

**DENTAL HYGIENE BOARD**  
**FINAL STATEMENT OF REASONS**

**Subject Matter of Proposed Regulations:** Registered Dental Hygienist Course in Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN).

**Section(s) Affected:** Section 1107 of Title 16 of the California Code of Regulations (CCR)

**Updated Information**

The Informative Digest and Initial Statement of Reasons are included in the rulemaking file and incorporated as though set forth herein.

The information contained therein is updated as follows: No changes have been made to warrant a change to the initial statement of reasons as contained in the original notice for section 1107.

No public hearing was originally set for this proposal and none was requested. On August 14, 2020, the Board provided 45 days' notice to the public for comment. Five comments were received and are summarized below.

After consultation with the Office of Administrative Law, the Board amended the proposed language and forms incorporated by reference, and adopted an additional form it incorporated by reference. On March 10, 2021, the Board provided 15 days' notice of these changes. It did not receive any comments.

These changes are summarized as follows:

**A. Modified Text**

1. Amendments not properly shown in originally proposed language.

In its originally proposed language, the Board did not underline and strikethrough all instances of modified text. Accordingly, in its modified text, the Board indicates such changes in double strikethrough and double underline in the following locations:

- a. Title of regulation: The Board indicates the insertion of "Periodontal Soft Tissue Curettage," deletion of "Periodontal Soft Tissue Curettage," and insertion of "SLN."
- b. Section 1107(a)(2): The Board indicates the insertion and deletion of "and."
- c. Section 1107(a)(5): The Board indicates the insertion of "DHBC."

- d. Chart at Title Row in section 1107(b)(9)(A): The Board indicates deletion of “On.”
- e. Chart at “Inferior Alveolar” row in section 1107(b)(9): The Board indicates deletion of “\*Gow Gates,” “Yes,” and “(Didactic Only).”
- f. Chart at last row in section 1107(b)(9)(A): The Board shows the insertion of “Competency evaluation for each injection and technique must be achieved at a minimum of 75%.”
- g. Chart at “Mental” and “Incisive” rows” in section 1107(b)(9)(A): The Board shows the insertion of item numbers 1-3 in both rows.
- h. Chart at “Minimum 8 hours of instruction” row in section 1107(b)(9)(B): The Board shows insertion of “Competency evaluation must be achieved at a minimum of 75%.”
- i. Section 1107(b)(10): Board indicates the insertion of “and,” “deletion of “and Periodontal Soft Tissue Curretage,” and insertion of a ”.

## 2. Revision of forms incorporated by reference.

As the Board modified certain of its forms incorporated by reference in its Modified Text, it revises the revision date of these forms as appropriate in the Modified Text:

- a. Section 1107(a)(2): Revision of 09/2019, to 03/2021 for SLN-01.
- b. Section 1107(a)(5): Revision of 09/2019, to 03/2021 for SLN-03.
- c. Section 1107(b)(10): Revision of 09/2019, to 03/2021 for SLN-02.

## 3. Insertion of form incorporated by reference.

The Board identifies the DHBC Faculty Biosketch (3/2021) (form) in section 1107(b)(2)(E) to incorporate the form by reference. The Board created the form and provided notice thereof in the Modified Text notice period.

The Board created the DHBC Faculty Biosketch (3/2021) to provide a convenient and uniform way to report the requirements that all faculty teaching in RDH Courses in Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia must meet in section 1107(b)(2) and meet RDH program faculty requirements in section 1105.1(b).

The form collects the date, individual faculty information (faculty name, affiliated dental hygiene program name, faculty email, affiliated dental hygiene or dental program mailing address, and faculty telephone number) to enable identification of the faculty member and help ensure accuracy in the processing of the Biosketch. This form also includes:

- A notice of the DHBC requirements for all program faculty pursuant to section 1105.1(b).

