

# ***CG 5 Infection Control, Under California Dental Practice Act***

PO Box 542  
Copperopolis, CA 95228  
209.785.3903 phone  
209.785.4458 fax  
Leslie@LeslieCanham.com  
www.LeslieCanham.com

**Presented by Leslie Canham, CDA, RDA, CSP  
(Certified Speaking Professional)**

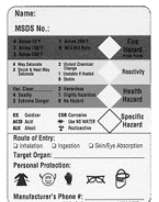
In the dental field since 1972, Leslie helps simplify complex regulations. She provides in office training, compliance audits, consulting, workshops, and mock inspections. For the 9<sup>th</sup> year in a row, she has been listed as a “Leader In Consulting” by Dentistry Today. She is authorized by the Department of Labor, The Academy of General Dentistry, and the California Dental Board to provide continuing education. Leslie is the founder of Leslie Canham and Associates.

Leslie Canham is sponsored in part by



## Quick Guide to OSHA

- OSHA Training conducted annually and documented-Keep 3 years
- Hepatitis B vaccine (HBV) offered to clinical employees within 10 ten days
- If HBV declined, signature on file. If vaccinated Documentation of immunity to Hepatitis B on file
- Aerosol Transmissible Disease Training conducted, written ATD plan part of OSHA manual
- OSHA manual up to date [www.osha.gov/Publications/osha3186.pdf](http://www.osha.gov/Publications/osha3186.pdf)
- OSHA Poster present [www.osha.gov/Publications/osha3165.pdf](http://www.osha.gov/Publications/osha3165.pdf)
- Copy of the Bloodborne Pathogen Standard available
- Employee record keeping and health forms on file-Keep duration of employment + 30 yrs
- Eye wash station working properly, cold water only
- Fire Extinguishers mounted on wall, currently charged
- Emergency exits marked and unobstructed
- Evacuation plans and protocols reviewed  
**OSHA eTools [www.osha.gov/SLTC/etools/evacuation/evaluate.html](http://www.osha.gov/SLTC/etools/evacuation/evaluate.html)**
- First Aid Kit available for employees
- Hand Hygiene policies in place
- Exposure Incident Protocol current, reviewed annually
- Personal Protective Equipment (PPE) provided
  - Clinical Jacket
  - Protective Eyewear
  - Mask
  - Gloves-exam and utility
- Engineering Controls used -needle recapping devices, safer sharps evaluated
- Work Practice Controls employed to reduce risks when safely handling sharps
- Hazard Communication Standard followed
  - Inventory Hazardous Substances
  - Organize Safety Data Sheets (formerly called MSDS)
  - Label containers not identified chemical Label on all secondary containers
  - Employee training on handling hazardous substances to include PPE
  - Spill Clean up
- Inspection of dental office for safe work conditions
- Ergonomic Plan to reduce incidents of muscular-skeletal injuries
- Sharps containers located as close as possible to where sharps are used, must be Spill proof Container, color Red or Orange-Red, puncture resistant, bio-hazard label
- Explanation of what labels, signs and symbols mean



## Written Protocol for the Management of Injuries-Exposure Incidents

OSHA defines an **exposure incident** as a specific incident involving contact with blood or other potentially infectious materials (OPIM) to the eye, mouth, other mucous membrane, non-intact skin, or parenteral under the skin (e.g. needlestick) that occurs during the performance of an employee's duties.

When an exposure incident occurs, immediate action must be taken to assure compliance with the OSHA Bloodborne Pathogen Standard and to expedite medical treatment for the exposed employee.

- 1. Provide immediate care to the exposure site.**
  - Wash wounds and skin with soap and water.
  - Flush mucous membranes with water.
  - Remove instrument involved in the exposure so it does not get used on the patient!
  - Employee must report incident immediately to supervisor/employer
  
- 2. Determine risk associated with exposure by**
  - Type of fluid (e.g., blood, visibly bloody fluid, or other potentially infectious fluid or tissue).
  - Type of exposure (e.g., percutaneous injury, mucous membranes or non-intact skin exposure, or bites resulting in blood exposure).
  
- 3. Evaluate exposure source**
  - Assess the risk of infection using available information.
  - The source individual (patient) must be asked if they know their HBV, HCV, HIV status, if not known, will they consent to testing.
  
