

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

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

PROPOSED LANGUAGE

**Title 16. Professional and Vocational Regulations
Division 10. Dental Board of California
Chapter 3. Dental Auxiliaries
Article 1. General Provisions**

§ 1067. Definitions.

As used in this subchapter:

- (a) "Dental auxiliary" means a person who may perform dental supportive procedures authorized by the provisions of these regulations under the specified supervision of a licensed dentist.
- (b) "Dental assistant" means an unlicensed person who may perform basic supportive dental procedures specified by these regulations under the supervision of a licensed dentist.
- (c) "Registered dental assistant" or "RDA" means a licensed person who may perform all procedures authorized by the provisions of these regulations and in addition may perform all functions which may be performed by a dental assistant under the designated supervision of a licensed dentist.
- (d) "Registered dental hygienist" or "RDH" means a licensed person who may perform all procedures authorized by the provisions of these regulations and in addition may perform all functions which may be performed by a dental assistant and registered dental assistant, under the designated supervision of a licensed dentist.
- (e) "Registered dental assistant in extended functions" or "RDAEF" means a person licensed as a registered dental assistant who has completed post-licensure clinical and didactic training approved by the board and satisfactorily performed on an examination designated by the board for registered dental assistant in extended function applicants.
- (f) "Registered dental hygienist in extended functions" or "RDHEF" means a person licensed as a registered dental hygienist who has completed post-licensure clinical and didactic training approved by the board and satisfactorily performed on an examination designated by the board for registered dental hygienist in extended functions applicants.
- (g) "Oral prophylaxis" means the preventive dental procedures including complete removal of explorer-detectable calculus, soft deposits, plaque, stains, and the smoothing of unattached tooth surfaces. The objective of this treatment shall be creation of an environment in which hard and soft tissues can be maintained in good health by the patient.

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(h) "Coronal polishing" means a procedure limited to the removal of plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with ~~rubber~~ cup or brush and a polishing agent.

(i) "Direct supervision" means supervision of dental procedures based on instructions given by a licensed dentist who shall be physically present in the treatment facility during performance of those procedures.

(j) "General supervision" means supervision of dental procedures based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures.

~~(k) "Satisfactory educational qualification" means theory, laboratory and/or clinical experience approved by the board.~~

(l) "Basic supportive dental procedures" means ~~fundamental~~ duties or functions which may be performed by an unlicensed dental assistant under the supervision of a licensed dentist ~~because and are of their technically elementary characteristics, completely reversible~~ ~~reversibility and inability unlikely~~ to precipitate potentially hazardous conditions for the patient being treated.

(m) "Root planing" means the process of instrumentation by which the unattached surfaces of the root are made smooth by the removal of calculus and/or cementum.

(n) "Periodontal soft tissue curettage" means the closed removal of tissue lining the periodontal pocket, not involving the reflection of a flap.

(o) "Gingival" means pertaining to the gingivae, the mucous membrane with the supporting fibrous tissue.

Note: Authority cited: Sections 1614, ~~1750, 1750.1, 1750.3, and 1752.4, 1762~~, Business and Professions Code. Reference: Sections 1741~~(d)~~, ~~1752.1 1754, 1759, 1760 and 1762~~, Business and Professions Code.

§ 1068. Posting of Dental Auxiliary Duties.

All dentists utilizing the services of dental auxiliaries shall post a notice in a common area of the office which delineates duties and functions deemed by the board as delegable within stipulated settings and/or circumstances. Such notice shall be readily accessible to all individuals under supervision of the dentist.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1751, ~~1754~~1752.1, ~~1757, 1759 and 1762~~, Business and Professions Code.

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§ 1069. Permit Reform Act

Permit” as defined by the Permit Reform Act of 1981 means any license, certificate, registration, permit, or any other form of authorization required by a state agency to engage in a particular activity or act. Processing times for the committee's programs are set forth below. The actual processing times apply to those persons who take and pass the first available examination.

	Maximum period of time in which the Board will notify applicant that application is complete or deficient and what specific information is required	Maximum period of time after the filing of a complete application in which the Board will notify applicant of a permit decision	Actual Processing Times Based On Prior Two Years		
Name of Program			Minimum	Median	Maximum
RDA Licensure		180 days	75 days	114 days	358 days
RDAEF Licensure	75 days	120 days	28 days	35 days	55 days
RDH Licensure	90 days	120 days	32 days	113 days	270 days
RDHEF Licensure	75 days	120 days	32 days	113 days	270 days
Review and Approval					
RDA Educational Programs	120 days	150 days	64 days	219 days	370 days
RDA Coronal Polish and/or Ultrasonic Scaler Course	90 days	120 days	67 days	102 days	191 days
RDAEF Educational Programs	90 days	120 days	60 days	90 days	150 days
RDHEF Educational Programs	90 days	120 days	60 days	90 days	150 days
Auxiliary Licensure Renewal	30 days	90 days	20 days	39 days	60 days

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~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 15375 and 15376, Government Code; and Section 1614, Business and Professions Code.~~

Article 2. Educational Programs

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

(a) The criteria herein shall be met by all registered dental assisting (RDA) programs, registered dental assistant in extended functions (RDAEF) programs, orthodontic assisting permit courses, dental sedation assistant permit courses, pit and fissure sealant courses, coronal polishing courses, ultrasonic scaling courses, infection control courses, and radiation safety courses to secure and maintain approval by the Board as provided in this Article.

(1) All Board-approved programs and courses shall be reevaluated by the Board approximately every seven years but may be subject to reevaluation and inspection by the Board at any time to review and investigate compliance with this Article and the Dental Practice Act (Act). Reevaluation may include a site visit or written documentation that ensures compliance with all regulations. Results of reevaluation shall be reported to the Board or its designee for final consideration and continuance of program or course approval, provisional approval, or denial of approval.

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

(3) The Board may withdraw approval at any time that it determines that a program or course does not meet the requirements of this Article or any other requirement in the Act.

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

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

(b) Requirements to Obtain and Maintain Board Approval. A new program or course provider shall submit an application for approval to the Board accompanied by a non-refundable application fee as specified in Section 1022.

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(1) The Board may approve only those educational programs and courses that continuously meet all requirements as set forth in this Article.

(2) For the application process for approval of registered dental assistant (RDA) programs and registered dental assistant in extended functions (RDAEF) programs:

(A) The Board may approve, provisionally approve, or deny approval of an application.

(B) If the Board provisionally approves a program, the Board shall state the reasons for such provisional approval in writing within 90 days of such finding.

(i) Provisional approval shall be limited to those programs that substantially comply with all existing requirements for full approval.

(ii) A program applying for Board approval shall receive a finding of provisional approval from the Board prior to enrollment and instruction of students.

(iii) A program granted provisional approval shall immediately inform all applicants and enrolling student of its provisional status and again prior to the beginning of instruction. In addition, students shall be informed of the potential for graduation while still under provisional status.

(iii) Within one year of granting provisional approval, the Board shall conduct a final program site visit to ensure adherence to regulations and shall be granted "full approval" status upon successful reporting of the final site visit team to the Board.

(3) For the application process for approval of stand-alone certification courses in radiation safety, infection control, coronal polishing, pit and fissure sealants, orthodontic assistant permit, and the dental sedation assistant permit:

(A) The Board may approve or deny approval of an application.

(B) A stand-alone certification course provider shall receive approval from the Board prior to enrollment and instruction of students.

(C) All stand-alone certification course providers shall sequence curriculum in such a manner so as to ensure that students become certified in basic life support (BLS) for healthcare professionals to include use of Automated External Defibrillator (AED) as required by ~~16 CCR 1016(b)(2)(C) Title 16, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C)~~ of the California Code of Regulations prior to the beginning of the pre-clinical or clinical experiences.

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(D) Recertification intervals may not exceed two years.

(4) In the event a course or program application is found to be deficient, such deficiency shall be sufficiently addressed and cleared by the applicant provider within 30 days from the date of the deficiency notification. Otherwise, the application may be withdrawn from consideration and a new application filing with fee may be required at the discretion of the Board.

(A) In the event a subsequent deficiency is issued, the applicant provider shall have 30 days to clear the deficiency or the Board will withdraw such application from consideration.

(B) In the event application requirements are not met upon issuance of a subsequent deficiency, the Board shall issue a denial of approval, and the applicant shall be subject to all application and fee requirements as a new applicant.

(5) Each approved course or program shall be subject to audit of records or site evaluation and review by the Board at any time.

(6) A course or program shall provide the resources necessary to accomplish education as specified in this Article.

(7) Course and program providers shall be responsible for informing the Board, in writing, of any changes to the course or program content, physical facilities, increased total enrollment capacity, or change in Program Director personnel within 10 days of such changes.

(8) At no time shall a program or course provider advertise or represent itself to communities of interest as "pending approval" nor shall registration or enrollment of students begin until "provisional" status has been achieved and noticed in writing by the Board.

(9) The program or course provider shall evaluate all course and program faculty periodically utilizing student, administration, and peer evaluation to help identify areas of strengths and weaknesses for each instructor. The program or course provider shall communicate the evaluations to each faculty member.

(c) **Additional Board Actions.** Board-approved registered dental assisting programs evaluated and found to be non-compliant with these regulations shall be placed on "probationary status" following notification of the evaluation findings. ~~Consistent with CCR Section 1068, t~~The program shall have 120 days to respond to the findings, demonstrate compliance, and take corrective action.

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(1) In the event the program remains on "probationary status" for more than 120 days without taking corrective action, or if the program is unable to satisfactorily address the required corrective action within the specified timeframe, the Board shall notify the program or institution of its intent to withdrawal approved status. Student enrollment shall be discontinued. The Board shall monitor the program until all students enrolled prior to the effective date of the withdrawal of approval are no longer enrolled.

(2) Programs or courses who seek to voluntarily cancel their approved status due to a planned discontinuance, business closure, or program closure shall notify the Board no less than 90 days prior to such action. The Board shall monitor the program or course provider until all students enrolled prior to the effective date of the withdrawal of approval are no longer enrolled. Students completing the program shall be considered graduates of an approved program during this time.

(d) Qualifications for Program and Course Faculty and Instructional Staff.

(1) For ~~stand-alone~~ certificate courses, ~~both stand-alone and those incorporated into the curriculum of a dental assisting program,~~ all faculty and instructional staff providing didactic, laboratory, pre-clinical, and clinical instruction shall meet and maintain, at minimum, the following qualifications:

(A) Possess a valid, active California license to practice dentistry or registered dental assisting, registered dental assisting in extended functions, dental sedation assisting, or orthodontic assisting for at least two years ~~immediately preceding prior to~~ any provision of course instruction; or possess a valid, active California license to practice as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions which was issued on or before December 31, 2005;

(B) Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective license or permit and shall ~~be able to demonstrate expertise~~ have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment in each subject area for which they are teaching;

(C) Prior to instruction, or within six months of initial hire, complete ~~30~~ two hours of educational methodology or its equivalent as determined by the Board unless he or she holds any one of the following: a degree in education, a valid Ryan Designated Subjects Vocational Education Teaching Credential, a valid Standard Designated Subjects Teaching Credential, or a valid Community College Teaching Credential;

Commented [NG1]: The proposed language adds a requirement that faculty "demonstrate expertise" in subjects they are teaching. However no criteria for demonstrating expertise are provided This was modified from "possessing experience". Staff recommends reverting to "possessing experience" or make a change tracking the CODA language.

CODA 3-5 requires that "[d]ental assisting faculty must have background in and current knowledge of dental assisting, the specific subjects they are teaching and educational theory and methodology consistent with teaching assignment, e.g., curriculum development, educational psychology, test construction, measurement and evaluation."

Therefore staff recommend changing, "shall be able to demonstrate expertise in each subject area for which they are teaching", to "have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment." This change will track the CODA language and does not require further definition.

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(D) Certification in basic life support (BLS) for healthcare professionals to include use of AED as required by section 1016 (b)(1)(C) (recertification intervals may not exceed two years); and

(E) Be calibrated in instruction and grading at least **once per semester, quarter, or other regular interval instruction period used by the program** annually.

(2) For dental assisting and registered dental assisting programs **and registered dental assisting programs with stand-alone certificate courses**, all faculty and instructional staff providing didactic, laboratory, pre-clinical, and clinical instruction, except those serving as a clinical supervising dentist, shall meet and maintain, at minimum, the following qualifications:

(A) Possess a valid, active California license to practice dentistry or registered dental assisting, registered dental assisting in extended functions, dental sedation assisting or orthodontic assisting for at least two years immediately preceding any provision of course instruction; or possess a valid, active California license to practice as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions which was issued on or before December 31, 2005;

(B) Shall possess at least two years of experience in the application of clinical chairside dental assisting;

(C) Provide laboratory, pre-clinical, and clinical instruction only in procedures within the scope of practice of their respective license or permit and demonstrate **to the program** expertise in each subject area for which they are teaching;

(D) Prior to instruction, or within six months of initial hire, complete 30 hours of educational methodology unless he or she holds any one of the following: a degree in education, a **valid** Ryan Designated Subjects Vocational Education Teaching Credential, a **valid** Standard Designated Subjects Teaching Credential, or, a **valid** Community College Teaching Credential; and

(E) Be calibrated in instruction and grading at least **once per semester, quarter, or other regular interval instruction period used by the program** annually.

(3) For registered dental assisting in extended functions programs, all faculty and instructional staff providing didactic, laboratory, pre-clinical and clinical instruction, except those serving as a clinical supervising dentist, shall meet and maintain, at minimum, the following qualifications:

Commented [NG2]: 1070(l)(3) Was modified to require faculty calibration meetings be held every instructional period, instead of annually. This would prevent a faculty member being hired in the middle of the year and not attending a calibration meeting until the beginning of the next year.

However 1070(d)(1)(E), (2)(E), (3)(E), (e)(2)(E), (f)(2)(E), all still reference the annually calibration frequency. Staff recommends updating these sections to ensure all faculty are calibrated every instructional period.

Commented [NG3]: 1070(l)(3) Was modified to require faculty calibration meetings be held every instructional period, instead of annually. This would prevent a faculty member being hired in the middle of the year and not attending a calibration meeting until the beginning of the next year.

However 1070(d)(1)(E), (2)(E), (3)(E), (e)(2)(E), (f)(2)(E), all still reference the annually calibration frequency. Staff recommends updating these sections to ensure all faculty are calibrated every instructional period.

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(A) Possess a valid, active California license to practice dentistry or registered dental assisting in extended functions for at least two years immediately preceding any provision of course instruction;

(B) Shall possess at least two years of experience ~~working as an RDAEF in a clinical setting in the application of clinical chairside dental assisting involving four-handed dentistry;~~

(C) Provide laboratory, pre-clinical and clinical instruction only in procedures within the scope of practice of their respective license or permit and shall ~~have a~~
~~demonstrate expertise in each subject area for which they are teaching;~~

(D) Prior to instruction, or within six months of initial hire, complete six hours of educational methodology unless he or she holds any one of the following: a degree in education, a valid Ryan Designated Subjects Vocational Education Teaching Credential, a valid Standard Designated Subjects Teaching Credential, or, a valid Community College Teaching Credential; and

(E) Be calibrated in instruction and grading by the program director at least ~~once~~ per semester, quarter, or other regular interval instruction period used by the program ~~annually.~~

(4) In accordance with Business and Professions Code section 1907(b), a registered dental hygienist shall be deemed qualified to teach in a course or program only if licensure as a registered dental hygienist was obtained prior to January 1, 2006. Otherwise, licensure as a registered dental assistant shall be required prior to instruction in the program.

(e) Qualifications and Responsibilities of Stand-Alone Course Directors.

(1) On or after [the effective date of these regulations – OAL to insert date], the course director of a stand-alone certificate course shall possess, at minimum, the following qualifications:

(A) Possess a valid, active California license to practice dentistry or registered dental assisting or registered dental assisting in extended functions for at least two years immediately preceding any provision of course instruction; or possess a valid, active California license to practice as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions which was issued on or before December 31, 2005;

Commented [NG4]: Staff recommendation: 1070(d)(3)(B) requires that faculty in RDAEF programs possess 2 years of experience in clinical chairside dental assisting involving 4 handed dentistry. Stakeholders have pointed out, and similar sections have been reconfigured to reflect that the point of the experience requirements is that faculty have experience working in the capacity which they will be teaching students in.

Therefore staff recommends changing this requirement to: "2 years of experience working as an RDAEF in a clinical setting."

Commented [NG5]: Staff recommendation: The proposed language adds a requirement that faculty "demonstrate expertise" in subjects they are teaching. However no criteria for demonstrating expertise are provided This was modified from "possessing experience". Staff recommends reverting to "possessing experience" or make a change tracking the CODA language.

CODA 3-5 requires that "[d]ental assisting faculty must have background in and current knowledge of dental assisting, the specific subjects they are teaching and educational theory and methodology consistent with teaching assignment, e.g., curriculum development, educational psychology, test construction, measurement and evaluation."

Therefore staff recommend changing, "shall be able to demonstrate expertise in each subject area for which they are teaching", to "have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment." This change will track the CODA language and does not require further definition.

Commented [NG6]: Staff recommendation: 1070(l)(3) Was modified to require faculty calibration meetings be held every instructional period, instead of annually. This would prevent a faculty member being hired in the middle of the year and not attending a calibration meeting until the beginning of the next year.

However 1070(d)(1)(E), (2)(E), (3)(E), (e)(2)(E), (f)(2)(E), all still reference the annually calibration frequency. Staff recommends updating these sections to ensure all faculty are calibrated every instructional period.

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(B) Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective license or permit and shall ~~have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment demonstrate expertise in each subject area for which they are teaching~~;

(C) Prior to instruction, or within six months of initial hire, complete two hours of educational methodology unless he or she holds any one of the following: a degree in education, a ~~valid~~ Ryan Designated Subjects Vocational Education Teaching Credential, a ~~valid~~ Standard Designated Subjects Teaching Credential, or, a ~~valid~~ Community College Teaching Credential.

(2) A course director shall actively participate in and be responsible for the following responsibilities:

(A) The implementation and maintenance of all applicable statutory and regulatory requirements;

(B) Ensuring all faculty and instructional staff complete or show evidence of completion of educational methodology courses equaling two hours of training prior to instruction, or within six months of initial hire unless he or she holds any one of the following: a degree in education, a ~~valid~~ Ryan Designated Subjects Vocational Education Teaching Credential, a ~~valid~~ Standard Designated Subjects Teaching Credential, or, a ~~valid~~ Community College Teaching Credential;

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

(D) Informing the Board of any major change to the course including without limitation, changes to course content, physical facilities including the use of extramural facilities, faculty or instructional staff, ownership, or intent to conclude business operations within 10 days of the change; and

(E) Ensuring all faculty and staff are calibrated in curriculum, instructional methods and grading criteria at least ~~once per semester, quarter, or other regular interval instruction period used by the program~~ annually.

(f) Qualifications and Responsibilities of Program Directors.

(1) On or after the effective date of these regulations (insert date), the program director of a ~~dental-assisting~~, registered dental assisting ~~program, registered dental assisting~~

Commented [NG7]: Staff recommendation:
The proposed language adds a requirement that faculty "demonstrate expertise" in subjects they are teaching. However no criteria for demonstrating expertise are provided This was modified from "possessing experience". Staff recommends reverting to "possessing experience" or make a change tracking the CODA language.

CODA 3-5 requires that "[d]ental assisting faculty must have background in and current knowledge of dental assisting, the specific subjects they are teaching and educational theory and methodology consistent with teaching assignment, e.g., curriculum development, educational psychology, test construction, measurement and evaluation."

Therefore staff recommend changing, "shall be able to demonstrate expertise in each subject area for which they are teaching", to "have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment." This change will track the CODA language and does not require further definition.

Commented [NG8]: Staff recommendation:
1070(l)(3) Was modified to require faculty calibration meetings be held every instructional period, instead of annually. This would prevent a faculty member being hired in the middle of the year and not attending a calibration meeting until the beginning of the next year.

However 1070(d)(1)(E), (2)(E), (3)(E), (e)(2)(E), (f)(2)(E), all still reference the annually calibration frequency. Staff recommends updating these sections to ensure all faculty are calibrated every instructional period.

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programs offering stand-alone certificate courses or registered dental assisting in extended functions program shall possess, at minimum, the following qualifications:

(A) Possess a valid, active California license to practice dentistry or registered dental assisting or registered dental assisting in extended functions for at least two years immediately preceding any provision of program instruction;

(B) Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective license or permit and shall have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment demonstrate expertise in each subject area for which they are teaching;

(C) Possess at least three years of experience in the application of clinical chairside dental assisting involving four-handed dentistry; and

(D) Complete and show evidence of completion of educational methodology coursework equal to 30 hours as required by subsections i-ii below prior to instruction, or within six (6) months of initial hire unless he or she holds any one of the following: a degree in education, a valid Ryan Designated Subjects Vocational Education Teaching Credential, a valid Standard Designated Subjects Teaching Credential, or, a valid Community College Teaching Credential.

i. 30 hours for dental assisting programs, registered dental assisting programs, and registered dental assisting programs with stand-alone certificate courses; or

ii. 30 Six hours for registered dental assisting programs in extended functions programs.

(2) The program director shall actively participate in and be responsible for the following:

(A) Implementing and complying with all applicable statutory and regulatory requirements;

(B) Ensuring that all faculty and instructional staff complete or show evidence of completion of educational methodology courses as defined herein immediately preceding provision of course instruction and maintaining evidence of compliance;

(C) Maintaining for a period of not less than five years after the course is offered, copies of curricula, program outlines, objectives, grading criteria, copies of faculty/staff credentials, licenses, and certifications, and individual student

Commented [NG9]: The proposed language adds a requirement that faculty "demonstrate expertise" in subjects they are teaching. However no criteria for demonstrating expertise are provided. This was modified from "possessing experience". Staff recommends reverting to "possessing experience" or make a change tracking the CODA language.

CODA 3-5 requires that "[d]ental assisting faculty must have background in and current knowledge of dental assisting, the specific subjects they are teaching and educational theory and methodology consistent with teaching assignment, e.g., curriculum development, educational psychology, test construction, measurement and evaluation."

Therefore staff recommend changing, "shall be able to demonstrate expertise in each subject area for which they are teaching", to "have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment." This change will track the CODA language and does not require further definition.

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records, including those necessary to establish satisfactory completion of the program;

(D) Informing the Board of any major change to the program including without limitation, changes to theoretical content, physical facilities including the use of extramural facilities, faculty or instructional staff, ownership, or intent to conclude business operations within 10 days of the change;

(E) Ensuring all faculty and staff are calibrated in curriculum, instructional methods, and grading criteria at least ~~once per semester, quarter, or other regular interval instruction period used by the program~~ annually; and

(F) Ensuring opportunities have been provided by the institution or program for faculty and instructional staff of a program to continue their professional development in order to stay current with advancing technologies and educational theory. The program director shall ensure that time and budget allocations are provided by the institution or program for professional association activities, continuing education, or practical experiences related to dental assisting education.

Commented [NG10]: Staff recommendation: 1070(l)(3) Was modified to require faculty calibration meetings be held every instructional period, instead of annually. This would prevent a faculty member being hired in the middle of the year and not attending a calibration meeting until the beginning of the next year.

However 1070(d)(1)(E), (2)(E), (3)(E), (e)(2)(E), (f)(2)(E), all still reference the annually calibration frequency. Staff recommends updating these sections to ensure all faculty are calibrated every instructional period.

(g) **Facilities and Equipment.** The facilities of all programs and courses 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. ~~All laboratory and pre-clinical instruction shall be held at the physical facility by qualified instructors.~~

(1) Facilities and equipment shall be maintained and updated to ensure instruction using contemporary equipment occurs.

(2) All radiographic equipment and facilities shall follow the ~~California Department of Public Health, California Code of Regulations, Title 17, CCR 30100 et seq. and 17 CCR 30400 et seq. regarding requirements~~ for radiologic equipment and facilities.

(3) In addition, a facility shall have all of the following:

(A) A lecture classroom ~~or the capability to facilitate distance learning modalities~~ ~~equipment for broadcasting lectures online~~, a lab area, a clinical area, a central sterilization area, and a radiology area for use by the students.

(B) Operatories shall be sufficient in number to allow a ratio of at least one operator for every six students who are simultaneously engaged in clinical instruction.

Commented [NG11]: Staff recommendation: The requirements for program and course facilities have been updated to require either lecture classrooms or equipment for broadcasting lectures online. Stakeholders have pointed out the terms "broadcasting" and "online" are unnecessarily prescriptive.

Staff recommends terminology that is less technology specific and more directed at the desired outcome of providing students the ability to receive instruction in a different place and or time than the instructor.

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(C) Each operatory shall contain functional equipment, including a power-operated chair for patient or simulation-based instruction in a supine position, dental units and mobile stools for the operator and the assistant which are designed for the application of current principles of dental assistant utilization, air-water syringe, adjustable overhead patient light, oral evacuation equipment, work surface, handpiece connection, and hand hygiene area.

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

(E) Access by all students to equipment necessary to develop dental assisting skills in each designated duty.

(F) Infection control equipment shall be provided according to the requirements of section 1005.

(h) Minimum Standards for Health and Safety. All programs and courses shall establish written laboratory, preclinical, and clinical protocols including mechanisms to ensure the health and safety of faculty and students and the management of emergencies.

(1) Written protocols for handling emergencies shall be provided to all students, faculty, and appropriate staff. All students and faculty shall have access to a resource notebook to include the Safety Data Sheets for all materials and chemicals used in the program or course.

(2) Emergency equipment shall include an oxygen delivery system and first aid kits readily accessible and fully functional within the area(s) of instruction. Additional emergency equipment may be onsite as deemed appropriate and in compliance with individual institutional guidelines, where applicable.

(3) Students, faculty and appropriate support staff shall be encouraged to be immunized against and/or tested for infectious diseases in accordance with current Centers for Disease Control and Prevention guidelines for Dental Healthcare Professionals, prior to contact with patients and/or infectious objects or materials, to minimize the risk to patients and personnel.

