

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

Proposed Dental Sedation Assistant Permit Course Regulation Changes

CADAT's proposed language

CGR §1070.8:

Approval of Dental Sedation Assistant Permit Courses – Approval; Curriculum Requirements; Issuance of Certification

Dental Board proposed language

§ 1070.8. Approval of Dental Sedation Assistant Permit Courses.

- Keeping section Title the same

Current Dental Board Language:

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.

CADAT's proposed language

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) A dental sedation assistant permit course provider applying for initial approval shall submit to the board an application and other required documents and information on forms prescribed by the board. Consistent with Section 1070, the board may approve or deny approval after evaluation of all components of the course has been performed by subject matter experts who shall serve as educational consultants to the board.

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Dental Board proposed language

(a) Definitions. As used in this section, the following definitions shall apply:

(1) "IV" means intravenous.

(2) "AED" means automated external defibrillator

(3) "CO2" means carbon dioxide

(4) "ECG" and "EKG" both mean electrocardiogram

(5) "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 all laboratory skills. There shall be at least 1 instructor for every 6 students who are simultaneously engaged in clinical instruction. 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.

- Details on how the clinical instruction will be given is currently found under (a)(3) after course director specifications.
- See highlighted paragraph on page 5
- Should we move clinical language up here as a definition? Need feedback.

(b) A dental sedation permit course is one that has as its primary purpose providing theory, laboratory and clinical application in dental sedation assisting techniques.

- CADAT **did not** provide this introductory language in its proposal for the OA course
- Does this language suffice? Need feedback.
- **We should keep the introductory language the same throughout all courses.**

(1) An orthodontic assistant permit course provider applying for approval shall submit to the Board a completed "Application for Approval of Course in Orthodontic Assisting" (New INSERT DATE)", which is hereby incorporated by reference, accompanied by a non-refundable processing fee of \$ ____.

(2) 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 as it relates to any evaluation or re-evaluation required by this article.

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

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

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

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

(d) Notice of Compliance. To maintain approval, course providers approved prior to the effective date of these regulations, shall submit to the board a completed "Notice of Compliance with New Requirements for Dental Sedation Assisting Permit Courses (insert date)", hereby incorporated by reference, within 90 days of the effective date of these regulations.

(e) In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a course offering a permit in dental sedation assisting to secure and maintain approval by the board.

(f) The course shall be taught at the postsecondary educational level or deemed equivalent thereto by the Board.

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

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

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

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

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

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

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

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

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

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

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

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

- Removing laundry list of re-evaluation items to submit. Leaving it at the discretion of the Board for items to be submitted for re-evaluation.
 - **Legal advised this already for RS and IC language.**
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Current Dental Board Language:

No Prerequisite language exists in § 1070.8 Dental Assistant Permit course

CADAT's proposed language

No Prerequisite language was proposed from CADAT

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Dental Board proposed language

(g) Prerequisites. 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.

- This language already exists in § 1070.8. It was moved from (c)(3), tailored specifically to students, and placed as a prerequisite.
- *However, Statute also requires the items highlighted below to get permitted.*

1750.4. Dental sedation assistant permits; Eligibility; Continuing education requirements

(a) On and after January 1, 2010, the board may issue a dental sedation assistant permit to a person who files a completed application including a fee and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Completion of at least 12 months of work experience as a dental assistant.

(2) Successful completion of a board-approved course in the Dental Practice Act and a board-approved, course in infection control.

(3) Successful completion of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

Current Dental Board Language:

(a)(1) 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.

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Dental Board proposed language

(h) Course Director. The course director, who may also be an instructor, shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, shall have been licensed for a minimum of 2 years, and possess the experience in the subject matter he or she is teaching. **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 and shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.** The course director shall provide guidance and be responsible for the administration of the course. Specifically, the course director shall be responsible for the following:

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

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

(A) Changes in equipment

(B) Changes in course faculty

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

(D) Still working on list

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

(A) Curricula,

(B) Course content outlines and examination records,

(C) Educational objectives or outcomes,

(D) Grading criteria,

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

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

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

(5) Inform the Board of any substantive change made to the course as specified and in compliance with the requirements of Section 1070 (b)(2) by submitting to the board a

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completed “Substantive Change to Course Notice” (New INSERT DATE) which is hereby incorporated by reference within 30 days of the change.

(6) Ensure that, prior to instruction, all faculty responsible for clinical evaluation completes a 2-hour methodology certification course specific to their teaching responsibilities.

(7) Ensure that all staff and faculty involved in clinical instruction meet the requirements set forth in this Article.

Dental Board proposed language

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

(1) Hold a valid special permit or valid license as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice issued by the Board or the Dental Hygiene Committee. **Course faculty 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) All faculty shall have been licensed for a minimum of 2 years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate orthodontic assisting procedures. All faculty responsible for clinical evaluation shall have completed at least a 2-hour methodology course specific to their teaching responsibilities.

(j) Facilities. There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms and operatories in compliance with the requirements of Section 1070 (f)(A)(B). Adequate, cleaning, disinfecting, and sterilizing facilities shall be provided and all disinfection and sterilization procedures specified in the Board’s Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005) shall be incorporated in instruction and followed during all laboratory and clinical experiences.

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Current Dental Board Language:

(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 required by Cal. Code Regs., Title 16, Section 1043 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.

CADAT's proposed language

(e) The following are minimum requirements for equipment and armamentaria to be owned and made available by the approved course provider:

(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

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Proposed Dental Sedation Assistant Permit Course Regulation Changes

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.

Dental Board proposed language

(k) Equipment and Armamentaria. The following are minimum requirements for equipment and armamentaria to be owned and made available by the approved course provider:

(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

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Code of Regulations, Title 16, Division 10, Chapter 2, Article 5, Section 1043 require for the administration of general anesthesia or conscious sedation; and a selection of instruments and supplemental armamentaria for all of the procedures that dental sedation assistant permit holders are authorized to perform according to Business and Professions Code Section 1750.5.

