



Dental Board of California Meeting
Thursday, November 4, 2010
El Segundo, CA 90245

Members Present:

John Bettinger, DDS, President
Bruce Whitcher, DDS, Vice President
Luis Dominicis, DDS, Secretary
Steven Afriat, Public Member
Fran Burton, Public Member
Rebecca Downing, Public Member
Judith Forsythe, RDA
Huong Le, DDS
Suzanne McCormick, DDS
Steven Morrow, DDS, MS
Thomas Olinger, DDS

Members Absent:

Stephen Casagrande, DDS

Staff Present:

Richard DeCuir, Executive Officer
Denise Johnson, Assistant Executive Officer
Donna Kantner, Licensing & Examination Unit Manager
Lori Reis, Complaint & Compliance Manager
Kim A. Trefry, Enforcement Chief
Jocelyn Campos, Enforcement Coordinator
Karen Fischer, Administrative Analyst
Sarah Wallace, Legislative/Regulatory Analyst
Linda Byers, Executive Assistant
Kristy Shellans, DCA Senior Staff Counsel
Greg Salute, Deputy Attorney General

President Bettinger called the meeting to order at 8:07 a.m. Secretary Dominicis called the roll and established a quorum. Dr.'s Casagrande and McCormick were absent. Dr. Bettinger thanked all the Board Members for taking time away from their families and work to be a part of this Board for the purpose of public protection. The Board immediately went into Committee Meetings. Dr. McCormick arrived at 11:15 a.m.

The Full Board reconvened at 11:45 a.m.

Recess - Lunch Break

The Board recessed at 11:45 a.m. for lunch

Dr. Bettinger reconvened the Board at 1:00 p.m. Dr. Dominicis called the roll and established a quorum.

AGENDA ITEM 1: Department of Consumer Affairs (DCA) Director's Report

Kim Kirchmeyer, from the Department of Consumer Affairs (DCA) Director's Office, gave a report. She stated that there is currently a hiring freeze which the Dental Board is complying with. DCA is preparing for the implementation of CPEI when the freeze is lifted. The 'BREEZE' program is scheduled for implementation in July of 2011. Implementation of the new technology has begun for Forms, Data and Reports. This will enable posting of quarterly performance measurements such as cycle time and volume of complaints on the website. DCA hopes the Board will move forward with regulations for SB1111 and SB 1441. Ms. Kirchmeyer thanked the Board for posting material on the website and for webcasting the Board Meeting.

AGENDA ITEM 2: Update on Federal Healthcare Reform Legislation

Kim Kirchmeyer, from the Department of Consumer Affairs (DCA) Director's Office gave a report. DCA is offering to provide speakers to come and talk to the Board.

AGENDA ITEM 3: Update Regarding Dental Board of California's Sunset Review

Richard Decuir, Executive Officer, reported that the initial Sunset Review Report was sent to the Senate Business, Professions and Economic Development (BP&ED) Committee. Six other Boards are also up for Sunset Review. Mr. DeCuir wanted to emphasize that if a Board is sunsetted, it is abolished unlike in past years when it just became a Bureau. We would have to find someone to author a Bill to have the Board reinstated if we were sunsetted.

AGENDA ITEM 4-A: Discussion and Possible Action to Consider:

Comments Received During the 45-Day Comment Period Relative to Amendments to Title 16, CCR, Section 1005 for the Minimum Standards for Infection Control

Sarah Wallace, Legislative and Regulatory Analyst stated that at the July 26, 2010 meeting, the Board accepted proposed regulatory amendments to the California Code of Regulations, Title 16, Section 1005 relative to the minimum standards for infection control. The Board directed staff to notice the text for the 45-day comment period and set a regulatory hearing.

The proposed regulatory amendments were mailed to interested parties and posted on the Board's web site on August 26, 2010. The 45-day public comment period began on August 27, 2010 and ended on October 11, 2010. The regulatory hearing was held on October 11, 2010. Comments were received from Dr. Earl Johnson, California Dental Association (CDA), Dental Assisting Alliance, Dental Hygiene Committee of California (DHCC), California Association of Dental Assisting Teachers (CADAT), and OSHA Review Incorporated.

The Dental Hygiene Committee suggested modifying the text in section (10) by deleting "in the form of package or being wrapped before sterilization if they are not to be used immediately after being sterilized" and replacing with "and packaged or wrapped upon completion of the disinfection process." In section (11) they suggested deleting "in the form of package or being wrapped before sterilization" and replacing with "and packaged or wrapped upon completion of the disinfection process."