(i) Curriculum Organization, Competency and Learning Resources. The organization of the curriculum for all courses and programs shall be flexible, creating opportunities for adjustments to and research of advancements and emerging technologies in the profession of dental assisting as provided in this Article. The dental assisting program must have a formal written curriculum management plan which includes:

(1) An ongoing curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;

Commented [NG12]: Staff: Recommendation: 1070(h)(1) provides for health and safety standards and requires written protocols for emergencies be provided to students.

In addition to these written materials, stakeholders have requested the addition of the following language related to standard Safety Data Sheets, which staff agrees would be a valuable addition: "All students and faculty shall have access to a resource notebook to include the Safety Data Sheets for all materials and chemicals used in the program or course."

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(2) Evaluation of the effectiveness of all courses as they support the program's goals and competencies;

(3). A defined mechanism for coordinating instruction among dental assisting program faculty;

(4) Curriculum that provides students with an understanding of all procedures as provided in each Section of this Article and an ability to perform each procedure with competence;

(5) The sequencing of curriculum in such a manner s to ensure that students become certified in basic life support (BLS) for healthcare professionals to include use of AED as required by section 1016(b)(1)(C) prior to pre-clinical or clinical experiences, wherein recertification intervals may not exceed two years;

(6) Remediation procedures and a policy outlining guidelines for students who fail to successfully complete the course or program.

(7) A course syllabus provided to students that contains:

(A) A course title, course number or identifier, course description, course hours, assignments, all faculty names, and contact information;

(B) Course content outline including topics to be presented;

(C) Specific instructional objectives including competency statement for each topic presented;

(D) Learning experiences with associated assessment mechanisms;

(E) Course or program schedule including time allocated for didactic, laboratory or preclinical, and clinical learning experiences;

(F) Specific evaluation criteria for final course-grade calculating which includes competency evaluations and rubrics, and

(G) A remediation policy and procedures.

(8) A course outline provided to students that contains:

(A) Specific performance objectives and the evaluation criteria used for all assessments of laboratory, pre-clinical, and clinical experiences;

(B) The minimum number of satisfactory performances in each evaluated area necessary for program or course success; and

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(C) The minimum standards for performance in each evaluated area, the grading criteria, and the protocols or procedures that may cause the student to fail the task or procedure.

~~(96) Reasonable~~ Access by students to dental and medical reference textbooks, electronic and internet resources, current scientific journals, audiovisual materials and other relevant resources.

(j) Didactic Instruction. All didactic instruction shall meet the content and hours requirements of each Section within this Article.

(1) The total required didactic hours of a program or course may be delivered through in-person, hybrid, or online instruction. Online learning shall be overseen by faculty with experience and education in online learning formats and electronic delivery of curriculum content.

(A) All students shall have access to the course's hazardous waste management plan for the disposal of needles, cartridges, and medical waste.

(B) All students shall have access to the course's clinic and radiation hazardous communication plan.

(C) All students shall receive a copy of the course's bloodborne and infectious diseases exposure control plan, which shall include emergency exposure information.

(D) All instructional staff and faculty of programs and courses shall review emergency management protocols at least annually during staff calibration meetings to ensure consistency and compliance and such meetings shall be documented and maintained by the course or program director for a period for no less than five years after review occurs.

(k) Clinical Instruction. Unless otherwise stated herein, clinical instruction shall be of sufficient duration to allow the procedures to be performed to minimum clinical competency.

(1) Prior to demonstrating clinical competencies, patient-based assignments, and externships, students shall demonstrate minimum competence in laboratory or preclinical performance of each procedure they will be expected to perform in their clinical experiences.

(2) Each program or course provider utilizing a dental clinic or dental practice as an extramural dental facility for the purposes of clinical training shall have a contract of

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affiliation completed and retained for a period of at least five years ~~from the date the contract is entered into~~ and made available upon site evaluation by the Board. Such written contract shall include a description of the settings in which the clinical training may be received and shall provide for direct supervision of such training by qualified course faculty and the supervising licensed dentist of the facility.

(3) The program or course director, or a designated faculty member, shall be responsible for selecting extramural clinical facilities and evaluating student competence before, during, and after the clinical assignment.

(4) Prior to student assignment in an extramural clinical facility, the program or course director, or a designated faculty or instructional staff member, shall make available to all extramural staff information that shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist or the licensed personnel in the extramural dental facility in evaluating the student during the assignment.

(5) Prior to clinical experiences on any subject, including student partners, the patient shall complete a health history and consent acknowledging the procedure is being performed by a student of the course or program. Such documentation shall be maintained by the clinical facility ~~and copies of the consent acknowledging the procedure is being performed by a student of the course or program shall be transferred to the educational program upon completion of the student's clinical instruction to be maintained in the student's records.~~

(6) In accordance with Business and Professions Code Section 1626.1, the operations by bona fide students enrolled in a Board-approved course or educational program in registered dental assisting or registered dental assisting in extended functions, whereby the performance of clinical procedures are a required element and that are under the general programmatic and academic supervision of that educational program or course, are exempt from the laws prohibiting the unlicensed practice of dentistry until such time as all clinical requirements of the program or course have been completed or upon graduation. This provision shall be clearly stated in all contracts of affiliation issued to extramural facilities and to all supervising dentists prior to the utilization of enrolled students in a clinical setting.

(I) Recordkeeping. All course and program directors shall be responsible to obtain and maintain the following records for a period of not less than five years:

(1) A copy of each approved curriculum including a course/program syllabus and course/program outline(s);

(2) A copy of ~~written examinations~~ institutional grading policies, ~~records of student~~

Commented [NG14]: Staff have received extensive feedback regarding the new requirement that patients of students complete a health history and consent acknowledging that a student is performing procedures on the students and requiring that the health history and consents be transferred back to the course or program. Commenters have argued that these requirements are unnecessarily burdensome, and that transferring records to the courses or programs could violate patient recordkeeping laws.

Staff agree that directing clinical facilities to violate recordkeeping laws is problematic and recommend that the second sentence in subsection (5) be changed from "Such documentation shall be maintained by the clinical facility and copies of the consent acknowledging the procedure is being performed by a student of the course or program shall be transferred to the educational program upon completion of the student's clinical instruction to be maintained in the student's records", to "Such documentation shall be maintained by the clinical facility."

Staff recommend not removing the requirement to receive written consent and acknowledgment from patients before allowing students to perform clinical duties.

This is a matter of informed consent, and it is an issue of liability and ethics. Receiving consent will protect schools, doctors and students from liability and lawsuits by patients.

Informed consent is also basic medical ethics and is found in Section 1 of the American Dental Association Principles of Ethics and Code of Professional Conduct.

This does not need to be derailing to operations of dental clinics. Dental facilities already ask all new patients to provide health histories and sign forms consenting to treatment. To comply with this subsection, facilities will merely have to add language to their consent forms informing patients that students work in the facility and may perform procedures on patients under proper supervision.

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~~evaluation using rubrics used for student evaluation, and completed procedures for evaluating competency evaluations;~~

(3) Evidence of department meetings and faculty calibration meetings to be held at least once per semester, quarter, or other regular interval instruction period used by the program, and evidence of faculty credentials, licenses, and certificates;

(4) Minutes of all advisory board meetings, to include the recording of attendance at the meeting;

(5) Individual student records, including those necessary to establish satisfactory completion of the course or program; and

(6) A copy of all certificates issued at the time of completion of the course or program.

(m) Certificate of Completion as Prescribed by the Board. All course providers and programs shall issue an original certificate of completion which shall have been approved by the Board at the time of course and program application for approval. ~~In accordance with 16 CC 1070(l) providers shall retain hard copy or electronic copy of records of course or program completion for five years from the date of completion and provide records upon written request by the Board within 30 days.~~ Only after a student has demonstrated successful completion of all ~~course~~-educational requirements and final examinations in accordance with each Section of this Article shall a program or course issue a certificate of completion, which shall contain the following:

(1) The student's name, the provider name, the provider's location, the provider's approval number issued by the board, the course or program name, the number of course hours completed, and the date of course completion,

(2) An authorizing signature of the provider or the providing entity and a statement that reads: "All of the information contained on this certificate is truthful and accurate."

(3) A statement on each certification that reads: "This Certificate of Completion does not constitute authorization for the attendee to perform any services that the attendee is not legally authorized to perform based on the attendee's license or permit type." ~~"Completion of this course does not constitute authorization for the attendee to perform any services that he or she is not legally authorized to perform based on his or her license or permit type."~~

(4) The Board shall issue an individual provider number to all approved dental assisting stand-alone courses and programs.~~(A)~~

(5) For coursework in radiation safety, infection control coronal polish, pit and fissure sealant, and the Act completed by students of a registered dental assisting program who,

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with or without graduation, successfully completes the educational requirements for each subject as part of the program curriculum, the program shall issue such certificates of completion. The Board shall recognize certificates of completion issued by the program as equivalent to having completed a stand-alone course.

~~(6) Providers shall retain hard copy or electronic copy of records of course or program completion for five (5) years from the date of completion and provide records upon written request by the Board within 30 days.~~

(n) Appeal Process for a Denied Application for Approval. The Board may deny or withdraw its approval of a course or program. If the Board denies or withdraws approval, the reasons for withdrawal or denial will be provided in writing to the provider within ninety (90) days.

(1) Any course or program provider for whom approval is denied or withdrawn shall be granted an informal conference before the Executive Officer or his or her designee, prior to the effective date of such action. The course provider shall be given at least ten (10) days' notice of the time and place of such informal conference and the specific grounds for the proposed action.

(2) The course provider may appeal the denial or withdrawal of approval by either:

(A) Appearing at the informal conference. The Executive Officer shall notify the course or program provider of the final decision of the Board within ten days of the informal conference. Based on the outcome of the informal conference, the provider may then request a hearing to contest the Board's final decision. A provider shall request a hearing by written notice to the Board within thirty (30) calendar days of the postmark date of the letter of the Board's final decision after informal conference. Hearings shall be held pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code; or

(B) Notifying the Board, in writing, of the program or course provider's election to forego the informal conference and to proceed with a hearing pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Such notification shall be made to the ~~Committee Board~~ before the date of the informal conference.

~~(a) (1) The criteria in subdivisions (b) to (j), 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.~~

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

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

(4) The Board may withdraw approval at any time that it determines that a program or course does not meet the requirements of this Article or any other requirement in the Act.

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

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

(b) The program or course director shall possess a valid, active, and current license issued by the Board or the dental hygiene committee. The program or course director shall actively participate in and be responsible for the administration of the program or course. Specifically, the program or course director shall be responsible for the following requirements:

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

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

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

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

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

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

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

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

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

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

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

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

~~(g) The program or course shall establish written clinical and laboratory protocols that comply with the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and other federal, state, and local requirements governing infection control. The program or course shall provide these protocols to all students, faculty, and instructional staff to ensure compliance. Adequate space shall be provided for handling, processing, and sterilizing all armamentarium.~~

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

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

~~(1) Specific performance objectives and the evaluation criteria used for measuring levels of competence for each component of a given procedure including those used for examinations.~~

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

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

~~(j) (1) If an extramural dental facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct~~

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~~supervision of program or course faculty or instructional staff and shall not be provided in an extramural dental facility.~~

~~(2) The program or course director, or a designated faculty member, shall be responsible for selecting extramural dental facility and evaluating student competence before and after the clinical assignment.~~

~~(3) Prior to student assignment in an extramural dental facility, the program or course director, or a designated faculty or instructional staff member, shall orient dentists and all licensed dental healthcare workers who may provide instruction, evaluation, and oversight of the student in the clinical setting. Orientation shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist or the licensed personnel in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the program or course.~~

~~(4) There shall be a written contract of affiliation between the program and each extramural dental facility that includes written affirmation of compliance with the regulations of this Article.~~

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

§ 1070.1. Educational Program and Course Definitions and Instructor Ratios.

As used in this Article, the following definitions shall apply:

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

(b) "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.

(c) "Extramural dental facility" means any clinical facility utilized by a Board-approved dental assisting educational program or course for instruction in dental assisting that exists outside or beyond the walls, boundaries or precincts of the primary location of the Board-approved program or course and in which dental treatment is rendered.

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(d) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, ~~mannequin~~ manikins, or other simulation methods. There shall be at least one instructor for every ~~14~~12 students who are simultaneously engaged in laboratory instruction.

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

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

(g) "Instructional staff" refers non-faculty qualified employees of a program or course who provide instruction in dental assisting course or program content consistent with the course or program regulations.

(h) "Educational methodology" refers to various courses of study that include, but are not limited to, the principles and methods used for instruction, assessment and evaluation.

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

§ 1070.2. Approval of Board-Approved Registered Dental Assistant Educational Programs Requirements.

(a) All Registered Dental Assistant (RDA) programs in California shall apply for and receive, at minimum, provisional approval prior to operation and in compliance with Sections 1070 and 1070.1.

(b) A registered dental assistant program provider applying for approval shall submit to the Board a completed "Application for ~~Approval of~~ Registered Dental Assistant Program ~~Provider~~" (New ~~INSERT DATE 02/2020~~), which is hereby incorporated by reference, accompanied by the designated, non-refundable fee as defined in Section 1022.

(c) New programs approved by the American Dental Association, Commission on Dental Accreditation (Commission) prior to submission of an application for approval by the Board may

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submit proof of **approved** status by the Commission, an electronic copy of the institutional self-study in addition to the application requirements set forth in this Section.

(d) **General Provisions.** In order for a registered dental assistant program to secure and maintain approval by the Board, it shall establish and continually adhere to the requirements of Sections 1070 and 1070.1. In addition:

(1) A program shall notify the Board, in writing, if it wishes to increase the maximum student enrollment for which it is approved and shall provide documentation to the Board to reapprove the program for the increased enrollment prior to accepting additional students.

(2) The program shall establish goals and objectives that measure instructional effectiveness through ongoing planning and outcome assessments that are documented and annually reviewed. Findings and conclusions of the **assessments** are used by the **program** for program improvement and revisions to the overall planning and outcomes assessment.

(3) Programs shall establish and maintain an advisory committee comprised of practicing dentists and clinical dental assistants, all currently licensed by the Board. In addition, consideration shall be given to appointing a student, a recent graduate, or a public representative to serve on the advisory committee.

(A) The advisory committee shall meet at least once each academic year with the program director, faculty, and appropriate institutional personnel to monitor the ongoing quality and performance of the program.

(B) The advisory committee shall review the program's goals, objectives, and overall effectiveness.

(4) The program director and faculty shall ensure a form of governance that allows participation in the program and institution's decision-making process by the **advisory committee**. The program director shall be consulted by the **committee** when matters directly related to the program are considered by **a committee**s that **does** not include program faculty.

(5) The program shall have sufficient financial resources available to support the program and to comply with this Section.

(6) If the program or institution requires approval by any other governmental agency, that approval shall be obtained prior to application to the Board for approval and shall be maintained at all times. The failure to maintain that approval may result in the automatic withdrawal of Board approval of the program.

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(e) Program Directors of Registered Dental Assisting Programs.

(1) The Program Director shall have a full time commitment to no more than one institution as a director. The Program Director shall not have full time instructor or administrator responsibilities. The program director's teaching contact hours and program responsibilities shall be less than a full-time instructor who does not have administrative responsibilities and he or she shall be given time to fulfill assigned administrative responsibilities. In addition to the requirements of 16 CCR 1070, regarding the qualification and responsibilities of the program director, the program director shall have the authority and responsibilities for:

(A) Budget preparation

(B) Fiscal administration

(C) Curriculum development and coordination

(D) Selection and recommendation of individuals for faculty appointment and promotion

(E) Supervision and evaluation of faculty

(F) Determining faculty teaching assignments and schedules

(G) Determining admissions criteria and procedures

(H) Scheduling use of program facilities

(I) Development and responsibilities to maintain compliance and documentation

(f) Facilities, Equipment and Resources. The program shall provide all necessary equipment specific to the current duties and functions of dental assisting and registered dental assistant duties (with the exception of duties pertaining to patient monitoring) and shall be able to demonstrate how the equipment shall be utilized during laboratory, preclinical, and clinical instruction as appropriate to each type of session.

(1) The following are minimum requirements for equipment and armamentaria during laboratory, preclinical, and clinical sessions as appropriate to each type of session: amalgamator, model trimmers in the ratio of one for every seven students, dental rotary equipment in the ratio of one for every three students, vibrators in the ratio of one for every three students, light curing devices in the ratio of one for every operator, functional typodonts and bench mounts in the ratio of one for every two students, functional orthodontically banded typodonts in the ratio of one for every four students, facebows in the ratio of one for every ten students, automated blood pressure device,

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electrocardiogram (EKG) machine, pulse oximeters in the ratio of one for every ten students, capnograph or simulated device, one set of hand instruments in the ratio of one set for every two students for each procedure, respiration device, camera for intraoral use, camera for extraoral use, **computer aided drafting (CAD)** machine or simulated device, caries detection device in the ratio of one for every ten students, and all other equipment and armamentaria required to teach dental assistant and registered dental assistant duties. With the exception of a CAD machine and patient monitoring equipment specific to EKG machine, pulse oximeter, and capnograph, the program shall own the necessary equipment and have it readily available upon inspection. Patient monitoring equipment owned by the institution and utilized by more than one program within the institution premises is acceptable and may be used by the RDA program as needed for instruction. Instruction by a licensed healthcare provider is acceptable. In the event instruction in patient monitoring procedures and use of the CAD machine is provided by an outside provider, the RDA program shall not be required to have available or own patient monitoring equipment or CAD machine.

(2) The program shall demonstrate how the equipment and armamentaria ratios established successfully support the total number of enrolled students of each class.

(3) Instruments shall be provided to accommodate students' needs in learning to identify, exchange, prepare procedural trays and assist in procedures as they relate to general and specialty dentistry.

(4) Provision shall be made for reasonable access to current and diverse dental assisting and multidisciplinary literature including reference texts, current journals, audiovisual materials, and other resources necessary to support teaching, student learning needs, services and research. Library holdings, which may include access through the Internet, shall include materials relating to all subject areas of the program curriculum.

(5) Consistent with Section 1070, all necessary emergency and first aid equipment shall be maintained in good operating order.

(g) Length of Program.

(1) The program shall be of sufficient duration for the student to develop minimum competence in performing dental assistant and registered dental assistant duties, but in no event less than 800 hours, which shall be comprised of at least 275 hours of didactic instruction, at least 260 hours of combined laboratory or pre-clinical instruction conducted under the direct supervision of program faculty or instructional staff, and at least 265 hours in in a clinical externship in an extramural or onsite dental facility providing direct patient care and performing chairside assisting functions.

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(2) As part of the program's curriculum, no more than 40 hours of didactic and laboratory instruction shall be devoted to clerical, administrative, dental practice management specific ~~to~~ curriculum content as described in Section 1070(i) defined herein.

(h) **Program Curriculum – General Guidelines.** Didactic, laboratory, preclinical, and clinical performance evaluations are integral parts of the program's curriculum.

(1) In addition to the requirements of Sections 1070 and 1070.1, curriculum content and instruction in all registered dental assisting programs shall include theoretical content, laboratory, and clinical experiences in a well-defined sequence that ensures each student's level of learning is consistent with the program's stated learning outcomes in each content area described herein.

(2) Where regulations exist specific to areas of study resulting in an independent certificate, such as, but not limited to, Radiation Health and Safety, Infection Control, Pit and Fissure Sealant and Coronal Polishing, instruction in each subject shall be consistent with related regulations.

(3) Curriculum documentation shall be reviewed annually and revised, as needed, to reflect new concepts and techniques. Program content shall be integrated with continued curriculum advancement ~~elevation~~ throughout. Curriculum must demonstrate sufficient depth, scope, sequence of instruction, quality, and emphasis to ensure achievement of all of the curriculum's defined competencies.

(4) Programs that admit students in phases, including modular, wheel, or open-entry programs, shall provide at minimum, basic prerequisite instruction in tooth dental anatomy, tooth numbering, emergencies, first-aid and safety precautions, infection control, Occupational Health and Safety Administration (OSHA) and sterilization protocols prior to instruction in any other area of the program's curriculum. Such prerequisite instruction shall consist of no less than 100 hours of direct, live, interactive didactic instruction, and shall occur prior to performances or activities involving patients including student partners.

(5) In addition to the requirements of section 1070 and 1070.1 and, programs shall include the following content:

(A) Instruction in radiation safety that meets all of the requirements of 16 CCR 1014 and 1014.1.

(B) Instruction in coronal polishing that meets all of the requirements of 16 CCR 1070.4.

(C) Instruction in the application of Pit and Fissure Sealants that meets all of the

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requirements of 16 CCR 1070.3.

(D) Instruction in basic life support (BLS) for healthcare professionals to include use of AED as required by 16 CCR 1016(b)(1)(C) prior to the beginning of the pre-clinical or clinical experiences, wherein recertification intervals may not exceed two years. ~~The program may require that the student complete this course as a prerequisite to program enrollment, or that the student provide evidence of having completed the course from another provider.~~

(E) Instruction in the Act that includes the content specified in 16 CCR 1016 governing the Act continuing education courses.

(6) ~~All programs shall provide students with instruction in the California Division of Occupational Safety and Health (Cal/OSHA) Regulations (8 CCR 330-344.85) and the Board's Minimum Standards for Infection Control (16 CCR 1005) prior to the student's performance of procedures on patients. Faculty will be responsible for ensuring that all proper Infection Control and Cal/OSHA regulations and requirements are maintained whenever students perform procedures on patients.~~ All programs shall provide students with instruction in the California Division of Occupational Safety and Health (Cal/OSHA) Regulations (8 CCR 330-344.85) and the Board's Minimum Standards for Infection Control (16 CCR 1005). Students shall be enrolled in or have a program approved plan to enroll in courses culminating in a comprehensive written final examination prior to the student's performance of procedures on patients.

(7) Ongoing instruction and utilization of safety procedures, infection control protocols, and equipment care shall be adhered to at all times. Students shall meet a minimum level of satisfactory competency as defined by the program.

(i) **Didactic Laboratory, Preclinical and Clinical Instruction.** The content categories of this instruction include, but are not limited to Biomedical and Dental Sciences, Dental Materials, Ethics and Professional Responsibilities, Dental Instruments and Equipment, Chairside Assisting, ~~Dental Practice Management~~, Health and Safety, ~~Dental Practice Management~~, and Emergencies, Dental Office Communication, New and Emerging Technologies, and Basic Life Support. ~~Laboratory, preclinical and clinical instruction shall be of sufficient duration and content for each student to achieve minimum competence in the performance of each procedure that dental assistants and registered dental assistants are authorized to perform.~~

(1) In the area of Biomedical Sciences, the program shall integrate throughout the didactic, preclinical, laboratory, and clinical performance components of the curriculum, the following content:

(A) Bloodborne pathogens and related diseases

Commented [NG15]: Staff recommendation: Stakeholders have pointed out that programs are currently allowed to accept a student's certification in BLS from another education provider. Therefore this will require that many programs add new certifications to their curricula, and additionally could affect course sequencing.

The current language at Section 1070.2(d)(9)(D) adds to the requirement for BLS certification: "The program may require that the student complete this course as a prerequisite to program enrollment, or that the student provide evidence of having completed the course from another provider." Staff Recommends that this caveat be added back to the proposed language to allow programs flexibility in course offerings and sequencing, unless the Council's intention is to require programs to offer BLS courses.

Commented [NG16]: Stakeholders have pointed out that many linear dental assisting programs enroll students in IC/OSHA courses simultaneously with other chairside, x-ray, and patient assessment type courses and therefore Requiring those programs to ensure that students have completed a comprehensive written final IC/OSHA exam prior to performance of procedures on patients will require dramatic and expensive revisions to their program sequencing and curriculum design, and does not yield substantial safety increases, because students are overseen by faculty who ensure that all IC protocols and OSHA regulations are observed.

Staff recommends a reversion to the current language of 1070.2(d)(8)(B) which requires that programs provide instruction in IC and OSHA, but does not require the completion of a written exam prior to performing procedures on patients, and add language requiring that faculty maintain all IC protocols and OSHA regulations.

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(B) Hazard Communication Standards

(C) Infection Control

(D) Radiology

(2) In the area of Dental Sciences, the program shall provide instruction in and didactic evaluation of the following areas:

(A) Dental and medical terminology

(B) General anatomy and physiology

(C) Head and neck anatomy

(D) Microbiology

(E) Nutrition

(E) Oral anatomy, histology and embryology

(F) Oral pathology

(G) Pharmacology related to dentistry and the patient shall include:

(i) Drug requirements, agencies and regulations

(ii) Common drugs and prescriptions used in dentistry

(iv) Anesthetics and topical agents used in dentistry

(vi) Administration of nitrous oxide-oxygen

(vii) Drugs and agents used for treating dental-related infections

(viii) Drug addiction including Opioids and other substances.

(H) Patients with special needs including patients whose medical, physical, psychological, or social conditions make it necessary to modify normal dental routines.

