



**Committee**

**Agenda**

**Tab: Full Comm**

**Dental Hygiene Committee of California**

2005 Evergreen Street, Suite 1050, Sacramento, California 95815  
Phone 916.263.1978 Fax 916.263.2688 | [www.dhcc.ca.gov](http://www.dhcc.ca.gov)



Notice is hereby given that a public meeting of the Dental Hygiene Committee of California will be held as follows:

**Tuesday, September 28, 2010  
9:00 A.M.**

**Evergreen Hearing Room  
2005 Evergreen Street, 1<sup>st</sup> Floor  
Sacramento, CA 95815**

**AGENDA**

**9:00 a.m. Dental Hygiene Committee of California – Full Committee**

1. Roll Call/Establishment of Quorum
2. Public Comment
3. President's Report
  - a. California Dental Hygienists Association House of Delegates Meeting Update
  - b. Registered Dental Hygienist clinical examination observation reports
  - c. Dental Board of California meeting report (7/26/2010)
  - d. Department of Consumer Affairs board member orientation report
  - e. Dental Hygiene Committee of California SWOT analysis participant update
  - f. Department of Consumer Affairs Director's Teleconferences update
4. Executive Officer's Report
  - a. Staff Update/Hiring Freeze Impacts
  - b. Furlough Fridays
  - c. Dental Hygienist licensure survey information
  - d. Customer Satisfaction Survey
  - e. Dental Hygiene Committee of California Web Site
  - f. DCA Director and Board/Committee Communication Sessions
  - g. Budget Impasse Update
  - h. Other informational items
5. Department of Consumer Affairs (DCA) Director's Report (DCA Representative)
6. Approval of the June 8, 2010 Meeting Minutes
7. Central Regional Dental Testing Services – Presentation by Kim Laudenslager
8. Western Regional Examining Board - Presentation by Beth Cole

9. Health Workforce Pilot Project #172 re: training current allied dental health personnel for new duties in community settings
10. DHCC Strategic Plan Development
11. Budget Report
12. Dental Board of California's Infection Control Regulations [California Code of Regulations, Section 1005 (d)]
13. Education and Outreach Subcommittee Report  
The Committee may take action on any items listed on the attached Education and Outreach Subcommittee agenda.
14. Licensing and Examination Subcommittee Report  
The Committee may take action on any items listed on the attached Licensing and Examination Subcommittee agenda.
15. Enforcement Subcommittee Report  
The Committee may take action on any items listed on the attached Enforcement Subcommittee agenda.
16. Legislation and Regulation Subcommittee Report  
The Committee may take action on any items listed on the attached Legislation and Regulation Subcommittee agenda.
17. Closed Session  
  
*The Committee may meet in closed session to deliberate on disciplinary matters pursuant to Government Code §11126 (c) (3)*
18. Evaluate the performance of the Committee's Executive Officer  
The Committee will meet in closed session as authorized by Government Code Section 11126 (a) (1).
19. Future Agenda Items
20. Adjournment

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-1978 or access the Committee's Web Site at [www.dhcc.ca.gov](http://www.dhcc.ca.gov).

The meeting facilities are accessible to individuals with physical disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Tom Jurach at (916) 576-5002 or e-mail [tom.jurach@dca.ca.gov](mailto:tom.jurach@dca.ca.gov) or send a written request to DHCC at 2005 Evergreen Street, Ste. 1050, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.



## **Committee Agenda**

### **Agenda Item 3**

### **President's Report**

# MEMORANDUM

<b>DATE</b>	8-24-10
<b>TO</b>	Dental Hygiene Committee of California
<b>FROM</b>	Rhona Lee
<b>SUBJECT</b>	Agenda Item #3- President's Report, Draft 8-24-2010

Activities performed from June 8th, 2010 to September 28<sup>th</sup>, 2010 include:

- 1. 6-11-2010 - Spoke at the California Dental Hygienists Association (CDHA) House of Delegates Meeting, Burlingame**
  - A. Audience included current RDH graduates from all California programs, CDHA officers, members, administrative staff, and public.
  - B. DHCC attendees included Traci Napper, AGPA; Lori Hubble, DHCC EO; Michelle Hurlbutt; Vice President, Asst. Prof. LLU.
  - C. Reviewed with staff the proposed DHCC regulations taken from Dental Board
  - D. Reviewed DHCC examiner questionnaire for WREB on-site visit at USC with Michelle Hurlbutt
  - E. Reviewed DHCC WREB letter with EO
  - F. Reviewed DHCC clean up language for SB 853 with EO
  - G. Briefly discussed concept of "Exit Exam" as potential pathway to licensure with Michelle Hurlbutt
- 2. 7-24-2010 – Observed DHCC RDH Clinical Exam, San Francisco**
  - A. Candidate orientation
  - B. Recorder orientation
  - C. Patient evaluation/acceptance/rejection
  - D. Grading process
  - E. Discussed RDH clinical exam w/Supervising Dentist, Dr. Robert White, retired Southern California Chief Examiner for Dental Board for 35 years.
  - F. Remarks: 4 years have passed since I observed my last licensure exam. At the time, I served as chair of the RDH Exam/Licensing Subcommittee under COMDA and was the only remaining RDH left under that administration.
    1. The exam remains valid, consistent, and reliable after several decades.
    2. I am still impressed by the work ethic, motivation, and integrity of volunteers who participate as examiners, recorders, proctors and subject matter experts.
    3. The exam is administered as tightly as a submarine ship and its crew.
- 3. 7-26-2010 – Attended Dental Board Meeting, Sacramento**
  - A. The Dental Board m/s/c the proposed regulatory language for infection control standards prepared by DHCC members DeLaRoi and DiFrancesco. Note member DeLaRoi spoke and provided rationale to Board member questions.
  - B. DHCC members and staff in attendance included:
    1. Rita Chen Fujisawa, Member
    2. Miriam DeLaRoi, Member

3. Cathy DiFrancesco, Member
4. Michelle Hurlbutt, Vice President
5. Rhona Lee, President
6. Lori Hubble, Executive Officer
7. Tom Jurach, Administrative Analyst

**4. 7-27-2010 – Attended DCA Board Member Orientation, Sacramento**

The event provided the following:

- A. The opportunity to co-mingle and learn from other board members
  1. The medical board members use their own laptops to meetings in lieu of the cumbersome binders. Saves staff hours of prep time, is ecologically conservative, cuts costs of duplication and paper and mailing. Also, they purchased a few laptops for public use.
- B. A Q&A presentation to become an effective board member.
- C. DCA's EO evaluation format referred to by Kim Kirchmeyer, which will be utilized in closed session under agenda item 17.
- D. Information about continued competency issues that may be used in DHCC's strategic planning.

**5. 7-28-2010 – Participated in DCA/DHCC SWOT Analysis & Strategic Planning Session with Sarah Wilson, Sacramento**

- A. Ms. Wilson stated that among all the DCA boards DHCC members had done the most preparation in the SWOT analysis reflected in the 25 pages of compiled responses.
- B. Participants included all DHCC members except for member Wong, whose presence was required in a legal case occurring simultaneously. All materials and minutes have since been forwarded to him to keep him abreast of our current progress.  
DHCC staff included Lori Hubble, EO, and Tom Jurach, Administrative Analyst.

**6. 8-10-2010 & 9-14-2010 - Vice President, Michelle Hurlbutt participated in the DCA Director's Teleconference in my place.**

- A. Since I was unable to participate, Michelle teleconferenced from Florida on 8-1-2010 and en route to a meeting on 9-14-2010 with Director, Brian Stiger, his staff, and other board presidents and Executive Officers. Thank you, Michelle!
- B. Attached are the meeting notes.
- C. Any questions may be directed to Erica Canon, whose info is referenced.



DEPARTMENT OF CONSUMER AFFAIRS

DCA Director and Board/Committee  
Communication Session  
NOTES

Tuesday, August 10, 2010  
9:00 a.m. – 10:00 a.m.  
Conference Call



DCA Attendees:

Brian Stiger, Bill Young, Kimberly Kirchmeyer, Paul Riches, April Alameda, Cindy Kanemoto & Erica Cano

Boards and Committees (Board/Committee President/Chair and Executive Officer) attendees:

Robert Brewer, Renne Lonner, Michelle Hurlbutt, Barbara Yaroslavsky, Dr. David Field, Mary Evert, Dr. Lee Goldstein, Dr. Geraldine O'Shea, Stan Weissner, Dr. Sara Takii, Steven Klompus, Dr. Richard Sherman, Ann Boynton, Larry Renner, Lisa O'Connor, John Vertido

Update on Brian Stiger's status

- Brian Stiger was not scheduled for a confirmation hearing by the Senate. Governor Schwarzenegger withdrew Brian Stiger's nomination and reappointed him as Senior Chief Deputy Director of DCA and Acting Director of DCA

Budget Update – Bill Young

- As of 8/10 the furloughs were to commence on 8/13 for the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> Friday of the month until a budget is passed
- Alameda Superior Court Judge Steve A. Brick issued a temporary block on furloughs
- The Governor filed an appeal on Tuesday with the 1<sup>st</sup> District Court of Appeal in San Francisco to try and get the temporary block overturned. It is uncertain as to when the appellate court will make a ruling. The Court of Appeal denied the Governor's request on 8/12. On 8/17 the Governor filed final papers with the Supreme Court.
- As of 8/19 furloughs are back in place.
- There is still no budget in place so we do not have the legal authority to spend the monies in our budget.

Federal Health Care Reform – Kimberly Kirchmeyer

- Teri Boughton with The California HealthCare Foundation gave a presentation at the Medical Board Meeting on July 30, 2010
- Kimberly Kirchmeyer will be sending out Teri Boughton's contact information for those that are interested in having her speak at your next board meeting.

Licensing Reform Update – Kimberly Kirchmeyer

- A Phase 2 coordinator has been established
- Cindy Kanemoto is now the Chief of the Licensing for Job Creation Unit and will be working with the boards / bureaus / committees on the licensing reform project.

July 27<sup>th</sup> Board Member Training Day – Follow Up – Kimberly Kirchmeyer

- The DCA Executive Office will be sending out a DVD from the training by the end of August
- The DCA Executive Office is looking into creating training on legislation, the budget process, and/or the regulation process.

## AGENDA ITEM 14

### CA 1.1 THE CALIFORNIA HEALTHCARE FOUNDATION

About CHCF The California HealthCare Foundation (CHCF), an independent philanthropy founded in 1996 and based in Oakland, works to improve health care in California by promoting innovation in care and access to information so that people can get the care they need, when they need it, at a price they can afford. From its inception, CHCF's strategy has been one of engagement, collaboration, and partnership with key health care players in state and local government, employers, providers, consumer groups, patients, and other foundations. To help amplify its impact, the Foundation now focuses most of its grant making in four areas: Better Chronic Disease Care; Innovations for the Underserved; Market and Policy Monitor; and Health Reform and Public Programs Initiative.

A key objective of the Health Reform and Public Programs Initiative is to inform policymakers, the health care community, and the public about approaches to expanding public and private coverage. Through a combination of published reports, legislative briefings, and technical assistance to state health care decision makers, CHCF will provide timely data and analysis to help inform policymakers of actions needed to realize health reform implementation in California.

Teri Boughton, M.H.A. Senior Program Officer Health Reform and Public Programs Initiative, CHCF  
Teri Boughton is a senior program officer for state health policy for the Foundation's Health Reform and Public Programs Initiative. Based in Sacramento, Boughton works as the Foundation's liaison to policymakers, sharing information on policy developments and market trends and supporting statewide efforts to expand access to affordable care and coverage.

Boughton was most recently senior program officer in the Foundation's Market and Policy Monitor program. She has more than 15 years of experience in the legislative and executive branches as well as at the local government level. Boughton has managed major health initiatives for the Governor's office and the Legislature. Prior to joining CHCF, she was the chief consultant to the state Assembly Health Committee and earlier served as the associate secretary for legislation and programs at the California Health and Human Services Agency. Boughton received a bachelor's degree in sociology from San Jose State University and a master's of health administration from the University of Southern California.

