



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

EDUCATION SUBCOMMITTEE MEETING

Friday, April 20, 2018
Doubletree by Hilton San Diego – Mission Valley
Catalina II
7450 Hazard Center Drive
San Diego, CA 92108
9:00 am - adjournment

Education Subcommittee Members:

Nicolette Moultrie, RDH, Chair
Michelle Hurlbutt, RDH Educator
Edcelyn Pujol, Public Member
Evangeline Ward, RDH

Upon conclusion of Agenda Item 9 on April 20, 2018

Agenda

EDU 1 – Roll Call

EDU 2 – Public Comment for Items Not on the Agenda

[The DHCC may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 & 11125.7(a))]

EDU 3 – Chairperson's Report

EDU 4 – Approval of the November 17, 2017, Education Subcommittee Meeting Minutes

EDU 5 – Discussion and Possible Action, and Recommendation to the Full Committee to Amend CCR, Title 16, Division 11, § 1107(b)(O)(9)(A) RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia, and Periodontal Soft Tissue Curettage (Specifically, Local Anesthesia Injection Sites and Nitrous Oxide Administration Clarification)

EDU 6 – Discussion and Possible Action, and Recommendation to the Full Committee to Clarify Radiography Instruction in Dental Hygiene Educational Programs

EDU 7 – Discussion and Possible Action, and Recommendation to the Full Committee to Determine the Number of Interim Therapeutic Restorations (ITR) to be Completed in Dental Hygiene Educational Programs for Competency

EDU 8 – Discussion and Possible Action, and Recommendation to the Full Committee on Dental Hygiene Educational Program Review Updates:

- Carrington San Jose Dental Hygiene Program
- Cerritos College Dental Hygiene Program
- Concorde Career College – Garden Grove Dental Hygiene Program
- Concorde Career College – San Bernardino Dental Hygiene Program
- Concorde Career College – San Diego
- Moreno Valley College Dental Hygiene Program
- Shasta College Dental Hygiene Program
- Taft College Dental Hygiene Program
- University of the Pacific Dental Hygiene Program
- Complaints Received from Students, Faculty, and the Public

EDU 9 – Future Agenda Items

EDU 10 – Adjournment of the Education Subcommittee Meeting

DHCC members who are not members of this subcommittee may attend meetings as observers only, and may not participate or vote. Action may be taken on any item listed on this agenda, including information only items. Items may be taken out of order for convenience, to accommodate speakers, or maintain a quorum. All times are approximate and subject to change. 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.

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 Brittany Alicia at (916) 576-5001 or e-mail at: brittany.alicia@dca.ca.gov or send a written request to DHCC at 2005 Evergreen Street, Ste. 2050, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.



Friday, April 20, 2018

Dental Hygiene Committee of California

Education Subcommittee Meeting

Agenda Item EDU 2:

Public Comment for Items Not on the Agenda

[The DHCC may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 & 11125.7(a))]



Friday, April 20, 2018

Dental Hygiene Committee of California

Education Subcommittee Meeting

Agenda Item EDU 3:

**Chairperson's Report:
A Verbal Report Will Be Given**



Friday, April 20, 2018

Dental Hygiene Committee of California

Education Subcommittee Meeting

Agenda Item EDU 4:

**Approval of the November 17, 2017
Education Subcommittee Meeting Minutes**

Education Subcommittee Meeting Minutes *November 17, 2017*

Department of Consumer Affairs
Dental Hygiene Committee of California
2005 Evergreen Street, Hearing Room
Sacramento, CA 95815

Education Subcommittee Members Present:

Michelle Hurlbutt, Chairperson, Registered Dental Hygienist (RDH) Educator
Susan Good, Public Member
Sandra Klein, Public Member
Timothy Martinez, Doctor of Dental Medicine (DMD), Public Health Dentist

DHCC Staff Present:

Anthony Lum, Interim Executive Officer (IEO)
Brittany Alicia, Office Assistant
Traci Napper, Licensing Program Analyst
Adina Pineschi-Petty, Doctor of Dental Surgery (DDS), Educational Specialist
Jason Hurtado, Department of Consumer Affairs (DCA) Legal Counsel for the DHCC

Public Present:

Dr. Vicki Kimbrough, Program Director, Taft College
Students, Taft College Dental Hygiene Program (TCDH)

Roll Call and Establishment of a Quorum

Dr. Michelle Hurlbutt, Chairperson of the Education Subcommittee, called the meeting to order at 12:38 p.m. Roll call taken and quorum established with four members present.

Public Comments for Items Not on the Agenda

Michelle, student from TDHC, read a prepared statement from the students of TCDH to address the pending closure of the TCDH dental hygiene program.

No further comments received.

Chairperson's Report

Chair Hurlbutt reported she was consulted by the Interim Executive Officer as needed to answer any general questions.

Approval of the June 10, 2017, Education Subcommittee Minutes

Motion: Susan Good moved to approve the June 10, 2017, Education Subcommittee Meeting Minutes.

Second: Dr. Timothy Martinez.

Chair Hurlbutt requested comments.

No comments received.

Vote: The motion to approve the June 10, 2017, Education Subcommittee Meeting Minutes.

Vote: Pass (3:1).

Name	Aye	Nay	Abstain
Michelle Hurlbutt	X		
Susan Good	X		
Sandra Klein			X
Timothy Martinez	X		

Discussion, Possible Action, and Recommendation to the Full Committee to Amend CCR, Title 16, Division 11§ 1105.4 Appeals Process

Anthony Lum presented to the DHCC the background for Business and Professions Code § 1905 (a)(2) which gives the DHCC the authority to withdraw or revoke approval of a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions educational program in accordance with California Code of Regulations (CCR) § 1105.4. In addition, the appeals process was reviewed.

Mr. Lum reported after experiencing the appeals process for two programs, the allocated time to review the materials submitted by the program, write a detailed report, and notify an educational program of the decision of the Executive Officer (EO) is not sufficient.

Mr. Lum presented proposed language to extend the time allowed to notify the educational program of the final decision of the EO. Mr. Lum recommended that the existing time frame of ten days be amended to 30 business days.

Motion: Susan Good moved for the Education Subcommittee to recommend to the Full Committee to approve the proposed language for CCR Section 1105.4 (c)(1) and authorize the Interim Executive Officer to make any technical and non-substantive changes to the language and move forward with the rulemaking file.

Second: Sandy Klein

No comments received.

Name	Aye	Nay	Abstain
Michelle Hurlbutt	X		
Susan Good	X		
Sandra Klein	X		
Timothy Martinez	X		

Vote: Motion for the Education Subcommittee to recommend to the Full Committee to approve the proposed language for Section 1105.4 (c)(1) and authorize the Interim Executive Officer to make any technical and non-substantive changes to the language and move forward with the rulemaking file.

Vote: Pass (4:0).

Update and Discussion on Dental Hygiene Educational Program Review

Adina Pineschi-Petty, D.D.S., reported that the DHCC requested DHCC Biosketches from all dental hygiene programs in California to review faculty teaching credentials. All California dental hygiene programs complied, DHCC Biosketches were reviewed, and all compliance issues were remedied.

Comment: Michelle Hurlbutt stated that DHCC's current regulations regarding hiring new faculty does not require a Biosketch be submitted to the DHCC. Dr. Hurlbutt recommended the DHCC revise regulations to make it a requirement for newly hired faculty to submit a Biosketch to the DHCC.

Dr. Pineschi-Petty reported staff conducted two Site Visits to ensure program compliance.

1. Carrington College – San Jose:
 - a. Deficiencies identified and staff are working with the school to bring the program into compliance by January 2, 2018.

Chair Hurlbutt questioned if the site visit was required due to a complaint filed or part of DHCC oversight.

Dr. Pineschi-Petty reported that the site visit was part of DHCC oversight.

2. Taft College:

- a. Site visit was generated to confirm program compliance as part of the informal hearing process with the EO.
- b. Previously identified deficiencies remained. DHCC confirmed the “withdrawal” of TCDH.

Chair Hurlbutt questioned as to the next step in the process after the withdrawal of a program.

Mr. Lum stated Taft had requested a hearing with the Administration Law Judge (ALJ) stated the date of a hearing depends of the schedule of the Office of Administrative Hearings (OAH).

Dr. Pineschi-Petty reported deficiencies identified during the review process of program Self Studies required to be submitted to the Commission on Dental Accreditation (CODA) during the accreditation process. The DHCC plans to conduct Site Visits to all California dental hygiene programs to verify that all programs are compliant with California laws and regulations.

Chair Hurlbutt stated that the DHCC’s current law requires a dental hygiene program going through reaccreditation to submit all their documents to the DHCC as well as to the Commission of Dental Accreditation, and questioned Dr. Pineschi-Petty as to the process if staff have questions after reviewing the documents submitted.

Dr. Pineschi-Petty replied the DHCC would contact the program via letter or phone. If the question(s) cannot be answered in this manner, the DHCC would request a site visit. The dental programs that received a request for a site visit have cooperated.

Dr. Pineschi-Petty provided an update on Concorde Career College (CCC-GG). The DHCC requires CCC-GG to submit a quarterly report to maintain the “Stay of Withdrawal”. An unannounced site visit will be conducted to confirm compliance with California laws and regulations. CCC-GG provided notification to the DHCC of issues concerning completion of their wet laboratory.

Chair Hurlbutt requested questions or comments.

Public Comment: Vicki Kimbrough, Program Director of Taft College was informed at the October 13, 2017 site visit to revise the grading policy and create a weighted grading system. All the corrections were completed in a timely manner. She stated the DHCC did not consider the items completed when the final decision was made. She stated that Dr. Pineschi-Petty reviewed draft versions of Taft's response. Ms. Kimbrough stated the program has met all requirements and incorporated all suggestions and recommendations. All aspects of the infection control issues are corrected and new policies established. Ms. Kimbrough stated that Taft will be in compliance by the next site visit.

Chair Hurlbutt questioned Dr. Pineschi-Petty for confirmation of Dr. Kimbrough's statement.

Dr. Pineschi-Petty confirmed that Dr. Kimbrough and Taft were cooperative and incorporated all DHCC recommendations. As of the October 13, 2017 Site Visit deficiencies remained. Dr. Pineschi-Petty stated the report was required to be based on findings at the time of the Site Visit. Once information was conveyed to Dr. Kimbrough, she immediately began working towards compliance.

Chair Hurlbutt questioned DCA legal counsel as the law is written, could the DHCC intervene prior to the ALJ hearing.

Jason Hurtado, DHCC legal Counsel, questioned Dr. Pineschi-Petty if Taft is in full compliance with the regulations.

Public Comment: JoAnn Galliano, DHCC Education Consultant, stated DHCC staff would be required to conduct a Site Visit to confirm compliance. As the law states, based on the findings from the last site visit, staff could not recommend to reverse the withdrawal of approval of the program to the IEO. As the decision was to withdraw the approval of TCDH, Ms. Galliano questioned if the DHCC is required to proceed with the appeals process with the ALJ.

Mr. Hurtado responded it is dependent on the scheduled hearing date. If the scheduled hearing date timing is excessive, Mr. Hurtado did not foresee a problem with issuing a "Stay Order" by the IEO or the Full Committee. The "Stay Order" would be pending an additional site visit to verify Taft is in compliance with standards outlined by the DHCC. The "Withdrawal" would be rescinded and a new order can be issued by the full Committee.

Ms. Galliano stated her concern is for students that graduate in May 2018. She stated as the hearing process cannot be expedited, or the withdrawal of the approval reversed, the students will graduate from a dental hygiene program that is not approved by the DHCC and therefore not eligible to obtain a license in California.

Ms. Galliano questioned if the DHCC could “Stay” the IEO’s decision.

Mr. Hurtado stated the DHCC does not have that authority. The DHCC should seek a regulatory change to extend any decisions to 30 business days to afford the Committee time to review and verify that program(s) are in compliance. He stated that the DHCC’s current regulation is inverted and he is of the opinion that the full Committee should make the decision.

Chair Hurlbutt questioned if students will be graduating from an unapproved school if it is near graduation time and the decision is not finalized.