(3) In the area of Dental Materials, the program shall provide instruction in and laboratory and performance evaluation in the properties, use, and manipulation of:

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(A) Gypsum

(B) Restorative materials

(C) Bases, liners and bonding agents

(D) Matrix retainers, bands and wedges

(E) Impression materials

(F) Acrylics and or thermoplastics

(G) Waxes

(H) Abrasive agents

(I) Dental laboratory procedures

(i) Study casts

(ii) Fabrication of custom trays

(iii) Temporary crowns and bridges

(J) Preventive materials: polishing agents, fluorides, sealants, varnish

(4) In the areas of Ethics and Professional Responsibilities, the program shall provide instruction in and didactic performance evaluation of the following:

(A) The Act, including information regarding:

(1) The laws and regulations pertaining to the profession of dental assisting

(2) The duties and supervision levels of all licensed and unlicensed dental assistants

(3) The legal responsibilities of all dental assisting licensee and permit holders as defined in statute

(4) Applicable sState and federal laws and regulations

(B) Malpractice, liability, negligence, abandonment, and fraud

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(F) Health Insurance Portability and Accountability Act (HIPAA)

(G) Express, implied, and informed consent

(H) Legal and ethical issues in dentistry

(I) Reports of abuse and domestic violence and neglect; mandatory reporter requirements for all dental healthcare workers

(J) Risk management

(K) Code of ethics applicable to the dental assisting profession

(L) Laws governing harassment, and labor and employment

(M) Licensing, certification, and permit requirements to obtain and maintain such certificates

(5) In the areas of Dental Instruments and Equipment, the program shall provide instruction in and didactic, preclinical, clinical and laboratory performance evaluation of the following:

(A) Identification, types, functions, and operations of dental operator and laboratory equipment;

(B) Identification, types, functions, and tray set-up of dental instruments used in dental procedures;

(C) Operator set-up and equipment maintenance

(D) Anesthetic syringe set-up and handling

(E) Clean removable appliances

(6) In the area of Chairside Assisting, the program shall provide instruction in and didactic, preclinical, clinical performance evaluation of the following:

(A) Assistance in four-handed dentistry procedures

(B) Patient education to include pre- and post-operative instructions

(C) Oral hygiene Instructions

(D) Isolation techniques

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(E) Basic supportive procedures

(F) All dental assisting and Registered Dental Assistant duties prescribed by statute

(G) Record patient information and treatment documentation

(H) Aseptic techniques

(I) Chairside assistant ergonomics

(7) In the area of Dental Practice Management, the program shall provide instruction in and didactic and laboratory performance evaluation of the following:

(A) Appointment control

(B) Financial records and fees

(C) Dental office inventory control and purchasing

(D) Computer and dental software

(E) Recall/Recare systems

(F) Management of patient records including paperless and technology-based records management systems

(G) Oral and written communications

(H) Employment skills resume writing

(I) Privacy and confidentiality pertaining to patient records, [Health Insurance Portability and Accountability Act \(HIPAA\)](#)/[Health Information Technology for Economic and Clinical Health Act \(HITECH\)](#) requirements

(J) Practice management systems

(K) Insurance systems claims processing and procedure coding

(L) Ethical and legal responsibilities including financial misconduct, patient billing, misrepresentation of services performed, and treatment plan presentation

(8) In the areas of Dental Office Communication, instruction and didactic performance evaluation of the following:

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(A) Psychology considerations influencing communication and behaviors

(B) Adapt skills to varied levels of understanding and cultural orientation

(C) Verbal and non-verbal communication

(D) Interpersonal skills

(E) Communicating with dental office employees

(9) In the areas of Health and Safety, and Emergencies, the program shall provide instruction in and didactic and laboratory performance evaluation of the following:

(A) Respond to medical emergencies:

(1) Taking and recording of vital signs

(2) Cardiopulmonary resuscitation (CPR)

(3) Administration of oxygen

(B) Basic first aid kit and first aid procedures

(C) Common medical emergencies in a dental office

(D) Common dental emergencies

(E) Safe transport and transfer of patients

(F) Emergency procedures in response to workplace accidents:

(G) Roles and responsibilities of the dental office employer and employee

(1) The role of the injury and illness prevention program of the dental office

(2) The reporting process for workplace injuries including exposure incidents

(H) Maintenance of safe and healthy work environments

(10) In the area of New and Emerging Technologies, the program shall integrate throughout the didactic and laboratory performance components of the curriculum, the following content:

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(A) Advancements in dental instruments and equipment

(B) Advanced and emerging dental materials and products

(C) Procedures and techniques that incorporate emerging technology used in the workplace

(D) Procedures and techniques related to dental specialties including, but not limited to, prosthodontics, orthodontics, and endodontics.

(11) In the area of Basic Life Support, the program shall offer courses or coursework that, when successfully completed, result in certification, and which are taught by an instructor approved by the American Red Cross or the American Heart Association, or any other provider recognized by the Board as equivalent. The program may require that the student complete certification as a prerequisite to program enrollment, or that the student provide evidence of having completed certification prior to patient-based competencies and clinical assignment.

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

(j) Clinical Externship Instruction. Assisting a dentist shall be an integral part of the educational program designed to perfect students' competence in performing chairside assisting functions, rather than to provide basic instruction. In addition to the requirements of Section 1070 and 1070.1 with regard to extramural instruction and facility use:

(1) If utilized, no more than 50 percent of the total hours of clinical externship instruction shall take place in a specialty dental practice or within the program's facilities. Specialty dentistry clinical experiences are optional and are not required of a registered dental assisting program.

(2) Each student shall be assigned to one or more offices or clinics for clinical experience and assisting in general dentistry situations is emphasized.

(3) The ~~majority~~ ~~major portion~~ of the students' time in clinical assignments shall be spent assisting with or participating in patient care.

(4) A formal written agreement shall exist between the educational institution and the facility providing the experience. The written agreement shall provide that ~~the dental~~

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assisting faculty shall plan, approve, supervise, and evaluate the student's clinical experience, and the following conditions shall be met:

~~(A) A formal written agreement exists shall exist between the educational institution and the facility providing the experience.~~

Commented [NG17]: Moved to (4) above.

(B) The program administrator must retain authority and responsibility for the student.

(C) Policies and procedures for operation of the facility must be consistent with the philosophy and objectives of the dental assisting program.

(D) The facility must accommodate the scheduling needs of the program.

(E) ~~Notification for Any~~ termination of the agreement ensures that instruction will not be interrupted for currently assigned students.

(F) ~~The facility provides its~~ ~~E~~expectations and orientation ~~are provided~~ to all parties prior to student assignment.

(G) Students shall maintain a record of their activities in each clinical assignment.

~~(5H)~~ Faculty of the program or the program director shall conduct at least five site visits to the facility or facilities during the course of the student's clinical assignment. The student shall be present and performing clinical work at the time of the site visit and a report by the visiting faculty member shall be completed and entered into the student record. At no time shall a telephone communication with the extramural facility be deemed equivalent to or determined to be an acceptable alternative to a physical site visit by the program faculty or staff.

(k) **Optional Program Content:** A registered dental assisting program that desires to provide instruction in the following areas shall apply separately for approval to incorporate curriculum on an application form issued by the Board, herein incorporated by reference, (insert here):

(1) An orthodontic assistant permit course that shall meet the curriculum requirements of Section 1070.7. A program shall not be required to obtain approval to teach the orthodontic duties allowed for an unlicensed dental assistant which are already required areas of instruction ~~under Section 1070.7~~, specifically the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from surfaces of teeth with a hand instrument. The incorporated curriculum shall be no less than 51 hours of combined didactic, laboratory and pre-clinical instruction consistent with the requirements of Section 1070.7 plus additional hours of instruction in ultrasonic scaling for cement removal consistent with the requirements of Section 1070.5. All experiences shall

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be performed and evaluated up to the pre-clinical level and within the institutional facilities under the supervision of the program faculty. Upon successful graduation of the program, students shall not be required to complete 12 months of work experience as a dental assistant and shall be considered immediately eligible to apply for Board examination and obtain a permit as an orthodontic assistant which may occur before or after examination and licensure as a registered dental assistant.

(2) A dental sedation assistant permit course that shall meet the curriculum requirements of Section 1070.8, The incorporated curriculum shall be no less than 110 hours of combined didactic, laboratory, pre-clinical, and clinical instruction consistent with the requirements of Section 1070.8. All experiences shall be performed and evaluated up to the pre-clinical level and within the institutional facilities under the supervision of the program faculty. Clinical training must be completed under supervision of qualified staff as specified in 1070.8(a)(3). Thirty-eight of the required 110 hours must be devoted to clinical instruction in the extramural facility under the supervision of sedation or anesthesia permit holder. Upon successful graduation of the program, students shall not be required to complete 12 months of work experience as a dental assistant and shall be considered immediately eligible to apply for Board examination and obtain a permit as a dental sedation assistant which may occur before or after examination and licensure as a registered dental assistant.

(3) A registered dental assisting program that includes instructional content for either the orthodontic assistant permit or dental sedation assistant permit, or both, shall provide a certificate or certificates of completion to the program graduate specific to the subject area and in addition to the RDA program certificate of completion. Certificates shall be used for demonstration of compliance with education requirements for the permit subject as part of a total program for registered dental assisting and shall include the institutional name, Board-approved provider number for the program, total hours of instruction completed in the subject area consistent with the requirements of this Section, a disclosure statement to both the graduate and any employer indicating that the recipient of the certificate is not allowed to perform the duties of a permit holder until such time as a Board-issued permit has been obtained, and certification signature indicating successful completion of approved curriculum. The certificate holder shall utilize the certificate as proof of candidate eligibility at the time of application submission and shall be deemed an eligible candidate for examination and permit issuance as having met all educational requirements.

(l) Certificates of Completion.

(1) Upon successful completion of the program, students shall receive certificates consistent with the requirements defined in Section 1070(m).

(D) In the event a student does not complete the program, but has met all the educational requirements consistent with an eight hour infection control course, a two hour **Dental Practice Act (DPA)** course or a 32 hour radiation health and safety course, the program shall provide certificates to the student verifying that the minimum educational requirements

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for employment as an unlicensed dental assistant have been met and shall include the program's Board-approved provider number for each subject area as defined in this Article.

(m) **Notice of Compliance.** To maintain approval, the programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for ~~Registered Dental Assistant Orthodontic Assistant and Dental Sedation Assistant Educational Programs~~" (insert date New 02/2020)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(a) All Registered Dental Assistant (RDA) programs in California shall apply for and receive Board approval prior to operation.

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

(c) If the program is granted the status of "Approved with Reporting Requirements" from the Commission, the program shall submit to the Board copies of any and all correspondence received from or submitted to the Commission until such time as the status of "Approval without Reporting Requirements" is granted. Additionally, if the program withdraws from accredited status by the Commission, the program shall notify the Board, in writing, of such status within 30 days.

(d) In order for a registered dental assistant program to secure and maintain approval by the Board, it shall meet the requirements of Sections 1070 and 1070.1 and the requirements contained in this Section.

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

(2) Programs shall establish and maintain an advisory committee whose membership provides for equal representation of dentists and dental assistants, all currently licensed by the Board. In addition, consideration shall be given to a student, a recent graduate or a public representative to serve on the advisory committee. The advisory committee

Commented [HH18]: Is everything really being deleted or is some of this staying the same? Will need to spell this out in the iSR....if any requirements are unchanged, it will be very important to say so. Remember that all deletions must be justified the same as additions are.

Commented [NG19R18]: The alternative is to weave ALL of this material into the existing regulations, and that seems far more complicated than the way we are proposing to do this.

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shall meet at least once each academic year with the program director, faculty, and appropriate institutional personnel to monitor the ongoing quality and performance of the program and to receive advice and assistance from the committee.

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

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

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

(i) Participating in budget preparation and fiscal administration, curriculum development and coordination, determination of teaching assignments, supervision and evaluation of faculty, establishment of criteria and procedures, design and operation of program facilities, and selection of extramural facilities and coordination of instruction in those facilities.

(ii) Holding periodic staff meetings to provide for subject matter review, instructional calibration, curriculum evaluation, and coordinating activities of full time, part time, and volunteer faculty or instructional staff.

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

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

(4) The program shall have sufficient financial resources available to support the program and to comply with this Section. If the program or school requires approval by

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any other governmental agency, that approval shall be obtained prior to application to the Board for approval and shall be maintained at all times. The failure to maintain that approval shall result in the automatic withdrawal of Board approval of the program.

(5) The program shall be of sufficient duration for the student to develop minimum competence in performing dental assistant and registered dental assistant duties, but in no event less than 800 hours, including at least 275 hours of didactic instruction, at least 260 hours of combined laboratory or preclinical instruction conducted in the program's facilities under the direct supervision of program faculty or instructional staff, and the remaining hours utilized in clinical instruction in extramural dental facilities. No more than 20 hours of instruction shall be devoted to clerical, administrative, practice management, or similar duties. Programs whose demonstrated total hours exceed 800 and who meet all the instructional requirements in this Section, may utilize the additional instructional hours as deemed appropriate for program success. To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant Educational Programs (New 9/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

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

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

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

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

(A) The following are minimum requirements for equipment and armamentaria during laboratory, preclinical, and clinical sessions as appropriate to each type of session: amalgamator, model trimmers in the ratio of one for every seven students, dental rotary equipment in the ratio of one for every three students, vibrators in the ratio of one for every three students, light curing devices in the ratio of one for every operator, functional typodonts and bench mounts in the ratio of one for every two students, functional orthodontically banded typodonts in the ratio of one for every four students, facebows in the ratio of one for every ten students, automated blood pressure device, EKG machine, pulse oximeters in the ratio of one for every ten students, capnograph or simulated device, one set of hand instruments in the ratio of one set for every two students for each

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procedure, respiration device, camera for intraoral use, camera for extraoral use, CAD machine or simulated device, caries detection device in the ratio of one for every ten students, and all other equipment and armamentaria required to teach dental assistant and registered dental assistant duties. With the exception of a CAD machine and patient monitoring equipment specific to EKG machine, pulse oximeter, and capnograph, the program shall own the necessary equipment and have it readily available upon inspection. Patient monitoring equipment owned by the institution and utilized by more than one program within the institution premises is acceptable and may be used by the RDA program as needed for instruction. Instruction by a licensed healthcare provider is acceptable. In the event instruction in patient monitoring procedures and use of the CAD machine is provided by an outside provider, the RDA program shall not be required to have available or own patient monitoring equipment or CAD machine.

(B) Instruments shall be provided to accommodate students needs in learning to identify, exchange, and prepare procedural trays and assist in procedures as they relate to general and specialty dentistry.

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

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

(8) Curriculum documentation shall be reviewed annually and revised, as needed, to reflect new concepts and techniques. This content shall be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.

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

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(B) All programs shall provide students with additional instruction in the California Division of Occupational Safety and Health (Cal/OSHA) Regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) prior to the student's performance of procedures on patients.

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

(A) Instruction in radiation safety that meets all of the requirements of Cal. Code Regs., Title 16, Sections 1014 and 1014.1.

(B) Instruction in coronal polishing that meets all of the requirements of Cal. Code Regs., Title 16, Section 1070.4.

(C) Instruction in the application of Pit and Fissure Sealants that meets all of the requirements of Cal. Code Regs., Title 16, Section 1070.3.

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

(E) Instruction in infection control that meets all of the requirements of Cal. Code Regs., Title 16, Section 1070.6.

(F) Instruction in the Dental Practice Act that includes the content specified in Cal. Code Regs., Title 16, Section 1016 governing Dental Practice Act continuing education courses.

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

(A) A course in the removal of excess cement with an ultrasonic scaler, that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.5.

(B) An orthodontic assistant permit course that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.7, except that a program shall not be required to obtain separate approval to teach the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from surfaces of teeth with a hand instrument, and shall be no less than 51 hours,

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including at least 9 hours of didactic instruction, at least 22 hours of laboratory instruction, and at least 20 hours of clinical instruction.

(C) A dental sedation assistant permit course that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.8.

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

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

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

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

(C) Instruction in the Dental Practice Act that includes the content specified in Cal. Code Regs., Title 16, Section 1016, as well as principles of the Health Insurance Portability and Accountability Act (HIPAA), privacy and security standards, risk management, and professional codes of ethical behavior.

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

(E) Principles related to pharmacology and biomedical sciences including nutrition and microbiology.

(F) Principles of medical-dental emergencies and first aid management.

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

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

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

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

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

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

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

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

~~(O) All content for instruction in radiation safety as set forth in Cal. Code Regs., Title 16, Section 1014.1.~~

~~(P) All content for instruction in coronal polishing as set forth in Cal. Code Regs., Title 16, Section 1070.4.~~

~~(Q) All content for instruction in the application of Pit and Fissure Sealants as set forth in Cal. Code Regs., Title 16, Section 1070.3.~~

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

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

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

§ 1070.3. Approval of Pit and Fissure Sealant Courses.

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(a) A course in the application of pit and fissure sealants shall have the primary purpose of providing theory and clinical application in preventative sealant techniques. ~~A single standard of care shall be maintained, and t~~he Board shall approve and continue to approve only courses which continuously adhere to the standards in this section.

(b) A pit and fissure sealant course provider applying for initial approval shall submit ~~an application for approval~~ a completed "Application for Pit and Fissure Sealant Course Provider Approval" (New 02/2020), hereby incorporated by reference ~~(insert date)~~, accompanied by the designated, non-refundable fee as defined in Section 1022. Consistent with Section 1070, the Board may approve or deny approval after it evaluates all components of the course.

(c) Continuation of approval will be contingent upon continued compliance with Sections 1070, 1070.1 and all requirements set forth herein.

(d) **General Provisions:** The program shall make adequate provisions for the course's supervision and operation in compliance with this Article and the following:

(1) Unless otherwise incorporated in a Board-approved registered dental assisting program, providers shall require evidence from students that they have met all course prerequisites prior to their acceptance in the course. Prerequisites include current certification in basic life support, completion of an eight (8) hour Board-approved course in infection control, and a two hour Board-approved course in the Act.

(2) When instruction is incorporated in a registered dental assisting program, students shall have completed instruction in infection control, basic chairside skills, anatomy, tooth morphology and dental materials and have obtained certification in basic life support prior to the start of instruction in pit and fissure sealants.

(3) Providers shall adhere to the requirements for the quantity, qualifications, and responsibilities of the course director and all faculty or instructional staff as defined in sections 1070 and 1070.1 at all times.

(4) Providers shall not be required to employ a dentist for the purposes of onsite oversight and mitigation during clinical instruction.

(5) Providers shall require a written permission letter or prescription by a licensed dentist who shall diagnose and prescribe sealant placement when patient-based experiences are performed.

(e) **Facilities and Equipment:**

Commented [NG20]: Staff Recommendation:
The proposed language related to courses reference the requirement that a "single standard of care" is maintained by courses. The term "single standard of care" is not defined. Furthermore the sections which reference this language are detailed requirements for how courses should operate and the standards of care that they must maintain.

Because this term does not have a definition and does not clarify any other requirement staff recommends removing this term and the language around it.

However if the Board/Council decides to keep the term, staff requests that the Board/Council provide staff with a definition or guidance in defining the term.

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(1) Adequate supplies, materials, and provisions for instruction in the application of pit and fissure sealants shall be provided in compliance with the requirements of Section 1070.

(2) There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms, online instruction equipment, and operatories in compliance with the requirements of Section 1070. Adequate cleaning, disinfecting, and sterilizing facilities shall be provided.

(3) All disinfection and sterilization procedures specified in Section 1005 shall be incorporated in course content and followed during all laboratory, simulated clinical, and clinical experiences.

(f) **Course Duration:** As part of a course of instruction, sufficient time shall be available for all students to achieve minimum competence in the various protocols used in the application of pit and fissure sealants. The course shall, however, be no less than 16 clockhours in length consisting of a combination of didactic, laboratory, ~~simulated clinical~~, and clinical instruction designed for the student to develop minimum competency in all aspects of the subject area, including at least four hours of didactic training, at least ~~four-two~~ hours of laboratory training, at least two hours of simulated clinical training, and at least eight hours of clinical training.

(g) **Course Curriculum and Examination:**

(1) A detailed course outline shall be established and maintained consistent with the requirements of Section 1070 and shall be provided to students prior to the start of instruction.

(2) General course objectives and specific instructional unit objectives shall be stated in writing and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the course shall provide the content necessary for students to make judgments regarding the application of pit and fissure sealants.

(3) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific performance objectives and the evaluation criteria that will be used for all aspects of the curriculum.

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

(5) Each student shall pass a practical examination in which the student successfully completes the application of pit and fissure sealants on:

~~(i) no less than four (4) teeth;~~

Commented [NG21]: Staff Recommendation: 1070.3(f) Describes the hours required for pit and fissure courses. The proposed language currently requires, "no less than 16 clockhours in length consisting of a combination of didactic, laboratory, simulated clinical, and clinical instruction designed for the student to develop minimum competency in all aspects of the subject area, including at least four hours of didactic training, at least four hours of laboratory training, and at least eight hours of clinical training."

This formulation does not include a specific requirement of hours for simulated clinical training, and a course could under this formulation include only nominal simulated clinical training.

However simulated clinical skills is now included on the examination requirements at 1070.3(g)(5). Therefore staff requests that the Council establish a required number of hours of simulated clinical training. Staff suggests dividing the required laboratory training in half and using the following formulation:

"no less than 16 clockhours in length consisting of a combination of didactic, laboratory, simulated clinical, and clinical instruction designed for the student to develop minimum competency in all aspects of the subject area, including at least four hours of didactic training, at least two hours of laboratory training, two hours simulated clinical training, and at least eight hours of clinical training."

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(ii) no less than one (1) live patient;

(iii) at least one (1) application in each quadrant using a typodont or simulation device;
and

(iv) at least four (4) applications on the posterior teeth of the required live patient;

(i) no less than 16 teeth total;

(ii) no less than four (4) laboratory applications;

(iii) no less than four (4) applications on simulation devices;

(iv) no less than eight (8) clinical applications on live patients;

(v) no less than two live patients;

(vi) no more than four applications on any of the required live patients.

Commented [NG22]: Staff recommendation:
The Board has received substantial feedback regarding the changes to 1070.3(g)(5) which were made during the November 2019 DAC meeting. Staff recommends a further change to the section which is based on stakeholder comments and will bring it in line with the CODA standards

(h) Didactic Instruction: Areas of instruction shall include the following as they relate to Dental Science, Oral Anatomy, Histology, Physiology, Oral Pathology, Normal and Abnormal Anatomical and Physiological Tooth Descriptions

(1) Morphology

(2) Dental Materials

(3) Sealant Basics:

(i) Legal requirements

(ii) Description and goals of sealants

(iii) Indications and contraindications

(iv) Role in preventive programs

(v) Use of caries identification devices and materials

(4) Sealant Materials and Caries Identification Devices:

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

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

(iii) Armamentaria for etching and sealant application

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

(v) Armamentaria for caries identification

(5) Sealant Criteria:

(i) Areas of application

(ii) Patient ~~selection~~ indications and contraindications factors

(iii) Caries identification protocols

(6) Preparation Factors:

(i) Moisture control protocol

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

(iii) Recording of caries identification devices or materials

(7) Acid Etching or Etchant/Bond Combination:

(i) Material preparation

(ii) Application areas

(iii) Application time factors

(iv) Armamentaria

(v) Procedure

(vi) Etchant or etchant/bond evaluation criteria

(8) Sealant Application:

(i) Application areas

(ii) Application time factors

Commented [NG23]: Staff Recommendation:
It appears that patient selection is a reference to determining when a particular treatment is appropriate and when it is not for a particular patient. However this is adequately covered by "indications and contraindications". Staff recommend removing these references to patient selection criteria.

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(iii) Armamentaria

(iv) Procedure for chemical cure and light cure techniques

(v) Sealant evaluation criteria

(vi) Sealant adjustment technique

(9) Infection control protocols

(10) Clinical re-call re-evaluation protocols

(i) Laboratory, Simulated-Clinical, and Clinical Instruction:

(1) Providers shall adhere to student/teacher ratios as defined in Section 1070.1 at all times during laboratory, simulated clinical, and clinical instruction.

(2) Students shall be provided with established written competencies identifying specific objective evaluation criteria and performance objectives for all evaluated experiences. An experience has been successfully completed only if each sealant placed meets or exceeds all stated performance criteria.

(3) Upon completion of all didactic instruction, students shall complete the following competency evaluated experiences:

(A) Laboratory experiences may be conducted on a typodont and/or mounted extracted teeth. Sufficient time shall be available for students to demonstrate minimum competency on both posterior and anterior teeth.

(B) Sufficient time shall be available for students to demonstrate competency in performing the applications required under Section 1070.3(g)(5). ~~on a minimum of four (4) teeth, of which four (4) shall be conducted on posterior teeth of at least one clinical patient. ; in addition, at least one application must be performed on all four mouth quadrants but may be performed on simulation devices.~~

(4) Each patient shall undergo a caries identification procedure performed by the student as part of the evaluated experience. Each tooth selected for clinical experience shall be sufficiently erupted to maintain a dry field for application of sealant materials.

(j) Course Completion: Upon completion of the course, each student shall be able to:

Commented [NG24]: Section 1070.3(i)(3)(B) details the clinical experiences that students in pit and fissure sealant courses must be evaluated on after completing their didactic instruction.

The requirements listed here have been the same as the examination requirements listed at subsection (g)(5), however they are listed in one sentence instead of broken out across multiple sections.

As a result subsection (i)(3)(B) is confusingly worded and difficult to decipher. Staff recommends changing subsection (1)(3)(B) to reference subsection (g)(5) rather than repeating the formulation provided by that subsection:

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

(2) Explain the procedure to patients.

(3) Recognize decalcification, caries, and fracture lines.

(4) Identify the indications and contraindications for sealants.

(5) Identify the characteristics of a caries identification device, light curing devices, isolation devices, and self-curing and light-cured sealant materials.

(6) Define the appropriate patient ~~indication and contraindication~~ ~~selection factors and~~ ~~indication~~ factors for sealant application.

(7) Utilize proper armamentaria in an organized sequence.

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

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

(10) Select and dispense the proper amount of etchant and sealant material when using materials requiring etchant; and the proper use of etchless sealant materials including bondable materials.

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

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

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

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

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

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

(k) **Certificate of Completion.** Upon successful completion of the course, students shall receive a certificate consistent with the requirements defined in Section 1070(m).

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(l) Notice of Compliance. To maintain approval, courses approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Pit and Fissure Sealant ~~Certificate Courses~~" (~~insert date~~New 02/2020), hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~(5) Emergency Materials/Basic Life Support.~~

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

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

(g) Program Content.

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

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

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

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

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

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

(B) Morphology and Microbiology

(C) Dental Materials and Pharmacology

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(D) Sealant Basics

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

(E) Sealant Materials

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

(F) Sealant Criteria

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

(G) Preparation Factors

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

(H) Acid Etching or Etchant/Bond Combination

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

(I) Sealant Application

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

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~~(J) Infection control protocol~~

~~(K) Clinical re-call re-evaluation protocols~~

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

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

~~(h) Externship Instruction.~~

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

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

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

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

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

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(i) Evaluation and Examination:

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

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

(B) Explain the procedure to patients.

(C) Recognize decalcification, caries and fracture lines.

(D) Identify the indications and contraindications for sealants.

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

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

(G) Utilize proper armamentaria in an organized sequence.