### **Links to Health Care Reform Resources:**

The Affordable Care Act: What Californians Should Know <http://www.chcf.org/-/media/Files/PDF/AIAffordableCareActWhatCASHouldKnow.pdf>

Insurance Provisions of the Affordable Care Act: An Implementation Timeline for California <http://www.chcf.org/-/media/Files/PDF/AIAffordableCareActTimelineForCA8x11.pdf>

Implementing National Health Reform in California: Changes to Public and Private Insurance <http://www.chcf.org/-/media/Files/PDF/I/ImplementingNationalHealthReformInCA.pdf> 152



# The Affordable Care Act: What Californians Should Know

Signed into law in March 2010, the federal legislation known as the Affordable Care Act is designed to make it easier for millions of Americans to obtain, pay for, and keep the coverage they need. After the law is fully implemented in 2014, estimates are that 94 percent of Californians will be insured, either through their employer, a new exchange market, or expansions to public benefit programs. This guide is intended to orient California consumers to the coming changes in the coverage landscape, the key reforms the law contains, and what their options will be once all the pieces are in place.

## Changes for Californians with No Insurance

May 2010

### Highlights of the Law Bars insurers from:

- Denying coverage because of pre-existing medical conditions.
- Dropping the coverage of people who become sick.
- Charging higher premiums because of health issues.

### Requires large employers to:

- Provide health insurance, or be subject to potential penalties.

### Encourages small employers to:

- Provide coverage in exchange for tax credits.

### Requires individuals to:

- Obtain health insurance or pay a penalty, unless they qualify for certain exemptions.

### Allows parents to:

- Extend their health insurance to children up to the age of 26.

### Annual Income Coverage Options

Cost			
Up to \$14,400	Up to \$29,327	<b>Eligible for Medi-Cal.</b> Low-income Californians who are U.S. citizens, as well as most legal immigrants, can enroll in Medi-Cal, the state's Medicaid program.	Copayments of \$1 to \$5 for selected services. A provider may not refuse care if a patient cannot pay for the cost of a visit.
Up to \$43,320	Up to \$88,200	<b>Eligible to buy subsidized private coverage through a new health insurance exchange market.</b> Participating insurers must offer a package of "essential" benefits that covers at least 60% of health care expenses.	Buyer's share of premium may not exceed 2% of annual income at the low end of the earning scale to 9.5% at the top. Yearly limits on out-of-pocket costs also apply.
\$43,321 and above	\$88,201 and above	<b>Required to buy private coverage.</b> Ineligible for subsidy.	Subject to market rates. Individuals who remain uninsured will be liable for penalties of up to 2.5% of their income unless they qualify for certain exemptions.



## **Committee Agenda**

### **Agenda Item 4**

### **Executive Officer's Report**

**Dental Hygiene Committee of California  
Executive Officer's Report**

**Agenda Item 4**

**Date:** September 20, 2010

**DHCC Staff Update**

<b>Personnel Name</b>	<b>Classification</b>	<b>DHCC Program</b>
Traci Napper	Associate Governmental Program Analyst (AGPA)	Budget, Legislation, Regulations, Fictitious Name Permits
Nichole Johnston	Staff Services Analyst (SSA)	Exam Coordinator, Registered Dental Hygienist in Alternative Practice, Licensure by Credential
Elizabeth Roberts	Management Services Technician (MST)	Receptionist, Cashier, Licensing Support services
Dennis Patzer	Investigative Analyst	Enforcement Probation Monitor, Investigator
Tom Jurach	Staff Services Analyst (SSA)	Administrative Assistant, Web site, Fingerprint Program, Software Management
Shirley Moody	Associate Governmental Program Analyst (AGPA) Retired Annuitant (RA)	Enforcement Coordinator, Investigator

**Hiring Freeze**

On August 30, 2010, the DHCC received notification that the Governor's Office directed all state agencies to cease all new hires with no exceptions. The hiring freeze applies to regular/ongoing positions, temporary help, board appointments, and pending hiring commitments. This also applies to all hiring efforts associated with FY 2010-11 budget change proposals (BCP's). We were additionally informed that there is a freeze on all overtime.

**Furlough Fridays**

In August, the Governor issued Executive Order S-12-10 establishing three furlough days for State employees. All State offices are closed the second, third and fourth Friday of each month.

**Dental Hygienists Licensure Survey Information**

California Business and Professions Code 1715.5, requires the Dental Hygiene Committee to collect information from dental hygienists regarding employment status, cultural background and foreign language proficiency at the time of license renewal. The intent of the law is to collect data from all dental professionals in order to assist in determining healthcare shortage areas in California. By law, this information is reported annually (July 1<sup>st</sup>) on the Committee's website. ([See attached Dental Hygiene Statistical Data](#))

### **Customer Satisfaction Survey**

The DHCC placed the customer survey questionnaire on the website. The purpose is to provide customers an opportunity to report to the DHCC information regarding overall customer service and satisfaction. This survey will be used as a tool for continued improvement of customer service. Attached is a copy of the survey results.

### **DHCC's Web site**

Staff has continued to work with the internet team at DCA to develop our website. As of January 1, 2010, there have been 385,669 web site look-ups. We will continue to improve the website to ensure the information provided is complete and accurate.

### **Enforcement Statistics**

Attached are the enforcement statistics for your review. A verbal summary will be provided.

## **Department of Consumer Affairs (DCA) Update**

### **DCA Director and Board/Committee Communication Sessions**

In July, the Director decided to begin monthly conference calls with the Board Presidents/Chairs on the second Tuesday of each month. The purpose of these conference calls is to reach out to Board Presidents/Chairs and provide an opportunity to address questions, comments, and concerns to the Director. During these calls, the Director provides updates on Departmental matters. Executive Officers and Chiefs have also been invited to join these calls. Members can expect to receive minutes from these meetings beginning in October.

### **Budget Impasse Update**

Currently there is no budget in place. Although the DHCC is self-funded, we have no legal authority to spend money in our budget. At this time, we are unable to purchase office supplies, reimburse exam personnel and staff for July travel expenses for working at the July hygiene clinical examinations, pay rent, exam site contracts, and etc.

### **BREEZE Project Update**

The Office of Information Services (OIS) began a project to replace two of DCA's legacy database systems that support enforcement and licensing functions. The new system will replace the Consumer Affairs System (CAS) and Applicant Tracking System (ATS) with a modern integrated enforcement and licensing system.

### **Update – Conflict of Interest Regulations**

Recently, the Department of Consumer Affairs has proposed amendments to the Conflict of Interest Regulations. Some of the amendments include the addition the Dental Hygiene Committee of California and its designated employees. The proposed regulations and Notice of Hearing was emailed to you on September 22, 2010 for your information.

**Open Investigations 26**

**Field Investigations (10)**

Drugs & Alcohol	2
Fraud	1
Mental Illness	1
Negligence	4
Unlicensed Practice	2

**Records Requests (16)**

Drugs & Alcohol	14
Lying of Application	2

**Probationers 13**

**Active (8)**

Drugs & Alcohol	3
Petty Theft	1
Grand Theft	1
Unlicensed Practice	3

**Tolling (5)**

Drugs & Alcohol	2
Negligence	1
Unlicensed Practice	1

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ZIP CODE	CITY	STATE	LICENSE TYPES			EMPLOYMENT STATUS	FULL-TIME CLINICAL PRACTICE IN CA			PART-TIME CLINICAL PRACTICE IN CA			ADMINISTRATIVE	OTHER PRACTICE OR EMPLOYMENT STATUS	ETHNIC BACKGROUND															FOREIGN LANGUAGE																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
			RDH	HAP	HEF		FULL-TIME	PART-TIME	RETIRED	AFRICAN-AMERICAN	AMERICAN-INDIAN/NATIVE AMERICAN	CAUCASIAN/WHITE/EUROPEAN			OTHER (NOT LISTED)	ASIAN - CAMBODIAN	ASIAN - CHINESE	ASIAN - INDIAN	ASIAN - JAPANESE	ASIAN - KOREAN	ASIAN - LAOTIAN/HONGKONG	ASIAN - THAI	ASIAN - VIETNAMESE	HISPANIC - OTHER ASIAN	HISPANIC - CENTRAL AMERICAN	HISPANIC - SOUTH AMERICAN	HISPANIC - PUERTO RICAN	OTHER HISPANIC	NATIVE HAWAIIAN	NATIVE HAWAIIAN - FIJIAN	NATIVE HAWAIIAN - GUAMANIAN	NATIVE HAWAIIAN - HAWAIIAN	NATIVE HAWAIIAN - SAMOAN	NATIVE HAWAIIAN - TONGAN	OTHER PACIFIC ISLANDER	ARABIC	ARMENIAN	CAMBODIAN	CANTONESE	FARSI	FRENCH	GERMAN	HEBREW	HINDU	HWONG	ILACANO	ITALIAN	JAPANESE	KOREAN	LAO	MANDARIN	POLISH	PORTUGUESE	PUNJABI	RUSSIAN	SPANISH	TAGALOG	THAI	TURKISH	VIETNAMESE	OTHER																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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## DENTAL HYGIENE STATISTICAL DATA

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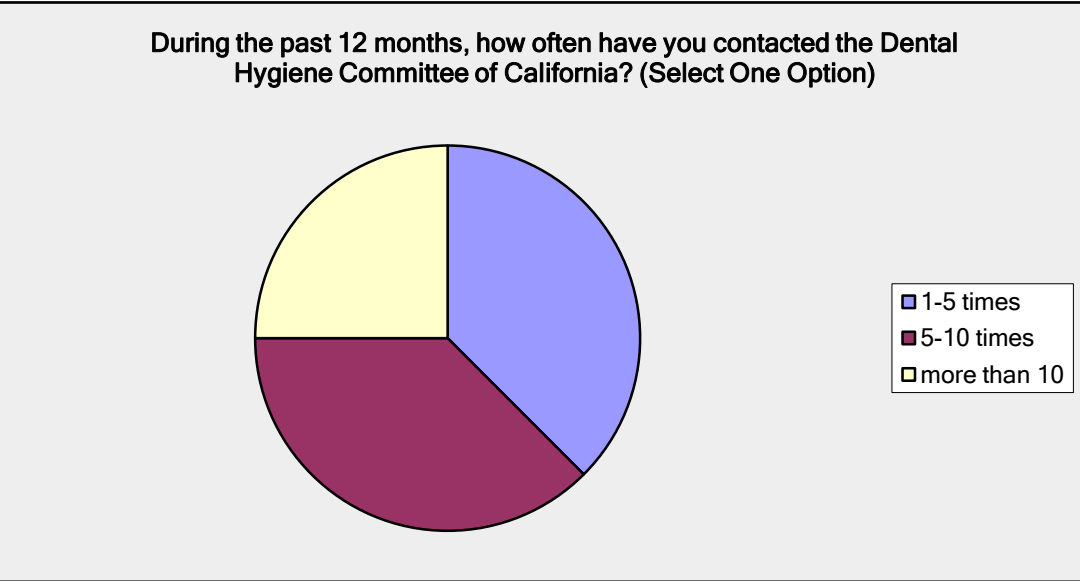
## DENTAL HYGIENE STATISTICAL DATA

[illegible]

Dental Hygiene Committee of California's Customer Satisfaction Survey

During the past 12 months, how often have you contacted the Dental Hygiene Committee of California? (Select One Option)

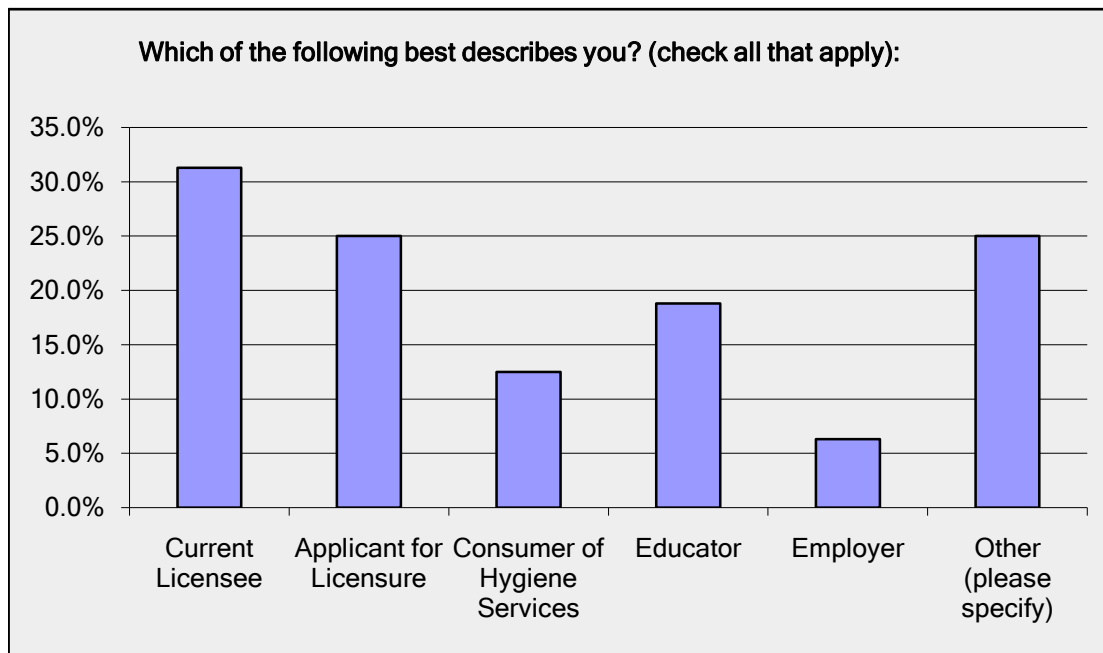
Answer Options	Response Percent	Response Count
1-5 times	37.5%	6
5-10 times	37.5%	6
more than 10	25.0%	4
<i>answered question</i>		<b>16</b>
<i>skipped question</i>		<b>0</b>