(2) Each operatory used for preclinical or clinical training shall contain either a surgery table or a power-operated chair for treating patients in a supine position, an irrigation system or sterile water delivery system as they pertain to the specific practice, and all other equipment and armamentarium required to instruct in the duties that dental sedation assistant permit holders are authorized to perform according to Business and Professions Code Section 1750.5.

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

- (3) has been stricken from this section and moved up as a Prerequisite.

Current Dental Board Language:

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

CADAT's proposed language

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

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Proposed Dental Sedation Assistant Permit Course Regulation Changes

Dental Board proposed language

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

Current Dental Board Language:

(m) 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.

Dental Board proposed language

(m) Course Content. As part of an organized course of instruction, sufficient time shall be available for all students to obtain laboratory, and clinical experience to achieve minimum competence in the various protocols used in dental sedation assisting. Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (n) through (p).

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

(2) General course 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 course shall provide the content necessary for students to make judgments regarding dental sedation assisting. The course shall assure that students who successfully complete the course can perform dental sedation assisting with minimum competence.

(3) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical and clinical examinations.

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

(o) 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.

(p) 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.

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(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.

(q) 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.

(r) 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.

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(s) 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.

(t) 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.

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(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 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:** Utilizing patients, 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), 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 EKG. Instruction shall include the adjustment of such equipment.

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

(u) 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.

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- (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:** Utilizing patients, 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), 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.

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(v) 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.

(w) 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.

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(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.

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

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

(2) **Laboratory instruction:** The student shall demonstrate proficiency on a venipuncture training arm or in a simulated environment for IV removal, and shall be eligible for a practical examination.

(3) **Clinical instruction:** The student shall demonstrate proficiency in removing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3) and shall then be eligible to complete an examination on this Section.

Current Dental Board Language:

(y) 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.

Dental Board proposed language

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

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Proposed Dental Sedation Assistant Permit Course Regulation Changes

Dental Board proposed language

(z) Certificate of Completion for Dental Sedation Assistant Permit. Course providers shall provide 2 original copies of a Certificate of completion on form "Certificate of Completion for Dental Sedation Assistant Permit" (New INSERT DATE) prescribed by the Board and incorporated by reference, to students within 30 days following their completion of the course. Certificates of completion shall contain an embossed seal impression that is not photographically reproducible and shall specify _____ . Providers shall retain records of course completion for 7 years from the date of completion and provide records of completion to the Board within 30 days, upon written request.

- Should the certificate specify that only permit holders may perform **Authorized procedures for Dental sedation assistants pursuant to B&P § 1750.5.** under the direct supervision of a licensed dentist?

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

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Proposed Dental Sedation Assistant Permit Course Regulation Changes

Dental Board proposed language for §1070.8 is as follows:

§ 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” and “EKG” both mean electrocardiogram.

(a) (1) 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 permit holders are authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical instruction. Clinical instruction shall require completion of all of the tasks described in subdivisions (j), (k), (l), (m), and (n) of this Section during no less than twenty (20) supervised cases utilizing conscious sedation or general anesthesia.

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

(1) One pulse oximeter for each six students; one AED or AED trainer; one capnograph or teaching device for monitoring of end tidal CO₂; blood pressure cuff and stethoscope for each six students; one pretracheal stethoscope for each six students; one electrocardiogram machine, one automatic blood pressure/pulse measuring system/machine, and one oxygen delivery system including oxygen tank; one IV start kit for each student; one venous access device kit for each student; IV equipment and supplies for IV infusions including hanging device infusion containers and tubing for each six students; one sharps container for each six students; packaged syringes, needles, needleless devices,

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Proposed Dental Sedation Assistant Permit Course Regulation Changes

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 required by Cal. Code Regs., Title 16, Section 1043 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.

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Proposed Dental Sedation Assistant Permit Course Regulation Changes

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

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Proposed Dental Sedation Assistant Permit Course Regulation Changes

- (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, 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 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.

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Proposed Dental Sedation Assistant Permit Course Regulation Changes

(G) Procedure for use and monitoring of the heart with an 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 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: Utilizing patients, 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), 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 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.

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Proposed Dental Sedation Assistant Permit Course Regulation Changes

(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: Utilizing patients, 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), 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.

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Proposed Dental Sedation Assistant Permit Course Regulation Changes

(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

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Proposed Dental Sedation Assistant Permit Course Regulation Changes

environment, and shall then be eligible to complete a practical examination on this Section.

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

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

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

(2) Laboratory instruction: The student shall demonstrate proficiency on a venipuncture training arm or in a simulated environment for IV removal, and shall then 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 9/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

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

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Proposed Orthodontic Assistant Permit Course Regulation Changes

CADAT's proposed Title language

CCR §1070.7:

~~Approval of Orthodontic Assistant Permit Courses – Approval; Curriculum Requirements; Issuance of Certification~~

Dental Board proposed language

§ 1070.7. Approval of Orthodontic Assistant Permit Courses.

- Keeping section Title the same
-

Current Dental Board Language:

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

CADAT's proposed language

~~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) An orthodontic assistant permit course provider applying for initial approval shall submit to the board an application and other required documents and information on forms prescribed by the board. Consistent with Section 1070, the board may approve or deny approval after evaluation of all components of the course has been performed by subject matter experts who shall serve as educational consultants to the board. At no time may the Board or its designee approve a course that shall knowingly limit access or discriminate against student access.~~

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a permit course in orthodontic assisting to secure and maintain approval by the board. Curriculum content pertaining to this section offered by a school or program approved by the board for instruction in registered dental assisting shall be deemed to be approved if the school or program has submitted an application for approval of curriculum into an approved RDA program that is satisfactory to the board.

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Proposed Orthodontic Assistant Permit Course Regulation Changes

Dental Board proposed language

(a) An orthodontic assistant permit course is one that has as its primary purpose providing theory, laboratory and clinical application in orthodontic assisting techniques.

