

**TITLE 16. DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS**

NOTICE OF PROPOSED REGULATORY ACTION CONCERNING:

MINIMUM STANDARDS FOR INFECTION CONTROL

NOTICE IS HEREBY GIVEN that the Dental Board of California (Board) is proposing to take the action described in the “Informative Digest/Policy Statement Overview” section listed below, after considering all comments, objections, and recommendations regarding the proposed action.

PUBLIC HEARING

The Board has not scheduled a public hearing on this proposed action. The Board will, however, hold a hearing if it receives a written request for a public hearing from any interested person, or his or her authorized representative, no later than 15 days prior to the close of the written comment period. A hearing may be requested by making such request in writing addressed to any of the individuals listed under “Contact Persons” in this notice.

WRITTEN COMMENT PERIOD

Written comments relevant to the action proposed, including those sent by mail, facsimile, or e-mail to the addresses listed under “Contact Persons” in this Notice, must be received by the Board at its office no later than by **November 30, 2026** or must be received by the Board at the hearing, should one be scheduled.

AUTHORITY AND REFERENCE:

Pursuant to the authority vested by Business and Professions Code (BPC) section 1614, and to implement, interpret or make specific BPC section 1680, the Board is considering making changes to Division 10 of Title 16 of the California Code of Regulations.

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

The Dental Board of California (Board) licenses and regulates approximately 104,000 dental professionals pursuant to the provisions of the Dental Practice Act (“Act” – Bus. & Prof. Code, §§ 1600 and following, including dentists, registered dental assistants (RDAs), registered dental assistants in extended functions (RDAEFs), dental sedation assistants (DSAs), and orthodontic assistants (OAs). The Board also sets the duties and functions of unlicensed dental assistants and establishes standards for the issuance of

permits to administer anesthesia and sedation. In carrying out this complex work, the Board's highest priority is the protection of the public.

BPC section 1614 authorizes the Board, in accordance with the Administrative Procedure Act (APA) (Government Code section 11400 et seq.), to adopt, amend, or repeal rules and regulations concerning the administration and enforcement of the Act. Business and Professions Code (BPC) section 1680, subdivision (ad), makes it unprofessional conduct, and therefore a ground for discipline to, without good cause, knowingly fail to protect patients by failing to follow infection control guidelines of this Board.

BPC section 1680(ad) further requires the Board to review infection control guidelines (Guidelines), if necessary, on an annual basis. Proposed changes to the Guidelines must also be reviewed by the Dental Hygiene Board of California (DHBC) by law. Section 1680, subdivision (ad), requires the DHBC to submit any recommended changes to the Guidelines to the Board for review “to establish a consensus.” According to existing Board regulations, licensees are specifically required to comply with the Board’s Guidelines, enforce them in their facilities, and maintain a written infection control protocol that is available to all dental healthcare personnel (DHCP).

The Board has adopted its Guidelines at California Code of Regulations (hereinafter “CCR”), title 16, section 1005, which were last revised in 2011. At that time, the purpose for amending the regulation was to revise the Board’s existing infection control regulations to conform with recent updates in the Centers for Disease Control’s (CDC) “Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008” and incorporate revisions made to regulations of the California Division of Occupational Safety and Health (“Cal/OSHA”) at California Code of Regulations, title 8, section 5193. Although Cal/OSHA’s regulation has not been revised since 2009, the CDC’s healthcare facilities guidelines were last updated in June 2024. Further, the CDC has also released other publications since 2011 that relate to infection prevention practices in dental settings, and there have been changes in California law and dentistry practice that should also be considered.

Beginning on April 15, 2024, the Board’s and DHBC’s working groups met to discuss possible updates to the Guidelines and further develop specific recommendations for discussion and possible action at Dental Assisting Council (Council), DHBC, and Dental Board meetings. These working groups met several times over a one-year period to consider possible updates and to draft proposed language for consideration by both Boards that included clarifying language and suggested amendments to reflect current minimum standards for infection control. The DHBC held public meetings in November 2024 and this Board held meetings in February 2025 to receive input on the working groups’ joint recommendations.

After consideration of prior public comments on this issue, the final proposed language recommended by the two working groups was considered and approved by the Dental

Board at its May 14, 2025, Board meeting. Board staff submitted the proposed text to the DHBC for review and consensus. At its meeting on July 19, 2025, the DHBC approved the Dental Board's approved proposed language, and thereby reached consensus with the Board.