## Dental Hygiene Committee of California's Customer Satisfaction Survey

Which of the following best describes you? (check all that apply):

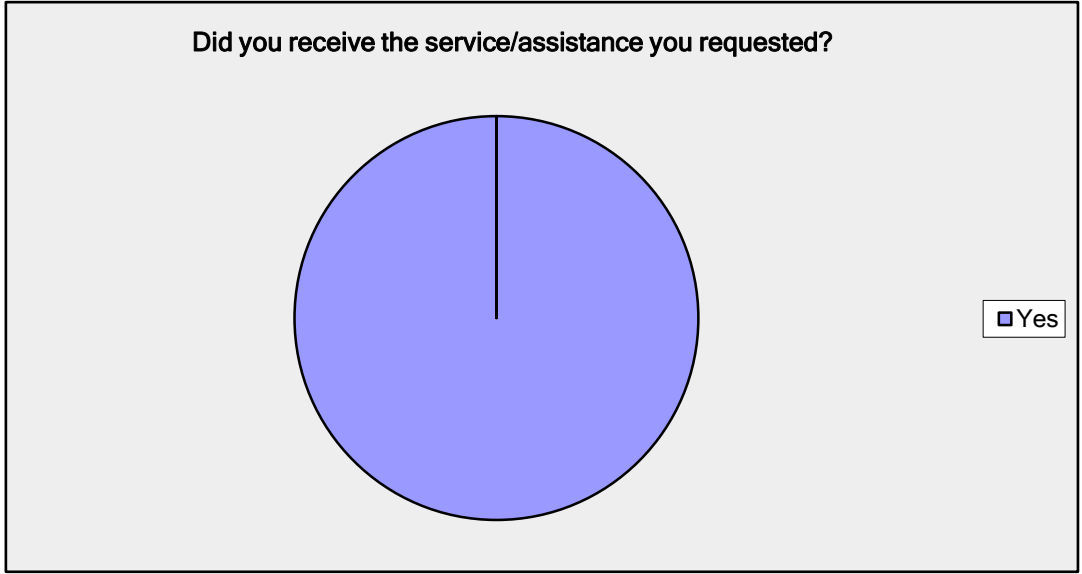
Answer Options	Response Percent	Response Count
Current Licensee	31.3%	5
Applicant for Licensure	25.0%	4
Consumer of Hygiene Services	12.5%	2
Educator	18.8%	3
Employer	6.3%	1
Other (please specify)	25.0%	4
Other (please specify)		5
<b>answered question</b>		<b>16</b>
<b>skipped question</b>		<b>0</b>





Dental Hygiene Committee of California's Customer Satisfaction Survey

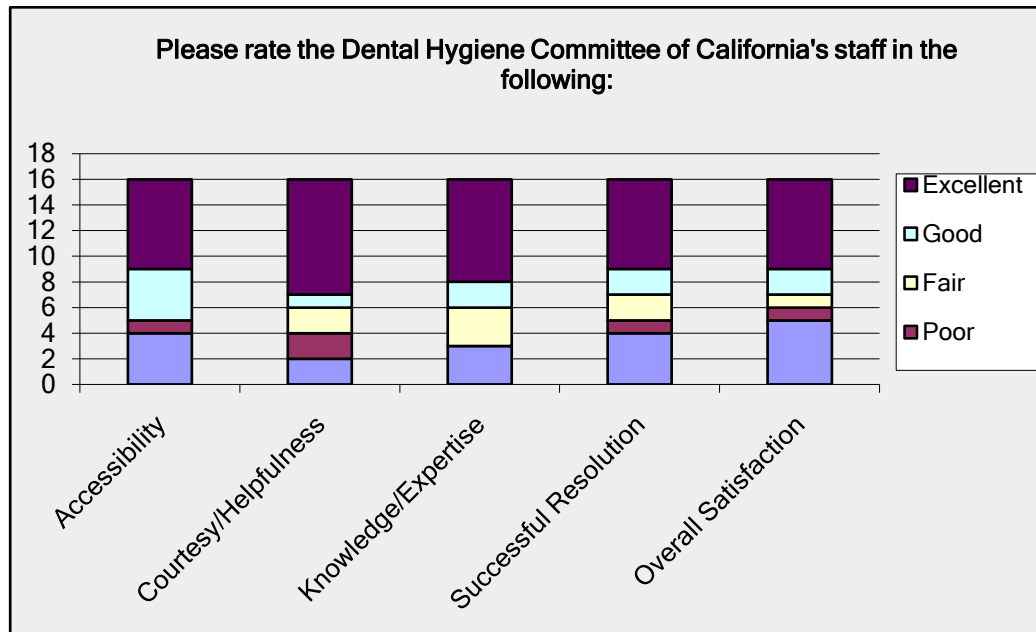
Did you receive the service/assistance you requested?		
Answer Options	Response Percent	Response Count
Yes	100.0%	11
No, if no please explain		5
answered question		11
skipped question		5



## Dental Hygiene Committee of California's Customer Satisfaction Survey

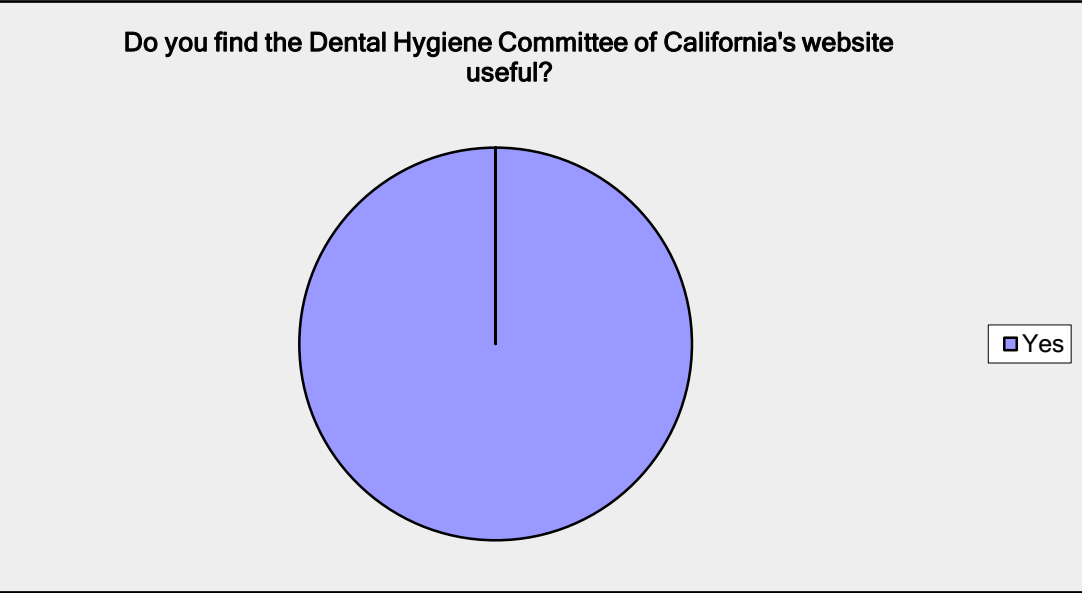
Please rate the Dental Hygiene Committee of California's staff in the following:

Answer Options	Excellent	Good	Fair	Poor	Unsatisfied	Response Count
Accessibility	7	4	0	1	4	16
Courtesy/Helpfulness	9	1	2	2	2	16
Knowledge/Expertise	8	2	3	0	3	16
Successful Resolution	7	2	2	1	4	16
Overall Satisfaction	7	2	1	1	5	16
<i>answered question</i>						16
<i>skipped question</i>						0



Dental Hygiene Committee of California's Customer Satisfaction Survey

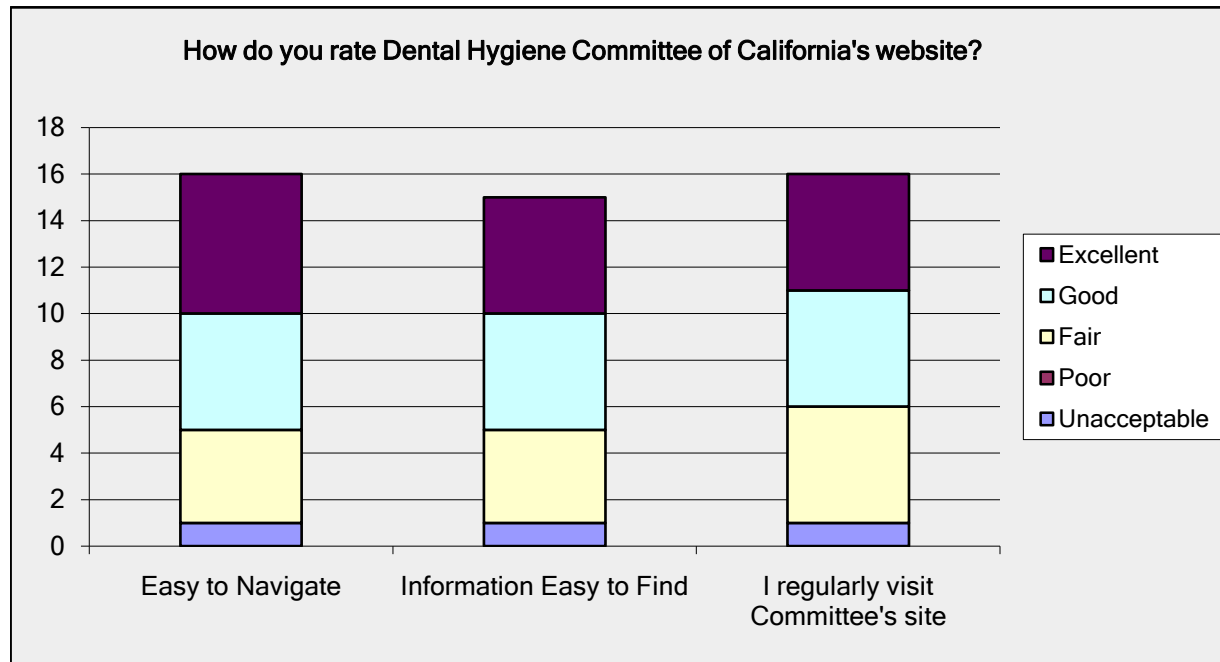
Do you find the Dental Hygiene Committee of California's website useful?		
Answer Options	Response Percent	Response Count
Yes	100.0%	14
No, if no please explain		1
<i>answered question</i>		14
<i>skipped question</i>		2



## Dental Hygiene Committee of California's Customer Satisfaction Survey

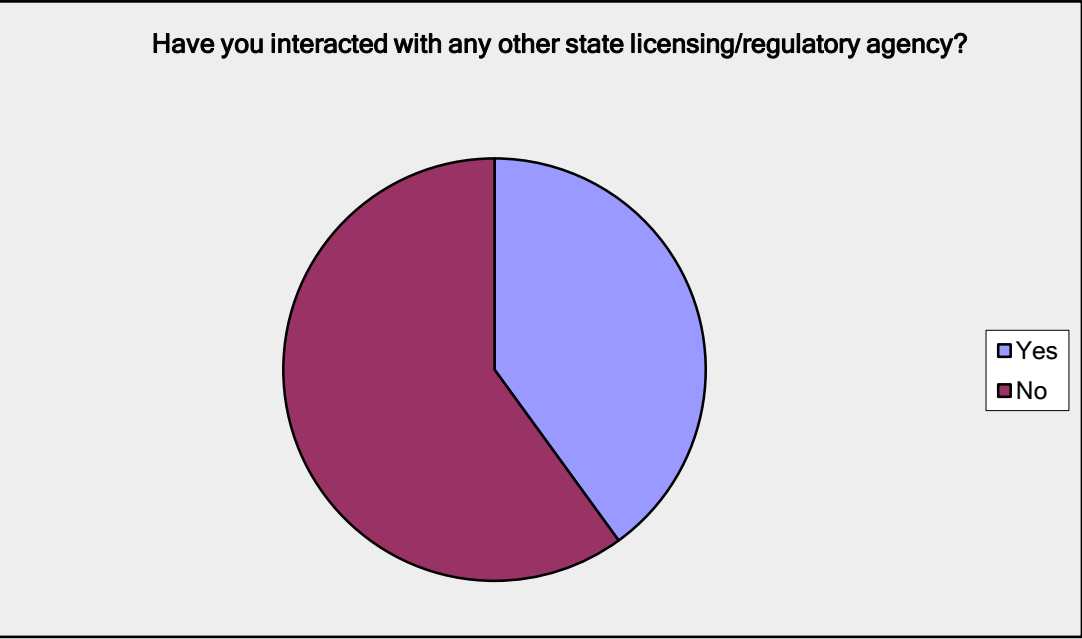
How do you rate Dental Hygiene Committee of California's website?

