INSTRUCTIONS FOR COMPLETING THE ULTRASONIC SCALING COURSE APPLICATION

These application instructions will guide you in providing documentation to demonstrate that your ultrasonic scaling Course will be compliant with all regulations and statutes that apply to it. It is your responsibility to provide thorough documentation of compliance.

Familiarize yourself with regulations that govern ultrasonic scaling courses by referencing the digital version of California Code of Regulations, title 16, sections 1070, 1070.1, and 1070.5. Statutory definitions related to dental assisting educational courses are found on the LegInfo website; consult Business and Professions Code section 1741.

- Complete the application in its entirety.
- Submit one hard copy of the application, supporting documentation, and application fee by mail.
- Once your submission is received, no addenda or amendments will be accepted prior to the Board's initial review.
- Label the supporting documentation to match the question numbers in the application. Attach the documents to the completed application form. Applications must have correct and consistent numbering and labeling of documentation.
- Two forms (forms 1 and 2) are provided at the end of the application (pages 7–8). You must complete, sign, date, and return these forms with your application.
- Three samples of supporting documentation are provided on pages 12–15 of these instructions, as a courtesy. The samples are provided for reference only. Documentation is not required to resemble the samples or maintain the same format.

If you have questions about the application, required forms, samples, instructions, or regulations, please email LPCU.DBC@dca.ca.gov. Board staff respond to emails within 48 hours.

TABLE OF CONTENTS

APPLICATION INSTRUCTIONS

Please Note: Supporting documentation is required for only the questions listed below. .

COURSE INFORMATION (APP. PAGE 1)

QUESTION 1: The name of the course provider is the name of the school or organization providing the course. The name of the course provider entered on the application must match the provider name on the student certificate of completion. Ensure there are no typos or inaccuracies in the provider name.

NOTE: The provider name cannot be changed once the course has been approved. If you want to change the provider name after approval, you must submit a new application under the new name.

QUESTION 2: The educational facility address is where course instruction will take place.

NOTE: If the application is approved, the approval is only valid for this one location. To offer the course at another location, you must submit a separate course application for each additional location.

QUESTION 7: To be able to answer "Yes" to this question, the agency must meet the following definition of accrediting or approving agency: An organization that evaluates and monitors educational institutions, programs, or courses for compliance with established standards. For example, the California Bureau for Private Postsecondary Education is considered an approving agency.

NOTE: Courses and course providers are NOT required to have accreditation or approval from another agency.

QUESTION 8: If the course or course provider is accredited or approved by another agency, submit proof of accreditation or approval for all accrediting or approving agencies.

COURSE DIRECTOR INFORMATION (APP. PAGE 2)

QUESTIONS 15–16: Submit proof of licensure. Examples: a copy of the current, active license issued by the Board or DHBC or a printout from the DCA License Search webpage. The course director must have been licensed for two years and possess a valid, active, and current license as a dentist or RDAEF issued by the Board; or as an RDA issued by the Board if the person has completed a Board-approved course in ultrasonic scaling; or as an RDH, RDHEF, or RDHAP issued by the DHBC. (16 CCR §§ 1070(b), (d); 1070.5(c)(1))

QUESTION 17: Submit supporting documentation. Examples: resume, professional biography, certifications, and other credentials. (16 CCR §§ 1070(d); 1070.5(c)(2))

QUESTION 18: Submit a copy of a valid certification card in basic life support (BLS) procedures, including cardiopulmonary resuscitation. The Board accepts BLS certification cards from the following providers: the American Red Cross, the American Heart Association, the American Safety and Health Institute, the American Dental Association's Continuing Education Recognition Program, or the Academy of General Dentistry's Program Approval for Continuing Education. (16 CCR § 1070(h))

QUESTIONS 19–22: Submit the required course director Acknowledgment of Responsibilities form (Form 1, page 7 of the application) signed and dated by the course director. (16 CCR §§ 1005(b)(2); 1070(b)(1)-(3), (c), (h), (j)(2)-(3); 1070.5(c)(2)(A)-(C), (f)(4))

COURSE INSTRUCTOR INFORMATION (APP. PAGES 2–3)

QUESTION 23: Submit the List of Approved Faculty form (Form 2, page 8 of the application) signed and dated by the course director.

