



INSTRUCTIONS
for Completing:
Infection Control Course
Application for Approval by the Dental Board of California

The following Business and Professions Code Sections require certain individuals to complete a Board-approved course in infection control (among other requirements):

1. 1750: The employer of a dental assistant shall be responsible for ensuring that a dental assistant who has been in continuous employment for 120 days or more has already successfully completed, or successfully completes, a board-approved course in infection control within a year of the date of employment.
2. 1750.2: On and after January 1, 2010, the board may issue an orthodontic assistant permit to a person who provides evidence of successful completion of a board-approved course in infection control.
3. 1750.4: On and after January 1, 2010, the board may issue a dental sedation assistant permit to a person who provides evidence of successful completion of a board-approved course in infection control.
4. 1752.1: Individuals applying for registered dental assistant licensure on or after January 1, 2010, shall provide written evidence of successful completion within five years prior to application of a board-approved course in infection control.

This Application reflects the requirements of Business and Professions Code Sections 1754.5, 1755, and 1756, which each course must meet to secure and maintain approval by the Dental Board to instruct in infection control to those individuals specified above.

In the Application document, excerpts from the laws appear in normal text, while questions on the Application appear in italic text. The term "B&P" used in the Application document means "Business and Professions Code Section".

1. **Fee.** A non-refundable application fee in the amount of \$300 payable to the Dental Board must be submitted with the Application unless your program is accredited by the Chancellor's office of the California Community Colleges.
2. **Number of Copies.** One original and two copies (one of which may be on an 1x-52x compatible CD in Word format) of the Application and all required documents must be submitted.
3. **Completion of Application.** Each question on the Application must be answered fully. An incomplete Application will not be accepted.
4. **Attachments.** All required documents must be attached as separate Attachments as indicated within the Application, and all Attachments must be submitted with the Application unless otherwise noted.
5. **Facilities, Equipment and Supplies.** The Dental Board may choose to review the course facilities, equipment, and supplies.
6. **Records Evaluation.** The Dental Board may choose to review all of the required records such as records retained by the course director; practical and clinical examinations; minimum performance records, etc.



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**Infection Control Course
Application for Approval by the Dental Board of California**

\$300 Fee

Rcpt#: _____

File# _____

Date of Application: _____

Name of Applicant: _____

Business Name: _____

Address: _____

City, State, Zip: _____ Telephone: _____

Type of Course: Community College Vocational Program Dental School

Private School Other - specify: _____

Name of Course Director: _____

Telephone: _____ Email Address: _____

Name of Owner (if other than Course Director): _____

Telephone: _____ Email Address: _____

I certify under penalty of perjury under the laws of the State of California that this Application and all attachments are true and correct.

Signature of Course Director

Date

I certify that I will be responsible for the compliance of the course director with the laws governing Infection Control Courses approved by the Dental Board of California. I certify under penalty of perjury under the laws of the State of California that this Application and all attachments are true and correct.

Signature of Owner (if other than the Course Director)

Date

(If sole ownership business, individual owner must sign. If partnership, one of the partners must sign. If a corporation, the CEO or secretary of the Corporation must sign.)

(a) Educational Setting/Student Prerequisite. The course shall be established at the post-secondary educational level. (Excerpt: B&P 1755(a)(5))

1. Is the program established at the post-secondary educational level?

___ Yes ___ No

(b) Administration. Adequate provisions for the supervision and operation of the course shall be made. (Excerpt: B&P 1756(a))

2. Will adequate provisions for the supervision and operation of the course be made?

___ Yes ___ No

(c) Course Director/Faculty. The course director shall possess a valid, active, and current license issued by the board. He or she shall actively participate in and be responsible for the day-to-day administration of the course, including the following requirements:

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

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

(3) Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in law. (Excerpt: B&P 1755(b))

Each faculty member shall have been licensed or permitted for a minimum of two years and possess experience in the subject matter he or she is teaching. No faculty member shall instruct in any procedure that he or she is not licensed or permitted to perform. (Excerpt: B&P 1755(c))

All faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students. (Excerpt: B&P 1756.1(c))

All faculty and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The course director shall ensure and document compliance by faculty and staff. A course shall not be required to ensure that students complete instruction in basic life support prior to performing procedures on patients. (Excerpt: B&P 1755(f)).

3. Does the course director possess a valid, active, and current license issued by the Board? Attach as Attachment to Question 3 the name and license number of the proposed course director.

___ Yes ___ No

4. Will the course director actively participate in and be responsible for the day-to-day administration of the course as specified above?