Answer Options	Excellent	Good	Fair	Poor	Unaccept able	Response Count
Easy to Navigate	6	5	4	0	1	16
Information Easy to Find	5	5	4	0	1	15
I regularly visit Committee's site	5	5	5	0	1	16
<i>answered question</i>						<b>16</b>
<i>skipped question</i>						<b>0</b>



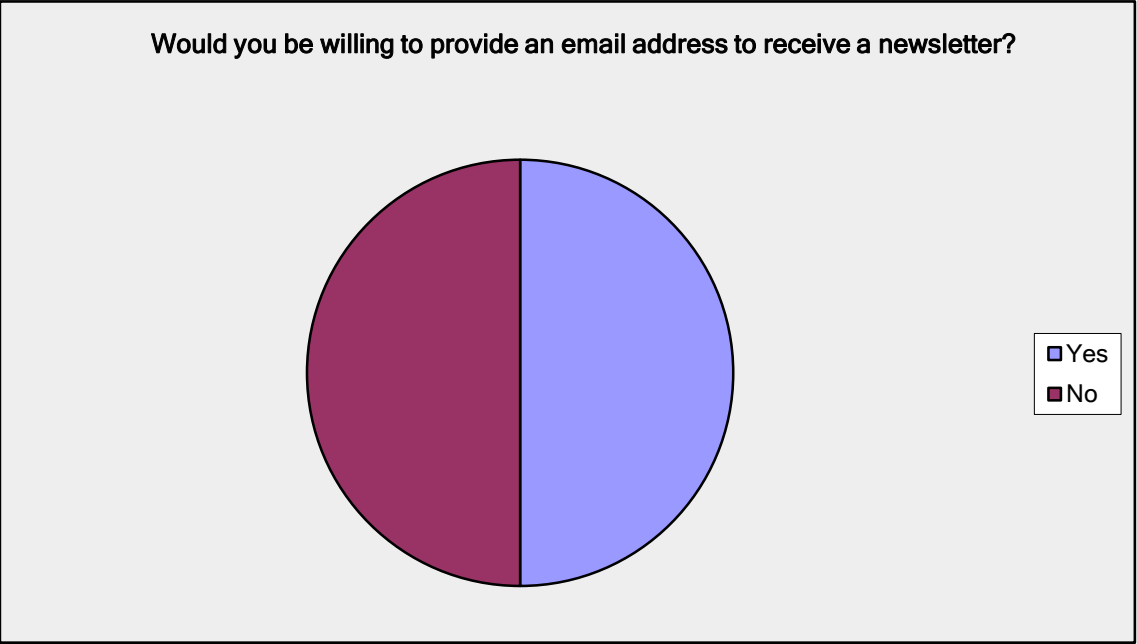
Dental Hygiene Committee of California's Customer Satisfaction Survey

Have you interacted with any other state licensing/regulatory agency?		
Answer Options	Response Percent	Response Count
Yes	40.0%	6
No	60.0%	9
If, Yes, what State and Agency		5
answered question		15
skipped question		1



Dental Hygiene Committee of California's Customer Satisfaction Survey

Would you be willing to provide an email address to receive a newsletter?		
Answer Options	Response Percent	Response Count
Yes	50.0%	8
No	50.0%	8
If, yes please provided e-mail address in the box below		7
<i>answered question</i>		16
<i>skipped question</i>		0



Dental Hygiene Committee of California's Customer Satisfaction Survey

Please provide additional comments or suggestions:	
Answer Options	Response Count
	10
<i>answered question</i>	10
<i>skipped question</i>	6



## **Committee Agenda**

### **Agenda Item 5**

**Approval of June 8, 2010 minutes**





**Dental Hygiene Committee of California**

2005 Evergreen Street, Suite 1050, Sacramento, California 95815

Phone 916.263.1978 Fax 916.263.2688 | www.dhcc.ca.gov

***DENTAL HYGIENE COMMITTEE OF CALIFORNIA***

**Evergreen Hearing Room**

**2005 Evergreen Street, 1<sup>st</sup> Floor**

**June 8, 2010**

**TELECONFERENCE SITES:**

**DRAFT – June 08, 2010**

**Department of Consumer Affairs  
2005 Evergreen Street, Hearing Room  
Sacramento, CA 95815**

**Orrick, Harrington & Sutcliffe  
777 S. Figueroa Street #3200  
Los Angeles, CA 90017**

**1350 Front Street, Room 4012  
San Diego, CA 92101**

**190 N. Mountain Avenue  
Upland, CA 91786**

**MINUTES**

**AGENDA ITEM 1 – CALL TO ORDER**

The meeting of the Dental Hygiene Committee of California was called to order at 2:10 p.m. Rhona Lee, president asked that during the roll call each committee member declare the location he or she was at and the number of people in attendance. Roll was called and a quorum established

**Members Present / Sites**

Alexander Calero, Public Member – San Diego  
Rita Chen Fujisawa, Public Member- Sacramento  
Miriam DeLaRoi, RDHAP - Sacramento  
Cathy DiFrancesco, RDH - Sacramento  
Michelle Hurlbutt, RDH – Upland  
Rhona Lee, RDHEF (President)- Sacramento  
Andrew Wong, Public Member – Los Angeles

**Staff Present - Sacramento Site**

Lori Hubble, Executive Officer  
Traci Napper, AGPA  
Dennis Patzer, AGPA  
Shirley Moody, Retired Annuitant  
LaVonne Powell, Legal Counsel

There were no members of the public at the San Diego location.  
There were three members of the public at the Upland location.  
There were no members of the public at the Los Angeles location.  
There were three members of the public at the Sacramento location.

Rhona Lee introduced Richard DeCuir, Executive Officer, California Dental Board, Donna Kantner, Licensing and Examinations Manager, California Dental Board, and Sara Wallace, Legislative and Regulatory Analyst, California Dental Board.

## **AGENDA ITEM 2 – PRESIDENT’S REPORT**

Rhona Lee, president, referenced her memorandum to the committee dated June 8, 2010 regarding her report of the “President’s Report” of the May 5 and 6, 2010, Dental Board Meeting.

Ms. Lee also reported that Dr. Bettinger (Dental Board, President) asked to review scopes of practice and it was moved by the Dental Board to do so. In previous meetings, probe readings were brought up as an issue and it would be an appropriate time to bring the up probe treating when the board addresses review of scopes.

Assembly Bill 1524 analysis stated that the bill replaces the currently underutilized and costly clinical and written examination administered by the Board with an assessment of student competency etc. Ms. Lee stated that the purpose of speaking to this topic is due to the impact, ramifications and consequences of past Board decisions by their stakeholders. She stated that DHCC members will be faced with making similar decisions. For instance: WREB, credits and other licensing issues they could learn about from the board’s past activities.

Ms. Lee moved on to the second section of her report regarding the continuance of the DHCC updates at the Dental Board’s meetings. She has presented the committee with written arguments in her memorandum for and against continuance of updates at Dental Board meetings. Ms. Lee asked if there were any remarks.

Ms. Lee directed the committee to agenda item number two (Addendum to President’s Report). She said that there were two items before the committee and she was now addressing the first (Continuance of DHCC Activities Updates at Dental Board Meetings). She asked the committee if it wished the continuance of the updates at Dental Board meetings.

The committee agreed to table the discussion until the next committee meeting.

## **AGENDA ITEM 3 – EXECUTIVE OFFICER’S REPORT**

Ms. Hubble reported that the committee recently hired two new employees; Dennis Patzer is an enforcement analyst and Tom Jurach is an administrative assistant. Currently, the committee has no backlog in any of its work. The committee website has been updated to include a feature called “Join Our Email List.” Joining the list will allow dissemination of agendas and other electronically-generated documentation. The committee website has been updated with the posting of a “Customer Satisfaction Survey.” The survey will be used as a tool for the committee to provide customer satisfaction for its clients.

## **AGENDA ITEM 4 – APPROVAL OF MARCH 22, 2010 MEETING MINUTES**

Ms. Lee pointed out that on page 5 in the first full paragraph and page 7 in the third paragraph there were a few grammatical errors that staff needed to address.

Ms. Hurlbutt asked if the minutes reflected an adjournment time and legal counsel stated that the DHCC had emailed an additional page for the minutes (page 8) that reflected and adjournment time of 5:40 P.M. Ms. Hurlbutt stated she had not received the email of page 8.

Ms. Lee stated that the emailed page 8 included items 18 (Closed Session), 19 (Future Agenda Items), 20 (Public Comments) and 21 (Adjournment). Mr. Wong stated he had received the minutes and concurred. Mr. Calero stated he had received the minutes and concurred.

Ms. Hubble stated that meeting materials, including the minutes, are now posted on the committee website. It was m/s/c (Ms. DiFrancesco/Ms. DeLaRoi) to accept March 22, 2010 minutes with the necessary grammatical changes.

#### **AGENDA ITEM 5 – PROPOSED AMENDMENTS AND RESPONSE TO COMMENTS RECEIVED AT APRIL 26, 2010, HEARING REGARDING PROPOSED REGULATIONS REGARDING RETROACTIVE FINGERPRINTING**

Ms. Hubble stated that on April 26, 2006, the hearing regarding fingerprinting was held and one of the comments received was that the threshold should be increased from \$300.00 to \$1,000.00 for traffic infractions as most traffic infractions are well over \$300.00. Ms. Lee stated that a motion was needed to adopt the final text as noticed or make changes to the text in regards to the comment received. It was m/s/c (Ms. Hurlbutt/Ms. Chen Fugisawa) that the text be changed to raise the threshold from \$300.00 to \$1,000 for traffic infractions. There were no public comments.

Ms. Hurlbutt added that in the proposed language in paragraph (d) reference was made to the "Board" when it should read "Committee."

#### **AGENDA ITEM 6 – PROPOSED DENTAL BOARD OF CALIFORNIA REGULATIONS – CALIFORNIA CODE OF REGULATIONS §1005 – INFECTION CONTROL**

Ms. Hubble stated at the March 22, 2010 meeting two committee members were selected to review the infection control guidelines and provide the document to the committee to accept and forward to the Dental Board so the committee could reach a consensus with the board. The two committee members assigned to the review were Ms. DeLaRoi and Ms. DiFrancesco who did a tremendous amount of work. Ms. Hubble stated that the revisions were now before the committee.

Ms. DeLaRoi gave a brief overview regarding the thought processes behind changes to infection control regulations and proposed revisions to Title 16, California Code of Regulations §1005 (Infection Control). She spoke of the combined effort between the DHCC Infection Control Ad Hoc Subcommittee and professional advisement from the California

Dental Hygienist Association (CDHA) and California Association of Dental Assistant Teachers (CADAT). She extended thanks to the parties offered input regarding proposed changes.

She stated that the proposed revisions are based on Center for Disease Control (CDC) guidelines and currently enforced California-Division of Occupational Safety and Health (Cal-DOSH) regulations. She said the goal was to incorporate updated terminology which supports infection control related standards and universal cautions.

Ms. DeLaRoi proposed three ways that the committee may proceed; (1) that the committee consider accepting the proposed changes in their entirety; (2) entertain proposed changes; or (3) cover the proposed changes page by page.

Ms. Hurlbutt asked if the committee was going to consider all changes proposed by the inputting parties on the document. Ms. DeLaRoi said yes. Ms. Lee said she had three changes to recommend. Mr. Calero said he had changes to recommend.