- 4. The exposed employee is referred as soon as possible \* to a health care provider who will follow the current recommendations of the U.S. Public Health Service Centers for Disease Control and Prevention recommendations for testing, medical examination, prophylaxis and counseling procedures.**
  - Note "ASAP\*" because certain interventions that may be indicated must be initiated promptly to be effective.
  - The exposed employee may refuse any medical evaluation, testing, or follow-up recommendation. This refusal is documented.
  
- 5. Send all of the following with the exposed employee to the health care provider:**
  - A copy of the Bloodborne Pathogen Standard.
  - A description of the exposed employee's duties as they relate to the exposure incident. (Accidental Bodily Fluid Exposure Form)
  - Documentation of the route(s) of exposure and circumstances under which exposure occurred. (Accidental Bodily Fluid Exposure Form).
  - All medical records relevant to the appropriate treatment of the employee including HBV vaccination status records and source individual's HBV/HCV/HIV status, if known.
  
- 6. Health Care Provider (HCP)**
  - Evaluates exposure incident.
  - Arranges for testing of employee and source individual (if status not already known).
  - Notifies employee of results of all testing.
  - Provides counseling and post-exposure prophylaxis.
  - Evaluates reported illnesses.
  - HCP sends written opinion to employer:
    - Documentation that employee was informed of evaluation results and the need for further follow-up.
    - Whether Hepatitis B vaccine is indicated and if vaccine was received.
  
- 7. Employer**
  - Receives HCP's written opinion.
  - Provides copy of HCP written opinion to employee (within 15 days of completed evaluation).
  - Documents events on
    - Employee Accident/Body Fluid Exposure and Follow- Up Form and Employee Medical Record Form.
    - If the exposure incident involved a sharp, a Sharps Injury Log is completed within 14 days (this requirement varies from state to state).
  - Treat all blood test results for employee and source individual as *confidential*.

# DENTAL BOARD OF CALIFORNIA INFECTION CONTROL REGULATIONS

California Code of Regulations Title 16 §1005. Minimum Standards for Infection Control. Effective 8/20/11

(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 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, 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 and OPIM, and chemicals used for infection control. General work attire such as uniforms, scrubs, pants and shirts, are not considered to be PPE.
- (12) "Other Potentially Infectious Materials" (OPIM) means any one of the following:
  - (A) Human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
  - (B) 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 HIV, HBV, or HCV:
    - (i) Cell, tissue, or organ cultures from humans or experimental animals;
    - (ii) Blood, organs, or other tissues from experimental animals; or
    - (iii) Culture medium or other solutions.
- (13) "Dental Healthcare Personnel" (DHCP) are all paid and non-paid personnel in the dental health-care setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).

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

- (1) Standard precautions shall be practiced in the care of all patients.
- (2) A written protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office.
- (3) A copy of this regulation shall be conspicuously posted in each dental office.

**Personal Protective Equipment:**

- (4) All 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-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.
- (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 Regs., 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 direct patient care if conditions are present that may render the 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.

- Live Seminars
- Live Webinars
- Home Study

**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, DHCP shall wear heavy-duty utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use.

**Needle and Sharps Safety:**

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

**Sterilization and Disinfection:**

- (10) All germicides must be used in accordance with intended use and label instructions.
- (11) 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.
- (12) 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, 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.
- (13) 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.
- (14) Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital-grade 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-grade intermediate-level disinfectant with a tuberculocidal claim shall be used.
- (15) 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 packaged, labeled and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item.
- (16) 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) 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:**

- (18) 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:**

- (19) 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.
- (20) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal-EPA) registered, hospital-grade low- to intermediate-level disinfectant after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal-EPA registered, hospital-grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and follow all material safety data sheet (MSDS) handling and storage instructions.
- (21) Dental unit water lines shall be anti-retractive. 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) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.

**Lab Areas:**

- (23) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new ragwheel 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 re-cleaned, packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination.
- (24) 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.

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

- In Office Training
- 8 Hour Infection Control Course for Unlicensed Dental Assistants
- Mock OSHA Inspections

This poster courtesy of  
 **LESLIE CANHAM & ASSOCIATES**  
209.785.3903  
Leslie@LeslieCanham.com  
www.LeslieCanham.com

# Infection Prevention Checklist

## Section II: Direct Observation of Personnel and Patient-Care Practices

### II.1 Hand Hygiene is Performed Correctly

Facility name:.....
Completed by:.....
Date:.....