- CADAT did not provide this introductory language in its proposal for the OA course
- Does this language suffice? Need feedback.
- **We should keep the introductory language the same throughout all courses.**

(1) An orthodontic assistant permit course provider applying for approval shall submit to the Board a completed "Application for Approval of Course in Orthodontic Assisting" (New INSERT DATE)", which is hereby incorporated by reference, accompanied by a non-refundable processing fee of \$ ____.

(2) 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 as it relates to any evaluation or re-evaluation required by this article.

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

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

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

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

(c) Notice of Compliance. To maintain approval, course providers approved prior to the effective date of these regulations, shall submit to the board a completed "Notice of Compliance with New Requirements for Orthodontic Assistant Permit Courses (insert date)", hereby incorporated by reference, within 90 days of the effective date of these regulations.

(d) In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a course offering a permit in orthodontic assisting to secure and maintain approval by the board.

(e) The course shall be taught at the postsecondary educational level or deemed equivalent thereto by the Board.

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Proposed Orthodontic Assistant Permit Course Regulation Changes

CADAT's proposed language

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

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

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

➤ **Legal advised against renewal fees already for ALL other courses.**

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

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

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

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

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

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

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

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Proposed Orthodontic Assistant Permit Course Regulation Changes

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

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

- Removing laundry list of re-evaluation items to submit. Leaving it at the discretion of the Board for items to be submitted for re-evaluation.
- **Legal advised this already for RS and IC language.**

CADAT's proposed language

(f) Prerequisites. Each student must possess the necessary requirements for enrollment in an orthodontic assistant permit course prior to the start of instruction which includes 12 months of work experience as an unlicensed dental assistant, for which at least six months must have been completed, and shall be verified prior to the start of instruction. A student who is not currently licensed as a registered dental assistant must show evidence of having completed certification in basic life support and has already completed board-approved courses in infection control and dental practice act at the time of course enrollment and prior to the start of instruction. Courses must establish and demonstrate to the board the protocols necessary to ensure students have met all course pre-requisites prior to the start of instruction.

- New language being proposed
- Need input from DAC members.

Dental Board proposed language

- *No Prerequisite language exists in § 1070.7 Orthodontic Assistant course*
- *However, Statute requires the items highlighted below to get permitted.*

1750.2. Orthodontic assistant permits; Eligibility requirements; Continuing education requirements

(a) On and after January 1, 2010, the board may issue an orthodontic assistant permit to a person who files a completed application including a fee and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Completion of at least 12 months of work experience as a dental assistant.

(2) Successful completion of a board-approved course in the Dental Practice Act and a board-approved, course in infection control.

(3) Successful completion of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

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Proposed Orthodontic Assistant Permit Course Regulation Changes

Dental Board proposed language

(g) Course Director. The course director, who may also be an instructor, shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, shall have been licensed for a minimum of 2 years, and possess the experience in the subject matter he or she is teaching. The course director shall provide guidance and be responsible for the administration of the course. Specifically, the course director shall be responsible for the following:

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

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

(A) Changes in equipment

(B) Changes in course faculty

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

(D) Still working on list

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

(A) Curricula,

(B) Course content outlines and examination records,

(C) Educational objectives or outcomes,

(D) Grading criteria,

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

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

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

(5) Inform the Board of any substantive change made to the course as specified and in compliance with the requirements of Section 1070 (b)(2) by submitting to the board a completed "Substantive Change to Course Notice" (New INSERT DATE) which is hereby incorporated by reference within 30 days of the change.

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Proposed Orthodontic Assistant Permit Course Regulation Changes

(6) Ensure that, prior to instruction, all faculty responsible for clinical evaluation completes a 2-hour methodology certification course specific to their teaching responsibilities.

(7) Ensure that all staff and faculty involved in clinical instruction meet the requirements set forth in this Article.

CADAT's proposed language

(h) All faculty and ~~instructional staff~~ shall have been licensed for a minimum of 4 years and shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate the duties, educational protocols and clinical procedures of the course. Prior to instruction, all faculty and instructional staff shall complete a board-approved two-hour methodology certification course ~~which shall include curriculum addressing clinical, pre-clinical and laboratory evaluation criteria, course outline development, test construction, and developing student learning outcomes.~~

- Provide justification of why bumping it to 4 years of holding a license when we currently ask for 2 years of licensure.

Dental Board proposed language

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

(1) Hold a valid special permit or valid license as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice issued by the Board or the Dental Hygiene Committee;

(2) All faculty shall have been licensed for a minimum of 2 years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate orthodontic assisting procedures. All faculty responsible for clinical evaluation shall have completed at least a 2-hour methodology course specific to their teaching responsibilities.

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Proposed Orthodontic Assistant Permit Course Regulation Changes

Current Dental Board Language:

(j) 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 permit holders are authorized to perform under Business and Professions Code Section 1750.3.

CADAT's proposed language

(j) The minimum requirements for equipment and armamentaria shall include fully articulated 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, fully articulated regular typodonts with full dentition and soft gingiva in the ratio of at least one for every four students, a selection of orthodontic instruments and adjunct material for all of the procedures that orthodontic assistant permit holders are authorized to perform under Business and Professions Code Section 1750.3.

Dental Board proposed language

(j) Facilities. There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms and operatories in compliance with the requirements of Section 1070 (f)(A)(B). Adequate, cleaning, disinfecting, and sterilizing facilities shall be provided and all disinfection and sterilization procedures specified in the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005) shall be incorporated in instruction and followed during all laboratory and clinical experiences.

(k) Equipment and Armamentaria. 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 permit holders are authorized to perform under Business and Professions Code Section 1750.3.

➤ Add the wording Equipment and Armamentaria?