- A notice of licensure continuing education (CE) requirements applicable to Registered Dental Hygienists, Registered Dental Hygienists in Alternative Practice, and Registered Dental Hygienists in Extended Functions pursuant to sections 1017(a) and 1016(b)(1) as a condition of license renewal.
- A notice that pursuant to section 1105.1(b)(1), clinical teaching faculty must have direct patient care experience within the previous five years in the dental hygiene area to which he or she is assigned. This requirement can be met by either two years' experience providing direct patient care as a registered dental hygienist or dentist, or one academic year of dental or dental hygienist level clinical teaching experience.
- A notice that to complete the Biosketch, the faculty should consult the regulations governing Faculty of Educational Programs in section 1105.1.

Additionally, the form lists specific items of information that the faculty member must provide to ensure the course complies with proposed section 1107. These questions include:

- Faculty must provide their highest degree received including the institution's name and address, and the date the degree was received. This is required by section 1105.1(b) which provides that the faculty must hold a baccalaureate degree or higher from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation
- Faculty must provide their professional licensure information including the type of license, the state in which the license was issued, the license number, and the dates the license is/was held. This is required by section 1105.1(b) which provides that the faculty must hold an active California dental or dental hygiene license or special permit with no disciplinary actions.
- Faculty must provide information to show they have satisfied CE requirements, which includes California Law, California Infection Control, and Basic Life Support. This is required by sections 1105.1(b) and 1016(b)(1) which provide that a licensee must have two units of CE in Infection Control specific to California regulations, two units of CE in the California Dental Practice Act and its related regulations, and a maximum of four units of a course in Basic Life Support.
- Faculty must provide their dental hygiene teaching experience for the previous five years to inform the Board of recent teaching experience, if applicable.
- Faculty must provide their educational methodology course information for the previous two years. This is required to satisfy section 1105.1(b) which provides that faculty have a documented background in educational methodology every two years, consistent with teaching assignments.
- Faculty must provide their CE course information for the previous four years to document 25 hours (for dental hygienists) or 50 hours (for dentists) of CE for licensure pursuant to section 1017(c).

- Clinical teaching faculty must provide direct patient care experience for the last five years, including the dental practice name and address, and the dates employed. This is required to satisfy section 1105.1(b) which requires clinical faculty to have direct patient care experience within the previous five years in the dental hygiene area to which he or she is assigned. This can be met by either two years' experience providing direct patient care as a registered dental hygienist or dentist, or one academic year of dental or dental hygienist level clinical teaching experience.

The form also includes a requirement that the faculty member and program director certify that they have read and met all requirements to help ensure that representations made by the faculty member contain truthful factual representations and are made in good faith. The faculty member's certification is required to be made under penalty perjury to ensure that representation made by the faculty member are truthful, factual representations made in good faith.

The form would be cumbersome, unduly expensive and otherwise impractical to publish in the CCR. The Biosketch will be available on the Board's website and hardcopies will be available from the Board upon request.

#### 4. Other revisions.

The Board capitalizes "preclinical" in section 1107(b)(3) for grammatical correctness.

#### 5. Amendments for clarity.

The Board deletes "injection" and replaces it with "experience" in the title row of the chart in section 1107(b)(9)(A) under "Required Clinical Injections," and in the "Mental" and "Incisive:" rows for clarity and consistency within the chart.

In form SLN-01, the following changes were made:

- In item 3, grammatical corrections were made to change "dental licenses" to "dental license".
- In item 16, the phrase "business days" was changed to "days" for consistency.
- In item 17, "Division 11" was added for specificity and to align with the initial statement of reasons.

The initial statement of reasons only specifies that the acknowledgement in item 18 in form SLN-01 pertained to the regulatory requirements set forth in Title 16, Division 11. This acknowledgement actually pertains to the regulatory requirement in Article 3 of Division 11 in Title 16.

In form SLN-03, in item 2, the reference to the Faculty Biosketch form was revised.

