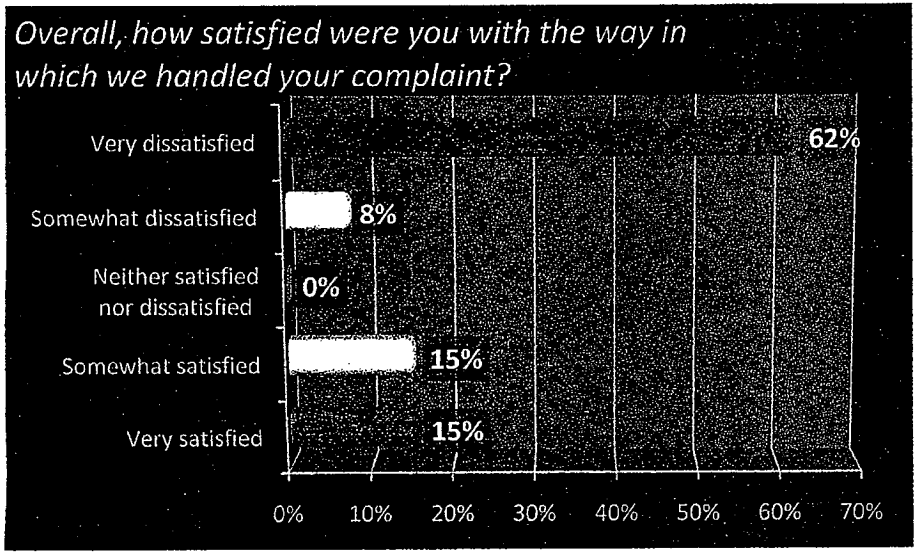


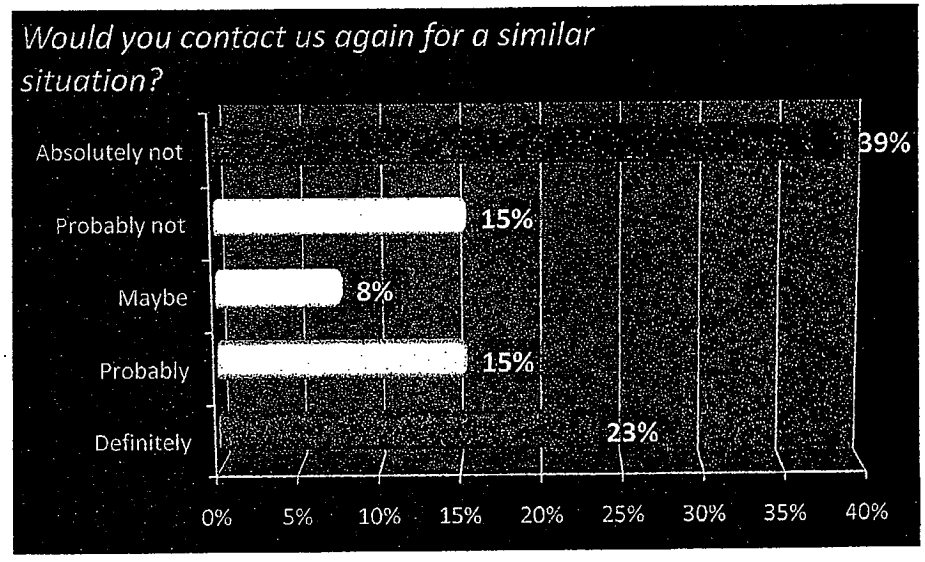


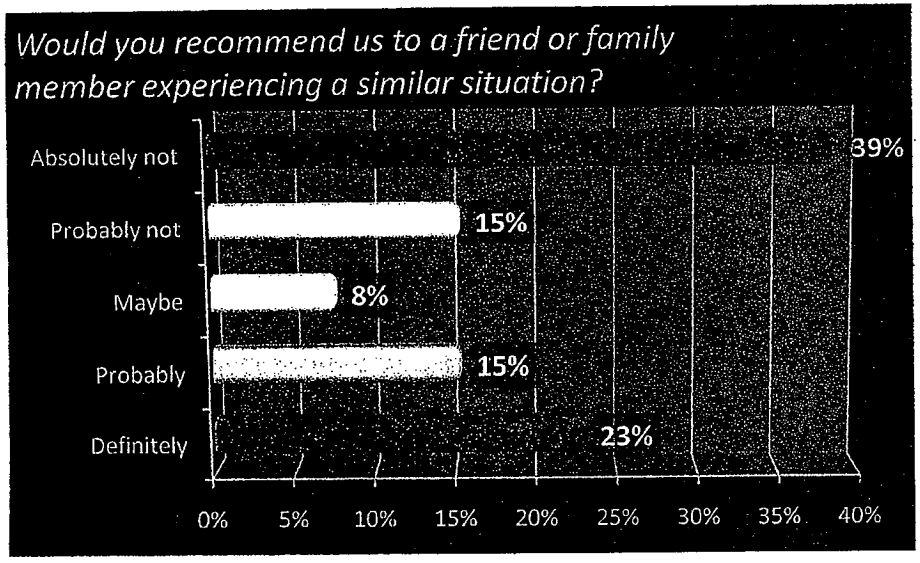



How satisfied were you with the time it took for us to resolve your complaint?
Very dissatisfied
Somewhat dissatisfied
Neither satisfied nor dissatisfied
Somewhat satisfied
Very satisfied
43%
21%
14%
0%
21%
0%
10%
20%
30%
40%
50%


How satisfied were you with the explanation you were provided regarding the outcome of your complaint?
Very dissatisfied
Somewhat dissatisfied
Neither satisfied...
Somewhat satisfied
Very satisfied
64%
14%
0%
7%
14%
0%
10%
20%
30%
40%
50%
60%
70%


Overall, how satisfied were you with the way in which we handled your complaint?
Very dissatisfied
Somewhat dissatisfied
Neither satisfied nor dissatisfied
Somewhat satisfied
Very satisfied
62%
8%
0%
15%
15%
0%
10%
20%
30%
40%
50%
60%
70%


Would you contact us again for a similar situation?
Absolutely not
Probably not
Maybe
Probably
Definitely
39%
15%
8%
15%
23%
0%
5%
10%
15%
20%
25%
30%
35%
40%



Q2 Performance Measure Score:

(To be reported in the Performance Measure Workbook)

28%

STATE OF CALIFORNIA
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DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	February 25, 2011
TO	Board Members
FROM	Sharon Langness, Budget Analyst
SUBJECT	**Agenda Item 7: Budget Report**

According to the most recent CALSTARS report as of January 1, 2011, the Dental Board has spent approximately 42% of its annual Dentistry budget appropriation (roughly $4.4 million). Of the Dental Assisting appropriation, the Board has spent approximately 39% (roughly $650, 000). The State's ongoing budget crisis seems to be having both negative and positive impacts on the Board as a whole. The reduction of essential equipment, such as cell phones and vehicles, is impeading the Board's ability to function properly. We do anticipate minimal savings in the form of lower monthly cell phone charges and reductions in the cost of vehicle maintenance. Additional expenditures and anticipated reductions coming this fiscal year will further impact the Board's budget. Some of these are highlighted below.

1) As a result of Executive Order B-1-11, which requested a 50% reduction in cell phones, the Board turned in 14 staff cell phones. That reduction left phones for only field Investigators, EO, AEO, and Enforcement Chief. Further reductions will result in only Investigators having cell phones;

2) It is anticipated that an Executive Order will soon be sent from the Governor's office that will require a reduction in state vehicles. I will include more information in my next Budget Report, but the reductions could result in pooling of state vehicles utilized by the Investigators;

3) Contracts for the Portfolio Examination and RDA Examination are complete and have been submitted to DCA headquarters for processing. Both contacts are scheduled to start in March 2011;

4) The Board is set for Sunset Review in March 2011 which could bring about other unanticipated expenditures.

I have attached a copy of my February 2011 budget projections (based upon the January 2011 CALSTARS report) for your review. Please remember that when reviewing this document, it is only an estimate for a particular point in time. The expenditure projections can fluctuate and funds can be internally redirected for many of the line items listed as needed.

Richard DeCuir will address any questions you have at the Board Meeting.

DEPARTMENT OF CONSUMER AFFAIRS

Dental Board

BUDGET REPORT

FY 2010/11 Expenditure Projection

Month 6 Calstars

Month(s)	6
Mo. Remaining	6

OBJECT DESCRIPTION	FY 2009/10 ACTUAL EXPENDITURES (MONTH 13)	FY 2009/10 PY Expenditures (MONTH 6)	FY 2010/11 BUDGET ALLOTMENT	FY 2010/11 CY EXPENDITURES (MONTH 6)	FY 2010/11 PERCENT SPENT	FY 2010/11 PROJECTIONS TO YEAR END	FY 2010/11 UNENCUMBERED BALANCE 4/30/2009
PERSONNEL SERVICES							
Civil Service - Perm	1,979,125	965,421	2,970,113	1,211,593	41%	2,423,000	547,113
Temp Help Exper Examiners			40,000				
Phys Fitness Incentive	780	390		845		2,000	(2,000)
Temp Help 907	239,932	135,227	251,922	128,288	51%	308,000	(56,078)
Exam Proctor (915)			45,447		0%	0	45,447
Allocated Proctor Cost	1,160	1,160				0	0
Separated Proctor Cost							
Statutory-Exempt	89,587	42,299	103,608	47,419	46%	95,000	8,608
Bd/Commsn (901,920)	15,100	7,300	45,950	7,300	16%	15,000	30,950
Comm Member (911)	5,500	3,100	58,686	2,400		6,000	52,686
Overtime	25,685	18,740	25,208	785	3%	2,000	23,208
Benefits	864,846	481,270	1,629,394	586,066	36%	1,172,000	457,394
Special Adjustments - Personal Services							
Salary Savings			(325,303)		0%	(325,303)	0
TOTAL PERS SVS	3,221,715	1,654,907	4,845,025	1,984,696	41%	3,697,697	1,147,328
OPERATING EXPENSES & EQUIPMENT							
Fingerprints	8,849	3,396	25,777	4,211	16%	10,000	15,777
General Expense	175,428	37,487	178,792	33,220	19%	155,000	23,792
Minor Equipment 226	92,349	41,467	107,000	18,491	17%	107,000	0
Printing	47,612	18,161	41,502	8,432	20%	22,000	19,502
Communication	55,606	20,548	36,949	31,647	86%	86,000	(49,051)
Postage	62,194	31,167	59,791	22,945	38%	46,000	13,791
Insurance	2,033	2,033	6,972	2,016	29%	2,000	4,972
Travel In state	115,643	51,138	100,755	42,740	42%	97,000	3,755
Travel Out of state	53					0	0
Training	3,900	1,477	23,148	3,428	15%	9,000	14,148
Facilities Ops	389,619	321,041	351,656	453,526	129%	550,000	(198,344)
Utilities		47,847					0
C&P Serv. Internal	52,606		134,917	51,448	38%	53,000	81,917
Health & Med-Interdept.							0
**C&P Serv. External	201,099	99,359	282,274	212,595	75%	282,000	274
Departmental Services (pro rata)	893,709	527,862	1,009,071	463,853	46%	1,009,071	0
Interagency Svcs			881		0%	0	881
Teale (Data Centers)	38,893	27,000	18,907	27,000	143%	18,907	0
Data Processing	9,168	1,242	10,366	300	3%	10,366	0
Central Adm. Services (statewide pro rata)	312,553	156,277	373,091	186,456	50%	373,091	0
EXAMS	184,524	81,631	756,298	63,338		143,000	
Other Items of Expense	3,085		661			3,000	(2,339)
Vehicle Operations	38,891	15,660	9,055	15,809	175%	39,000	(29,945)
ENFORCEMENT							
Attorney General	1,271,981	600,264	1,778,310	686,636	39%	1,455,000	323,310
Off of Admin Hearings	216,972	112,379	406,720	46,730	11%	90,000	316,720
Evidence/Witness	457,841	214,424	243,959	193,314	79%	413,000	(169,041)
Court Reporter Services	27,856	10,315		3,498		10,000	(10,000)
Div of Investigations							0
Major Equipment			58,000			58,000	0
Special adjustment							0
Total OE & E	4,662,464	2,422,175	6,014,852	2,571,633	43%	5,041,435	973,417
Special Items of Expense							
Interest - Settlement							
Tort Payments			0				
Board of Control Claims						0	
Total Special I of E		0	0	0	0%	0	0
TOTAL EXPENDITURES	7,884,179	4,077,082	10,859,877	4,556,329	42%	8,739,132	2,120,745
Fingerprint Reimb.	(24,397)	(3,825)	(53,000)	(4,233)		(53,000)	
Reimb. Other	(72,103)	(7,190)	(197,000)	(7,915)		(197,000)	
Reimb. Unscheduled	(241,851)	(127,785)		(107,187)			
Total Reimbursements	(338,351)	(138,800)	(250,000)	(119,335)	48%	(250,000)	0
NET APPROPRIATION	7,545,828		10,609,877	4,436,994	42%	8,489,132	2,120,745