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

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

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

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

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

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

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

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

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

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

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

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections ~~1754~~ 1752.1 and 1777, Business and Professions Code.

§ 1070.4. Approval of Coronal Polishing Courses.

(a) A course in the performance of coronal polishing procedures shall have the primary purpose of providing theory and clinical application in plaque and stain removal techniques from supragingival tooth surfaces. ~~A single standard of care shall be maintained, and t~~The Board shall approve and continue to approve only programmatic curricula and stand-alone courses which continuously adhere to the standards in this section.

(b) A coronal polishing course provider applying for initial approval shall submit a completed "Application for Coronal Polish Course Provider Approval" (New 02/2020) ~~an application for approval~~, hereby incorporated by reference ~~(insert date)~~, accompanied by the designated, non-refundable fee as defined in section 1022. Consistent with section 1070, the Board may approve or deny approval after it evaluates all components of the course.

(c) Continuation of approval will be contingent upon continued compliance with sections 1070, 1070.1 and all requirements set forth herein.

(d) General Provisions: The program shall make adequate provisions for the course's supervision and operation in compliance with this Article and the following:

(1) Unless otherwise incorporated in a Board-approved registered dental assisting program, providers shall require evidence from students that they have met all course prerequisites prior to their acceptance including current certification in basic life support, completion of an eight-hour Board-approved course in infection control, and a two-hour Board-approved course in the Act.

(2) When instruction is incorporated in a registered dental assisting program, students shall have completed instruction in a Board-approved eight-hour infection control course, basic chairside skills, anatomy, tooth morphology and dental materials and have obtained certification in basic life support prior to the start of instruction in coronal polish.

Commented [NG25]: Staff Recommendation:
The proposed language related to courses reference the requirement that a "single standard of care" is maintained by courses. The term "single standard of care" is not defined. Furthermore the sections which reference this language are detailed requirements for how courses should operate and the standards of care that they must maintain.

Because this term does not have a definition and does not clarify any other requirement staff recommends removing this term and the language around it.

However if the Board/Council decides to keep the term, staff requests that the Board/Council provide staff with a definition or guidance in defining the term.

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(3) Providers shall adhere to the requirements for the quantity, qualifications and responsibilities of the course director and all faculty or instructional staff, as defined in sections 1070 and 1070.1, at all times.

(4) Dental assisting programs and stand-alone courses teaching coronal polish shall not be required to employ a dentist for the purposes of oversight during pre-clinical or clinical instruction. Each clinical patient approved for coronal polishing shall be deemed by faculty of the course or program to have minimal calculus sufficient to receive the treatment prior to clinical performance by the student.
~~Each clinical patient approved for coronal polishing shall be deemed to have minimal calculus sufficient to receive the treatment by faculty of the course or program prior to clinical performances by the student.~~

(5) Additionally, all patients or their guardians shall complete a health history form with consent acknowledging the procedure is being performed by a student of the course or program. Such documentation shall be maintained in the student's clinical facility's records.

(e) Facilities and Equipment: Adequate supplies, materials and provisions for instruction in coronal polishing shall be provided in compliance with the requirements of Section 1070.

(f) Course Duration: A course in coronal polishing shall be of sufficient duration, but in no event less than 12 hours including at least four hours of didactic instruction, at least four hours of laboratory instruction, and at least four hours of supervised clinical instruction for the student to obtain applicable theory in didactic instruction, laboratory instruction, and clinical experience to achieve minimum competence.

(g) Course Curriculum and Examination:

(1) A detailed course outline shall be established and maintained consistent with the requirements of Section 1070 and shall be provided to students prior to the start of instruction.

(2) General course objectives and specific instructional unit objectives shall be stated in writing and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the course shall provide the content necessary for students to achieve minimum competency.

(3) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific performance objectives and the evaluation criteria that will be used for all aspects of the curriculum.

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

Commented [NG26]: Staff have received extensive feedback regarding the new requirement that patients of students complete a health history and consent acknowledging that a student is performing procedures on the students and requiring that the health history and consents be transferred back to the course or program. Commenters have argued that these requirements are unnecessarily burdensome, and that transferring records to the courses or programs could violate patient recordkeeping laws.

Staff agree that directing clinical facilities to violate recordkeeping laws is problematic and recommend that the second sentence in the subsection be changed to remove the requirement to move patient records outside of the facility where the treatment occurred."

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(5) Each student shall pass a clinical examination demonstrating minimum competency.

(h) Didactic Instruction: Areas of instruction shall include the following as they relate to coronal polishing:

(1) Coronal Polishing Basics:

(A) Legal requirements

(B) Description and goals of coronal polishing

(C) Indications and contraindications of coronal polishing

(D) Criteria for an acceptable coronal polish

(2) Principles of plaque and stain formation:

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

(B) Etiology of plaque and stain

(C) Clinical description of teeth that have been properly polished and are free of stain

(D) Tooth morphology and anatomy of the oral cavity as they relate to polishing techniques and to retention of plaque and stain

(3) Polishing materials:

(A) Polishing agent(s) composition, storage, and handling

(B) Abrasive material(s) composition, storage, and handling, and factors which affect rate of abrasion

(C) Disclosing agent composition, storage, and handling

(D) Armamentaria for disclosing and polishing techniques

(E) Contraindications for disclosing and polishing techniques

(4) Principles of tooth polishing:

(A) Clinical application of disclosing before and after a coronal polish

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(B) Instrument grasps and fulcrum techniques

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

(D) Characteristics, manipulation and care of dental handpieces, mechanical devices, and rotary devices used when performing a coronal polish procedure

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

(F) Use of traditional and contemporary polishing techniques, including selective polishing

(G) Techniques for coronal polishing of adults and children

(H) Procedures for cleaning fixed and removable prosthesis and orthodontic appliances

(I) Disclosing and polishing evaluation criteria

(J) Pre-medication requirements for the compromised patient

(5) Infection control protocols

(6) OSHA Bloodborne Pathogens Standards

(A) Successful completion of a ~~supervised~~ written examination to include all areas of didactic instruction shall occur prior to pre-clinical instruction.

(i) Laboratory, Simulated Clinical and Clinical Instruction:

(1) Providers shall adhere to student/teacher ratios as defined in Section 1070.1 at all times during laboratory, simulated clinical, and clinical instruction.

(2) Students shall be provided with established written competencies identifying specific objective evaluation criteria and performance objectives for all evaluated experiences. An experience has been successfully completed only if each procedure meets or exceeds all stated performance criteria.

(3) Upon completion of all didactic instruction, students shall complete the following competency evaluated experiences:

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(A) Laboratory experiences which shall be conducted on a typodont which is mounted and has a fully articulated jaw. Sufficient time shall be available for students to demonstrate minimum competency performing two laboratory experiences; or

(B) Simulated clinical experiences which shall be conducted on a simulator or manikin device. Sufficient time shall be available for students to demonstrate minimum competency performing two simulated clinical experiences.

(C) Clinical experiences shall be conducted on three patients with two of the three) patients used for the clinical examination. The clinical experiences shall include one performance utilizing a selective polishing technique and one performance utilizing a full mouth polishing technique. Patient selection and evaluation shall follow all ~~stated~~ criteria established by the course. Careful consideration shall be given to utilizing selective polishing techniques on clinical patients possessing implants, orthodontic bands and brackets, or removable appliances.

(j) Upon completion of the course, each student shall be able to:

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

(2) Explain the procedure to patients.

(3) Recognize decalcification and mottled enamel.

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

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

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

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

(8) Perform plaque disclosure.

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

(10) Utilize both full mouth and selective polishing techniques

(11) Demonstrate proper polishing techniques using traditional and contemporary mechanical devices

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

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

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

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

(k) Certificate of Completion. Upon successful completion of the course, students shall receive a certificate consistent with the requirements defined in Section 1070(m).

(l) Notice of Compliance. To maintain approval, courses approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Coronal Polish ~~Certificate~~ Courses" (~~insert date~~ New 02/2020), hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~(5) Emergency Materials/Basic Life Support.~~

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

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

~~(g) Program Content.~~

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

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

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

~~(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of~~

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performance that states the minimum number of satisfactory performances that are required for each procedure.

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

(A) Coronal Polishing Basics

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

(B) Principles of plaque and stain formation

- i. Clinical description of plaque, intrinsic and extrinsic stains, and calculus
- ii. Etiology of plaque and stain
- iii. Clinical description of teeth that have been properly polished and are free of stain.
- iv. Tooth morphology and anatomy of the oral cavity as they relate to polishing techniques and to retention of plaque and stain

(C) Polishing materials

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

(D) Principals of tooth polishing

- i. Clinical application of disclosing before and after a coronal polish.

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

~~(E) Infection control protocols~~

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

~~(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency, which may include externship instruction as provided in subdivision (h). There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on at least three patients, with two of the three patients used for the clinical examination.~~

~~(h) Externship Instruction.~~

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

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

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

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

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

~~(i) Evaluation and Examination.~~

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

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

~~(B) Explain the procedure to patients.~~

~~(C) Recognize decalcification and mottled enamel.~~

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

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

~~(F) Identify the pre-mediations for the compromised patient.~~

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

~~(H) Perform plaque disclosure.~~

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

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

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

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

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

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

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

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

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

§ 1070.5. Approval of Ultrasonic Scaling Courses.

(a) A course in the performance of ultrasonic scaling for removal of orthodontic cement shall have the primary purpose of providing theory and clinical application in the mechanical removal of orthodontic cement from around bands and brackets utilized in orthodontic treatment. ~~A single standard of care shall be maintained, and~~ The Board shall approve and continue to approve only programmatic curricula and stand-alone courses which continuously adhere to the standards in this section.

(b) A course provider applying for initial approval shall submit ~~an application for approval~~ completed "Application for Orthodontic Ultrasonic Scaler Course Provider Approval" (02/2020), hereby incorporated by reference (~~insert date~~), accompanied by the designated, non-refundable fee as defined in Section 1022. Consistent with Section 1070, the Board may approve or deny approval after it evaluates all components of the course.

(c) Continuation of approval will be contingent upon continued compliance with Sections 1070, 1070.1 and all requirements set forth herein.

(d) General Provisions: The program shall make adequate provisions for the course's supervision and operation in compliance with this Article and the following:

(1) Each student in a stand-alone course shall possess an active, valid and current RDA license as a registered dental assistant or an Orthodontic Assistant Permit. Courses shall establish and demonstrate to the Board the protocols necessary to ensure students have

Commented [NG27]: Staff Recommendation:
The proposed language related to courses reference the requirement that a "single standard of care" is maintained by courses. The term "single standard of care" is not defined. Furthermore the sections which reference this language are detailed requirements for how courses should operate and the standards of care that they must maintain.

Because this term does not have a definition and does not clarify any other requirement staff recommends removing this term and the language around it.

However if the Board/Council decides to keep the term, staff requests that the Board/Council provide staff with a definition or guidance in defining the term.

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met licensure as a prerequisite prior to the start of instruction. Students enrolled in a Board-approved Orthodontic Assistant Permit Course are exempt from this prerequisite.

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

(3) Providers shall adhere to the requirements for the quantity, qualifications, and responsibilities of the course director and all faculty or instructional staff, as defined in Sections 1070 and 1070.1, at all times.

(e) Facilities and Equipment:

(1) Adequate supplies, materials, and provisions for instruction in ultrasonic scaling for cement removal shall be provided in compliance with the requirements of Section 1070.

(2) There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms and operatories in compliance with the requirements of Section 1070. Adequate cleaning, disinfecting, and sterilizing facilities shall be provided.

(3) All disinfection and sterilization procedures specified in Section 1005 shall be incorporated in course content and followed during all laboratory experiences.

(f) Course Duration: As part of an organized course of instruction, sufficient time shall be available for all students to achieve minimum competence in the various protocols used during ultrasonic scaling for orthodontic cement removal. The course shall be no less than four hours in length consisting of a combination of didactic and at least 2 hours of laboratory instruction designed for the student to develop minimum competency in all aspects of the subject area.

(g) Course Curriculum and Examination:

(1) A detailed course outline shall be established and maintained consistent with the requirements of Section 1070 and shall be provided to students prior to the start of instruction.

(2) General course objectives and specific instructional unit objectives shall be stated in writing and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the course shall provide the content necessary for students to make judgments regarding ultrasonic scaling for orthodontic procedures.

(3) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific

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performance objectives and the evaluation criteria that will be used for all aspects of the curriculum.

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

(5) Students shall be provided with established written competencies identifying specific objective evaluation criteria and performance objectives for all evaluated experiences. An experience has been successfully completed only if each procedure meets or exceeds all stated performance criteria.

(6) Providers shall adhere to student/teacher ratios as defined in section 1070.1 at all times during laboratory, simulated clinical and clinical instruction.

Commented [NG28]: Staff recommendation:
These sections moved from subsection (i) below.

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

(1) Ultrasonic scaling basics:

(A) Legal requirements.

(B) Description and goals of ultrasonic scaling.

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

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

(2) Tooth anatomy as it relates to the use and technique of an ultrasonic scaler in cement removal of orthodontically banded teeth.

(3) Armamentarium and equipment use and care.

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

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

(B) Instrument grasps and fulcrum techniques.

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

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

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

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

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

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

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

(i) ~~Laboratory, Simulated Clinical and Clinical Instruction~~ Extramural instruction:

(1) Providers shall adhere to student/teacher ratios as defined in section 1070.1 at all times during laboratory instruction.

(2) Students shall be provided with established written competencies identifying specific objective evaluation criteria and performance objectives for all evaluated experiences. An experience has been successfully completed only if each procedure meets or exceeds all stated performance criteria.

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

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

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

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

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

(j) Course Completion: Upon completion of the course, each student shall be able to:

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

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

(3) Recognize loose appliances.

(4) Recognize decalcification and mottled enamel.

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

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

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

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

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

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

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

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

Commented [NG29]: Staff recommendation:
The proposed "Laboratory, Simulated-Clinical and Clinical Instruction:" does not actually describe rules for these types of instruction.

The existing 16 CCR 1070.5 only requires that courses provide didactic and laboratory instruction and examination. The current section spells out requirements for optional extramural (clinical) instruction. It is optional because the current requirements for examination do not require extramural/clinical/live patient evaluation, but do provide guidance for courses that choose to offer extramural training.

The draft section appears incomplete because it does not fully lay out the requirements for lab or clinical instruction, and the subsections which do reference lab/clinical instruction just repeat other subsections. The existing 1070.5 language has limited rules for the lab component of instruction other than requiring 2 hours of it (a requirement that is missing from the proposed language). The existing 1070.5 does have rules related to extramural facility requirements, which are absent in the proposed language.

Staff recommends adding the language from existing 1070.5(h) in to replace the proposed 1070.5(i), and that the requirement for two hours of lab instruction be added back to proposed subsection 1070.5(f) course duration. This will maintain the existing regulatory structure, without requiring a more substantial re-writing of the proposed language. In the alternative subsection (i) could be removed entirely as it currently duplicates other language found in the section.

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(k) Certificate of Completion. Upon successful completion of the course, students shall receive a certificate consistent with the requirements defined in Section 1070(m).

(l) Notice of Compliance. To maintain approval, courses approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Orthodontic Ultrasonic Scaling for Cement Removal Certificate Courses" (insert date 02/2020), hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

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

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

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

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

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

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

(A) Providing guidance of didactic and laboratory assignments.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~(g) Program Content.~~

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

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

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

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

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

~~(A) Ultrasonic Scaling Basics~~

~~i. Legal requirements;~~

~~ii. Description and goals of ultrasonic scaling;~~

~~iii. Indications and contraindication of using an ultrasonic scaler as it relates to other methods of cement removal;~~

~~iv. Criteria for acceptable cement removal from orthodontically banded teeth.~~

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

~~(C) Armamentarium and equipment use and care.~~

~~(D) Principles of cement removal from orthodontically banded teeth~~

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- i. Characteristics of ultrasonic scaler units and tips for cement removal;
- ii. Instrument grasps and fulcrum techniques;
- iii. Purpose and techniques of the mouth mirror for indirect vision and retraction;
- iv. Characteristics, manipulation and care of ultrasonic scaler unit when removing excess cement from orthodontically banded teeth;
- v. Effects of ultrasonic scalers on hard and soft tissue including root damage, enamel damage, thermal damage, and soft tissue damage;
- vi. Patient and operator safety including systemic medical complications and managing patients with pacemakers;
- vii. Use of adjunct material for removal of excess cement from orthodontically banded teeth;
- viii. Techniques for removal of excess cement from orthodontically banded teeth on a banded typodont;
- ix. Evaluation criteria for removal of excess cement by an ultrasonic scaler on a banded typodont.

(F) Infection control protocols

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

(h) Extramural Instruction.

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

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

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

~~(4) Dentists who intend to provide extramural facilities shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment.~~

~~Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.~~

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

~~(i) Evaluation and Examination.~~

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

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

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

~~(C) Recognize loose appliances.~~

~~(D) Recognize decalcification and mottled enamel.~~

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

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

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

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

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

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~~(1) Maintain aseptic techniques including disposal of contaminated materials.~~

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

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

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section ~~1754~~1752.1, Business and Professions Code.

§ 1070.6. Approval of Infection Control Courses.

(a) A course in infection control for unlicensed dental assistants shall have the primary purpose of providing theory and application in a clinical setting in infection control practices and principles consistent with Section 1005, Minimum Standards for Infection Control. ~~A single standard of care shall be maintained, and t~~The Board shall approve only programmatic curricula and stand-alone courses which continuously adhere to the standards in this section.

(b) A course provider applying for initial approval shall submit ~~an application for approval a completed "Application for Infection Control Course Provider Approval" (02/2020), hereby incorporated by reference (insert date),~~ accompanied by the designated, non-refundable fee as defined in Section 1022. Consistent with Section 1070, the Board may approve or deny approval after it evaluates all components of the course.

(c) Continuation of approval will be contingent upon continued compliance with Sections 1070, 1070.1 and all requirements set forth herein.

(d) **General Provisions:** The program shall adhere to the requirements for the quantity, qualifications and responsibilities of the course director and all faculty or instructional staff, as defined in Sections 1070 and 1070.1, at all times.

(e) Facilities and Equipment:

(1) Adequate supplies, materials, and provisions for instruction in infection control shall be provided in compliance with the requirements of Section 1070.

Commented [NG30]: Staff Recommendation:
The proposed language related to courses reference the requirement that a "single standard of care" is maintained by courses. The term "single standard of care" is not defined. Furthermore the sections which reference this language are detailed requirements for how courses should operate and the standards of care that they must maintain.

Because this term does not have a definition and does not clarify any other requirement staff recommends removing this term and the language around it.

However if the Board/Council decides to keep the term, staff requests that the Board/Council provide staff with a definition or guidance in defining the term.

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(2) There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms and operatories in compliance with the requirements of Section 1070. Adequate cleaning, disinfecting, and sterilizing facilities shall be provided.

(3) All disinfection and sterilization procedures specified in Section 1005 shall be incorporated in the course content and followed during all laboratory experiences.

(f) **Course Duration:** The course shall be of sufficient duration for the student to develop minimum competency in all aspects of Cal/OSHA regulations (8 CCR 330-344.85) and the Board's Minimum Standards for Infection Control (16 CCR 1005). The course shall be no less than eight hours in length consisting of four hours of didactic and four hours of laboratory instruction designed for the student to develop minimum competency in all aspects of the subject area.

(g) **Course Curriculum and Examination:**

(1) A detailed course outline shall be established and maintained consistent with the requirements of Section 1070 and shall be provided to students prior to the start of instruction.

(2) General course objectives and specific instructional unit objectives shall be stated in writing and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the course shall provide the content necessary for students to make judgments regarding infection control procedures.

(3) Objective evaluation criteria shall be used for measuring student progress toward attainment of minimum competency in a laboratory or preclinical setting. Students shall be provided with specific performance objectives and the evaluation criteria that will be used for all aspects of the curriculum.

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

(h) **Didactic Instruction:** Areas of instruction shall include, at a minimum, the following as they relate to infection control:

(1) Cal/OSHA regulations (8 CCR 330-344.85) and the Board's Minimum Standards for Infection Control (16 CCR 1005):

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

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

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

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(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, post-exposure requirements, and monitoring systems for radiation safety and sterilization systems.

(i) Laboratory and Simulated Clinical Instruction:

(1) Providers shall adhere to student/teacher ratios as defined in Section 1070.1 at all times during laboratory and simulated clinical instruction.

(2) Students shall be provided with established written competencies identifying specific objective evaluation criteria and performance objectives for all evaluated experiences. An experience has been successfully completed only if each procedure meets or exceeds all stated performance criteria.

(3) Upon completion of all didactic instruction, students shall ~~be evaluated to~~ demonstrate minimum competency in the following experiences in the laboratory or simulated-clinical environment:

(A) Hand hygiene procedures.

(B) Proper use and disposal of personal protective equipment.

(C) Proper processing of contaminated instrumentation from precleaning to sterilization.

(D) Operator asepsis procedures to include precleaning, disinfection and proper use of barriers.

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(E) Proper procedural steps in preparing cleaned instruments for sterilization, including packaging and wrapping

(F) Knowledge of the use of biological spore testing materials

(G) Proper protocols for the safe handling and disposal of biohazardous waste and sharps.

(H) Work practice controls relating to the disinfection of intraoral impressions, bite registrations and prosthetic appliances when prepared for manipulation in a lab.

(I) Proper protocol for required maintenance of dental unit water lines and devices.

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

(j) Course Completion: Upon completion of the course, each student shall be able to:

(1) Demonstrate knowledge of Cal/OSHA regulations (8 CCR 330-344.85) and the Board's Minimum Standards for Infection Control (16 CCR 1005):

(2) Demonstrate knowledge of basic dental sciences and microbiology as they relate to infection control in dentistry.

(3) Demonstrate knowledge of legal and ethical aspects of infection control procedures.

(4) Demonstrate knowledge of the principles of modes of disease transmission and prevention.

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

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

(7) Identify the principles and protocols associated with sharps management.

(8) Discuss the principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, post-exposure requirements, and monitoring systems sterilization systems.

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(k) Certificate of Completion. Upon successful completion of the course, students shall receive a certificate consistent with the requirements defined in section 1070(m).

(l) Notice of Compliance. To maintain approval, courses approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Infection Control ~~Certificate~~ Courses" (~~insert date~~ **New 02/2020**), hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

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

(a) Adequate provisions for the supervision and operation of the course in infection control shall be made in compliance with Section 1070. Notwithstanding Section 1070, faculty shall not be required to be licensed by the Board, but faculty shall have experience in the instruction of California Division of Occupational Safety and Health (Cal/OSHA) regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005). In addition, all faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation.

(b) A course in infection control shall be of sufficient duration for the student to develop minimum competency in all aspects of Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005), but in no event less than eight hours, including at least four hours of didactic instruction, at least two hours of laboratory or preclinical instruction, and at least two hours of clinical instruction. Preclinical instruction shall utilize instruments, surfaces, and situations where contamination is simulated, without actual contamination, from bloodborne and other pathogens being present.

(c) The minimum requirements for equipment and armamentaria shall include personal protective equipment, sterilizer approved by the United States Food and Drug Administration (FDA), 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/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85), 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 Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005):

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~~(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 Cal. Code of Regs., Title 16, Section 1005 regarding the minimum standards for infection control.~~

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

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

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

~~(7) Principles and protocols associated with sharps management.~~

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

~~(9) Principles and protocols of waterline maintenance.~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

§ 1070.7. Approval of Orthodontic Assistant Permit Courses.

(a) An orthodontic assistant permit course shall have the primary purpose of providing theory, laboratory and clinical application in orthodontic assisting techniques. ~~A single standard of care shall be maintained and~~ The Board shall approve and continue to approve only courses which continuously adhere to the standards of this section.

(b) A course provider applying for initial approval shall submit ~~an application for approval~~ completed "Application for Orthodontic Assistant Course Provider Approval" (02/2020), hereby incorporated by reference ~~(insert date)~~, accompanied by the designated, non-refundable fee as defined in Section 1022. Consistent with Section 1070, the Board may approve or deny approval after it evaluates all components of the course.

(c) Continuation of approval will be contingent upon continued compliance with Sections 1070, 1070.1 and all requirements set forth herein.

(d) General Provisions: The program shall make adequate provisions for the course's supervision and operation in compliance with this Article and the following:

(1) Each student shall meet the requirements for application for licensure as a registered dental assistant and possess a minimum of 12 months' work experience or possess a current, active license as a registered dental assistant.

(2) Prior to enrollment, each student shall have completed an eight-hour Board-approved course in infection control, a two-hour Board-approved course in the Act and possess a current certification in basic life support issued by the American Heart Association or American Red Cross.

(3) Registered dental assisting program graduates who have completed the course requirements for the orthodontic assistant permit as a component of a total program of

Commented [NG31]: Staff Recommendation:
The proposed language related to courses reference the requirement that a "single standard of care" is maintained by courses. The term "single standard of care" is not defined. Furthermore the sections which reference this language are detailed requirements for how courses should operate and the standards of care that they must maintain.

Because this term does not have a definition and does not clarify any other requirement staff recommends removing this term and the language around it.

However if the Board/Council decides to keep the term, staff requests that the Board/Council provide staff with a definition or guidance in defining the term.

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instruction, shall qualify to apply for the orthodontic assistant permit Board examination immediately upon graduation from the program.

(4) Providers shall adhere to the requirements for the quantity, qualifications and responsibilities of the course director and all faculty or instructional staff, as defined in Sections 1070 and 1070.1, at all times.

(e) Facilities and Equipment:

(1) Adequate supplies, materials and provisions for instruction in the subject area shall be provided in compliance with the requirements of Section 1070.

(2) The program shall provide banded or bonded orthodontic typodonts in the ratio of at least one for every four students, bench mount or dental chair mounted manikin head, curing light, regular typodont with full dentition and soft gingiva in the ratio of at least one for every four students, and a selection of orthodontic instruments and adjunct material for all of the procedures that orthodontic assistant permit holders are authorized to perform under Business and Professions Code Section 1750.3.

(3) There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms and operatories in compliance with the requirements of Section 1070. Adequate cleaning, disinfecting, and sterilizing facilities shall be provided.