Mr. Hurtado stated based on the letter sent from the IEO October 27, 2017 the program is withdrawn, and the DHCC should submit a regulatory change to revise the appeals process.

Chair Hurlbutt questioned if an emergency regulation change could be requested.

Mr. Lum stated that he is of the opinion the request does not meet the emergency regulatory process guidelines.

Public Comment: Dr. Kimbrough stated that at the June 10, 2017 Committee meeting, the approval for CCC-GG was “Withdrawn” and “Stayed” for 12 months.

Susan Good questioned if the DHCC could issue a “Stay” pending the investigation.

Mr. Hurtado stated that Mr. Lum can reissue a decision including a “Stay” pending the outcome of the Administrative Hearing.

Chair Hurlbutt questioned if the DHCC could rescind the decision of the IEO as DHCC staff stated that Taft should be in compliance.

Chair Hurlbutt questioned Dr. Pineschi-Petty if Taft provided evidence of compliance to outstanding deficiencies.

Dr. Pineschi-Petty stated evidence provided by Taft was reviewed and is in compliance.

Chair Hurlbutt questioned if an additional Site Visit was warranted.

Ms. Galliano stated a Site Visit is necessary to review how the program is tracking patient completion. Previous issues included lack of faculty grading calibration A random audit of patient charts is needed to ensure the program is in compliance.

Chair Hurlbutt questioned if the DHCC could “Stay” the decision pending the investigation from DHCC staff.

Susan Good stated the motion made at the June 10, 2017 meeting set the date of the “Withdrawal of Approval of a Registered Dental Hygiene Education Program” at Taft for 30 days from date the DHCC served Taft with written notification. The motion passed unanimously.

Mr. Lum stated that there were open lines of communication with Dr. Daniels and Dr. Kimbrough during the process to ensure compliance, and would reverse his decision if it can be done legally.

Mr. Hurtado questioned if patient tracking was the only outstanding deficiency.

Chair Hurlbutt stated there were a total of 5 deficiencies. Staff received evidence of compliance for 4 deficiencies. The Site Visit would provide the opportunity to randomly audit patient chart files to ensure compliance.

Mr. Hurtado stated that he will collaborate with Mr. Lum to draft language to address rescinding the Interim Executive Officers decision for review by the full Committee.

Sandy Klein questioned what types of procedures the DHCC could enact to avoid a recurrence.

Dr. Pineschi-Petty stated this issue arose due to a lack of oversight by the previous program director.

Ms. Klein questioned the tenure of the previous program director.

Dr. Pineschi-Petty stated the program director was with Taft for 17 years.

Ms. Galliano stated the authority to approve programs by the DHCC was effective in 2016. Prior to that, the DHCC relied on CODA approval. During review of CODA Self Studies submitted by the dental hygiene programs, staff found that CODA allowed programs placed on probation to draft a response stating compliance. CODA did not return to the probationary school to verify compliance.

Chair Hurlbutt stated the DHCC does not have regulatory language to issue cite and fine or probation for educational programs lacking compliance with the law. The DHCC has received an increase in filed complaints from students and faculty.

Vicki Kimbrough responded and agreed with Ms Galliano that the program directors relied on CODA’s recommendation. Now that the DHCC has the authority to review and approve the dental hygiene programs and the scope of their duties the programs are taking notice.

Recess

*The Education Subcommittee meeting recessed at 1:15 p.m.
then reconvened at 2:15 p.m.*

Readdress: Discussion, Possible Action, and Recommendation to the Full Committee to Amend CCR, Title 16, Division 11 § 1105.4 Appeals Process

Chair Hurlbutt questioned the Subcommittee members if there was any objection to revisit Agenda Item 5: Language Adopted to Revise the Time from Ten Days to Thirty Business Days. Request proposed to add additional language to aid future DHCC proceedings.

Susan Good stated procedurally a motion to revise the vote for Agenda Item 5 should be put forth.

Motion: Chair Hurlbutt moved to readdress the vote of Agenda Item 5: Modifying CCR Title 16, Division 11 § 1105.4.

Second: Sandy Klein

Discussion:

Chair Hurlbutt stated the request for reconsideration was to add additional language to the regulation to provide the DHCC latitude regarding returning to the full committee after an informal conference.

Chair Hurlbutt for discussion or comments.

No comments received.

Motion: to reconsider the vote made concerning Agenda Item 5: Modifying Title 16, Division 11 § 1105.4.

Vote: Pass (4:0).

Name	Aye	Nay	Abstain
Michelle Hurlbutt	X		
Susan Good	X		
Sandra Klein	X		
Timothy Martinez	X		

Discussion to modify the language:

Chair Hurlbutt questioned legal counsel as to the most prudent way to not take action on this item and direct staff to add additional language. Mr. Hurtado stated staff can revise the language and set a teleconference to adopt the revised language to begin the rule making process.

Chair Hurlbutt motioned to add clarifying language which would allow a “Stay” of the Executive Officer’s decision pending final adjudication. Susan Good requested clarification as to if the school would remain approved until final decision is made.

Chair Hurlbutt stated the school would remain approved until the final decision is made, thereby allowing the students to graduate from an approved program.

Ms. Klein questioned if the “Stay” allowed the schools to accept new students.

Chair Hurlbutt stated the school would be able to accept new students. The DHCC does not have authority over that process and would be based on the recommendation of CODA. The DHCC would be required to add new language to have authority over that process.

Motion: Chair Hurlbutt moved to recommend to the full Committee to direct staff to add clarifying language which would allow a “Stay” of the Executive Officer’s decision pending final adjudication.

Second: Timothy Martinez

Chair Hurlbutt requested comments or discussion.

No comments received.

Vote: The motion to recommend to the full Committee to direct staff to add clarifying language which would allow a “Stay” of the Executive Officers decision pending final adjudication.

Vote: Pass (4:0).

Name	Aye	Nay	Abstain
Michelle Hurlbutt	X		
Susan Good	X		
Sandra Klein	X		
Timothy Martinez	X		

The Subcommittee returned to Agenda Item 6:

Chair Hurlbutt stated concerns regarding the CCC-GG Quarterly Report. She questioned Dr. Pineschi-Petty about the water testing deficiency and as to what steps will the staff be taking to verify the water testing status.

Dr. Pineschi-Petty stated that the DHCC staff have an unannounced site visit scheduled.

Chair Hurlbutt questioned the procedure if there is a finding.

Dr. Pineschi-Petty stated a previous program had similar issues. The DHCC required the program to remediate all deficiencies discovered and clinical treatment was cancelled until deficiencies were corrected.

Chair Hurlbutt stated the DHCC voted that CCC-GG must be in full compliance with all California laws and regulations. If the DHCC determines CCC-GG is not in full compliance, the program is immediately “Withdrawn”.

Mr. Lum stated the DHCC voted for the “Stay” with the condition that if the program was not in compliance, the DHCC would automatically “withdraw” the program effective immediately.

Update and Discussion on Dental Hygiene Remedial Education Course

Dr. Pineschi-Petty that the DHCC was notified three students had failed a clinical examination (WREB or CRDTS) at least three times. DHCC law requires that a candidate that fails any clinical exam three times is required to take a remediation course. At that time, the DHCC did not have any approved remediation course providers. Currently, Southwestern College is the only approved provider of remedial education and Cabrillo College has now applied.

Chair Hurlbutt thanked Anthony Lum for notifying all the program directors of this issue. She envisions all dental hygiene programs to become remediation providers to assist in the success of their students.

Chair Hurlbutt requested comments.

Public Comment: Vicki Kimbrough stated that she had a conversation with Dr. Pineschi-Petty and was informed that most programs will remediate their own students.

Chair Hurlbutt stated the way the law is written, a formal remediation is required. If there's a critical error, or if an applicant failed the examination three times, the applicant must complete a remediation course.

Dr. Pineschi-Petty reported seven newly appointed dental hygiene program directors throughout California. Staff reviewed DHCC Biosketches of the program directors and discovered sufficient time was lacking for directors to devote to program administration. Staff requested clarification of the regulations regarding the allocated time for program administration.

Chair Hurlbutt clarified the question of majority and stated that the regulation regarding administrative time is vague. Chair Hurlbutt questioned if staff was requesting the DHCC to define the language under the CCR § 1105.1(a).

Dr. Pineschi-Petty stated that staff is requesting clarification of the language.

Public Comment: Dr. Kimbrough stated administration time is dependent on hiring practices. Colleges generally do not use the term Program Director, the position is usually called a full-time faculty member with release time. Release time becomes a bargaining unit issue, and there are very few Program Directors that are hired as full time administration.

Chair Hurlbutt recommended a survey be sent to the California dental hygiene program directors to determine how much time they recommend for administrative functions and to meet CODA Standards. Chair Hurlbutt stated data is needed to support any recommendation made to the Committee.

Public Comment: Jana Pierce, Shasta College, stated that the DHCC may be able to find the data nationally by obtaining the information from CODA's recently released survey.

Chair Hurlbutt stated the DHCC should gather and review data from the California programs and compare it with the national data surveys prior to the Subcommittee making a recommendation to the full Committee.

Dr. Pineschi-Petty stated as the DHCC is the regulatory body and determines the requirements for program directors, the colleges are required to follow the regulations. It is difficult for program directors to acquire adequate release time needed due to the administrative process.

Chair Hurlbutt stated that if the DHCC created a survey that asks pertinent questions about the administrative process, the DHCC would be provided with more facts to justify the need for a regulatory change.

Chair Hurlbutt questioned the subcommittee if they were opposed to recommending that staff survey the program directors.

Susan Good stated the survey would not be out of order. However, the data is only as good as the people that respond to the questions.

Sandra Klein responded that there should a specific time allocated for administrative functions and stated that CODA Standards are very subjective.

Chair Hurlbutt recommended staff to review the data collected by CODA and if additional information is needed to revise the regulatory language, staff can reach out to the California program directors. Chair Hurlbutt requested this issue be added as a future agenda item, and would like staff to bring forth to the subcommittee new language including the sections of law and regulations that will be modified.

Susan Good stated that out of the 27 dental hygiene programs, there were 7 new program directors hired. Ms. Good questioned staff if this was common.

Dr. Pineschi-Petty stated this was unusual. Program directors generally are stable positions. Some program directors have retired and was the main reason for the changes.

Susan Good stated due to the retirement and the hiring of new program directors, clarifying the regulatory language is more significant.

Future Agenda Items

1. New language for the administrative time for program directors.
2. New language for modifying California Code of Regulations §1105.4.

Chair Hurlbutt adjourned the Education Subcommittee meeting at 2:49 p.m.



Friday, April 20, 2018

Dental Hygiene Committee of California

Education Subcommittee Meeting

Agenda Item EDU 5:

**Discussion and Possible Action, and
Recommendation to the Full Committee to Amend
CCR, Title 16, Division 11, § 1107(b)(O)(9(A) RDH
Course in Local Anesthesia, Nitrous Oxide-Oxygen
Analgesia, and Periodontal Soft Tissue Curettage
(specifically, Local Anesthesia Injection Sites and
Nitrous Oxide-Oxygen Administration Clarification)**

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

2005 Evergreen Street, Suite 2050 Sacramento, CA 95815

P (916) 263-1978 | F (916) 263-2688 | www.dhcc.ca.gov



MEMORANDUM

DATE	April 20, 2018
TO	Education Subcommittee
FROM	Anthony Lum, Executive Officer
SUBJECT	Agenda Item EDU 5 – Discussion and Possible Action, and Recommendation to the Full Committee to Amend CCR, Title 16, Division 11, § 1107(b)(O)(9)(A) RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia, and Periodontal Soft Tissue Curettage (Specifically, Local Anesthesia Injection Sites and Nitrous Oxide Administration Clarification)

Background

Over the past year and probably longer, there has been a growing concern and stakeholder confusion about the number and type of local anesthesia injections for dental hygiene educational programs to teach their students. In November 2017, Cabrillo College submitted a letter voicing their program's concerns on the issue and in March 2018, the University of Southern California (USC) also submitted a letter of concern on the same topic. With the increase in the number of program directors and faculty contacting the DHCC with their concerns over this issue, it is a topic for the DHCC to discuss and determine whether further action regarding the language in CCR § 1107 needs to be amended for clarity.

