



Friday, April 20, 2018

Dental Hygiene Committee of California

Full Committee

Agenda



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

DHCC MEETING AGENDA

The DHCC welcomes and encourages public participation in its meetings. The public may take appropriate opportunities to comment on any issue before the Committee at the time the item is heard.

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

AGENDA

1. Roll Call & Establishment of Quorum
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))]
3. President's Report
4. Approval of the November 17, 2017 Full Committee Meeting Minutes
5. Approval of the March 21, 2018 Teleconference Meeting Minutes Addressing Revisions to the DHCC Responses in the 2018 Sunset Background Paper
6. Budget Report – DCA Budget Office to Provide Report
7. Executive Officer's Report
 - Personnel
 - Dental Therapists
 - BreEZe Update
 - Office Location
 - Sunset Review
 - EO Activities
8. Update, Discussion, and Possible Action on California Code of Regulations (CCR) § 1005 Minimum Standards for Infection Control
9. Update from the Dental Board of California

Recess to Convene Subcommittee Meetings of the Dental Hygiene Committee of California

Subcommittee Meetings for Friday, April 20, 2018 – See Attached Agendas for Subcommittee Items

- 10. Education Subcommittee:
See Attached Agenda
- 11. Enforcement Subcommittee:
See Attached Agenda
- 12. Licensing and Examination Subcommittee:
See Attached Agenda
- 13. Legislative and Regulatory Subcommittee:
See Attached Agenda

Recess to Reconvene the Full Committee for Closed Session

14. Closed Session – Full Committee

The DHCC may meet in closed session to deliberate on disciplinary matters pursuant to Government Code §11126 (c)(3)

15. Closed Session – Full Committee

Discussion and Possible Action on Executive Officer Annual Evaluation

[The Committee may meet in closed session to consider the evaluation of performance of a public employee pursuant to Government Code section 11126(a)(4)]

Return to Open Session

16. Recess of the Full Committee meeting until Saturday, April 21, 2018 at 9:00 am

Public comments will be taken on agenda items at the time the specific item is raised. The DHCC may take action on any item listed on the agenda including informational only items. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-1978 or access DHCC'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, via 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

Agenda Item 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

Agenda Item 3

**President's Report
- Activities**



Friday, April 20, 2018

Dental Hygiene Committee of California

Agenda Item 4

Approval of the November 17, 2017

Full Committee Meeting Minutes



Full Committee Meeting Minutes

Friday, November 17, 2017

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

Dental Hygiene Committee of California (DHCC) Members Present:

Noel Kelsch, President, Registered Dental Hygienist in Alternative Practice (RDHAP)
Susan Good, Vice President, Public Member
Evangeline Ward, Secretary, Registered Dental Hygienist (RDH)
Michelle Hurlbutt, RDH, Educator
Sandra Klein, Public Member
Timothy Martinez, Doctor of Dental Medicine (DMD), Public Health Dentist
Nicolette Moultrie, RDH
Edcelyn Pujol, Public Member

Members Absent:

Gary Shay, Public Member

DHCC Staff Present:

Anthony Lum, Interim Executive Officer
Brittany Alicia, Office Receptionist
Nancy Gaytan, Enforcement Analyst
Traci Napper, Licensing Program Analyst
Adina Pineschi-Petty, Doctor of Dental Surgery (DDS), Educational Specialist
Daniel Rangel, Enforcement Special Investigator, DHCC
Jason Hurtado, Department of Consumer Affairs (DCA) Legal Counsel for the DHCC

Public Present:

Patrick Le, DCA Deputy Director of Boards and Bureau Services
Wilbert Rambaoua DCA Budgets
JoAnn Galliano, RDH, DHCC Educational Consultant
Mary Johnston, American Board of Dental Examiners (ADEX)
Maureen Titus, California Dental Hygienists' Association
Karen Fischer, Executive Officer, Dental Board of California (DBC)
Mary McCune, California Dental Association (CDA)
Lisa Okamoto, CDHA
Mary McCune, California Dental Association (CDA)
Maureen Titus, CDHA

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

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Jennifer Schmit, CDHAP Public Health Committee
Vickie Kimbrough, Program Director, Taft College
Brenda Serpa, Program Director, San Joaquin Valley College
Joann Pacheo, Program Director, Fresno City College
Jean Kulbeth, Fresno City College
Jana Pierce, Interim Program Director, Shasta College
Dental Hygiene Students from Taft College

DRAFT

1. Roll Call and Establishment of a Quorum

Noel Kelsch, President of the DHCC called the meeting to order at 9:05 am. Roll was called and a quorum established with eight members present. Gary Shay was excused. President Kelsch thanked all in attendance and announced DHCC's new attorney, Jason Hurtado.

2. Public Comments for Items Not on the Agenda

Maureen Titus (CDHA) addressed the DHCC regarding the Mobile Dental Hygiene Units. She wanted to make sure DHCC addresses this issue as soon as possible. Ms. Titus said that the Dental Board of California (DBC) is moving forward with regulations that include RDHAP's and informed the DHCC that RDHAP's should not be added to their regulations, as the DHCC should have their own regulations.

President Kelsch acknowledged Ms. Titus' concerns and instructed staff to add "Mobile Dental Hygiene Unit" regulations on the next meeting agenda.

Jennifer Smit, RDH, California Dental Hygienists' Association Public Health Committee (CDHAPHC) requested the DHCC clarify the permitted duties section of the California Code of Regulations (CCR) 1088(b)(c)(7)(A)(8). Ms. Smit specifically requested clarification for duties allowed "without supervision" in non-governmental institutions such as (schools, health fairs, school screenings and kindergarten assessments). Ms. Smit requested the DHCC to consider the following as duties allowed "without supervision" for RDH's: provide oral cancer screenings, oral health education, dental screening and fluoride varnish and sealants. In addition, Ms. Smit requested requirement clarification for general supervision in a non-governmental community based environment. Items to consider: blanket prescription for fluoride, liability insurance, consent form protocol, information on disclaimer for patient or record, Health Insurance Portability and Accountability Act (HIPPA) and confidentiality concerns with dental health report to parents and disclaimer patient of record requirements.

President Kelsch acknowledged the request and directed staff to add "Delineate the duties that are acceptable in a public health environment" as a future agenda item.

President Kelsch presented a letter from Cabrillo College, submitted by Bridgete H. Clark, DDS, Assistant Director. Dr. Clark requested the DHCC to add local anesthesia injection requirements as a future agenda item to review required injections for schools and expanded duties courses.

Dr. Michelle Hurlbutt stated that the expanded duties regulatory package has been pulled and will be a future agenda item. Dr. Hurlbutt suggested that the Task Force receive the information presented by Cabrillo College.

Public Comment: Mary McCune presented a letter from CDA in response to the Sunset Review of the DHCC. The letter was forwarded to the Sunset Review Chairperson, Dr. Michelle Hurlbutt, for the Subcommittee to review.