Surplus/Deficit	20.0%

NOTES/ASSUMPTIONS

1. CY expenditures include YTD+ Encumbrances

0741 - Dental Board of California
Analysis of Fund Condition

Prepared 1/10/11

(Dollars in Thousands)

Proposed FY 2011-12 Governor's Budget

		Actual 2009-10	CY 2010-11	Governor's Budget BY 2011-12	BY + 1 2012-13
BEGINNING BALANCE		$ 7,318	$ 7,865	$ 4,941	$ 2,435
Prior Year Adjustment		$ 180	$ -	$ -	$ -
Adjusted Beginning Balance		$ 7,498	$ 7,865	$ 4,941	$ 2,435
REVENUES AND TRANSFERS					
Revenues:					
125600	Other regulatory fees	$ 22	$ 34	$ 34	$ 34
125700	Other regulatory licenses and permits	$ 834	$ 918	$ 907	$ 907
125800	Renewal fees	$ 6,919	$ 6,595	$ 6,688	$ 6,688
125900	Delinquent fees	$ 70	$ 82	$ 84	$ 84
131700	Misc. Revenue from Local Agencies				
141200	Sales of documents	$ -	$ -	$ -	$ -
142500	Miscellaneous services to the public	$ -	$ -	$ -	$ -
150300	Income from surplus money investments	$ 55	$ 44	$ 4	$ -
150500	Interest Income From Interfund Loans	$ -	$ -	$ -	$ -
160400	Sale of fixed assets	$ 4	$ 4	$ 4	$ 4
161000	Escheat of unclaimed checks and warrants	$ 3	$ 3	$ 3	$ 3
161400	Miscellaneous revenues	$ 13	$ 13	$ 13	$ 13
164300	Penalty Assessments	$ -	$ -	$ -	$ -
Totals, Revenues		$ 7,920	$ 7,693	$ 7,737	$ 7,733
Transfers from Other Funds					
F00001	Rpymt of GF loans per Item 1250-011-0741, BAs of 2002/2003			$ 1,200	$ 1,300
F00683	Teale Data Center (CS 15.00, Bud Act of 2005)				
FXXXXX	Proposed GF loan Repayment				
Transfers to Other Funds					
T00001	GF loan per Item 1250-011-0741, BA of 2002	$ -	$ -	$ -	$ -
T00001	GF loan per Item 1250-011-0741, BA of 2003	$ -	$ -	$ -	$ -
T03039	Transfer to Dentally Underserved Account				
Totals, Revenues and Transfers		$ 7,920	$ 7,693	$ 8,937	$ 9,033
Totals, Resources		$ 15,418	$ 15,558	$ 13,878	$ 11,468
EXPENDITURES					
Disbursements:					
0840 State Controller (State Operations)		$ 6	$ 15	$ 12	
8880 FISCA			$ 6	$ 48	
1110 Program Expenditures (State Operations)		$ 7,547	$ 10,610	$ 11,383	$ 11,611
BreEZe Redistribution			$ (14)		
8880 Financial Information System of California (State Operations)					
Total Disbursements		$ 7,553	$ 10,617	$ 11,443	$ 11,611
FUND BALANCE					
Reserve for economic uncertainties		$ 7,865	$ 4,941	$ 2,435	$ -143
Months in Reserve		8.9	5.2	2.5	-0.1

NOTES:

A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED

B. EXPENDITURE GROWTH PROJECTED AT 2% BEGINNING FY 2011-12

DEPARTMENT OF CONSUMER AFFAIRS

Dental Assistants

BUDGET REPORT

FY 2010/11 Expenditure Projection

Month 6 Calstars

Month(s)	6
Mo. Remaining	6

OBJECT DESCRIPTION	FY 2009/10 ACTUAL EXPENDITURES (MONTH 13)	FY 2009/10 PY Expenditures (MONTH 6)	FY 2010/11 BUDGET ALLOTMENT	FY 2010/11 CY EXPENDITURES (MONTH 6)	FY 2010/11 PERCENT SPENT	FY 2010/11 PROJECTIONS TO YEAR END	FY 2010/11 UNENCUMBERED BALANCE 4/30/2009
PERSONNEL SERVICES							
Civil Service - Perm	260,909	122,459	330,342	153,761	47%	308,000	22,342
Temp Help Exper Examiners							
Temp Help Consultants			158	756		1,500	
Phys Fitness Incentive							0
Temp Help 907							0
Exam Proctor (915)							0
Allocated Proctor Cost	1,275	252	4,604		0%	1,000	3,604
Separated Proctor Cost							
Statutory-Exempt							0
Bd/Commsn (901,920)	1,000					1,000	(1,000)
Comm Member (911)							0
Overtime	17,223	10,244	17,023	6,441	38%	15,000	2,023
Benefits	137,523	68,416	185,706	75,914	41%	152,000	33,706
Salary Savings			(32,393)		0%		(32,393)
TOTAL PERS SVS	417,930	201,371	505,440	236,872	47%	478,500	26,940
OPERATING EXPENSES & EQUIPMENT							
Fingerprints	2,056	1,020	7,780	204	3%	500	7,280
General Expense	7,698	1,538	48,276	916	2%	5,000	43,276
Minor Equipment 226	4,034		0			0	0
Printing	15,656	5,777	28,518	3,968	14%	10,000	18,518
Communication	281	264	11,732	13	0%	500	11,232
Postage	17,446	8,901	53,014	7,016	13%	17,000	36,014
Insurance							0
Travel In state	46,842	25,552	39,802	13,837	35%	28,000	11,802
Travel Out of state							0
Training			4,119		0%	0	4,119
Facilities Ops	43,089	33,678	63,950	79,560	124%	102,000	(38,050)
Utilities							0
C&P Serv. Internal			283,755		0%	0	283,755
Health & Med-Interdept.							0
**C&P Serv. External	634		532	4,000	752%	4,000	(3,468)
Departmental Services (pro rata)	218,933	96,258	261,131	116,579	45%	261,131	0
Interagency Svcs		60,312	72,554		0%	72,554	0
Teale	4	3	1,576		0%	1,576	0
Data Processing			1,369		0%	1,369	0
Central Adm. Services (statewide pro rata)	62,909	31,455	66,754	33,377	50%	66,754	0
SWCAP							0
EXAMS	200,216	131,088	152,238	67,956	45%	136,000	
Other Items of Expense			285		0%	0	285
Vehicle Operations							0
ENFORCEMENT							
Attorney General	213,125	119,680	67,536	89,550	133%	179,000	(111,464)
Off of Admin Hearings			2,740		0%	0	2,740
Evidence/Witness			87		0%	0	87
Court Reporter Services							0
Div of Investigations							0
Major Equipment			13,000		0%	13,000	0
Special adjustment							0
Total OE & E	832,923	515,526	1,180,748	416,976	35%	898,384	282,364
Special Items of Expense							
Interest - Settlement							
Tort Payments			0				
Board of Control Claims						0	
Total Special I of E		0	0	0	0%	0	0
TOTAL EXPENDITURES	1,250,853	716,897	1,686,188	653,848	39%	1,376,884	309,304
Fingerprint Reimb.	(121)		(13,000)	0		(100)	
Reimb. Other	(480)		(3,000)	(245)		(500)	
Reimb. Unscheduled							
Total Reimbursements	(601)	0	(16,000)	(245)	2%	(600)	0
NET APPROPRIATION	1,250,252	716,897	1,670,188	653,603	39%	1,376,284	293,904

Surplus/Deficit	17.6%

NOTES/ASSUMPTIONS

1. CY expenditures include YTD+ Encumbrances

3142 - Registered Dental Assistant Program
Analysis of Fund Condition

Prepared 1/11/11

(Dollars in Thousands)

Proposed FY 2011-12 Governor's Budget

		Actual 2009-10	CY 2010-11	Governor's Budget BY 2011-12	BY +1 2012-13
BEGINNING BALANCE		$ -	$ 1,931	$ 1,857	$ 1,640
Prior Year Adjustment		$ -	$ -	$ -	$ -
Adjusted Beginning Balance		$ -	$ 1,931	$ 1,857	$ 1,640
REVENUES AND TRANSFERS					
Revenues:					
125600	Other regulatory fees	$ 14	$ 13	$ 13	$ 13
125700	Other regulatory licenses and permits	$ 243	$ 308	$ 310	$ 310
125800	Renewal fees	$ 1,225	$ 1,186	$ 1,079	$ 1,079
125900	Delinquent fees	$ 73	$ 61	$ 51	$ 51
141200	Sales of documents	$ -	$ -	$ -	$ -
142500	Miscellaneous services to the public	$ -	$ -	$ -	$ -
150300	Income from surplus money investments	$ 4	$ 18	$ 15	$ 14
160400	Sale of fixed assets	$ -	$ -	$ -	$ -
161000	Escheat of unclaimed checks and warrants	$ -	$ -	$ -	$ -
161400	Miscellaneous revenues	$ 5	$ 5	$ 5	$ 5
164300	Penalty Assessments	$ -	$ -	$ -	$ -
Totals, Revenues		$ 1,564	$ 1,591	$ 1,473	$ 1,472
Transfers from Other Funds					
	0380 - Committee on Dental Auxilliaries	$ 1,619	$ -	$ -	$ -
Transfers to Other Funds					
		$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -
Totals, Revenues and Transfers		$ 3,183	$ 1,591	$ 1,473	$ 1,472
Totals, Resources		$ 3,183	$ 3,522	$ 3,330	$ 3,112
EXPENDITURES					
Disbursements:					
0840 State Controller (State Operations)		$ 1	$ 2	$ 2	$ -
1110 Program Expenditures (State Operations)		$ 1,251	$ 1,670	$ 1,688	$ 1,722
BreEZe BCP			$ (7)		
Total Disbursements		$ 1,252	$ 1,665	$ 1,690	$ 1,722
FUND BALANCE					
Reserve for economic uncertainties		$ 1,931	$ 1,857	$ 1,640	$ 1,390
Months in Reserve		13.9	13.2	11.4	9.5

NOTES:

A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED

B. EXPENDITURE GROWTH PROJECTED AT 2% BEGINNING FY 2011-12

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 www.dbc.ca.gov

MEMORANDUM

DATE	February 15, 2011
TO	Dental Board of California
FROM	Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California
SUBJECT	**Agenda Item 8 (A):** Discussion and Possible Action to Consider Comments Received During the 15-Day Modified Text Notice Comment Period Relative to Proposed Amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and Proposed Additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 for Dental Assisting Educational Programs and Courses

Background

At the December 14, 2010 meeting, the Board discussed comments received during the second modified text public comment period in response to regulatory amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and proposed additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 for Dental Assisting Educational Programs and Courses. The Board accepted comments and amendments to the second modified text and directed staff to notice the third modified text for a 15-day public comment period. The Board directed staff to bring back any adverse comments received during the comment period for a response.