(4) All disinfection and sterilization procedures specified in Section 1005 shall be incorporated in the course content and followed during all laboratory, simulated clinical, and clinical experiences.

(f) Course Duration: The course shall be of sufficient duration for the student to develop minimum competence in all of the duties that orthodontic assistant permit holders are legally authorized to perform.

(1) The course hours for an unlicensed dental assistant who has met all the requirements of subsections (d)(1)-(2) of this section, shall be no less than 84 hours, including at least 24 hours of didactic instruction, at least 28 hours of laboratory instruction, and at least 32 hours of clinical instruction.

(2) The course hours for a student who holds a valid and current registered dental assistant license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory hours, and 20 clinical hours. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument.

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(3) The course hours for a student who holds a valid and current registered dental assistant license and who has completed a Board-approved course in the use of an ultrasonic scaler shall be no less than 51 hours, including 9 didactic, 22 laboratory, and 20 clinical hours. A registered dental assistant who has completed a Board-approved course in the use of an ultrasonic scaler shall not be required to complete further instruction in that duty.

(g) Course Curriculum and Examination:

(1) A detailed course outline shall be established and maintained consistent with the requirements of Section 1070 and shall be provided to students prior to the start of instruction.

(2) General course objectives and specific instructional unit objectives shall be stated in writing and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the course shall provide the content necessary for students to make judgments regarding orthodontic assistant procedures.

(3) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific performance objectives and the evaluation criteria that will be used for all aspects of the curriculum.

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

(h) Didactic Instruction: Areas of instruction shall include, at a minimum, the following as they relate to the orthodontic assistant permit, as well as instruction in basic background information on orthodontic practice. "Basic background information on orthodontic practice" means, for the purpose of this subdivision, the orthodontic treatment review, charting, patient education and legal and infection control requirements as they apply to orthodontic practice:

(1) Archwire characteristics and their role in tooth movement.

(2) Introduction to orthodontic instrumentation, use and care.

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

(4) Characteristics of contemporary ligature systems.

(5) Theory of band and bracket positioning.

(6) Characteristics of orthodontic bands; sizes, shapes, and functionality.

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

(A) Armamentaria.

(B) General principles of fitting and removing bands.

(C) General principles of bracket positioning, bonding, adhesion, curing and removal including:

(i) Characteristics and methods of bonding;

(ii) Bonding materials, techniques for use and cure time factors;

(iii) Direct and indirect bracket bonding techniques; and

(iv) Removal.

(8) Characteristics of accessory devices: tubes, lingual sheaths, lingual cleats, and their role in orthodontic care.

(9) Orthodontic cements and adhesive materials: classifications, armamentaria, and use.

(10) Procedure for removal of bands and brackets after adhesion.

(i) Laboratory, Simulated Clinical, and Clinical Instruction:

(1) Providers shall adhere to student/teacher ratios as defined in Section 1070.1 at all times during laboratory, simulated clinical, and clinical instruction.

(2) Students shall be provided with established written competencies identifying specific objective evaluation criteria and performance objectives for all evaluated experiences. An experience has been successfully completed only if each procedure meets or exceeds all stated performance criteria.

(3) Upon completion of all didactic instruction, students shall ~~be evaluated to~~ demonstrate minimum competency in experiences in the laboratory or simulated clinical environment:

(A) Laboratory experiences shall be conducted on a fully articulated and mounted typodont. Sufficient time shall be available for students to demonstrate minimum competency performing two laboratory experiences in each of the following areas:

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(i) Sizing, fitting, cementing, and removing orthodontic bands.

(ii) Bracket positioning, bonding, curing, and removal of orthodontic brackets.

(iii) Archwire placement and ligation.

(iv) Ultrasonic scaling for removal of orthodontic cement

(B) Simulated clinical experiences which shall be conducted on a simulator or manikin device. Sufficient time shall be available for students to demonstrate minimum competency performing two simulated clinical experiences in each of the following areas:

(i) Sizing, fitting, cementing, and removing orthodontic bands.

(ii) Bracket positioning, bonding, curing, and removal of orthodontic brackets.

(iii) Archwire placement and ligation.

(iv) Ultrasonic scaling for removal of orthodontic cement

(C) Clinical experiences which shall be conducted on three patients with two of the three patient experiences used for the clinical examination. The clinical experiences shall include three performances of the following:

(i) Sizing, fitting, cementing, and removing orthodontic bands.

(ii) Bracket positioning, bonding, curing, and removal of orthodontic brackets.

(iii) Archwire placement and ligation.

(4) Patient selection and evaluation shall follow all stated criteria **established by the course.**

(j) **Course Completion:** Upon completion of the course, each student shall be able to:

(1) Identify the various orthodontic wires and their purpose.

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

(3) Recognize loose appliances.

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(4) Recognize decalcification and mottled enamel.

(5) Identify the indications and contraindications of using an ultrasonic scaler as it relates to orthodontic cement removal.

(6) Utilize proper armamentaria in an organized sequence for cement removal on an orthodontically banded typodont.

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

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

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

(k) **Certificate of Completion.** Upon successful completion of the course, students shall receive a certificate consistent with the requirements defined in Section 1070(m).

(l) **Notice of Compliance.** To maintain approval, courses approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for ~~Ultrasonic Scaling for Cement Removal Certificate~~ Orthodontic Assistant Permit Courses" (New 02/2020insert date), hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

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

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

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(b) The minimum requirements for equipment and armamentaria shall include banded or bonded orthodontic typodonts in the ratio of at least one for every four students, bench mount or dental chair mounted mannequin head, curing light, regular typodont with full dentition and soft gingiva in the ratio of at least one for every four students, and a selection of orthodontic instruments and adjunct material for all of the procedures that orthodontic assistant permitholders are authorized to perform under Business and Professions Code Section 1750.3.

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

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

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

(1) Didactic instruction shall contain the following:

(A) Theory of band positioning and tooth movement.

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

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

(i) Armamentaria.

(ii) General principles of fitting and removing bands.

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

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

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

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~~(vi) Procedure for removal of bands after cementation.~~

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

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

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

~~(1) Didactic instruction shall contain the following:~~

~~(A) Chemistry of etching materials and tooth surface preparation~~

~~(B) Application and time factors~~

~~(C) Armamentaria~~

~~(D) Techniques for tooth etching.~~

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

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

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

~~(1) Didactic instruction shall include the following elements:~~

~~(A) Characteristics and methods of orthodontic bonding.~~

~~(B) Armamentaria.~~

~~(C) Types of bracket bonding surfaces.~~

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

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~~(E) Procedure for direct and indirect bracket bonding.~~

~~(F) Procedures for bracket or tube removal.~~

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

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

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

~~(1) Didactic instruction shall contain the following:~~

~~(A) Archwire characteristics.~~

~~(B) Armamentaria.~~

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

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

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

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

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

~~(3) Clinical instruction shall contain the following:~~

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

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

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

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(1) Didactic instruction shall contain the following:

(A) Armamentaria

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

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

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

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

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

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

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

§ 1070.8. Approval of Dental Sedation Assistant Permit Courses.

(a) A dental sedation assistant permit course shall have the primary purpose of providing theory, laboratory, and clinical instruction and application in dental sedation assisting duties and functions. ~~A single standard of care shall be maintained, and~~ The Board shall approve and continue to approve only courses which continuously adhere to the standards of this section.

(b) A course provider applying for initial approval shall submit ~~a completed "Application for Dental Sedation Course Provider Approval" (02/2020) an application for approval,~~ hereby incorporated by reference ~~(insert date),~~ accompanied by the designated, non-refundable fee as defined in CCR Section 1022. Consistent with CCR Section 1070, the Board may approve or deny approval after it evaluates all components of the course.

(1) In addition to the requirements of Sections 1070 and 1070.1, the course director, designated faculty member, or instructional staff member of a dental sedation assistant

Commented [NG32]: Staff Recommendation:
The proposed language related to courses reference the requirement that a "single standard of care" is maintained by courses. The term "single standard of care" is not defined. Furthermore the sections which reference this language are detailed requirements for how courses should operate and the standards of care that they must maintain.

Because this term does not have a definition and does not clarify any other requirement staff recommends removing this term and the language around it.

However if the Board/Council decides to keep the term, staff requests that the Board/Council provide staff with a definition or guidance in defining the term.

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course may, in lieu of a license issued by the Board, possess a valid, active, and current license issued in California as a physician and surgeon.

(2) Consistent with the requirements of Section 1070, as it relates to instructional methodology, the course director, designated faculty member, or instructional staff member(s) responsible for clinical evaluation shall complete a course in clinical evaluation prior to conducting clinical evaluations of students.

(3) In addition to the requirements of Sections 1070 and 1070.1, clinical instruction in a dental sedation assistant course shall be given under direct supervision of the course director, designated faculty member, or instructional staff member who shall be the holder of a valid, active, and current general anesthesia or conscious sedation permit issued by the Board. Evaluation of the condition of a sedated patient shall remain the responsibility of the director, designated faculty member, or instructional staff member authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside while conscious sedation or general anesthesia is being administered.

(c) Continuation of approval will be contingent upon continued compliance with Sections 1070, 1070.1 and all requirements set forth herein.

(d) General Provisions: The program shall make adequate provisions for the course's supervision and operation in compliance with this Article and the following:

(1) Each student shall meet the requirements for application for licensure as a registered dental assistant and a minimum of 12months' work experience or possess a current, active license as a registered dental assistant.

(2) Prior to enrollment, each student shall have completed an eight-hour Board-approved course in infection control, a two-hour Board-approved course in the Act, and possess current certification in basic life support issued by the American Heart Association or American Red Cross.

(3) The provider shall adhere to the requirements for the quantity, qualifications and responsibilities of the course director and all faculty or instructional staff, as defined in Sections 1070 and 1070.1, at all times.

(e) Facilities and Equipment:

(1) Adequate supplies, materials and provisions for instruction in the subject area shall be provided in compliance with the requirements of Section 1070.

(2) The program shall provide one pulse oximeter for each six students; one AED or AED trainer; one capnograph or teaching device for monitoring of end tidal carbon dioxide (CO²); blood pressure cuff and stethoscope for each six students; one pretracheal

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stethoscope for each six students; one electrocardiogram machine, one automatic blood pressure/pulse measuring system/machine, and one oxygen delivery system including oxygen tank; one IV start kit for each student; one venous access device kit for each student; IV equipment and supplies for IV infusions including hanging device infusion containers and tubing for each six students; one sharps container for each six students; packaged syringes, needles, needleless devices, practice fluid ampules and vials for each student; one stopwatch or timer with second hand for each six students; one heart/lung sounds manikin or teaching device; one tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube and appropriate connectors, suction equipment for aspiration of oral and pharyngeal cavities, and laryngoscope for each six students; any other monitoring or emergency equipment required by Section 1043 for the administration of general anesthesia or conscious sedation; and a selection of instruments and supplemental armamentaria for all of the procedures that dental sedation assistant permitholders are authorized to perform according to Business and Professions Code Section 1750.5.

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

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

(5) There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms and operatories in compliance with the requirements of Section 1070. Adequate cleaning, disinfecting, and sterilizing facilities shall be provided.

(6) All disinfection and sterilization procedures specified in Section 1005 shall be incorporated in the course content and followed during all laboratory, simulated-clinical and clinical experiences.

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

(g) **Course Curriculum and Examination:**

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(1) A detailed course outline shall be established and maintained consistent with the requirements of Section 1070 and shall be provided to students prior to the start of instruction.

(2) General course objectives and specific instructional unit objectives shall be stated in writing and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the course shall provide the content necessary for students to make judgments regarding dental sedation assistant procedures.

(3) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific performance objectives and the evaluation criteria that will be used for all aspects of the curriculum.

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

(h) Didactic Instruction: Areas of instruction shall relate to the duties that dental sedation assistant permitholders are authorized to perform. General didactic instruction shall contain:

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

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

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

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

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

(6) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, including the distinctions between conscious sedation, deep sedation, and general anesthesia.

(7) Overview of patient monitoring during conscious sedation and general anesthesia.

(8) Prevention, recognition, and management of complications.

(9) Obtaining informed consent.

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(i) With respect to medical emergencies, didactic instruction shall contain:

(1) An overview of medical emergencies, including, but not limited to, airway obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope, cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia, drug overdose, hyperventilation, acute coronary syndrome including angina and myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and congestive heart failure.

(2) ~~Laboratory instruction shall include:~~ The simulation and response to at least the following medical emergencies: airway obstruction, bronchospasm, emesis and aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction, hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia, syncope, and respiratory depression. Both training manikins and other students or staff may be used for simulation. The student shall demonstrate minimum competency in all simulated emergencies during training and shall then be eligible to complete a practical examination on this Section.

(j) With respect to sedation and the pediatric patient, didactic instruction shall contain the following:

(1) Psychological considerations.

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

(3) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, with special emphasis on the distinctions between conscious sedation, deep sedation, and general anesthesia.

(4) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on establishing and maintaining a patient airway.

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

(6) Patient monitoring.

(7) Obtaining informed consent.

(8) Prevention, recognition, and management of complications, including principles of basic life support.

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(k) With respect to physically, mentally, and neurologically compromised patients, didactic instruction shall contain the following: an overview of characteristics of Alzheimer's disease, autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular dystrophy, Parkinson's disease, schizophrenia, and stroke.

(l) With respect to health history and patient assessment, didactic instruction shall include, at a minimum, the recording of the following:

(1) Age, sex, weight, physical status as defined by the American Society of Anesthesiologists Physical Status Classification System, medication use, general health, any known or suspected medically compromising conditions, rationale for anesthesia or sedation of the patient, visual examination of the airway, and auscultation of the heart and lungs as medically required.

(2) General anesthesia or conscious sedation records that contain a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry and blood pressure and pulse readings, frequency and dose of drug administration, length of procedure, complications of anesthesia or sedation, and a statement of the patient's condition at time of discharge.

(m) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and EKG and use of AED:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope.

(B) Review of anatomy and physiology of circulatory system: heart, blood vessels, and cardiac cycle as it relates to EKG.

(C) Characteristics of rhythm interpretation and waveform analysis basics.

(D) Characteristics of manual intermittent and automatic blood pressure and pulse assessment.

(E) Characteristics and use of an AED.

(F) Procedure for using a pretracheal/precordial stethoscope for monitoring of heart sounds.

(G) Procedure for use and monitoring of the heart with an EKG machine, including electrode placement, and the adjustment of such equipment.

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(H) Procedure for using manual and automatic blood pressure/pulse/respiration measuring system.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate minimum competency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.

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

(D) Use of an AED or AED trainer.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate minimum competency in each of the following tasks, under supervision of faculty or instructional staff as described in Section 1070.8(a)(3) and shall then be eligible to complete an examination on this Section.

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.

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

(n) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope and monitoring oxygen saturation end tidal CO² with pulse oximeter and capnograph:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter, and capnograph for respiration monitoring.

(B) Review of anatomy and physiology of respiratory system to include the nose, mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.

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(C) Characteristics of respiratory monitoring/lung sounds: mechanism of respiration, composition of respiratory gases, and oxygen saturation.

(D) Characteristics of manual and automatic respiration assessment.

(E) Procedure for using a pretracheal/precordial stethoscope for respiration monitoring.

(F) Procedure for using and maintaining pulse oximeter for monitoring oxygen saturation.

(G) Procedure for use and maintenance of capnograph.

(H) Characteristics for monitoring blood and skin color and other related factors.

(I) Procedures and use of an oxygen delivery system.

(J) Characteristics of airway management to include armamentaria and use.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate minimum competency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.

(A) Assessment of respiration rates.

(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.

(C) Monitoring oxygen saturation with a pulse oximeter.

(D) Use of an oxygen delivery system.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate minimum competency in each of the following tasks, under supervision by faculty or instructional staff as described in Section 1070.8(a)(3) and shall then be eligible to complete an examination on this Section.

(A) Assessment of respiration rates.

(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.

(C) Monitoring oxygen saturation with a pulse oximeter.

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(D) Use of an oxygen delivery system.

(o) With respect to drug identification and draw:

(1) Didactic instruction shall contain:

(A) Characteristics of syringes and needles: use, types, gauges, lengths, and components.

(B) Characteristics of drug, medication, and fluid storage units: use, type, components, identification of label including generic and brand names, strength, potential adverse reactions, expiration date, and contraindications.

(C) Characteristics of drug draw: armamentaria, label verification, ampule and vial preparation, and drug withdrawal techniques.

(2) Laboratory instruction: The student shall demonstrate minimum competency in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff and shall then be eligible to complete a practical examination.

(3) Clinical instruction: The student shall demonstrate minimum competency in the evaluation of vial or container labels for identification of content, dosage, and strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff as described in Section 1070.8(a)(3) and shall then be eligible to complete an examination on this Section.

(p) With respect to adding drugs, medications, and fluids to IV lines:

(1) Didactic instruction shall contain:

(A) Characteristics of adding drugs, medications, and fluids to IV lines in the presence of a licensed dentist.

(B) Armamentaria.

(C) Procedures for adding drugs, medications, and fluids, including dosage and frequency.

(D) Procedures for adding drugs, medications, and fluids by IV bolus.

(E) Characteristics of patient observation for signs and symptoms of drug response.

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(2) Laboratory instruction: The student shall demonstrate minimum competency in adding fluids to an existing intravenous (IV) line on a venipuncture training arm or in a simulated environment and shall then be eligible to complete a practical examination on this Section.

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

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

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

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

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

(r) 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.

(s) **Certificate of Completion.** Upon successful completion of the course, students shall receive a certificate consistent with the requirements defined in CCR Section 1070(m).

(t) **Notice of Compliance.** To maintain approval, courses approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Dental Sedation Assistant ~~Certificate-Permit~~ Courses" (~~insert date~~02/2020), hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

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

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(a) (1) The course director, designated faculty member, or instructional staff member may, in lieu of a license issued by the Board, possess a valid, active, and current license issued in California as a physician and surgeon.

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

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

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

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

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

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

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

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

~~(e) General didactic instruction shall contain:~~

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

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

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

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

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

~~(6) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, including the distinctions between conscious sedation, deep sedation, and general anesthesia.~~

~~(7) Overview of patient monitoring during conscious sedation and general anesthesia.~~

~~(8) Prevention, recognition, and management of complications.~~

~~(9) Obtaining informed consent.~~

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(f) With respect to medical emergencies, didactic instruction shall contain:

(1) An overview of medical emergencies, including, but not limited to, airway obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope, cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia, drug overdose, hyperventilation, acute coronary syndrome including angina and myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and congestive heart failure.

(2) Laboratory instruction shall include the simulation and response to at least the following medical emergencies: airway obstruction, bronchospasm, emesis and aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction, hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia, syncope, and respiratory depression. Both training mannequins and other students or staff may be used for simulation. The student shall demonstrate proficiency in all simulated emergencies during training and shall then be eligible to complete a practical examination on this Section.

(g) With respect to sedation and the pediatric patient, didactic instruction shall contain the following:

(1) Psychological considerations.

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

(3) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, with special emphasis on the distinctions between conscious sedation, deep sedation, and general anesthesia.

(4) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on establishing and maintaining a patient airway.

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

(6) Patient monitoring.

(7) Obtaining informed consent.

(8) Prevention, recognition, and management of complications, including principles of basic life support.

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(h) With respect to physically, mentally, and neurologically compromised patients, didactic instruction shall contain the following: an overview of characteristics of Alzheimer's disease, autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular dystrophy, Parkinson's disease, schizophrenia, and stroke.

(i) With respect to health history and patient assessment, didactic instruction shall include, at a minimum, the recording of the following:

(1) Age, sex, weight, physical status as defined by the American Society of Anesthesiologists Physical Status Classification System, medication use, general health, any known or suspected medically compromising conditions, rationale for anesthesia or sedation of the patient, visual examination of the airway, and auscultation of the heart and lungs as medically required.

(2) General anesthesia or conscious sedation records that contain a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry and blood pressure and pulse readings, frequency and dose of drug administration, length of procedure, complications of anesthesia or sedation, and a statement of the patient's condition at time of discharge.

(j) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and EKG and use of AED:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope.

(B) Review of anatomy and physiology of circulatory system: heart, blood vessels, and cardiac cycle as it relates to EKG.

(C) Characteristics of rhythm interpretation and waveform analysis basics.

(D) Characteristics of manual intermittent and automatic blood pressure and pulse assessment.

(E) Characteristics and use of an AED.

(F) Procedure for using a pretracheal/precordial stethoscope for monitoring of heart sounds.

(G) Procedure for use and monitoring of the heart with an EKG machine, including electrode placement, and the adjustment of such equipment.

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~~(H) Procedure for using manual and automatic blood pressure/pulse/respiration measuring system.~~

~~(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.~~

~~(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.~~

~~(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.~~

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

~~(D) Use of an AED or AED trainer.~~

~~(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision of faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.~~

~~(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.~~

~~(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.~~

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

~~(k) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope and monitoring oxygen saturation end tidal CO₂ with pulse oximeter and capnograph:~~

~~(1) Didactic instruction shall contain the following:~~

~~(A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and capnograph for respiration monitoring.~~

~~(B) Review of anatomy and physiology of respiratory system to include the nose, mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.~~

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~~(C) Characteristics of respiratory monitoring/lung sounds: mechanism of respiration, composition of respiratory gases, oxygen saturation.~~

~~(D) Characteristics of manual and automatic respiration assessment.~~

~~(E) Procedure for using a pretracheal/precordial stethoscope for respiration monitoring.~~

~~(F) Procedure for using and maintaining pulse oximeter for monitoring oxygen saturation.~~

~~(G) Procedure for use and maintenance of capnograph.~~

~~(H) Characteristics for monitoring blood and skin color and other related factors.~~

~~(I) Procedures and use of an oxygen delivery system.~~

~~(J) Characteristics of airway management to include armamentaria and use.~~

~~(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.~~

~~(A) Assessment of respiration rates.~~

~~(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.~~

~~(C) Monitoring oxygen saturation with a pulse oximeter.~~

~~(D) Use of an oxygen delivery system.~~

~~(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.~~

~~(A) Assessment of respiration rates.~~

~~(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.~~

~~(C) Monitoring oxygen saturation with a pulse oximeter.~~

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~~(D) Use of an oxygen delivery system.~~

~~(l) With respect to drug identification and draw:~~

~~(1) Didactic instruction shall contain:~~

~~(A) Characteristics of syringes and needles: use, types, gauges, lengths, and components.~~

~~(B) Characteristics of drug, medication, and fluid storage units: use, type, components, identification of label including generic and brand names, strength, potential adverse reactions, expiration date, and contraindications.~~

~~(C) Characteristics of drug draw: armamentaria, label verification, ampule and vial preparation, and drug withdrawal techniques.~~

~~(2) Laboratory instruction: The student shall demonstrate proficiency in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff and shall then be eligible to complete a practical examination.~~

~~(3) Clinical instruction: The student shall demonstrate proficiency in the evaluation of vial or container labels for identification of content, dosage, and strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.~~

~~(m) With respect to adding drugs, medications, and fluids to IV lines:~~

~~(1) Didactic instruction shall contain:~~

~~(A) Characteristics of adding drugs, medications, and fluids to IV lines in the presence of a licensed dentist.~~

~~(B) Armamentaria.~~

~~(C) Procedures for adding drugs, medications, and fluids, including dosage and frequency.~~

~~(D) Procedures for adding drugs, medications, and fluids by IV bolus.~~

~~(E) Characteristics of patient observation for signs and symptoms of drug response.~~

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~~(2) Laboratory instruction: The student shall demonstrate proficiency in adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment, and shall then be eligible to complete a practical examination on this Section.~~

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

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

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

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

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

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

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

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

CCR §1070.9: Radiation Safety Course

(a) A radiation safety course shall have the primary purpose of providing theory, laboratory, and clinical application in radiographic techniques. ~~A single standard of care shall be maintained and~~ The Board shall approve only those courses which continuously adhere to the standards of this section.

(b) A course provider applying for initial approval shall submit ~~an application for approval~~ completed "Application for Radiation Safety Course Provider Approval" (02/2020), hereby incorporated by reference ~~(insert date)~~, accompanied by the designated, non-refundable fee as

Commented [NG33]: Staff Recommendation:
The proposed language related to courses reference the requirement that a "single standard of care" is maintained by courses. The term "single standard of care" is not defined. Furthermore the sections which reference this language are detailed requirements for how courses should operate and the standards of care that they must maintain.

Because this term does not have a definition and does not clarify any other requirement staff recommends removing this term and the language around it.

However if the Board/Council decides to keep the term, staff requests that the Board/Council provide staff with a definition or guidance in defining the term.

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defined in Section 1022. Consistent with Section 1070, the Board may approve or deny approval after it evaluates all components of the course.

(c) Continuation of approval will be contingent upon continued compliance with Sections 1070, 1070.1 and all requirements set forth herein.

(d) **General Provisions:** Providers shall make adequate provisions for the course's supervision and operation in compliance with this Article and the following:

(1) Unless otherwise incorporated in a Board-approved registered dental assisting program, providers shall require evidence from students that they have met all course prerequisites prior to their acceptance including current certification in basic life support, completion of an eight-hour Board-approved course in infection control, and a two-hour Board-approved course in the Act.

(2) When instruction is incorporated in a registered dental assisting program, students shall have completed, enrolled in, or have a program program-approved plan to be enrolled in, instruction in, basic chairside skills, anatomy, tooth morphology, infection control and basic life support, as defined herein, prior to the start of instruction in radiation safety. When instruction is incorporated in a registered dental assisting program, students shall have completed, enrolled in, or have a program-approved plan to be enrolled in, basic chairside skills, anatomy, tooth morphology and shall have obtained certification in infection control and basic life support prior to the start of instruction in radiation safety.

(32) Providers shall adhere to the requirements for the quantity, qualifications and responsibilities of the course director and all faculty or instructional staff, as defined in Sections 1070 and 1070.1, at all times.