No further comments made.

3. Presidents Report

President Kelsch opening statement was with gratitude to the DHCC Interim Executive Office, Anthony Lum, and staff for their diligence this year. She thanked Sandy Klein, Chairperson for the Executive Officer Recruitment Committee, and Susan Good, Vice President, for filling in for her at the Dental Board of California's August 2017 meeting.

President Kelsch reported the following items:

1. The DHCC sent a letter to Denti-Cal eighteen months ago regarding information reported on the scope of practice of RDHAP's, however, Dental-Cal has not responded. As the RDHAP representative, Ms. Kelsch will meet with Denti-Cal soon.
2. The DHCC and the DBC have been working together on Infection Control Regulations to make the regulations "user friendly". There will be a checklist available in 2018 that can be downloaded for every dental office. Ms. Kelsch informed the Committee of an approval for a water safety emergency regulation.
3. President Kelsch received correspondence from ADEX requesting another presentation to the DHCC. Ms. Kelsch stated another presentation was not required at this time and the DHCC is continuing to explore other methods of testing.

President Kelsch ended her report with gratitude to all, expressing the pleasure of serving as the DHCC's president.

4. Approval of June 10, 2017, Full Committee Meeting Minutes

Motion: Nicolette Moultrie moved to approve the June 10, 2017, full committee meeting minutes.

Second: Sandra Klein

President Kelsch requested comments.

No comments received.

***Motion to adopt the June 10, 2017 Full Committee Meeting Minutes.
Vote: passed 7:0.***

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Sandra Klein			X
Timothy Martinez	X		
Nicolette Moultrie	X		
Edcelyn Pujol	X		
Gary Shay	Absent/Excused		
Evangeline Ward	X		

5. Interim Executive Officer's Report

Anthony Lum, Interim Executive Officer (IEO) of the DHCC expressed gratitude to President Kelsch for her assistance during his transition into the IEO position after Lori Hubble, former Executive Officer of the DHCC, retired.

Mr. Lum reported the following items:

1. DHCC's Legislative and Regulatory Analyst left for a promotional opportunity at the end of October. The position is currently vacant and is working to backfill the vacancy. In addition, the DHCC has a Probation Monitor position vacancy which is currently in the hiring process.
2. Mr. Lum reported that 2017 is a mandatory reporting year for the Department of Consumer Affairs (DCA). He will verify that all DHCC members are in compliance with mandatory reporting requirements.
3. Mr. Lum reported that he may be seeking a new, more affordable office location for the DHCC. Mr. Lum stated that the City of Sacramento has tentatively been approved to build homeless shelters in the surrounding areas of the DHCC's current office location. With the proposed changes for the homeless shelter project, the current property management is working with the tenants to ensure there are property safety improvements.

6. Update from the Dental Board of California

Karen Fischer, Executive Officer of the Dental Board of California (DBC), reported to the DHCC on behalf of Bruce Whitcher, DBC President.

Ms. Fischer reported the following updates:

1. The DBC's Registered Dental Assistant (RDA) Examination was reviewed by the Office of Professional Examinations Services. The report identified flaws in the examination that needed immediate attention, and the DBC had a special meeting on April 6, 2017 to discuss findings. As a result, the RDA Examination was suspended from April 6, 2017 through July 1, 2017. Between April 6, 2017 and July 1, 2017, the DBC issued RDA licenses to all candidates that completed DBC requirements except for the passage of the practical examination.

The DBC pursued legislation to continue the suspension of the RDA examination from July 1, 2017 through January 1, 2020, to allow the DBC to research other methods of competency evaluation without reinstituting the practical exam. Assembly Bill (AB) 1707 authored by Assemblyman Evan Low was signed by the Governor Jerry Brown, to resume issuing RDA licenses effective August 8, 2017.

At the November 2017 meeting of the DBC, the RDA Examination will no longer require a practical examination. Requirements for RDA licensure will include the passage of the RDA Written Examination and the California Law Examination to be launched in 2018.

2. Radiographic Decision Making and Interim Therapeutic Restorations (RDM/ITR) regulation is in process. At the August meeting of the DBC, regulatory language was approved and directed staff to initiate the rule making package.
3. Staff is working on the regulatory language for Mobile and Portable Dental Clinics. The DBC is obtaining more comments and the regulatory language will go back before the DBC in February 2018 for consideration of amendments to the language.
4. Assembly Member Tom Daly had minimum standards of infection control legislation signed by Governor Jerry Brown to require the DBC to initiate an emergency rulemaking package regarding water safety. However, the emergency package did not give the DBC the authority to add additional information. The DBC will simultaneously file an emergency rulemaking file and a regulatory package that will include additional information for infection control. A checklist is to be incorporated that received approval by the Infection Control Subcommittee and the DBC.
5. Effective October 19, 2017, the DBC's application for new licenses, permits and renewal fees increased. The fee increase information is available on DBC's website.
6. The 2018 DBC Members are: Thomas Stewart, D.D.S. (President), Fran Burton, MSW (Vice President), Steven Chan, D.D.S., Yvette Chappell-Ingram (Secretary), Ross Lai, D.D.S., Huong Le, D.D.S, MA., Meredith McKenzie, ESQ, Steven Morrow, DDS, MS, Bruce Whitcher, D.D.S. The 15-member DBC has 4 vacancies.

7. The DBC's Sunset Review process will start in 2018 and the Sunset hearing will be in 2019.

Ms. Fischer requested questions.

President Kelsch thanked the DBC for their continued support and collaboration. She urged the DBC to move forward with the RDM/ITR regulation.

Ms. Moultrie requested the number of questions that will be on the Spring 2018 RDA examination.

Ms. Fischer replied that OPES is handling the process and unsure as to the number of questions on the new exam. The professional testing department of the DBC will hold an Item Writing Workshop to determine the number of questions for the new RDA examination.

Ms. Moultrie questioned if Registered Dental Hygienists are the only dental professional that must take a practical examination.

Ms. Fischer stated RDAs will no longer be required to take the practical examination in California. The only other state that requires RDAs to take a practical examination is Minnesota. Most states have eliminated the practical examination.

Dr. Hurlbutt questioned if RDAs will be required to complete the educational requirements.

Ms. Fischer stated that individuals will be required to complete an approved educational program or on the job training for eligibility to become an RDA.

Ms. Galliano stated concerns about DBC's RDM/ITR regulation package already going through the regulatory process without input from the DHCC. RDM/ITR legislation states the DBC should be developing the RDM/ITR regulations in conjunction with the DHCC. Ms. Galliano questioned if the regulation package was presented the DHCC.

Dr. Hurlbutt stated regulatory language was not presented to the DHCC.

Mr. Lum stated that he's had extensive communication with the DBC. Both DHCC and DBC understand the legislation states the DBC should work in conjunction with DHCC. However, both agreed that it would be more suitable for each program to develop their own regulatory package. The regulation will mimic what is in the RDM/ITR legislation and the regulatory package will be coming forward once the language has been developed.