There is also confusion and interpretations of the current regulatory language regarding the 20-minute educational experience for Nitrous Oxide-Oxygen analgesia administration. CCR § 1107(b)(O)(9)(B) addresses the parameters for the curriculum of Nitrous Oxide-Oxygen analgesia administration and stakeholders are requesting clarification from the DHCC about the parameters to teach the Nitrous Oxide curriculum.

Committee Action Requested

Staff requests that the DHCC Education Subcommittee determine whether CCR § 1107(b)(O)(9)(A) and CCR § 1107(b)(O)(9)(B) needs amending for clarification, identify the amendments to the regulation that are needed, and authorize the Executive Officer to make any technical and non-substantive changes to the language and move forward with the rulemaking file in their recommendation to the Full Committee.

THOMSON REUTERS

WESTLAW California Code of Regulations[Home Table of Contents](#)

EDU 5
INJECTIONS =
NITROUS ISSUES

§ 1107. RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tis...

16 CA ADC § 1107

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Barclays Official California Code of Regulations [Currentness](#)

Title 16. Professional and Vocational Regulations

Division 11. Dental Hygiene Committee of California

Article 3. Educational Programs

16 CCR § 1107

**§ 1107. RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue
Curettage.**

(a) Approval of Course. The Committee shall approve only those educational courses of instruction in local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage that continuously meet all course requirements. Continuation of approval will be contingent upon compliance with these requirements.

(1) A course in local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage is a course that provides instruction in the following duties:

(A) Administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity;

(B) Administration of nitrous oxide and oxygen when used as an analgesic; utilizing fail-safe machines with scavenger systems containing no other general anesthetic agents; and

(C) Periodontal soft tissue curettage.

(2) An applicant course provider shall submit an "Application for Approval of a Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage" (DHCC SLN-01 12/2013) hereby incorporated by reference, accompanied by the appropriate fee, and shall receive approval prior to enrollment of students.

(3) All courses shall be at the postsecondary educational level.

(4) Each approved course shall be subject to review by the Committee at any time.

(5) Each approved course shall submit a biennial report "Report of a Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage" (DHCC SLN-03 09/2013) hereby incorporated by reference.

(b) Requirements for Approval. In order to be approved, a course shall provide the resources necessary to accomplish education as specified in this section. Course providers shall be responsible for informing the Committee of any changes to the course content, physical facilities, and faculty, within 10 days of such changes.

(1) Administration. The course provider shall require course applicants to possess current certification in Basic Life Support for health care providers as required by Title 16, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C) of the California Code of Regulations in order to be eligible for admission to the course, and one of the following:

(A) Possess a valid active license to practice dental hygiene issued by the Committee; or,

(B) Have graduated from an educational program for dental hygienists approved by the Commission on Dental Accreditation or an equivalent accrediting body approved by the Committee; or

(C) Provide a letter of certification from the dean or program director of an educational program accredited by the Commission on Dental Accreditation that the course applicant is in his or her final academic term and is expected to meet all educational requirements for graduation. The school seal must be affixed to the letter with the name of the program.

(2) Faculty. Pre-clinical and clinical faculty, including course director and supervising dentistry), shall:

(A) Possess a valid, active California license to practice dentistry or dental hygiene for at least two (2) years immediately preceding any provision of course instruction;

(B) Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective licenses.

(C) Complete an educational methodology course immediately preceding any provision of course instruction and every two years thereafter; and,

(D) Be calibrated in instruction and grading by the course provider.

(3) Facilities and Equipment. Pre-clinical and clinical instruction shall be held at a physical facility. Physical facilities and equipment shall be maintained and replaced in a manner designed to provide students with a course designed to meet the educational objectives set forth in this section. A physical facility shall have all of the following:

(A) A lecture classroom, a patient clinic area, a sterilization facility and a radiology area for use by the students.

(B) Access for all students to equipment necessary to develop dental hygiene skills in these duties.

(C) Infection control equipment shall be provided according to the requirements of CCR Title 16, Division 10, Chapter 1, Article 1, Section 1005.

(D) At least one complete nitrous oxide-oxygen unit shall be provided for each six (6) students enrolled in the course and shall include a fail-safe flowmeter, functional scavenger system and disposable or sterilizable nasal hoods for each laboratory partner or patient. All tubing, hoses and reservoir bags shall be maintained and replaced at regular intervals to prevent leakage of gases. When not attached to a nitrous oxide-oxygen unit, all gas cylinders shall be maintained in an upright position, secured with a chain or in a cart designed for storage of gas cylinders.

(4) Health and Safety. A course provider shall comply with local, state, and federal health and safety laws and regulations.

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

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

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

(5) Clinical Education. As of January 1, 2016, each course's clinical training shall be given at a dental or dental hygiene school or facility approved by the Committee, which has a written contract for such training. Such written contract shall include a description of the settings in which the clinical training may be received and shall provide for direct supervision of such training by faculty designated by the course provider. A facility shall not include a dental office unless such office is an extramural facility of an educational program approved by the Committee.

(6) Recordkeeping. A course provider shall possess and maintain the following for a period of not less than 5 years:

(A) A copy of each approved curriculum, containing a course syllabus.

(B) A copy of completed written examinations, clinic rubrics, and completed competency evaluations.

(C) A copy of faculty calibration plan, faculty credentials, licenses, and certifications including documented background in educational methodology immediately preceding any provision of course instruction and every two years thereafter.

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

(E) A copy of student course evaluations and a summation thereof.

(7) Curriculum Organization and Learning Resources.

(A) The organization of the curriculum for the course shall be flexible, creating opportunities for adjustments to and research of advances in the administration of local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage as provided in the section of this article on Requirements for RDH Programs.

(B) Curriculum shall provide students with an understanding of these procedures as provided in the section of this article on Requirements for RDH Programs and an ability to perform each procedure with competence and judgment.

(C) Curriculum shall prepare the student to assess, plan, implement, and evaluate these procedures as provided and in accordance with the section of this article on Requirements for RDH Programs.

(D) Curriculum shall include a remediation policy, and procedures outlining course guidelines for students who fail to successfully complete the course.

(E) Students shall be provided a course syllabus that contains:

(i) Course learning outcomes,

(ii) Titles of references used for course materials,

(iii) Content objectives,

(iv) Grading criteria which includes competency evaluations and clinic rubrics to include problem solving and critical thinking skills that reflect course learning outcomes, and

(v) A remediation policy and procedures.

(F) Students shall have reasonable access to dental and medical reference textbooks, current scientific journals, audio visual materials and other relevant resources.

(8) General Curriculum Content. Areas of didactic, preclinical and clinical instruction shall include:

(A) Indications and contraindications for all patients of:

(i) periodontal soft tissue curettage;

(ii) administration and reversal of local anesthetic agents;

(iii) nitrous oxide-oxygen analgesia agents

(B) Head and neck anatomy;

(C) Physical and psychological evaluation procedures;

(D) Review of body systems related to course topics;

(E) Theory and psychological aspects of pain and anxiety control;

(F) Selection of pain control modalities;

(G) Pharmacological considerations such as action of anesthetics and vasoconstrictors, local anesthetic reversal agents and nitrous oxide-oxygen analgesia;

(H) Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia;

(I) Complications and management of periodontal soft tissue curettage, local anesthesia and nitrous oxide-oxygen analgesia emergencies;

(J) Armamentarium required and current technology available for local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage;

(K) Techniques of administration of maxillary and mandibular local infiltrations, field blocks and nerve blocks, nitrous oxide-oxygen analgesia and performance of periodontal soft tissue curettage;

(L) Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 4, Section 1005 of the California Code of Regulations;

(M) Patient documentation that meets the standard of care, including, but not limited to, computation of maximum recommended dosages for local anesthetics and the tidal volume, percentage and amount of the gases and duration of administration of nitrous oxide-oxygen analgesia;

(N) Medical and legal considerations including patient consent, standard of care, and patient privacy;

(O) Student course evaluation mechanism.

(9) Specific Curriculum Content.

(A) Local anesthetic agents curriculum must include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic and preclinical instruction and at least fifteen (15) hours of clinical instruction. Preclinical instruction shall include a minimum of two (2) experiences per injection, which may be on another student. Clinical instruction shall include at least four (4) clinical experiences per injection on four different patients, of which only one may be on another student. Curriculum must include maxillary and mandibular anesthesia techniques for local infiltration, field block and nerve block to include anterior superior alveolar (ASA) nerve block (infraorbital), middle superior alveolar nerve block (MSA), anterior middle superior alveolar nerve block (AMSA), posterior superior alveolar nerve block (PSA), greater palatine nerve block, nasopalatine (P-ASA) nerve block, suprapariosteal, inferior alveolar nerve block (to include Gow-Gates technique), lingual nerve block, buccal nerve block, mental nerve block, incisive nerve block and intraseptal injections. One clinical experience per injection shall be used to determine clinical competency in the course. The competency evaluation for each injection and technique must be achieved at a minimum of 75%.

INJECTIONS

Injection Type	Didactic Instruction (At least 15 hours of instruction required.)	Clinical Instruction (At least 15 hours of instruction required.)	Required Preclinical Injections (Injections may be on another student.)	Required Clinical Injections (On four different patients, of which only one may be on another student.)
Anterior Superior Alveolar (ASA)/Infraorbital	Yes	Yes	2	4
Middle Superior Alveolar (MSA)	Yes	Yes	2	4
Anterior Middle Superior Alveolar (AMSA)	Yes	Yes	2	4
Posterior Superior Alveolar (PSA)	Yes	Yes	2	4
Greater Palatine (GP)	Yes	Yes	2	4
Nasopalatine (P-ASA)	Yes	Yes	2	4
Supraperiosteal	Yes	Yes	2	4
Inferior Alveolar (IA)	Yes	Yes	2	4
*Gow Gates	Yes (Didactic only)			
Lingual	Yes	Yes	2	4
Buccal	Yes	Yes	2	4
Mental	Yes	Yes	2	4
Incisive	Yes	Yes	2	4
Intraseptal	Yes	Yes	2	4

(B) Nitrous oxide-oxygen analgesia curriculum must include at least eight (8) hours of instruction, including at least four (4) hours of didactic and preclinical instruction and at least four (4) hours of clinical instruction. This includes at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course. Each clinical experience shall include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia. The competency evaluation must be achieved at a minimum of 75%.

NITROUS!

Nitrous Oxide-Oxygen Sedation Requirements	Didactic and Preclinical Instruction	Clinical Instruction	Required Preclinical Experiences	Required Clinical Experiences
Minimum 8 hours of instruction	Yes Minimum 4 hours instruction	Yes Minimum 4 hours instruction	1. Minimum two experiences 2. Both experiences may be on another student 3. Minimum of 20 minutes of nitrous oxide-oxygen exposure for each experience	1. Minimum three experiences 2. One experience may be on another student 3. One experience must be used to determine competency 4. Minimum of 20 minutes of nitrous oxide-oxygen exposure for each experience

(C) Periodontal soft tissue curettage curriculum must include at least six (6) hours of instruction, including at least three (3) hours of didactic and preclinical instruction and at least three (3) hours of clinical instruction. Education may include use of a laser approved for soft tissue curettage. This includes at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course. The competency evaluation for this procedure must be achieved at a minimum of 75%.

(10) Certificate of Completion. A course provider shall issue a certificate of completion "Certification in Administration of Local Anesthesia, Nitrous Oxide-Oxygen Analgesia, and Periodontal Soft Tissue Curettage (DHCC SLN-02 09/2013), hereby incorporated by reference, only after a student has achieved clinical competency of the three procedures.

(c) Appeals.

(1) The Committee may deny or withdraw its approval of a course. If the Committee denies or withdraws approval of a course, the reasons for withdrawal or denial will be provided in writing within ninety (90) days.

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

(3) The course provider may contest the denial or withdrawal of approval by either:

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

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

Note: Authority cited: Sections 1905, 1906, 1909 and 1944, Business and Professions Code. Reference: Sections 1905 1909, 1917 and 1944, Business and Professions Code.