(43) Additionally, all patients or their guardians shall complete a health history form with consent acknowledging the procedure is being performed by a student of the course or program. Such documentation shall be maintained in the student clinical facility's records. When a health history form is completed as a condition of the course requirements in an extramural facility, such form shall be transferred to the program or course by the supervising licensed dentist prior to completion of the extramural externship.

(e) Facilities and Equipment:

(1) Adequate supplies, materials and provisions for instruction in radiation safety shall be provided in compliance with the requirements of Section 1070.

(2) There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms or the capability to facilitate distance learning modalities or

Commented [NG34]: Staff recommendation: 1070.9(d)(2) was restructured to allow students who are taking courses as part of a dental assisting program to enroll in classes which they have not completed the prerequisite instruction if the course plans to provide that instruction concurrently. This exception to the prerequisites should have extended to IC and BLS certification required by this section. Therefore staff recommends changing this section to allow course sequencing as is currently permitted.

Commented [NG35]: Staff recommendation: Staff have received extensive feedback regarding the new requirement that patients of students complete a health history and consent acknowledging that a student is performing procedures on the students and requiring that the health history and consents be transferred back to the course or program. Commenters have argued that these requirements are unnecessarily burdensome, and that transferring records to the courses or programs could violate patient recordkeeping laws.

Staff agree that directing clinical facilities to violate recordkeeping laws is problematic and recommend that the second sentence in the subsection be changed to remove the requirement to move patient records outside of the facility where the treatment occurred."

Commented [NG36]: Staff recommendation: The requirements for program and course facilities have been updated to require either lecture classrooms or equipment for broadcasting lectures online. Stakeholders have pointed out the terms "broadcasting" and "online" are unnecessarily prescriptive.

Staff recommends terminology that is less technology specific and more directed at the desired outcome of providing students the ability to receive instruction in a different place and or time than the instructor.

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equipment for broadcasting lectures online, and operatories in compliance with the requirements of Section 1070.

(3) In addition to the facility requirements defined in Section 1070, the facility used for laboratory/pre-clinical instruction shall be deemed adequate if it is properly equipped with supplies and equipment for practical work and includes, for every six students, at least the following:

(A) One functioning radiography (X-ray) machine which is adequately filtered and collimated, that is equipped with the appropriate position-indicating devices for each technique being taught, and is properly registered and permitted in compliance with the Department of Health Services and the California Radiation Safety Regulations (Title 17, Cal. Code of Regulations, commencing with Section 30100);

(B) One (1) X-ray training manikin head designed for instruction in radiographic techniques per X-ray unit;

(C) One (1) film view box, or screen for viewing digital images; and

(D) One (1) lead shielding adult-size protective apron with cervical (thyroid) collar, either attached or detached from the apron, per X-ray unit.

(4) The facility shall be deemed adequate if it is of sufficient size to accommodate students' needs in learning and is properly equipped with supplies and equipment for practical work which may include processing and viewing equipment or any combination thereof. Such facility requirements may be deemed met if computer-based equipment for digital radiographic procedures is solely or in part utilized within the program or course facility. Such equipment may be located in the operator area where exposures will occur.

(5) The choice of image receptor for laboratory, pre-clinical, and clinical experiences may be either traditional film or digital sensor or any combination thereof as determined by the program and course provider.

(6) X-ray exposure areas shall provide protection to patients, students, faculty and observers in full compliance with applicable statutes and regulations.

(7) All disinfection and sterilization procedures specified in Section 1005 shall be incorporated in the course content and followed during all laboratory, simulated-clinical and clinical experiences. Adequate cleaning, disinfecting, and sterilizing facilities shall be provided.

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(f) Course Duration: A course in radiation safety shall be of sufficient duration, but in no event less than 32 hours, including at least 8 hours of didactic instruction, at least 12 hours of laboratory instruction, and at least 12 hours of supervised clinical instruction for the student to obtain applicable theory in didactic instruction, laboratory instruction, and clinical experience to achieve minimum competence in the various protocols and procedures used in the application of dental radiographic techniques and radiation safety.

(g) Course Curriculum and Examination:

(1) A detailed course outline shall be established and maintained consistent with the requirements of Section 1070 and shall be provided to students prior to the start of instruction.

(2) General course objectives and specific instructional unit objectives shall be stated in writing and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the course shall provide the content necessary for students to make judgments regarding radiation safety.

(3) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific performance objectives and the evaluation criteria that will be used for all aspects of the curriculum.

(4) Prior to clinical instruction in radiation techniques, each student shall pass a pre exposure radiation exam.

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

(6) Each student shall pass a clinical examination demonstrating minimum competency.

(h) Didactic Instruction. Areas of didactic instruction shall include, at a minimum, the following as they relate to exposure, processing and evaluation of dental radiographs:

(1) Radiation physics and biology;

(2) Radiation protection and safety;

(3) Recognition of normal anatomical landmarks, structures, hard and soft tissues, normal and abnormal conditions of the oral cavity as they relate to dental radiographs;

(4) Radiograph exposure and processing techniques;

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(5) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity;

(6) Intraoral techniques and dental radiograph armamentaria, including holding devices and image receptors;

(7) Intraoral and extraoral examination including principles of exposure, methods of retention and evaluation;

(8) Proper use of patient protection devices and personal protective equipment for operator use;

(9) Identification and correction of faulty radiographs;

(10) Introduction to contemporary exposure techniques including the use of computerized digital radiography and extraoral imaging that may include panographs or cone-beam imaging;

(11) Infection control procedures in compliance with the Board's Minimum Standards for Infection Control (16 CCR 1005);

(12) Radiographic records management;

(13) Identification and recognition of common errors in techniques and processing for intra and extra oral exposures;

(14) Identification of various extra oral techniques, machine types, and uses; and

(15) Introduction to techniques and exposure guidelines for special exposures to include, but not limited to pediatric, edentulous, partially edentulous, endodontic and patients with special needs.

(i) **Laboratory Instruction.** All laboratory instruction and performances shall only occur in accordance with Sections 1070 and 1070.1. Sufficient hours of laboratory instruction and experiences shall ensure that a student successfully completes, on an x-ray training manikin head only, at least the procedures set forth below utilizing an image receptor deemed appropriate by the course director:

(1) Two full mouth periapical series, consisting of at least 18 radiographs each, four of which shall be bitewings;

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(2) Two horizontal or vertical bitewing series, consisting of at least four radiographs each;

(3) Developing, digitizing or processing, and mounting or sequencing of exposed radiographs; and

(4) Completion of student and instructor written evaluation of radiographs identifying errors, causes of errors, corrections and, if applicable, the number of re-exposures necessary for successful completion of a series to minimum competency.

(A) A laboratory procedure has been successfully completed only if each series of radiographs is evaluated and deemed to be of diagnostic quality.

(B) Successful completion of all laboratory competencies shall occur prior to clinical instruction and experiences.

(j) Clinical Instruction and Evaluation. As part of an organized program of instruction clinical instruction shall include clinical performances on human subjects as set forth herein.

(1) Successful completion of a minimum of four full mouth periapical series, consisting of at least 18 radiographs each, four of which shall be bitewings. All exposures made on human subjects shall only be made using diagnostic criteria established during the clinical instructional period and shall in no event exceed three re-exposures per subject per series.

(2) Successful developing or processing, and mounting or sequencing of exposed human subject radiographs;

(3) Completion of student and instructor written evaluations of each radiographic series identifying errors, causes of error, and correction and, if applicable, the number of re-exposures necessary for successful completion of a series to clinical competency.

(4) One full-mouth clinical series shall serve a final clinical examination.

(k) Written Examinations. Prior to certification and completion of the course, the student shall successfully complete a comprehensive final exam prior to the completion of the radiation safety course. The written examinations shall include questions specific to items addressed in California Code of Regulations, Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4 (Section 30305 et seq.) relative to the special requirements for the use of x-ray in the healing arts.

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(l) Extramural Dental Facilities Used for Radiographic Performances. Extramural dental facilities may be utilized by a course for the purposes of radiographic clinical experiences, ~~but may not be used for final clinical competency.~~ Clinical instruction and oversight shall be performed under the general supervision of a licensed dentist who shall deem the radiographs necessary by written prescription. Didactic and laboratory instruction shall be provided only by course faculty or instructional staff prior to clinical performances ~~and shall not be provided in an extramural dental facility.~~

(1) The course director, or a designated faculty member, shall be responsible for selecting a extramural dental facility and evaluating student competence before the clinical assignment.

(2) Prior to student assignment in an extramural dental facility, the course director, or a designated faculty or instructional staff member, shall orient all supervising dentists who provide basic technical assistance, evaluation, and oversight of the student in the clinical setting. Orientation shall include, at a minimum, 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 licensed dentist in the extramural dental facility in evaluating the student during the assignment.

(3) Programs and courses using extramural dental faculty for dental radiographic clinical experiences shall provide to the Board, upon request or renewal of provider status, copies of all contracts of affiliation and documentation demonstrating compliance with this Section.

(4) There shall be a written contract of affiliation with each extramural dental facility utilized by a course. Such contract shall describe the settings in which the facility will be used, cancellation terms and conditions, and shall provide that the facility has the necessary equipment and armamentaria appropriate for the procedures to be performed and that such equipment and armamentaria are in safe operating condition.

(m) Certificate of Completion. Upon successful completion of the course, students shall receive a certificate consistent with the requirements defined in Section 1070(m).

(n) Notice of Compliance. To maintain approval, courses approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Radiation Safety ~~Certification~~ Courses" (~~insert date~~02/2020), hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

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

§ 1071. Approval of Registered Dental Assistant in Extended Functions (RDAEF) Educational Programs.

Commented [NG37]: 1070.9(l) states that, "Extramural dental facilities may be utilized by a course for the purposes of radiographic clinical experiences, but may not be used for final clinical competency."

Stakeholders have pointed out that this prohibition is inconsistent with the coronal polish and pit and fissure course requirements. Furthermore, clinical competency must be evaluated by faculty, and it should not matter where this is done. Therefore staff recommends removing this burden on courses.

In addition 1070.9(l) states that, "Didactic and laboratory instruction shall be provided only by course faculty or instructional staff prior to clinical performances and shall not be provided in an extramural dental facility." Staff recommends that the prohibition against providing didactic instruction in an extramural dental facility be removed so that the section reads: "Didactic and laboratory instruction shall be provided only by course faculty or instructional staff prior to clinical performances."

Instruction must be given by course faculty and therefore it should not make a difference where the instruction is provided. If students require instruction in an extramural facility, faculty should be able to provide that instruction on the spot.

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In addition to the requirements of California Code of Regulations (Cal. Code Regs.), Title 16, Sections 1070 and 1070.1, the following criteria shall be met by an RDAEF educational program to secure and maintain approval by the Board.

(a) RDAEF educational programs in California shall apply for and receive Board approval prior to operation. The Board may approve, provisionally approve, or deny approval of any such program.

(1) A program applying for approval to teach all of the duties specified in Business and Professions Code, Section 1753.5 shall comply with all of the requirements of this Section.

(2) A program applying for approval to teach RDAEFs licensed on or before January 1, 2010 the additional duties specified in Business and Professions Code Section 1753.6 shall comply with all of the requirements of this Section, except as follows:

(A) The program shall be no less than 318 hours, including at least 76 hours of didactic instruction, at least 186 hours of laboratory instruction, and at least 56 hours of clinical instruction.

(B) Students shall not be required to complete instruction related to the placement of gingival retraction cord, the taking of final impressions for permanent indirect restorations, or the fitting of endodontic master points and accessory points.

(3) A RDAEF program provider applying for approval shall submit to the Board a completed "Application for ~~Approval of Registered Dental Assistant in Extended Functions Program Approval~~" (New ~~INSERT DATE 02/2020~~)", which is hereby incorporated by reference, accompanied by a non-refundable processing fee of \$ ____.

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

(b) Prerequisites. In order to be admitted to the program, each student shall possess a valid, active, and current license as a registered dental assistant issued by the Board and shall submit documentary evidence of successful completion of a Board-approved pit and fissure sealant course prior to graduation from an RDAEF program.

(c) Program Faculty. In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070 and 1070.1, all faculty members shall have completed a course or certification program in

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educational methodology of at least 30 hours unless he or she holds any one of the following: a degree in education, a **valid** Ryan Designated Subjects Vocational Education Teaching Credential, a **valid** Standard Designated Subjects Teaching Credential, or, a **valid** Community College Teaching Credential. Each faculty member shall complete a course or certification program in educational methodology within six (6) months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this requirement.

(d) Program Director. The program director, who may also be an instructor, shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, shall have been licensed for a minimum of two years, and possess the experience in the subject matter he or she is teaching. The course director shall provide guidance and be responsible for the administration of the course. Specifically, the course director shall be responsible for fulfilling all the requirements listed in Cal. Code Regs., Title 16, Section 1070(b).

(e) Length of Program.

(1) The program shall be of sufficient duration for the student to develop minimum competence in all of the duties that RDAEFs are authorized to perform, but in no event less than 410 hours, including at least 100 hours of didactic instruction, at least 206 hours of laboratory instruction, and at least 104 hours of clinical instruction. All laboratory and simulated clinical instruction shall be provided under the direct supervision of program staff. Clinical instruction shall be provided under the direct supervision of a licensed dentist and may be completed in an extramural dental facility as defined in Cal. Code Regs., Title 16, Section 1070.1(c).

(2) In the event a program has obtained approval to instruct the content for Interim Therapeutic Restoration Certification, the program shall incorporate such training into the RDAEF program curriculum and increase the total hours in accordance with applicable regulations.

(f) The following requirements are in addition to the requirements of Cal. Code Regs., Title 16, Sections 1070 and 1070.1:

(1) Minimum requirements for equipment and armamentaria:

(A) Laboratory facilities with individual seating stations for each student and equipped with air/water syringe, hand piece connections, suction or electric driven rotary instrumentation capability. Each station or operatory shall allow an articulated typodont to be mounted in a simulated head position.

(B) Clinical simulation facilities that provide simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory.

Commented [RD38]: Can we be more specific about the hours increased for clarity?

Commented [NG39R38]: The "applicable regulations" have not been enacted.
The proposed language for ITR is:
16 total
4 didactic
4 Lab
8 clinical

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Clinical simulation spaces shall be sufficient to permit one simulation space for each two students at any one time.

(C) Articulated typodonts of both deciduous and permanent dentitions with flexible gingival tissues and with prepared teeth for each procedure to be performed in the laboratory and clinical simulation settings. One of each type of typodont is required for each student.

(D) A selection of restorative instruments and adjunct materials for all procedures that RDAEFs are authorized to perform.

(E) Notwithstanding Section 1070, there shall be at least one operator for every two students who are simultaneously engaged in clinical instruction.

(g) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (h) to (o), inclusive, and the following didactic instruction:

(1) The following instruction as it relates to each of the procedures that RDAEFs are authorized to perform: restorative and prosthetic treatment review; charting; patient education; legal requirements; indications and contraindications; problem solving techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection control protocol implementation.

(2) Dental science, including dental and oral anatomy, histology, oral pathology, normal or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic microbiology relating to infection control, and occlusion. "Occlusion" is the review of articulation of maxillary and mandibular arches in maximum intercuspation.

(3) Characteristics and manipulation of dental materials related to each procedure.

(4) Armamentaria for all procedures.

(5) Principles, techniques, criteria, and evaluation for performing each procedure, including implementation of infection control protocols.

(6) Tooth isolation and matrix methodology review.

(h) General laboratory instruction shall include:

(1) Application of tooth isolation methods in both maxillary and mandibular arches and with four experiences on both deciduous and permanent dentitions.

(2) Matrix placement for amalgam, and adhesive-based restorative material restorations with three experiences for each material.

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(3) Base, liner, and etchant placement on three teeth.

(3) Base, liner, and etchant placement on three teeth.

(i) With respect to preliminary evaluation of the patient's oral health, including charting of existing conditions excluding periodontal assessment as it relates to RDAEF functions, intraoral and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:

(1) Didactic instruction shall contain the following:

(A) Normal anatomical structures: oral cavity proper, vestibule, and lips.

(B) Deviations from normal to hard tissue abnormalities to soft tissue abnormalities.

(C) Overview of classifications of occlusion and myofunction.

(D) Sequence of oral inspection: armamentaria, general patient assessment, review of medical history form, review of dental history form, oral cavity mouth-mirror inspection, and charting existing conditions.

(2) Preclinical instruction shall include performing an oral inspection on at least two other students.

(3) Clinical instruction shall include performing an oral inspection on at least two patients.

(j) With respect to sizing, fitting, and cementing endodontic master points and accessory points:

(1) Didactic instruction shall include the following:

(A) Review of objectives, canal preparation, filling of root canal space, including the role of the RDAEF as preparatory to condensation which is to be performed by the licensed dentist.

(B) Description and goals of filling technique using lateral condensation techniques.

(C) Principles and techniques of fitting and cementing master points and accessory points.

(2) Laboratory instruction shall include fitting and cementing master points and accessory points on extracted teeth or simulated teeth with canals with a minimum of

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two experiences.-This instruction shall not include obturator-based techniques or other techniques that employ condensation.

(3) Simulated clinical instruction shall include fitting and cementing master points and accessory points with extracted or simulated teeth. Simulated clinical instruction shall include fitting and cementing master points and accessory points in at least four teeth.

k) With respect to gingival retraction, general instruction shall include:

(1) Review of characteristics of tissue management techniques as they relate to prosthodontic procedures.

(2) Description, principles and goals of tissue management as it relates to prosthodontic procedures.

(l) With respect to final impressions for permanent indirect and toothborne restorations:

(1) Didactic instruction shall contain the following:

(A) Review of characteristics of impression material and tray placement.

(B) Description and goals of impression taking for permanent indirect restorations and toothborne prosthesis.

(C) Principles, techniques, criteria, and evaluation of impression taking for permanent indirect restorations and toothborne prosthesis.

(2) Laboratory instruction shall include the following:

(A) Tissue management for prosthodontic procedures and final impressions for permanent indirect restorations, including impression taking of prepared teeth in maxillary and mandibular arches, once per arch.

(B) Impressions for toothborne removable prostheses, including, at a minimum, taking a total of four impressions on maxillary and mandibular arches with simulated partially edentulous sites.

(3) Clinical instruction shall include taking final impressions on five prosthodontic procedure patients which shall include tissue management procedures.

(m) With respect to placing, contouring, finishing, and adjusting direct restorations:

(1) Didactic instruction shall contain the following:

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(A) Review of cavity preparation factors and restorative material.

(B) Characteristics and manipulation of direct filling materials.

(C) Amalgam restoration placement, carving, adjusting and finishing, which includes principles, techniques, criteria and evaluation, and description and goals of amalgam placement, adjusting and finishing in children and adults.

(D) Currently utilized adhesive-based restoration placement, adjusting, contouring and finishing, which includes, principles, techniques, criteria and evaluation, and description and goals of adhesive-based restorations, placement and contouring in children and adults.

(2) Laboratory instruction shall include placement, finish and adjustment of the following restorations in prepared teeth. The restorations shall include both maxillary, mandibular, permanent and deciduous teeth, and both metallic and adhesive-based materials:

(A) Placement of Class I, II, and V amalgam restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(B) Placement of Class I, II, III, and V composite resin restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(3) Simulated clinical instruction shall include placement, finish and adjustment of the following restorations in prepared teeth. The restorations shall include both maxillary, mandibular, permanent and deciduous teeth, and both metallic and adhesive-based materials. A student shall show competency in amalgam based material placement, finish and adjustment based on criteria-reference completion standards prior to any clinical instruction and application of these procedures:

(A) Placement of Class I, II, and V amalgam restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(B) Placement of Class I, II, III, and V composite resin restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

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(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(4) Clinical instruction shall require proficient completion of placing, contouring and finishing at least 20 direct restorations in prepared permanent teeth. At least five of each restorative classification of I, II, III and V are required.

(A) At least 50 percent of the experiences shall be Class II restorations using adhesive-based materials.

(B) At least 20 percent of the experiences shall be Class V restorations using adhesive-based materials.

(C) Students who complete the 20 restorations and meet all the instructional requirements of this Section may complete additional Class I, II, III, IV or V restorations as deemed appropriate for program success.

(n) With respect to polishing and contouring existing amalgam restorations:

(1) Didactic instruction shall include principles, techniques, criteria and evaluation, and description and goals of amalgam polishing and contouring in children and adults.

(2) Laboratory instruction shall include typodont experience on polishing and contouring of Class I, II, and V amalgam restorations in three prepared permanent teeth for each classification, and in two deciduous teeth for each classification.

(3) Simulated clinical instruction shall include experience in the polishing and contouring of Class I, II, and V amalgam restorations in one prepared tooth for each classification.

(o) With respect to adjusting and cementing permanent indirect restorations:

(1) Didactic instruction shall contain the following:

(A) Review of fixed prosthodontics related to classification and materials for permanent indirect restorations, general crown preparation for permanent indirect restorations, and laboratory fabrication of permanent indirect restorations.

(B) Interocclusal registrations for fixed prosthesis, including principles, techniques, criteria, and evaluation.

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(C) Permanent indirect restoration placement, adjustment, and cementation/bonding, including principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include:

(A) Completion of two interocclusal registrations.

(B) Fitting, adjustment, and cementation/bonding of permanent indirect restorations on a minimum of two posterior crowns.

(3) Clinical experience for interocclusal registrations shall be performed on four patients who are concurrently having final impressions recorded for permanent indirect restorations.

(A) Clinical instruction shall include fitting, adjustment, and cementation/bonding of permanent indirect restorations on at least two teeth.

(p) 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.

(q) Notice of Compliance. To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant in Extended Functions ~~Educational Programs~~" (New ~~INSERT DATE 02/2020~~), hereby incorporated by reference, within 90 days of the effective date of these regulations.

(r) Facilities and Resources. Facilities shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties that registered dental assistants in extended functions are authorized to perform. The following requirements are in addition to those contained in Cal. Code of Regs., Title 16, Sections 1070 and 1070.1:

(1) Facilities and operatories shall comply with the requirements of Cal. Code of Regs., Title 16, Section 1070 (e)(1)(A)(B) and (e)(2). Facilities shall be in compliance with the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005).

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

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(s) Certificate of Completion. In addition to the requirements of Cal. Code of Regs., Title 16, Section 1070(m), two original copies of a certificate, diploma, or other evidence of completion shall be issued to each student within 30 days of successful completion of the program.

~~(t) Notice of Compliance. To maintain approval, courses approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant in Extended Functions Courses" (insert date), hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.~~

(a) All new Registered Dental Assistant in Extended Functions (RDAEF) educational programs shall apply for and receive approval prior to operation. The Board may approve, provisionally approve, or deny approval of any such program. The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own.

(b) In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070 and 1070.1, the following criteria shall be met by an RDAEF educational program to secure and maintain approval by the Board.

(1) A program applying for approval to teach all of the duties specified in Business and Professions Code Section 1753.5 shall comply with all of the requirements of this Section.

(2) A program applying for approval to teach RDAEFs licensed on or before January 1, 2010 the additional duties specified in Business and Professions Code Section 1753.6 shall comply with all of the requirements of this Section, except as follows:

(A) The program shall be no less than 318 hours, including at least 76 hours of didactic instruction, at least 186 hours of laboratory instruction, and at least 56 hours of clinical instruction.

(B) Students shall not be required to complete instruction related to the placement of gingival retraction cord, the taking of final impressions for permanent indirect restorations, or the fitting of endodontic master points and accessory points.

(c) In order to be admitted to the program, each student shall possess a valid, active, and current license as a registered dental assistant issued by the Board and shall submit documentary evidence of successful completion of a Board-approved pit and fissure sealant course.

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~~(d) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical evaluation shall have completed a course or certification program in educational methodology of at least six (6) hours by January 1, 2012, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential. Each faculty member employed after January 1, 2012, shall complete a course or certification program in educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this requirement.~~

~~(e) The program shall be of sufficient duration for the student to develop minimum competence in all of the duties that RDAEFs are authorized to perform, but in no event less than 410 hours, including at least 100 hours of didactic instruction, at least 206 hours of laboratory instruction, and at least 104 hours of clinical instruction. All laboratory and simulated clinical instruction shall be provided under the direct supervision of program staff. Clinical instruction shall be provided under the direct supervision of a licensed dentist and may be completed in an extramural dental facility as defined in Section 1070.1(c).~~

~~(f) The following requirements are in addition to the requirements of Sections 1070 and 1070.1:~~

~~(1) Minimum requirements for equipment and armamentaria:~~

~~(A) Laboratory facilities with individual seating stations for each student and equipped with air, gas and air, or electric driven rotary instrumentation capability. Each station or operator shall allow an articulated typodont to be mounted in a simulated head position.~~

~~(B) Clinical simulation facilities that provide simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operator. Clinical simulation spaces shall be sufficient to permit one simulation space for each two students at any one time.~~

~~(C) Articulated typodonts of both deciduous and permanent dentitions with flexible gingival tissues and with prepared teeth for each procedure to be performed in the laboratory and clinical simulation settings. One of each type of typodont is required for each student.~~

~~(D) A selection of restorative instruments and adjunct materials for all procedures that RDAEFs are authorized to perform.~~

~~(2) Notwithstanding Section 1070, there shall be at least one operator for every two students who are simultaneously engaged in clinical instruction.~~

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(g) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (h) to (o), inclusive, and the following didactic instruction:

(1) The following instruction as it relates to each of the procedures that RDAEFs are authorized to perform: restorative and prosthetic treatment review; charting; patient education; legal requirements; indications and contraindications; problem-solving techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection control protocol implementation.

(2) Dental science, including dental and oral anatomy, histology, oral pathology, normal or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic microbiology relating to infection control, and occlusion. "Occlusion" is the review of articulation of maxillary and mandibular arches in maximum intercuspation.

(3) Characteristics and manipulation of dental materials related to each procedure.

(4) Armamentaria for all procedures.

(5) Principles, techniques, criteria, and evaluation for performing each procedure, including implementation of infection control protocols.

(6) Tooth isolation and matrix methodology review.

(h) General laboratory instruction shall include:

(1) Rubber dam application for tooth isolation in both maxillary and mandibular arches and for deciduous and permanent dentitions. A minimum of four experiences per arch is required, with two anterior and two posterior applications, with one of the applications used for a practical examination.