QUESTIONS 24–25: Submit proof of licensure for each instructor. Examples: a copy of the license issued by the Board or DHBC, or a printout from the DCA License Search webpage. Instructors must be licensed for two years and possess a valid, active, and current license as a dentist or RDAEF issued by the Board; or as an RDA issued by the Board with completion of a Board-approved course in ultrasonic scaling; or as an RDH, RDHEF, or RDHAP issued by the DHBC. (16 CCR §§ 1070(d), 1070.5(c)(1))

QUESTION 26: Submit supporting documentation. Examples: resume, professional biography, certifications, and other credentials. (16 CCR §§ 1070(d), 1070.5(c)(1))

QUESTION 27: Submit a copy of a valid certification card in basic life support (BLS) procedures, including cardiopulmonary resuscitation, for each instructor. The Board accepts BLS certification cards from the following providers: the American Red Cross, the American Heart Association, the American Safety and Health Institute, the American Dental Association's Continuing Education Recognition Program, or the Academy of General Dentistry's Program Approval for Continuing Education.(16 CCR § 1070(h))

COURSE PREREQUISITES (APP. PAGE 3)

QUESTIONS 28–33: Submit supporting documentation. Example: a written statement indicating proof of completed required prerequisites will be collected from students before they are enrolled, and the course director will keep a copy of this evidence in the student records. (BPC § 1752.1(c)(1)(A)-(B), (c)(2)(B), (c)(3)-(4); 16 CCR §§1070(b)(1), (h); 1070.5(b), (c)(2)(B)(iii))

COURSE HOURS (APP. PAGE 3)

QUESTION 34: The required minimum number of hours of total instruction is four hours. (16 CCR § 1070.5(d))

QUESTION 35: The required minimum number of hours for didactic instruction is two; the required minimum number of hours for laboratory instruction is two. (16 CCR § 1070.5(d))

INSTRUCTIONAL AND FACILITY RATIOS (APP. PAGE 3)

QUESTION 36: Provide the maximum number of students enrolled in the course at any one time. This information is needed to verify compliance with facilities, equipment, scheduling, and instructor-student ratio requirements. (16 CCR §§1070(f); 1070.5(f); (g)(6))

FACILITIES, OPERATORIES, EQUIPMENT, AND ARMAMENTARIA (APP. PAGES 3–4)

QUESTION 39: Submit a course schedule specifying the educational facility where instruction will be provided; the educational facility's days and hours of operation; the days, times and location of each class; the type of instruction for each class; the number of students enrolled at any one time; the number of instructors; and the number of operatories. For each type of instruction, the hours indicated on the schedule must add up correctly to the number of hours stated on the application form (questions 36–37). See page 12 of these instructions for sample course schedule. (16 CCR §§ 1070(f), (f)(2); 1070.3(f), (g)(6)-(7))

QUESTIONS 40–45: Submit a diagram of the instructional facility with dimensions including the lecture classrooms, laboratory/laboratories with sterilization area(s), operatories, and the location of all required equipment and armamentaria. If the course will offer all didactic instruction online, the diagram does not need to include a lecture classroom (see question 39). (16 CCR §§ 1070(f)-(g), 1070.5(f))

QUESTIONS 46–51: Submit a detailed list of equipment, armamentaria, and supplies, including location and quantities. Include equipment, armamentaria, and supplies needed to follow infection control protocols that complying with the Board's Minimum Standards for Infection Control. (16 CCR §§ 1005; 1070(f)(1), (2)(A); 1070.5(f)(2)(A), (3))

INFECTION CONTROL AND EMERGENCY MANAGEMENT (APP. PAGE 4–5)

QUESTION 52: Submit the written course laboratory protocols ensuring adequate asepsis, infection and hazard control, and disposal of hazardous wastes, and complying with the Board's regulations and other federal, state, and local requirements. For information on the required contents of the protocols, see the Guide to Infection Control Requirements on pages 9–11 of these instructions. (16 CCR §§ 1005, 1070(g), 1070.5(f)(4))