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
<b>A.</b> When hands are visibly soiled	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>B.</b> After barehanded touching of instruments, equipment, materials and other objects likely to be contaminated by blood, saliva, or respiratory secretions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>C.</b> Before and after treating each patient	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D.</b> Before putting on gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>E.</b> Immediately after removing gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>F.</b> Surgical hand scrub is performed before putting on sterile surgeon's gloves for all surgical procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Note:</b> <i>Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.</i>		

### II.2 Personal Protective Equipment (PPE) is Used Correctly

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
<b>A.</b> PPE is removed before leaving the work area (e.g., dental patient care, instrument processing, or laboratory areas)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>B.</b> Hand hygiene is performed immediately after removal of PPE	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>C.</b> Masks, Protective Eyewear, and Face Shields		
<b>a.</b> DHCP wear surgical masks during procedures that are likely to generate splashes or sprays of blood or other body fluids	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b.</b> DHCP wear eye protection with solid side shields or a face shield during procedures that are likely to generate splashes or sprays of blood or other body fluids	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c.</b> DHCP change masks between patients and during patient treatment if the mask becomes wet	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CONTINUED





## ORAL Health Statement on Reprocessing Handpieces

April 11, 2018

CDC recognizes that the dental community requires clear, consistent guidelines on the best way to reprocess dental handpiece devices between patient encounters. CDC guidelines for infection prevention and control state that, between patients, dental health care personnel (DHCP) should clean and heat-sterilize handpieces and other intraoral instruments that can be removed from the air and waterlines of dental units.<sup>1</sup> This recommendation is based on studies that have shown that the internal components of air-driven dental handpieces (both low-speed and high-speed devices) can become contaminated with patient material during use, and this material can then be expelled into the mouth of other patients during subsequent uses.<sup>2-5</sup> For handpieces and other intraoral instruments that can be removed from the air and waterlines of dental units, CDC continues to recommend that DHCP follow CDC guidelines to clean and heat sterilize.

Dental handpieces are medical devices regulated by the US Food and Drug Administration (FDA). Some handpieces are independent of air and waterlines (e.g., cordless devices). For these devices, CDC recommends that DHCP follow current FDA regulations. DHCP should use FDA-cleared devices<sup>6</sup> and follow the validated manufacturer's instructions for use for reprocessing (cleaning, lubricating, and/or sterilizing) these devices.<sup>7</sup>

In 2015, FDA released [updated guidance for reprocessing medical devices in health care settings](https://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM253010.pdf) [PDF– 805KB] (<https://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM253010.pdf>). This guidance gives   manufacturers of reusable medical devices recommendations on how to write and scientifically validate reprocessing instructions. Reusable devices that received FDA clearance before 2015 might not have reprocessing instructions that meet the requirements of the 2015 guidance. According to FDA, “reprocessing instructions for some older, legally-marketed, reusable devices may not be consistent with state-of-the-art science and therefore may not ensure that device is clean, disinfected, or sterile.” It is incumbent upon the device manufacturer to provide sufficient instructions on how to prepare devices for use on the next patient.

If a dental handpiece cannot be heat sterilized and does not have FDA clearance with validated instructions for reprocessing, DHCP should not use that device.<sup>7</sup> If DHCP are concerned about the validity of the manufacturer's instructions for reprocessing or believe that the instructions are not consistent with basic infection prevention and control principles, they should contact the manufacturer to request documentation of FDA clearance. If the manufacturer is not able to provide sufficient information, DHCP can contact FDA's Office of Compliance at [OCMedicalDeviceCo@fda.hhs.gov](mailto:OCMedicalDeviceCo@fda.hhs.gov) or (240) 402-7675 for assistance

### In Summary

- 1. Clean and heat sterilize handpieces and other intraoral instruments that can be removed from the air lines and waterlines of dental units.**
- 2. For handpieces that do not attach to air lines and waterlines, use FDA–cleared devices and follow the validated manufacturer’s instructions for reprocessing these devices.**
- 3. If a dental handpiece cannot be heat sterilized and does not have FDA clearance with validated instructions for reprocessing , do not use that device.**

All references in this document are found here:

“CDC Statement on Reprocessing Dental Handpieces | Infection Prevention & Control in Dental Settings | Division of Oral Health.” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, [www.cdc.gov/oralhealth/infectioncontrol/statement-on-reprocessing-dental-handpieces.htm](http://www.cdc.gov/oralhealth/infectioncontrol/statement-on-reprocessing-dental-handpieces.htm). Accessed 6-10-19