(2) Matrix placement for amalgam, and nonmetallic restorative material restorations in both primary and permanent dentitions, with three experiences for each cavity classification and for each material.

(3) Base, liner, and etchant placement on three posterior teeth for each base, liner, or etchant, with one of the three teeth used for a practical examination.

(i) With respect to preliminary evaluation of the patient's oral health, including charting of existing conditions excluding periodontal assessment, intraoral and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:

(1) Didactic instruction shall contain the following:

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~~(A) Normal anatomical structures: oral cavity proper, vestibule, and lips.~~

~~(B) Deviations from normal to hard tissue abnormalities to soft tissue abnormalities.~~

~~(C) Overview of classifications of occlusion and myofunction.~~

~~(D) Sequence of oral inspection: armamentaria, general patient assessment, review of medical history form, review of dental history form, oral cavity mouth-mirror inspection, and charting existing conditions.~~

~~(2) Preclinical instruction shall include performing an oral inspection on at least two other students.~~

~~(3) Clinical instruction shall include performing an oral inspection on at least two patients, with one of the two patients used for a clinical examination.~~

~~(j) With respect to sizing, fitting, and cementing endodontic master points and accessory points:~~

~~(1) Didactic instruction shall include the following:~~

~~(A) Review of objectives, canal preparation, filling of root canal space, including the role of the RDAEF as preparatory to condensation which is to be performed by the licensed dentist.~~

~~(B) Description and goals of filling technique using lateral condensation techniques.~~

~~(C) Principles and techniques of fitting and cementing master points and accessory points using lateral condensation, including characteristics, manipulation, use of gutta percha and related materials, and criteria for an acceptable master and accessory points technique using lateral condensation.~~

~~(2) Laboratory instruction shall include fitting and cementing master points and accessory points on extracted teeth or simulated teeth with canals in preparation for lateral condensation by the dentist, with a minimum of two experiences each on a posterior and anterior tooth. This instruction shall not include obturator-based techniques or other techniques that employ condensation.~~

~~(3) Simulated clinical instruction shall include fitting and cementing master points and accessory points in preparation for condensation by the dentist with extracted or simulated teeth prepared for lateral condensation mounted in simulated patient heads mounted in appropriate position and accommodating and articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operator.~~

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~~This instruction shall not include obturator-based techniques that employ condensation. Simulated clinical instruction shall include fitting and cementing master points and accessory points for lateral condensation by the dentist in at least four teeth, one of which shall be used for a practical exam.~~

~~(k) With respect to gingival retraction, general instruction shall include:~~

~~(1) Review of characteristics of tissue management as it relates to gingival retraction with cord and electrosurgery.~~

~~(2) Description and goals of cord retraction.~~

~~(3) Principles of cord retraction, including characteristics and manipulation of epinephrine, chemical salts classification of cord, characteristics of single versus double cord technique, and techniques and criteria for an acceptable cord retraction technique.~~

~~(l) With respect to final impressions for permanent indirect and toothborne restorations:~~

~~(1) Didactic instruction shall contain the following:~~

~~(A) Review of characteristics of impression material and custom.~~

~~(B) Description and goals of impression taking for permanent indirect restorations and toothborne prosthesis.~~

~~(C) Principles, techniques, criteria, and evaluation of impression taking for permanent indirect restorations and toothborne prosthesis.~~

~~(2) Laboratory instruction shall include the following:~~

~~(A) Cord retraction and final impressions for permanent indirect restorations, including impression taking of prepared teeth in maxillary and mandibular arches, one time per arch with elastomeric impression materials.~~

~~(B) Impressions for toothborne removable prostheses, including, at a minimum, taking a total of four impressions on maxillary and mandibular arches with simulated edentulous sites and rest preparations on at least two supporting teeth in each arch.~~

~~(3) Clinical instruction shall include taking final impressions on five cord retraction patients, with one used for a clinical examination.~~

~~(m) With respect to placing, contouring, finishing, and adjusting direct restorations:~~

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~~(1) Didactic instruction shall contain the following:~~

~~(A) Review of cavity preparation factors and restorative material.~~

~~(B) Review of cavity liner, sedative, and insulating bases.~~

~~(C) Characteristics and manipulation of direct filling materials.~~

~~(D) Amalgam restoration placement, carving, adjusting and finishing, which includes principles, techniques, criteria and evaluation, and description and goals of amalgam placement, adjusting and finishing in children and adults.~~

~~(E) Glass ionomer restoration placement, carving, adjusting, contouring and finishing, which includes, principles, techniques, criteria and evaluation, and description and goals of glass ionomer placement and contouring in children and adults.~~

~~(F) Composite restoration placement, carving, adjusting, contouring and finishing in all cavity classifications, which includes, principles, techniques, criteria, and evaluation.~~

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

~~(A) Placement of Class I, II, and V amalgam restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.~~

~~(B) Placement of Class I, II, III, and V composite resin restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.~~

~~(C) Placement of Class I, II, III, and V glass ionomer restorations in four prepared permanent teeth for each classification, and in four deciduous teeth for each classification.~~

~~(3) Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory as follows:~~

~~(A) Placement of Class I, II, and V amalgam restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.~~

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~~(B) Placement of Class I, II, III, and V composite resin restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.~~

~~(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.~~

~~(4) Clinical instruction shall require proficient completion of placing, contouring and finishing at least twenty (20) direct restorations in prepared permanent teeth with the following requirements:~~

~~(A) At least fifty (50) percent of the experiences shall be Class II restorations using esthetic materials.~~

~~(B) At least twenty (20) percent of the experiences shall be Class V restorations using esthetic materials.~~

~~(C) At least ten (10) percent of the experiences shall use amalgam.~~

~~(D) Students who complete the 20 restorations and meet all the instructional requirements of this Section may complete additional Class I, II, III or V restorations as deemed appropriate for program success.~~

~~(n) With respect to polishing and contouring existing amalgam restorations:~~

~~(1) Didactic instruction shall include principles, techniques, criteria and evaluation, and description and goals of amalgam polishing and contouring in children and adults.~~

~~(2) Laboratory instruction shall include typodont experience on polishing and contouring of Class I, II, and V amalgam restorations in three prepared permanent teeth for each classification, and in two deciduous teeth for each classification.~~

~~(3) Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory in the polishing and contouring of Class I, II, and V amalgam restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.~~

~~(o) With respect to adjusting and cementing permanent indirect restorations:~~

~~(1) Didactic instruction shall contain the following:~~

~~(A) Review of fixed prosthodontics related to classification and materials for permanent indirect~~

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~~restorations, general crown preparation for permanent indirect restorations, and laboratory fabrication of permanent indirect restorations.~~

~~(B) Interocclusal registrations for fixed prosthesis, including principles, techniques, criteria, and evaluation.~~

~~(C) Permanent indirect restoration placement, adjustment, and cementation, including principles, techniques, criteria, and evaluation.~~

~~(2) Laboratory instruction shall include:~~

~~(A) Interocclusal registrations using elastomeric and resin materials. Two experiences with each material are required.~~

~~(B) Fitting, adjustment, and cementation of permanent indirect restorations on one anterior and one posterior tooth for each of the following materials, with one of each type used for a practical examination: ceramic, ceramometal, and cast metallic.~~

~~(3) Clinical experience for interocclusal registrations shall be performed on four patients who are concurrently having final impressions recorded for permanent indirect restorations, with one experience used for a clinical examination.~~

~~(4) Clinical instruction shall include fitting, adjustment, and cementation of permanent indirect restorations on at least two teeth.~~

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

~~(q) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant in Extended Functions Educational Programs (New 10/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.~~

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

~~§ 1071.1. Requirements for Approval of RDAEF Educational Programs. [Repealed]~~

~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1756, Business and Professions Code.~~

~~§ 1072. Approval of RDH Educational Programs.~~

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~~(a) It is the intent of this board to approve only those educational programs for dental hygienists which continuously maintain a high quality standard of instruction. The requirements contained in this article are designed to that end and govern the approval of educational programs for dental hygienists. Continuation of approval will be contingent upon compliance with these requirements.~~

~~(b) An educational program for registered dental hygienists is one which has as its primary purpose providing college level programs leading to an associate or higher degree, which is either affiliated with or conducted by an approved dental school, or which is accredited to offer college level or college parallel programs by the American Dental Association Commission on Dental Accreditation or an equivalent body.~~

~~(c) A new educational program for registered dental hygienists in California shall apply for approval prior to operation. The board may approve, provisionally approve, or deny approval to any such program. The board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the board and adopt those findings as its own.~~

~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1758, Business and Professions Code.~~

~~§ 1072.1. Requirements for RDH Educational Programs.~~

~~An educational program for RDHs shall comply with the requirements set forth below in order to secure and maintain approval by the board.~~

~~(a) Physical Plant. The physical plant and equipment shall be maintained and replaced in a manner designed to provide students with the most modern or educationally optimal environment.~~

~~(b) Library. The library resources of an educational program for dental hygienists shall be broad enough to meet the teaching and research needs of the institution.~~

~~(c) Admission.~~

~~(1) The minimum basis for admission to an approved educational program for dental hygienists shall be the successful completion of an accredited high school course, or the recognized equivalent, which will permit entrance to an accredited college of liberal arts.~~

~~(2) An accredited college of liberal arts shall mean an institution approved by the Association of American Universities or by one of the regional accrediting agencies.~~

~~(3) The selection of students for admission to a hygiene educational program shall be based on estimates of their capacity for success in the study of dental hygiene as~~

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determined by evaluation of all available and significant information including information regarding background, knowledge, aptitude for and interest in the study and practice of dental hygiene, and the range of subject matter and quality of their scholastic record.

(d) Instruction.

(1) Instruction upon all levels in an educational program for dental hygienists shall be conducted upon the premise that dental hygiene education shall meet the test of a true university discipline and shall include lectures, laboratory experiments and exercises and clinical practice under supervision.

(2) The term "university discipline" shall be interpreted as a level of instruction at least equivalent to that level of instruction represented by college courses in the basic sciences commonly offered in approved dental schools.

(e) Standards of Proficiency. Each school shall establish and maintain standards of proficiency and accomplishment of a qualitative nature, emphasizing thoroughness of didactic and laboratory requirements and precision in manual skills. Such standards shall be available to each student, and shall be used to ascertain periodic progress or achievement in the curriculum.

(f) Faculty. An educational program for dental hygienists shall employ an adequate staff of competent full-time faculty members having general education, professional training and teaching experience.

(g) Curriculum.

(1) The organization of the curriculum for dental hygienists shall be flexible, creating opportunities for adjustments to and research of, advances in the practice of dentistry and dental hygiene.

(2) The following factors should be considered in establishing and maintaining a balanced curriculum in the sense that it shall not over-emphasize any level or area of instruction:

(A) Respective contribution to the practice of dental hygiene;

(B) Effectiveness of instruction;

(C) Time necessary for student independent study.

(3) The general content of the curriculum shall include four subject areas: general studies, biomedical sciences, dental sciences and clinical sciences and practice. It shall

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also include didactic and laboratory instruction of those registered dental assistant duties specifically delegable by a licensed dentist to a registered dental hygienist. (The following guidelines are not to be interpreted as requiring specific courses in each, but rather as areas of instruction which shall be included in the curriculum.)

General Subject Matter

Speech English Sociology Psychology Biomedical Sciences

General and Microscopic Anatomy Physiology Microbiology Pathology Nutrition

Pharmacology (Basic sciences necessary as a foundation for the instruction of

Biomedical Sciences shall be included in, or be a prerequisite to, the curriculum of approved RDH programs) Dental Sciences

Anesthesia Dental and Medical Emergencies Tooth Morphology Head, Neck and Oral

Anatomy Oral Pathology Oral Embryology and Histology Dental Materials Clinical Sciences and Practice

Periodontology Clinical Dental Hygiene Legal and Ethical Aspects of Dentistry Oral Health Education Community Dental Health

(4) Content of the curriculum for approved dental hygiene educational programs shall specifically include instruction in:

(A) periodontal soft tissue curettage;

(B) administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity;

(C) administration of nitrous oxide and oxygen when used as an analgesic, utilizing fail-safe type machines containing no other general anesthetic agents; provided, however, that a graduate of a nonresident program which meets all the requirements of Sections 1072 and 1072.1 except those contained in Section 1072.1(g)(4), shall be deemed to have completed an approved program if such person has successfully completed a board-approved course of instruction in each of the functions described in Section 1072.1(g)(4) which were not taught to clinical proficiency in the nonresident dental hygiene program.

(h) Length of Program. A dental hygienist educational program shall be two academic years, not less than 1,600 clock hours, and lead to a certificate.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614, 1758 and 1759, Business and Professions Code.

Article 3. Application for Licensure

§ 1076. General Application Requirements.

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~~(a) Application for licensure as a registered dental auxiliary shall be made on a form prescribed by the board and shall be accompanied by the following:~~

~~(1) The fees fixed by the board;~~

~~(2) Two classifiable sets of fingerprints on forms provided by the board;~~

~~(3) Where applicable, a record of any previous dental assisting or hygiene practice and verification of license status in another jurisdiction.~~

~~(a)~~ Completed applications shall be filed with the Board not later than the following number of days prior to the date set for the examination for which application is made;

RDH	-	45 days
RDA	-	60 days
RDAEF and RDHEF	-	45 days

~~An incomplete application shall be deemed deficient and the applicant shall be notified of outstanding application requirements which need to be fulfilled. returned to the applicant together with a statement setting forth the reason for returning the application and indicating the amount of money, if any, which will be refunded. Applications shall be deemed abandoned pursuant to the provisions set forth in Section 1004.~~

An application shall not be deemed incomplete for failure to establish compliance with educational requirements if the application is accompanied by a certification from an approved program, including a letter from the program director, that the applicant is expected to meet all educational requirements established for the license for which application has been made and if the approved program certifies not less than 30 days prior to examination that the applicant has in fact met such educational requirements.

~~The processing times for dental auxiliary licensure are set forth in Section 1069.~~

(c) Permission to take an examination shall be granted to those applicants who have paid the necessary fees and whose credentials have been approved by the executive officer. Nothing contained herein shall be construed to limit the Board's authority to seek from an applicant such other information as may be deemed necessary to evaluate the applicant's qualifications.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614, 1753, ~~1754~~1752.1, ~~1758 and 1759~~, Business and Professions Code; ~~and Section 15376, Government Code.~~

§ 1077. Application for Registered Dental Assistant (RDA) Licensure-Applications.

(a) An applicant for licensure as a registered dental assistant shall submit an "Application for Registered Dental Assistant (RDA) Examination and Licensure" RDA-1 (New ~~(INSERT DATE)~~ 02/2020) and one of the following certification forms specifying the applicant's qualification method: (1) "Certification of Board Approved Registered Dental Assisting Program Completion"

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RDA-2 (Board Approved Education Only) (New ~~INSERT DATE~~02/2020), (2) "Certification of Work Experience as a Dental Assistant" RDA-3 (Work Experience Only) (New ~~INSERT DATE~~02/2020), or (3) "Certification of Non-Approved Dental Assisting Program Completion" RDA-4 (Mixed Education and Work Experience) (New ~~INSERT DATE~~02/2020). These forms are hereby incorporated by reference.

(1) All applications for registered dental assistant examination and licensure shall be accompanied by the following information:

(A) The application and examination fees as set by Section 1022;

(B) Satisfactory evidence that the applicant has met all applicable requirements of Section 1752.1 of the Business and Professions Code;

(C) Two classifiable sets of fingerprints or a completed Live Scan form to establish the identity of the applicant and to permit the Board to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check;

(D) Where applicable, a record of any previous dental assisting, orthodontic assisting, dental sedation assisting, dental hygiene, dentistry or any other health care profession practice and certification of license status in each state or jurisdiction in which licensure has been obtained;

(E) Applicant's name, social security number, federal employer identification number (FEIN), or individual taxpayer identification number (ITIN), mailing address, electronic mail address, and telephone number(s);

(F) Evidence of having successfully completed Board-approved courses in radiation safety and coronal polishing. One of the following documents is required for each course:

- (1) An original or copy of the course certificate issued by a Board approved program or stand-alone course provider; or
- (2) A letter on program or course letterhead, signed by the program director, certifying completion of the course and the completion date.

(G) Evidence of having successfully completed the following:

- (1) A 2-hour Board-approved course in the Act. One of the following documents is required:

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(i) An original or copy of the course certificate issued by a Board-approved provider, dated within the five years immediately preceding the date the application was received by the Board; or

(ii) A letter on school or program letterhead, signed by the program director, certifying completion of the course and the completion date dated within the five years immediately preceding the date the application was received by the Board.

(2) An eight-hour Board-approved course in Infection Control. One of the following documents is required:

(i) An original or copy of the course certificate issued by a Board-approved provider, dated within the five years immediately preceding the date the application was received by the Board; or

(ii) A letter on school or program letterhead, signed by the program director, certifying completion of the course and the completion date, dated within the five years immediately preceding the date the application was received by the Board.

(3) A course in basic life support (BLS) offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the Board as equivalent. The applicant shall submit a copy of the BLS certification card, to include any required signatures. The BLS card shall be valid and current.

(H) Evidence of successful completion of the RDA General and Law and Ethics Written Examination in the form of an original or copy of the certificate of successful completion issued by the examination provider, dated within the five years immediately preceding the date the application was received by the Board.

(2) In addition to the requirements set forth in subdivision (a), an application for licensure as a registered dental assistant shall be accompanied by one of the following:

(a) If qualifying for registered dental assistant licensure by graduation from an educational program in registered dental assisting approved by the Board, the applicant shall provide one of the following:

(1) An original "Certification of Board Approved Registered Dental Assisting Program Completion" RDA-2 (Board Approved Education Only) (New [INSERT DATE]); or

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(2) A copy of the Dental Assisting diploma or certificate issued by an educational program in registered dental assisting approved by the Board; or

(3) A letter on school or program letterhead, signed by the program director, certifying completion of an educational program in registered dental assisting approved by the Board. The letter shall include the student's full name, dates of attendance, and the actual date of graduation.

(b) If qualifying for registered dental assistant licensure by completion of work experience, the applicant shall provide an original "Certification of Work Experience as a Dental Assistant" RDA-3 (New [INSERT DATE]). The form shall evidence completion of satisfactory work experience of at least 15 months (1,280 hours) as a dental assistant in California or another state or U.S. territory. The form shall be signed/certified by a licensed dentist in California or another state or U.S. territory. The certifying dentist is required to have been licensed at the time certified on the form.

(c) If qualifying for registered dental assistant licensure by graduation from a dental assisting program in a postsecondary institution approved by the Department of Education or in a secondary institution, regional occupational center, or regional occupational program, that are not approved by the Board and work experience, the applicant shall provide an original "Certification of Non-Approved Dental Assisting Program Completion" and "Certification of Work Experience as a Dental Assistant" RDA-4 (New [INSERT DATE]).

(a) In addition to the requirements set forth in Section 1076, an application for licensure as a registered dental assistant shall be accompanied by the following:

(1) satisfactory evidence that the applicant has been granted a diploma or certificate in dental assisting from an educational program approved by the board; or

(2) satisfactory evidence that the applicant has met the required 18 months satisfactory work experience as a dental assistant. "Satisfactory work experience" means performance of the duties specified in Section 1085(b) and/or (c) in a competent manner, as determined by the dentist employer. An applicant shall obtain work experience verification forms from the board and supply such forms to those persons in whose employ the applicant obtained the required work experience. The completed form shall be returned to the board by such person.

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(A) The 18 months of experience, which shall be gained in California while employed by a California licensed dentist(s), shall be considered qualifying only if the experience was comprised of performing duties specified in Section 1085(b) and/or (c) during a majority of the experience hours;

(B) The 18 months shall be calculated as follows:

1. experience gained while working 20 or more hours per week shall be credited on a weekly basis, with 78 weeks considered equivalent to 18 months;

2. experience gained while working less than 20 hours per week shall be credited on an hourly basis, with 1,560 hours considered equivalent to 18 months.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614, 1753 and 1754.1752.1, Business and Professions Code.

§ 1077.1. Application for Registered Dental Assistant in Extended Functions (RDAEF) Licensure Applications.

(a) An applicant for licensure as a registered dental assistant in extended functions shall submit a completed "Application for Registered Dental Assistant in Extended Functions (RDAEF) Examination and Licensure" (New ~~INSERT DATE~~ 02/2020) hereby incorporated by reference.

(1) All applications for registered dental assistant in extended functions examination and licensure shall be accompanied by the following information:

(A) The application and examination fees as set by Section 1022;

(B) Satisfactory evidence that the applicant has met all applicable requirements of Section 1753 of the Business and Professions Code;

(C) Two classifiable sets of fingerprints or a completed Live Scan form to establish the identity of the applicant and to permit the Board to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check;

(D) Where applicable, a record of any previous dental assisting, orthodontic assisting, dental sedation assisting, dental hygiene, dentistry or any other health care profession practice and certification of license status in each state or jurisdiction in which licensure has been obtained;

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(E) Applicant's name, social security number, federal employer identification number (FEIN), or individual taxpayer identification number (ITIN), mailing address, electronic mail address, and telephone number(s);

(F) Evidence of current licensure as a registered dental assistant or completion of the requirements for licensure as a registered dental assistant.

(G) Evidence of successful completion of either of the following:

(1) An extended functions postsecondary, or equivalent thereto, program approved by the Board in all of the procedures specified in Section 1753.5; or

(2) An extended functions postsecondary, or equivalent thereto, program approved by the Board to teach the duties that registered dental assistants in extended functions were allowed to perform pursuant to board regulations prior to January 1, 2010, and a course approved by the board in the procedures specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Business and Professions Code section 1753.5.

(i) To demonstrate successful completion of an RDAEF program, applicants shall provide one of the following:

(1) RDAEF application containing original certification of Board-Approved Registered Dental Assisting in Extended Functions Program Completion, signed by the program director, with the school or program seal affixed; or

(2) A copy of the diploma or certificate issued by an educational program in RDAEF approved by the Board.

(3) A letter on school or program letterhead, signed by the program director, certifying completion of an educational program in RDAEF approved by the Board. The letter shall include the student's full name, dates of attendance, and the actual date of graduation.

(H) Evidence of having successfully completed Board-approved courses in pit and fissure sealants. One of the following documents is required:

(1) An original or copy of the course certificate issued by a board approved program or course provider; or

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(2) A letter on school/program letterhead, signed by the program director, certifying completion of the course and the completion date.

(I) Successful completion of the RDAEF Written Examination.

(J) Successful completion of the RDAEF clinical and practical examination.

~~In addition to the requirements, including the processing times, set forth in Section 1076, an application for licensure as an RDAEF shall be accompanied by satisfactory evidence that the applicant has successfully completed an approved RDAEF program.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and ~~1758~~1753, Business and Professions Code.

§ 1077.2. Application for Orthodontic Assistant (OA) Permit.

(a) An applicant for an orthodontic assistant permit shall submit ~~an~~ a completed "Application for Orthodontic Assistant Examination and Permit" (New ~~INSERT DATE~~02/2020), hereby incorporated by reference.

(1) All applications for the orthodontic permit examination and licensure shall be accompanied by the following information:

(A) The application and examination fees as set by Section 1022;

(B) Satisfactory evidence that the applicant has met all applicable requirements of Section 1750.2 of the Business and Professions Code;

(C) Two classifiable sets of fingerprints or a completed Live Scan form to establish the identity of the applicant and to permit the Board to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check;

(D) Where applicable, a record of any previous dental assisting, orthodontic assisting, dental sedation assisting, dental hygiene, dentistry or any other health care profession practice and certification of license status in each state or jurisdiction in which licensure has been obtained;

(E) Applicant's name, social security number, federal employer identification number (FEIN), or individual taxpayer identification number (ITIN), mailing address, electronic mail address, and telephone number(s);

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(F) Evidence of having successfully completed a Board-approved orthodontic assistant course, which can commence after the completion of six months of work experience. One of the following shall be provided:

(1) OA application containing original certificate of completion of a board-approved orthodontic assistant permit course, signed by the program director, with the school or program seal affixed; or

(2) A copy of a diploma or certificate of completion issued by a Board-approved orthodontic assistant permit course; or

(3) A letter on school or program letterhead, signed by the program director, certifying completion of a board-approved orthodontic assistant permit course. The letter shall include the student's full name, dates of attendance, and the actual date of graduation.

(G) Evidence of either:

(1) Current, active, and valid licensure as a registered dental assistant; or

(2) At least 12 months of verifiable work experience as a dental assistant. The "Declaration of Certifying Dentist" section of the application shall be completed and signed by a licensed dentist in California or another state or U.S. territory. The certifying dentist is required to have been licensed at the time certified on the form.

(I) Evidence of having successfully completed Board-approved course in ultrasonic scaling. One of the following documents is required for each course:

(1) An original or copy of the course certificate issued by a Board-approved program or stand-alone course provider; or

(2) A letter on program or course letterhead, signed by the program director, certifying completion of the course and the completion date.

(J) Evidence of having successfully completed the following:

(1) A two-hour Board-approved course in the Act. One of the following documents is required:

(i) An original or copy of the course certificate issued by a Board-approved provider, dated within the five years immediately preceding the date the application was received by the Board; or

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(ii) A letter on school or program letterhead, signed by the program director, certifying completion of the course and the completion date dated within the five years immediately preceding the date the application was received by the Board.

(2) An eight-hour Board-approved course in Infection Control. One of the following documents is required:

(i) An original or copy of the course certificate issued by a Board-approved provider, dated within the five years immediately preceding the date the application was received by the Board; or

(ii) A letter on school or program letterhead, signed by the program director, certifying completion of the course and the completion date, dated within the five years immediately preceding the date the application was received by the Board.

(3) A course in basic life support (BLS) for healthcare professionals to include use of AED as required by Title 160, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C) of the California Code of Regulations. Recertification intervals may not exceed two (2) years. A copy of the BLS certification card, to include any required signatures, is required. The BLS card shall be valid and current.

(K) Successful completion of the OA Written Examination.