Staff recommended acceptance of the modified text provided by the Dental Hygiene Committee of California. Dr. McCormick raised concern that specifying "formaldehyde" as the only chemical vapor method of sterilization is not correct as there are various methods of chemical vapor sterilization that can be used for infection control. M/S/C (Le/McCormick) to accept staff's recommendation to accept the Dental Hygiene

Committee's modified text with the following amendment to remove the word "formaldehyde". The motion passed unanimously.

Dr. Earl Johnson commented that wrapping or packaging an item that is heat sensitive and therefore must be submerged in liquid disinfectant before sterilization would severely restrict the disinfectant's ability to contact the contaminated instrument, reduce the reliability of the disinfection process and create a very wet package that cannot be dried easily before storage and its ultimate use. Dr. Johnson suggested editing the text in paragraph (10) to clarify instruments are to be packaged after sterilization. The staff recommended rejection of this comment. The Dental Hygiene Committee's suggested modified text specified that the disinfection process must be complete before packaging or wrapping. M/S/C (Le/Morrow) to accept staff's recommendation to reject Dr. Johnson's comment. The motion passed unanimously.

The California Association of Dental Assisting Teachers (CADAT) suggested modifying the text in paragraph (10) to clarify wrapping instruments upon completion of the disinfection process and in paragraph (11) adding the descriptive words "autoclaving" and "formaldehyde" along with "packaging and wrapping upon completion of the disinfection process." Staff recommended rejection of this comment. The Dental Hygiene Committee's suggested modified text specified that the disinfection process must be complete before packaging or wrapping. However, staff recommended utilizing some of CADAT's suggested modifications to paragraph (11) to provide consistency with the definition in paragraph (10). M/S/C (Whitcher/Le) to accept staff's recommendation to reject CADAT's comment with modifications to paragraph (11). The motion passed unanimously.

The Dental Assisting Alliance commented that paragraphs (10) and (11) are incorrect and therefore unclear because it is not appropriate or effective to wrap a heat-sensitive item before high-level disinfection or sterilization of the item, since the method of high level disinfection or sterilization for heat-sensitive items is by immersion in a liquid chemical sterilant/disinfectant. They feel that wrapping instruments after high level disinfecting or cold sterile processing is inconsistent with the Center for Disease Control's (CDC) guidelines. They suggest revising the language to reflect that if an item is stored after sterilization it must be re-sterilized immediately before use. Staff recommended rejection of this comment. The Dental Hygiene Committee's suggested modified text specified that the disinfection process must be complete before packaging or wrapping. M/S/C (Olinger/Forsythe) to accept staff's recommendation to reject the Dental Assisting Alliance's comment. The motion passed unanimously.

The California Dental Association suggested changing the language in paragraph (1) from "safe injection practices" to "safe handling of sharps". Staff recommended acceptance of this comment. M/S/C (Dominicis/McCormick) to accept staff's recommendation to accept the California Dental Association's comment. The motion passed unanimously.

The California Dental Association (CDA) suggested the addition of the word "instruments" to paragraph (2) to be consistent with paragraph (3). Staff recommended acceptance of this comment. M/S/C (Whitcher/Le) to accept the staff's recommendation to accept CDA's comment. The motion passed unanimously.

The California Dental Association suggested deleting "is the least effective disinfection process" in paragraph (5). Staff recommended rejection of this comment. The current

definition is necessary to specify the distinction between disinfection levels for infection control. M/S/C (Dominicis/Olinger) to accept staff's recommendation to reject CDA's comment. The motion passed unanimously.

The California Dental Association suggested removing "germicides must be used in accordance with intended use and label instructions" in paragraph (8) and moved to sub-section (b). Staff recommended acceptance of this comment. M/S/C (McCormick/Whitcher) to accept staff's recommendation to accept CDA's comment. The motion passed unanimously.

The California Dental Association suggested removing the second and third sentences from Section 1005 (a) and move them to Section 1005 (b) because they are not part of the definition of "cleaning," but are a practice standard. Staff recommended acceptance of this comment. M/S/C (Whitcher/Olinger) to accept staff's recommendation to accept CDA's comment. The motion passed unanimously.

The California Dental Association (CDA) suggested removing the examples contained within parenthesis "(shoes, gowns/labcoats)" in paragraph (11) as they are unnecessary and also any mention of gowns/labcoats should be changed to "protective attire" to be consistent with Cal/OSHA's Bloodborne Pathogens Standard. Additionally, they suggested being more specific in paragraph (11) when referencing "shoes". And finally they ask for clarity when referencing gowns/labcoats or just gowns. CDA suggests referring to all protective attire as "Personal Protective Equipment (PPE)". Staff recommended acceptance of this comment. M/S/C (Burton/Forsythe) to accept staff's recommendation to accept the California Dental Association's comment. The motion passed unanimously.