Dr. Hurlbutt stated that the law is very clear that the DBC and DHCC are in consensus with the RDM/ITR regulations. Dr. Hurlbutt questioned Ms. Fischer if the DBC has a plan in the event both boards are not in consensus or if they have a strategy.

Ms. Fischer replied that there is no plan.

President Kelsch questioned if DHCC should add RDM/ITR regulatory language as a future agenda item, or if this would be more appropriate to be placed as a Legislative and Regulatory Subcommittee agenda item?

Dr. Hurlbutt stated that RDM/ITR regulatory language should be presented to the Legislative and Regulatory Subcommittee. Dr. Hurlbutt is of the opinion that the DHCC and DBC should collaborate on the regulations.

President Kelsch stated concerns that students are currently graduating with RDM/ITR education. However, RDHAPs in the field are not able to attend the program for additional training.

Dr. Hurlbutt stated certification may be granted if the Health Workforce Pilot Program (HWPP) protocol is followed. She would prefer that DHCC collaborates with DBC before the regulations are moved forward.

No further comments received.

7. Budget Report – DCA Budget Office to Provide Report

Wilbert Rumbaoa reported that effective July 10, 2017, DCA transitioned from the CalStars accounting system to the new Fi\$cal accounting system. He stated there were challenges with the new system.

Mr. Rumbaoa provided an overview of DHCC's expenditures and Fund condition in the Budget Report. DHCC reverted approximately \$400,000 this past fiscal year. DHCC's Fund Condition Actuals for 16/17 shows the DHCC having more revenue than expenditures.

Mr. Rumbaoa requested questions.

Dr. Hurlbutt asked if there is a protocol on how long a line item can have a zero before it can be removed from the budget report.

Mr. Rumbaoa stated the DHCC can't technically remove a line item, but it can be readdressed. Line items are limited to items such as general expenses, printing and postage, to name a few.

Mr. Lum stated that he will collaborate with Mr. Rumbaoa on the budget report to ensure the budget reflects an accurate account of the DHCC's spending.

No further comments made.

8. Presentation from the Office of Statewide Health Planning and Development on Underserved Areas of California (OSHDP)

Presentation by OSHPD's Hovik Khosrovian, Program Manager, and Bally Nagra, Program Analyst, provided an overview of the Dental Health Professional Shortage Areas (HPSA), how to apply for these areas and the benefits of practicing in a HPSA.

HPSA's are shortage designations established through criteria in regulations to identify geographic areas or populations with groups with a shortage of primary, dental and mental health care services.

The benefits of the HPSA's for the providers include: Loan repayment programs, scholarships, and providing access to preventative dental care to the underserved communities.

9. Update and Presentation from the Central Regional Dental Testing Services (CRDTS)

Kim Laudenslager, Director of CRDTS, presented the difference between a member state and states that accept CRDTS for initial licensure.

CRDTS serves twenty-two member States, including California. Each member State has a representative from their respective dental boards that sit on the Steering and Examination Committees. CRDTS is composed of, and driven by, the member states. As California is a member state, the DHCC determines the services offered by CRDTS in California. Currently over 40 States accept CRDTS for initial licensure, however, they do not have a voice regarding the CRDTS examination. Non-member states reviewed the CRDTS examination and determined that it meet the needs of the citizens public safety.

Ms. Laudenslager stated the DHCC is well represented by Dr. Hurlbutt as a member on the Steering Committee, and Nicolette Moultrie as a member of the Examination Review Committee.

CRDTS provides the DHCC and every program director with a report, identified with a confidential number unique to the dental hygiene program. The report provides statistics of program performance. The DHCC is provided with list of all programs with a master key to identify each California dental hygiene programs.

President Kelsch stated if a candidate fails an examination three times in California, remediation is required. President Kelsch questioned if student statistics are sent to the DHCC.

Ms. Laudenslager stated program statistics are reported to the DHCC, however, CRDTS does not send individual candidate results. CRDTS provides DHCC access to a secured website portal to verify candidates results. Ms. Laudenslager stated the California dental hygiene programs are performing at or above the National average. CRDTS requires remediation if a candidate fails the examination three times. In addition, two CRDTS member states have a two-time failure remediation requirement.

Ms. Laudenslager reported that CRDTS and WREB are collaborating on an Occupational Analysis to reduce costs. Dr. Hurlbutt questioned if there is a reason why CRDTS chose to do the Occupational Analysis with WREB instead of the ADEX.

Ms. Laudenslager stated ADEX decided not to collaborate on the Occupational Analysis with CRDTS and WREB. She stated CRDTS uses a "Curriculum Integrated Format" which includes 4 sections Restorative Dentistry, Periodontics, Prosthodontics, and Endodontics for the dental exam. Until there is an examination that can simulate a scaling exercise that's viable and valid, most member states are not comfortable with changing their current testing process.

Dr. Hurlbutt questioned if CRDTS was open to selecting a program that accepts CRDTS for licensure, conduct a chart audit of non-subject items, and compare the data to see if a chart audit would equal the results the candidates received in the exam. Ms. Laudenslager stated CRDTSs would be interested.

Dr. Hurlbutt questioned if CRDTS considered making the examination results available on site as an option for the candidates. Ms. Laudenslager responded that CRDTS has considered that as an option.

President Kelsch questioned if CRDTS prevents a candidate from re-examination if the candidate has failed the exam three times. Ms. Laudenslager stated CRDTS does not prevent candidates from re-examination if the candidate has failed the exam three times unless its required by the member state(s) like California. California would be notified and CRDTS conduct a background check to ensure honesty of the candidate.

Dr. Hurlbutt questioned if a candidate was dishonest, failed an examination three times, doesn't disclose the attempts, and ultimately passed a CRDTS exam, would CRDTS rescind the certification. Ms. Laudenslager replied they would rescind the certification, depending on the member State's requirement.

President Kelsch questioned Mr. Lum if DHCC staff reviews the applicant's examination attempts for CRDTS and WREB. Mr. Lum replied applicants are required to answer the three-time failure question during the application process.

President Kelsch questioned Mr. Lum if DHCC staff utilizes the CRDTS system. Mr. Lum stated that this examination portal was not brought to his attention but will direct DHCC staff to utilize the CRDTS system moving forward.

Ms. Laudenslager stated that CRDTS is working on preventing "examination hopping".

President Kelsch questioned if the DHCC could share examination statistics of each school publicly. Ms. Laudenslager stated that it is prudent to share other program statistics. The DHCC should communicate with programs that are performing well separately. Ms. Moultrie stated the DHCC requested WREB provide examination statistics specific to exams administered in California in May 2017.

10. Discussion and Possible Action on Final Revisions to Adopt the 2017 DHCC Sunset Review Report to the Legislature

Mr. Lum acknowledged and expressed gratitude to the Subcommittee and subject matter experts for their diligence and long hours to create the Sunset Review Report.