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Proposed Orthodontic Assistant Permit Course Regulation Changes

Current Dental Board Language:

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

CADAT's proposed language

(m) Course Content. A detailed course outline shall be provided to the board established and maintained consistent with CCR 1070(i) and shall be provided to students prior to the start of instruction.

Dental Board proposed language

(m) Course Content. As part of an organized course of instruction, sufficient time shall be available for all students to obtain laboratory, and clinical experience to achieve minimum competence in the various protocols used in orthodontic assisting. Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (n) through (p).

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

(2) General course 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 course shall provide the content necessary

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Proposed Orthodontic Assistant Permit Course Regulation Changes

for students to make judgments regarding orthodontic assisting. The course shall assure that students who successfully complete the course can perform orthodontic assisting with minimum competence.

(3) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical and clinical examinations.

Current Dental Board Language:

(n) 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.

(o) 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

(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.

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

Proposed Orthodontic Assistant Permit Course Regulation Changes

(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.

(p) 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.

(q) 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.

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Proposed Orthodontic Assistant Permit Course Regulation Changes

(E) Procedure for direct and indirect bracket bonding.

(F) Procedures for bracket or tube removal.

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

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

(r) 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.

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Proposed Orthodontic Assistant Permit Course Regulation Changes

(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.

(s) 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.

(t) Instruction for cement removal with an ultrasonic scaler shall be in accordance with Cal. Code Regs., Title 16, Section 1070.5, which governs courses in the removal of excess cement from teeth under orthodontic treatment with an ultrasonic scaler.

Current Dental Board Language:

(u) 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.

CADAT's proposed language

~~(u) 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.~~

WORKING DOCUMENT

Proposed Orthodontic Assistant Permit Course Regulation Changes

Dental Board proposed language

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

CADAT's proposed language

(v) Providers of orthodontic assistant permit courses shall issue Course Completion Certification Cards to each participant upon successful completion of the course content and the Dental Assisting National Board's (DANB) Certified Orthodontic Assistant certification examination. Each completion card shall transmit to the board the name, date of birth of each course completer, all provider information, date(s) of the course, examination completion date with certification number issued by DANB, course approval code issued by the board, and certification by signature verifying completion requirements.

Dental Board proposed language

(v) Certificate of Completion for Orthodontic Assistant Permit. Course providers shall provide 2 original copies of a Certificate of completion on form "Certificate of Completion for Orthodontic Assistant Permit" (New INSERT DATE) prescribed by the Board and incorporated by reference, to students within 30 days following their completion of the course. Certificates of completion shall contain an embossed seal impression that is not photographically reproducible and shall specify _____. Providers shall retain records of course completion for 7 years from the date of completion and provide records of completion to the Board within 30 days, upon written request.

- Should the certificate specify that only permit holders may perform **Authorized procedures for orthodontic assistants pursuant to B&P § 1750.3.** under the direct supervision of a licensed dentist?

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

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Proposed Orthodontic Assistant Permit Course Regulation Changes

Current Dental Board language for §1070.7 is as follows:

§ 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 an orthodontic assistant permit course to secure and maintain approval by the Board.

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

(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 permit holders are authorized to perform under Business and Professions Code Section 1750.3.

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

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

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Proposed Orthodontic Assistant Permit Course Regulation Changes

(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.

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

Proposed Orthodontic Assistant Permit Course Regulation Changes

(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.

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Proposed Orthodontic Assistant Permit Course Regulation Changes

(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 Cal. Code Regs., Title 16, Section 1070.5, which governs 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.

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

Proposed Orthodontic Assistant Permit Course Regulation Changes

(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 9/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

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

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

Proposed Coronal Polish Course Regulation Changes

§ 1070.4. Approval of Coronal Polishing Stand-alone Courses.

(a) A course in the performance of coronal polishing procedures is one that has as its primary purpose providing theory and clinical application in plaque and stain removal techniques from supragingival tooth surfaces.

(1) A coronal polish course provider applying for approval shall submit to the Board a completed "Application for Approval of Course in Coronal Polish (New INSERT DATE)", which is hereby incorporated by reference, accompanied by a non-refundable processing fee of \$_____.

(2) 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 as it relates to any evaluation or re-evaluation required by this article.

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

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

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

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

(c) Notice of Compliance. To maintain approval, course providers approved prior to the effective date of these regulations, shall submit to the board a completed "Notice of Compliance with New Requirements for Coronal Polish Courses (*insert date*)", hereby incorporated by reference, within 90 days of the effective date of these regulations.

(d) In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a course offering certification in coronal polishing to secure and maintain approval by the board.

(e) The course shall be taught at the postsecondary educational level.

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

(g) Course Director. The course director, who may also be an instructor, shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, shall have been licensed for a minimum of 2 years, and possess the experience in the subject matter he or she is teaching. The course director shall provide guidance and be responsible for the administration of the course. Specifically, the course director shall be responsible for the following:

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

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

(A) Changes in equipment

(B) Changes in course faculty

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

(D) Still working on list

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

(A) Curricula,

(B) Course content outlines and examination records,

(C) Educational objectives or outcomes,

(D) Grading criteria,

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

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

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

(5) Inform the Board of any substantive change made to the course as specified and in compliance with the requirements of Section 1070 (b)(2) by submitting to the board a completed "Substantive Change to Course Notice" (New INSERT DATE) which is hereby incorporated by reference within 30 days of the change.

(6) Ensure that, prior to instruction, all faculty completes a 2-hour methodology certification course specific to their teaching responsibilities.

(7) Ensure that all staff and faculty involved in clinical instruction meet the requirements set forth in this Article.

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

(1) Hold a valid special permit or valid license as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice issued by the Board or the Dental Hygiene Committee;

(2) All faculty shall have been licensed for a minimum of 2 years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate coronal polishing procedures. All faculty responsible for clinical evaluation shall have completed at least a 2-hour methodology course specific to their teaching responsibilities.