The California Dental Association suggested adopting Cal/Osha's definition of "Other Potentially Infectious Materials(OPIM)" in the Bloodborne Pathogens Standards for paragraph (12). Staff recommended partial acceptance of this comment. Staff recommended rejecting #(1) of Cal/OSHA's definition of OPIM. The current definition is derived from Cal/OSHA's definition and is specific to the practice of dentistry. It is unnecessary to include the entire definition specified by Cal/OSHA. Staff recommended acceptance of the proposed language regarding hepatitis B and C. Staff recommended replacing Section 1005(a)(12)(C) with "any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV: (i) Cell, tissue, or organ cultures from humans or experimental animals; (ii) Blood, organs, or other tissues from experimental animals; or (iii) Culture medium or other solutions". M/S/C (Whitcher/Olinger) to accept staff's recommendation to partially accept CDA's comment. The motion passed unanimously.

The California Dental Association commented that paragraph (b) needs clarification regarding PPE requirements during chemical handling and pointed out that the California Division of Occupational Safety and Health is referred to as Cal/OSHA, not "Cal-DOSH." CDA suggests using the Cal/OSHA requirements for infection control. Staff recommended rejection of this comment. The suggested change is unnecessary and does not provide further clarity. However, staff did suggest modifying the language to correctly identify the California Division of Occupational Safety and Health as Cal/OSHA. M/S/C (Burton/Olinger) to accept staff's recommendation to partially reject CDA's comment. The motion passed unanimously.

The California Dental Association commented on paragraph (4) citing the need to clarify the PPE requirements for chemical handling. They suggest “all Dental Health Care Professionals (DHCP) shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, OPIM, or chemical or germicidal agents. Chemical-resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals. After each patient, masks shall be changed and disposed. After each patient treatment, face shields and protective eyewear shall be cleaned and disinfected, or disposed.” Staff recommended acceptance of this comment. M/S/C (Whitcher/Olinger) to accept staff’s recommendation to accept CDA’s comment. The motion passed unanimously.

The California Dental Association suggested changing “gowns” to “protective attire” and Cal-DOSH to Cal/OSHA. Additionally change “splattering” to “spattering” to be consistent with paragraph (4). Staff recommended acceptance of this comment. M/S/C (McCormick/Dominicis) to accept staff’s recommendation to accept CDA’s comment. The motion passed unanimously.

The California Dental Association suggests adding language to paragraph (6) recommending DHCP thoroughly wash their hands with soap and water at the start of each work day. Further, “work restrictions” should be defined. Staff recommended acceptance of this comment and suggested adding “DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday” and “a DHCP shall refrain from direct patient care if conditions are present that may render the DHCP or patients more susceptible to opportunistic infection or exposure.” M/S/C (Whitcher/Le) to accept staff’s recommendation to accept CDA’s comment. The motion passed unanimously.

The California Dental Association suggested removing the reference to “germicidal agents” in paragraph (8) because paragraph (4) already addresses this and changing “cleaning” to “processing contaminated” to distinguish handling instruments during patient treatment from processing/cleaning contaminated sharp instruments when treatment is completed. Their suggested language is: “Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, or OPIM and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty, puncture resistant utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use.” Staff recommended acceptance of this comment. M/S/C (Whitcher/Afriat) to accept staff’s recommendation to accept CDA’s comment. The motion passed unanimously.

The California Dental Association states that paragraph (9) needs clarification regarding the direct handling of sharps. Staff recommended rejection of this comment. Sharps containers are designed so that hands are not able to reach into the containers. M/S/C (Burton/Le) to accept staff’s recommendation to reject CDA’s comment. The motion passed unanimously.

The California Dental Association commented about the pre-packaging of instruments before sterilization. Staff recommended rejection of this comment. The Dental Hygiene Committee’s suggested modified text specified that the disinfection process must be complete before packaging or wrapping. M/S/C (McCormick/Le) to accept staff’s recommendation to reject CDA’s comment. The motion passed unanimously.

The California Dental Association suggested changing the reference of the “United States Environmental Protection Agency” to “California Environmental Protection Agency (Cal/EPA)” to be legal and consistent with paragraph (18). Staff recommended acceptance of this comment. M/S/C (Burton/Dominicis) to accept staff’s recommendation to accept CDA’s comment. The motion passed unanimously.