___ Yes ___ No

5. Will each faculty member have experience in the subject matter they will be teaching, including instruction of the infection control regulations and guidelines issued by the board and the Division of Occupational Safety and Health (Cal-DOSH)? Attach as Attachment to Question 5 a table containing the name of each faculty member, and provide a description of each faculty member's experience in the instruction of the infection control regulations and guidelines issued by the board and the Division of Occupational Safety and Health (Cal-DOSH).

___ Yes ___ No

6. Has each faculty member responsible for clinical evaluation completed a two-hour methodology course in clinical evaluation? Attach as Attachment to Question 6 a copy of the certificate of completion of a two-hour methodology course in clinical evaluation for each faculty member.

___ Yes ___ No

7. Will all faculty and staff involved in the direct provision of patient care be certified in basic life support procedures? Attach as Attachment to Question 7 a copy of each faculty and staff members' CPR card.

___ Yes ___ No

(d) Student Certificate of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course and shall include the student's name, the name of the course, the total number of course hours, the date of completion, and the signature of the course director or his or her designee. (Excerpt: B&P 1755(d)).

8. Will a certificate or other evidence of completion be issued to each student who successfully completes the course as specified above? Attach as Attachment to Question 8 a copy of the certificate of completion.

___ Yes ___ No

(e) Emergency Management. A written policy on managing emergency situations shall be made available to all students, faculty, and staff. (Excerpt: B&P 1755(f)).

9. Does the course have a written policy on managing emergency situations, and will it be made available to all students, faculty, and staff? Attach as Attachment to Question 9 a copy of the policy.

___ Yes ___ No

(f) Infection Control/Hazardous Waste Disposal Protocols . The course shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection, and hazard control and disposal of hazardous wastes, that comply with the board's regulations and other federal, state, and local requirements. The course shall provide these protocols to all students, faculty, and appropriate staff to ensure compliance with these protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium. All reusable armamentarium shall be sterilized and nonreusable items properly disposed. (Excerpt: B&P 1755(f))

10. Will OSHA attire and protective eyewear be required for each student?

___ Yes ___ No

11. Does the course have written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, that comply with the board's regulations and other Federal, State, and local requirements, and will such protocols be provided to all students, faculty and appropriate staff? Attach as Attachment to Question 11 a copy of such protocols for the following: PPE; equipment and supply infection control; biohazardous waste; OSHA training requirements for dental office employees; management of training records; management of occupational exposure to blood and body fluids; infection control protocol for operatory set-up and clean-up; infection control protocol during dental treatment; disinfection; sterilization; sanitization; barrier use; surface disinfection; responsibilities of infection control officer in a dental office.

___ Yes ___ No

12. Is adequate space provided for preparing and sterilizing all armamentarium? Attach as Attachment to Question 12 a description of how reusable instruments are properly sterilized before use on patients.

___ Yes ___ No

(g) Length of Course. A course in infection control shall be of sufficient duration for the student to develop minimum competency in all aspects of infection control regulations and guidelines issued by the board and Cal-DOSH, but in no event less than eight hours, including at least four hours of didactic instruction, at least two hours of laboratory or preclinical instruction, and at least two hours of clinical instruction. Preclinical instruction shall utilize instruments, surfaces, and situations where contamination is simulated, without actual contamination, from bloodborne and other pathogens being present. (Excerpt: B&P Section 1756(b))

13. Will the length of the course be of sufficient duration for each student to develop minimum competency in all aspects of the infection control regulations and guidelines issued by the board and Cal-DOSH, but be no less than 8 hours, including at least 4 hours of didactic instruction, at least 2 hours of laboratory or pre-clinical instruction, and at least 2 hours of clinical instruction?

___ Yes ___ No

Specify the hours for each of the following:

Didactic: _____ Laboratory: _____ Pre-Clinical: _____ Clinical: _____

14. Will preclinical instruction utilize instruments, surfaces, and situations where contamination is simulated, without actual contamination from bloodborne and other pathogens being present? Attach as Attachment to Question 14 a description of how the simulation of contamination will occur.

___ Yes ___ No

(h) Faculty/Student Ratios. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the course is approved to instruct. (B&P 1755(e))

Laboratory Instruction: There shall be at least one instructor for every 14 students who are simultaneously engaged in laboratory instruction.

Preclinical instruction: There shall be at least one instructor for every six students who are simultaneously engaged in preclinical instruction.