The third modified text was mailed to interested parties and noticed on the Board's web site on December 24, 2010. The 15-day public comment period began on December 27, 2010 and ended on January 11, 2010. The Board received an adverse comment from the Dental Assisting Alliance and a comment of support from the California Association of Dental Assisting Teachers. The Dental Assisting Alliance later requested to withdraw their adverse comment from the rulemaking record.

Board Action Requested

The Board may choose to grant or deny the Dental Assisting Alliance's request to withdraw its adverse comment from the rulemaking record. There are no provisions in the Administrative Procedure Act pertaining to the withdrawal of a public comment. It is important for the Board to maintain a clear record of action in the rulemaking file.

Staff recommends that the Board grant the Dental Assisting Alliance's request to withdraw its adverse comment provided during the third modified text public comment period and adopt the noticed third modified text as the final rulemaking language.

If the Board chooses to deny the request to withdraw the adverse comment the Board would be required to accept or reject the comment. A rationale must be provided for any comments that are rejected. If the comment is accepted, and the regulatory language is modified, a fourth modified text must be noticed for a 15-day public comment period, and any negative comments received during that time must be brought back to the Board for a response.

CADAT

January 10, 2011

Mr. Richard DeCuir - Executive Officer
Dr. John Bettinger - President
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

RE: Notice of Third Modified Text - Educational Regulations to Implement AB2637 – dated December 24, 2010

Dear Mr. DeCuir and Dr. Bettinger:

The California Association of Dental Assisting Teachers (CADAT) we would like to express our appreciation and support for the Dental Board's regulatory package for dental assisting educational programs and courses. We greatly appreciate your office's continued commitment to working with CADAT as well as the work of the Board and the Dental Assisting Subcommittee in recognizing the specific impact this regulatory package has on our educators, the schools they represent, and the hundreds of DA and RDA students seeking professional development each year.

The current modified text is an excellent example of effective collaboration between the Dental Board and dental assisting educators and course providers. We are confident that the end result of this collaboration will serve as the catalyst for a long and effective working relationship designed to best meet the needs of dentistry and the dental assisting profession.

On behalf of the Board of Directors and members of CADAT, we thank you and your staff for your support of dental assisting education.

Respectfully,

Judy Diane Bock

Judy Diane Bock, CDA, RDA, BS, MA
President – CADAT, Inc.

Lori Gagliardi

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

Dental Assisting ALLIANCE

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

January 7, 2011

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

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

Following are the comments of the Alliance regarding the above-referenced proposed regulations as amended and noticed December 24, 2010.

On page 23 of the Third Modified Text, Section 1070.7(a) specifies that an Orthodontic Assistant course for a person who already possesses an RDA license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory hours, and 20 clinical hours. The required minimum hours for RDAs who also possess certification in ultrasonic scaling is reduced to 51 hours, reflecting the 4 hour length of Board-approved ultrasonic scaling courses.

On the other hand, Section 1070.2 (d)(10)(B) (page 17) specifies that RDA programs are only required to provide 51 hours of instruction if they wish to provide an Orthodontic Assistant course to their students. Since RDA programs are not required to provide instruction in ultrasonic scaling, this means that they must include all OA instruction, including ultrasonic scaling, with the 51 hours.

These two sections are inconsistent and would adversely impact non-RDA program providers of OA courses, in that RDA programs would only be required to provide 51 hours of instruction, while other providers of the course would be required to provide the same content in 55 hours.

Section 1070.2(d)(10)(B) should therefore be amended to require that the course for RDA programs be no less than 55 hours, including at least 11 hours of didactic instruction, at least 24 hours of laboratory instruction, and at least 20 hours of clinical instruction.

Sincerely,

Leslie Canham

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

Joan Greenfield

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

Sarah Wallace

From: Karen Wyant[redacted]
Sent: Friday, January 14, 2011 10:33 AM
To: Sarah Wallace
Cc: Borquez Kristy; Canham Leslie; Greenfield Joan
Subject: Fw: Comments on DA regs
Attachments: Alliance-comments-proposed DA regs 1-7-11.doc

Sarah -

The Dental Assisting Alliance wishes to withdraw its comments on the dental assisting regulations made in a letter dated January 7, 2011, which was attached to the following email.

Karen Wyant
Dental Assisting Alliance
(916) 388-9789

From: Karen Wyant
Sent: Sunday, January 09, 2011 3:34 PM
To: Wallace Sarah
Cc: Borquez Kristy ; Canham Leslie ; Greenfield Joan
Subject: Comments on DA regs

Sarah -

Attached are the comments of the Dental Assisting Alliance regarding the most recent proposed changes to the dental assisting regulations.

We regret having to make additional comment, but have no alternative in view of the error that we address in our comments.

If you have any questions, please don't hesitate to contact me.

Karen Wyant
Dental Assisting Alliance
(916) 388-9789

STATE OF CALIFORNIA
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DEPARTMENT OF CONSUMER AFFAIRS

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DENTAL BOARD OF CALIFORNIA
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MEMORANDUM

DATE	February 15, 2011
TO	Dental Board of California
FROM	Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California
SUBJECT	**Agenda Item 8 (B):** Discussion and Possible Action to Consider Adoption of Amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and Proposed Additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 for Dental Assisting Educational Programs and Courses

Background

Following the Board's consideration of comments received during the required 15-day comment period for the third modified text, the Board may hold discussion and take action to adopt proposed amendments to the Dental Assisting Educational Programs and Courses Regulations.

Board Action Requested

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

A. If the Board adopts the final text as noticed and no changes are made, the Board must direct staff to take all steps necessary to complete the rulemaking process, including the filing of the final rulemaking package with the Office of Administrative Law and authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and proposed additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8.

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

TITLE 16. DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

THIRD MODIFIED TEXT

The first modified text shows changes made to the originally proposed language using double underline for new text and double strikeout for deleted text.

The second modified text shows changes made to the first modified text using bold italics with bold single underline for new text and bold italics with single strikeout for deleted text.

The third modified text shows changes made to the second modified text using bold italics with double underline for new text and bold italics with double strikeout for deleted text.

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

Article 2. Educational Programs

~~**Section 1070. Approval of Registered Dental Assistant Educational Programs.**~~
~~(a) It is the intent of the board to approve only those educational programs for registered dental assisting which continuously maintain a high quality standard of instruction. Initial or continued approval shall be contingent upon compliance with these regulations.~~
~~(b) An educational program for registered dental assistants is one which has as its primary purpose providing post-secondary education in registered dental assisting and which encompasses educational training in the settings, foundation and application of all duties, functions and responsibilities assignable under these regulations to registered dental assistants. All approved programs shall include approved courses in coronal polishing and radiation safety pursuant to Sections 1014, 1014.1, and 1086(d)(15), but are not required to offer a course in the removal of excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler.~~
~~(c) Each program shall apply for approval prior to operation. The board may approve, provisionally approve, or deny approval of any such program.~~
~~The board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the board and adopt those findings as its own. If a negative evaluation is made, the specific reasons therefore shall be provided to the program by the board in writing within 90 days after such negative evaluation was made.~~
~~(d) The processing times for RDA educational program approval are set forth in Section 1069. Each approved program shall be re-evaluated approximately every five years, but is subject to re-evaluation at any time if the board has reason to believe that the program may have violated these regulations.~~
~~(e) Program records shall be subject to inspection by the board at any time.~~

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

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

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

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

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

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

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

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

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

program or course. Specifically, the program or course director shall be responsible for the following requirements:

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

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

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

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

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

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

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

(1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.

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

(~~3~~2) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.

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

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

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

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

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

instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation.

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

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

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

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

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

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

(~~2~~3) The program or course director, or a designated faculty member, shall be responsible for selecting extramural clinical sites and evaluating student competence ~~in performing procedures both~~ before and after the clinical assignment.

(~~3~~4) Prior to student assignment in an extramural dental facility, t~~T~~he program or course director, or a designated faculty or instructional staff member, shall orient

dentists and all licensed dental healthcare workers who may provide instruction, evaluation and oversight of the student in the clinical setting. ~~who intend to provide extramural clinical facilities prior to the student assignment.~~ Orientation shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist or the licensed personnel in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the program or course.
~~(4) The program or course faculty and extramural clinic personnel shall use the same objective evaluation criteria for grading.~~

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

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

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

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

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

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

~~**Section 1070.1. Definitions.**~~
~~As used in Section 1070.2:~~
~~(a) "Didactic instruction" means lectures, demonstrations, and other instruction without active participation by students.~~
~~(b) "Laboratory or Pre-clinical instruction" means instruction in which students receive supervised experience performing functions using study models, manikins, or other simulation methods.~~
~~(c) "Clinical Externship instruction" means instruction in which students receive supervised experience in performing functions in the clinical setting on patients.~~

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

1070.1. Educational Program and Course Definitions and Instructor Ratios
As used in this article, the following definitions shall apply:

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

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

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

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

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

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

~~**Section 1070.2. Requirements for Registered Dental Assistant Educational Programs.**~~

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

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

~~(b) Advisory Committee. Programs shall have an advisory committee consisting of an equal number of registered dental assistants and dentists, including at least two registered dental assistants and two dentists, all currently licensed by the Board. The advisory committee shall meet at least once each academic year with the program~~

~~director, faculty and appropriate institutional personnel to monitor the ongoing quality and performance of the program. Programs that admit students at different phases shall meet at least twice each year.~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~(d) Financial Resources. Sufficient financial resources to support the program and comply with these regulations shall be available. If the program or school requires~~

~~approval by the California Department of Education and/or the Bureau for Private Post-secondary and Vocational Education, such approval must be obtained prior to application for Board approval by a new program and must be maintained at all times by approved programs. Failure to maintain such approval shall result in the automatic withdrawal of board approval of the program.~~

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

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

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

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

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

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

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

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

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

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

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

~~every seven students, and vibrators in the ratio of at least one for every three students.~~

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

~~(5) Armamentarium~~

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

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

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

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

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

~~(7) Emergency Materials/Basic Life Support.~~

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

~~(B) All students, faculty, and staff involved in the direct provision of patient care must be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and~~

staff, and keep a record of those who are not required to maintain such certification because they are medically or physically unable to perform such procedures.