The California Dental Association suggested deleting the word “instrument” to be consistent with definition of “semi-critical item” in paragraph (3). Staff recommended acceptance of this comment. M/S/C (Whitcher/Forsythe) to accept staff’s recommendation to accept CDA’s comment. The motion passed unanimously.

The California Dental Association suggests removing the reference to “spore testing monitor,” in paragraph (15) changing it to read “spore test” as they are unaware of the existence of a “spore testing monitor.” Staff recommended acceptance of this comment. M/S/C (Morrow/Afriat) to accept staff’s recommendation to accept CDA’s comment. The motion passed unanimously.

The California Dental Association suggested move the third sentence in paragraph (17), “Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and follow all material safety data sheet (MSDS) handling and storage instructions” to paragraph (18) where cleaning is referenced also, the term “germicide” not “disinfectant” should be used for consistency in paragraphs (8) and (18). Staff recommended acceptance of this comment. M/S/C (Whitcher/Olinger) to accept staff’s recommendation to accept CDA’s comment. The motion passed unanimously.

The California Dental Association suggested adding language about labeling in paragraph (21). They suggested: “Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new rag-wheel shall be used for each patient. Devices used to polish, trim or adjust contaminated intraoral devices shall be disinfected or sterilized, properly packaged or wrapped and properly labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the instruments shall be recleaned, packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination.” Staff recommended acceptance of this comment. M/S/C (Whitcher/Dominicis) to accept staff’s recommendation to accept CDA’s comment with an amendment to delete the word “properly”. The motion passed unanimously.

OSHA Review Incorporated commented that they feel it is not correct to use the terms “low-level disinfection” or “intermediate-level disinfection” as recommended by the Centers for Disease Control (CDC). They maintain that the proposed language under review is unnecessary, confusing, and in conflict with State and Federal Law. Staff recommended rejection of this comment. It is necessary to clearly delineate disinfection levels to be used during infection control practices in dental healthcare settings. The suggested modifications diminish the specificity of the definitions for disinfection. M/S/C (Whitcher/Olinger) to accept staff’s recommendation to reject OSHA Review Incorporated’s comment. The motion passed unanimously.

OSHA Review Incorporated suggested changing the language in paragraph (8) to ““Germicide” is a chemical sterilizing and/or disinfecting agent that can be used to sterilize and/or disinfect items and surfaces based on the level of contamination.” Staff recommended rejection of this comment. The recommended change is unnecessary and does not make any substantive

change. M/S/C (Afriat/McCormick) to accept staff's recommendation to reject OSHA Review Incorporated's comment. The motion passed unanimously.

OSHA Review Incorporated suggested changing the language in paragraph (12) to: "Non-critical surfaces and patient care items shall be cleaned with an appropriate cleaning product and disinfected using a Cal/EPA registered, hospital grade disinfectant legally sold in California registered as effective against tuberculosis var bovis or registered as effective against HIV and HBV. Disinfectants shall be used in accordance with the manufacturer's intended use and label instructions." Staff recommended rejection of this comment. The Dental Board does not regulate the effectiveness of the disinfectant. The Dental Board is not charged with the authority to enforce another agency's standards. The board does not set the minimum standards for disinfection and disinfection labels. M/S/C (Burton/Downing) to accept staff's recommendation to reject OSHA Review Incorporated's comment. The motion passed unanimously.

OSHA Review Incorporated suggested changing the language in paragraph (18) to: "All clinical contact surfaces that are not protected by impervious barriers shall be cleaned with an appropriate cleaning product and disinfected using a Cal/EPA registered, hospital grade disinfectant legally sold in California registered effective against tuberculosis var bovis or registered against HIV and HBV. Disinfectants shall be used in accordance with the manufacturer's intended use and label instructions. All housekeeping surfaces (e.g. floors, walls, sinks) shall be cleaned with a detergent and water or a Cal/EPA registered hospital grade disinfectant." Staff recommended rejection of this comment. The Dental Board does not regulate the effectiveness of the disinfectant. The Dental Board is not charged with the authority to enforce another agency's standards. The board does not set the minimum standards for disinfection and disinfection labels. M/S/C (Whitcher/Forsythe) to accept staff's recommendation to reject OSHA Review Incorporated's comment. The motion passed unanimously.

OSHA Review Incorporated suggested changing the language in paragraph (22) to: "All intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned with an appropriate cleaning product and disinfected using a Cal/EPA registered, hospital grade disinfectant legally sold in California registered effective against tuberculosis var bovis or registered against HIV and HBV before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth. Disinfectants shall be used in accordance with the manufacturer's intended use and label instructions." Staff recommended rejection of this comment. The Dental Board does not regulate the effectiveness of the disinfectant. The Dental Board is not charged with the authority to enforce another agency's standards. The board does not set the minimum standards for disinfection and disinfection labels. M/S/C (Morrow/Afriat) to accept staff's recommendation to reject OSHA Review Incorporated's comment. The motion passed unanimously. The subcommittee recommends adding language to the provisions for Sterilization and Disinfection to require critical items and semi-critical items to be labeled with the date of sterilization and labeled with the specific sterilizer used if more than one sterilizer is used in the facility.