## **B. Forms Incorporated by Reference.**

### **1. Amendments not properly shown in originally proposed forms.**

In its originally proposed forms, the Board did not underline and strikethrough all instances of modified text. Accordingly, in its modified text, the Board indicates such changes in double strikethrough and double underline in the following locations:

- a. Headers in Forms SLN-01 and SLN-03: The Board indicates the insertion of the Board's contact information in the headers of these forms.
- b. In form SLN-01, the phrase "PLEASE TYPE OR PRINT LEGIBLY" needed to be underlined.
- c. Item numbering in Forms SLN-01 and SLN-03: The Board indicates the insertion of item numbers in these forms.
- d. Parentheses in "Home Phone," "Cell Phone," and "Phone" cells in Form SLN-02: The Board indicates the deletion of beginning and end parentheses.

### **2. Revision Dates of Forms Incorporated by Reference.**

As the Board revised the forms, the Board changed the revision dates in the footers of Forms SLN-01, SLN-02, and SLN-03.

### **3. Inconsistencies with Modified Text.**

- a. The Board deletes "business" in item 16 of Form SLN-01 because this is inconsistent with the language in section 1107(b) of the proposed language.
- b. The Board revises the title of SLN-02 to match the revised title of the regulation.

### **4. New Forms Incorporated by Reference.**

In Form SLN-03, the Board revises item 2 therein to reflect the incorporation of the DHBC Faculty Biosketch at section 1107(b)(2)(E).

## **C. DHBC Faculty Biosketch**

Please see discussion at item A3. above regarding the necessity of the incorporation of this form by reference.

### **Local Mandate**

A mandate is not imposed on local agencies or school districts.

## **Fiscal Impact**

The Board does not anticipate any increase in costs to the state as a result of adopting the sections identified in this regulatory proposal.

## **Consideration of Alternatives**

No reasonable alternative which was considered or that has otherwise been identified and brought to the attention of the Bureau would be more effective in carrying out the purpose for which the action was proposed or would be as effective and less burdensome to affected private persons than the adopted regulations or would be more cost effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

## **Incorporation of Documents by Reference**

All forms incorporated by reference in this rulemaking would be cumbersome, unduly expensive and otherwise impractical to publish in the CCR. All forms incorporated by reference that are being adopted, amended, or repealed in this rulemaking were available on the Board's website and hardcopies were be available from the Board upon request.

## **Objections or Recommendations/Responses**

There were no objections regarding the proposed action. The comments and responses are as follows:

### **Summary of Comments Received During the 45-Day Comment Period**

**A. On July 31, 2020, the Board received an electronic communication (email) from Cathy DiFrancesco on the Board's proposed amendments to 16 CCR 1107. Below is the Board's response to the comments made therein.**

#### **Comment A-1**

#### **Comment Summary:**

This comment requests that the Gow Gates nerve block injection remain in section 1107(a)(9)(A). The commenter asserts that the Gow Gates injection is safer, more advantageous, less risky than the inferior alveolar nerve block, easier to teach to students, and more comfortable for the patient.

#### **Response:**

The Board has considered this comment, and declines to make any amendments to the

regulation text based thereon.

The Board's proposed amendments to the regulation remove the references to individual techniques (such as the Gow Gates technique) to achieve anesthesia and more broadly refer to all injections to the individual nerves as "field blocks" and "nerve blocks." This is necessary to clarify that all techniques classified as field blocks and nerve blocks of the individual nerves are acceptable for education in local anesthesia.

The Gow-Gates technique is an anesthesia technique for the inferior alveolar (IA) nerve. Therefore, it is not necessary to include it since the regulation separately references the IA nerve and would include the Gow Gates technique.

**B. On July 31, 2020, the Board received an email from Jennifer Apocotos-Kirk on the Board's proposed amendments to 16 CCR section 1107. Below are the Board's responses to the comments made therein.**

### **Comment B-1**

#### **Comment Summary:**

This comment states that the number of hours of instruction in soft tissue curettage and clinical instruction seem "extensive." The commenter requests the Board clarify didactic and clinical instruction in soft tissue curettage.

#### **Response:**

The Board has considered this comment, and declines to make any amendments to the regulation text based thereon.

The Board has not proposed any amendments regarding soft tissue curettage curriculum in this proposal. Accordingly, the commenter's comments are beyond the scope of this rulemaking proposal.

### **Comment B-2**

#### **Comment Summary:**

This comment requests clarification of what curettage method must be taught.