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

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

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

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

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

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

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

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

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

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

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

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

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

~~(1) The program director/coordinator or a dental faculty member shall be responsible for selecting extern clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.~~
~~(2) Objective evaluation criteria shall be used by the program faculty and clinic personnel.~~
~~(3) Program faculty shall visit each extramural clinical facility at least once every ten clinical days.~~
~~(4) Dentists who intend to provide extramural clinical practices shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the program, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.~~
~~(5) There shall be a written contract of affiliation with each extramural clinical facility utilized by the program. Such contact shall describe the settings in which the clinical training will be received, affirm that the clinical facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.~~
~~(6) The program shall maintain documentation that students completed clinical training in all dental assisting and registered dental assisting functions during the clinical externship phase of the program.~~

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

1070.2. Approval of Registered Dental Assistant Educational Programs
(a) ~~A registered dental assistant program~~ All Registered Dental Assistant programs in California shall apply for and receive board approval prior to operation.

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

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

program withdraws from accredited status by the Commission, the program shall notify the Board, in writing, of such status within 30 days.

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

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

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

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

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

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

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

(i) Participating in budget preparation and fiscal administration, curriculum development and coordination, determination of teaching assignments, supervision and evaluation of faculty, establishment of ~~mission~~ criteria and procedures, design and operation of program facilities, and selection of extramural facilities and coordination of instruction in those facilities.
(ii) Holding periodic ~~faculty~~ staff meetings to provide for subject matter ~~correlation and~~ review, instructional calibration, curriculum evaluation, and coordinating activities of full-time, part-time, and volunteer faculty or instructional staff.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(B) An orthodontic assistant permit course that shall meet the requirements of California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.7, except that a program shall not be required to obtain separate approval to teach the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from surfaces of teeth with a hand instrument, and shall be no less than ~~60~~ ~~50~~ ***51*** hours, including at least ~~12~~ ~~11~~ ***9*** hours of didactic instruction, at least ~~26~~ ~~24~~ ***22*** hours of laboratory instruction, and at least ~~22~~ ***20*** hours of clinical instruction.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1070.6. Approval of Infection Control Courses

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

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

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

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

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

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

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

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

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

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

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

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

(7) Principles and protocols associated with sharps management.

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

(9) Principles and protocols of waterline maintenance.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1070.7. Approval of Orthodontic Assistant Permit Courses
In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a orthodontic assistant permit course to secure and maintain approval by the board.

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

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

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

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

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

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

(1) Didactic instruction shall contain the following:

(A) Theory of band positioning and tooth movement.

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

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

(i) Armamentaria.

(ii) General principles of fitting and removing bands.

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

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

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

(vi) Procedure for removal of bands after cementation.

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

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

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

(1) Didactic instruction shall contain the following:

(A) Chemistry of etching materials and tooth surface preparation

(B) Application and time factors

(C) Armamentaria

(D) Techniques for tooth etching.

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

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

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

(1) Didactic instruction shall include the following elements:

(A) Characteristics and methods of orthodontic bonding.

(B) Armamentaria.

(C) Types of bracket bonding surfaces.

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

(E) Procedure for direct and indirect bracket bonding.

(F) Procedures for bracket or tube removal.

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

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

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

(1) Didactic instruction shall contain the following:

(A) Archwire characteristics.

(B) Armamentaria.

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

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

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

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

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

(3) Clinical instruction shall contain the following:

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

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

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

(1) Didactic instruction shall contain the following:

(A) Armamentaria

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

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

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

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

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

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

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

1070.8. Approval of Dental Sedation Assistant Permit Courses

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

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

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

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

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

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

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

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

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

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

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

(e) General didactic instruction shall contain:

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

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

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

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

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

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

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

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

(9) Obtaining informed consent.

(f)~~(1)~~ With respect to medical emergencies, didactic instruction shall contain:

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

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

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

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

(1) Psychological considerations.

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

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

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

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

(6) Patient monitoring.

(7) Obtaining informed consent.

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

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

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

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

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

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

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope.

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

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

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

(E) Characteristics and use of an AED.

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

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

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

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

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

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

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

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

(D) Use of an AED or AED trainer.

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

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

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

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

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

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

(1) Didactic instruction shall contain the following:

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

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

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

(D) Characteristics of manual and automatic respiration assessment.

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

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

(G) Procedure for use and maintenance of capnograph.

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

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

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

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

(A) Assessment of respiration rates.

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

(C) Monitoring oxygen saturation with a pulse oximeter.

(D) Use of an oxygen delivery system.

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

(A) Assessment of respiration rates.

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

(C) Monitoring oxygen saturation with a pulse oximeter.

(D) Use of an oxygen delivery system.

(l) With respect to drug identification and draw:

(1) Didactic instruction shall contain:

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

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

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

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

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

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

(1) Didactic instruction shall contain:

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

(B) Armamentaria.

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

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

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

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

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

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

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

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

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

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

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

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

***~~Section~~* 1071. Approval of RDAEF Educational Programs.**

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

~~educational programs for dental assisting in extended functions which continuously maintain a high quality standard of instruction. The requirements contained in this article are designed to that end and govern the approval of educational programs for RDAEF's. Continuation of approval will be contingent upon compliance with these requirements.~~
~~(b) An educational program for RDAEF's is one which has as its primary purpose providing post-secondary education in extended function dental assisting and which encompasses educational training in the settings, foundation and application of all duties, functions and responsibilities assignable under these regulations to registered dental assistants in extended functions.~~
~~(c) A new educational program for RDAEF's shall apply for approval prior to operation. The Board may approve, provisionally approve, or deny approval of any such program. Provisional approval shall not be granted for a period which exceeds the length of the program and in no event for more than 30 days. When the board provisionally approves a program, it shall state the reasons therefore. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status.~~
~~The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own. If the Board denies approval of a program, the specific reasons therefor shall be provided to the program by the Board in writing within 90 days after such action.~~
~~(d) The processing times for RDAEF educational program approval are set forth in Section 1069.~~

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

~~Section 1071.1. Requirements for Approval of RDAEF Educational Programs.~~
~~The following criteria must be met by a dental assisting educational program in extended functions to secure and maintain approval by the board:~~
~~(a) Licensure Requirements for Students. All students must possess valid, active certificates as registered dental assistants issued by the board in order to be admitted to the program.~~
~~(b) Education Setting. The program shall be established at the postsecondary educational level.~~
~~(c) Administration/Clinical Training. The clinical training shall be given at a dental school or facility which has a written contract of affiliation for such training with a dental school. An extension program of a university shall not be considered a dental school. Such written contract of affiliation shall include a description of the settings in which the clinical training may be received and shall provide for direct supervision of such training by faculty designated by the dental school. An affiliated facility shall not include a private dental office unless such office is a site approved by the Board on recommendation of a dental school. Each RDAEF educational program shall provide clinical facilities and clinical resources necessary to accomplish training of duties assigned to the RDAEF.~~
~~(d) Facilities.~~

~~(1) There shall be a sufficient number of safe, modern lecture classroom operatories, X-ray operatories, and laboratories for use by the students.~~
~~(2) All students shall have access to modern equipment in order to develop extended functions dental assisting skills.~~
~~(3) Adequate sterilizing facilities shall be provided.~~
~~(e) Curriculum Organization/Learning Resources.~~
~~(1) The organization of the curriculum for RDAEF's shall be flexible, creating opportunities for adjustments to and research of, advances in the practice of registered dental assisting in extended functions.~~
~~(2) Students shall have reasonable access to dental/medical reference texts, current journals, audio visual materials and other relevant resources.~~
~~(3) Curriculum shall provide students with a basic understanding of extended function dental assisting procedures and an ability to perform procedures with competence and judgment.~~
~~(f) Curriculum Content.~~
~~(1) Areas of didactic and laboratory instruction shall include at least the following areas and shall be related specifically to extended functions:~~
~~(A) Biomedical - nutrition and preventive dentistry.~~
~~(B) Dental science - materials, oral anatomy and physiology, oral pathology, pharmacology, morphology, microbiology, and histology.~~
~~(C) Dental assisting - general and special dentistry, legal/ethical aspects of dentistry, and patient/dental personnel psychology.~~
~~(D) Emergency procedures.~~
~~(E) Coronal polishing in pit and fissure sealant procedures. (2) A student who possesses a valid certificate in coronal polishing need not take any course in coronal polishing in order to complete the program.~~
~~(3) Each student shall be provided, as part of an organized program of instruction, with sufficient clinical experience to obtain competency in all functions approved by the board for performance by an RDAEF.~~
~~(g) Length of Program. The program shall be not less than 90 hours in length and shall be of sufficient length, as determined by the dental school faculty, to ensure that all students will possess the necessary skills to consistently perform extended functions safely on a patient. The board shall reevaluate the minimum length of the program one year after the effective date of this rule.~~

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

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

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

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

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

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

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

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

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

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

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

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

(1) The following are minimum requirements for e~~E~~quipment and armamentaria:

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

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

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

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

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

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

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

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

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

(4) Armamentaria for all procedures.

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

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

(7) Tooth isolation and matrix methodology review.

(~~g~~h) General laboratory instruction shall include:

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

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

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

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

(1) Didactic instruction shall contain the following:

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

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

(C) Overview of classifications of occlusion and myofunction.

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

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

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

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

(1) Didactic instruction shall include the following:

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

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

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

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

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

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

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

(2) Description and goals of cord retraction.

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

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

(1) Didactic instruction shall contain the following:

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

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

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

(2) Laboratory instruction shall include the following:

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

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

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

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

(1) Didactic instruction shall contain the following:

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

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

(C) Characteristics and manipulation of direct filling materials.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Didactic instruction shall contain the following:

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

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

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

(2) Laboratory instruction shall include:

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

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

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

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

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

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

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

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR
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NOTICE OF COMPLIANCE WITH NEW REQUIREMENTS FOR REGISTERED DENTAL ASSISTANT EDUCATIONAL PROGRAMS

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

I, _____ *Enter Name*),

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

1) **I have read the attached regulations pertaining to the approval of Registered Dental Assistant (RDA) educational programs, including Sections 1070, *1070.1* and 1070.2 of Title 16 of the California Code of Regulations;**

2) **I have the authority to sign this notice on behalf of the educational institution or program; and,**

3) **That to the best of my knowledge, information and belief, the institution and its RDA programs or courses comply with these regulations and have been in compliance with these regulations since** _____(*Insert Date*).