HISTORY

1. New section filed 8-4-2014; operative 8-4-2014 pursuant to Government Code section 11343.4(b)(3) (Register 2014, No. 32).

2. Change without regulatory effect amending subsections (b)(9)(A)-(B) filed 8-30-2017 pursuant to section 100, title 1, California Code of Regulations (Register 2017, No. 35).

Herman Ostrow School of Dentistry of USC

DEPARTMENT OF DENTAL HYGIENE
Division of Periodontology, Diagnostic Sciences & Dental Hygiene

RECEIVED

MAR 13 2018

March 6, 2018

DENTAL HYGIENE COMMITTEE OF CA

Dear Anthony Lum:

This letter is submitted on behalf of the Dental Hygiene faculty at the Herman Ostrow School of Dentistry of USC. It is requested that the following items be placed on the DHCC Agenda for discussion in April 2018.

1. Local anesthesia- the Nasopalatine/P-ASA) and the intraseptal injections.
 - a. We would like clarification. These are two different injections and not sure why they are put on the same line. Do both injections need to be taught to clinical competency?
 - b. We have concerns about teaching these two injections. I have included information from our dental anesthesiologist to explain our concerns.
 - c. 1) Palatal approach to the Anterior Superior Alveolar nerve block (P-ASA)

A bit of history is needed to fully understand why this technique came to be. This injection technique was first described by Dr. Mark Friedman, who at the time, was promoting the new Computer Controlled Local Anesthesia Delivery Device (CCLAD) device known as "The Wand." If we remember back, the AMSA was also introduced at the time as another alternative to the traditional infiltration and block techniques described by Malamed and others. The Anterior Middle Superior Alveolar (AMSA) nerve block found good success in our curriculum and remains a useful injection technique WITHOUT the use of a CCLAD device such as "The Wand." We generally teach AMSA technique using the standard aspirating syringe and short 27-gauge needle to achieve soft tissue and some pulpal anesthesia on the ipsilateral side of the injection. It's very useful for hygiene and periodontal procedures.

The P-ASA, however, is described by Friedman in 1999, and uses the "The Wand" device to deliver the anesthesia into the nasopalatine canal. An alternative is to use a 30-gauge short needle to negotiate the length of the canal. Although the advantages of the injection technique include preservation of sensation and motor function of the upper lip are meaningful for esthetics of something like operative or restorative dentistry as described, the disadvantages of having to use a CCLAD device for patient comfort, or alternatively, to use a small, ultra-short needle that has some inherent risk for breakage, outweighs its utility in hygiene or periodontal procedures. Recent studies have also demonstrated (in a small population) that the duration of action of the technique is rather short — 20 minutes — and is probably due to the limited volume of anesthesia that can be expressed into the canal. (Bhat, Pragathi Raghavendra, Anirudh Balakrishna Acharya, and Srinath Lakshman Thakur. "Palatal Approach of Anterior Superior Alveolar Injection Technique May Not Be Potentially Useful in Periodontal Procedures." *Journal of Indian Society of Periodontology* 20.5 (2016): 557-560. PMC. Web. 7 Feb. 2018.)

University of Southern California

925 W. 34th Street, DEN 4319, Los Angeles, California 90089 • Tel: 213 740 1072 • Fax: 213 740 1094



An article by our friends at Ohio State University also demonstrate that larger amounts of local anesthetics used with the CCLAD device can be rather painful and not well tolerated by patients, even with newer equipment and techniques. Post-Operative injection pain was also reported.

With the above arguments, it's really difficult for me to recommend using and teaching this technique.

2) Intraseptal Technique

Once again, the limited utility of a single tooth, or perhaps a two tooth injection technique that relies on steady and firm pressure to deliver local anesthesia intraosseously limits its role in hygiene or periodontal procedures where larger areas of soft tissue anesthesia is desired. Once again, our friends at Ohio State conducted a study with an aim of determining its efficacy and utility in endodontic "hot tooth" situations where a single tooth, afflicted with irreversible pulpitis, becomes difficult to anesthetize. Even Reader et al see very limited utility and efficacy with the intraseptal injection and found that it did not provide meaningful PULPAL anesthesia to the first molar as an injection technique despite the formulation of anesthetic used.

Also, we must also consider that this injection is described primarily as being delivered with a CCLAD device as well. Unless we are expecting all of our academic institutions to adopt CCLAD as a regular part of the clinical curricula, I cannot see this being a practical injection to teach the beginning dental hygienist practitioner.

James Tom DDS, MS
Dentist Anesthesiologist
Divisions 1 & 3
Herman Ostrow School of Dentistry
University of Southern California

2. Teaching film Radiography: The Herman Ostrow School of Dentistry is teaching only digital radiography. The decision was made a year ago to create a chemical free environment at the dental school. Therefore, we do not have resources for developing film. We would like to request that film radiography be taught in the academic portion of the curriculum and not taught to clinical competency. We would appreciate a discussion regarding a solution.
3. Nitrous Oxide

There have been multiple interpretations of the current language regarding the 20-minute experience for nitrous-oxide oxygen. The language could be interpreted as "beginning with the setup of nitrous oxide-oxygen equipment in preparation for administration, to the breaking down of the equipment and turning off tanks". The language could also be interpreted as "the onset of oxygen in preparation for nitrous titration to the end of the five-minute oxygen".

The American Academy of Pediatric Dentistry (AAPD), the American Dental Association, the American Association Society of Anesthesiologists, and OSHA do not have literature that supports a 20-minute minimum exposure. The current Inhalation Sedation (Nitrous

Oxide/Oxygen) Teaching Guidelines Adopted by the ADA House of Delegates, October 2016 appear more generalized to allow for flexibility within each institution of instruction. It is recommended that DHCC clarify the language for nitrous-oxide oxygen experience and justify the safety to patients and students when exposed to nitrous gas for 20 minutes versus lesser time-period.

4. Interim Therapeutic Restoration

The request is to reduce the number of ITRs required by students prior to graduation as mandated by DHCC in 2015. The current number is 10 ITRs on typodont teeth and 10 ITRs on patient teeth per student. We would like to request the allowance of dental hygiene programs to determine the number required for clinical competency and entry-level licensure.

The current regulatory language for interim therapeutic restorations (ITRs) was based on the Virtual Dental Home/HWPP language for tele-dentistry. The ITR education and training program established by Dr. Paul Glassman includes all trainees have a lab experience of 10 ITRs placed on typodont teeth and evaluated by a dentist. It also includes placement of an additional 10 ITRs on teeth of patients that meet the criteria for ITR treatment procedures and again evaluated by a dentist.

There have been no legislative mandates on the number of pit and fissure sealants required to meet clinical competency. Dental hygiene education programs have established their own parameters to ensure competence in graduates as well as patient safety.

Our dental hygiene program enrolls 40-45 students per cohort, the challenge to find 400 or more teeth that meet ITR parameters is very difficult. Being within a dental school adds to the challenge of competing with 288 dental students who have requirements to fulfill.

We would like to request the DHCC take these concerns into consideration and allow the following two options: 1) allow the Dental Hygiene programs to determine the number or ITRs necessary to achieve competence; 2) allow the Dental Hygiene programs to make the ITRs an optional part of the curriculum.

In addressing the above concerns, I would like to request that the dental hygiene programs (educators) have a role in the final decision making.

Sincerely,



Diane Melrose, RDH, BS, MA
Director, Dental Hygiene
Herman Ostrow School of Dentistry, University of Southern California
925 W. 34th Street, DEN 4330 Los Angeles, CA 90089-0641
Phone: 213-740-1089
Email: mmelrose@usc.edu



Cabrillo College • Dental Hygiene Program

6500 Soquel Drive Rm. HW2149, Aptos, CA 95003 ☎ (831) 479.6471 ☎ (831) 477.5687 dental_hygiene@cabrillo.edu

Dental Hygiene Committee of California
2005 Evergreen Street, Suite 2050
Sacramento, CA 95815

November 14, 2017

Dear Noel Kelsch;

This letter is in response to the local anesthesia injections required by the Dental Hygiene Committee of California per Section 1107 (b)(9)(A) of the California Code of Regulations. As the lead local anesthesia instructor and a dentist, I have concerns about the increase in the amount of injections and was wondering how the other dental hygiene program directors feel about the new regulations? Cabrillo has been teaching the required eight injections since the law was implemented in 1976. The injections taught assured that the students were minimally competent upon graduation and would do no harm to the public. It has been our practice to advise students if they want to learn more advanced injection techniques they could further their education upon graduation. With the increase from eight injection requirements to thirteen we are finding that there is not enough time, nor patients, to adequately teach the new required injections. It is our concern that patients may receive injections for clinical requirements, not for medical/dental necessity and that the California Dental Hygiene Educators' Association and/or dental hygiene program directors have not had input in the local anesthesia revisions.

In the clinical setting, there seems to be confusion among faculty members regarding the mental and incisive injections. The didactic and clinical faculty members have met and concur that the incisive and mental injection techniques are similar, with the exception that the incisive is palpated into the mental foramen versus the mental that is deposited outside the foramen and is not palpated (Malamed, 2013, pp. 245-251.)

We have done our best teach the thirteen injections to the DH students in the program. My request is the DHCC is twofold. (1.) Change the incisive "and" mental to incisive "or" mental injections in the Section 1107 (b)(9)(A) of the California Code of Regulations. (2.) Survey the California Dental Hygiene Educators' Association and/or program directors regarding their input on what injections should be taught in the dental hygiene educational setting.

I will not be able to attend the meeting and have asked that this letter be read and my concerns taken into consideration. Thank you in advance for your actions in revising Section 1107 (b)(9)(A) of the California Code of Regulations.

Sincerely yours,

BHClark, DDS

Bridgete H. Clark, DDS
Full-time faculty member
Dental Hygiene Cabrillo College



Friday, April 20, 2018

Dental Hygiene Committee of California

Education Subcommittee Meeting

Agenda Item EDU 6:

**Discussion and Possible Action, and
Recommendation to the Full Committee to Clarify
Radiography Instruction in Dental Hygiene
Educational Programs**

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

2005 Evergreen Street, Suite 2050 Sacramento, CA 95815

P (916) 263-1978 | F (916) 263-2688 | www.dhcc.ca.gov



MEMORANDUM

DATE	April 20, 2018
TO	Education Subcommittee
FROM	Anthony Lum, Executive Officer
SUBJECT	Agenda Item EDU 6 – Discussion and Possible Action, and Recommendation to the Full Committee to Clarify Radiography Instruction in Dental Hygiene Educational Programs

Background

Over the past year and probably longer, there has been a growing concern and stakeholder confusion about the radiography course specifics in the dental hygiene educational programs to teach their students. There have been numerous phone call inquiries received at the DHCC office, questions at association meetings, and letters submitted for clarification of teaching radiography in the schools. Some schools report that they have changed their curriculum and equipment to move toward an all-digital configuration and limited their teaching of analog radiography to Dexter use or other experiences. Schools have also reported that they have entirely replaced their analog equipment for digital equipment to teach their students the new technology.

Committee Action Requested

Staff requests that the DHCC Education Subcommittee discuss and determine whether teaching film/analog radiology techniques can be taught in the academic portion of the curriculum where Dexters or other devices can be used, and teach digital radiography techniques in the clinic. Regulations may need to be promulgated to make this change.

THOMSON REUTERS

WESTLAW California Code of Regulations[Home Table of Contents](#)**§ 1014.1. Requirements for Radiation Safety Courses.**

16 CA ADC § 1014.1

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONSBarclays Official California Code of Regulations [Currentness](#)

Title 16. Professional and Vocational Regulations

Division 10. Dental Board of California

Chapter 1. General Provisions Applicable to All Licensees

Article 3.1. Radiation Safety Courses

16 CCR § 1014.1

§ 1014.1. Requirements for Radiation Safety Courses.

A radiation safety course shall comply with the requirements set forth below in order to secure and maintain approval by the board. The course of instruction in radiation safety and radiography techniques offered by a school or program approved by the board for instruction in dentistry, dental hygiene or dental assisting shall be deemed to be an approved radiation safety course if the school or program has submitted evidence satisfactory to the board that it meets all the requirements set forth below.