The subcommittee recommended modifications to "Sterilization and Disinfection" to maintain maximum public protection. The subcommittee stated that the labeling of critical and semi-critical items with the date of sterilization and the sterilizer used will allow for the retrieval of processed items in the event of a sterilization failure. The subcommittee recommended adding

“and shall be properly labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.” M/S/C (Afriat/Morrow) to accept the subcommittee’s recommendation with an amendment to delete the term “properly” because the term is too vague.

Agenda Item 4-B: Adoption of Amendments to Title 16, CCR, Section 1005 for the Minimum Standards for Infection Control

M/S/C (McCormick/Afriat) to direct staff to take all steps necessary to complete the rulemaking process, including preparing a modified text for a 15-day public comment period, which includes the amendments accepted at this Board meeting. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt amendments to Title 16, CCR, Section 1005 as noticed in the modified text notice. The motion passed unanimously.

AGENDA ITEM 5-A: Discussion and Possible Action to Consider: Comments Received During the 15-Day Modified Text Notice Comment Period Relative to Amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and Proposed Additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 for Dental Assisting Educational Programs and Courses

Sarah Wallace, Legislative and Regulatory Analyst gave background information regarding this item. At the September 16, 2010 meeting, the Board reviewed comments received during the 45-day public comment period. The board voted to modify the text and notice it for 15-day modified text public comment period. The public comment period began on September 28, 2010 and ended on October 12, 2010. Comments were received from the following organizations: Butte Sierra District Dental Society, Dental Assisting Alliance, California Dental Association, and California Association of Dental Assisting Teachers.

The Butte Sierra District Dental Society commented that terminology proposed in section 1070.2(d)(9)(D) pertaining to basic life support course would cause confusion with the continuing education regulations for licensees. They also commented that the Board would be put in the position of approving Basic Life Support programs other than the American Heart Association or American Red Cross providers. The staff recommended rejection of this comment. The Board’s continuing education requirements are not germane to the approval of Registered Dental Assistant programs. Each program application is reviewed individually. The board may review the programs’ basic life support course and instructor and determine if the course is equivalent during the initial application review. M/S/C (Downing/Afriat) to accept staff’s recommendation to reject Butte Sierra District Dental Society’s comment. The motion passed unanimously.

The Dental Assisting Alliance commented on the use of the term “designated faculty member” in subdivisions (1), (2), and (3) suggesting the term “faculty member” is sufficient. The staff recommended rejection of this comment. The term “designated faculty member” is applicable to this subsection. The term specifies the designated person responsible for clinical evaluation during the dental sedation assistant permit course. M/S/C (Downing/Forsythe) to accept staff’s recommendation to reject the Dental Assisting Alliance’s comment. The motion passed unanimously.

The Dental Assisting Alliance commented that clarification is needed at the end of subsection (b). They suggest: “Clinical instruction shall require completion of **all of** the

duties described in Section 1750.5 of the Code during no less than twenty (20) supervised cases utilizing conscious sedation or general anesthesia.” Staff recommended acceptance of this comment. M/S/C (Burton/Afriat) to accept staff’s recommendation to accept the Dental Assisting Alliance’s comment. The motion passed unanimously.

The Dental Assisting Alliance commented that they are concerned about removing the specified required number of pre-clinical experiences in subsections (f,j,k,l,m,and n). Staff recommended rejection of this comment. In order to promote better public protection in regard to sedation, it is pertinent that the student be able to demonstrate proficiency during laboratory and preclinical instruction rather than complete a specified number of experiences. The requirements for demonstration of proficiency provided in section 1070(i) indicate that “objective evaluation criteria shall be used”. All programs and courses are required to provide students with specific performance objectives, defined standards of performance, and those steps that would cause the student to fail the task being evaluated, all of which are reviewed by the Board during the application review process. This is the true measure of proficiency, not the number of times a task is performed. M/S/C (Burton/Whitcher) to accept staff’s recommendation to reject the Dental Assisting Alliance’s comment. The motion passed unanimously.