Clinical instruction: There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction. (Excerpt: B&P 1754.5)

15. Will there be at least the following number of instructors per student who are simultaneously engaged in the following instruction: 1 for every 6 students engaged in pre-clinical instruction, and 1 for every 6 students engaged in clinical instruction?

___ Yes ___ No

Attach as Attachment to Question 15 the following information in a table or chart in the following format for those sessions applicable to the course (do not complete these charts):

Maximum Students enrolled per session:		Number of Operatories:	
Faculty/Student Ratios	Didactic:	Laboratory:	Clinical:

Class Session*	Hours**	Total Number of Students	Total Number of Faculty Providing Instruction (including Course Director)	Names of Faculty Providing Instruction (including Course Director)

*Class Session – describe the day or days the class(es) meet, i.e., Monday and Wednesday evenings.

**Hours – provide the hours per day(s)

(i) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the course is approved to instruct. (Excerpt: B&P 1755(e))

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

The minimum requirement for armamentaria includes infection control materials specified by the Division of Occupational Safety and Health and the regulations of the board, protective eyewear, mask, and gloves for each student and faculty member, and appropriate eye protection for each piece of equipment. (Excerpt: B&P 1755(e)(1) and (2))

The minimum requirements for equipment and armamentaria shall include personal protective equipment, FDA-approved sterilizer, ultrasonic unit or instrument processing device, sharps container, selection of instruments, equipment, and

armamentaria that are necessary to instruct or demonstrate proper hazardous waste disposal, consistent with Cal-DOSH regulations, local, state, and federal mandates, and all other armamentaria required to instruct or properly demonstrate the subjects described in the course content. (Excerpt: B&P Section 1756(c))

16. Do the facilities and class scheduling provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in infection control? Attach as Attachment to Question 16 a description of the clinical facility and instrument processing area(s), identifying the location of the following major areas of instruction: lecture area; laboratory; dental operatories, x-ray exposure area; and, sterilization area.

___ Yes ___ No

17. Do the location and number of general use equipment and armamentaria ensure that each student has the access necessary to develop minimum competency in infection control? Attach as Attachment to Question 17 a list of the types, location, and number of the required equipment and armamentarium that are listed above.

___ Yes ___ No

18. Will protective eyewear, mask, and gloves be required of or provided to each student and faculty member?

___ Yes ___ No

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

Each operatory shall contain 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, and adjacent hand-washing sink.

Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient. (Excerpt: B&P 1755(e)(3))

19. Are operatories sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction? Are they of sufficient size to simultaneously accommodate one student, one instructor, and one patient? Do they contain 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, and adjacent hand-washing sink? Attach as Attachment to Question 19 a description of the operatories, their number, and a list of the equipment and supplies that are housed in the operatory area.

___ Yes ___ No

(k) Course Content . A detailed course outline shall clearly state curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction. 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. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with all of the following:

(1) Specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical, and clinical examinations.

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

(3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that constitute a critical error and would cause the student to fail the procedure, and a description of each of the grades that may be assessed for each procedure. (Excerpt: B&P 1755(h))

Didactic Instruction. "Didactic instruction" means lectures, demonstrations, and other instruction without active participation by students. The approved provider or its designee may provide didactic instruction via electronic media, home study materials, or live lecture methodology if the provider has submitted that content for approval. (Excerpt: B&P 1754.5)

Didactic instruction shall include, at a minimum, the following as they relate to the infection control regulations of the board and of Cal-DOSH:

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

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

(3) Terms and protocols specified in the regulations of the board regarding the minimum standards for infection control.

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

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

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

(7) Principles and protocols associated with sharps management.

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

(9) Principles and protocols of waterline maintenance.

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

(11) Principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure requirements, and monitoring systems for radiation safety and sterilization systems. (Excerpt: B&P 1756 (e))

Laboratory and Clinical Instruction. "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods.

(c) "Preclinical instruction" means instruction in which students receive supervised experience performing procedures on students, faculty, or staff members.

(d) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical instruction shall only be performed upon successful demonstration and evaluation of preclinical skills. (Excerpt: B&P 1754.5)

Preclinical instruction shall include three experiences in the following areas, with one used for a practical examination. Clinical instruction shall include two experiences in the following areas, with one used for a clinical examination:

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

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

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

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

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

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

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

(8) Perform waterline maintenance, including use of water tests and purging of waterlines. (Excerpt: B&P 1756(f))

Student Examination. 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. (Excerpt: B&P 1756 (g))

(Note: See above excerpt from B&P 1756 regarding required practical and clinical examinations.)

20. Will clinical instruction only be performed by students upon the successful demonstration and evaluation of their preclinical skills?