The proposed language contains updated Guidelines recommended by the Board's and the DHBC's subject matter experts and approved by both Boards. These updated Guidelines would include the following amendments to CCR section 1005:

(1) revised definitions in subsection (a) for standard precautions, critical items, semi-critical items, non-critical items, low-level disinfection, intermediate-level disinfection, high-level disinfection, sterilization, cleaning, personal protective equipment (PPE), other potentially infectious materials (OPIM) and dental healthcare personnel (DHCP), as specified. In addition, the list of subjects covered by "standard precautions" would be updated to include hand hygiene "protocols and hand care," use of personal protective equipment, procedures for patient care items, safe handling and disposal of contaminated medical waste, respiratory hygiene or cough etiquette, and use of disinfectant agents in accordance with this section. Amendments would also specify that standard precautions shall be used for care of all patients regardless of "the procedure performed or the health history of the patient."

(2) New definitions in subsection (a) for "Instrument/device classifications," "Disinfect" or "disinfection", "Disinfection classifications", "Cal/EPA-registered" and "Contaminated medical waste" would be added to resolve potential ambiguities in new or existing language. The term and definition for "germicide" is proposed to be repealed since it would be replaced by the more accurate term "disinfectant" throughout this proposal, as specified.

(3) updated minimum infection control standard precautions in subsection (b), including:

(A) removal of requirements for a "written protocol" that is "periodically updated" and the addition of a new requirement for a "written infection control plan" as specified that is readily available to all DHCP at the treatment facility and reviewed and updated at least "annually" by the employer or employer-designated representative responsible for infection control compliance, and as needed to maintain compliance with CCR section 1005. A copy of CCR section 1005 must be included in the written infection control plan.

(B) revised requirements for using surgical facemasks, protective eyewear (safety glasses with side shields bearing evidence of compliance with American National Standard for Occupational and Education Personal Eye and Face Protection Devices ANSI/ISEA Z87.1-2020 (the "Z87" marking), chin-length face shields and face visors,

chemical and puncture-resistant utility gloves and chemical-resistant PPE, reusable protective eyewear, face shields and visors, and protective attire.

(C) revised requirements for hand hygiene protocols and hand care, including hand washing, the use of alcohol-based hand rubs, and prohibitions on providing direct patient care and handling equipment if hand conditions such as “lesions,” “rash” or “weeping dermatitis” exist.

(D) revised requirements for wearing medical examination gloves, and chemical and puncture-resistant utility gloves, and the circumstances when gloves must be discarded. The proposal would add further specificity regarding when to perform hand hygiene protocols and hand care procedures and further specifies the prohibitions on reusing medical examination gloves. The proposal also specifies chemical and puncture-resistant utility gloves shall be cleaned and disinfected or sterilized.

(E) updated standard precautions and protocols for cleaning, sterilizing and disinfecting items or surfaces, including use of EPA-registered products, the prescribed order for standard precautions for disinfection and sterilization, requirements for cleaning critical and semi-critical instruments if sterilized package is compromised (e.g., wet, torn or punctured), requirements for cleaning and disinfecting non-critical surfaces and patient care items, new standards for confirming results and the proper functioning of the sterilization cycle of all sterilization devices, and new requirements for the use and inspection of a chemical indicator inside every sterilization package.

(F) the addition of new requirements for using sterile water or other irrigation solutions containing disinfecting or antibacterial properties when performing procedures on exposed dental pulp to ensure all minimum standards for infection control are in one location.

(G) revised requirements for facilities (renamed more precisely “Treatment Facilities”) that includes requirements for non-critical items or clinical contact surfaces to be “physically covered” with disposable impervious barriers “approved by the FDA and designed by the manufacturer for that purpose,” the use of an intermediate level disinfectant on clinical contact surfaces if physically contaminated with blood, and the addition of a requirement that dental unit water lines shall be monitored or tested routinely in accordance with manufacturer’s instructions.

(H) the addition of new requirements for laboratory equipment cleaning (including handpieces, polishing (rag) wheels, grinding wheels, and laboratory burs, used to polish, trim, or adjust contaminated appliances and intraoral prosthetic devices), requirements for heat sterilization or disposal (for single use items), storage requirements, and requirements for cleaning and disinfection of “intraoral items”

before “and after” manipulation in the laboratory and before placement in the patient’s mouth.

(l) the addition of new “respiratory hygiene/cough etiquette” requirements to contain respiratory secretions and to prevent droplet and fomites transmission of respiratory pathogens, especially during seasonal outbreaks of viral respiratory infections such as influenza, RSV, adenovirus, parainfluenza virus, or SARS-CoV-2 (COVID-19) virus, as specified.