(i) Facilities. There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms and operatories in compliance with the requirements of Section 1070 (f)(A)(B). Adequate, cleaning, disinfecting, and sterilizing facilities shall be provided and all disinfection and sterilization procedures specified in the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005) shall be incorporated in instruction and followed during all laboratory and clinical experiences.

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

(m) Course Content. As part of an organized course of instruction, sufficient time shall be available for all students to obtain laboratory, and clinical experience to achieve minimum competence in the various protocols used in the application of coronal polish. Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (k) through (m).

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

(2) General course 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 course shall provide the content necessary for students to make judgments regarding the application of coronal polish. The course shall assure that students who successfully complete the course can perform coronal polish with minimum competence.

(3) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical and clinical examinations.

(k) Didactic Instruction. Areas of instruction shall include, at a minimum, the following as they relate to coronal polishing:

(1) Coronal Polishing Basics:

(A) Legal requirements

(B) Description and goals of coronal polishing

(C) Indications and contraindications of coronal polishing

(D) Criteria for an acceptable coronal polish

(E) Pre-medication requirements for the compromised patient.

(F) Introduction of advanced technologies in coronal polishing including the use of air polishing devices.

➤ Need justification from CADAT to add (F)

(2) Principles of plaque and stain formation:

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

- (B) Etiology of plaque and stain
- (C) Clinical description of teeth that have been properly polished and are free of stain
- (D) Tooth morphology and anatomy of the oral cavity as they relate to polishing techniques and to retention of plaque and stain
- (3) Polishing materials:
 - (A) Polishing agent composition, storage and handling
 - (B) Abrasive material composition, storage, and handling, and factors which affect rate of abrasion
 - (C) Disclosing agent composition, storage and handling
 - (D) Armamentaria for disclosing and polishing techniques
 - (E) Contraindications for disclosing and polishing techniques
- (4) Principals of tooth polishing:
 - (A) Clinical application of disclosing before and after a coronal polish
 - (B) Instrument grasps and fulcrum techniques
 - (C) Purpose and techniques of the mouth mirror for indirect vision and retraction
 - (D) Characteristics, manipulation and care of dental handpieces when performing a coronal polish
 - (E) Use of adjunct materials for stain removal and polishing techniques
 - (F) Techniques for coronal polishing of adults and children
 - (G) Procedures for cleaning fixed and removable prosthesis and orthodontic appliances
 - (H) Disclosing and polishing evaluation criteria
 - (I) Infection control protocols
- (5) Successful completion of a supervised written examination to include all areas of didactic instruction must occur prior to clinical experiences.

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

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

(n) Extramural Dental Facilities. Extramural dental facilities may be utilized by a course for the purposes of coronal polish clinical competencies.

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

(o) Evaluation and Final Examination

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

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

(B) Explain the procedure to patients.

(C) Recognize decalcification and mottled enamel.

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

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

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

(G) Recognize advanced technologies in coronal polishing including the use of air polishing devices and selective polishing procedures

➤ Need justification from CADAT to add (G)

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

(I) Perform plaque disclosure.

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

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

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

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

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

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

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

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

(p) Certificate of Completion for Coronal Polishing. Course providers shall provide 2 original copies of a Certificate of completion on form "Certificate of Completion for Coronal Polishing" (New INSERT DATE) prescribed by the Board and incorporated by reference, to students within 30 days following their completion of the course. Certificates of completion shall contain an embossed seal impression that is not photographically reproducible and shall specify that only licensed dental assistants are authorized to perform coronal polish. Providers shall retain records of course completion for 7 years from the date of completion and provide records of completion to the Board within 30 days, upon written request.

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

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

§ 1070.4. Approval of Coronal Polishing Courses.

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

- (a) Educational Setting. The course shall be established at the post-secondary educational level.
- (b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student must satisfactorily demonstrate to the instructor clinical competency in infection control requirements prior to clinical instruction in coronal polishing.

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every six students at any one time.

(A) Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water syringe; adjustable light; oral evacuation equipment; work surface; hand-washing sink; slow-speed handpiece, and all other armamentarium required to instruct in the performance of coronal polishing.

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

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

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

(5) Emergency Materials/Basic Life Support.

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

(B) All students, faculty, and staff involved in the direct provision of patient care must be certified in basic life support procedures, including cardiopulmonary resuscitation. Re-certification intervals may not exceed

two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff.

(g) Program Content.

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

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

(3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the performance of coronal polishing. The course shall assure that students who successfully complete the course can perform coronal polishing with minimum competence.

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

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

(A) Coronal Polishing Basics

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

(B) Principles of plaque and stain formation

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

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

(C) Polishing materials

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

(D) Principals of tooth polishing

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

(E) Infection control protocols

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

(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency, which may include externship instruction as provided in subdivision (h). There shall be no more than 6 students per instructor

during clinical instruction. Clinical instruction shall include clinical experience on at least three patients, with two of the three patients used for the clinical examination.

(h) Externship Instruction.

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

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

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

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

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

(i) Evaluation and Examination.

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

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

(B) Explain the procedure to patients.

(C) Recognize decalcification and mottled enamel.

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

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

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

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

(H) Perform plaque disclosure.

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

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

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

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

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

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

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

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

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

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

Proposed Pit & Fissure Sealants Regulation Changes

§ 1070.3. Approval of Pit and Fissure Sealant Stand-alone Courses.

(a) A course in the application of pit and fissure sealants is one in which has, as its primary purpose, providing theory and clinical application in preventative sealant techniques.

(1) A pit and fissure sealant course provider applying for approval shall submit to the Board a completed "Application for Approval of Course in Pit and Fissure Sealant (New INSERT DATE)", which is hereby incorporated by reference, accompanied by a non-refundable processing fee of \$_____.

(2) 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 as it relates to any evaluation or re-evaluation required by this article.

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

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

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

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

(c) Notice of Compliance. To maintain approval, course providers approved prior to the effective date of these regulations, shall submit to the board a completed "Notice of Compliance with New Requirements for Pit and Fissure Sealant Courses (*insert date*)", hereby incorporated by reference, within 90 days of the effective date of these regulations.