(a) Educational Level. The course shall be established at the postsecondary educational level or a level deemed equivalent thereto by the board.

(b) Program Director. The program director, who may also be an instructor, shall actively participate in and be responsible for at least all of the following:

(1) Providing daily guidance of didactic, laboratory and clinical assignments;

(2) Maintaining all necessary records, including but not limited to the following:

(A) Copies of current curriculum, course outline and objectives;

(B) Faculty credentials;

(C) Individual student records, which shall include pre-clinical and clinical evaluations, examinations and copies of all successfully completed radiographic series used toward course completion. Records shall be maintained for at least five years from the date of course completion.

(3) Issuing certificates to each student who has successfully completed the course and maintaining a record of each certificate for at least five years from the date of its issuance;

(4) Transmitting to the board on a form prescribed by the board the name, last four digits of the social security number and, where applicable, license number of each student who has successfully completed the course;

(5) Informing the board of any significant revisions to the curriculum or course outlines.

(c) Faculty. The faculty shall be adequate in number, qualifications and composition and shall be suitably qualified through academic preparation, professional expertise, and/or appropriate training, as provided herein. Each faculty member shall possess the following qualifications:

(1) Hold a valid special permit or valid license as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice issued by the board;

(2) All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate dental radiographs. All faculty responsible for clinical evaluation shall have completed a two hour methodology course which shall include clinical evaluation criteria, course outline development, process evaluation, and product evaluation;

(3) Shall have either passed the radiation safety examination administered by the board or equivalent licensing examination as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice or, on or after January 1, 1985, shall have successfully completed a board approved radiation safety course.

(d) Facilities. There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms, radiography operatories, developing or processing facilities, and viewing spaces for mounting, viewing and evaluating radiographs. Adequate sterilizing facilities shall be provided and all disinfection and sterilization procedures specified by board regulations shall be followed.

(1) A radiographic operatory shall be deemed adequate if it fully complies with the California Radiation Control Regulations (Title 17, Cal. Code Regs., commencing with section 30100), is properly equipped with supplies and equipment for practical work and includes for every seven students at least one functioning radiography machine which is adequately filtered and collimated in compliance with Department of Health Services regulations and which is equipped with the appropriate position-indicating devices for each technique being taught.

(2) The developing or processing facility shall be deemed adequate if it is of sufficient size, based upon the number of students, to accommodate students' needs in learning processing procedures and is properly equipped with supplies and equipment for practical work using either manual or automatic equipment.

(3) X-ray areas shall provide protection to patients, students, faculty and observers in full compliance with applicable statutes and regulations.

(e) Program Content. Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of dental radiographic techniques.

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

(2) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding dental radiation exposure. The course shall assure that students who successfully complete the course can expose, process and evaluate dental radiographs with minimum competence.

(3) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical and clinical examinations.

(4) Areas of instruction shall include at least the following as they relate to exposure, processing and evaluations of dental radiographs:

(A) Radiation physics and biology

(B) Radiation protection and safety

(C) Recognition of normal anatomical landmarks and abnormal conditions of the oral cavity as they relate to dental radiographs

(D) Radiograph exposure and processing techniques using either manual or automatic methods

(E) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity

(F) Intraoral techniques and dental radiograph armamentaria, including holding devices

(G) Interproximal examination including principles of exposure, methods of retention and evaluation

(H) Intraoral examination including, principles of exposure, methods of retention and evaluation

(I) Identification and correction of faulty radiographs

(J) Supplemental techniques including the optional use of computerized digital radiography

(K) Infection control in dental radiographic procedures

(L) Radiographic record management.

Students may be given the opportunity to obtain credit by the use of challenge examinations and other methods of evaluation.

(f) Laboratory Instruction. Sufficient hours of laboratory instruction shall be provided to ensure that a student successfully completes on an x-ray manikin at least the procedures set forth below. A procedure has been successfully completed only if each radiograph is of diagnostic quality. There shall be no more than 6 students per instructor during laboratory instruction.

(1) Two full mouth periapical series, consisting of at least 18 radiographs each, 4 of which must be bitewings; no more than one series may be completed using computer digital radiographic equipment;

(2) Two bitewing series, consisting of at least 4 radiographs each;

(3) Developing or processing, and mounting or sequencing of exposed radiographs;

(4) Student and instructor written evaluation of radiographs.

(g) Clinical Experience. The course of instruction shall include sufficient clinical experience, as part of an organized program of instruction, to obtain clinical competency in radiographic techniques. There shall be no more than 6 students per instructor during

clinical instruction. Clinical instruction shall include clinical experience on four patients with one of the four patients used for the clinical examination. Clinical experience shall include:

- (1) Successful completion of a minimum of four full mouth periapical series, consisting of at least 18 radiographs each, 4 of which must be bitewings. Traditional film packets must be double film. No more than three series may be completed using computer digital radiographic equipment. Such radiographs shall be of diagnostic quality. All exposures made on human subjects shall only be made for diagnostic purposes, and shall in no event exceed three (3) exposures per subject. All clinical procedures on human subjects shall be performed under the supervision of a licensed dentist in accordance with section 106975 of the Health and Safety Code.
- (2) Developing or processing, and mounting or sequencing of exposed human subject radiographs;
- (3) Student and instructor written evaluation of radiographs.

(h) Clinical Facilities. There shall be a written contract of affiliation with each clinical facility utilized by a course. Such contract shall describe the settings in which the clinical training will be received and shall provide that the clinical facility has the necessary equipment and accessories appropriate for the procedures to be performed and that such equipment and accessories are in safe operating condition. Such clinical facilities shall be subject to the same requirements as those specified in subdivision (g).

(i) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in the radiation safety techniques, but shall in no event be less than 32 clock hours, including at least 8 hours of didactic instruction, at least 12 hours of laboratory instruction, and at least 12 hours of clinical instruction.

(j) Certificates. A certificate shall be issued to each student who successfully completes the course. The certificate shall specify the number of course hours completed. A student shall be deemed to have successfully completed the course if the student has met all the course requirements and has obtained passing scores on both written and clinical examinations.

Note: Authority cited: Sections 1614 and 1656, Business and Professions Code. Reference: Section 1656, Business and Professions Code; and Section 106975, Health and Safety Code.

HISTORY

1. Amendment of subsections (d), (e) and (g) filed 4-16-90; operative 5-16-90 (Register 90, No. 17).
2. Amendment of section and Note filed 10-5-2005; operative 11-4-2005 (Register 2005, No. 40).

This database is current through 3/30/18 Register 2018, No. 13

16 CCR § 1014.1, 16 CA ADC § 1014.1

END OF DOCUMENT

© 2018 Thomson Reuters. No claim to original U.S. Government Works.

ADD 106975
REQUIREMENTS

April 8, 2018

Dear Mr. Lum –

In compliance of the ongoing national request to move toward digital health records, we began transitioning as much of our data we deemed appropriate to digital records over the past decade. This includes patient radiographs.

A number of years back I began inquiries with the DHCC, at that time conversing with Lori Hubble on the analog patient requirement. Our DHCC regulations were in development. She recommended I reach out to the DBC, which I did. My information received was that the DBC definitions pertained to Dental Assistants and continuing education requirements to teach independent Radiation Safety Courses. When I pressed for Dental Hygiene Programs, I was informed they did not have set requirements for the Dental Hygiene radiology experience, though he indicated theirs could be used as a guideline, but it was not mandated. These were phone dialogues that I unfortunately do not have written follow-up information.

We began to move toward more digital experiences, eventually limiting analog to Dexter experiences to maintain ALARA principles for our patients, since digital significantly reduces patient exposure to ionizing radiation. We have maintained the same number of FMS and BWS experiences during their initial term of training over the years, just moved them to digital.

Eventually the DHCC determined that approved California dental hygiene programs were permitted to issue certificates of completion to students who successfully complete the program's radiation safety course requirements as part of the students curriculum. There is no mention of specific requirements, only that they include theory and clinical application. There is no reference to the DBC.

From document: http://www.dhcc.ca.gov/about_us/meeting_docs/20150503_fullmaterials.pdf

§ 1106. Radiation Safety Certificate.

(a) Certificates. A certificate may be issued by an approved California dental hygiene program to their dental hygiene student ~~or graduate~~ who successfully completes the radiation safety course as part of the student's curriculum. A dental hygiene student ~~or graduate~~ shall be deemed to have successfully completed the course if the student has met all the course requirements and has obtained passing scores on both written and clinical examinations that includes theory and clinical application in radiographic techniques.


(b) A dental hygiene student ~~or graduate~~ who has received certification from an educational program approved the Committee shall be allowed to operate dental radiographic equipment, ~~including the determination of radiographs~~, for the purpose of oral radiography.

Note: Authority cited: Sections 1905 , 1905.5(m). Business and Professions Code. Reference: Section 1905, Business and Professions Code; and Section 106975, Health and Safety Code.

I was therefore confused when a newer member on the DHCC board at the January 2018 CDHEA director's meeting was adamant that the DH radiation safety requirements had to follow the DCB Dental Assistant regulations. In fact, more confused, that another DHCC board member said 'no' while the other said 'yes.' I know for a fact that some institutions no longer even have the analog equipment in their current facilities to take analog films. But they too were following guidance from the DBC and or the DHCC.

Since the point is radiation safety, I would like confirmation that the DHCC supports digital radiography when available.

Respectfully,



Leslie Nazarov, RDH, DrPH
Dental Hygiene Program Director – SJVC Ontario Campus

Lum, Anthony@DCA

From: Leslie Nazaroff <LeslieN@sjvc.edu>
Sent: Monday, April 09, 2018 3:09 PM
To: Lum, Anthony@DCA
Subject: Radiology Question
Attachments: Radiology Question.pdf

Hello Mr. Lum –

I have attached a letter for your consideration for an agenda item, a letter to be read, or perhaps a ready answer regarding Oral Radiology Safety requirements. Briefly, at the January CDHEA director's meeting, there was conflicting information regarding radiology curriculum to include analog films on patients in accord with the DBC criteria for Dental Assistants. Those of us who have been transitioning to digital records, including radiographs sought advice early on with our questions. Exploration during the transition involved dialog with both DHCC and DBC. In the end, the DBC indicated their requirements were for Dental Assistants, but could be used as guidance, not a mandate, for DH programs.

Please review the attached letter for your consideration. Since the outcome of the radiographic image is comparable with common training techniques (i.e., paralleling and bisecting), the medium (analog film, digital plates, or sensors) used would hopefully be the lowest radiation method available per facility.

Thank you for your consideration and time pertaining to my Oral Radiology question.

Leslie Nazaroff, RDH, DrPH
Dental Hygiene Program Director
SJVC - Ontario Campus
4580 Ontario Mills Pkwy
Ontario, CA 91764
909.291.8121 Ext 5011
Fax 909.786.0639



April 8, 2018

Dear Mr. Lum –

In compliance of the ongoing national request to move toward digital health records, we began transitioning as much of our data we deemed appropriate to digital records over the past decade. This includes patient radiographs.

A number of years back I began inquiries with the DHCC, at that time conversing with Lori Hubble on the analog patient requirement. Our DHCC regulations were in development. She recommended I reach out to the DBC, which I did. My information received was that the DBC definitions pertained to Dental Assistants and continuing education requirements to teach independent Radiation Safety Courses. When I pressed for Dental Hygiene Programs, I was informed they did not have set requirements for the Dental Hygiene radiology experience, though he indicated theirs could be used as a guideline, but it was not mandated. These were phone dialogues that I unfortunately do not have written follow-up information.

We began to move toward more digital experiences, eventually limiting analog to Dexter experiences to maintain ALARA principles for our patients, since digital significantly reduces patient exposure to ionizing radiation. We have maintained the same number of FMS and BWS experiences during their initial term of training over the years, just moved them to digital.

Eventually the DHCC determined that approved California dental hygiene programs were permitted to issue certificates of completion to students who successfully complete the program's radiation safety course requirements as part of the students curriculum. There is no mention of specific requirements, only that they include theory and clinical application. There is no reference to the DBC.

From document: http://www.dhcc.ca.gov/about_us/meeting_docs/20150503_fullmaterials.pdf

§ 1106. Radiation Safety Certificate.