QUESTION 53: Submit documentation explaining how the protocols described in question 52 will be provided to all students, faculty, and instructional staff. (16 CCR §§1070(g), 1070.5(f)(4))

QUESTION 54: Submit the written course protocol for instrument processing, operatory cleanliness, and management of injuries, and a description of how it will be maintained and periodically updated. (16 CCR § 1005(b)(2))

QUESTION 55: Submit documentation explaining how the protocol described in question 54 will be made available to all dental healthcare personnel. (16 CCR § 1005(b)(2))

QUESTION 56: Submit a photograph verifying that a copy of the Minimum Standards for Infection Control is posted in the lab area where everyone can see them. (16 CCR § 1005(b)(3))

QUESTION 57: Submit a copy of the written policy on managing emergency situations. (16 CCR § 1070(h))

QUESTION 58: Submit documentation explaining how the policy described in question 57 will be made available to all students, faculty, and instructional staff. (16 CCR § 1070(h))

COURSE OUTLINE AND CURRICULUM CONTENT (APP. PAGE 5)

QUESTION 59: Submit a detailed course outline that includes all the content listed in question 59. (16 CCR §§ 1070(i), 1070.5(g)(2)-(3), (g)(5))

The names of the areas of instruction must match the titles listed in 16 CCR § 1070.5(g)(5). The titles are listed in the following table. Note that some areas of instruction are Major, and some are Minor. Provide the following content for the Major Areas ONLY:

- Method of delivery (that is, didactic or laboratory)
- Hours of instruction
- Instructional objectives
- Theoretical content and use of practical application, if applicable

AREA TYPE	AREA TITLE	CITATION
Major	Ultrasonic Scaling Basics	16 CCR § 1070.5(g)(5)(A)
Minor	Legal requirements.	16 CCR § 1070.5(g)(5)(A)(i.)
Minor	Description and goals of ultrasonic scaling.	16 CCR § 1070.5(g)(5)(A)(ii.)
Minor	Indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal.	16 CCR § 1070.5(g)(5)(A)(iii.)
Minor	Criteria for acceptable cement removal from orthodontically banded teeth.	16 CCR § 1070.5(g)(5)(A)(iv.)
Major	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.	16 CCR § 1070.5(g)(5)(B)
Major	Armamentarium and equipment use and care.	16 CCR § 1070.5(g)(5)(C)
Major	Principles of cement removal from orthodontically banded teeth.	16 CCR § 1070.5(g)(5)(D)
Minor	Characteristics of ultrasonic scaler units and tips for cement removal.	16 CCR § 1070.5(g)(5)(D)(i.)
Minor	Instrument grasp and fulcrum techniques.	16 CCR § 1070.5(g)(5)(D)(ii.)
Minor	Purposes and techniques of the mouth mirror for indirect vision and retraction.	16 CCR § 1070.5(g)(5)(D)(iii.)
Minor	Characteristics, manipulation and care of ultrasonic scaler when removing excess cement from orthodontically banded teeth.	16 CCR § 1070.5(g)(5)(D)(iv.)
Minor	Effects of ultrasonic scalers on hard and soft tissue including root damage, enamel damage, thermal damage, and soft tissue damage.	16 CCR § 1070.5(g)(5)(D)(v.)
Minor	Patient and operator safety including systemic medical complications and managing patients with pacemakers.	16 CCR § 1070.5(g)(5)(D)(vi.)
Minor	Use of adjunct material for removal of excess cement from orthodontically banded teeth.	16 CCR § 1070.5(g)(5)(D)(vii.)
Minor	Techniques for removal of excess cement from orthodontically banded teeth on a banded typodont.	16 CCR § 1070.5(g)(5)(D)(viii.)
Minor	Evaluation criteria for removal of excess cement by an ultrasonic scaler on a banded typodont.	16 CCR § 1070.5(g)(5)(D)(ix.)
Major	Infection control protocols	16 CCR § 1070.5(g)(5)(E)