(d) In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a course offering certification in pit and fissure sealants to secure and maintain approval by the board.

(e) Stand-alone courses in pit and fissure sealants shall not be required to employ a dentist for the purposes of oversight during pre-clinical or clinical instruction. However, course directors shall ensure that teeth identified for treatment have been diagnosed by a licensed dentist.

- A DDS or a Hygienist must prescribe (diagnose) the need for a Sealant. Stakeholders said it is too cost prohibited to employ a DDS or a Hygienist. Therefore they came up with this language.
- **Legal council's advice: Clinical instruction should require a dentist or hygienist for consumer protection purposes.**

(f) The course shall be taught at the postsecondary educational level.

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

(h) Course Director. The course director, who may also be an instructor, shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, shall have been licensed for a minimum of 2 years, and possess the experience in the subject matter he or she is teaching. The course director shall provide guidance and be responsible for the administration of the course. Specifically, the course director shall be responsible for the following:

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

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

(A) Changes in equipment

(B) Changes in course faculty

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

(D) Still working on list. List to be determined

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

(A) Curricula,

(B) Course content outlines and examination records,(C) Educational objectives or outcomes,

(D) Grading criteria,

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

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

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

(5) Inform the Board of any substantive change made to the course as specified and in compliance with the requirements of Section 1070 (b)(2) by submitting to the board a completed "Substantive Change to Course Notice" (New INSERT DATE) which is hereby incorporated by reference within 30 days of the change.

(6) Ensure that, prior to instruction, all faculty completes a 2-hour methodology certification course specific to their teaching responsibilities.

(7) Ensure that all staff and faculty involved in clinical instruction meet the requirements set forth in this Article.

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

(1) Hold a valid special permit or valid license as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice issued by the Board or the Dental Hygiene Committee;

(2) All faculty shall have been licensed for a minimum of 2 years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate pit and fissure sealants. All faculty responsible for clinical evaluation shall have completed at least a 2-hour methodology course that shall include curriculum specific to their teaching responsibilities.

- Although this sentence is being added to the list of Course Director's responsibilities to check for, it should stay here as well under Course Faculty requirements. If faculty is directed to look at the DPA for compliance purposes, they will be able to find this requirement under the section that applies to them specifically.
- Legal agreed.

(j) Facilities. There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms and operatories in compliance with the requirements of Section 1070 (f)(1)(A)(B). Adequate, cleaning, disinfecting, and sterilizing facilities shall be provided and all disinfection and sterilization procedures specified in the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005) shall be incorporated in instruction and followed during all laboratory and clinical experiences.

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

(l) Course Content. As part of an organized course of instruction, sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of pit and fissure sealants. Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (o) through (p).

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

(2) General course 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 course shall provide the content necessary for students to make judgments regarding the application of pit and fissure sealants. The course shall assure that students who successfully complete the course can apply pit and fissure sealants with minimum competence.

(3) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical and clinical examinations.

(m) Didactic Instruction: Areas of instruction shall include, at a minimum, the following as they relate to pit and fissure sealants:

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

(A) Morphology and Microbiology

(B) Dental Materials and Pharmacology

(2) Sealant Basics:

(A) Legal requirements

(B) Description and goals of sealants

(C) Indications and contraindications

(D) Role in preventive programs

(3) Sealant Materials

(A) Etchant and/or etchant/bond combination material composition, process, storage and handling

(B) Sealant material composition, polymerization type, process, storage and handling

(C) Armamentaria for etching and sealant application

(D) Problem solving for etchant and sealant material placement/manipulation

(4) Sealant Criteria:

(A) Areas of application

(B) Patient selection factors

(C) Other indication factors

(5) Preparation Factors:

(A) Moisture control protocol

(B) Tooth/teeth preparation procedures prior to etching or etchant/bond

(6) Acid Etching or Etchant/Bond Combination:

(A) Material preparation

(B) Application areas

(C) Application time factors

(D) Armamentaria

(E) Procedure

(F) Etchant or etchant/bond evaluation criteria

(7) Sealant Application:

(A) Application areas

(B) Application time factors

(C) Armamentaria

(D) Procedure for chemical cure and light cure techniques

(E) Sealant evaluation criteria

(F) Sealant adjustment techniques

(8) Infection control protocols

(9) Clinical re-call re-evaluation protocols

(n) Successful completion of a supervised written examination to include all areas of didactic instruction must occur prior to clinical experiences.

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

(p) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include experience on a minimum of

16 posterior teeth, 4 of which shall be molars, on a minimum of two different patients. Final 4 teeth are used for clinical examination. Each tooth identified for treatment must be sufficiently erupted so that a dry field can be maintained for application of the etching, or etchant/bond combination, and sealant materials. Such clinical instruction shall include teeth in all four quadrants for each patient.

(q) Extramural Dental Facilities. Extramural dental facilities may be utilized by a course for the purposes of pit and fissure sealant clinical competencies.

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

(r) Evaluation and Examination

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

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

(B) Explain the procedure to patients.

(C) Recognize decalcification, caries and fracture lines.

(D) Identify the indications and contraindications for sealants.

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

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

(G) Utilize proper armamentaria in an organized sequence.

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

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

(J) Select and dispense the proper amount of etchant and sealant material according to manufacturer instructions.

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

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

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

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

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

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

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

(3) Each student shall pass a clinical examination in which the student successfully completes the application of pit and fissure sealants on the final 4 teeth of the 16 posterior teeth required for clinical instruction.

(s) Certificate of Completion for Pit and Fissure Sealant. Course providers and registered dental assisting programs shall provide 2 original copies of a Certificate of completion on form "Certificate of Completion for Pit and Fissure Sealant" (New INSERT DATE) prescribed by the Board and incorporated by reference, to students within 30 days following their completion of the course. Certificates of completion shall contain an embossed seal impression that is not photographically reproducible and shall specify that only licensed dental assistants are authorized to perform pit and fissure sealants. Providers shall retain records of course completion for 7 years from the date of completion and provide records of completion to the Board within 30 days, upon written request.