Mr. Lum presented an overview of the Sunset Review process, which includes data and responses to questions submitted to the DHCC by the Legislature. This report is completed every four to five years and presents an opportunity for the Legislature to observe current DHCC processes.

President Kelsch appointed a Sunset Review Subcommittee at the May 7, 2017 DHCC meeting to address the workload of the DHCC 2018 Sunset Review Report to be submitted to the Joint Legislative Sunset Review Committee (JLSRC). A Subcommittee meeting was held on September 6, 2017, with an additional teleconference October 12, 2017 to complete the report.

Mr. Lum reported the draft Sunset Review Report was sent to the Committee in advance for their review and to provide edits to streamline the review process. As the Sunset Review Report was a lengthy document, Mr. Lum suggested that the Committee review the report by each section and direct staff to make the necessary changes. Edits and revisions were made in the Sunset Review Report sections to the satisfaction of the Committee. Public comment was accepted and a motion to accept the report was made.

Nicolette Moultrie motioned to accept the Sunset Review Report with revisions and authorize the Interim Executive Officer to make any technical or non-substantive changes to the language and move forward with submitting the report to the JLSRC.

Second: Susan Good

***Motion to accept the Sunset Review Report with revisions and authorize the Interim Executive Officer to make any technical or non-substantive changes to the language and move forward with submitting the report to the JLSRC.
Vote: passed (8:0).***

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Sandra Klein	X		
Nicolette Moultrie	X		
Edcelyn Pujol	X		

Garry Shay	Absent/Excused		
Evangeline Ward	X		

President Kelsch thanked the Sunset Review Subcommittee for their diligence and adjourned the Full Committee meeting at 12:36.

DRAFT



Friday, April 20, 2018

Dental Hygiene Committee of California

Agenda Item 5

Approval of the March 21, 2018

**Teleconference Meeting Minutes Addressing
Revisions to the DHCC Responses in the
2018 Sunset Background Paper**



DENTAL HYGIENE TELECONFERENCE MEETING MINUTES

Wednesday, March 21, 2018
DHCC Headquarters, 1st Fl., Silverwood Lake Room
2005 Evergreen Street
Sacramento, California 95815
(and other teleconference locations listed below)

Other Teleconference Locations and Member Participants:

Susan Good, President, Public Member Catalano-Fenske & Associates Conference Room 1999 Tuolumne, Suite 801 Fresno, CA 93721	Nicolette Moultrie, Vice President, RDH Evangeline Ward, RDH Diablo Valley College 321 Golf Club Road, Room LHS 115 Pleasant Hill, CA 94523
Michelle Hurlbutt, RDH Educator West Coast University 1477 S. Manchester Avenue Anaheim, CA 92802 Room 207: Education Suite Conference Room	Sandra Klein, Public Member Congregation B'nai Israel 2111 Bryan Ave. Tustin, CA 92782
Timothy Martinez, DMD 1700 Iowa St. Riverside, CA 92507	Edcelyn Pujol 1990 N. California Blvd., 8th Fl. Walnut Creek, CA 94596

DHCC and Department of Consumer Affairs (DCA) Staff Present:

Anthony Lum, Executive Officer
Kelsey Pruden, DCA Legal

Public Participants and Location:

JoAnn Galliano, DHCC Subject Matter Expert, California Dental Hygienists' Association (CDHA), Diablo Valley College
Patrick Le, DCA Assistant Deputy Director, Board and Bureau Services, Sacramento
Rose Turner, DCA Legislative and Policy Review Office, Sacramento
Susan McLearn, CDHA, Sacramento
Lisa Okamoto, CDHA, Diablo Valley College
Mary McCune, California Dental Association (CDA), Sacramento

Item 1 - Roll Call

President Susan Good of the Dental Hygiene Committee of California (DHCC), called the March 21, 2018 teleconference meeting to order at 10:03 a.m. She asked Secretary Edcelyn Pujol to take the roll call and a quorum was established with four Education Subcommittee members present.

Item 2 – Public Comment for Items Not on the Agenda

No public comments were received.

Item 3 – Discussion and Possible Action on the DHCC's 2018 Sunset Review Background Paper – Written Responses to the Joint Legislative Committee's Recommendations to DHCC Issues

Issue 1 – DHCC is completely comprised of Gubernatorial appointees.

Anthony Lum, Executive Officer, presented Issue 1 with his response.

President Good stated that she had some grammatical, non-substantive changes to present to the Executive Officer to make the changes and read the changes proposed. JoAnn Galliano said that there's no indication of who the appointees would be based upon what President Good read. President Good then read the entire response on the issue that indicated who the appointees would be.

President Good asked for any other comments. There were none.

(vote on this issue reserved for voting on multiple issues at once)

Issue 2 – DHCC is struggling to meet statutory mandates because of staffing shortages.

Mr. Lum presented Issue 2 with his response. He explained that the Committee has been trying to obtain additional positions for the past couple of years through the normal process, but has not been successful and the legislature is recognizing it.

President Good asked whether there were any comments or amendments to the Committee's response for Issue 2.

Ms. Galliano suggested the removal of the last sentence pertaining to fee. Ms. Hurlbutt agreed as an amendment to the language.

President Good clarified on the voting procedures for each issue in that if there is an issue with the language from Committee member(s), there will be a vote on that issue at the time. If there is no issue with the changes, the vote will be reserved for a later, all-encompassing vote on multiple issues.

(vote on this issue reserved for voting on multiple issues at once)

Issue 3 – There may be more effective means to test clinical skills than the traditional hygiene clinical examination.

Mr. Lum presented Issue 3 with his response. He stated that the Legislature recommended that the Committee research other avenues for licensure and he said that the Committee had already commenced in doing so with the assigned taskforce a couple of years ago, but due to staffing issues, it has been postponed.

President Good asked whether there were any comments from members or the public.

Ms. Moultrie said that based upon the occupational analysis (OA) conducted for the Dental Board of California for dentists and dental assistants, it found that clinical examinations were not needed to show minimum competency of an individual to perform dental services. She said that she believed that dental hygiene is now behind with their current requirements of still requiring a clinical examination. She continued that if the Committee need to conduct an OA to confirm whether a clinical examination is needed, we can have a subcommittee address the issue of alternative pathways to licensure. She said that dental hygiene is the only profession that still requires a clinical examination to obtain licensure. She believes that the Committee's response to this issue should be stronger so that it gets a higher priority of the things the Committee needs to address.

Mr. Lum stated that he has a meeting with the Office of Professional Examination Services in the next week to address the occupational analysis and exam development issues. He explained that this is a preliminary meeting to obtain logistics and when it's time to involve subcommittee members, he will arrange it.