Ms. DeLaRoi stated that Mr. DeCuir had asked for clarification regarding editing proposed changes. Ms. DeLaRoi used subparagraph (b) as an example and explained that where it indicated that "Licensees" was replaced with DHCP it would show a strikeout of "~~Licensees~~" and show a double underline for "DHCP."

Mr. DeCuir stated that during a review of the proposed language the Dental Board was unable to clearly understand the proposed changes because revision protocols were not followed for editing text language.

Ms. DeLaRoi explained that the document used color highlights to show proposed revisions. She said the different colors delineated the proposed changes by contributing parties. She further stated that the document had gone through many revisions from the participants during meetings and it was found that color coding was the easiest method to determine what party proposed the changes. Legal counsel mentioned that while color coding might be important from a policy standpoint, from a legal perspective underlining and strikeouts for editing purposes is required. Counsel said when the committee members vote it would be on the strikeout and underlined text.

Ms. Lee suggested that because there was rationale overlap in the document they should make concise combined rationales of the different entities for further clarity.

Legal counsel stated that if the language was adopted, the Dental Board would do an initial statement of reasons and it would be up to the Dental Board to provide that rationale. Counsel said all of the rationale should be included and it could be in a separate document to assist the Dental Board when it drafts the regulation.

Ms. Lee directed the committee to page (11), sub paragraph (14) of the document regarding strikeout of "used intraorally." She recommended including the rationale that chair-side adjustments for removable prosthesis often include extra oral use and therefore the word or term intraorally should be removed.

She then directed the committee to page (13), regarding the DHCC Rationale for sub paragraph (23) section (d) she recommended adding “at minimum all regulatory changes require 1.5 years to promulgate.” Legal counsel stated that 1.5 years is not required and followed stating that regulatory changes take 1.5 years on average could be acknowledged in the rationale.

Ms. DeLaRoi stated that at no time were any of the strikeouts changed and most of the input was added to the documentation the Dental Board gave them.

Legal counsel commented regarding the section that required consensus between the Dental Board and Dental Hygiene Committee stating that in her opinion consensus meant that both the Dental Board and the Dental Hygiene Committee can live with those changes. Counsel stated that it does not mean complete agreement; it’s a matter of what both parties can live with.

Mr. Calero directed the committee to page (2), paragraph (3) of the document regarding the verbiage “or other potentially infectious materials (OPIM).” He asked if it was the intention that other infectious materials be referred to as “OPIM.” Ms. DeLaRoi stated that the assumption was correct.

Mr. Calero said that his first recommended change was on page (2), paragraph (4), to delete the verbiage “other infectious potentially materials” and leave “OPIM.” Mr. Calero then directed the committee to page (3), paragraph (10) and recommended that the verbiage “and other potentially infectious materials (OPIM)” be changed to “OPIM.” “OPIM” should be used where “other potentially infectious materials” is used throughout the document. He said that “other potentially infectious materials” was used throughout the document instead of “OPIM.”

Legal counsel stated that the first time clarifying verbiage is used the acronym should also be included and then used consistently throughout the document.

Mr. Calero directed the committee to page (5), paragraph (13) after the verbiage in quotations “Dental Healthcare Professionals” the acronym “(DHCP)” should be inserted.

Legal counsel stated that the verbiage on page (5), paragraph (13) referring to the Centers for Disease Control (CDC) is not necessary as the definition of Dental Healthcare Professionals will be that of the Dental Hygiene Committee and could be different than that of the CDC. Counsel recommended the following changes to the paragraph:

(13) “Dental Healthcare professionals (DHCP) , as defined by the Centers for Disease Control(CDC) are as” are paid and non-paid personnel in the dental health care setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air, DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly

involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).

Mr. Calero stated that acronyms should be placed in the proper places throughout the document.

Ms. Gagliardi of CADAT stated she wanted to thank the committee for allowing inclusion of some of the language that CADAT provided and to speak in support of the proposed changes. Ms. DeLaRoi thanked Ms. Gagliardi for her hard work.

Ms. Lee stated that a motion was needed to accept the document with the changes as discussed.

Ms. DeLaRoi stated that she wanted to inform the committee that their intention with the document was to make everything as clear as possible as to where our input was given. They were not familiar with the policy and the recordings but the intention is the protection of the consumer and they are hopeful that they did that with the document.

She then moved that the committee accept the document as presented in the board packet with the strikeout and underline, strikeout being language that would be deleted from the current regulation and underling language that would be added to the current regulation and that the proposed cleanup language that was discussed today be made and the document be forwarded to the Dental Board of California as the committee's comment on their regulatory process. The motion was seconded by Ms. Fujisawa.

Ms. Lee asked if there was any discussion and Ms. Callaghan, Dental Hygiene Program Director of the Western Career College, Sacramento Campus directed the committee to page (6), paragraph (4) regarding Personal Protective Equipment (PPE) in the last sentence. She stated that perhaps the term and/or should be added to the sentence regarding faceshields and protective eyewear.

Ms. Lee asked for comments and legal counsel stated that from a legal perspective the term "and/or" is problematic. There was discussion regarding the appropriate use of the term "and/or" in the paragraph in relation to the use of face shields and protective eyewear. Legal counsel recommended that the first sentence of the paragraph be modified to state:

"All DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM."

Ms. Lee asked if there were any comments from the committee members and legal counsel stated what was now needed was an amendment to the motion at hand to include the changing of the language. Ms. DeLaRoi moved to amend the motion and Ms. Fujisawa seconded the motion.

Ms. Moody stated that there was an inconsistency regarding face shields and protective eyewear in the paragraph. The first sentence the term was “face shields or protective eyewear,” and in the last sentence the term was “face shields and protective eyewear.”

Legal counsel stated that the first sentence needed to be consistent with the second sentence and Ms. DeLaRoi stated that she would recommend that in the second sentence the term be changed to “face shields or protective eyewear.” Discussion regarding all protective equipment in the paragraph followed.

Ms. DeLaRoi moved to amend the motion to change language in the text to read “After each patient all protective equipment shall be cleaned and disinfected.” Ms. Fujisawa seconded the motion.

Ms. Hurlbutt stated protective equipment is still not clean if it is disposed of. She stated that she throws away some equipment after use and was not in favor to the term “shall be cleaned and disinfected. In her opinion, the verbiage should be left the way it was and she would be in favor of the verbiage “cleaned and disinfected or disposed.”

Ms. DeLaRoi stated that manufacturer requirements should be taken into consideration in regards to verbiage.

Legal counsel advised that all hygienists need to know after each patient what to do with their face shields and protective eyewear.

DelaRoi, inquired if the language could state that all PPE shall be cleaned and disinfected or disposed of if necessary?

Legal counsel advised against the use of the word “necessary” as it would have to be defined.

Ms.Hurlbutt stated that there were people at her location that like to comment.

Ms. Gagliardi, stated she would like the verbiage be “be cleaned disinfected or disposed of.”

Legal counsel stated that there was a motion on the floor.

Ms. Fugisawa stated the Ms. Gagliardi’s verbiage would cover all concerns and agreed to amend the motion and Ms. DeLaRoi seconded the motion to amend as follows:

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

Ms. Lee, asked the committee if there were any comments. Hearing none she asked if there were any public comments. Hearing none, Ms. Lee conducted a roll call vote and the results were as follows:

Mr. Calero – abstained  
Ms. Fugisawa – aye  
Ms. DeLaRoi – aye  
Ms. DiFrancesco – aye  
Ms. Hurlbutt – aye  
Mr. Wong – aye

Ms. Lee declared the motion carried.

Mr. DeCuir asked when the subcommittee of the Dental Board might be able to get a copy of the language so they could start prepping it for the Dental Board's July 2010 meeting and legal counsel stated that a strikeout and underline version would be provided the next week.

#### **AGENDA ITEM 7 – TEMPORARY SUSPENSION OF REGISTERED DENTAL HYGIENIST (RDH) LAW AND ETHICS WRITTEN EXAMINATION**

Ms. Hubble reported that in late April 2010, the DHCC was notified of a breach in the Dental Hygienist's Law and Ethics Examination. The examination was immediately taken down. Ms. Hubble reported that at the time of notification the DHCC was in the process of developing a new Law and Ethics examination.

Ms. Hubble reported that she had recently met with the Office of Professional Examination Services (OPES) and they had expedited the process and it is expected that the new examination will be launched between July 1, and 5, 2010. She said that as soon as the DHCC gets the official date it will be posted on the website.

Ms. Hubble publically commended all the subject matter experts worked additional hours when needed and helped put the examination together and that there is an ongoing investigation into the examination breach and she would be unable to address the committee or public's concerns regarding the matter.

#### **AGENDA ITEM 8 – PROPOSED CHANGES TO DHCC DISCIPLINARY GUIDELINES**

Ms. Hubble reported that on April 30, 2010, legal counsel and the enforcement subcommittee met to review the disciplinary guidelines. She stated that there is still some work that needs to be done and it is expected that at the next meeting of the DHCC a completed version of the guidelines will be presented for perusal, modification (if necessary) and acceptance.

#### **AGENDA ITEM 9 – CONSUMER PROTECTION ENFORCEMENT INITIATIVE (CPEI) – CONSIDERATION OF REGULATORY AMENDMENTS FOR DISCIPLINARY MATTERS**



## **AND TO DEFINE ADDITIONAL BASES OF UNPROFESSIONAL CONDUCT (PROVISIONS CONTAINED IN SB1111)**

Ms. Hubble reported that a summary was provided in the agenda package and introduced Kim Kirchmeyer from the Department of Consumer Affairs executive office to speak to the issue.

Ms. Kirchmeyer gave an update on the department's CEPI and reported that the CEPI was a three pronged approach; (1) Administrative Improvements; (2) Resource and Information Technology Improvements; and (3) Legislative changes.

Ms. Kirchmeyer stated that the administrative improvements are moving along and there have been an enforcement academies going on. She said that statistics are being gathered from all the boards for the Deputy Director of Enforcement Compliance and also that a budget change proposal for BreEze (formerly know as the iLicensing Project) was approved by the Senate and the Assembly Budget Committee. She said that the whole budget change proposal had been approved on June 8, 2010.

Ms. Kirchmeyer stated that regarding the legislative prong Senate Bill 1111 (SB 1111) did not go through. She said legal counsel was directed to look at the bill and determine how many of its proposals could be adopted through regulation without the need for a statute. Ms. Kirchmeyer said that legal counsel looked at the nine items contained in the meeting package and determined that they could be implemented through regulation rather that through statute.

Ms. Kirchmeyer stated that the department would like the DHCC to at the next committee meeting bring language forward for inclusion in regulation in a regulatory package regarding the nine items addressed by the department's legal counsel.

## **AGENDA ITEM 10 – REPORT ON OBSERVATION OF WESTERN REGIONAL EXAMINATION FOR RDHs**

Ms. Lee stated that due to the significance of Western Regional Examination Board and other pathways that will be looked at in the future, Ms. Hubble and Ms. Lee had prepared information in the agenda package regarding items that will be addressed by the DHCC at forthcoming meetings. Ms. Lee stated that the Dental Board statutes regarding WREB are different than those the DHCC currently has. She stated the DHCC currently does not have a process of reviewing WREB's examination process and that review should be looked at in the future.

Ms. Hurlbutt stated that the sub-committee on licensing should take a hard look at the process of review.

Ms. Lee added that WREB is scheduled to give a presentation at the next DHCC meeting. She wanted to ensure that the use of the committee's time was maximized and wanted to give members time to meet before the committee meeting.

Ms. Hurlbutt stated it would be important to the committee members to ask questions ensuring the WREB examination is similar to that of the California Clinical Board. One of problems that

could occur if the committee finds the clinical examinations vastly different than the WREB examinations is that it could pose a problem having two different standards in clinical examinations.

Legal counsel stated that it was fine to have committee members or committee staff observe the WREB. Until a psychometrically sound comparison is completed, determination of the WREB examination being comparable to the DHCC examination cannot be determined. She recommended that the committee take the information from the survey and ask questions of the WREB representatives and then the committee can make a decision if it wants to ask the Office of Professional Examination Services whether or not they can conduct a comparison. Counsel stated that the committee should always be looking at its examinations.

Ms. Lee asked legal counsel questions cited in the WREB report on page 7 in the meeting package and legal counsel stated the questions except number 3 could be addressed through regulation or statute.

Ms. DeLaRoi questioned how many times an applicant can take the examination because WREB only allowed three times. Legal counsel stated that the current regulations do not limit the times an applicant can take the examination.

Ms. Hurlbutt stated that she would like to discuss with WREB is if their remedial education is similar to that of the Dental Board.