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

_____

Signature of Program Director **DATE**

Printed Name of Program Director: _____

Name of Educational Institution or Program: _____

Address of Educational Institution or Program: _____

Telephone Number: _____ **Email Address:** _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

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

REGULATIONS PERTAINING TO THE APPROVAL OF REGISTERED DENTAL ASSISTANT EDUCATIONAL PROGRAMS

Title 16 of the California Code of Regulations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 1070.1. Educational Program and Course Definitions and Instructor Ratios

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

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

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

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

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

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

Section 1070.2. Approval of Registered Dental Assistant Educational Programs

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(B) Instruments must be provided to accommodate students needs in learning to identify, exchange, prepare procedural trays and assist in procedures as they relate to general and specialty dentistry.

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

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

(8) Curriculum documentation shall be reviewed annually and revised, as needed, to reflect new concepts and techniques. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.

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

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

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

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

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

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

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

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

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

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

(A) A course in the removal of excess cement with an ultrasonic scaler, which course shall meet the requirements of California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.5.
(B) An orthodontic assistant permit course that shall meet the requirements of California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.7, except that a program shall not be required to obtain separate approval to teach the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from surfaces of teeth with a hand instrument, and shall be no less than ~~60~~ 50 hours, including at least ~~12~~ 11 hours of didactic instruction, at least ~~26~~ 24 hours of laboratory instruction, and at least ~~22~~ 20 hours of clinical instruction.
(C) A dental sedation assistant permit course that shall meet the requirements of the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.8.
(D) A Registered Dental Assisting educational program that includes instructional content for either the orthodontic assistant permit or dental sedation assistant permit or both, shall provide a certificate or certificates of completion to the graduate. The certificate holder shall be deemed an eligible candidate for the permit examination process as having met all educational requirements for the permit examination.

(11) General didactic instruction shall include, at a minimum, the following:
(A) Principles of general anatomy, physiology, oral embryology, tooth histology, and head-neck anatomy.
(B) Principles of conditions related to and including oral pathology, orthodontics, periodontics, endodontics, pediatric dentistry, oral surgery, prosthodontics, and esthetic dentistry.
(C) Instruction in the Dental Practice Act that includes the content specified in the California Code of Regulations, Title 16, Division 10, Chapter 1, Article 4, Section 1016, as well as principles of HIPAA privacy and security standards, risk management and professional codes of ethical behavior.
(D) Principles of infection control, waste management and hazardous communication requirements in compliance with the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005 and other federal, state, and local requirements governing infection control. Instruction in infection control shall meet the education requirements set forth in Section 1070.6(e).
(E) Principles related to pharmacology and biomedical sciences including nutrition and microbiology.
(F) Principles of medical-dental emergencies and first aid management.
(G) Principles of the treatment planning process including medical health history data collection, patient and staff confidentiality, and charting.
(H) Principles of record classifications including management, storage, and retention protocol for all dental records including the legal and ethical issues involving patient records.
(I) Principles and protocols of special needs patient management, the psychology and management of dental patients, and overall interpersonal relationships.
(J) Principles, protocols, and armamentaria associated with all dental assisting chairside procedures.
(K) Principles, protocols, manipulation, use, and armamentaria for contemporary dental materials used in general and specialty dentistry.
(L) Principles and protocols for oral hygiene preventative methods including, plaque identification, toothbrushing and flossing techniques, and nutrition.
(M) Principles, protocols, armamentaria, and procedures associated with operative and specialty dentistry.
(N) Principles, protocols, armamentaria, and procedures for each duty that dental assistants and registered dental assistants are allowed to perform.
(O) All content for instruction in radiation safety as set forth in California Code of Regulations, Title 16, Division 10, Chapter 1, Article 3.1, Section 1014.1.
(P) All content for instruction in coronal polishing as set forth in California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.4.
(Q) All content for instruction in the application of Pit and Fissure Sealants as set forth in California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.3.
(12) Laboratory and clinical instruction shall be of sufficient duration and content for each student to achieve minimum competence in the performance of each procedure that dental assistant and registered dental assistant is authorized to perform.
(13) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR
DENTAL BOARD OF CALIFORNIA
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NOTICE OF COMPLIANCE WITH NEW REQUIREMENTS FOR INFECTION CONTROL COURSES

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

I, _____*Enter Name*),

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

1) **I have read the attached regulations pertaining to the approval of Infection Control Courses, including Sections 1070, 1070.1 and 1070.6 of Title 16 of the California Code of Regulations;**

2) **I have the authority to sign this notice on behalf of the educational institution, organization, or course provider; and,**

3) **That to the best of my knowledge, information and belief, the institution, organization, or course provider and its programs or courses comply with these regulations and have been in compliance with these regulations since** _____(*Insert Date*).

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

_____

Signature of Course Provider **DATE**

Printed Name of Course Provider: _____

Name of Educational Institution, Organization, or Course Provider:

_____

Address of Educational Institution, Organization, or Course Provider:

_____

Telephone Number: _____ **Email Address:** _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

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

REGULATIONS PERTAINING TO THE APPROVAL OF INFECTION CONTROL COURSES

Title 16 of the California Code of Regulations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 1070.1. Educational Program and Course Definitions and Instructor Ratios

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

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

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

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

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

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

Section 1070.6. Approval of Infection Control Courses

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

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

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

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

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

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

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

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

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

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

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

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

(7) Principles and protocols associated with sharps management.

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

(9) Principles and protocols of waterline maintenance.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing,

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

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

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

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

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

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

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

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DEPARTMENT OF CONSUMER AFFAIRS

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NOTICE OF COMPLIANCE WITH NEW REQUIREMENTS FOR ORTHODONTIC ASSISTANT PERMIT COURSE

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

I, _____*Enter Name*),

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

1) **I have read the attached regulations pertaining to the approval of Orthodontic Assistant Permit Courses, including Sections 1070, 1070.1 and 1070.7 of Title 16 of the California Code of Regulations;**

2) **I have the authority to sign this notice on behalf of the educational institution, organization, or course provider; and,**

3) **That to the best of my knowledge, information and belief, the institution, organization, or course provider and its programs or courses comply with these regulations and have been in compliance with these regulations since** _____(*Insert Date*).

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

_____

Signature of Course Provider **DATE**

Printed Name of Course Provider: _____

Name of Educational Institution, Organization, or Course Provider:

_____

Address of Educational Institution, Organization, or Course Provider:

_____

Telephone Number: _____ **Email Address:** _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

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

REGULATIONS PERTAINING TO THE APPROVAL OF ORTHODONTIC ASSISTANT PERMIT COURSES

Title 16 of the California Code of Regulations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 1070.1. Educational Program and Course Definitions and Instructor Ratios

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

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

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

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

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

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

Section 1070.7. Approval of Orthodontic Assistant Permit Courses

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

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

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

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

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

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

(1) Didactic instruction shall contain the following:

(A) Theory of band positioning and tooth movement.

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

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

(i) Armamentaria.

(ii) General principles of fitting and removing bands.

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

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

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

(vi) Procedure for removal of bands after cementation.

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

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

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

(1) Didactic instruction shall contain the following:

(A) Chemistry of etching materials and tooth surface preparation

(B) Application and time factors

(C) Armamentaria

(D) Techniques for tooth etching.

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

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

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

(1) Didactic instruction shall include the following elements:

(A) Characteristics and methods of orthodontic bonding.

(B) Armamentaria.

(C) Types of bracket bonding surfaces.

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

(E) Procedure for direct and indirect bracket bonding.

(F) Procedures for bracket or tube removal.

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

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

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

(1) Didactic instruction shall contain the following:

(A) Archwire characteristics.

(B) Armamentaria.

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

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

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

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

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

(3) Clinical instruction shall contain the following:

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

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

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

(1) Didactic instruction shall contain the following:

(A) Armamentaria

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

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

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

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

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

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

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

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

I, _____ *Enter Name*),

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

1) **I have read the attached regulations pertaining to the approval of Dental Sedation Assistant Permit Courses, including Sections 1070, 1070.1 and 1070.8 of Title 16 of the California Code of Regulations;**

2) **I have the authority to sign this notice on behalf of the educational institution, organization, or course provider; and,**

3) **That to the best of my knowledge, information and belief, the institution, organization, or course provider and its programs or courses comply with these regulations and have been in compliance with these regulations since** _____ (*Insert Date*).

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

_____

Signature of Course Provider **DATE**

Printed Name of Course Provider: _____

Name of Educational Institution, Organization, or Course Provider:

_____

Address of Educational Institution, Organization, or Course Provider:

_____

Telephone Number: _____ **Email Address:** _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

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

REGULATIONS PERTAINING TO THE APPROVAL OF DENTAL SEDATION ASSISTANT PERMIT COURSES

Title 16 of the California Code of Regulations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 1070.1. Educational Program and Course Definitions and Instructor Ratios

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

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

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

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

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

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

Section 1070.8. Approval of Dental Sedation Assistant Permit Courses

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

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

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

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

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

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

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

(2) Each operatory used for preclinical or clinical training shall contain either a surgery table or a power-operated chair for treating patients in a supine position, an irrigation system or sterile water delivery system as they pertain to the specific practice, and all other equipment and armamentarium required to instruct in the duties that dental sedation assistant permitholders are authorized to perform according to Business and Professions Code Section 1750.5.

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

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

(e) General didactic instruction shall contain:

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

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

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

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

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

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

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

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

(9) Obtaining informed consent.

(f) With respect to medical emergencies, didactic instruction shall contain:
(1) An overview of medical emergencies, including, but not limited to, airway obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope, cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia, drug overdose, hyperventilation, acute coronary syndrome including angina and myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and congestive heart failure.
(2) Laboratory instruction shall include the simulation and response to at least the following medical emergencies: airway obstruction, bronchospasm, emesis and aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction, hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia, syncope, and respiratory depression. Both training mannequins and other students or staff may be used for simulation. The student shall demonstrate proficiency in all simulated emergencies during training and shall then be eligible to complete a practical examination on this section.
(g) With respect to sedation and the pediatric patient, didactic instruction shall contain the following:

(1) Psychological considerations.
(2) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.
(3) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, with special emphasis on the distinctions between conscious sedation, deep sedation, and general anesthesia.
(4) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on establishing and maintaining a patent airway.
(5) Overview of pharmacology agents used in contemporary sedation and general anesthesia.
(6) Patient monitoring.
(7) Obtaining informed consent.
(8) Prevention, recognition, and management of complications, including principles of basic life support.

(h) With respect to physically, mentally, and neurologically compromised patients, didactic instruction shall contain the following: an overview of characteristics of Alzheimer's disease, autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular dystrophy, Parkinson's disease, schizophrenia, and stroke.
(i) With respect to health history and patient assessment, didactic instruction shall include, at a minimum but not be limited to, the recording of the following:

(1) Age, sex, weight, physical status as defined by the American Society of Anesthesiologists Physical Status Classification System, medication use, general health, any known or suspected medically compromising conditions, rationale for anesthesia or sedation of the patient, visual examination of the airway, and auscultation of the heart and lungs as medically required.
(2) General anesthesia or conscious sedation records that contain a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry and blood pressure and pulse readings, frequency and dose of drug administration, length of procedure, complications of anesthesia or sedation, and a statement of the patient's condition at time of discharge.