___ Yes ___ No

21. Attach as Attachment to Question 21 the following for each course/module:

- Detailed course outline including subsections that clearly states curriculum subject matter and specifies instruction hours for each topic in the individual areas of didactic, lab, clinical, and externship instruction
- General course objectives
- Specific objectives in the cognitive and psychomotor domain
- Criteria for all psychomotor skills
- Minimum number of satisfactory performances for all psychomotor skills
- Lesson plans (including information sheets/procedure sheets when applicable)

- **Process evaluation grade sheets**
- **Product evaluation grade sheets**
- **Practical and clinical examinations**

(l) Extramural Clinical Instruction. If an extramural clinical facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of course faculty and shall not be provided in extramural facilities.

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

The course director, or a designated faculty member, shall orient dentists who intend to provide extramural clinical facilities prior to the student assignment. Orientation shall include the objectives of the course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment. The course faculty and extramural clinic personnel shall use the same objective evaluation criteria.

There shall be a written contract of affiliation with each extramural clinical facility, which shall describe the settings in which the clinical training will be received, and affirm that the dentist and clinic personnel acknowledge the legal scope of duties and infection control requirements, that the clinical facility has the necessary equipment and armamentaria appropriate for the procedures to be performed, and that the equipment and armamentaria are in safe operating condition. (Excerpt: B&P 1755(i))

22. Will extramural facilities be utilized? If yes, continue with the following questions.

___ Yes ___ No

23. Will all pre-clinical instruction be performed under the direct supervision of course faculty and not in extramural facilities?

___ Yes ___ No

24. Will the course director, or a designated faculty member, be responsible for selecting extramural clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment?

___ Yes ___ No

25. Will the course director, or a designated faculty member, orient dentists who intend to provide extramural clinical facilities prior to the student assignment? Will the course faculty and extramural clinical personnel use the same objective evaluation criteria?

___ Yes ___ No

26. Will there be a written contract of affiliation with each extramural clinical facility? Attach as Attachment to Question 26 a copy of the contract of affiliation with each extramural facility.

___ Yes ___ No

APPENDIX 1: APPLICABLE LAWS AND REGULATIONS

Laws Governing Infection Control Courses

Following are sections of the Business and Professions Code that govern Infection Control Courses

Business and Professions Code Section 1754.5 – Definitions/Faculty to Student Ratios

1754.5. As used in this article, the following definitions shall apply:

(a) "Didactic instruction" means lectures, demonstrations, and other instruction without active participation by students. The approved provider or its designee may provide didactic instruction via electronic media, home study materials, or live lecture methodology if the provider has submitted that content for approval.

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

(c) "Preclinical instruction" means instruction in which students receive supervised experience performing procedures on students, faculty, or staff members. There shall be at least one instructor for every six students who are simultaneously engaged in preclinical instruction.

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

(e) This section shall remain in effect only until January 1, 2011, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2011, deletes or extends that date.

Business and Professions Code Section 1755 – General Provisions Governing all Dental Assistant Programs and Courses

1755. (a) (1) The criteria in subdivisions (b) to (h), inclusive, shall be met by a dental assisting program or course and all orthodontic assisting and dental sedation assisting permit programs or courses to secure and maintain approval by the board as provided in this article.

(2) The board may approve, provisionally approve, or deny approval of any program or course.

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

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

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

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

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

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

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

(c) No faculty member shall instruct in any procedure that he or she is not licensed or permitted to perform. Each faculty member shall have been licensed or permitted for a minimum of two years and possess experience in the subject matter he or she is teaching.

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

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

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

(2) The minimum requirement for armamentaria includes infection control materials specified by the Division of Occupational Safety and Health and the regulations of the board, protective eyewear, mask, and gloves for each student and faculty member, and appropriate eye protection for each piece of equipment.

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

(A) Each operatory shall contain functional equipment, including a power-operated chair for treating patients in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, and adjacent hand-washing sink.

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

(f) The program or course shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection, and hazard control and disposal of hazardous wastes, that comply with the board's regulations and other federal, state, and local requirements. The program or course shall provide these protocols to all students, faculty, and appropriate staff to ensure compliance with these protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium. All reusable armamentarium shall be sterilized and nonreusable items properly disposed.

(g) A written policy on managing emergency situations shall be made available to all students, faculty, and staff. All faculty and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course director shall ensure and document compliance by faculty and staff. A program or course shall not be required to ensure that students complete instruction in basic life support prior to performing procedures on patients.