QUESTION 60: Submit curriculum content, covering each area of instruction. Examples of curriculum content include PowerPoint slides, lesson plans, and photocopies of textbook chapters used in the course. The names of the areas of instruction in the curriculum content must match the names of the areas of instruction in the course outline, and both must match the titles listed in 16 CCR § 1070.5(g)(5). (16 CCR §§ 1070(i), 1070.5(g)(2), (g)(5))

EVALUATIONS, EVALUATION CRITERIA, AND EXAMINATIONS (APP. PAGES 5–6)

QUESTION 66: Submit documentation showing how the course will assess student competency prior to course completion (as listed in 16 CCR § 1070.5(i)(1)(A)-(J)). Examples of acceptable documentation include a check-off of these competencies, an examination, or a laboratory experience evaluation form. Along with the documentation, submit the objective evaluation criteria to be provided to the student for this assessment. The objective evaluation criteria must include:

- Objective evaluation criteria for each component of a performance-evaluated procedure, including objectives for all performance-evaluated procedures.
- The minimum number of satisfactory performances that are required for each performance-evaluated procedure.

- The steps causing the student to fail the performance-evaluated procedures.
- A description of each of the grades that may be assigned.

(16 CCR §§ 1070(I)(1)-(3), 1070.5(g)(4), (i)(1)(A)-(J))

QUESTION 67: Submit a copy of the written examination outline reflecting the entire course curriculum, including the areas of instruction as described in 16 CCR § 1070.5(g)(5) and the required student competencies listed in 16 CCR § 1070.5(i)(1)(A)-(J). The names of the topics tested on the written examination must be consistent with the names of the areas of instruction indicated on the course outline (question 59). The wording in regulations must be followed. Along with the examination outline, submit the grading criteria to be provided to the student.
(16 CCR §§ 1070(i)(3); 1070.5(g)(5), (i)(1)(A)-(J), (i)(2))

QUESTION 68: Submit documentation that students will be assessed for clinical competence in the performance of ultrasonic scaling by means of a laboratory examination on two orthodontically banded typodonts. The documentation may be in the form of a laboratory examination evaluation form. Along with the documentation, submit the objective evaluation criteria to be provided to the student for this assessment. The objective evaluation criteria must include:

- Objective evaluation criteria for each component of a performance-evaluated procedure, including objectives for all performance-evaluated procedures.
- The minimum number of satisfactory performances required for each performance-evaluated procedure.
- The steps causing the student to fail the performance-evaluated procedures.
- A description of each of the grades that may be assigned.

(16 CCR §§ 1070(I)(1)-(3), 1070.5(g)(4), (i)(3))

QUESTIONS 69–70: Ensure the documentation for question 68 includes evidence that the orthodontically banded typodonts used for the laboratory examination meet these requirements. Alternatively, ensure this evidence is present in the equipment list provided in response to questions 46–51.

COURSE CERTIFICATE OF COMPLETION (APP. PAGE 6)

QUESTION 71: Submit a copy of the course certificate of completion. See page 15 of these instructions for a sample certificate. Note the following:

- The course provider name and course address on the certificate must be exactly the same as those provided on the application form (questions 1–2).
- The total hours of the course must reflect the total hours presented in the application and must be a minimum of 4 hours.
- The dates of completion of the course must be labeled “Dates of Completion of Course” and must include a start date and an end date.
- The name of the course must be “Ultrasonic Scaling Course.”
- A space for the Board-Issued Approval Number must be included and labeled “Board-Issued Approval Number.”
- The certificate must include the signature of the course provider, director, administrator, or their designee. The signature may be wet or computer-generated, but it cannot be typed.