The Dental Assisting Alliance commented on the intent to revise the minimum number of hours in subsections (b) and (e). They recommend: “that subsection (b)(2)(A),which governs EF programs for existing EFs, be amended to change the total minimum program hours from 288 to 346, leave the didactic hours at 76, change the laboratory hours from 180 to 188, and change the clinical hours from 32 to 82. As stated in the other portions of the regulations, these clinical hours can be performed either within the facility, or at an extramural dental facility, or both and that subsection (e), which governs EF programs for RDAs, be amended to change the minimum program hours from 380 to 438, leave the didactic hours at 10, change the laboratory hours from 200 to 208, and change the clinical hours from 80 to 130. Staff recommended acceptance of this comment with a few modifications. Based on the proposed addition of 22 direct restorations, the proposed 4 simulated endodontic experiences, and the Dental Assisting Alliance’s proposed 2 indirect restorations, staff proposes that the minimum program hours be changed by adding 32 hours, calculated as follows:

- 4 simulated endodontic experiences x 1.5 hours each = 6 additional laboratory hours;
- 20 direct restorations x 1 hour each = 20 additional clinical hours;
- And 2 indirect restorations x 2 hours each = 4 additional clinical hours.

To avoid duplication of training time, staff suggested the following language:

1071(b)(2)(A) The program shall be no less than **288320** hours, including at least 76 hours of didactic instruction, at least **180186** hours of laboratory instruction, and at least **3258** hours of clinical instruction.

1071 (de) 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 **380412** hours, including at least 100 hours of didactic instruction, at least **200206** hours of laboratory instruction, and at least **80106** 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(i).

M/S/C (Whitcher/McCormick) to accept staff's recommendation to accept the Dental Assisting Alliance's comments with a few modifications. The motion passed unanimously.

The Dental Assisting Alliance commented that they disagree with the types of restorations being required because they don't reflect current practice. They recommend amending paragraph (4) to read: Clinical instruction shall include experience with the following techniques, at least fifty percent of which must utilize esthetic restorative materials, and at least ten percent of which must utilize amalgam:

- (A) Placement of a Class II restoration in ten prepared permanent teeth;
- (B) Placement of a Class V restoration in two prepared permanent teeth;
- (C) Placement of a Class III or IV restoration in ten prepared permanent teeth.

They did not include Class I restorations, since an individual who can successfully place a Class II restoration can easily place a Class I restoration. Staff recommended rejection of this proposed language modification. Staff agreed that the Dental Assisting Alliance provided a good recommendation to require 50% of the clinical experiences utilize esthetic restorative material, and at least 10% of the clinical experiences utilize amalgam. However, the manner in which the language is written does not allow for flexibility for the programs to add experiences in certain classes without proportionally adjusting the experiences in other classes. The recommended language also requires experiences in Class IV restorations which is not a listed duty. M/S/C (Whitcher/Downing) to accept staff's recommendation to reject the Dental Assisting Alliance's comment. The motion passed unanimously.

The Dental Assisting Alliance commented that it is not appropriate for students to place cast metal crowns on anterior teeth as this is not done in practice. They suggest: "Clinical instruction shall include fitting, adjustment, and cementation of permanent indirect restorations on at least two teeth." Staff recommended acceptance of this comment. M/S/C (Afriat/McCormick) to accept staff's recommendation to accept the Dental Assisting Alliance's comment. The motion passed unanimously.

The California Dental Association (CDA) proposed changes to paragraph (4) regarding the classes of restorations and materials to be used. They suggested: replacing "shall include experience with the following techniques" with "require proficient completion of placing, contouring and finishing at least twenty (20) direct restorations in prepared permanent teeth with the following requirements." Additionally, replacing "(A) Placement of Class I, II, and V amalgam restorations in two prepared permanent teeth for each classification, with one of each classification used for clinical examination. (B) Placement of Class I, II, III, and V composite resin restorations in two prepared permanent teeth for each classification, with one of each classification used for clinical examination. (C) Placement of Class I, II, III, and V glass ionomer restorations in two prepared permanent teeth for each classification, with one of each classification used for clinical examination" with "(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 clinical experiences shall use amalgam." Staff recommended acceptance of this comment with the addition of new subdivision (4)(D) stating: "(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." Mr. Afriat asked exactly what "deemed appropriate" meant. How will there be consistency? Dr. Morrow is concerned that numbers don't assess competency. Dr. Olinger stated that these numbers are minimums and instructors may require more. M/S/C (Dominicis/Olinger) to accept staff's

recommendation to accept the CDA's comments with the addition of the new subdivision (4)(D). The motion passed unanimously.