(3) The addition of a new training requirement in subsection (c) for all dental healthcare personnel (DHCP) who are employers of other DHCP to provide their DHCP with a training program on the minimum standards required by this section and their written infection control plan specified in subsection (b).

The training program shall be provided at no cost and during working hours as follows: (A) prior to assignment to tasks where OPIM exposure may take place, and, (B) within one year of the date of the DHCP's previous training thereafter. Additional training would be required prior to or by the effective date of any change to the minimum standards in this section or to the written infection control plan specified in subsection (b)(2). The additional training may be limited to addressing the changes in the standards required by this section or the written infection control plan.

(4) The repeal of the requirement for the Board and the Dental Hygiene Committee of California to review this regulation annually. This would not prevent the Board or the DHBC from meeting annually but rather remove the policy statement mandating annual reviews and establishing a “consensus” since it does not appear to be necessary. BPC section 1680(ad) already requires the two Boards to review the Guidelines on an annual basis “if necessary” and to review the Guidelines to establish a “consensus.”

(5) A footnote at the bottom of the regulation would be removed as those references are no longer accurate or provide any useful website or telephone information regarding Cal/EPA contacts.

ANTICIPATED BENEFITS OF PROPOSED REGULATIONS:

The Board has determined that this regulatory proposal will have the following benefits to the health and welfare of California residents:

Updates to the Board’s Guidelines for infection control establish the minimum infection prevention and control standards required of all dental healthcare personnel (DHCP) covered by this proposal to protect the health and safety of patients, staff, and the broader community. It ensures alignment with, and enforcement of, current evidence-based practices and supports statewide consistency in the delivery of safe dental care.

The proposal helps safeguard public health by ensuring that all DHCP adhere to up-to-date infection prevention and control practices to help ensure currency of scientific knowledge, preparation for emerging infectious threats, and use of advancements in dental technology including compliance with:

- Standard precautions
- Protocols for cleaning, sterilization, and disinfection of instruments and devices
- Requirements for clinical surface cleaning and disinfection
- Dental unit waterline quality and maintenance standards
- Personal protective equipment (PPE) use requirements
- Hand hygiene protocols and hand care standards
- Respiratory hygiene/cough etiquette measures
- Staff training and documentation of compliance requirements

Updating and enforcing infection control standards strengthens patient and worker safety, reduces the risk of bloodborne infectious diseases, promotes consistency in safeguards across dental practices, and enhances public trust in the state's dental care system.

This regulatory proposal benefits worker safety because the regulatory proposal updates the minimum required standards for cleaning, sterilization, PPE use, and injury management, incorporating current scientific evidence, reducing exposure to infectious materials, standardizing handling of sharps and other instruments, and ensuring all staff are trained and following consistent, up-to-date safety practices.

This regulatory proposal does not affect the state's environment. The proposal impacts the minimum infection control standards required to be used by all dental health care personnel in all dental treatment facilities; however, those safety standards should not impact the state's environment.

EVALUATION OF CONSISTENCY AND COMPATIBILITY WITH EXISTING STATE REGULATIONS

During the process of developing this regulatory proposal, the Board has conducted a search of any similar regulations on these topics and has concluded that these proposed regulations are neither inconsistent nor incompatible with existing state regulations.

DISCLOSURES REGARDING THIS PROPOSED ACTION

FISCAL IMPACT ESTIMATES:

Fiscal Impact on Public Agencies Including Costs or Savings to State Agencies or Costs/Savings in Federal Funding to the State: None. The

proposed regulation does not result in a fiscal impact to the state.

The Board currently ensures compliance with its regulation through its robust inspection program, involving both routine and investigatory inspections. This proposal is not anticipated to result in additional workload or costs to the Board.

The regulations do not result in costs or savings in federal funding to the state.

Nondiscretionary Costs/Savings to Local Agencies: None.

Local Mandate: None.

Cost to Any Local Agency or School District for Which Government Code Sections 17500 - 17630 Require Reimbursement: None.

Significant Effect on Housing Costs: None.

Business Impact Estimates:

The Board has made the initial determination that the proposed regulations will not have a significant statewide adverse economic impact directly affecting businesses including the ability of California businesses to compete with businesses in other states.