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

Dental Board current language for §1070.3 is as follows:

§ 1070.3. Approval of Pit and Fissure Sealant Courses.

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

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

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

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

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

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

1. Copies of curricula, course outlines, objectives, and grading criteria.
2. Copies of faculty credentials, licenses, and certifications.
3. Individual student records, including those necessary to establish satisfactory completion of the course.

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

(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in the application of pit and fissure sealants, but shall in

no event be less than 16 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 8 hours of clinical training.

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

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

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

(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students at any one time.

(A) Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water syringe; adjustable light; oral evacuation equipment; work surface; hand-washing sink; curing light, and all other armamentarium required to instruct in the application of pit and fissure sealants.

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

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

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

(5) Emergency Materials/Basic Life Support.

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

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

(g) Program Content.

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

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

(3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the application of pit and fissure sealants. The course shall assure that students who successfully complete the course can apply pit and fissure sealants with minimum competence.

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

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

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

(B) Morphology and Microbiology

(C) Dental Materials and Pharmacology

(D) Sealant Basics

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

(E) Sealant Materials

1. Etchant and/or etchant/bond combination material composition, process, storage and handling

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

(F) Sealant Criteria

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

(G) Preparation Factors

1. Moisture control protocol
2. Tooth/teeth preparation procedures prior to etching or etchant/bond

(H) Acid Etching or Etchant/Bond Combination

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

(I) Sealant Application

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

6. Sealant adjustment techniques

(J) Infection control protocol

(K) Clinical re-call re-evaluation protocols

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

(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on four patients with two of the four patients used for the clinical examination. Each clinical patient must have a minimum of four (4) virgin, non-restored, natural teeth, sufficiently erupted so that a dry field can be maintained, for application of the etching, or etchant/bond combination, and sealant materials. Such clinical instruction shall include teeth in all four quadrants for each patient.

(h) Externship Instruction.

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

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

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

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

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

(i) Evaluation and Examination.

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

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

(B) Explain the procedure to patients.

(C) Recognize decalcification, caries and fracture lines.

(D) Identify the indications and contraindications for sealants.

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

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

(G) Utilize proper armamentaria in an organized sequence.

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

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

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

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

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

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

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

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

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

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

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

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

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

Proposed Ultrasonic Scaling Course Regulation Changes

§ 1070.5. Approval of Ultrasonic Scaling Courses.

Dental Board proposed language

(a) A course in the performance of ultrasonic scaling for is one that has as its primary purpose providing theory and clinical application in the mechanical removal of orthodontic cement from around bands and brackets utilized in orthodontic treatment.

(1) An ultrasonic scaling course provider applying for approval shall submit to the Board a completed "Application for Approval of Course in Ultrasonic Scaling (New INSERT DATE)", which is hereby incorporated by reference, accompanied by a non-refundable processing fee of \$ ____.

(2) 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 as it relates to any evaluation or re-evaluation required by this article.

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

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

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

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

(c) Notice of Compliance. To maintain approval, course providers approved prior to the effective date of these regulations, shall submit to the board a completed "Notice of Compliance with New Requirements for Ultrasonic Scaling Courses (insert date)", hereby incorporated by reference, within 90 days of the effective date of these regulations.

(d) In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a course offering certification in ultrasonic scaling to secure and maintain approval by the board.

(e) The course shall be taught at the postsecondary educational level.

Current Dental Board Language:

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

CADAT's proposed language

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

(f) Each student in a stand-alone course must possess an active, valid and current RDA license as a registered dental assistant. Courses must establish and demonstrate to the board the protocols necessary to ensure students have met licensure as a prerequisite prior to the start of instruction. Students enrolled in a board-approved Orthodontic Assistant Permit Course are exempt from this prerequisite.

(1) Registered dental assisting programs incorporating ultrasonic scaling as a component of a total program of instruction shall ensure all students have completed instruction in infection control and basic chairside skills prior to instruction in orthodontic procedures involving ultrasonic scaling for cement removal.

- New language proposed from CADAT
- Need feedback

(g) Course Director. The course director, who may also be an instructor, shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, shall have been licensed for a minimum of 2 years, and possess the experience in the subject matter he or she is teaching. The course director shall provide guidance and be responsible for the administration of the course. Specifically, the course director shall be responsible for the following:

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

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

(A) Changes in equipment

(B) Changes in course faculty

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

(D) Still working on list

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

(A) Curricula,

(B) Course content outlines and examination records,

(C) Educational objectives or outcomes,

(D) Grading criteria,

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

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

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

(5) Inform the Board of any substantive change made to the course as specified and in compliance with the requirements of Section 1070 (b)(2) by submitting to the board a completed "Substantive Change to Course Notice" (New INSERT DATE) which is hereby incorporated by reference within 30 days of the change.

(6) Ensure that, prior to instruction, all faculty responsible for clinical evaluation completes a 2-hour methodology certification course specific to their teaching responsibilities.

(7) Ensure that all staff and faculty involved in clinical instruction meet the requirements set forth in this Article.

Dental Board proposed language

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

(1) Hold a valid special permit or valid license as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice issued by the Board or the Dental Hygiene Committee;

(2) All faculty shall have been licensed for a minimum of 2 years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate ultrasonic scaling procedures. All faculty responsible for clinical evaluation shall have completed at least a 2-hour methodology course specific to their teaching responsibilities.

(i) Facilities. There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms and operatories in compliance with the requirements of Section 1070 (f)(A)(B). Adequate, cleaning, disinfecting, and sterilizing facilities shall be provided and all disinfection and sterilization procedures specified in the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005) shall be incorporated in instruction and followed during all laboratory and clinical experiences.