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

(1) Didactic instruction shall contain the following:
(A) Characteristics of pretracheal/precordial stethoscope.
(B) Review of anatomy and physiology of circulatory system: heart, blood vessels, and cardiac cycle as it relates to EKG.
(C) Characteristics of rhythm interpretation and waveform analysis basics.
(D) Characteristics of manual intermittent and automatic blood pressure and pulse assessment.
(E) Characteristics and use of an AED.
(F) Procedure for using a pretracheal/precordial stethoscope for monitoring of heart sounds.
(G) Procedure for use and monitoring of the heart with an ECG/EKG machine, including electrode placement, and the adjustment of such equipment.
(H) Procedure for using manual and automatic blood pressure/pulse/respiration measuring system.
(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this section.
(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.
(B) Placement and assessment of an electrocardiogram (ECG/EKG). Instruction shall include the adjustment of such equipment.
(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.
(D) Use of an AED or AED trainer.
(3) Clinical instruction: The student shall demonstrate proficiency in each of the following tasks, under supervision of faculty or instructional staff as described in section 1070.8(a)(3), utilizing patients and shall then be eligible to complete an examination on this section.
(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.
(B) Placement and assessment of an electrocardiogram (ECG/EKG). Instruction shall include the adjustment of such equipment.
(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

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

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and capnograph for respiration monitoring.
(B) Review of anatomy and physiology of respiratory system to include the nose, mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.
(C) Characteristics of respiratory monitoring/lung sounds: mechanism of respiration, composition of respiratory gases, oxygen saturation.
(D) Characteristics of manual and automatic respiration assessment.
(E) Procedure for using a pretracheal/precordial stethoscope for respiration monitoring.
(F) Procedure for using and maintaining pulse oximeter for monitoring oxygen saturation.
(G) Procedure for use and maintenance of capnograph.
(H) Characteristics for monitoring blood and skin color and other related factors.
(I) Procedures and use of an oxygen delivery system.
(J) Characteristics of airway management to include armamentaria and use.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this section.
(A) Assessment of respiration rates.
(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.
(C) Monitoring oxygen saturation with a pulse oximeter.
(D) Use of an oxygen delivery system.

(3) Clinical instruction: The student shall demonstrate proficiency in each of the following tasks, under supervision by faculty or instructional staff as described in section 1070.8(a)(3), utilizing patients and shall then be eligible to complete an examination on this section.
(A) Assessment of respiration rates.
(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.
(C) Monitoring oxygen saturation with a pulse oximeter.
(D) Use of an oxygen delivery system.

(l) With respect to drug identification and draw:
(1) Didactic instruction shall contain:
(A) Characteristics of syringes and needles: use, types, gauges, lengths, and components.
(B) Characteristics of drug, medication, and fluid storage units: use, type, components, identification of label including generic and brand names, strength, potential adverse reactions, expiration date, and contraindications.
(C) Characteristics of drug draw: armamentaria, label verification, ampule and vial preparation, and drug withdrawal techniques.

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

(m) With respect to adding drugs, medications, and fluids to IV lines:
(1) Didactic instruction shall contain:
(A) Characteristics of adding drugs, medications, and fluids to IV lines in the presence of a licensed dentist.
(B) Armamentaria.
(C) Procedures for adding drugs, medications, and fluids, including dosage and frequency.
(D) Procedures for adding drugs, medications, and fluids by IV bolus.
(E) Characteristics of patient observation for signs and symptoms of drug response.

(2) Laboratory instruction: The student shall demonstrate proficiency in adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment, and shall then be eligible to complete a practical examination on this section.
(3) Clinical instruction: The student shall demonstrate proficiency in adding fluids to existing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this section.

(n) With respect to the removal of IV lines:
(1) Didactic instruction shall include overview and procedures for the removal of an IV line.
(2) Laboratory instruction: The student shall demonstrate proficiency on a venipuncture training arm or in a simulated environment for IV removal, ands shall be eligible for a practical examination.
(3) Clinical instruction: The student shall demonstrate proficiency in removing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3) and shall then be eligible to complete an examination on this section.

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

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

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR
DENTAL BOARD OF CALIFORNIA
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NOTICE OF COMPLIANCE WITH NEW REQUIREMENTS FOR REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS EDUCATIONAL PROGRAMS

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

I, _____ *Enter Name*),

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

1) **I have read the attached regulations pertaining to the approval of Registered Dental Assistant in Extended Functions (RDAEF) educational programs, including Sections 1070, *1070.1* and 1071 of Title 16 of the California Code of Regulations;**

2) **I have the authority to sign this notice on behalf of the educational institution or program; and,**

3) **That to the best of my knowledge, information and belief, the institution and its RDAEF programs or courses comply with these regulations and have been in compliance with these regulations since** _____ (*Insert Date*).

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

_____

Signature of Program Director **DATE**

Printed Name of Program Director: _____

Name of Educational Institution or Program: _____

Address of Educational Institution or Program: _____

Telephone Number: _____ **Email Address:** _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

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

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

Title 16 of the California Code of Regulations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 1070.1. Educational Program and Course Definitions and Instructor Ratios

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

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

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

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

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

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

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

Section 1071. Approval of RDAEF Educational Programs.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(4) Armamentaria for all procedures.

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

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

(7) Tooth isolation and matrix methodology review.

(h) General laboratory instruction shall include:

(1) Rubber dam application for tooth isolation in both maxillary and mandibular arches and for deciduous and permanent dentitions. A minimum of four experiences per arch is required, with two anterior and two posterior applications, with one of the applications used for a practical examination.
(2) Matrix placement for amalgam, and nonmetallic restorative material restorations in both primary and permanent dentitions, with three experiences for each cavity classification and for each material.
(3) Base, liner, and etchant placement on three posterior teeth for each base, liner, or etchant, with one of the three teeth used for a practical examination.

(i) With respect to preliminary evaluation of the patient's oral health, including, charting of existing conditions excluding periodontal assessment, intraoral and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:
(1) Didactic instruction shall contain the following:
(A) Normal anatomical structures: oral cavity proper, vestibule, and lips.
(B) Deviations from normal to hard tissue abnormalities to soft tissue abnormalities.
(C) Overview of classifications of occlusion and myofunction.
(D) Sequence of oral inspection: armamentaria, general patient assessment, review of medical history form, review of dental history form, oral cavity mouth-mirror inspection, and charting existing conditions.
(2) Preclinical instruction shall include performing an oral inspection on at least two other students.
(3) Clinical instruction shall include performing an oral inspection on at least two patients, with one of the two patients used for a clinical examination.

(j) With respect to sizing, fitting, and cementing endodontic master points and accessory points:
(1) Didactic instruction shall include the following:
(A) Review of objectives, canal preparation, filling of root canal space, including the role of the RDAEF as preparatory to condensation which is to be performed by the licensed dentist.
(B) Description and goals of filling technique using lateral condensation techniques.
(C) Principles and techniques of fitting and cementing master points and accessory points using lateral condensation including, characteristics, manipulation, use of gutta percha and related materials, and criteria for an acceptable master and accessory points technique using lateral condensation.
(2) Laboratory instruction shall include fitting and cementing master points and accessory points on extracted teeth or simulated teeth with canals in preparation for lateral condensation by the dentist, with at a minimum two experiences each on a posterior and anterior tooth. This instruction shall not include obturator based techniques or other techniques that employ condensation.
(3) Simulated clinical instruction shall include fitting and cementing master points and accessory points in preparation for condensation by the dentist with extracted or simulated teeth prepared for lateral condensation mounted in simulated patient heads mounted in appropriate position and accommodating and articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. This instruction shall not include obturator based techniques that employ condensation. Simulated clinical instruction shall include fitting and cementing master points and accessory points for lateral condensation by the dentist in at least four teeth, one of which shall be used for a practical exam.

(k) With respect to gingival retraction, general instruction shall include:
(1) Review of characteristics of tissue management as it relates to gingival retraction with cord and electrosurgery.
(2) Description and goals of cord retraction.
(3) Principles of cord retraction, including characteristics and manipulation of epinephrine, chemical salts classification of cord, characteristics of single versus double cord technique, and techniques and criteria for an acceptable cord retraction technique.

(l) With respect to final impressions for permanent indirect and toothborne restorations:
(1) Didactic instruction shall contain the following:
(A) Review of characteristics of impression material and custom.
(B) Description and goals of impression taking for permanent indirect restorations and toothborne prosthesis.
(C) Principles, techniques, criteria, and evaluation of impression taking for permanent indirect restorations and toothborne prosthesis.
(2) Laboratory instruction shall include the following:
(A) Cord retraction and final impressions for permanent indirect restorations, including impression taking of prepared teeth in maxillary and mandibular arches, one time per arch with elastomeric impression materials.
(B) Impressions for toothborne removable prostheses, including, at a minimum, taking a total of four impressions on maxillary and mandibular arches with simulated edentulous sites and rest preparations on at least two supporting teeth in each arch.
(3) Clinical instruction shall include taking final impressions on five cord retraction patients, with one used for a clinical examination.

(m) With respect to placing, contouring, finishing, and adjusting direct restorations:
(1) Didactic instruction shall contain the following:
(A) Review of cavity preparation factors and restorative material.
(B) Review of cavity liner, sedative, and insulating bases.
(C) Characteristics and manipulation of direct filling materials.

(D) Amalgam restoration placement, carving, adjusting and finishing, which includes principles, techniques, criteria and evaluation, and description and goals of amalgam placement, adjusting and finishing in children and adults.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Didactic instruction shall contain the following:

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

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

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

(2) Laboratory instruction shall include:

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

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

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

(4) Clinical instruction shall include fitting, adjustment, and cementation of permanent indirect restorations on at least two teeth.

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

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

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MEMORANDUM

DATE	February 16, 2011
TO	Dental Board of California
FROM	Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California
SUBJECT	**Agenda Item 9(A):** Discussion and Possible Action to Consider a Policy Decision to Extend Licensure Exemption for Out-of-State Licensed Dentists and Registered Dental Assistants to Provide Healthcare Services at Sponsored Free Health Care Events Pursuant to Business and Professions Code Section 901

This agenda item will be hand carried to the meeting.

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MEMORANDUM

DATE	February 16, 2011
TO	Dental Board of California
FROM	Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California
SUBJECT	**Agenda Item 9(B):** Discussion and Possible Action to Consider Initiation of a Rulemaking to Add Title 16, CCR, Sections 1023.15, 1023.16, 1023.17, and 1023.18 Relevant to Licensure Exemption for Out of State Licensed Practitioners to Provide Healthcare Services at Sponsored Free Health Care Events

This agenda item will be hand carried to the meeting.

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MEMORANDUM

DATE	February 16, 2011
TO	Dental Board of California
FROM	Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California
SUBJECT	**Agenda Item 10:** Discussion and Possible Action to Consider the Initiation of a Rulemaking to Amend Title 16, CCR, Section 1018 Regarding Uniform Standards for Substance Abusing Healing Arts Licensees and Disciplinary Guidelines

This agenda item will be hand carried to the meeting.