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

(1) Specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical, and clinical examinations.

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

(3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that constitute a critical error and would cause the student to fail the procedure, and a description of each of the grades that may be assessed for each procedure.

(i) (1) If an extramural clinical facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of program or course faculty and shall not be provided in extramural facilities.

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

(3) The program or course director, or a designated faculty member, shall orient dentists who intend to provide extramural clinical facilities prior to the student assignment. Orientation shall include the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment. The program or course faculty and extramural clinic personnel shall use the same objective evaluation criteria.

(4) There shall be a written contract of affiliation with each extramural clinical facility, which shall describe the settings in which the clinical training will be received, and affirm that the dentist and clinic personnel acknowledge the legal scope of duties and infection control requirements, that the clinical facility has the necessary equipment and armamentaria appropriate for the procedures to be performed, and that the equipment and armamentaria are in safe operating condition.

(j) Any additional requirements that the board may prescribe by regulation.

(k) This section shall remain in effect only until January 1 2011, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2011, deletes or extends that date.

Business and Professions Code Section 1756 – Infection Control Courses

1756. In addition to the requirements of Section 1755, the following criteria shall be met by a course in infection control, as required in Sections 1750, 1750.2, 1750.4, and 1752.1, to secure and maintain approval by the board:

(a) Adequate provisions for the supervision and operation of the course in infection control shall be made. Notwithstanding Section 1755, faculty shall not be required to be licensed by the board, but faculty shall have experience in the instruction of the infection control regulations and guidelines issued by the board and the Division of Occupational Safety and Health (Cal-DOSH). In addition to the requirements of Section 1755, all faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation.

(b) A course in infection control shall be of sufficient duration for the student to develop minimum competency in all aspects of infection control regulations and guidelines issued by the board and Cal-DOSH, but in no event less than eight hours, including at least four hours of didactic instruction, at least two hours of laboratory or preclinical instruction, and at least two hours of clinical instruction. Preclinical instruction shall utilize instruments, surfaces, and situations where contamination is simulated, without actual contamination, from bloodborne and other pathogens being present.

(c) The minimum requirements for equipment and armamentaria shall include personal protective equipment, FDA-approved sterilizer, ultrasonic unit or instrument processing device, sharps container, selection of instruments, equipment, and armamentaria that are necessary to instruct or demonstrate proper hazardous waste disposal, consistent with Cal-DOSH

regulations, local, state, and federal mandates, and all other armamentaria required to instruct or properly demonstrate the subjects described in the course content.

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

(e) Didactic instruction shall include, at a minimum, the following as they relate to the infection control regulations of the board and of Cal-DOSH:

- (1) Basic dental science and microbiology as they relate to infection control in dentistry.
- (2) Legal and ethical aspects of infection control procedures.
- (3) Terms and protocols specified in the regulations of the board regarding the minimum standards for infection control.
- (4) Principles of modes of disease transmission and prevention.
- (5) Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals associated with infection control.
- (6) Principles and protocols of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area.
- (7) Principles and protocols associated with sharps management.
- (8) Principles and protocols of infection control for laboratory areas.
- (9) Principles and protocols of waterline maintenance.
- (10) Principles and protocols of regulated and nonregulated waste management.
- (11) Principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure requirements, and monitoring systems for radiation safety and sterilization systems.

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

- (1) Apply hand cleansing products and perform hand cleansing techniques and protocols.
 - (2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.
 - (3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.
 - (4) Pre-clean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.
 - (5) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.
 - (6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.
 - (7) Apply infection control protocol for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.
 - (8) Perform waterline maintenance, including use of water tests and purging of waterlines.
- (g) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.
- (h) This section shall remain in effect only until January 1, 2011, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2011, deletes or extends that date.

Following are the Board's regulations describing the minimum standards for infection control.

Title 16, Regulation Section 1005. Minimum Standards for Infection Control

- (a) Definitions of terms used in this section:
- (1) "Standard precautions" is a set of combined precautions that include the major components of universal precautions (designed to reduce the risk of transmission of blood borne pathogens) and body substance isolation (designed to reduce the risk of transmission of pathogens from moist body substances). Similar to universal precautions, standard precautions are used for care of all patients regardless of their diagnoses or personal infectious status.
 - (2) "Critical instruments" are surgical and other instruments used to penetrate soft tissue or bone.
 - (3) "Semi-critical instruments" are surgical and other instruments that are not used to penetrate soft tissue or bone, but contact oral tissue.
 - (4) "Non-critical instruments and devices" are instruments and devices that contact intact skin.
 - (5) "Low-level disinfection" is the least effective disinfection process, kills some bacteria, viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals.
 - (6) "Intermediate-level disinfection" kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed, but does not necessarily kill spores.
 - (7) "High-level disinfection" kills some, but not necessarily all bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses.
 - (8) All germicides must be used in accordance with intended use and label instructions.
 - (9) "Sterilization" kills all forms of microbial life.