Current Dental Board Language:

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

CADAT's proposed language

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

(j) A course in ultrasonic scaling shall be of sufficient duration for the student to develop minimum competence, but shall in no event be less than 4 6 clock hours, including at least 3 hours of didactic training and at least 3 hours of laboratory training.

- Why are we bumping up the hours from 4 to 6?
- Will need justification for this.
- If there's no **clinical instruction** in Ultrasonic Scaling, then why is Extramural instruction mentioned in this section, where **clinical competencies** are practiced?

Dental Board proposed language

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

- Adding 2 hours of didactic training for consistency, clarity purposes.
-

Dental Board proposed language

(k) Course Content. As part of an organized course of instruction, sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of ultrasonic scaling. Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (o) through (p).

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

(2) General course 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 course shall provide the content necessary for students to make judgments regarding the removal of excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler. The course shall assure that students who successfully complete the course can perform ultrasonic scaling with minimum competence.

(3) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical and clinical examinations.

(I) Didactic Instruction: Areas of instruction shall include, [at a minimum](#), the following as they relate to ultrasonic scaling for cement removal:

(1) Ultrasonic Scaling Basics:

(A) Legal requirements;

(B) Description and goals of ultrasonic scaling;

(C) Indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal;

(D) Criteria for acceptable cement removal from orthodontically banded teeth

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

(3) Armamentarium and equipment use and care.

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

(A) Characteristics of ultrasonic scaler units and tips for cement removal;

(B) Instrument grasps and fulcrum techniques;

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

(D) Characteristics, manipulation and care of ultrasonic scaler unit when removing excess cement from orthodontically banded teeth;

(E) Effects of ultrasonic scalers on hard and soft tissue including root damage, enamel damage, thermal damage, and soft tissue damage;

(F) Patient and operator safety including systemic medical complications and managing patients with pacemakers;

(G) Use of adjunct material for removal of excess cement from orthodontically banded teeth;

(H) Techniques for removal of excess cement from orthodontically banded teeth on a banded typodont;

(I) Evaluation criteria for removal of excess cement by an ultrasonic scaler on a banded typodont.

(5) Successful completion of a supervised written examination to include all areas of didactic instruction must occur prior to ~~clinical~~ laboratory experiences.

➤ There's no clinical instruction. Striking clinical and adding laboratory.

➤ Need feedback

Current Dental Board Language:

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

CADAT's proposed language

(m) Laboratory Instruction: There shall be no more than 6 students per instructor during laboratory instruction and experiences. Laboratory instruction shall be conducted on a fully articulated typodont, simulated model, or mannequin device containing orthodontic bands or brackets or a combination thereof and shall include flexible facial covering that simulates cheeks. Sufficient time shall be available for all students to obtain complete at least three laboratory experiences to achieve minimum competence in the performance of ultrasonic scaling prior to examination.

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

- Language from (p) to (3) is all new.
- **Need feedback and justification**

Current Dental Board Language:

(h) Extramural Instruction.

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

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

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

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

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

Dental Board proposed language

(n) Extramural Dental Facilities. Extramural dental facilities may be utilized by a course for the purposes of pit and fissure sealant clinical competencies.

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

- If there's no **clinical instruction** in Ultrasonic Scaling, then why is Extramural instruction mentioned in this section, where **clinical competencies** are practiced?
-

(o) Evaluation and Final Examination

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

- (A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to the use of an ultrasonic scaler in the removal of cement from orthodontic bands.
- (B) Describe the necessary aspects of pre-operative instructions to patients.
- (C) Recognize loose appliances.
- (D) Recognize decalcification and mottled enamel.

- (E) Identify the indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal.
- (F) Identify pre-medications for the compromised patient.
- (G) Utilize proper armamentaria in an organized sequence for the use of an ultrasonic scaler in cement removal on an orthodontically banded typodont.
- (H) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction.
- (I) Demonstrate the proper techniques for removal of cement from teeth under orthodontic treatment without causing damage to hard or soft tissues, removing cement from underneath appliances, or loosening appliances.
- (J) Maintain aseptic techniques including disposal of contaminated materials.

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

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

Dental Board proposed language

(p) Certificate of Completion for Ultrasonic Scaling. Course providers and registered dental assisting programs shall provide 2 original copies of a Certificate of completion on form "Certificate of Completion for Ultrasonic Scaling" (New INSERT DATE) prescribed by the Board and incorporated by reference, to students within 30 days following their completion of the course. Certificates of completion shall contain an embossed seal impression that is not photographically reproducible and shall specify that only licensed dental assistants or Orthodontic Assistant permit holders are authorized to perform ultrasonic scaling. Providers shall retain records of course completion for 7 years from the date of completion and provide records of completion to the Board within 30 days, upon written request.

- Does language in red make sense?
- Need feedback.

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

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

§ 1070.5. Approval of Ultrasonic Scaling Courses.

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

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

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

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

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

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

(A) Providing guidance of didactic and laboratory assignments.

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

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

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

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

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

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

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

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

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

(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every six students at any one time.

(A) Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water syringe; adjustable light; oral evacuation equipment; work surface, hand-washing sink; and all other armamentarium required to instruct in the performance of ultrasonic scaling.

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

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

(4) Infection Control. The program shall establish written laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space and equipment shall be provided for preparing and sterilizing all armamentarium.

(g) Program Content.

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

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

(3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the performance of ultrasonic scaling. The course shall assure that students who successfully complete the course can perform ultrasonic scaling with minimum competence.

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

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

(A) Ultrasonic Scaling Basics

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

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

(C) Armamentarium and equipment use and care.

(D) Principles of cement removal from orthodontically banded teeth

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

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

(E) Infection control protocols

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

(h) Extramural Instruction.

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

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

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

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

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

(i) Evaluation and Examination.

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

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

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

(C) Recognize loose appliances.

(D) Recognize decalcification and mottled enamel.

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

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

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

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

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

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

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

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

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