(a) Certificates. A certificate may be issued by an approved California dental hygiene program to their dental hygiene student ~~or graduate~~ who successfully completes the radiation safety course as part of the student's curriculum. A dental hygiene student ~~or graduate~~ shall be deemed to have successfully completed the course if the student has met all the course requirements and has obtained passing scores on both written and clinical examinations that includes theory and clinical application in radiographic techniques.

(b) A dental hygiene student ~~or graduate~~ who has received certification from an educational program approved the Committee shall be allowed to operate dental radiographic equipment, ~~including the determination of radiographs,~~ for the purpose of oral radiography.

Note: Authority cited: Sections 1905, 1905.5(m), Business and Professions Code. Reference: Section 1905, Business and Professions Code; and Section 106975, Health and Safety Code.

I was therefore confused when a newer member on the DHCC board at the January 2018 CDHEA director's meeting was adamant that the DH radiation safety requirements had to follow the DCB Dental Assistant regulations. In fact, more confused, that another DHCC board member said 'no' while the other said 'yes.' I know for a fact that some institutions no longer even have the analog equipment in their current facilities to take analog films. But they too were following guidance from the DBC and or the DHCC.

Since the point is radiation safety, I would like confirmation that the DHCC supports digital radiography when available.

Respectfully,



Leslie Nazaroff, RDH, DrPH
Dental Hygiene Program Director – SJVC Ontario Campus

Herman Ostrow School of Dentistry of USC

DEPARTMENT OF DENTAL HYGIENE
Division of Periodontology, Diagnostic Sciences & Dental Hygiene

RECEIVED

MAR 13 2018

March 6, 2018

DENTAL HYGIENE COMMITTEE OF CA

Dear Anthony Lum:

This letter is submitted on behalf of the Dental Hygiene faculty at the Herman Ostrow School of Dentistry of USC. It is requested that the following items be placed on the DHCC Agenda for discussion in April 2018.

1. Local anesthesia- the Nasopalatine/P-ASA) and the intraseptal injections.
 - a. We would like clarification. These are two different injections and not sure why they are put on the same line. Do both injections need to be taught to clinical competency?
 - b. We have concerns about teaching these two injections. I have included information from our dental anesthesiologist to explain our concerns.
 - c. 1) Palatal approach to the Anterior Superior Alveolar nerve block (P-ASA)

A bit of history is needed to fully understand why this technique came to be. This injection technique was first described by Dr. Mark Friedman, who at the time, was promoting the new Computer Controlled Local Anesthesia Delivery Device (CCLAD) device known as "The Wand." If we remember back, the AMSA was also introduced at the time as another alternative to the traditional infiltration and block techniques described by Malamed and others. The Anterior Middle Superior Alveolar (AMSA) nerve block found good success in our curriculum and remains a useful injection technique WITHOUT the use of a CCLAD device such as "The Wand." We generally teach AMSA technique using the standard aspirating syringe and short 27-gauge needle to achieve soft tissue and some pulpal anesthesia on the ipsilateral side of the injection. It's very useful for hygiene and periodontal procedures.

The P-ASA, however, is described by Friedman in 1999, and uses the "The Wand" device to deliver the anesthesia into the nasopalatine canal. An alternative is to use a 30-gauge short needle to negotiate the length of the canal. Although the advantages of the injection technique include preservation of sensation and motor function of the upper lip are meaningful for esthetics of something like operative or restorative dentistry as described, the disadvantages of having to use a CCLAD device for patient comfort, or alternatively, to use a small, ultra-short needle that has some inherent risk for breakage, outweighs its utility in hygiene or periodontal procedures. Recent studies have also demonstrated (in a small population) that the duration of action of the technique is rather short — 20 minutes — and is probably due to the limited volume of anesthesia that can be expressed into the canal. (Bhat, Pragathi Raghavendra, Anirudh Balakrishna Acharya, and Srinath Lakshman Thakur. "Palatal Approach of Anterior Superior Alveolar Injection Technique May Not Be Potentially Useful in Periodontal Procedures." *Journal of Indian Society of Periodontology* 20.5 (2016): 557-560. PMC. Web. 7 Feb. 2018.)

University of Southern California

925 W. 34th Street, DEN 4319, Los Angeles, California 90089 • Tel: 213 740 1072 • Fax: 213 740 1094



An article by our friends at Ohio State University also demonstrate that larger amounts of local anesthetics used with the CCLAD device can be rather painful and not well tolerated by patients, even with newer equipment and techniques. Post-Operative injection pain was also reported.

With the above arguments, it's really difficult for me to recommend using and teaching this technique.

2) Intraseptal Technique

Once again, the limited utility of a single tooth, or perhaps a two tooth injection technique that relies on steady and firm pressure to deliver local anesthesia intraosseously limits its role in hygiene or periodontal procedures where larger areas of soft tissue anesthesia is desired. Once again, our friends at Ohio State conducted a study with an aim of determining its efficacy and utility in endodontic "hot tooth" situations where a single tooth, afflicted with irreversible pulpitis, becomes difficult to anesthetize. Even Reader et al see very limited utility and efficacy with the intraseptal injection and found that it did not provide meaningful PULPAL anesthesia to the first molar as an injection technique despite the formulation of anesthetic used.

Also, we must also consider that this injection is described primarily as being delivered with a CCLAD device as well. Unless we are expecting all of our academic institutions to adopt CCLAD as a regular part of the clinical curricula, I cannot see this being a practical injection to teach the beginning dental hygienist practitioner.

James Tom DDS, MS
Dentist Anesthesiologist
Divisions 1 & 3
Herman Ostrow School of Dentistry
University of Southern California

2. Teaching film Radiography: The Herman Ostrow School of Dentistry is teaching only digital radiography. The decision was made a year ago to create a chemical free environment at the dental school. Therefore, we do not have resources for developing film. We would like to request that film radiography be taught in the academic portion of the curriculum and not taught to clinical competency. We would appreciate a discussion regarding a solution.
3. Nitrous Oxide

There have been multiple interpretations of the current language regarding the 20-minute experience for nitrous-oxide oxygen. The language could be interpreted as "beginning with the setup of nitrous oxide-oxygen equipment in preparation for administration, to the breaking down of the equipment and turning off tanks". The language could also be interpreted as "the onset of oxygen in preparation for nitrous titration to the end of the five-minute oxygen".

The American Academy of Pediatric Dentistry (AAPD), the American Dental Association, the American Association Society of Anesthesiologists, and OSHA do not have literature that supports a 20-minute minimum exposure. The current Inhalation Sedation (Nitrous

Oxide/Oxygen) Teaching Guidelines Adopted by the ADA House of Delegates, October 2016 appear more generalized to allow for flexibility within each institution of instruction. It is recommended that DHCC clarify the language for nitrous-oxide oxygen experience and justify the safety to patients and students when exposed to nitrous gas for 20 minutes versus lesser time-period.

4. Interim Therapeutic Restoration

The request is to reduce the number of ITRs required by students prior to graduation as mandated by DHCC in 2015. The current number is 10 ITRs on typodont teeth and 10 ITRs on patient teeth per student. We would like to request the allowance of dental hygiene programs to determine the number required for clinical competency and entry-level licensure.

The current regulatory language for interim therapeutic restorations (ITRs) was based on the Virtual Dental Home/HWPP language for tele-dentistry. The ITR education and training program established by Dr. Paul Glassman includes all trainees have a lab experience of 10 ITRs placed on typodont teeth and evaluated by a dentist. It also includes placement of an additional 10 ITRs on teeth of patients that meet the criteria for ITR treatment procedures and again evaluated by a dentist.

There have been no legislative mandates on the number of pit and fissure sealants required to meet clinical competency. Dental hygiene education programs have established their own parameters to ensure competence in graduates as well as patient safety.

Our dental hygiene program enrolls 40-45 students per cohort, the challenge to find 400 or more teeth that meet ITR parameters is very difficult. Being within a dental school adds to the challenge of competing with 288 dental students who have requirements to fulfill.

We would like to request the DHCC take these concerns into consideration and allow the following two options: 1) allow the Dental Hygiene programs to determine the number or ITRs necessary to achieve competence; 2) allow the Dental Hygiene programs to make the ITRs an optional part of the curriculum.

In addressing the above concerns, I would like to request that the dental hygiene programs (educators) have a role in the final decision making.

Sincerely,



Diane Melrose, RDH, BS, MA
Director, Dental Hygiene
Herman Ostrow School of Dentistry, University of Southern California
925 W. 34th Street, DEN 4330 Los Angeles, CA 90089-0641
Phone: 213-740-1089
Email: mmelrose@usc.edu



Friday, April 20, 2018

Dental Hygiene Committee of California

Education Subcommittee Meeting

Agenda Item EDU 7:

**Discussion and Possible Action, and
Recommendation to the Full Committee to
Determine the Number of Interim Therapeutic
Restorations (ITR) to be Completed in Dental
Hygiene Educational Programs for Competency**

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

2005 Evergreen Street, Suite 2050 Sacramento, CA 95815

P (916) 263-1978 | F (916) 263-2688 | www.dhcc.ca.gov



MEMORANDUM

DATE	April 20, 2018
TO	Education Subcommittee
FROM	Anthony Lum, Executive Officer
SUBJECT	Agenda Item EDU 7 – Discussion and Possible Action, and Recommendation to the Full Committee to Determine the Number of Interim Therapeutic Restorations (ITR) to be Completed in Dental Hygiene Educational Programs for Competency

Background

Over the past year, there has been a growing concern and stakeholder inquiries as to the number of Interim Therapeutic Restorations (ITR) to be completed in dental hygiene educational programs for competency. Their main concern is that the current number of 10 ITRs to be performed by each student is an unnecessarily high number to establish competency in the application of ITRs. One suggestion is to allow the dental hygiene programs to determine the number of ITRs required for clinical competency and entry-level licensure.

The argument is that there are no legislative mandates on the number of pit and fissure sealants required to meet clinical competency and the dental hygiene educational programs have established their own parameters to ensure competency in graduates and safety of the public.

The request of the Committee by stakeholders is 1) Allow the programs to determine the number of ITRs to achieve competency; 2) Allow the programs to make the ITRs and optional part of the curriculum.

Committee Action Requested

Staff requests that the DHCC Education Subcommittee discuss and determine whether the 2-part request from stakeholders requires action and what that action would be.

ITR Techniques for Dental Hygiene Educators
Follow-up Information for Registrants
Rev. 04.23.15

Training Program Overview

“Train-the-Trainer: ITR Techniques for Dental Hygiene Educators” is a 30 unit continuing education program developed by the Pacific Center for Special Care at the University of the Pacific School of Dentistry (Pacific). This program was designed at the request of the Dental Hygiene Committee of California (DHCC) as a Train the Trainer program for dental hygiene educators in California so they can incorporate new duties enacted in 2014 in AB1174 into their education programs. The **goals** of this training program are to 1) provide information, techniques, and clinical training to prepare Dental Hygiene Educators to perform the Interim Therapeutic Restoration (ITR) procedure; 2) be prepared to educate other dental hygiene educators and dental hygiene students on this technique; 3) be primed to integrate ITR techniques into dental hygiene curriculum; and 4) apply to the DHCC to become an authorized provider to train dental hygiene faculty and dental hygiene students.

Some components of this program are hosted on a web-based learning management system called Sakai. Other components will require physical attendance at a two-day training session. In addition, there are some assignments due before and after the in-person training session.

In the Sakai program, there are 10 online didactic modules (8 content-based modules, a tutorial module and a program evaluation module). Each learning module contains a short description, a list of learning objects, and a presentation.