(BPC § 1741(e); 16 CCR §§ 1070(e), 1070.5(e))

ACRONYMS

BPC: Business and Professions Code

CCR: California Code of Regulations; Note: 16 CCR § 1070, (i) refers to title 16, section 1070, subsection (i) in the California Code of Regulations

DHCP: Dental Health Care Personnel

EDC: Education Code

OPIM: Other Potentially Infectious Materials

RDA: Registered Dental Assistant

RDAEF: Registered Dental Assistant in Extended Functions

RDH: Registered Dental Hygienist

RDHAP: Registered Dental Hygienist in Alternative Practice

RDHEF: Registered Dental Hygienist in Extended Functions

GLOSSARY

The following terms are defined by California Code of Regulations (CCR). When these terms are used in the application and instructions, they refer to the specific definition in the CCR.

"**Ultrasonic scaling**" means the removal of excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler.

"**Board**" refers to the Dental Board of California.

"**Certificate of completion**" means a certificate that shall include, at minimum, the participant's name, the name of the course completed, the name of the course provider, including the Board-issued approval number, the date or date range of completion of the course, the number of completed hours of the course, and the signature of the course provider, director, administrator, or their designee that verifies the participant has successfully completed the course. (BPC § 1741(e))

"**Course director**" means the person who is responsible for all the activities listed in the "Course Director Acknowledgement of Responsibilities." It is not required that the course director have the official title of "course director" within the organization. (16 CCR §§ 1070(b)-(c), (h), (j); 1070.5(c), (h)(2), (4))

"**Didactic instruction**" means lectures, demonstrations, and other instruction involving theory that may or may not involve active participation by students. The faculty or instructional staff of an educational institution or approved provider may provide didactic instruction via electronic media, home study materials, or live lecture modality. (16 CCR § 1070.1(b))

"**Laboratory instruction**" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. (16 CCR § 1070.1(d))

"**Dental health care personnel (DHCP)**" means all paid and non-paid personnel in the dental healthcare setting, including a laboratory or clinical facility, who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel). (16 CCR § 1005(a)(13))

"**Other potentially infectious materials**" (OPIM) means any one of the following: (16 CCR § 1005(a)(12))

(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) Any of the following, if known or reasonably likely to contain or be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV):

1. Cell, tissue, or organ cultures from humans or experimental animals;
2. Blood, organs, or other tissues from experimental animals; or
3. Culture medium or other solutions.

GUIDE TO INFECTION CONTROL REQUIREMENTS

The following required content must appear in the written laboratory protocols for infection control. These requirements are specified in 16 CCR § 1005.

1. Attestation that all dental healthcare personnel (DHCP) comply with infection control precautions.
2. Attestation that the course will enforce all of the following minimum precautions to protect patients and DHCP and minimize the transmission of pathogens in health care settings as mandated by Cal/OSHA:

    a. Standard precautions shall be practiced in the care of all patients.

    b. A written protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries, which will be made available to all DHCP involved in the course, including students, faculty, and instructional staff.

    c. A copy of CCR, title 16, section 1005 "Minimum Standards for Infection Control" shall be posted where laboratory instruction is performed where everyone can see them.

    d. All DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM. Chemical-resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals. After each patient treatment, masks shall be changed and disposed. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed.

    e. Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All DHCP shall wear reusable or disposable protective attire whenever there is a potential for aerosol spray, splashing or spattering of blood, OPIM, or chemicals and germicidal agents. Protective attire must be changed daily or between patients if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (8 CCR § 5193).

    f. All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday. DHCP 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. Hands shall be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from providing direct patient care if hand conditions are present that may render DHCP or patients more susceptible to opportunistic infection or exposure.
    (16 CCR § 1005(b)(6).)

g. All DHCP 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.

h. Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use.

i. 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 as close as possible to the point of use according to all applicable local, state, and federal regulations.

j. All germicides must be used in accordance with intended use and label instructions.

k. Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions.

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

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

n. Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used.

o. All high-speed dental hand pieces, low-speed hand pieces, rotary components and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be packaged, labeled and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item.

p. Single use disposable items such as prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves shall be used for one patient only and discarded.

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

r. 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.

s. If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection, they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients.

t. Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal/EPA) registered, hospital grade low- to intermediate-level germicide 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. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and DHCP shall follow all material safety data sheet (MSDS) handling and storage instructions.