(10) "Personal Protective Equipment" includes items such as gloves, masks, protective eyewear and protective attire (gowns/labcoats) which are intended to prevent exposure to blood and body fluids.

(11) "Other Potentially Infectious Materials" (OPIM) means any one of the following: (A) human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (B) any unfixed tissue or organ (other than intact skin) from a human (living or dead); (C) HIV-containing cell or tissue cultures, organ culture and blood, or other tissues from experimental animals.

(b) Licensees shall comply with infection control precautions mandated by the California Division of Occupational Safety and Health (Cal-DOSH).

(c) All licensees shall comply with and enforce the following minimum precautions to minimize the transmission of pathogens in health care settings:

(1) Standard precautions shall be practiced in the care of all patients.

(2) A written protocol shall be developed by the licensee for proper instrument processing, operatory cleanliness, and management of injuries.

(3) A copy of this regulation shall be conspicuously posted in each dental office.

Personal Protective Equipment:

(4) Health care workers shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear when treating patients whenever there is potential for splashing or spattering of blood or OPIM. After each patient, and during patient treatment if applicable, masks shall be changed if moist or contaminated. After each patient, face shields and protective eyewear shall be cleaned and disinfected, if contaminated.

(5) Health care workers shall wear reusable or disposable protective attire when their clothing or skin is likely to be soiled with blood or OPIM. Gowns must be changed daily or between patients if it should become moist or visibly soiled. Protective attire must be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal-DOSH Bloodborne Pathogens Standards. (Title 8, Cal. Code Regs., section 5193)

Hand Hygiene:

(6) Health care workers shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol based hand rub may be used as an alternative to soap and water.

(7) Health care workers who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves.

Gloves:

(8) Medical exam gloves shall be worn whenever there is a potential for contact with mucous membranes, blood or OPIM. Gloves must be discarded upon completion of treatment and before leaving laboratories or areas of patient care activities. Healthcare workers shall perform hand hygiene procedures after removing and discarding gloves. Gloves shall not be washed before or after use.

Sterilization and Disinfection:

(9) Heat stable critical and semi-critical instruments shall be cleaned and sterilized before use by using steam under pressure (autoclaving), dry heat, or chemical vapor. FDA cleared chemical sterilants/disinfectants shall be used for sterilization of heat-sensitive critical items and for high-level disinfection of heat-sensitive semi-critical items.

(10) Critical and semi-critical instruments or containers of critical and semi-critical instruments sterilized by a heat or vapor method shall be packaged or wrapped before sterilization if they are not to be used immediately after being sterilized. These packages or containers shall remain sealed unless the instruments within them are placed onto a setup tray and covered with a moisture impervious barrier on the day the instruments will be used and shall be stored in a manner so as to prevent contamination.

(11) All high-speed dental hand pieces, low-speed hand piece components used intraorally, and other dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be heat-sterilized between patients.

(12) Single use disposable instruments (e.g. prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips) shall be used for one patient only and discarded.

(13) Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal. Disposable needles, syringes, scalpel blades or other sharp items and instruments shall be placed into sharps containers for disposal according to all applicable regulations.

(14) Proper functioning of the sterilization cycle shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results must be maintained for 12 months.

Irrigation:

(15) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/irrigants must be delivered using a sterile delivery system.

Facilities:

(16) If items or surfaces likely to be contaminated are difficult to clean and disinfect they shall be protected with disposable impervious barriers.

(17) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a Cal-EPA registered, hospital grade low- to intermediate-level disinfectant after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal-EPA registered, hospital grade disinfectant.

(18) Dental unit water lines shall be anti-retractive. At the beginning of each workday, dental unit lines shall be purged with air, or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers and other devices. The dental unit line shall be flushed between each patient for a minimum of twenty (20) seconds.

(19) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.

Lab Areas:

(20) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a disinfected, sterilized, or new ragwheel shall be used for each patient. Devices used to polish, trim or adjust contaminated intraoral devices shall be disinfected or sterilized.

(21) Intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned and disinfected with an intermediate-level disinfectant before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth.

(d) The Board shall review this regulation annually.