Ms. Moultrie inquired as to whether we could include that the Committee will be conducting an OA to address this issue. Ms. Hurlbutt said that the OA must be conducted by an outside agency (OPES) and suggested to add a sentence to state that the Committee has made this issue a high priority for 2018. She added that an OA is not necessary to pursue researching an implementing an alternative pathway to licensure.

President Good suggested to remove 'high priority' and '2018' because we have previously mentioned our staffing shortages, but yet, we are unable to address our current workload. By removing these terms, it would soften the timeline of when this issue would be addressed. Mr. Lum stated that even with the language of stating a high priority and for 2018, we would begin the process of

this issue by initiating a contract, but it would not necessarily mean that we have to complete it by this date.

President Good asked for any further comments or comments from the public.

Ms. Pruden clarified for the Committee that pursuant to Business and Professions Code § 139 does require the Committee to work with OPES to complete examination validation and the OA is a part of it.

Ms. Galliano suggested to change 'gladly share' to 'will share' in the last sentence of the response.

President Good asked for any further comments or comments from the public. There were no further comments.

(vote on this issue reserved for voting on multiple issues at once)

Issue 4 – DHCC wants to be renamed as an independent board under the DCA and sever its remaining ties to the Dental Board of California (DBC).

Mr. Lum presented the issue with his response.

President Good asked for any further comments or comments from the public. There were no comments received.

(vote on this issue reserved for voting on multiple issues at once)

Issue 5 – According to the DHCC, RDHAPs are authorized to unsupervised dental hygiene services only in specified areas which create barriers to practice in other dental care settings.

Mr. Lum presented Issue 5 with his response.

President Good asked for any comments from the members.

Timothy Martinez, DMD, said that there were national studies on this issue which indicated that there was no greater public risk or safety problems from this issue and asked whether these studies were researched in crafting the Committee's response. Mr. Lum stated that staff did not have an opportunity to research the national studies. He said that the issue was brought up at the February 26, 2018 Sunset Review hearing by one of the legislative committee members to be cautious because the intent of the RDHAP license category was to be specific to service dentally underserved areas. The member was wary in that initially, a licensure category is presented to the legislature to serve populations that are underserved and then request them to be full service to anyone later which was not the original intent of the license.

President Good said that the legislative member believed that if RDHAPs are made available to provide dental services to all populations, they would move away from the underserved populations for more prosperous areas and then what would happen to the underserved population.

President Good asked for any comments from the members or public.

Susan McLearan said that she is aware that the mandate of the Committee is to permit full utilization of RDHs, RDHAPs, and RDHEFs to meet all of the dental care needs of all California citizens. However, the background paper provided for this meeting in the Committee's role in workforce development states that the primary reason for impeding the full utilizations of dental hygienists is restrictive supervision requirements, scope of practice limitations, and the inability to obtain direct payment. She disagrees that these are the only issues impeding utilization. Restrictions of practice settings does not support the mandate of the Committee. She continued that there is data that shows there are plenty of dental disease in all geographic areas and backgrounds of the U.S. population and for RDHAPs to practice, especially preventative duties, anywhere where the disease exists. The concern that RHDAPs would not treat the underserved in practice settings where practice is expanded is not true. Expansion of practice settings is the very thing needed to meet the mandate of the dental care needs of the state's citizens. The Committee needs to think of the dental hygienist as a part of the broader medical team

Ms. Hurlbutt said that she did not disagree with Ms. McLearan's comment; however, she believed that the legislature would need some data analysis on the issue of expanding the setting which the Committee does not have. She suggested to possibly soften the stance in the Committee's response and her participation at the Sunset hearing verified that the legislature will need some form of data analysis to justify expanding the setting.

Lisa Okamoto concurred with Ms. McLearan's comments. She said that there are many underserved populations who access medical facilities and do not go to dental facilities, so allowing RDHAPs to practice in medical settings would provide the access to care. She disagrees with the Committee's response and believes that it is counterproductive.

Ms. Galliano stated that the RDHAP licensure category was originally set up without any practice restrictions at all. The legislature changed the scope to only service underserved populations. She said that underserved populations are not only restricted to the practice settings that are mentioned in the law. She continued that CDHA may look into expanding RDHAP settings to medical facilities and dental offices. The way that the response is currently worded is that RDHAPs cannot look at any other practice settings and she suggested amending the response. She said that the response needs to be changed to reflect that

there are alternative practice settings such as dental and medical offices in the areas where an RDHAP is restricted from practicing because they are not listed in the law.

President Good asked for any additional comment from members or the public and requested suggestions as to amendments to the response.

President Good provided some amendments to the response, but found it difficult to work on amendments while addressing the issues.

Dr. Martinez believed that an RDHAP could provide dental services in the dental and medical facilities. Ms. Hurlbutt read what is stated for practices authorized for RDHAPs pursuant to BPC § 1925.

Ms. Galliano suggested additional amendments to the response for this issue that deleted some of the language and revised other areas.

Motion: Michelle Hurlbutt moved to strike the 4th sentence which begins with ‘if they are allowed to practice...’ and amend the 5th sentence by striking ‘appreciate’ and inserting ‘support;’ striking ‘the idea of;’ striking ‘can’ and put a period after ‘services’ to read:

“The DHCC supports expanding the setting where RDHAPs provide their services.” Then strike the rest of the remaining sentence and keep the second paragraph the same.”

Second: Nicolette Moultrie.

President Good asked for any comment from the members or the public on the motion presented.

Ms. McLearan asked about the status of the last sentence in the issue regarding Issues #6 & 7. President Good indicated that the last sentence would be removed.

Vote: The motion to amend the response for Issue 5 as stated above.
The motion passed (5:1:2)

Name	Minutes Vote:		Other
	Aye	Nay	
Susan Good		X	
Nicolette Moultrie	X		
Edcelyn Pujol	X		
Noel Kelsch			X
Timothy Martinez	X		
Evangeline Ward	X		
Sandra Klein	X		
Garry Shay			X
Michelle Hurlbutt	X		

Issue 6 – RDHAPs report difficulty in receiving payment from insurers based outside of California due to insurer’s unfamiliarity with the title.

Mr. Lum presented the issue with his response followed by President Good asking for any comments for discussion.

Dr. Martinez asked whether there was any discussion of a 2-tiered system of reimbursement when this issue was discussed when hygienists are paid through 3rd parties? Mr. Lum stated that there may have been discussions on the issue; however, he was not aware of any or a participant in them. Dr. Martinez indicated that he had seen this scenario before and wanted to make sure that the Committee was aware of the issue. Mr. Lum did say that he received a comment where they believed that RDHAPs need to take an active role in informing and educating 3rd party insurance companies of who they are and what they do and not be passive as to the communication with them. He believed that it could help the RDHAPs with reimbursement issues from out of state companies if they communicate these aspects of the profession. Dr. Martinez asked whether the Committee has been in communication with the national agency for dental plans where the RDHAP information could be communicated. Mr. Lum stated that the Committee has not been in contact with this agency.