The California Dental Association (CDA) recommended deleting the required clinical instruction for adjusting and cementing permanent indirect restorations. Staff recommended rejection of this comment. Protection of the public is the board's highest priority. It is imperative that Registered Dental Assistants in Extended Functions have the appropriate clinical training before practicing on patients. Dr. Paul Reggiardo commented that he agreed that after the student has learned restorations in the lab, clinical experience is necessary. M/S/C (Downing/Whitcher) to accept staff's recommendation to reject CDA's comment. The motion passed unanimously.

The California Dental Association recommends changing the definition of "extramural dental facility" to clarify that an "approved" dental assisting educational program means a board-approved program. CDA also suggested changing the word "campus" to "location" and adding "nothing in this definition shall exclude a dental office or dental clinic from being the primary location of a board-approved program." Staff recommended partial acceptance of the California Dental Association's comment. Staff recommended accepting the addition of "board-approved" and changing "campus" to "location". Staff also recommended rejecting the recommendation to add "Nothing in this definition shall exclude a dental office or dental clinic from being the primary location of a board-approved program." The addition of this sentence is not germane to the definition. There is nothing in this regulation that would preclude a dental office or dental clinic from being the primary location of a program as long as the qualifications are met. M/S/C (Afriat/McCormick) to accept staff's recommendations to partially accept CDA's comment. The motion passed unanimously.

The California Dental Association suggests changing "Principles of..." to "Overview of...", "preventative" to "preventive", and adding the term "caries risk assessment" between "including," and "plaque identification". Staff recommended rejection of this comment. Changing the term "principle" to "overview" insinuates teaching a general idea or summary. By keeping the term "principle", the language establishes that the standards are to be taught. Changing the term "preventative" to "preventive" is unnecessary as the two terms are synonymous. It is unnecessary to include "caries risk assessment" as it is a basic supportive duty that falls within the duties for a dental assistant as described in Business and Professions Code Section 1750. A "caries risk assessment" involves filling out a questionnaire, and according to American Academy of Pediatric Dentistry guidelines, may be performed by clinical or non-clinical personnel. It is an assessment and not a diagnosis, is completely reversible, and is unlikely to precipitate potentially hazardous conditions for the patient being treated. M/S/C (Burton/Downing) to accept staff's recommendation to reject CDA's comment. The motion passed unanimously.

The first four comments provided by the California Association of Dental Assisting Teachers were all taken together as they all proposed amendments to the "Notice of Compliance with New Requirements for Registered Dental Assistant Programs" New (09/10).

The first comment from the California Association of Dental Assisting Teachers (CADAT) suggested renaming the Notice: "Notice of Compliance with the New Requirements for Registered Dental Assistant Programs and Dental Assisting Educational Courses." Staff recommended rejection of this comment. The "Notice of Compliance with New Requirements

for Registered Dental Assistant Programs” New (09/10) is specific to the section pertaining to Registered Dental Assistant Programs. The proposed additions are not relevant to section 1070.2 regarding Registered Dental Assistant Educational Programs. However, staff recommended modifying the text to include new forms for notice of compliance for the infection control courses, dental sedation assistant permit courses, orthodontic assistant permit courses, and the registered Dental Assistant in Extended Functions Programs. Staff recommended the addition of the following language to incorporate the new forms:

1070.6. Approval of Infection Control Courses

(h) 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)” within ninety (90) days of the effective date of these regulations.

1070.7. Approval of Orthodontic Assistant Permit Courses

(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)” within ninety (90) days of the effective date of these regulations.

1070.8. Approval of Dental Sedation Assistant Permit Courses

(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)” within ninety (90) days of the effective date of these regulations.

Section 1071. Approval of RDAEF Educational Programs

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 Assistants in Extended Functions Educational Programs (New 10/10)” within ninety (90) days of the effective date of these regulations.

The second comment from the California Association of Dental Assisting Teachers (CADAT) suggested amending the opening statement of the notice by including reference to dental assisting educational courses as well as Registered Dental Assistant programs and courses. Staff recommended rejection of this comment. The “Notice of Compliance with New Requirements for Registered Dental Assistant Programs” New (09/10) is specific to the section pertaining to Registered Dental Assistant Programs. The proposed additions are not relevant to section 1070.2 regarding Registered Dental Assistant Educational Programs. However, staff recommended modifying the text to include new forms for notice of compliance for the infection control courses, dental sedation assistant permit courses, orthodontic assistant permit courses, and the Registered Dental Assistant in Extended Functions Programs. Staff recommended using CADAT’s recommended changes in the new forms for the courses’ notice of compliance.