Program Topics

The program covers the following topics:

- Preparing for pre in-person session lab work
- History and context for placement of ITRs and AB1174
- Legal and Malpractice Considerations
- Minimally Invasive Dentistry and the Science of Partial Caries Removal
- ITR Placement Criteria
- ITR Placement Techniques
 - Glass Ionomer Overview
 - Glass Ionomer Characteristics and Materials
 - ITR Placement and Technique
- ITR Tracking and Follow-Up
 - Evaluation and Tracking
 - Follow-Up
 - Adverse Outcomes Protocols
- Pedagogical Considerations for ITR Placement for Educators
 - Best Practices for integration into curriculum
 - Competency Evaluation Rubric

Program Objectives

By the end of the training program, learners will be able to:

- Discuss the history and legal environment for the duties authorized by AB1174.
- Discuss the science behind partial caries removal and minimally invasive dentistry
- Identify appropriate patients and teeth for placement of ITRs
- Demonstrate effective placement of ITRs on typodonts and patients
- Describe considerations following ITR placement including protocols for identifying and responding to adverse outcomes
- Describe pedagogical considerations for ITR placement in dental hygiene education
- Apply to DHCC to become an authorized provider to train dental hygiene faculty and dental hygiene students

Program Structure Overview

This program will consist of 3 distinct components:

- a. Independent preparation prior to in-person session consisting of:
 - i. Review of 10 on-line didactic modules (8 content-based modules, a tutorial module, and a program evaluation module).
 - ii. Independent preparation through laboratory training (dental hygiene educator and dentist will follow instructions to complete 5 ITRs on a typodont in their own program site).
 - iii. Introductory webinar on May 15th at 1pm.
- b. Two days (16 hours on June 26-27th) of in-person training in Stockton, CA consisting of:
 - i. Review of didactic modules
 - ii. Demonstration of laboratory skills on a typodont
 - iii. Hands-on clinical training and demonstration of clinical competence*.
*Pacific will recruit patients for this portion of the training
- c. Independent follow up activities in the educators own program site after in-person session
 - i. Hands-on clinical training and demonstration of ITR clinical competence
*Dental Hygiene Programs will be responsible for recruiting patients for this portion. Detailed instructions will be provided.
 - ii. Program evaluation and feedback.

Program Timeline

Below is an outline of important dates:

Date	Item
May 1st	Registration closes and participants receive program instructions and access to online didactic modules
May 1st – May 15th	Participants will complete didactic modules in Pacific's Sakai Learning Management System
May 15th at 1pm	Introductory webinar hosted by Pacific. Click here to register: https://global.gotomeeting.com/join/679128949
May 15th – June 26th	Participants will complete independent preparatory laboratory training: Place 5 ITRs on a typodont
June 26th-27th	ITR In-Person Training in Stockton, CA
June 26th – Aug 31st	Participants will complete independent follow up activities at their program site: Place 5 ITRs and submit documentation to Pacific. Upon receipt of documentation of completed ITRs, Pacific will communicate with DHCC about dental teams who have completed the training.

Program Participants

This Train-the-Trainer program is designed to train one dental hygienist and one dentist faculty member from each dental hygiene education program. Following completion of the program, the dental hygiene education program will be able to apply to DHCC to have their program become an authorized provider to train other faculty members as needed and then train dental hygiene students.

One dentist and one dental hygienist faculty member must register, complete all program assignments, and attend the training as a team. The dentist must be a faculty member within the dental hygiene program. Participation of the faculty dentist is required to follow approved legal protocols.

Program Equipment

See Appendix A for equipment necessary to complete this training.

Webinar

Pacific will host an introductory webinar on **May 15th from 1-2pm**. Participation is not mandatory but highly recommended for all participants. To register for the webinar, please click on the following link: <https://global.gotomeeting.com/join/679128949> During the webinar, you need to be in front of a computer with Internet access and call into the conference line with a phone.

Logistics for In-Person Training

The two-day in-person training will take place on June 26th – 27th at University of Pacific's Dental Hygiene Campus in Stockton, CA. It will be a full two-day training. Further details coming early May.

[See List of Recommended Hotels](#) in Stockton

Inquiries

Legal and education program requirements: If you have questions about legal or regulatory program requirements related to this program, please contact Lori Hubble, Executive Officer of the Dental Hygiene Committee of California (DHCC) at lori.hubble@dca.ca.gov or (916) 263-2010.

Program inquiries: If you have general questions about the program, please contact Maysa Namakian, MPH at pc_events@pacific.edu or via phone at (415) 929-6640.



University of Pacific Arthur A. Dugoni (Pacific) is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Pacific designates this activity for 20 continuing education hours.



Appendix A: Program Equipment

The following equipment list itemizes tools and equipment necessary to complete the three distinct components/stages of the ITR training. If you do not already have these items, see suggestions of where to purchase the item.

Each team (one dentist and one dental hygienist faculty member) should obtain the following equipment **BEFORE** May 15, 2015. These items will be necessary to complete the independent laboratory training (dental hygiene educator and dentist will follow instructions to complete 5 ITRs on a typodont in their own program site).

Item	Quantity	Where to Purchase
Typodont – with full set of teeth ** Dentist will be provided instructions on how to prep the teeth	1	Kilgore product # D81SDP-200
Curing Light	1	Henry Schein product # 1389421
Amalgamator	1	Henry Schein product # 1002532
Articulating Paper	1	Henry Schein product # 1009224
Fuji II LC Capsules – any color	1 box	
GC Cavity Conditioner	1	Henry Schein product # 3337058
Fuji GC Capsule applicator	1	Henry Schein product # 3332891
Set of instruments <ul style="list-style-type: none"> • ½ Hollenbeck • Small excavator • Small cleoid discoid carver • Articulating Paper Forceps 		
Disposable materials: <ul style="list-style-type: none"> • Cotton pellet • Cotton tipped applicator • Gloves • Vaseline • Fendermate or Wizard Wedge • Oral Birchwood Assorted 		

Each team (one dentist and one dental hygienist faculty member) should **BRING** the following to the in-person Training in Stockton.

Item	Quantity	Where to Purchase
Typodont – with full set of teeth ** Dentist will be provided instructions on how to prep the teeth	1	Kilgore product # D81SDP-200
Fuji GC Capsule applicator	1	Henry Schein product # 3332891

Each team (one dentist and one dental hygienist faculty member) should obtain the following items **AFTER** the in-person training. These items will be used to complete the clinical training back at their own program site.

Item	Quantity	Where to Purchase
Curing Light	1	Henry Schein product # 1389421
Amalgamator	1	Henry Schein product # 1002532
Articulating Paper	1	Henry Schein product # 1009224
Fuji II LC Capsules – any color	1 box	
GC Cavity Conditioner	1	Henry Schein product # 3337058
Fuji GC Capsule applicator	1	Henry Schein product # 3332891
Set of instruments <ul style="list-style-type: none"> • ½ Hollenbeck • Small excavator • Small cleoid discoid carver • Articulating Paper Forceps 		
Disposable materials: <ul style="list-style-type: none"> • Cotton pellet • Cotton tipped applicator • Gloves • Vaseline • Fendermate or Wizard Wedge • Oral Birchwood Assorted 		

Herman Ostrow School of Dentistry of USC

DEPARTMENT OF DENTAL HYGIENE
Division of Periodontology, Diagnostic Sciences & Dental Hygiene

RECEIVED

MAR 13 2018

March 6, 2018

DENTAL HYGIENE COMMITTEE OF CA

Dear Anthony Lum:

This letter is submitted on behalf of the Dental Hygiene faculty at the Herman Ostrow School of Dentistry of USC. It is requested that the following items be placed on the DHCC Agenda for discussion in April 2018.

1. Local anesthesia- the Nasopalatine/P-ASA) and the intraseptal injections.
 - a. We would like clarification. These are two different injections and not sure why they are put on the same line. Do both injections need to be taught to clinical competency?
 - b. We have concerns about teaching these two injections. I have included information from our dental anesthesiologist to explain our concerns.
 - c. 1) Palatal approach to the Anterior Superior Alveolar nerve block (P-ASA)

A bit of history is needed to fully understand why this technique came to be. This injection technique was first described by Dr. Mark Friedman, who at the time, was promoting the new Computer Controlled Local Anesthesia Delivery Device (CCLAD) device known as "The Wand." If we remember back, the AMSA was also introduced at the time as another alternative to the traditional infiltration and block techniques described by Malamed and others. The Anterior Middle Superior Alveolar (AMSA) nerve block found good success in our curriculum and remains a useful injection technique WITHOUT the use of a CCLAD device such as "The Wand." We generally teach AMSA technique using the standard aspirating syringe and short 27-gauge needle to achieve soft tissue and some pulpal anesthesia on the ipsilateral side of the injection. It's very useful for hygiene and periodontal procedures.

The P-ASA, however, is described by Friedman in 1999, and uses the "The Wand" device to deliver the anesthesia into the nasopalatine canal. An alternative is to use a 30-gauge short needle to negotiate the length of the canal. Although the advantages of the injection technique include preservation of sensation and motor function of the upper lip are meaningful for esthetics of something like operative or restorative dentistry as described, the disadvantages of having to use a CCLAD device for patient comfort, or alternatively, to use a small, ultra-short needle that has some inherent risk for breakage, outweighs its utility in hygiene or periodontal procedures. Recent studies have also demonstrated (in a small population) that the duration of action of the technique is rather short — 20 minutes — and is probably due to the limited volume of anesthesia that can be expressed into the canal. (Bhat, Pragathi Raghavendra, Anirudh Balakrishna Acharya, and Srinath Lakshman Thakur. "Palatal Approach of Anterior Superior Alveolar Injection Technique May Not Be Potentially Useful in Periodontal Procedures." *Journal of Indian Society of Periodontology* 20.5 (2016): 557-560. PMC. Web. 7 Feb. 2018.)

University of Southern California

925 W. 34th Street, DEN 4319, Los Angeles, California 90089 • Tel: 213 740 1072 • Fax: 213 740 1094



An article by our friends at Ohio State University also demonstrate that larger amounts of local anesthetics used with the CCLAD device can be rather painful and not well tolerated by patients, even with newer equipment and techniques. Post-Operative injection pain was also reported.

With the above arguments, it's really difficult for me to recommend using and teaching this technique.

2) Intraseptal Technique

Once again, the limited utility of a single tooth, or perhaps a two tooth injection technique that relies on steady and firm pressure to deliver local anesthesia intraosseously limits its role in hygiene or periodontal procedures where larger areas of soft tissue anesthesia is desired. Once again, our friends at Ohio State conducted a study with an aim of determining its efficacy and utility in endodontic "hot tooth" situations where a single tooth, afflicted with irreversible pulpitis, becomes difficult to anesthetize. Even Reader et al see very limited utility and efficacy with the intraseptal injection and found that it did not provide meaningful PULPAL anesthesia to the first molar as an injection technique despite the formulation of anesthetic used.

Also, we must also consider that this injection is described primarily as being delivered with a CCLAD device as well. Unless we are expecting all of our academic institutions to adopt CCLAD as a regular part of the clinical curricula, I cannot see this being a practical injection to teach the beginning dental hygienist practitioner.

James Tom DDS, MS
Dentist Anesthesiologist
Divisions 1 & 3
Herman Ostrow School of Dentistry
University of Southern California

2. Teaching film Radiography: The Herman Ostrow School of Dentistry is teaching only digital radiography. The decision was made a year ago to create a chemical free environment at the dental school. Therefore, we do not have resources for developing film. We would like to request that film radiography be taught in the academic portion of the curriculum and not taught to clinical competency. We would appreciate a discussion regarding a solution.
3. Nitrous Oxide

There have been multiple interpretations of the current language regarding the 20-minute experience for nitrous-oxide oxygen. The language could be interpreted as "beginning with the setup of nitrous oxide-oxygen equipment in preparation for administration, to the breaking down of the equipment and turning off tanks". The language could also be interpreted as "the onset of oxygen in preparation for nitrous titration to the end of the five-minute oxygen".

The American Academy of Pediatric Dentistry (AAPD), the American Dental Association, the American Association Society of Anesthesiologists, and OSHA do not have literature that supports a 20-minute minimum exposure. The current Inhalation Sedation (Nitrous

Oxide/Oxygen) Teaching Guidelines Adopted by the ADA House of Delegates, October 2016 appear more generalized to allow for flexibility within each institution of instruction. It is recommended that DHCC clarify the language for nitrous-oxide oxygen experience and justify the safety to patients and students when exposed to nitrous gas for 20 minutes versus lesser time-period.