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

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

w. Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new rag-wheel shall be used for each patient. Devices used to polish, trim, or adjust contaminated intraoral devices shall be disinfected or sterilized, properly packaged or wrapped and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the instruments shall be recleaned, packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination.

x. All 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.

(8 CCR §§ 3203-3205.3, 5193, 5199)

SAMPLE 1: ULTRASONIC SCALING COURSE SCHEDULE
(Question 39)

ULTRASONIC SCALING COURSE SCHEDULE

Maximum number of students enrolled in the course at one time: _____

Educational facility location: Acme Dental Office, 123 Sample St., Normaltown, CA 90000

Days and hours of operation: Saturday, 9am – 6 pm; Sunday 9am – 5 pm

DIDACTIC INSTRUCTION	
Class Title:	Ultrasonic Scaling Didactic Instruction
Type of Instruction:	Didactic
Day, start time, end time:	Day 1, 9 am - 11 pm (2 hours)
Names of Instructor(s):	Sally Jones
Number of students in the class:	
Location of class:	Lecture room/123 Sample St., Normaltown, CA 90000

LABORATORY INSTRUCTION	
Class Title:	Ultrasonic Scaling Laboratory Instruction
Type of Instruction:	Laboratory
Day, start time, end time:	Day 1, 12 pm - 2 pm (2 hours)
Names of Instructor(s):	Sally Jones
Number of Orthodontically Banded Typodonts:	
Number of Ultrasonic Units:	
Number of students in the class:	
Location of class:	Laboratory space/123 Sample St., Normaltown, CA 90000

SAMPLE 2: LABORATORY EXAMINATION FORM (Question 68)

[Course Provider Name]
Ultrasonic Scaling Course
Student Evaluation Sheet

Student's Name:	**Date:**
Supervising Instructor Name:	**Supervising Instructor Initials:**
Pass/Fail:	**Points:**

Objective: Student will be able to satisfactorily complete all of the following activities related to minimum competence in ultrasonic scaling.

The laboratory examination will be performed on two orthodontically banded typodonts representing all four quadrants and having been banded using cementation product(s) easily visible to the operator.

Minimum number of satisfactory performances required for each procedure: _____

For each activity below, use this sheet to grade competency. Place a numerical grade as each activity is performed.

*Indicates a failed attempt, and the procedure component must be repeated until a grade of at least "2" is achieved.

Total grade points possible for this evaluation = 15 (100%)

Number of points required to pass with minimal proficiency = 10

Grade Point Potential	***Description of Grade***
3	Performed exceptionally well and above acceptable standards.
2	Clinically acceptable performance of procedure component.
1*	Performance requires more attention in one or more areas.
0*	Unacceptable attempt.

Failure to successfully complete any activity will result in the student failing the laboratory experience.

Activity	Supervising Instructor Evaluation	Date of Evaluation	Comments
Utilize proper armamentaria in an organized sequence for the use of an ultrasonic scaler in cement removal on an orthodontically banded typodont.			
Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction.			
Demonstrate the proper techniques for removal of cement from teeth under orthodontic treatment without causing damage to hard and soft tissues, removing cement from underneath appliances, or loosening appliances.application of etchant and sealant material.			
Maintain aseptic techniques including disposal of contaminated material.			
Apply infection control protocols related to ultrasonic scaling.			

SAMPLE 3: EXAMPLE OF CERTIFICATE OF COMPLETION

(Question 71)

This sample certificate contains all the information required by BPC section 1741(e).

ABC DENTAL ASSISTING SCHOOL
123 Sample Street, Suite 1, Normaltown, CA 90000 | Board-Issued Approval No: US000

CERTIFICATE OF COMPLETION

This certifies that on

December 10, 2024, through December 11, 2024,
DATE(S) OF COMPLETION OF COURSE

EXAMPLE

Jane Doe

successfully completed
4 hours of the
ULTRASONIC SCALING COURSE.

Janice Roe
Janice Roe, *Course Director*

DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | **F** (916) 263-2140 | www.dbc.ca.gov

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