Ms. Moody stated that there is no place to obtain remedial education to which  
Ms. Hurlbutt stated that there are at least two programs that provide remedial education.

#### **AGENDA ITEM 11 – FUTURE AGENDA ITEMS**

There were no future agenda items.

#### **AGENDA ITEM 12 – PUBLIC COMMENT**

Ms. Deborah Horlak Program Director, University of the Pacific, asked about people who have taken the WREB years ago; Will they be able to be licensed in California now or will they have to take the WREB in 2010?

Legal counsel clarified, given the way the law is written, there is no limitation on when the WREB was taken. Counsel stated that limiting the time between examinations would require a statutory change.

Ms. DeLaRoi asked if the legislature first passed and then the Dental Board addressed conducting a review of the WREB.

Legal counsel stated that the legislature passed the bill that directed the Dental Board to conduct a comparison of its examination with WREB and that report came back that they were

comparable. Counsel stated that the Dental Board accepted that the examinations were comparable and emergency regulations were adopted to accept WREB applicants.

Ms. Lee stated that at the July 28, 2010 committee meeting the committee would be discussion WREB membership for the committee.

**AGENDA ITEM 13 – CLOSED SESSION**

The committee met in closed session to deliberate on disciplinary matters pursuant to Government Code section 11126(c)(3).

**AGENDA ITEM 14 – RECONVENE TO OPEN SESSION**

The committee reconvened.

**AGENDA ITEM 15 – ADJOURNMENT**

The DHCC meeting adjourned at 4:20 P.M.



## **Committee Agenda**

### **Agenda Item 9**

#### **Health Workforce Pilot Project #172**

<b>DATE</b>	September 28, 2010
<b>TO</b>	Dental Hygiene Committee of California
<b>FROM</b>	Lori Hubble Executive Officer
<b>SUBJECT</b>	<b>Agenda Item 9 – Health Workforce Pilot Project #172 re: training current allied dental health personnel for new duties in community settings</b>

The Health Workforce Pilot Project Program (HWPP) is under the jurisdiction of the Healthcare Workforce Development Division within the state agency of the Office of Statewide Health Planning and Development (OSHPD). The Health Workforce Pilot Program was created by the legislature responsible to improve the effectiveness of health care delivery systems by implementing pilot projects. The projects are accomplished by utilizing health care personnel in new roles in order to meet the health needs of the citizens of the State of California. Statutes and regulations are in place to govern the Health Workforce Pilot Projects Programs. Under the laws of the Health and Safety Code 128125, health workforce pilot projects are exempt from healing arts laws and regulations.

One charge of the HWPP #172 is training current allied dental professionals to perform new duties in community settings. As required by law, the Pacific Center for Special Care at the University of the Pacific, Arthur A. Dugoni School of Dentistry submitted an application to the Office of Statewide Planning and Development, Healthcare, Workforce Development Division (OSHPD) regarding this project.

The Pacific Center for Special Care at the University of the Pacific, Arthur A. Dugoni School of Dentistry will train a total of 10 -12 dental assistants and hygienists to perform new duties in community settings to improve the oral health of underserved populations.

This HWPP 172 will add two new duties that will expand the scope of practice for current allied dental personnel (dental assistants and hygienists) such as:

- Based on established protocol, determine which radiographs to take, if any, to facilitate an initial oral evaluation by a dentist.
- Place “Interim Therapeutic Restorations” (ITR) when directed to do so by a collaborating dentist. The ITR is an interim restoration designed to stop the progression of dental caries until the patient can receive treatment for that tooth by a dentist. The duty includes both spoon excavation of decay by hand and the use of a slow speed rotary instrument. Dr. Paul Glassman from the Center for Special Care at the University of the Pacific, Arthur A. Dugoni School of Dentistry verbally testified at the Dental Board meeting on September 16, 2010 that only a hand spoon excavation method would be used.

OSHPD held a public meeting on September 7, 2010 inviting public comment from professional and related health organizations. The next step is that the application for HWPP #172 will be presented to the Director to either accept or not accept the pilot project.

## HEALTH WORKFORCE PILOT PROJECTS

### ABSTRACT

APPLICATION: #172

### TRAINING CURRENT ALLIED DENTAL PERSONNEL FOR NEW DUTIES IN COMMUNITY SETTINGS

**APPLICANT/SPONSOR:**

Pacific Center for Special Care  
at the University of the Pacific  
Arthur A. Dugoni School of Dentistry  
2155 Webster Street  
San Francisco, California 94115

**PROJECT DIRECTOR:**

Dr. Paul Glassman  
Director of Community Oral Health

**SPONSOR TYPE:**

Non-profit Education Institution

**PURPOSE:**

To teach new skills to existing categories of health care personnel and to improve the oral health of underserved populations by expanding duties of dental assistants, and dental hygienists working in community settings

**APPLICATION CHRONOLOGY:**

Application submitted:  
Application Approved for Completeness

February 25, 2010  
June 24, 2010

**ESTIMATED COST AND FUNDING SOURCE:**

Estimated Cost - \$956,471

Funding Source Committed:

American Dental Hygiene Association	\$ 87,000
American Dental Association	\$ 25,000
California Department of Developmental Services	\$ 75,000
California Consumer Protection Foundation	\$ 65,000
California HealthCare Foundation	\$295,847
California HealthCare Foundation (evaluation)	\$ 40,000
Paradise Valley Foundation	\$144,883
Verizon Foundation	\$100,000
<u>California Emerging Technology Fund</u>	<u>\$ 25,000</u>
<b>Total Committed</b>	<b>\$857,730</b>

**PROJECT DESCRIPTION:**

The pilot project will add two new duties to a community-based system of care already under way. Most of the duties performed by dental providers in this community-based system are already allowed under existing law. However, the two new duties that will be performed that require an expanded scope of practice for community-based Registered Dental Assistants (RDA), Registered Dental Hygienists working in Public Health Programs (RDH), and Registered Dental Hygienists in Alternative Practice (RDHAP).

RDAs participating in this project will have radiology certificates and sealant certificates. RDHs and RDHAPs participating in this project will have radiology certificates. The new duties to be evaluated under this HWPP are:

- RDAs will make the decision about which radiographs to take, if any, to facilitate an initial oral evaluation by a dentist. RDHs and RDHAPs can already make these decisions.
- RDAs, RDHs, and RDHAPs will place "Interim Therapeutic Restorations" (ITR).<sup>1</sup>

## **PROJECT OBJECTIVES:**

### Short-Term Objectives:

- Train and evaluate competencies to make the decision about which radiographs to take.
- Train and evaluate competencies to place ITRs.

### Long-Term Objectives:

- These duties will allow RDAs, RDHs, and RDHAPs working in community settings with underserved populations to facilitate collaboration with a dentist and the development of an appropriate plan of care for the patient. The placement of ITRs when directed to do so by a collaborating dentist will allow RDAs, RDHs, and RDHAPs to stabilize patients' teeth from further deterioration until they can be seen by a dentist in an appropriate setting.
- To facilitate the development of new models of care designed to improve the oral health status of underserved populations.

Proposed Number of Trainees	8-10
Proposed Number of Supervisors	3
Proposed Number of Sites	9

## **BACKGROUND AND HISTORY OF THE PROJECT:**

*Selected passages from the HMPP #172 Application.*

### **Need for the Project**

Many people in California face significant barriers obtaining dental services and have significantly worse oral health than other segments of the population.<sup>ii</sup> Almost one quarter of all children in California have never seen a dentist and about 40 percent of California Black, Latino and Asian preschoolers and approximately 65 percent of elementary school children in these groups need dental care.<sup>iii,iv</sup>

Adults with low incomes, and children and adults with complex medical, physical and social conditions have difficulty accessing dental care as well. The number of low-income children and adults and those with disabilities or complex medical conditions that need oral health services is rising dramatically. The US Census reported in 2000 that 49.7 million people in the US population had a long-standing condition or disability.<sup>v</sup> They represented 19.3% of 257.2 million people who were aged 5 and older in the civilian non-institutionalized population - or nearly one person in five.

Many reports show that people with disabilities have more dental disease, more missing teeth, and more difficulty obtaining dental care than other members of the general population.<sup>ii,vi,vii,viii</sup> A series of visual screening examinations of a primarily adult population of over 1,000 people with developmental disabilities in California in 2000 revealed that more than 33% had untreated dental caries.<sup>ix</sup> This is significantly higher than the caries rate of 23% for adults in the National Health and Nutrition Examination Survey.<sup>x</sup> The California HealthCare Foundation (CHCF) recently released a report that showed that in California in 2004 there were 370,499 blind or disabled people who used Medicaid dental services. They represented 33% of the blind or disabled people enrolled in Medi-Cal. However, they accounted for only 19.8% of the Denti-Cal expenditures for that year, receiving fewer services than would



be expected based on their numbers and greater burden of disease.<sup>xi</sup> The CHCF report does not break down the level of disability, but it would be expected that those with greater disability would have more trouble accessing services. These findings correlate with the experience of many health care and social services professionals in California which indicates that people with disabilities, especially those with significant disabilities, have great difficulty locating sources of oral health care.

As the population ages, the percent of the population considered “old” (over 65) and “old, old” (over 85) is growing much more rapidly than the population in general. These aging groups have significant rates of complex medical conditions and disability and will present increasing challenges for the oral health delivery system in the future.<sup>ii</sup>

## **LAWS AND REGULATIONS PERTINENT TO THE PROPOSED PROJECT:**

California Business and Professions Code (B & P), Chapter 4, beginning with Section 1600, and the California Code of Regulations (CCR), Title 16, Division 10, Section 1000, govern the practice of dentistry in California

- General Provisions: B & P Sections 1740, 1741; CCR, Chapter 3, Article 1, Section 1067
- Registered Dental Assistant (RDA): B & P Sections 1752.4, 1752.6, 1765, 1777; CCR, Chapter 3, Article 5, Section 1086
- Registered Dental Hygienist (RDH): B & P Sections 1902, 1907-1915; CCR, Chapter 3, Article 5, Section 1088
- Registered Dental Hygienist in Alternative Practice (RDHAP): B & P Sections 1775, 1907 and 1925-1931; CCR Chapter 3, Article 5, Sections 1090 and 1090.1

Health and Safety Code, Division 107, Part 3, Chapter 3, Article 1, commencing with Section 128125, the Health Workforce Pilot Projects Program.

California Code of Regulations: Title 22, Division 7, Chapter 6.

- i American Association of Pediatric Dentistry. Council on Clinical Affairs. Policy on Interim Therapeutic Restorations. Adopted 2001. Revised 2008.
- ii U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.
- iii The Dental Health Foundation. The Oral Health of California’s Children: Halting a Neglected Epidemic. 2000.
- iv California Health Care Foundation. Haves and have-nots: a look at children’s use of dental care in California. 2008.
- v U.S. Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau. Census 2000 Brief. Disability Status 2000. March 2003.
- vi Oral health status and needs of Special Olympics athletes – World summer games, Raleigh, North Carolina – June 26 – July 4, 1999. Special Olympics International: Unpublished report. 1999.
- vii Stiefel, D.J. Adults with Disabilities. Dental Care Considerations of Disadvantages and Special Care Populations: Proceedings of the Conference Held April 18-19, 2001, in Baltimore, Maryland. U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Medicine and Dentistry, Division of Nursing. April 2001.
- viii. The Disparity Cavity: Filling America’s Oral Health Gap. Oral Health America, May 2000.
- ix Glassman, P, Miller, C. Community-based Oral Health System. Unpublished data, 2001.
- x CDC. Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis - United States, 1988--1994 and 1999—2002. MMWR 54(13):1-44, 2005.
- xi California Health Care Foundation. Denti-Cal facts and figures: a look at California’s Medicaid Dental Program. March 2007.