The third comment from the California Association of Dental Assisting Teachers (CADAT) suggested amending certifying statements on the Notice by changing the wording “Registered Dental Assistant” to all dental assisting. Staff recommended rejection of this comment. The “Notice of Compliance with New Requirements for registered Dental Assistant Programs” New (09/10) is specific to the section pertaining to Registered Dental Assistant Programs. The

proposed additions are not relevant to section 1070.2 regarding registered Dental Assistant Educational Programs. However, staff recommended using some of CADAT's recommended language in the development of the notice of compliance for the infection control course, the dental sedation assistant permit course, and the orthodontic assistant permit course.

The fourth comment from the California Association of Dental Assisting Teachers (CADAT) suggested amending the Notice to include verification of faculty or instructional staff and current Program Director. Staff recommended rejection of this comment. It is unnecessary for the programs or courses to provide a verification of faculty or instructional staff with a notice of compliance. The programs and courses include this information in the initial application and they are required to notify the board of any changes in faculty or instructional staff within 10 days. M/S/C (Downing/Whitcher) to accept staff's recommendations to reject all four of CADAT's comments. The motion passed unanimously.

The Board's subcommittee recommended modifying the language in order to relieve the burden from the RDA programs of having to own a CAD machine or capnograph. This provides the RDA programs the flexibility to use alternative means for training, such as simulated devices and/or outside providers, instead of the costly CAD and capnograph machines. M/S/C (Downing/Forsythe) to accept the subcommittee's recommendation to modify the language. The motion passed unanimously.

The Board's subcommittee recommended modifying the language in section 1070.8(a)(3) relating to clinical instruction supervision for the Dental Sedation Assistant Permit Course. Business and Professions Code Section 1750.5 requires the dentist or other licensed health care professional to be at the patient's chair-side while conscious sedation or general anesthesia is being administered. To maintain public protection it is necessary for the director, designated faculty member, or instructional staff member authorized to administer conscious sedation or general anesthesia to be at the patient's chair-side during clinical instruction. M/S/C (Downing/Forsythe) to accept the subcommittee's recommendation to modify the language. The motion passed unanimously.

The subcommittee recommended modifying the language to clarify that the clinical instruction will require completion of all of the tasks described in subdivisions (j), (k), (l), (m), and (n) of section 1070.8. This helps to specify what tasks are required by the regulation rather than the Statute. The statute has a much broader definition and the proposed regulations have specified the regulations. M/S/C (Downing/Le) to accept the subcommittee's recommendation to modify the language. The motion passed unanimously.

The subcommittee recommended striking "Board-approved" from section 1071(d), pertaining to the educational methodology course or certification program requirements for faculty members responsible for clinical evaluation. The subcommittee made this recommendation to maintain consistency between the requirements for the RDA programs and the RDAEF programs. M/S/C (McCormick/Forsythe) to accept the subcommittee's recommended changes. The motion passed unanimously.

The subcommittee recommended modifying the text of section 1071 (j) to maintain consistency with the terminology of "master points" and "accessory points". M/S/C (Dominicis/Olinger) to accept the subcommittee's recommendation to modify the text. The motion passed unanimously.

AGENDA ITEM 5-B Adoption of Amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and Proposed Additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 for Dental Assisting Educational Programs and Courses

M/S/C (Dominicis /Morrow) to direct staff to take all steps necessary to complete the rulemaking process, including preparing a second modified text for an additional 15-day comment period, which includes the amendments accepted by the board at this meeting. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and proposed additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 as noticed in the second modified text notice. The motion passed unanimously.

AGENDA ITEM 6:Request by the California Dental Association Relating to Review and Possible Amendments to Title 16, California Code of Regulations (CCR) Section 1049 Relative to Mobile Dental Clinics

Bill Lewis of CDA gave the report. Mr. Lewis stated that following CDA's review of California's regulations regarding Mobile and portable dental providers, CDA felt that the current regulations were lacking. CDA would like to work with the Board to promulgate additional regulations in order to better protect and serve the citizens of California. Dr's. Olinger and Le volunteered to serve on a subcommittee to work with CDA to begin looking at the issues.

AGENDA ITEM 7:Future Meeting Dates for Board Meetings

The Board agreed to the following dates and locations for the 2011 calendar year.

February 24-25, 2011 – San Diego

May 19-20, 2011 – San Francisco

August 11-12, 2011 – Sacramento

November 7-8, 2011 – Los Angeles

PUBLIC COMMENT - FOR ITEMS NOT ON THE AGENDA

There was no public comment.

The Board went into closed session to discuss disciplinary matters and litigation.

The Board returned to open session at 5:10 pm.

PUBLIC COMMENT

There was no public comment.

The meeting recessed at 5:15 pm.