Ms. Hurlbutt commented that on page 17 of the Background Paper, there is language that was submitted to address this issue. In the background part of Issue 6, it’s items (a) and (b) that are underlined that address reimbursement issues. She stated that the Committee was provided advice that RDHAPs could not prescribe that they obtain reimbursement exactly as any other care provider. The language allowed the insurance company to set the amount of the reimbursement amount for each provider.

Dr. Martinez believes that there is further work that needs to be done on this issue. He said that the first priority is to get payment for services to RDHAPs, but to be aware that there could be a differential based on credentials how they are reimbursed. He would love to be a proponent of equality or equity with

reimbursement for the dental services provided. He simply wanted to make the Committee aware of this situation. He said that he was fine with the language on page 17 of the Background Paper for now.

President Good asked for any further comments from the members or the public. There were no further comments.

Issue 7 – RDHAPs are required to receive a prescription from a dentist or physician prior to providing prolonged patient treatment.

Mr. Lum presented Issue 7 with his response.

President Good asked for any comments from the members or the public. There were no comments received.

Issue 8 – According to the DHCC, a RDH (Registered Dental Hygienist) can only perform dental hygiene preventative services in public health settings.

Mr. Lum presented Issue 8 with his response.

President Good asked for any further comments from the members or the public. There were no further comments.

Issue 9 – DHCC does not have the authority to place dental hygiene educational programs on probation or have the ability to cite and fine programs in violation of the law.

Mr. Lum presented Issue 9 with his response.

President Good asked for any further comments from the members or the public. There were no further comments.

Issue 10 – DHCC does not use its authority to support a diversion program.

Mr. Lum presented Issue 10 with his response.

President Good asked for any further comments from the members or the public.

President Good said that there was a concern with the Legislature that they may want to see the Committee continue its diversion program, especially with the new cannabis laws going into effect. She said that originally, this issue was slated to be requested to be removed from our laws; however, it will be an issue brought back to the Committee for discussion and possible action on a new contract.

Ms. Hurlbutt had some minor edits for clarity of the Committee's response.

Issue 11 – DHCC could help spread awareness about screening for domestic abuse.

Mr. Lum presented Issue 11 with his response.

President Good asked for any further comments from the members or the public. There were no further comments.

Issue 12 – Dental Practice Act updates.

Mr. Lum presented Issue 12 with his response.

President Good asked for any further comments from the members or the public. There were no further comments.

Issue 13 – (CONTINUED REGULATION BY THE DHCC) Should the licensing and regulation of the hygiene profession be continued and be regulated by the current DHCC membership?

Mr. Lum presented Issue 13 with his response.

President Good asked for any further comments from the members or the public. There were no further comments.

President Good asked for a motion to accept the remaining issues that require amendment with non-substantive changes and authorize the Executive Officer to make said changes.

Motion: Michelle Hurlbutt moved to adopt the DHCC responses to the 2018 Sunset Review Background Paper as amended to Issues 2, 3, 4, 5, & 10 and authorize the Executive Officer to make any non-substantive technical changes as presented by the DHCC members.

Second: Edcelyn Pujol

President Good asked for any comment from the members or the public on the motion presented. No comments were received.

Vote: The motion to adopt the responses as stated above.
The motion passed (6:0:3)

Name	Minutes Vote:		Other
	Aye	Nay	
Susan Good	X		
Nicolette Moultrie			X
Edcelyn Pujol	X		
Noel Kelsch			X
Timothy Martinez	X		
Evangeline Ward	X		
Sandra Klein	X		
Garry Shay			X
Michelle Hurlbutt	X		

Issue 4 – Future Agenda Items

Ms. Hurlbutt requested a clarification of RDHAP practice settings.

Issue 5 – Adjournment

President Good adjourned the March 21, 2018 Teleconference meeting at 11:36 a.m.



Friday, April 20, 2018

Dental Hygiene Committee of California

Agenda Item 6

Budget Report:

DCA Budget Office to Provide Report

DENTAL HYGIENE COMMITTEE - FUND 3140
BUDGET REPORT
FY 2017-18 EXPENDITURE ESTIMATES

Projected FM 8

OBJECT DESCRIPTION	FY 2016-17		FY 2017-18				
	ACTUAL	PRIOR YEAR	BUDGET	CURRENT YEAR	PERCENT	PROJECTIONS	UNENCUMBERED
	EXPENDITURES	EXPENDITURES	STONE	EXPENDITURES	SPENT	TO YEAR END	BALANCE
	(MONTH 13)	2/28/2017	2017-18	2/28/2018			
PERSONNEL SERVICES							
Salary & Wages (Staff)	391,591	248,114	512,000	250,304	49%	368,385	143,615
Statutory Exempt (EO)	87,156	58,612	82,000	59,368	72%	89,052	(7,052)
Temp Help Reg (907)	96,293	86,825	57,000	27,078	48%	27,078	29,922
Temp Help Reg (Exam Proctors)	0	0	2,000	0	0%	0	2,000
Committee Spc 911 Per Diem	7,100	4,900	0	1,900	-	7,000	(7,000)
Committee Spc 904, 931, 961 Special Per Diem	0	0	24,000	0	0%	0	24,000
Overtime	9,132	5,933	0	1,162	-	3,000	(3,000)
Staff Benefits	238,222	157,642	294,000	135,607	46%	199,579	94,421
TOTALS, PERSONNEL SVC	829,494	562,026	971,000	475,418	49%	694,094	276,906
OPERATING EXPENSE AND EQUIPMENT							
General Expense	6,146	3,949	13,000	8,873	68%	13,000	0
Fingerprint Reports	0	0	3,000	0	0%	0	3,000
Minor Equipment	1,690	0	0	1,796	-	1,796	(1,796)
Printing	32,514	25,516	6,000	21,936	366%	34,000	(28,000)
Communication	3,677	2,312	7,000	1,992	28%	4,000	3,000
Postage	5,411	3,158	16,000	1,873	12%	6,000	10,000
Insurance	10	0	0	0	-	0	0
Travel In State	29,951	12,955	14,000	9,318	67%	30,000	(16,000)
Training	453	420	3,000	0	0%	0	3,000
Facilities Operations	55,989	54,996	30,000	40,517	135%	60,000	(30,000)
Utilities	0	0	1,000	0	0%	0	1,000
C & P Services - Interdept.	0	0	24,000	0	0%	0	24,000
C & P Services - External	15,421	24,110	37,000	9,230	25%	24,211	12,789
DEPARTMENTAL SERVICES:							
OIS Pro Rata	328,663	225,336	331,000	220,667	67%	331,000	0
Admin/Exec	128,500	82,000	142,000	94,667	67%	142,000	0
Interagency Services	0	0	30,000	0	0%	0	30,000
IA w/ OPES	5,372	5,372	0	2,965	-	2,965	(2,965)
DOI-ProRata Internal	2,760	2,000	4,000	2,667	67%	4,000	0
Communications Div	14,446	10,000	9,000	6,000	67%	9,000	0
PPRD	654	664	8,000	5,333	67%	8,000	0
INTERAGENCY SERVICES:							
Consolidated Data Center	3	2	4,000	1	0%	2	3,998
DP Maintenance & Supply	0	0	3,000	205	7%	205	2,795
EXAMS EXPENSES:							
Exam Supplies	0	0	8,000	0	0%	0	8,000
Exam Site Rental-Non State	0	0	24,000	0	0%	0	24,000
C/P Svcs-External Expert Administration	4,137	3,137	254,000	0	0%	5,000	249,000
C/P Svcs-External Expert Examiners	0	0	25,000	0	0%	0	25,000
Other Items of Expense	0	0	0	145	-	0	0
ENFORCEMENT:							
Attorney General	86,463	54,933	47,000	58,270	124%	94,000	(47,000)
Office Admin. Hearings	8,458	5,253	3,000	5,080	169%	10,000	(7,000)
Court Reporters	175	0	0	4,770	-	200	(200)
Evidence/Witness Fees	0	0	0	0	-	0	0
DOI - Investigation	0	0	0	0	-	0	0
Vehicle Operations	0	0	8,000	0	0%	0	8,000
Major Equipment	25,685	0	25,000	0	0%	0	25,000
TOTALS, OE&E	756,578	516,113	1,079,000	496,305	46%	779,379	299,621
TOTAL EXPENSE	1,586,072	1,078,139	2,050,000	971,723	47%	1,473,473	576,527
Sched. Reimb. - Fingerprints	0	0	(5,000)	0	0%	(5,000)	0
Sched. Reimb. - External/Private/Grant	(1,410)	(470)	(1,000)	(705)	71%	(1,000)	0
Unsched. Reimb. - Finger Print Fees	0	0	0	0	-	0	0
Unsched. Reimb. - Probation Monitoring Fee	(12,924)	(7,914)	0	(8,485)	-	0	0
Unsched. Reimb. - Investigative Cost Recover	(6,250)	(4,102)	0	(4,438)	-	0	0
Unsched. - DOI ICR Civil Case Only	(360)	(90)	0	0	-	0	0
NET APPROPRIATION	1,565,128	1,065,563	2,044,000	958,095	47%	1,467,473	576,527
SURPLUS/(DEFICIT):							28.2%