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MEMORANDUM

DATE	February 15, 2011
TO	Dental Board of California
FROM	Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California
SUBJECT	**Agenda Item 11:** Discussion and Possible Action Regarding Proposals for Legislation to Exempt from Public Contracts Code Personal Services – Subject Matter Experts

Background

The Department of Consumer Affairs notified staff that in order to comply with California laws, all subject matter experts utilized by the Dental Board, and other boards and bureaus within the Department, are required to enter into a personal services contract in order to provide services.

Attached is an example of the Medical Board of California's possible legislative amendment for the exemption of their expert witnesses.

Board Action Requested

Staff recommends that the Board support a legislative proposal to allow the board to exempt subject matter experts it uses for administrative cases and exam development from the Public Contracts Code and authorize the Executive Officer and the Board President to pursue such a proposal on behalf of the Board.

EXAMPLE FROM THE MEDICAL BOARD

Expert Reviewer Language

Amend the Business and Professions Code, as follows:

2024. (a) The board may select and contract with necessary medical consultants who are licensed physicians and surgeons to assist it in its programs. Subject to Section 19130 of the Government Code, the board may contract with these consultants on a sole source basis. *A contract executed pursuant to this subdivision shall be exempt from the provisions of Part 2 (commencing with Section 10100) of the Public Contract Code.*

(b) Every consultant retained under this section for a given investigation of a licensee shall be a specialist, as defined in subparagraph (B) of paragraph (5) of subdivision (h) of Section 651.

2332. (a) The *board* ~~Division of Medical Quality~~ or the Health Quality Enforcement Section of the office of the Attorney General may establish panels or lists of experts as necessary to assist them in their respective duties. When the *board* ~~Division of Medical Quality~~ or the Health Quality Enforcement Section seeks expert assistance or witnesses, and the use of voluntary services is impractical, they may retain experts to assist them, and to prepare and present testimony as appropriate, at prevailing market rates. The board shall establish policies and procedures for the selection and use of those experts~~.~~, *and an agreement executed between the board and an expert for the provision of expert services or testimony shall be exempt from the provisions of Part 2 (commencing with Section 10100) of the Public Contract Code.*

(b) The *board* ~~Division of Medical Quality~~ may also adopt regulations to create a system of volunteer physicians and others in committees or panels to assist ~~the board~~ in any of the following functions:

(1) Monitoring of licensees who have been disciplined and are subject to terms and conditions of probation or diversion.

(2) Evaluation and administration of competency examinations.

(3) Assistance to practitioners with special problems.

(4) Supervision of licensees with practice restrictions.

(5) Advice regarding policy options and preventive strategies.

(c) Commencing January 1, 1994, any reference to a medical quality review committee shall be deemed a reference to a panel of the Division of Medical Quality.

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MEMORANDUM

DATE	February 15, 2011
TO	Dental Board Members
FROM	Karen Fischer, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 12:** Discussion and Possible Action Regarding Participation in the Office of Statewide Health Planning and Development's Phase 1 of the Clearinghouse Test Data Collection and the Impact on the Board's Staff Workload

Background:
In accordance with Senate Bill 139 (Stats 2007, ch 522), the Office of Statewide Health Planning and Development (OSHPD) is in the process of establishing a health care workforce clearinghouse to serve as the central source of health care workforce and educational data in the state. The clearinghouse is responsible for the collection, analysis, and distribution of information on the educational and employment trends for health care occupations in California. The activities of the clearinghouse are funded by appropriates made from the California Health Data and Planning Fund in accordance with subdivision (h) of Section 127280.

OSHPD will be working with the Employment Development Department's Labor Market Information Division, state licensing boards, and state higher education entities to collect, to the extent available, all of the following data:

- The current supply of health care workers, by specialty.
- The geographical distribution of health care workers, by specialty.
- The diversity of the health care workforce, by specialty, including, but not necessarily limited to, data on race, ethnicity, and languages spoken.
- The current and forecasted demand for health care workers, by specialty.
- The educational capacity to produce trained, certified, and licensed health care worker, by specialty and by geographical distribution, including, but not necessarily limited to, the number of educational slots, the number of enrollments, the attrition rate, and wait time to enter the program of study.

After the data is collected, OSHPD will prepare an annual report to the Legislature that does all of the following:

- Identifies education and employment trends in the health care profession.

- Reports on the current supply and demand for health care workers in California and gaps in the educational pipeline producing workers in specific occupations and geographic areas.
- Recommends state policy needed to address issues of workforce shortage and distribution.

The Dental Board, along with six other DCA healing arts boards, has been asked to participate in the Clearinghouse Database design phase of the project (data collection). Our primary concerns are if there will be any additional workload for existing staff to collect this data; and will there be workload increases, without additional staffing, due to legislation that may result from this study. Staff has already absorbed the workload resulting from another OSHPD project.

Dental Board staff will be meeting with OSHPD representatives on Thursday, February 17, 2011 to discuss the details of this project. A verbal report will be given at the Board meeting.

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MEMORANDUM

DATE	February 9, 2011
TO	Dental Board of California
FROM	Linda Byers, Administrative Assistant Dental Board of California
SUBJECT	**Agenda Items 13-17:** Committee Reports

Committee Chairs will give verbal reports.

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MEMORANDUM

DATE	February 11, 2011
TO	Dental Board of California
FROM	Denise Johnson, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 18:** Discussion and Possible Action regarding the Dental Board of California's Public Records Act Policy

Background

Every state agency is required under the Public Records Act (PRA) to establish written guidelines for the public to obtain access to public records. The Department of Consumer Affairs (Department) issued a policy on the *Guidelines for Access to Public Records* that comply with that requirement. A copy of the guideline is attached for the Board's review. The Department's policy applies to all governmental officials and employees of the Department and any of its divisions, bureaus, boards, and other constituent agencies.

Board Action Requested

Staff requests that the Board adopt the Department's *Guidelines for Access to Public Records* to be used as the Board's written guidelines for the public to obtain access to public records.

State of California Department of Consumer Affairs

Department of Consumer Affairs Policy & Procedures

TITLE: **GUIDELINES FOR ACCESS TO PUBLIC RECORDS**	*SUPERSEDES:* **LGL 02-01**	*POLICY #* **LGL 06-01**
POLICY OWNER : **LEGAL AFFAIRS DIVISION**	*EFFECTIVE:* **IMMEDIATELY**	*PAGE:* **1 of 1** *ATTACHMENT(S):* **1 of 4**
DISTRIBUTE TO: **ALL DCA EMPLOYEES**	*ORIGINAL APPROVED BY:*	
ISSUE DATE: **APRIL 24, 2006**	**CHARLENE ZETTEL, Director Department of Consumer Affairs**	

Policy

Every state agency is required under the Public Records Act (PRA) to establish written guidelines for the public to obtain access to public records. The attached guidelines comply with that requirement and the requirements under the PRA aid the member of the public in making a focused request by assisting in identifying the records and information that may be responsive to the request. A copy of the guidelines shall be posted in a conspicuous public place in your offices and shall be provided to any person, upon request, free of charge.

Applicability

This policy applies to all governmental officials and employees of DCA and any of its divisions, bureaus, boards, and other constituent agencies. Within this policy, the generic acronym "DCA" applies to all of these entities.

Purpose

The purpose of this policy is to establish Guidelines for Access to Public Records.

Authority

Government Code section 6253.4; Business and Professions Code sections 110 and 161

Revision

Determination of the need for revisions to this policy is the responsibility of the Legal Affairs Division of the DCA. Specific questions regarding the status or maintenance of this policy should be directed to the Policy & Publications Development (PPD) Office at (916) 574-7370. Questions about specific issues should be directed to the Legal Affairs Division at (916) 574-8220.

Attachments

Department of Consumer Affairs Public Records Act (PRA) Guidelines

Department of Consumer Affairs
Public Records Act (PRA) Guidelines
(Government Code Section 6253.4)

The California Legislature has declared that access to information concerning the conduct of the people's business is a fundamental and necessary right of every person in this state. The California Public Records Act, Government Code section 6250 *et seq.,* requires that public records be available to the public upon request. The Department of Consumer Affairs has established the following guidelines to ensure that members of the public fully understand and are afforded the opportunity to exercise their right to inspect and obtain copies of public records.

Public records in the physical custody of the Department of Consumer Affairs or any of its constituent licensing agencies that are not exempt from disclosure will be made available for inspection or copying as follows:

1. Any person may review public records of the department or its constituent agencies (licensing boards) during weekdays and hours that these offices are regularly open for business. Public records will be available for inspection only at the office or location where they are regularly and routinely maintained. The operational functions of the department or its agencies will not be suspended to permit inspection of records during periods in which such records are reasonably required by personnel in the performance of their duties. If the request requires review of numerous records, a mutually agreeable time should be established for the inspection of the records.

2. Requests for inspection or copying of public records:

   (a) may be made orally or in writing (including email);

   (b) if made orally, the requestor should be encouraged to place the request in writing or staff should confirm the request in writing through an intake form or by confirming letter;

   (c) should be addressed to, or directed to, the specific bureau, program or constituent agency within the department (this includes the licensing boards) that the requestor believes has physical custody of the records being sought.

3. Where a request is not specific and focused, unless the department and its constituent agencies make available an index of its records, staff to assist the requester in making a focused and effective request that reasonably describes an identifiable record or records to the extent it is reasonable under the circumstances:

   (a) Assist the member of the public to identify records and information that are responsive to the request or to the purpose of the request, if stated.

(b) Describe the information technology and physical location in which the records exist.

(c) Provide suggestions for overcoming any practical basis for denying access to the records or information sought.

4. The requestor will be notified in ten (10) days whether the agency has disclosable public records. If the agency determines that it has disclosable records, the agency shall provide the requestor with an estimated date and time when the records will be made available. Where unusual circumstances exist as specified in Government Code section 6253(c), the agency may, by written notice to the requester, extend the time for response not to exceed fourteen (14) additional days.

5. If a request is made for a record that is stored in an electronic format, the department and its constituent licensing agencies will comply with the request in accordance with Government Code section 6253.9:

- The department and its constituent agencies shall make the information available in any electronic format in which it holds the information.

- The department and its constituent agencies shall provide a copy of an electronic record in the format requested if the requested format is one that has been used by the department or its constituent agencies to create copies for its own use or for provision to other agencies. The cost of duplication shall be limited to the direct cost of producing a copy of a record in an electronic format.

- The requestor shall bear the cost of producing a copy of the record, including the cost to construct a record from existing data, and the cost of programming and computer services necessary to produce a copy of the record when either of the following applies:

  (a) The department or one of its constituent agencies would be required to produce a copy of an electronic record and the record is one that is produced only at otherwise regularly scheduled intervals.

  (b) Satisfying the request would require data compilation, extraction, or programming to produce the record.

6. The department and its constituent agencies may refuse to disclose any records that are exempt from disclosure under the Public Records Act.

7. Functions of the department or its constituent licensing agencies will not be suspended to permit, and public records will not be made available for, inspection during periods in which such records are reasonably required by department personnel in the performance of their duties. Special arrangements shall be made in advance for the inspection or copying of voluminous records.