This initial determination is based on the following facts or other evidence:

The proposal consolidates and updates existing minimum standards applicable to all dental healthcare personnel in a treatment facility consistent with current dentistry practice. It would also include a new requirement to have a written infection control plan and for employers to provide training on that plan at no cost to their employees during working hours; a copy of this regulation would need to be included in the plan.

Existing Board regulations already require employers to post the Board's infection control regulation and have a written protocol developed, maintained and periodically updated for proper instrument processing, operator cleanliness and management of injuries; the protocol must be made available to all personnel at the dental office. Existing Cal/OSHA regulations also already require dental healthcare personnel employers to provide training to their employees on the employer's exposure control plan at no cost to their employees during working hours. As a result, licensees are anticipated to comply with these provisions within normal business operations.

The regulations establish equipment and supply guidelines with estimated costs per unit as follows:

- Disinfectant cleaner (Cal/EPA-registered low-level): \$30 – \$50 per gallon
- Disinfectant cleaner (Cal/EPA-registered intermediate-level): \$35 – \$60 per gallon
- Disinfectant cleaner (Cal/EPA-registered high-level): \$50 – \$87.50 per gallon
- Safety glasses with side shields (ANSI/ISEA Z87.1-2020): \$7.50 – \$12.50
- Single-use disposable surgical facemask: \$0.15 – \$0.23
- Chin-length face shield or face visor: \$1.45 – \$2.50
- Chemical and puncture-resistant utility gloves: \$5.80 – \$8.30
- Protective attire gowns (reusable per Cal/OSHA): \$20 – \$30
- Protective attire gowns (disposable): \$0.70 – \$1.20
- Hand soap: \$25 – \$40 per gallon
- Alcohol-based hand rub (60-95% concentration): \$25 – \$9.17 per 1,200 ml
- Medical examination gloves (disposable): \$0.05 – \$0.07
- Sterilization package with chemical indicator: \$0.05 – \$0.08

Note: Estimated costs per unit (see Initial Statement of Reasons for additional details)

The Board notes it does not have a total cost impact estimate because most licensees are already in compliance with the proposed standards. Additionally, the rate of consumption for licensees is unknown. As a result, any incremental cost impact cannot be determined at this time. However, licensees are anticipated to comply with the proposed regulations within normal business operations.

Cost Impact on Representative Private Person or Business:

The cost impacts that a representative private person or business would necessarily incur and reasonable compliance with the proposed action and that are known to the Board are:

As noted above in the “Business Impact Estimates” section, the costs should be minimal to include the Board’s minimum standards as part of the employer’s infection control plan and all the new items specified in this regulation are anticipated to be currently available in dental offices.

The Board notes it does not have a total cost impact estimate because most licensees are already in compliance with the proposed standards. Additionally, the rate of consumption for licensees is unknown. As a result, any incremental cost impact cannot be determined at this time. However, licensees are anticipated to comply with the proposed regulations within normal business operations.

EFFECT ON SMALL BUSINESS:

While the Board does not have, nor does it maintain, data to determine if any of its licensees (dentists) are a “small business,” as defined in Government Code section 11342.610, the Board has made an initial determination that the proposed regulatory action will not have a significant impact on employer licensees who own small businesses because employer licensees are anticipated to comply with the regulations within normal business operations at minimal costs as noted above in the “Business Impact Estimates” section.

Although the proposed regulation will directly affect individual licensees who are employers statewide, which may include potential small business owners, the Board does not anticipate any adverse economic impact to small businesses.

The Board notes it does not have a total cost impact estimate because most licensees are already in compliance with the standards. Additionally, the rate of consumption for licensees is unknown. As a result, any incremental cost impact cannot be determined at this time. However, licensees are anticipated to comply with the proposed regulations within normal business operations.

RESULTS OF ECONOMIC IMPACT ASSESSMENT/ANALYSIS:

Impact on Jobs/Businesses:

The Board has determined that this regulatory proposal will not have a significant impact on the creation of jobs or new businesses or the elimination of jobs or existing businesses or the expansion of businesses in the State of California because the costs of complying with the revised regulations are minimal compared to the revenue businesses generate by providing dental services.

Benefits of Regulation:

The Board has determined that this regulatory proposal will have the following benefits to the health and welfare of California residents:

Updates to the Board’s Guidelines for infection control establish the minimum infection prevention and control standards required of all dental healthcare personnel (DHCP) covered by this proposal to protect the health and safety of patients, staff, and the broader community. It ensures alignment with, and enforcement of, current evidence-based practices and supports statewide consistency in the delivery of safe dental care.