#### **Response:**

The Board has considered this comment, and declines to make any amendments to the regulation text based thereon.

The Board has not proposed any amendments regarding soft tissue curettage

curriculum in in this proposal. Accordingly, the commenter's comments are beyond the scope of this rulemaking proposal.

**C. On August 11, 2020, the Board received an email from Tracy Ross on the Board's proposed amendments to 16 CCR section 1107. Below are the Board's responses to the comments made therein.**

**Comment C-1**

**Comment Summary:**

This comment states that the proposed amendments to subdivision (b)(9)(A) do not mention some of the required injections, including the Greater Palatine, Nasopalatine, Intraseptal, and Incisive injections.



**Response:**

The Board has considered this comment, and declines to make any amendments to the regulation text based thereon.

The Board's proposal removes the references to individual techniques to achieve anesthesia and reference all injections as "field blocks" and "nerve blocks" to all the individual applicable nerves. This amendment is necessary to clarify that all techniques classified as field blocks and nerve blocks of the individual nerves are acceptable for education in local anesthesia.

The Greater Palatine injection has not been removed from the regulation. The Incisive and Nasopalatine injections have only been relocated in the regulation. The "Intraseptal" is a nerve block technique, not an individual nerve. Therefore, the regulation requires the technique to be taught as part of the nerve block technique for each individual nerve.

**Comment C-2****Comment Summary:**

This comment proposes to eliminate the mental injection from the curriculum because it is used for soft tissue anesthesia only, and not necessary for the scaling of teeth.

**Response:**

The Board has considered this comment, and declines to make any amendments to the regulation text based thereon.

The Board's proposal removes the references to individual techniques to achieve anesthesia and reference all injections as "field blocks" and "nerve blocks" to all the individual applicable nerves. This amendment is necessary to clarify that all techniques classified as field blocks and nerve blocks of the individual nerves are acceptable for education in local anesthesia.

The mental nerve is an individual nerve which innervates the soft tissue of the chin and lower lip, as well as to the gingiva (gums) of the mandibular (lower) incisors (front), canine, and premolar teeth. The gingiva is manipulated during scaling of the teeth and may be the cause of discomfort during this manipulation. The mental nerve block is often utilized in conjunction with the incisive nerve block to decrease discomfort for the patient. Therefore, the Board decided to include it in the regulation.

**D. On August 14, 2020, the Board received an email from Cara Gramaglia on the Board's proposed amendments to 16 CCR section 1107. Below is the Board's response to the comments made therein.**

**Comment D-1**

**Comment Summary:**

This comment reiterates the comments made by Cathy DiFrancesco, supra.

**Response:**

The Board incorporates herein by reference its response to Ms. DiFrancesco's comments.

**E. On August 17, 2020, the Board received an email from Lygia Jolley on the Board's proposed amendments to 16 CCR section 1107. Below is the Board's response to the comments made therein.**

**Comment E-1**

**Comment Summary:**

This comment proposes to eliminate the mental injection from the curriculum. The commenter asserts that the mental and incisive injections are essentially the same injection technique, and both will actually anesthetize the premolar and anterior region along with the facial tissue. Hygienists should not give two injections that do the same thing.

**Response:**

The Board has considered this comment, and declines to make any amendments to the regulation text based thereon.

The Board's proposal removes the references to individual techniques to achieve anesthesia and reference all injections as "field blocks" and "nerve blocks" to all the individual applicable nerves. This amendment is necessary to clarify that all techniques classified as field blocks and nerve blocks of the individual nerves are acceptable for education in local anesthesia.

The incisive nerve and the mental nerve are two different nerves and require two different injections. The incisive nerve is an individual nerve which innervates the mandibular incisor and canine teeth. The mental nerve is an individual nerve which innervates the soft tissue of the chin and lower lip, as well as to the gingiva of the mandibular incisors, canine, and premolar teeth. The mental nerve block is a more conservative injection and utilized when only the soft tissue or gingiva needs to be

anesthetized for a dental or dental hygiene procedure. Therefore, the Board decided to include it in the regulation.