3140 - State Dental Hygiene Fund

Analysis of Fund Condition

Prepared 1/10/2018

(Dollars in Thousands)

2018-19 Governor's Budget

	ACTUAL 2016-17	CY 2017-18	Governor's Proposed Budget BY 2018-19
BEGINNING BALANCE	\$ 1,844	\$ 2,014	\$ 1,652
Prior Year Adjustments	\$ 2	\$ -	\$ -
Adjusted Beginning Balance	\$ 1,846	\$ 2,014	\$ 1,652
REVENUES, TRANSFERS, AND OTHER ADJUSTMENTS			
Revenues:			
4121200 Delinquent fees	\$ 27	\$ 23	\$ 24
4127400 Renewal fees	\$ 1,557	\$ 1,577	\$ 1,593
4129200 Other regulatory fees	\$ 15	\$ 16	\$ 17
4129400 Other regulatory licenses and permits	\$ 185	\$ 180	\$ 189
4143500 Miscellaneous services to the public	\$ 2	\$ -	\$ -
4163000 Income from surplus money investments	\$ 15	\$ 5	\$ 4
4172500 Miscellaneous revenue	\$ 20	\$ 8	\$ 8
Total Revenues	\$ 1,821	\$ 1,809	\$ 1,835
Total Revenues, Transfers, and Other Adjustments	\$ 1,821	\$ 1,809	\$ 1,835
Total Resources	\$ 3,667	\$ 3,823	\$ 3,487
EXPENDITURES			
1111 Department of Consumer Affairs Program Expenditures (State Operations)	\$ 1,565	\$ 2,044	\$ 2,010
8880 Financial Information System for California (State Operations)	\$ 3	\$ 2	\$ -
9892 Supplemental Pension Payments (State Operations)	\$ -	\$ -	\$ 16
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 85	\$ 125	\$ 146
Total Disbursements	\$ 1,653	\$ 2,171	\$ 2,172
FUND BALANCE			
Reserve for economic uncertainties	\$ 2,014	\$ 1,652	\$ 1,315
Months in Reserve	11.1	9.1	7.1



Friday, April 20, 2018

Dental Hygiene Committee of California

Agenda Item 7

**Executive Officer's Report -
A Verbal Report will be provided on the following
issues:**

- Personnel**
- Dental Therapists**
 - BreEZe Update**
 - Office Location**
 - Sunset Review**
 - EO Activities**



Friday, April 20, 2018

Dental Hygiene Committee of California

Agenda Item 8

**Update, Discussion, and Possible Action on
California Code of Regulations (CCR) § 1005
Minimum Standards for Infection Control**

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

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MEMORANDUM

DATE	April 20, 2018
TO	Full Committee
FROM	Anthony Lum, Executive Officer
SUBJECT	Agenda Item FULL 8 – Update, Discussion, and Possible Action on California Code of Regulations (CCR), Title 16, Division 11, § 1005, Minimum Standards for Infection Control

Background

On January 4, 2017 and March 30, 2018, the Joint Infection Control Subcommittee consisting of Dental Hygiene Committee (DHCC) member Noel Kelsch, RDHAP, Dental Board of California (DBC) member Huong Le, DDS, and staff from both programs convened to revise and update CCR § 1005 Minimum Standards for Infection Control. The regulation was reviewed section by section to amend the language to current infection control standards accepted by the Center for Disease Control, Cal OSHA, and other agencies that monitor infection control issues like the Department of Public Health.

Committee Action Requested

Staff requests that the DHCC approve the proposed amendments to CCR § 1005 so the Executive Officer can forward the DHCC's approval to the DBC for their rulemaking file.

**DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS**

PROPOSED LANGUAGE

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

§ 1005. Minimum Standards for Infection Control.

(a) Definitions of terms used in this section:

(1) “Standard precautions” are a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, and safe handling of sharps. Standard precautions shall be used for care of all patients regardless of their diagnoses or personal infectious status.

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

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

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

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

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

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

(8) “Germicide” is a chemical agent that can be used to disinfect items and surfaces based on the level of contamination.

(9) “Sterilization” is a validated process used to render a product free of all forms of viable microorganisms.

(10) “Cleaning” is the removal of ~~visible~~ soil (e.g., organic and inorganic material) debris and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products.