8. Public records in the possession of the department and its constituent agencies may be inspected only in the presence of departmental personnel, except in those cases where the director or his or her designee (in the case of departmental records), or the executive officer or his or her designee (in the case of records in the custody of a licensing agency), determines otherwise. Physical inspection of such records will be permitted at places within the departmental offices or offices of the licensing agency as determined by the director or the executive officer, respectively.

9. The department and its constituent agencies will provide copies of any requested public records not exempt from disclosure upon payment of the following fees authorized by Business and Professions Code section 161:

   - Requested public records will be produced at a charge of ten (10) cents per page plus the actual costs of the staff time for retrieving and duplicating the document(s) and postage (if necessary). The cost of staff time will be computed in accordance with the guidelines contained in Section 8740 of the State Administrative Manual. However, these fees may be waived if the costs of retrieval and duplication are less than the cost of processing the payment.

   - Requests by an individual for copies of records pertaining to that individual (e.g., licensee files, personnel files, etc.) will be provided to that individual at a cost of ten (10) cents per page. In these cases, the cost of staff time for retrieving and duplicating the document(s) shall not be charged (Civil Code § 1798.33). However, these fees may be waived if the costs of duplication are less than the cost of processing the payment.

   - Lists of licensees will be provided in electronic, paper, or mailing label form at a charge sufficient to recover the estimated costs of providing the data. Further information and a list of charges may be obtained by contacting the Office of Information Services at (916) 574-8004.

   - As provided in Business and Professions Code section 163, a charge of $2.00 will be made to certify any document. This fee is in addition to copying costs.

10. A person who inspects records of the department or its licensing agencies shall not destroy, mutilate, deface, alter or remove any such record or records from the location designated for inspection, but shall physically return these in the same condition as when received, upon either the completion of the inspection or upon verbal request of departmental or agency personnel.

11. In the event that any portion of these guidelines may be deemed at any time to conflict with any law or regulation, the law or regulation shall prevail.

12. A copy of these guidelines shall be posted in a conspicuous public place in the offices of the department, and the offices of each of the constituent licensing agencies of the department. A copy of these guidelines shall be made available free of charge to any person requesting them.

13. Constituent licensing agencies of the department may, by written addendum to these guidelines approved by the executive officer or bureau, division or program chief, specify the procedures by which requests for public records shall be processed and the manner, if any, by which a record of such request shall be maintained by the agency.

APPROVED:

_____ _____

CHARLENE ZETTEL, Director Date
Department of Consumer Affairs

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MEMORANDUM

DATE	February15, 2011
TO	Dental Board Members
FROM	Georgetta Griffith
SUBJECT	**Agenda Item 19: Update from Subcommittee Regarding Portfolio Licensure Examination for Dentistry**

The portfolio subcommittee (Drs. Casagrande and Morrow) met on January 28, 2010 with Legal Counsel, and Board staff to discuss implementation of the Portfolio regulations. Dr. Casagrande gave an overview of the Portfolio examination. Legal Counsel gave an overview of the requirements of the office of Administrative Law and pointed out some areas of the regulations that needed additional work. To complete the work on these regulations and to finalize the procedures for implementing the Portfolio examination, the Board is seeking approval of a contract with a psychometric testing firm to orchestrate the implementation of the Portfolio examination process including standardized criteria for grading, grade sheet, and calibration of competency evaluators. The contractor will work closely with the dental schools as they did in phase one to complete the process.

After a thorough review of the draft regulations, the subcommittee identified areas of the proposed regulations Board staff would work on with legal counsel. Board staff will be responsible for development of internal processes such as tracking applicants.

It is the Subcommittee's goal to bring the completed regulatory package to the Board as soon as possible. Drs. Casagrande and Morrow will provide the Board with additional information at the Board meeting.

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MEMORANDUM

DATE	February 14, 2011
TO	Dental Board Members
FROM	Suzanne McCormick, DDS Board Liaison to the Elective Facial Cosmetic Surgery Permit Credentialing Committee
SUBJECT	**Agenda Item 20:** Report on the January 19, 2011 meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee, Discussion and Possible Action to Accept Committee Recommendations for Issuance of Permits, and Appointments of Credentialing Committee Member(s)

ELECTIVE FACIAL COSMETIC SURGERY PERMIT PROGRAM OVERVIEW:
SB 438 (Stats 2006 ch 909), authored by Senator Midgen and sponsored by the California Dental Association (CDA), allows specifically qualified oral and maxillofacial surgeons who obtain a permit from the Dental Board to perform specified elective facial cosmetic surgical procedures.

In accordance with statute, the Board appoints a five member credentialing committee consisting of three (3) oral and maxillofacial surgeons (two of whom shall hold an EFCS permit and at least one of whom shall be licensed as a physician and surgeon in the state), one (1) physician and surgeon with a specialty in plastic and reconstructive surgery, and one (1) physician and surgeon with a specialty in otolaryngology, all of whom must maintain an active status on the staff of a licensed general acute care hospital in California. Three of the current Committee members were appointed July 1, 2009 (Robert Gramins, DDS; Anil Punjabi, MD, DDS; and Peter Scheer, DDS). The remaining two members have served on the Committee since its inception (Nestor Karas, DDS, MD and Jonathan Sykes, MD).

The Credentialing Committee reviews the qualifications of each applicant for permit and makes a recommendation to the board on whether to issue or not issue a permit to the applicant. To date, the Board has issued 18 permits. A copy of the list of permit holders is attached.

CURRENT UPDATE:
The EFCS Permit Credentialing Committee met on January 19, 2011 in Sacramento. In addition to application review, the Committee continued to draft regulatory language relating to the program. The program coordinator has been directed to draft language for the Board's website that will help clarify the application process until regulations can be adopted by the Board. The Committee will review this

language at it's next meeting scheduled in Orange on April 27, 2011 and will provide a recommendation for the Board to consider at it's May 2011 meeting.

APPLICATION REVIEW:
In closed session, the Credentialing Committee reviewed three (3) applications. The Committee tabled one application (Applicant #1 - Dr. JPD) and is asking the applicant for additional information. The Committee deemed another applicant ineligible (Applicant #2 - Dr. JAB) because he is licensed by the Medical Board and is therefore ineligible for the permit according to Business & Professions Code, Section 1638.1. Applicant #3 – Dr. Erik Feider's application was reviewed and the Committee recommends issuance of an EFCS permit without limitation.

Action Requested:

- Dr. Erik Feider requested unlimited privileges in Category I and II.

  The Credentialing Committee recommends approval of Category I and Category II permit issuance without limitation.

COMMITTEE VACANCY:
Shortly after the Committee meeting of January 19, 2011, Dr. Nestor Karas, Chair, resigned. His resignation creates a vacancy on Credentialing Committee for an oral surgeon, licensed by the Medical Board of California, and who maintains an active status on the staff of a licensed general acute care hospital in California.

Statute requires the Board send letters to the Medical Board, the California Dental Association, the California Association of Oral and Maxillofacial Surgeons, the California Medical Association and the California Society of Plastic Surgeons, asking for their input and recommendations regarding the members to be appointed to the credentialing committee. Staff is in the process of sending out these letters.

Action Requested:
Staff requests that a two-person subcommittee be appointed to review the resumes submitted by the above mentioned organizations; and to interview candidates for the vacancy on the EFCS Permit Credentialing Committee. The Subcommittee would then report back to the Board at it's May meeting with a recommendation of a candidate to fill the vacancy.

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THE ELECTIVE FACIAL COSMETIC SURGERY PERMIT HOLDERS

Permit Holder	Permit #	Issue/Expire Date	Practice Information*	Discipline
Scheer, Peter M **Rancho Mirage, CA**	1	Issued: 8/27/2007 Expires: 11/30/2012	Category I Category II	None
Gilbert, David **Upland, CA**	2	Issued: 8/27/2007 Expires: 4/30/2012	Category I Category II	None
VanBrocklin, Kyle **San Ramon, CA**	3	Issued: 12/4/2007 Expires: 12/31/2011	Category II	None
Jugan, Milan **Chula Vista, CA**	4	Issued: 12/4/2007 Expires: 1/31/2012	Category I Category II	None
Gramins, Robert **Poway, CA**	5	Issued: 8/14/2008 Expires: 7/31/2011	Category I Category II -limited to blepharoplasty and brow lifts, including periorbital rejuvenation, facial neurotoxins, and facial fillers.	None
Mizin, Alexei **Calabasas, CA**	6	Issued: 8/14/2008 Expires: 4/30/2011	Category II - limited to injection of neurotoxins and facial fillers, and fractionated laser procedures.	None
Lytle, John **La Canada, CA**	7	Issued: 8/14/2008 Expires: 5/31/2012	Category I	None
Machado, Lester **Chula Vista, CA**	8	Issued: 8/14/2008 Expires: 7/31/2011	Category I	None
Caldemeyer, Cortland **San Diego, CA**	9	Issued: 5/21/2008 Expires: 6/30/2011	Category I Category II	None
Shelhamer, Alan **Carlsbad, CA**	10	Issued: 12/10/2008 Expires: 7/31/2012	Category I Category II	None
Pace, Christopher **San Diego, CA**	11	Issued: 12/10/2008 Expires: 9/30/2011	Category I Category II	None

*A permit may be unlimited, entitling the permit holder to perform any facial cosmetic surgical procedure authorized by Business & Professions Code Section 1638.1 (iii)(I)(II): **Category I**: Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to rhinoplasty and otoplasty. **Category II**: Cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.

A permit may also be limited if the Credentialing Committee is not satisfied that the applicant has the training or competence to perform certain classes of procedures, or if the applicant has not requested to be permitted for all procedures authorized by statute.

Permit Holder	Permit #	Issue/Expire Date	Practice Information*	Discipline
Landis, Charles **Chico, CA**	12	Issued: 7/27/2009 Expires: 1/31/2013	Category I Category II	None
Hasse, Charles **Irvine, CA**	13	Issued: 7/27/2009 Expires: 9/30/2012	Category I Category II	None
Lin, Albert **Poway, CA**	14	Issued: 7/27/2009 Expires: 1/31/2012	Category I Category II	None
Sharafi, Arshiya **San Diego, CA**	15	Issued: 7/27/2009 Expires: 2/28/2013	Category I Category II	None
Grecco, Mark **Manteca, CA**	16	Issued: 7/27/2009 Expires: 6/30/2012	Category II – limited to Botox injections and dermal filler placement.	None
Gordon, John **Bonita, CA**	17	Issued: 11/29/2009 Expires: 1/31/2013	Category I Category II	None
Stepanyan, Martin **Burbank, CA**	18	Issued: 4/5/2010 Expires: 2/29/2012	Category I Category II	5 years Probation

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MEMORANDUM

DATE	February 14, 2011
TO	Dental Board of California
FROM	Donna Kantner, Manager, Licensing and Examination Unit
SUBJECT	**Agenda Item 21 – Discussion and Possible Action Regarding Length of Time for Retention of Inactive Patient Records**

Dr. Casagrande has asked that this item be placed on the agenda.

Background

Currently there is no law or regulation that specifies the length of time that patient records must be kept on file. Staff cannot provide clear direction since there is no statute or regulation in this area.