The proposal helps safeguard public health by ensuring that all DHCP adhere to up-to-date infection prevention and control practices to help ensure currency of scientific knowledge, preparation for emerging infectious threats, and use of advancements in

dental technology including compliance with:

- Standard precautions
- Protocols for cleaning, sterilization, and disinfection
- Requirements for clinical surface cleaning and disinfection
- Dental unit waterline quality and maintenance standards
- Personal protective equipment (PPE) use requirements
- Hand hygiene protocols and hand care standards
- Respiratory hygiene/cough etiquette measures
- Staff training and documentation of compliance requirements

Updating and enforcing infection control standards strengthens patient safety, reduces the risk of bloodborne infectious diseases, promotes consistency in safeguards across dental practices, and enhances public trust in the state's dental care system.

This regulatory proposal benefits worker safety because the regulatory proposal updates the minimum required standards for cleaning, sterilization, PPE use, and injury management, incorporating current scientific evidence, reducing exposure to infectious materials, standardizing handling of sharps and other instruments, and ensuring all staff are trained and following consistent, up-to-date safety practices.

This regulatory proposal does not affect the state's environment. The proposal impacts the minimum infection control standards required to be used by all dental health care personnel in all dental treatment facilities; however, those safety standards should not impact the state's environment.

Business Reporting Requirements

The regulatory action does not require businesses to file a report with the Board.

CONSIDERATION OF ALTERNATIVES:

In accordance with Government Code section 11346.5, subdivision (a)(13), the Board must determine that no reasonable alternative it considered to the regulation or that has otherwise been identified and brought to its attention would be more effective in carrying out the purpose for which the action is proposed, would be as effective and less burdensome to affected private persons than the proposal described in this Notice, or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

Any interested person may submit comments to the Board in writing relevant to the above determinations at 2005 Evergreen Street, Suite 1550, Sacramento, California 95815 during the written comment period, or at the hearing if one is scheduled or requested.

AVAILABILITY OF STATEMENT OF REASONS AND RULEMAKING FILE:

The Board has compiled a record for this regulatory action, which includes an initial statement of the reasons (ISOR) for the proposed action, proposed regulatory text, and has available all the information upon which the proposal is based. This material is contained in the rulemaking file and is available for public inspection upon request to the contact persons named in this notice.

TEXT OF PROPOSAL:

Copies of the exact language of the proposed regulations, and of the initial statement of reasons, and all of the information upon which the proposal is based, may be obtained upon request from the Board at 2005 Evergreen Street, Suite 1550, Sacramento, California 95815 or by accessing the Board's website at https://www.dbc.ca.gov/about_us/lawsregs/proposed_regulations.shtml.

AVAILABILITY OF CHANGED OR MODIFIED TEXT

After considering all timely and relevant comments, the Board, upon its own motion or at the request of any interested party, may thereafter adopt the proposals substantially as described in this notice, or may modify such proposals if such modifications are sufficiently related to the original text. With the exception of technical or grammatical changes, the full text of any modified proposal, with the modifications clearly indicated, will be available for 15 days prior to its adoption from the persons designated in this Notice as the Contact Persons and will be mailed to those persons who submit written comments or oral testimony related to this proposal or who have requested notification of any changes to the proposal.

AVAILABILITY AND LOCATION OF THE FINAL STATEMENT OF REASONS AND RULEMAKING FILE

All the information upon which the proposed regulations are based is contained in the rulemaking file which is available for public inspection by contacting the persons named below.

You may obtain a copy of the Final Statement of Reasons once it has been prepared, by making a written request to the Contact Persons named below or by accessing the website listed below.

CONTACT PERSONS

Inquiries or comments concerning the proposed rulemaking action may be addressed to:

Name: Brant Nelson, Legislative and Regulatory Specialist
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The backup contact person is:

Name: Bryce W.A. Docherty, Executive Officer
Dental Board of California
Address: 2005 Evergreen Street, Suite 1550
Sacramento, CA 95815
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Fax No.: (916) 263-2140
E-Mail Address: Bryce.Docherty@dca.ca.gov

AVAILABILITY OF DOCUMENTS ON THE INTERNET

Copies of the Notice of Proposed Action, the Initial Statement of Reasons, and the text of the regulations with modifications noted, as well as the Final Statement of Reasons when completed, and modified text, if any, can be accessed through the Board's website at: https://www.dbc.ca.gov/about_us/lawsregs/proposed_regulations.shtml