REVIEWER'S COMMENTS REGARDING HWPP # 172  
HEALING ARTS BOARDS, RELATED HEALTH PROFESSIONAL ASSOCIATIONS, CONSULTANTS

AGENCY	POSITION	CRITERIA MET/NOT MET Number of Criteria = 15	Comments
1. State Agencies:			
California Department of Health Care Services - Medi-Cal Dental Services Division (MDSD)	Approval	15 Criteria Met	-----
California Department of Public Health - Office of Oral Health	Approval	15 Criteria Met	Overall, the application was very thorough and well written/organized. The applicant has a wide variety of funding sources. The faculty has excellent credentials/vitae. If successful, the project will increase access to low-income and special needs populations.
California Department of Public Health - Radiological Health Branch	-----	-----	The RDA or Hygienist must hold a Dental Board license class with an "X" designation. Without the "X" they are not trained in dental X-ray procedures and performing extended X-ray procedures would be outside the scope of their license. The "X" classification on their license must be a prerequisite for entry into the program.
2. Healing Arts Boards:			
Dental Board of California	Comments were not submitted.		
Dental Hygiene Committee of California	No Recommendation pending further action	15 Criteria Met	-----
3. Technical Consultants/Interested Parties:			
UCSF Center for the Health Professions	Approval	15 Criteria Met	This is a well prepared application. In making the recommendation, the flowing assumptions were made:

REVIEWER'S COMMENTS REGARDING HWPP # 172  
HEALING ARTS BOARDS, RELATED HEALTH PROFESSIONAL ASSOCIATIONS, CONSULTANTS

AGENCY	POSITION	CRITERIA MET/NOT MET Number of Criteria = 15	Comments
USC School of Dentistry	Approval with Comments	15 Criteria Met	<p>(1) Project faculty and collaborating dentists are trained and competent to place ITRs; (2) Identification of patient's primary language and translation of information will be conducted in accordance with University IRB protocol and approval; and (3) sponsors and other participants have ascertained the legal liability that is required under Section 92313 CCR.</p> <p>Considering this is a workforce training program to address access to care issues, the types and levels of dental auxiliary personnel should be evaluated more thoroughly.</p> <p>There are far more RDA's in the state than RDH in community clinics and RDHAPs. More baseline information should be collected – i.e. How much education and type (private/public). It is stated that the range from a few years to as little as 6 weeks. Also the depth and breadth of work experience.</p> <p>The success of the 3 groups need to be evaluated in the training process and performance an also in their practice and productivity patterns.</p> <p>Finally, the cost benefit analysis needs to factor the different salaries of the providers as an important sustainability aspect.</p>
4. Related Health Organizations/Associations:			
California Academy of General Dentistry (1 <sup>st</sup> Reviewer)	Approval with amendment	15 Criteria Met	Reviewer feels that this project is a good fit or the RDHAP. But, do not feel that that an

REVIEWER'S COMMENTS REGARDING HWPP # 172  
HEALING ARTS BOARDS, RELATED HEALTH PROFESSIONAL ASSOCIATIONS, CONSULTANTS

AGENCY	POSITION	CRITERIA MET/NOT MET Number of Criteria = 15	Comments
			<p>RDA is appropriate job category for this project. An RDAEF is a better fit.</p> <p>It is not clear how the RDA and RDH are supervised....because debridement is required for the ITR. It is hoped that the RDA and RDAEF would work under direct supervision. The RDHAP is the only job category designed to work independently.</p>
California Academy of General Dentistry (2 <sup>nd</sup> Reviewer)	Do Not Approve	10 Criteria met; 5 Not Met	<p>We don't believe the training is sufficient to keep patients out of danger. We believe it may be dangerous for patients due to the inadequate training.</p> <p>It appears that the trainees will not be trained on live patients. Clearly, this is inadequate.</p> <p>Three days of training is inadequate. Regarding the curriculum plan: We believe the plan is inadequate in that it will not prepare trainees to meet specific competencies nor project objectives.</p> <p>During the project, faculty of the Pacific Center will supervise the trainees during the training period. Moreover, during the utilization phase of the project, with respect to the placement of ITR's "a collaborating dentist will be available at all sites to accept patient referrals if follow-up care is needed." This raises two important points. First, by making a dentist available on-site for follow-up care, the HWPP acknowledges the possibility that placement of ITRs by the non-dentist's trainees may require follow-up care by a dentist. Second, it brings to light the great disparity between the safety net</p>

REVIEWER'S COMMENTS REGARDING HWPP # 172  
HEALING ARTS BOARDS, RELATED HEALTH PROFESSIONAL ASSOCIATIONS, CONSULTANTS

AGENCY	POSITION	CRITERIA MET/NOT MET Number of Criteria = 15	Comments
			<p>provided for this project versus a lack of same safety net in practice. In practice, community settings do not always have dentists available for follow-up. A key point of adding two new duties to RDAs, RDHs, and RDHAP appears to be to address the lack of access to dentists; if the dentist were as readily available in real life as for this project, then the patients would simply see the dentist rather than the non-dentists. Therefore, the recognition by this project that a dentist must be available for follow-up care renders the pilot project unrealistic unless a dentist is required at every site in real everyday practice, in which case, the pilot project then becomes nonsensical as patients would simply see that dentists in the first place.</p>
California Dental Assistants Association	Do Not Approve	13 Met; 2 Not Met	<p>Although the Pacific Center for Special Care at the Pacific School of Dentistry should be applauded for making any effort for improvement in the delivery of dental services to the underserved populations of California, I do not feel that this project changes expanded functions that already exist in the dental care system. As expressed by the author(s) of the project, the project provides "relative minor extensions of the current duties and experience of the trainees". In fact the project provides even less. The placement of temporary fillings already exists within the RDA and RDAEF categories of dental professionals, and for any RDH that graduate prior to 2004. The provisional restorations already allowed in these individuals' scope of practice meet and</p>



REVIEWER'S COMMENTS REGARDING HWPP # 172  
HEALING ARTS BOARDS, RELATED HEALTH PROFESSIONAL ASSOCIATIONS, CONSULTANTS

AGENCY	POSITION	CRITERIA MET/NOT MET Number of Criteria = 15	Comments
			<p>exceed the ITRs defined in this project. The specific duty of place, adjust, and finish direct provisional restorations" can already be performed under the General Supervision of a dentist. General supervision as defined by the Dental Practice Act is functions based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures.</p> <p>The project also proposes to train only 8-10 individuals during a three day course at just under one million dollars annually. The greater majority of these funds appear to be administrative.</p> <p>The project falls short of the goals of teaching new skills to existing categories of health care personnel.</p> <p>At a cost of more than \$95,000 per person to attend a three day course, the author(s) of this project would better serve the needs of the underserved by approaching the Dental Board of California for regulatory language that would specifically define ITR within the Dental Practice Act.</p>
California Dental Association	Approval	15 Criteria Met	-----
California Dental Health Foundation	Approval	15 Criteria Met	-----
California Dental Hygienists' Association	Approval	12 Criteria Met; 3 No Entry	<p>This is a worthwhile project (well written, lots of evaluation mechanisms; solid training). This project provides quality training, good supervision while maximizing care and safety</p>

REVIEWER'S COMMENTS REGARDING HWPP # 172  
HEALING ARTS BOARDS, RELATED HEALTH PROFESSIONAL ASSOCIATIONS, CONSULTANTS

AGENCY	POSITION	CRITERIA MET/NOT MET Number of Criteria = 15	Comments
			for the clients/patients.
California Society of Pediatric Dentistry	Approval	15 Criteria Met	This proposal would seem to provide assurance that the trainees will function as a part of the dental team and work under the direct supervision of a dentist. If this is the case, following completion of the training program, I would question how this will significantly impact access to care.
The Children's Partnership	Approval	15 Criteria Met	-----



## **Committee Agenda**

### **Agenda Item 10**

#### **DHCC Strategic Plan Development**



<b>DATE</b>	September 28, 2010
<b>TO</b>	Dental Hygiene Committee of California
<b>FROM</b>	Rhona Lee DHCC President
<b>SUBJECT</b>	<b>Agenda Item 10</b> <b>Update on strategic plan progress and next steps</b>

A verbal update will be given at the meeting.





## **Committee Agenda**

### **Agenda Item 11**

### **Budget Report**



<b>DATE</b>	September 28, 2010
<b>TO</b>	DHCC Committee Members
<b>FROM</b>	Traci Napper, Budget Analyst Dental Hygiene Committee of California
<b>SUBJECT</b>	<b>Agenda Item 11 - Budget Report</b>

As of September 28, 2010, DHCC's end of the year budget is pending miscellaneous technical adjustments, however, it can be assumed that the budget displayed is accurate.

Attached is DHCC's Fund Condition.

DHCC operational highlights are:

1. Currently there is no budget in place for the 2010-2011 Fiscal Year. The amount provided on the Fund Condition report is a projection this does not include the Governors budget for 2010-2011. Although DHCC is self funded, DHCC does not have the authority to spend any money from the budget.

**Listed below are acronyms as seen in the attached reports:**

BCP	–	Budget Change Proposal
FY	–	Fiscal Year
PY	–	Positions per year
OEE	–	Operating expenses and equipment
DOI	–	Department of Investigations
OIS	–	Office of Information Services
FC	–	Fund Condition

**Action Requested**

This is informational only.

# 3140 - State Dental Hygiene Fund

## Analysis of Fund Condition

Prepared 9/16/10

(Dollars in Thousands)

FY 2009-10 Month 13 w/ Agency BCP Decisions  
+ Potential Leg BCP

	Actual 2009-10	CY 2010-11	Governor's Budget BY 2011-12	BY +1 2012-13	2013-14
<b>BEGINNING BALANCE</b>	\$ -	\$ 426	\$ 341	\$ 277	\$ 176
Prior Year Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ -	\$ 426	\$ 341	\$ 277	\$ 176
<b>REVENUES AND TRANSFERS</b>					
Revenues:					
114300 Other Motor Vehicle Fees	\$ 9		\$ -	\$ -	\$ -
125600 Other regulatory fees	\$ -	\$ 12	\$ 20	\$ 20	\$ 20
125700 Other regulatory licenses and permits	\$ 209	\$ 523	\$ 610	\$ 610	\$ 610
125800 Renewal fees	\$ 692	\$ 657	\$ 719	\$ 719	\$ 719
125900 Delinquent fees	\$ 14	\$ 12	\$ 14	\$ 14	\$ 14
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ -	\$ -	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 2	\$ 3	\$ 3	\$ 2	\$ 1
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ -	\$ -	\$ -	\$ -	\$ -
161400 Miscellaneous revenues	\$ -		\$ 1	\$ 1	\$ 1
164300 Penalty Assessments	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 926	\$ 1,207	\$ 1,367	\$ 1,366	\$ 1,365
Transfers from Other Funds					
0380 - Committee on Dental Auxiliaries	\$ 424	\$ -	\$ -	\$ -	\$ -
Transfers to Other Funds					
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues and Transfers	\$ 1,350	\$ 1,207	\$ 1,367	\$ 1,366	\$ 1,365
Totals, Resources	\$ 1,350	\$ 1,633	\$ 1,708	\$ 1,643	\$ 1,541
<b>EXPENDITURES</b>					
Disbursements:					
0840 State Controller (State Operations)	\$ 8	\$ 2	\$ -	\$ -	\$ -
<u>2007 Budget Act</u>					
1110 Program Expenditures (State Operations)	\$ 916	\$ 1,290	\$ 1,316	\$ 1,342	\$ 1,369
<u>2010-11 BCPs - Departmental:</u>					
1110/1111-1B BreEZe		\$ -	\$ 94	\$ 104	\$ 61
<u>2011/12 BCPs - Departmental</u>					
1111/12 CCSD Baseline Reduction			\$ -4	\$ -4	\$ -4
<u>2011/12 Potential Leg BCP</u>					
1110-XXL AB 2699 - Healing Arts Licensure Exemption			\$ 25	\$ 25	\$ 25
Total Disbursements	\$ 924	\$ 1,292	\$ 1,431	\$ 1,467	\$ 1,451
<b>FUND BALANCE</b>					
Reserve for economic uncertainties	\$ 426	\$ 341	\$ 277	\$ 176	\$ 90
Months in Reserve	4.0	2.9	2.3	1.5	0.8

### NOTES:

- A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED
- B. ASSUMES 2% GROWTH IN EXPENDITURES IN FY 2010-11



## **Committee Agenda**

### **Agenda Item 12**

#### **DBC's Infection Control Regulations**



<b>DATE</b>	September 28, 2010
<b>TO</b>	DHCC Committee Members
<b>FROM</b>	Lori Hubble Executive Officer
<b>SUBJECT</b>	<b>Agenda Item 12 – Dental Board of California’s Infection Control Regulations [California Code of Regulations, Section (d)]</b>

The Dental Board of California met on July 26, 2010 and voted to accept the proposed regulatory language regarding infection control regulations. The Dental Board accepted DHCC’s recommendations and directed Dental Board staff to initiate the formal rulemaking process.