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

§ 1077.3. Application for Dental Sedation Assistant (DSA) Permit.

a) An applicant for a dental sedation assistant permit shall submit ~~an~~ a completed "Application for Dental Sedation Assistant Examination and Permit" (New ~~INSERT DATE~~ 02/2020), hereby incorporated by reference.

(1) All applications for the dental sedation permit examination and licensure shall be accompanied by the following information:

(A) The application and examination fees as set by Section 1022;

(B) Satisfactory evidence that the applicant has met all applicable requirements of Section 1750.4 of the Business and Professions Code;

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(C) Two classifiable sets of fingerprints or a completed Live Scan form to establish the identity of the applicant and to permit the Board to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check;

(D) Where applicable, a record of any previous dental assisting, orthodontic assisting, dental sedation assisting, dental hygiene, dentistry or any other health care profession practice and certification of license status in each state or jurisdiction in which licensure has been obtained;

(E) Applicant's name, social security number, federal employer identification number (FEIN), or individual taxpayer identification number (ITIN), mailing address, electronic mail address, and telephone number(s);

(F) Evidence of having successfully completed a board-approved dental sedation assistant permit course, which can commence after the completion of six months of work experience. One of the following shall be provided:

(1) DSA application containing original certification of Board-approved dental sedation assistant permit course, signed by the program director, with the school or program seal affixed; or

(2) A copy of the diploma or certificate of completion issued by the Board-approved dental sedation assistant permit course; or

(3) A letter on school or program letterhead, signed by the program director, certifying completion of the Board-approved dental sedation assistant permit course. The letter shall include the student's full name, dates of attendance, and the actual date of graduation.

(G) Evidence of

(1) Current, active, and valid licensure as a registered dental assistant; or

(2) At least 12 months of verifiable work experience as a dental assistant. The "Declaration of Certifying Dentist" section of the application shall be completed and signed by a licensed dentist in California or another state or U.S. territory. The certifying dentist is required to have been licensed at the time certified on the form.

(I) Evidence of having successfully completed the following:

(1) A two-hour board approved course in the Act. One of the following documents is required:

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(i) An original or copy of the course certificate issued by a Board-approved provider, dated within the five years immediately preceding the date the application was received by the Board; or

(ii) A letter on school or program letterhead, signed by the program director, certifying completion of the course and the completion date dated within the five years immediately preceding the date the application was received by the Board.

(2) An eight-hour board approved course in Infection Control. One of the following documents is required:

(i) An original or copy of the course certificate issued by a Board-approved provider, dated within the five years immediately preceding the date the application was received by the Board; or

(ii) A letter on school or program letterhead, signed by the program director, certifying completion of the course and the completion date, dated within the five years immediately preceding the date the application was received by the Board.

(3) A course in basic life support (BLS) for healthcare professionals to include use of AED as required by Title 160, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C) of the California Code of Regulations. Recertification intervals may not exceed two (2) years. A copy of the BLS certification card, to include any required signatures, is required. The BLS card shall be valid and current.

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(K) Successful completion of the DSA Written Examination.

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

Article 4. Examinations

§ 1080. General Procedures for Dental Auxiliary Written, Clinical, and Practical Examinations.

The following rules, which are in addition to any other examination rules set forth elsewhere in this chapter, are adopted for the uniform conduct of all dental auxiliary written and practical examinations.

(a) The ability of an examinee to read and interpret instructions and examination material in the English language is a part of the examination.

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(b) No person shall be admitted to an examination room, clinic, or laboratory unless he or she is wearing the appropriate badge and is directly connected with the examination or its administration.

(c) Each examinee shall furnish patients, instruments, supplies, engines and materials necessary to carry the procedures to completion. The board will provide chairs.

(d) A patient provided by an examinee shall be at least 18 years of age and shall be in a health condition acceptable for dental treatment. If conditions indicate a need to consult the patient's physician or for the patient to be premedicated (e.g. high blood pressure, heart murmur, rheumatic fever, heart condition, prosthesis), the examinee shall obtain the necessary written medical clearance and/or evidence of premedication before the patient will be accepted. Pre-medication shall be confirmed by presenting the prescription container.

(1) A prosthetic joint replacement requires either a physician's written clearance or premedication.

(2) Pre-medication is required for the following high-risk conditions to prevent endocarditis:

(A) Prosthetic cardiac valve

(B) Previous Infective Endocarditis

(C) Congenital heart disease (CHD)*

(D) Unrepaired cyanotic CHD, including palliative shunts and conducts

(E) Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or catheter intervention, during the first six (6) months after the procedure

(F) Repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization)

(G) Cardiac transplantation recipients who develop cardiac valvulopathy

(3) The following conditions require physician clearance for dental treatment:

(A) Tuberculosis. Patient shall have been on antibiotics for a minimum of four (4) weeks.

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(B) Abnormal patient Blood Pressure. An employer or dentist must certify that the patient's blood pressure is taken prior to the request for initial acceptance of the patient and recorded on the medical history form. Candidates are required to provide their own blood pressure kits. Patients with a blood pressure reading:

(1) Of 159/94 or below may proceed with the administration of anesthesia and request for approval for the cord retraction portion of the examination.

(2) Between 160/95 and 179/109 shall present a physician's clearance that includes a statement of the highest blood pressure acceptable for dental treatment.

(3) Equal to or greater than 180/110 will not be accepted for this examination, even if a physician authorizes treatment.

(C) AIDS or HIV. Clearance shall state that dental treatment is not contraindicated.

(D) Patients who are currently receiving radiation treatment or chemotherapy.

(E) Sickle Cell Anemia.

(F) Organ transplant.

(G) Steroid use for more than two (2) weeks.

(H) Pregnancy. Clearance shall include approved use of topical anesthetic, local anesthesia treatment and radiographic procedures.

(4) Hazardous/Unsuitable Conditions: A patient with a condition hazardous to anyone directly connected with the examination, who is deemed unsuitable to sit, or has a condition that interferes with evaluation for the examination may be rejected at the discretion of at least two examiners. Whenever a patient is rejected, the reason for such rejection shall be noted on the examination record and shall be signed by both rejecting examiners.

(A) Patients who have the following health conditions may not be patients during an examination:

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(1) Patients with a history of Hepatitis B, C or D, unless non-carrier medical clearance is provided.

(2) Patients who have had a heart attack, stroke or cardiac surgery within the past six (6) months.

(3) High blood pressure equal to or greater than 180/110 (see patient blood pressure guidelines previously stated).

(4) Herpetic lesions in any visible stage or other transmissible disease.

(5) Acute abscesses, necrotizing ulcerative gingivitis (NUG), severely inflamed gingivae (purulent, hemorrhagic, retractable) in the area to be treated.

(6) Necrotizing ulcerative gingivitis (NUG/ANUG) anywhere in the mouth.

(7) Conditions requiring special patient management without appropriate physician approval may be deemed inappropriate by the Board Examiner.

(ee) An examinee may be dismissed from the entire examination, and a statement of issues may be filed against the examinee, for acts which interfere with the Board's objective of evaluating professional competence. Such acts include, but are not limited to the following:

(1) Allowing another person to take the examination in the place of, and under the identity of, the examinee.

(2) Copying or otherwise obtaining examination answers from other persons during the course of an examination.

(3) Bringing any notes, books, pictures, tape recorders, electronic devices, any informative materials, or other unauthorized materials into the examination area.

(4) Assisting another examinee during the examination process.

(5) Using the equipment, instruments, or materials belonging to another examinee.

(6) Copying, photographing or in any way reproducing or recording examination questions or answers.

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~~(7) Bringing a previously prepared procedure or any portion thereof into a laboratory examination~~

(7) Presenting radiographs which have been altered or contrived to represent other than the patient's true condition, whether or not the misleading radiograph was created by the examinee.

(8) Failing to comply with the Board's infection control regulations.

(9) Failing to use an aspirating syringe for administering local anesthesia.

(10) Premedicating a patient for purposes of sedation.

(11) Dismissing a patient without the approval and signature of an examiner.

~~(812)~~ Leaving the assigned examination area without the permission of an exam administrator.

(13) Bringing a previously prepared procedure or any portion thereof into an examination.

~~(914)~~ Failing to follow directions relative to the conduct of the examination, including termination of the examination at the scheduled or announced time.

(f) An examinee may be declared by the Board to have failed the entire examination for demonstration of gross incompetence in treating a patient.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1753, 1756, 1758 and 1761, Business and Professions Code.

§ 1080.1. General Procedures for Dental Auxiliary Clinical Examinations.

~~The following rules, which are in addition to any other examination rules set forth elsewhere in this chapter, are adopted for the uniform conduct of all dental auxiliary clinical examinations.~~

~~(a) Each examinee shall furnish patients, instruments, engines and materials necessary to carry the procedures to completion. The board will provide chairs.~~

~~(b) A patient provided by an examinee shall be at least 18 years of age and shall be in a health condition acceptable for dental treatment. If conditions indicate a need to consult the patient's physician or for the patient to be premedicated (e.g. high blood pressure, heart murmur, rheumatic fever, heart condition, prosthesis), the examinee shall obtain the necessary written medical clearance and/or evidence of premedication before the patient will be accepted. The examiners may, in their discretion, reject a patient who in the opinion of at least two examiners has a condition which interferes with evaluation or which may be hazardous to the patient,~~

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~~other patients, examinees or examiners. A hazardous condition includes, but is not limited to, acute symptomatic hepatitis, active herpetic lesions, acute periodontal or periapical abscesses, or necrotizing ulcerative gingivitis. Whenever a patient is rejected, the reason for such rejection shall be noted on the examination record and shall be signed by both rejecting examiners.~~

~~(c) No person shall be admitted to an examination clinic unless he or she is wearing the appropriate identification badge.~~

~~(d) An examinee may be dismissed from the entire examination, and a statement of issues may be filed against the examinee, for acts which interfere with the Board's objective of evaluating professional competence. Such acts include, but are not limited to the following:~~

~~(1) Allowing another person to take the examination in the place of, and under the identity of, the examinee.~~

~~(2) Bringing any notes, books, pictures, tape recorders, or other unauthorized materials into the examination area.~~

~~(3) Assisting another examinee during the examination process.~~

~~(4) Using the equipment, instruments, or materials belonging to another examinee.~~

~~(5) Presenting radiographs which have been altered, or contrived to represent other than the patient's true condition, whether or not the misleading radiograph was created by the examinee.~~

~~(6) Failing to comply with the board's infection control regulations.~~

~~(7) Failing to use an aspirating syringe for administering local anesthesia.~~

~~(8) Premedicating a patient for purposes of sedation.~~

~~(9) Dismissing a patient without the approval and signature of an examiner.~~

~~(10) Leaving the assigned examination area without the permission of an exam administrator.~~

~~(11) Failing to follow directions relative to the conduct of the examination, including termination of the examination at the scheduled or announced time.~~

~~(e) An examinee may be declared by the board to have failed the entire examination for demonstration of gross incompetence in treating a patient.~~

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~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1753, 1756, 1758 and 1761, Business and Professions Code.~~

~~§ 1080.2~~ 1080.1. Conduct of Dental Auxiliary Examinations.

Examinations shall be anonymous. An anonymous examination is one conducted in accordance with procedures, including but not limited to those set forth below, which ensure and preserve anonymity of applicants.

(a) The board shall randomly assign each applicant a number and said applicant shall be known by that number throughout the entire examination.

(b) Grading examiners shall not view examinees during the performance of the examination assignments.

(c) There shall be no communications between grading examiners and floor examiners except for oral communications conducted in the presence of board staff. There shall be no communication between grading examiners and examinees except written communications on board approved forms.

~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1753, 1756, 1758 and 1761, Business and Professions Code.~~

~~§ 1080.3~~ 1080.2. Dental Auxiliary Licensure Examination Review Procedures; Appeals.

(a) An examinee who has failed an examination shall be provided with notice, upon written request, of those areas in which he/she is deficient in the practical or clinical phases of such examination.

(b) An unsuccessful examinee who has been informed of the areas of deficiency in his/her performance on the practical or clinical phases of the examination and who has determined that one or more of the following errors was made during the course of his/her examination and grading may appeal to the board within sixty (60) days following receipt of his/her examination results:

(1) Significant procedural error in the examination process;

(2) Evidence of adverse discrimination;

(3) Evidence of substantial disadvantage to the examinee. Such appeal shall be made by means of a written letter specifying the grounds upon which the appeal is based. The Board shall respond to the appeal in writing and may request a personal appearance by the examinee. The Board shall thereafter take such action as it deems appropriate.

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Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1611, 1614, 1634, 1750.2, 1750.4, 1752.1, 1753, and 1753.4 ~~1756, 1758 and 1761~~, Business and Professions Code.

§ 1081. RDA Examination.

An applicant for licensure as an RDA shall complete a written, task-oriented examination encompassing all duties assignable to RDAs and the settings in which they may be performed. Such examination may also include any or all of the following subjects:

Nutrition and preventive dentistry; materials; oral anatomy and physiology; oral pathology; pharmacology; morphology; microbiology; dental assisting procedures in general and special dentistry; principles of business and practice management; legal/ethical aspects of dentistry; patient-dental personnel psychology; four-handed chairside dental assisting; X-ray; sterilization; laboratory and office emergency procedures.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and ~~1753~~ 1752.1, Business and Professions Code.

~~§ 1081.1. RDA Practical Examination Requirements.~~

~~(a) In addition to the written examination, each applicant for licensure as an RDA shall also take a practical examination consisting of any or all of the procedures listed below. The specific procedures will be assigned by an RDA examination committee appointed by the board. The procedures shall be performed on a full articulated maxillary and mandibular typodont secured with a bench clamp and shall be graded by examiners appointed by the board for that purpose. Each applicant shall furnish the required materials necessary to complete all of the following procedures.~~

~~(1) Placement of a rubber dam;~~

~~(2) Placement of a matrix band for amalgam preparation;~~

~~(3) Placement of a base into a prepared tooth (For purposes of the examination, "prepared tooth" means a tooth from which material has been removed so as to simulate the surgical excision of dental caries);~~

~~(4) Placement of a liner into a prepared tooth;~~

~~(5) Placement of orthodontic separators;~~

~~(6) Placement of a periodontal dressing;~~

~~(7) Placement of a temporary sedative dressing into a prepared tooth.~~

~~(8) Sizing and placement, or intra-oral fabrication, of a temporary crown.~~

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~~(9) Temporary cementation of a temporary crown.~~

~~(10) Removal of excess cement from supragingival surfaces with a hand instrument or floss.~~

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

§ 1081.2. RDAEF Clinical Examination Requirements.

(a) Each applicant for licensure as an RDAEF shall successfully complete an examination on a patient consisting of the procedures set forth below.

(1) Cord retraction of gingivae for impression procedures;

(2) Taking impressions for cast restorations.

The total examination period shall not exceed two and one-half hours after the first request for approval to begin the cord retraction procedure.

(b) Each applicant shall provide one patient upon whom the retraction and impression procedures shall be performed. If a patient is deemed unacceptable by the examiners, it is the applicant's responsibility to provide another patient who is acceptable. Time spent to secure an acceptable replacement patient shall count as part of the two and one-half (2 1/2) hour maximum testing period. The applicant's ability to select an appropriate patient is considered part of the examination. An acceptable patient shall meet the criteria set forth in Section 1080 and the following additional criteria:

(1) Must Shall have a minimum of ten teeth per arch.

~~(2) Must have a prepared tooth, which is a bicuspid or molar and which, prior to preparation, had mesial and distal contact. The preparation performed shall have margins at or below the free gingival crest and shall be one of the following: 7/8 crown, 3/4 crown, or full crown, including porcelain fused to metal. Alginate impression materials alone are not acceptable.~~

(2) Tooth preparation shall be on a bicuspid or molar and shall have mesial and distal teeth present next to the prepared tooth which would normally be in contact with the completed crown.

(3) The prepared tooth shall have margins at or below the free gingival crest.

(4) The tooth shall be prepared using one of the following preps: 7/8 crown, 3/4 crown or full crown, including porcelain fused to metal. Alginate impression materials alone are not acceptable. Tooth shall have been prepared and temporized prior to the arrival at the examination site.

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(5) The prepared tooth shall be free from clinical or radiographic pathology, including the presence of decay, or pulpal exposures.

(c) These procedures shall be graded by examiners appointed by the Board. These procedures may be tested, at the Board's discretion, in a Board-approved dental office or other facilities, by examiners appointed by the Board.

Note: Authority cited: Section 1614, Business and Professions Code. ~~Reference: Section 1756, Business and Professions Code.~~

§ 1081.3. RDAEF Practical Examination Requirements.

(a) Each applicant for licensure as an RDAEF shall successfully complete an examination on a simulated patient head mounted in an appropriate position and accommodating an articulated adult or pediatric typodont in an enclosed environment or mounted on a dental chair in a dental operatory consisting of the procedures set forth below.

(1) Place, condense and finish a composite restoration

(2) Place, condense and carve an amalgam restoration

The total examination period shall not exceed ninety (90) minutes after receiving approval to begin.

(b) Each applicant shall provide an articulated typodont which has 32 synthetic teeth and soft rubber gingivae. The typodont shall be articulated. Each applicant shall arrive to the examination with the typodont stabilized and balanced in occlusion, with enclosed cheeks and able to mount within the simulator or chair mounted manikin used at the test facility. The midline of the typodont shall remain lined up with the midline of the manikin during the examination. The manikin shall be mounted in a simulated patient head, in correct position, and kept in a correct operating position while the examination procedures are performed.

(c) All typodonts shall be stabilized and balanced in occlusion and mounted in the manikin prior to starting the assigned preparations. The floor examiner shall approve the typodont and the mounted position before starting the assigned preparations.

(d) The possession of extra typodonts, extra loose teeth or templates of preparations in the examination area is not permitted and is cause for dismissal.

At no time during the examination may the head and the cheeks be separated. This is cause for dismissal.

(e) The candidate is required to furnish their own specified typodont, mounting equipment, instruments, including hand pieces, amalgamators, and supplies necessary to complete the assignments in the examination.

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§ 1083. Passing Grades.

~~(a) Registered Dental Hygienist. Each applicant for licensure as a registered dental hygienist who attains a grade of 75% in the practical examination designated by the Board shall be considered as having passed the examination.~~

~~(b) Registered Dental Assistant. An applicant for licensure as a registered dental assistant shall be deemed to have passed the required examination only if the applicant has obtained a score of at least 75 on the written examination and at least 75% on the practical examination; provided, however, that an applicant who attains a grade of less than 75% in any single procedure shall be considered to have failed the entire practical examination.~~

(a) Registered Dental Assistant (RDA). Prior to issuance of a RDA license, an applicant shall successfully achieve a passing score on the RDA General and Law and Ethics written examination.

~~(c) Registered Dental Assistant in Extended Functions. Each applicant for licensure as an RDAEF who attains a grade of at least 75% on each procedure in the examination shall be deemed to have passed the required examination.~~

(b) Registered Dental Assistant in Extended Functions (RDAEF). Prior to issuance of a RDAEF license, an applicant shall successfully achieve a passing score on the RDAEF written examination, achieve a passing score on both procedures of the clinical examination as outlined in Section 1081.2, and achieve a passing score on both procedures of the practical examination as outlined in Section 1081.3.

~~(d) Registered Dental Hygienist in Extended Functions. Each applicant for licensure as an RDHEF who attains a grade of at least 75% on each procedure in the examination shall be deemed to have passed the required examination. A registered dental hygienist who has passed the RDAEF examination prior to December 31, 1991 shall be eligible for licensure as an RDHEF without further examination.~~

(c) Orthodontic Assistant (OA). Prior to issuance of an OA license, an applicant shall successfully achieve a passing score on the OA written examination.

(d) Dental Sedation Assistant (DSA). Prior to issuance of an DSA license, an applicant shall successfully achieve a passing score on the DSA written examination.

~~Note: Authority cited: Sections 1614 and 1762, Business and Professions Code. Reference: Sections 1611, 1614, 1634, 1753, 1758 and 1759, Business and Professions Code.~~

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Note: Authority cited: Sections 1614 Business and Professions Code. Reference: Sections 1611, 1614, 1634, 1750.2, 1750.4, 1752.1, 1753, and 1753.4, Business and Professions Code.

§ 1085. Dental Assistant Duties and Settings.

(a) Unless specifically so provided by regulation, a dental assistant may not perform the following functions or any other activity which represents the practice of dentistry or requires the knowledge, skill and training of a licensed dentist:

- (1) Diagnosis and treatment planning;
- (2) Surgical or cutting procedures on hard or soft tissue;
- (3) Fitting and adjusting of correctional and prosthodontic appliances;
- (4) Prescription of medicines;
- (5) Placement, condensation, carving or removal of permanent restorations, including final cementation procedures;
- (6) Irrigation and medication of canals, try-in cones, reaming, filing or filling of root canals;
- (7) Taking of impressions for prosthodontic appliances, bridges or any other structures which may be worn in the mouth;
- (8) Administration of injectable and/or general anesthesia;
- (9) Oral prophylaxis procedures.

~~(b) A dental assistant may perform such basic supportive dental procedures as the following under the general supervision of a licensed dentist:~~

- ~~(1) Extra-oral duties or functions specified by the supervising dentist;~~
- ~~(2) Operation of dental radiographic equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of section 1656 of the Code.~~
- ~~(3) Examine orthodontic appliances.~~

~~(c) A dental assistant may perform such basic supportive dental procedures as the following under the direct supervision of a licensed dentist when done so pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures shall be checked~~

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and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.

(1) Take impressions for diagnostic and opposing models, bleaching trays, temporary crowns and bridges, and sports guards;

(2) Apply non-aerosol and non-caustic topical agents;

(3) Remove post-extraction and periodontal dressings;

(4) Placement of elastic orthodontic separators;

(5) Remove orthodontic separators;

(6) Assist in the administration of nitrous oxide analgesia or sedation; however, a dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the dentist who shall be present at the patient's chairside at the implementation of these instructions. This regulation shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.

(7) Hold anterior matrices;

(8) Remove sutures;

(9) Take intra-oral measurements for orthodontic procedures;

(10) Seat adjusted retainers or headgears, including appropriate instructions;

(11) Check for loose bands;

(12) Remove arch wires;

(13) Remove ligature ties;

(14) Apply topical fluoride, after scaling and polishing by the supervising dentist or a registered dental hygienist;

(15) Place and remove rubber dams;

(16) Place, wedge and remove matrices.

(17) Cure restorative or orthodontic materials in operative site with light-curing device.

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DRAFT PROPOSED REGULATORY LANGUAGE**

~~For the purpose of this section a supervising licensed dentist is defined as a dentist whose patient is receiving the services of a dental assistant in the treatment facility and is under the direct control of said licensed dentist.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1751, Business and Professions Code.

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~~§ 1086. RDA Duties and Settings.~~

~~(a) Unless specifically so provided by regulation, the prohibitions contained in section 1085 of these regulations apply to registered dental assistants.~~

~~(b) A registered dental assistant may perform all functions which may be performed by a dental assistant.~~

~~(c) Under general supervision, a registered dental assistant may perform the following duties:~~

~~(1) Mouth-mirror inspection of the oral cavity, to include charting of obvious lesions, existing restorations and missing teeth;~~

~~(2) Placement and removal of temporary sedative dressings.~~

~~(d) A registered dental assistant may perform the following procedures under the direct supervision of a licensed dentist when done so pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures shall be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.~~

~~(1) Obtain endodontic cultures;~~

~~(2) Dry canals, previously opened by the supervising dentist, with absorbent points;~~

~~(3) Test pulp vitality;~~

~~(4) Place bases and liners on sound dentin;~~

~~(5) Remove excess cement from supragingival surfaces of teeth with a hand instrument or floss;~~

~~(6) Size stainless steel crowns, temporary crowns and bands;~~

~~(7) Fabrication of temporary crowns intra-orally;~~

~~(8) Temporary cementation and removal of temporary crowns and removal of orthodontic bands;~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

~~{9) Placement of orthodontic separators;~~

~~{10) Placement and ligation of arch wires;~~

~~{11) Placement of post-extraction and periodontal dressings;~~

~~{12) Apply bleaching agents;~~

~~{13) Activate bleaching agents with non-laser light curing device;~~

~~{14) Take bite registrations for diagnostic models for case study only;~~

~~{15) Coronal polishing (Evidence of satisfactory completion of a board-approved course of instruction in this function shall be submitted to the board prior to any performance thereof). The processing times for coronal polishing course approval are set forth in section 1069.~~

~~This procedure shall not be intended or interpreted as a complete oral prophylaxis (a procedure which can be performed only by a licensed dentist or registered dental hygienist). A licensed dentist or registered dental hygienist shall determine that the teeth to be polished are free of calculus or other extraneous material prior to coronal polishing.~~

~~{16) Removal of excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler. (Evidence of satisfactory completion of a board-approved course of instruction or equivalent instruction in an approved RDA program in this function shall be submitted to the board prior to any performance thereof.) The processing times for ultrasonic scaler course approval are set forth in section 1069.~~

~~(e) Settings. Registered dental assistants may undertake the duties authorized by this section in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the board.~~

~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and 1754, Business and Professions Code; and Section 15376, Government Code.~~

§ 1087. RDAEF Duties and Settings.

(a) Unless specifically so provided by regulation, the prohibitions contained in Section 1085 apply to RDAEFs.

(b) An RDAEF may perform all duties assigned to dental assistants and registered dental assistants.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

~~(c) An RDAEF may perform the procedures set forth below under the direct supervision of a licensed dentist when done so pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures shall be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.~~

~~(1) Cord retraction of gingivae for impression procedures;~~

~~(2) Take impressions for cast restorations;~~

~~(3) Take impressions for space maintainers, orthodontic appliances and occlusal guards.~~

~~(4) Prepare enamel by etching for bonding;~~

~~(5) Formulate indirect patterns for endodontic post and core castings;~~

~~(6) Fit trial endodontic filling points;~~

~~(7) Apply pit and fissure sealants;~~

~~(8) Remove excess cement from subgingival tooth surfaces with a hand instrument;~~

~~(9) Apply etchant for bonding restorative materials.~~

~~(d) Settings. Registered dental assistants in extended functions may undertake the duties authorized by this section in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the board.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614, 1756 and 1757, Business and Professions Code.