(11) “Personal Protective Equipment” (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to, gloves, masks, respiratory devices, protective eyewear and protective attire which are intended to prevent exposure to blood, body fluids, OPIM, and chemicals used for infection control. General work attire such as uniforms, scrubs, pants and shirts, are not considered to be PPE. [PPE must comply with Cal/OSHA Bloodborne Pathogens \(BPP\) standards \(Title 8, Cal. Code of Regs., Section 5193\).](#)

(12) “Other Potentially Infectious Materials” (OPIM) means any one of the following:

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

(B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

~~(C) Any of the following, if known or reasonably likely to contain or be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV):~~

~~1. (C)~~ Cell, tissue, or organ cultures from humans or experimental animals;

~~2. (D)~~ Blood, organs, or other tissues from experimental animals; or

~~3. (E)~~ Culture medium or other solutions.

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

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

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

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

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

~~Personal Protective Equipment~~ (PPE):

(4) All DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM. Chemical and puncture resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals. After each patient treatment, masks shall be changed and disposed. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed. Single-use PPE's shall be disposed of after each use on an individual.

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

Hand Hygiene:

(6) All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday. DHCP shall wash contaminated or ~~visibly~~ soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol based hand rub may be used as an alternative to soap and water. Hands shall be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from providing direct

patient care if hand conditions are present that may render DHCP or patients more susceptible to opportunistic infection or exposure.

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

Gloves:

(8) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, [and items or when handling hazardous chemicals](#), DHCP shall wear heavy-duty [chemical and puncture resistant](#) utility gloves to prevent puncture wounds ~~or exposure to chemicals~~. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. [Exam](#) ~~G~~gloves shall not be washed before or after use.

Needle and Sharps Safety:

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

Sterilization and Disinfection:

[\(10\) All DHCP shall follow manufacturer's instructions for use regarding products and critical items.](#)

~~(10)~~[11](#)) All germicides must be used in accordance with intended use and label instructions [for use from the manufacturer](#).

~~(11)~~[12](#)) Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions [for use from the manufacturer](#).

~~(12)~~[13](#)) Critical ~~instruments~~, items ~~and devices~~ shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection

process. These ~~instruments, critical~~ items, ~~and devices~~, shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the critical items shall be recleaned, packaged in new wrap, and sterilized again.

(~~13~~14) Semi-critical ~~instruments, items, and devices~~ shall be pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the semi-critical items shall be recleaned, packaged in new wrap, and sterilized again.

(~~14~~15) Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is ~~visibly~~ contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used.

(~~15~~16) All high-speed dental hand pieces, low-speed hand pieces, rotary components and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be pre-cleaned, packaged, labeled and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item.

(~~16~~17) Single use disposable items such as prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves shall be used for one patient only and discarded.

(~~17~~18) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results shall be documented and maintained for 12 months.

Irrigation:

(19) Water or other methods used for irrigation shall be sterile or contain recognized disinfecting or antibacterial properties when performing procedures that expose dental pulp.

(1820) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/irrigants must be delivered using a sterile delivery system.

Facilities:

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

(22) Dental unit water lines shall be monitored following the instructions for use from the manufacturer of the dental unit or the dental unit waterline treatment product.

(1923) If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection, they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients.

(2024) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal/EPA) registered, hospital grade low- to intermediate-level germicide after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA registered, hospital grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and DHCP shall follow all material safety data sheet (MSDS) handling and storage instructions for use from the manufacturer.

~~(21) Dental unit water lines shall be anti-retractable. At the beginning of each workday, dental unit lines and devices shall be purged with air or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed between each patient for a minimum of twenty (20) seconds.~~

(2225) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.

Lab Areas:

(2326) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new rag-wheel shall be used for each patient. Devices used to polish, trim, or adjust contaminated intraoral devices

shall be disinfected or sterilized, properly packaged or wrapped and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. ~~If packaging is compromised, the instruments shall be recleaned, packaged in new wrap, and sterilized again.~~ Sterilized items will be stored in a manner so as to prevent contamination.

(~~24~~27) All intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned and disinfected with an intermediate-level disinfectant before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth.

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

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

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

HISTORY

1. New section filed 6-29-94; operative 7-29-94 (Register 94, No. 26).
2. Repealer and new section filed 7-8-96; operative 8-7-96 (Register 96, No. 28).
3. Repealer of subsection (a)(5) and subsection renumbering, amendment of subsections (b)(7), (b)(10), (b)(18)-(19) and (b)(23) and repealer of subsection (c) and subsection relettering filed 10-23-97; operative 11-22-97 (Register 97, No. 43).
4. Change without regulatory effect amending subsection (b)(4) filed 12-7-98 pursuant to section 100, title 1, California Code of Regulations (Register 98, No. 50).
5. Amendment of subsections (b)(11), (b)(13) and (b)(15) filed 6-30-99; operative 7-30-99 (Register 99, No. 27).
6. Amendment filed 3-1-2005; operative 3-31-2005 (Register 2005, No. 9).
7. Amendment filed 7-21-2011; operative 8-20-2011 (Register 2011, No. 29).



Friday, April 20, 2018

Dental Hygiene Committee of California

Agenda Item 9

Update from the Dental Board of California

Recess to Convene Subcommittee Meetings of the Dental Hygiene Committee of California

Subcommittee Meetings for Friday, April 20, 2018 – See Attached Agendas for Subcommittee Items

- 10. Education Subcommittee:
See Attached Agenda
- 11. Enforcement Subcommittee:
See Attached Agenda
- 12. Licensing and Examination Subcommittee:
See Attached Agenda
- 13. Legislative and Regulatory Subcommittee:
See Attached Agenda

Recess to Reconvene the Full Committee for Closed Session

14. Closed Session – Full Committee

The DHCC may meet in closed session to deliberate on disciplinary matters pursuant to Government Code §11126 (c)(3)

15. Closed Session – Full Committee

Discussion and Possible Action on Executive Officer Annual Evaluation

[The Committee may meet in closed session to consider the evaluation of performance of a public employee pursuant to Government Code section 11126(a)(4)]

Return to Open Session

16. Recess of the Full Committee meeting until Saturday, April 21, 2018 at 9:00 am

Public comments will be taken on agenda items at the time the specific item is raised. The DHCC may take action on any item listed on the agenda including informational only items. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-1978 or access DHCC'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, via 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

Agenda Item 14

Closed Session

**The DHCC may meet in closed session to deliberate on disciplinary matters
pursuant to Government Code § 11126 (c)(3)**

**<<ALL NON-PARTICIPANTS ARE ASKED TO EXIT THE ROOM.
THANK YOU. DHCC>>**



Friday, April 20, 2018

Dental Hygiene Committee of California

Agenda Item 15

Closed Session

**The DHCC may meet in closed session to consider the evaluation of
performance of a public employee pursuant to
Government Code § 11126 (a)(4)**

**<<ALL NON-PARTICIPANTS ARE ASKED TO EXIT THE ROOM.
THANK YOU. DHCC>>**



Friday, April 20, 2018

Dental Hygiene Committee of California

Agenda Item 16

**Recess of the Full Committee meeting until
Saturday, April 21, 2018 at 9:00 am**