Attached are the following:

1. Proposed language for Infection Control regulations
2. Notice for hearing

TITLE 16. DENTAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS

SPECIFIC LANGUAGE

Amend Section 1005 of Division 10 of Title 16 of the California Code of Regulations, to read as follows:

ARTICLE 1. GENERAL PROVISIONS

**§ 1005. Minimum Standards for Infection Control**

(a) Definitions of terms used in this section:

(1) "Standard precautions" is a ~~set of combined precautions that include the major components of universal precautions (designed to reduce the risk of transmission of blood-borne pathogens) and body substance isolation (designed to reduce the risk of transmission of pathogens from moist body substances).~~ Include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices. Similar to universal precautions, ~~Standard precautions are~~ shall be used for care of all patients regardless of their diagnoses ~~of or~~ personal infectious status.

(2) "Critical ~~instruments-items~~" confer a high risk for infection if they are contaminated with any microorganism. These include all ~~are surgical devices and other instruments items used to penetrate soft tissue or bone.~~

(3) "Semi-critical ~~instruments-items~~" are surgical instruments, devices and other instruments-items that are not used to penetrate soft tissue or bone, but contact oral tissue-mucous membranes, non-intact skin or other potentially infectious materials (OPIM).

(4) "Non-critical ~~instruments-items and devices~~" are instruments, and devices, equipment, and surfaces that come in contact with soil, debris, saliva, blood, OPIM and intact skin, but not oral mucous membranes.

(5) "Low-level disinfection" is the least effective disinfection process. ~~It kills some bacteria, some viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals.~~

(6) "Intermediate-level disinfection" kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed. This process but does not necessarily kill spores.

(7) "High-level disinfection" kills some, but not necessarily all bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses.

(8) "Germicide" is a chemical agent that can be used to disinfect items and surfaces based on the level of contamination. All germicides must be used in accordance with intended use and label instructions.

(9) "Sterilization" ~~kills all forms of microbial life~~ is a validated process used to render a product free of all forms of viable microorganisms.

(10) "Cleaning" is the removal of visible soil (e.g., organic and inorganic material) debris and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products. Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions.

~~(10)~~(11) "Personal Protective Equipment" (PPE) is specialized clothing or equipment for protection against a hazard. PPE includes items such as gloves, masks, respiratory devices, protective eyewear and protective attire (shoes, gowns/labcoats) which are intended to prevent exposure to blood, ~~and body fluids,~~ and OPIM. General work attire such as uniforms, scrubs, pants and shirts, are not considered to be PPE.

~~(14)~~(12) "Other Potentially Infectious Materials" (OPIM) means any one of the following:

(A) ~~H~~uman body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(B) ~~A~~ny unfixed tissue or organ (other than intact skin) from a human (living or dead);

(C) Human ImmunodeficiencyVirus (HIV) -containing cell or tissue cultures, organ culture and blood, or other tissues from experimental animals.

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



(b) All DHCP Licensees shall comply with infection control precautions and enforce the following minimum precautions to minimize the transmission of pathogens in health care settings mandated by the California Division of Occupational Safety and Health (Cal-DOSH).

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

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

(2) A written protocol shall be developed, ~~by the licensee maintained, and periodically updated~~ for proper instrument processing, operatory cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office.

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

#### Personal Protective Equipment:

(4) ~~All Health care workers~~ DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear ~~when treating patients~~ whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM. Puncture-resistant utility gloves and other PPE shall be worn when handling hazardous chemicals. After each patient, ~~and during patient treatment if applicable, masks shall be changed and disposed, if moist or contaminated.~~ After each patient, treatment, and face shields and protective eyewear shall be cleaned, and disinfected, if contaminated or disposed.

(5) Gowns shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All Health care workers DHCP shall wear reusable or disposable protective attire whenever there is a potential for aerosol spray, splashing or splattering of blood, OPIM, or chemicals and germicidal agents. their clothing or skin is likely to be soiled with blood or OPIM. Gowns must be changed daily or between patients if it they should become moist or visibly soiled. Protective attire All PPE used during patient care must ~~shall~~ be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal-DOSH Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193).

#### Hand Hygiene:

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



prevent promotion of bacterial growth and washed again immediately after glove removal. CDC Guidelines shall be followed for work restrictions.

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

Gloves:

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

#### Needle and Sharps Safety:

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

#### Sterilization and Disinfection:

~~(9)(10)~~ Heat stable-critical and semi-critical instruments, items and devices shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization shall include shall be cleaned and sterilized before use by using steam under pressure (autoclaving), dry heat, or chemical (formaldehyde) vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection in the form of package or being wrapped before sterilization if they are not to be used immediately after being sterilized. These instruments, items, and devices, shall remain sealed and stored in a manner so as to prevent contamination. ~~FDA cleared chemical sterilants/disinfectants shall be used for sterilization of heat sensitive critical items and for high level disinfection of heat sensitive semi-critical items.~~

~~(10)(11)~~ Critical and sSemi-critical instruments or containers of critical and semi-critical instruments-items shall be pre-cleaned, packaged or wrapped and sterilized after each use, by a heat or vapor mMethods of sterilization include steam under pressure, chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection shall be packaged or wrapped in the form of package or being wrapped before sterilization, before sterilization if they are not

~~to be used immediately after being sterilized. These packages or containers shall remain sealed unless the instruments within them are placed onto a setup tray and covered with a moisture impervious barrier on the day the instruments will be used and shall be stored in a manner so as to prevent contamination.~~

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

~~(11)~~(13) All high-speed dental hand pieces, low-speed hand pieces, rotary components used intraorally, and other dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be packaged and heat-sterilized between patients in a manner consistent with the same sterilization practices as a semi-critical instrument or item.

~~(12)~~(14) Single use disposable instruments items such as (e.g. prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves) shall be used for one patient only and discarded.

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

~~(14)~~(15) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore testing monitor). Test results must shall be documented and maintained for 12 months.

Irrigation:

~~(15)~~(16) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/irrigants must be delivered using a sterile delivery system.

Facilities:

~~(16)~~(17) If non-critical items or surfaces likely to be contaminated are difficult manufactured in a manner preventing cleaning and disinfection, to clean and disinfect they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients. 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.

~~(17)~~(18) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal-EPA) registered, hospital grade low- to intermediate-level disinfectant after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal-EPA registered, hospital grade disinfectant.

~~(18)~~(19) Dental unit water lines shall be anti-retractable. At the beginning of each workday, dental unit lines and devices shall be purged with air, or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, and or other devices. The dental unit lines and devices shall be flushed between each patient for a minimum of twenty (20) seconds.

~~(19)~~(20) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.

#### Lab Areas:

~~(20)~~(21) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a ~~disinfected~~, 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 and stored in a manner so as to prevent contamination.

~~(21)~~(22) All intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned and disinfected with an intermediate-level disinfectant before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth.

(d) The Dental Board of California and Dental Hygiene Committee of California shall review this regulation annually and establish a consensus.

[1] Cal/EPA contacts: WEBSITE [www.cdpr.ca.gov](http://www.cdpr.ca.gov) or Main Information Center (916) 324-0419.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1680, Business and Professions Code.

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

NOTICE IS HEREBY GIVEN that the Dental Board of California (hereinafter "Board") is proposing to take the action described in the Informative Digest. Any person interested may present statements or arguments orally or in writing relevant to the action proposed at a hearing to be held at the Department of Consumer Affairs 1<sup>st</sup> Floor Hearing Room, 2005 Evergreen Street, Sacramento, California, at 10:00 a.m., on October 11, 2010. Written comments, including those sent by mail, facsimile, or e-mail to the addresses listed under Contact Person in this Notice, must be received by the Board at its office not later than 5:00 p.m. on October 11, 2010 or must be received by the Board at the hearing. The Board, upon its own motion or at the instance of any interested party, may thereafter adopt the proposals substantially as described below or may modify such proposals if such modifications are sufficiently related to the original text. With the exception of technical or grammatical changes, the full text of any modified proposal will be available for 15 days prior to its adoption from the person designated in this Notice as contact person and will be mailed to those persons who submit written or oral testimony related to this proposal or who have requested notification of any changes to the proposal.

Authority and Reference: Pursuant to the authority vested by Section 1614 of the Business and Professions Code, and to implement, interpret or make specific Section 1680 of said Code, the Board is considering changes to Division 10 of Title 16 of the California Code of Regulations as follows:

### INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

#### Amend Title 16 of the California Code of Regulations, Section 1005

Business and Professions Code Section 1680(ad) requires the board to annually review and if necessary, adopt new regulations to ensure minimum standards for infection control are adequately addressing patient safety needs. The Dental Board's Infection Control Committee has reviewed the regulations for clarity of language, necessity for amendments, and consistency with other governing agencies, such as CAL-OSHA, Cal-EPA, and the Centers for Disease Control. The Dental Board of California and the Dental Hygiene Committee of California have worked together and have established a consensus on the proposed regulatory amendments to the minimum standards for infection control.

Title 16, California Code of Regulations, Section 1005, is the existing Minimum Standards for Infection Control. The Board is required by the regulation and by statute to review the standards annually. The proposed regulations revise the existing infection control regulations to conform with recent changes in the Centers for Disease Control (CDC) "Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008" and incorporates regulatory revisions made to the California Division of Occupational Safety and Health, California Code of Regulations, Title 8, Section 5193. The amendments clarify who must comply with the regulations and identify the types of items and

equipment required to be used to prevent the risk of transmitting infectious diseases. The proposed regulations also incorporate the requirement of the Board to review the regulation annually with the Dental Hygiene Committee of California to establish a consensus.

### FISCAL IMPACT ESTIMATES

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

Nondiscretionary Costs/Savings to Local Agencies: None

Local Mandate: None

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

Business Impact: The Board has made an initial determination that the proposed regulatory action would have no significant statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states.

Impact on Jobs/New Businesses:

The Board has determined that this regulatory proposal would not have any impact on the creation of jobs or new businesses or the elimination of jobs or existing businesses or the expansion of businesses in the State of California.

Cost Impact on Representative Private Person or Business:

The Board is not aware of any cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed action

Effect on Housing Costs: None

### EFFECT ON SMALL BUSINESS

The Board has determined that the proposed regulation would not have a significant economic impact on small businesses.

The regulatory changes proposed by the Dental Board of California (Board) clarify and reorganize the precautions and processes to be followed to promote minimum standards for infection control. These regulations are applicable to all licensees governed by the Board and the Dental Hygiene Committee of California, including dentists, dental assistants, registered dental assistants, registered dental assistants in extended functions, registered dental hygienists, registered dental hygienists in extended functions, and registered dental hygienists in advanced practice. Licensees are responsible for practicing precautions to minimize the risk of transmitting bloodborne infectious microorganisms and provide better patient safety.

Licensees are required by current regulation to comply with and enforce the minimum precautions of infection control to minimize the transmission of pathogens in health care settings. Since licensees are already responsible for compliance with the minimum standards for infection control, the proposed changes to clarify and reorganize the standards would not significantly impact the licensee's businesses.

#### CONSIDERATION OF ALTERNATIVES

The Board must determine that no reasonable alternative is considered to the regulation or that has otherwise been identified and brought to its attention would either be more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the proposal described in this Notice.

Any interested person may present statements or arguments orally or in writing relevant to the above determinations at the above-mentioned hearing.

#### INITIAL STATEMENT OF REASONS AND INFORMATION

The Board has prepared an initial statement of the reasons for the proposed action and has available all the information upon which the proposal is based.

#### TEXT OF PROPOSAL

Copies of the exact language of the proposed regulations and of the initial statement of reasons, and all of the information upon which the proposal is based, may be obtained at the hearing or prior to the hearing upon request from the Dental Board of California at 2005 Evergreen Street, Suite 1550, Sacramento, California 95815.

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

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

You may obtain a copy of the final statement of reasons once it has been prepared, by making a written request to the contact person named below or by accessing the website listed below.

### CONTACT PERSON

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

Name: Sarah Wallace, Legislative and Regulatory Analyst  
Address: 2005 Evergreen Street, Suite 1550  
Sacramento, CA 95815  
Telephone No.: (916) 263-2187  
Fax No.: (916) 263-2140  
E-Mail Address: sarah.wallace@dca.ca.gov

The backup contact person is:

Name: Richard DeCuir, Executive Officer  
Address: 2005 Evergreen Street, Suite 1550  
Sacramento, CA 95815  
Telephone No.: (916) 263-2300  
Fax No.: (916) 263-2140  
E-Mail Address: richard.decuir@dca.ca.gov

Website Access: Materials regarding this proposal can be found at the Board's Web site: [www.dbc.ca.gov](http://www.dbc.ca.gov).





## **Committee Agenda**

### **Agenda Item 17**

**CLOSED SESSION**