

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2017-0720-07N	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

NOTICE	REGULATIONS
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AGENCY WITH RULEMAKING AUTHORITY

Dental Hygiene Committee of California

AGENCY FILE NUMBER (if any)

ENDORSED - FILED
in the office of the Secretary of State
of the State

AUG 30 2017

1:42pm

2017 JUL 20 P 3:52

OFFICE OF
ADMINISTRATIVE LAW**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE		TITLE(S) 16	FIRST SECTION AFFECTED 1107	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input checked="" type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia ...	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) None related to the proposed change
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT NC 8/28/17 per agency request
TITLE(S) 16	REPEAL

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Rulemaking (Gov. Code, §11346.1(h))	<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify):	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input checked="" type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

7. CONTACT PERSON Estelle Champlain, Leg/Reg Analyst	TELEPHONE NUMBER (916) 576-5007	FAX NUMBER (Optional) (916) 263-2688	E-MAIL ADDRESS (Optional) estelle.champlain@dca.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 6/7/17
TYPED NAME AND TITLE OF SIGNATORY Anthony Lum, Interim Executive Officer, Dental Hygiene Committee of California	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

AUG 30 2017

Office of Administrative Law

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

(Subsections (a) to (b) (8) of Section 1107 remain unchanged.)

(b) (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%.

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

<u>Inferior Alveolar (IA)</u>	<u>Yes</u>	<u>Yes</u>	<u>2</u>	<u>4</u>
<u>*Gow Gates</u>	<u>Yes</u> <u>(Didactic only)</u>			
<u>Lingual</u>	<u>Yes</u>	<u>Yes</u>	<u>2</u>	<u>4</u>
<u>Buccal</u>	<u>Yes</u>	<u>Yes</u>	<u>2</u>	<u>4</u>
<u>Mental</u>	<u>Yes</u>	<u>Yes</u>	<u>2</u>	<u>4</u>
<u>Incisive</u>	<u>Yes</u>	<u>Yes</u>	<u>2</u>	<u>4</u>
<u>Intraseptal</u>	<u>Yes</u>	<u>Yes</u>	<u>2</u>	<u>4</u>

(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%.

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

				<u>oxygen exposure</u> <u>for each</u> <u>experience</u>
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(Subsections (b) (9) (C) to (c) (3) (B) of Section 1107 remain unchanged.)

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

Reference: Sections 1905, 1909, 1917 and 1944, Business and Professions Code.

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

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

TITLE 16, CALIFORNIA CODE OF REGULATIONS, SECTION 1107

SECTION 100. CHANGE WITHOUT REGULATORY EFFECT

The DENTAL HYGIENE COMMITTEE OF CALIFORNIA (COMMITTEE) is amending Section 1107 of Article 3, Division 11 of Title 16 of the California Code of Regulations (CCR) to reflect non-substantive changes by reformatting Section 1107 to include the addition of two charts. These proposed charts do not materially alter any requirement, right, responsibility, condition, prescription, or other regulatory element of any CCR provision because the changes to Section 1107 merely incorporate existing regulatory language without change, into charts.

The COMMITTEE is proposing the following non-substantive change to 16 CCR Section 1107, (b)(9)(A) and (B):

- Adding two charts to graphically depict the current regulatory requirements of dental hygiene curriculum will make the regulation easier for its audience to understand without modifying any requirements that are already in place.