4. Interim Therapeutic Restoration

The request is to reduce the number of ITRs required by students prior to graduation as mandated by DHCC in 2015. The current number is 10 ITRs on typodont teeth and 10 ITRs on patient teeth per student. We would like to request the allowance of dental hygiene programs to determine the number required for clinical competency and entry-level licensure.

The current regulatory language for interim therapeutic restorations (ITRs) was based on the Virtual Dental Home/HWPP language for tele-dentistry. The ITR education and training program established by Dr. Paul Glassman includes all trainees have a lab experience of 10 ITRs placed on typodont teeth and evaluated by a dentist. It also includes placement of an additional 10 ITRs on teeth of patients that meet the criteria for ITR treatment procedures and again evaluated by a dentist.

There have been no legislative mandates on the number of pit and fissure sealants required to meet clinical competency. Dental hygiene education programs have established their own parameters to ensure competence in graduates as well as patient safety.

Our dental hygiene program enrolls 40-45 students per cohort, the challenge to find 400 or more teeth that meet ITR parameters is very difficult. Being within a dental school adds to the challenge of competing with 288 dental students who have requirements to fulfill.

We would like to request the DHCC take these concerns into consideration and allow the following two options: 1) allow the Dental Hygiene programs to determine the number or ITRs necessary to achieve competence; 2) allow the Dental Hygiene programs to make the ITRs an optional part of the curriculum.

In addressing the above concerns, I would like to request that the dental hygiene programs (educators) have a role in the final decision making.

Sincerely,



Diane Melrose, RDH, BS, MA
Director, Dental Hygiene
Herman Ostrow School of Dentistry, University of Southern California
925 W. 34th Street, DEN 4330 Los Angeles, CA 90089-0641
Phone: 213-740-1089
Email: mmelrose@usc.edu



Friday, April 20, 2018

Dental Hygiene Committee of California

Education Subcommittee Meeting

Agenda Item EDU 8:

Discussion and Possible Action, and Recommendation to the Full Committee on Dental Hygiene Educational Program Review Updates:

- Carrington San Jose Dental Hygiene Program**
- Cerritos College Dental Hygiene Program**
- Concorde Career College – Garden Grove Dental Hygiene Program**
- Concorde Career College – San Bernardino Dental Hygiene Program**
- Concorde Career College – San Diego**
- Moreno Valley College Dental Hygiene Program**
- Shasta College Dental Hygiene Program**
- Taft College Dental Hygiene Program**
- University of the Pacific Dental Hygiene Program**
- Complaints Received from Students, Faculty, and the Public**



MEMORANDUM

DATE	April 20, 2018
TO	Educational Subcommittee
FROM	Adina A. Pineschi-Petty DDS Educational Specialist Dental Hygiene Committee of California
SUBJECT	DHCC Site Visit Update

Below is a list of Site Visits conducted by DHCC staff to date:

Dental Hygiene Educational Program	Site Visit	Current Status	Notes
Concorde Career College – Garden Grove	June 28, 2016 with two additional Site Visits.	Withdrawal “Stayed”. Approval status based on continued compliance of California laws and regulations.	January 18, 2018 new deficiencies identified. Staff expected to conduct second site visit by 8/31/18 to check on compliance.
Concorde Career College – San Bernardino	June 29, 2016 with one additional Site Visit.	Approved	January 18, 2018 new deficiencies identified. Staff expected to conduct second site visit by 8/31/18 to check on compliance.
Concorde Career College – San Diego	December 19, 2016	Approved	January 18, 2018 new deficiencies identified. Staff expected to conduct second site visit by 8/31/18 to check on compliance.
Cerritos College	February 15, 2017	Approved	Deficiencies identified brought into compliance.
Taft College	May 8, 2017 with four additional Site Visits.	Withdrawal “Stayed”. Approval status to be determined by Committee.	January 29, 2018 staff returned to Taft College. All outstanding deficiencies now in compliance.
Moreno Valley College	May 30, 2017	Approved	In compliance.
Carrington College – San Jose	October 25, 2017	Approved	Deficiencies identified brought into compliance.
University of the Pacific	January 25, 2018	Approved	Minor administrative issues. School is working to correct the deficiencies within the allotted time.
Shasta College	March 12, 2018	Approved	Deficiencies identified. School is working to correct deficiencies within the allotted time. Staff expected to conduct second site visit by 8/31/18 to check on compliance.



MEMORANDUM

DATE	April 20, 2018
TO	Educational Subcommittee
FROM	Adina A. Pineschi-Petty DDS Educational Specialist Dental Hygiene Committee of California
SUBJECT	DHCC Site Visit Update

Results of Site Visits conducted by DHCC staff to date:

1. Concorde Career College – Garden Grove Dental Hygiene Program (CCC-GG)
 - a. Initial Site Visit to CCC-GG generated due to complaints filed.
 - b. Since June 28, 2016 there have been three Site Visits to the CCC-GG campus.
 - c. Laboratory remodel complete and now in compliance.
 - d. Current Status:
 - i. On January 18, 2018, new deficiencies not identified previously were discovered:
 1. The CCC-GG program consists of five terms at ten weeks/term which equates to fifty weeks or 1600 hours. An academic program in Dental Hygiene is then required to be a minimum of sixty weeks or 1800 clock hours. CCC-GG is lacking ten weeks or two hundred hours of instruction and therefore does not meet the requirements of CCR Title 16, Division 11. Section 1105 (b)(3) of two academic years of fulltime instruction.
 2. CCC-GG does not require Biochemistry to be a Dental Hygiene Program prerequisite. CCR § 1105 (f) requires Biochemistry to be a Dental Hygiene Program prerequisite. Combined Anatomy & Physiology not sufficient in coverage and therefore not up to university standards.
 3. Both full time staff members are out on personal leave (100% staff change). New staff hired in November 2017 and December 2017. DHCC was not notified of the staff changes and are therefore in violation of CCR§ 1105.3(a)(2)(D).
 4. No clear requirements for patient experiences (no minimum program experiences required). Required experiences not stated in manual/syllabi. No minimum case types of Geriatric, Child, Adolescent, Adult, and Special Needs cases required. Breadth of student experiences cannot be determined.
 5. Nitrous Oxide-Oxygen Analgesia curriculum missing three hours. Nitrous oxide-oxygen analgesia curriculum must include at least eight hours of instruction, including at least four hours of didactic and preclinical instruction and at least four hours of clinical instruction.
 6. Waterline source from city through a purifier still failing. Disconnected units from purifier and using distilled water to supply units. Units testing clear using distilled water. Testing is still being conducted through Loma Linda.

7. Infection control violations found in Infection Control Manual. Infection control procedures are required to follow § 1105.2 (d)(3)(A), § 1105 2(d)(3)(C), § 1105.2(d)(3)(D)(xii), and CODA Standard 5-1.

ii. Deficiencies required to be corrected by July 1, 2018.

2. Concorde Career College – San Bernardino Dental Hygiene Program (CCC-SB)

- a. Initial Site Visit to CCC-SB generated due to complaints filed.
- b. Since June 29, 2016 there have been two Site Visits to the CCC-SB campus.
- c. Laboratory remodel complete and now in compliance.
- d. Current status:
 - i. On January 19, 2018, new deficiencies not identified previously were discovered:
 1. The CCC-SB program consists of five terms at ten weeks/term which equates to fifty weeks or 1600 hours. An academic program in Dental Hygiene is then required to be a minimum of sixty weeks or 1800 clock hours. CCC-SB is lacking ten weeks or two hundred hours of instruction and therefore does not meet the requirements of CCR Title 16, Division 11. Section 1105 (b)(3) of two academic years of fulltime instruction.
 2. CCC-SB does not require Biochemistry to be a Dental Hygiene Program prerequisite. CCR § 1105 (f) requires Biochemistry to be a Dental Hygiene Program prerequisite. Combined Anatomy & Physiology not sufficient in coverage and therefore not up to university standards.
 3. Clinical facilities are insufficient and do not favor student achievement. Clinical facilities lack sufficient space and poses privacy issues and tripping hazards for patients, students and faculty.
 4. Office space lacking sufficient space to provide for privacy for faculty. One office is utilized by four full time faculty and eleven part-time and substitute faculty. Office space does not provide sufficient privacy for faculty consultation with other faculty or students.
 5. Infection control violations found in Self Study in Clinic Infection Control Steps and in the Step-by-Step Dental Hygiene Instrument Sterilization Protocol.
 6. Infection control violations discovered during site visit.
 - a. Faculty wearing contaminated mask around neck while speaking to patient.
 - b. Faculty replacing mask over mouth and nose with contaminated gloves.

ii. Deficiencies required to be corrected by July 1, 2018.

3. Concorde Career College – San Diego (CCC-SD)

- a. On December 19, 2016 a Site Visit was conducted at the CCC-SD campus generated as a part of the DHCC oversight goals to review all dental hygiene educational programs in California.
- b. Laboratory remodel complete and now in compliance.
- c. Current Status:
 - i. Prompted by Site Visits to CCC-GG and CCC-SB, new deficiencies not identified previously were discovered:

1. The CCC-SD program consists of five terms at ten weeks/term which equates to fifty weeks or 1600 hours. An academic program in Dental Hygiene is then required to be a minimum of sixty weeks or 1800 clock hours. CCC-SD is lacking ten weeks or two hundred hours of instruction and therefore does not meet the requirements of CCR Title 16, Division 11. Section 1105 (b)(3) of two academic years of fulltime instruction.
2. CCC-SD does not require Biochemistry to be a Dental Hygiene Program prerequisite. CCR § 1105 (f) requires Biochemistry to be a Dental Hygiene Program prerequisite. Combined Anatomy & Physiology not sufficient in coverage and therefore not up to university standards.

ii. Deficiencies required to be corrected by July 1, 2018.

4. Cerritos College Dental Hygiene Program (Cerritos)
 - a. Site Visits to Cerritos generated by a CODA Self Study review.
 - b. On February 15, 2017 a Site Visit was conducted at the Cerritos campus.
 - c. Current Status:
 - i. Five infection control deficiencies identified and brought into compliance.
5. Taft College Dental Hygiene Program (Taft)
 - a. Initial Site Visit to Taft generated due to complaints filed.
 - b. Since May 8, 2017 there have been five Site Visits to the Taft Campus.
 - c. Deficiencies identified included:
 - i. Students were not required to complete all the clinical competencies required for graduation.
 - ii. Grading deficiencies.
 - iii. Record alterations.
 - iv. Infection control deficiencies.
 - d. On January 29, 2018, staff returned to Taft College. All outstanding deficiencies now in compliance.
6. Moreno Valley College Dental Hygiene Program (Moreno Valley)
 - a. On May 30, 2017 a Site Visit was conducted at the Moreno Valley campus due to a complaint filed.
 - b. Complaint determined unfounded.
 - c. Moreno Valley notified of two DHCC recommendations for infection control protocol.
7. Carrington San Jose Dental Hygiene Program (Carrington SJ)
 - a. On October 25, 2017 a Site Visit was conducted at the Carrington SJ campus generated as a part of the DHCC oversight goals to review all dental hygiene educational programs in California.
 - b. Ten deficiencies identified and brought into compliance.
8. University of the Pacific Dental Hygiene Program (UOP)
 - a. On January 25, 2018 a Site Visit was conducted at the UOP campus generated as a part of the DHCC oversight goals to review all dental hygiene educational programs in California.
 - b. Six deficiencies identified
 - i. Four deficiencies brought into compliance.

- ii. Two outstanding deficiencies due to be brought into compliance by May 15, 2018.
- 9. Shasta College Dental Hygiene Program (Shasta)
 - a. On March 12, 2018 a Site Visit was conducted at the Shasta campus generated as a part of the DHCC oversight goals to review all dental hygiene educational programs in California.
 - b. Ten deficiencies identified and due to be brought into compliance by July 1, 2018.



Friday, April 20, 2018

Dental Hygiene Committee of California

Education Subcommittee Meeting

Agenda Item EDU 9:

Future Agenda Items



Friday, April 20, 2018

Dental Hygiene Committee of California

Education Subcommittee Meeting

Agenda Item EDU 10:

**Adjournment of the Education Subcommittee
Meeting**