## California Dental Practice Act 2020

- Scope of Practice
- Violations
- Citations, fines and license actions
- Rx regulations
- Mandatory Reporter Obligations
- Continuing Education Requirements
- Duties and Settings for Dental Auxiliaries
- Required Posting

## What's New?

- Dental Hygiene Committee now a Board
- New Duties for RDAEFs and Hygienists
- Prescription writing rules/CURES requirements
- Outstanding tax obligation & license renewal
- New Dental Unit H2O law
- Fingerprinting by Live Scan
- Tele-health connected programs
- Email address required by Dental Board

**EFFECTIVE IMMEDIATELY !!!!!  
PRACTICAL EXAM FOR REGISTERED  
DENTAL ASSISTANT LICENSURE  
SUSPENDED!**

**ONLY ONE WRITTEN EXAM PLUS  
PRE-REQUISITES**

## Dental Assistant Permits

DAs, RDAs and RDAEFs may obtain

### Orthodontic Assistant Permit

- Must have 12 months work experience as DA, RDA, or RDAEF
- Take 84 hour board approved orthodontic assistant course
- Pass a state administered written exam
- Complete 25 CE every 2 yrs.

### Dental Sedation Assistant Permit

- Must have 12 months work experience as DA, RDA, or RDAEF
- Take 110 hour board approved dental sedation assistant course
- Pass a state administered written exam
- Complete 25 CE every 2 yrs

## Unlicensed Dental Assistants hired after 1-1-2010 must take

1. An 8 Hour Infection Control Course
2. California Dental Practice Act
3. CPR (AHA or Red Cross AGD-PACE/ADA-CERP)

*The employer is responsible for ensuring that unlicensed DA who is in his or her continuous employ for 120 days or more completes within a year of the date of employment*

## Unprofessional Conduct

Practicing with an expired license

Failure to follow the Infection Control standards

Insurance fraud

Fee by fraud or misrepresentation

Aiding/abetting unlicensed person to practice dentistry

Aiding/abetting licensed person to practice dentistry unlawfully

NEW -Laws re: Irrigating the exposed Dental Pulp



### Commercial patient financing products ARE AT RISK OF ELIMINATION (SB-639)

1. DDS must provide a treatment plan to the pt
2. DDS or staff must obtain the pt's signature on a specified written disclosure
3. DDS may only apply charges to credit card or credit line that was established before the treatment was rendered if the patient is 1<sup>st</sup> provided with a list of services being pd for.
4. No arrangements for credit products while pt under the influence of gen anes, consc sedation or N2O.
5. DDS must refund lender w/in 15 days of pt's request any payment rec'd for treatment not rendered.

### Fictitious Name Permit and Name change regulations

Must have a Fictitious name permit issued by the Dental Board-Fictitious business license does not meet this requirement.

All licensees must notify the Dental Board or Dental Hygiene Board within 10 days of a personal name change. (Hyg must notify of email/address chg)

DDS must register place of practice and change of place of place within 30 days to Dental Board

### Name Tag/Posting Requirements

All licensees must wear a name tag (18 pt type)  
Name and license type UNLESS the license is displayed at the facility.

The name of every person employed in the practice of dentistry must be posted in a conspicuous place in the facility

#### **Notice to Consumer Posters (DDS & HYG)**

### Mandatory Reporter Obligations

- Domestic Violence-Physical Assault
- Suspected Child Abuse/neglect
- Suspected Elder Abuse/neglect

Report within 36 hours-failure to report is a misdemeanor. Possible fines \$1000 or 6 months jail time.

### Dental Licenses and Permits

- Licenses expire every 2 years- If your birth year is an even number your license ALWAYS expires in an even year- in your birthday month. If birth year is odd number year/license will expire in odd year.

DDS Fee increase \$6/yr for funding CURES (statewide data base admin by DOJ)

### Dental License Renewal

#### Continuing Education

Dentists	50 hours
RDAs and Hygienists	25 hours
RDHAPs	35 hours
DSAP and OAP	
Permit Holders	25 hours

2 hrs of California Dental Practice Act  
2 hrs of Infection Control  
CPR-Basic Life Support LIVE (AHA or Red Cross)

Called are now called Criteria 1, 2, & 3

(1=Clinical, 2=Non Clinical, 3=not recognized for credit

**80% of hours must be courses in the actual delivery of dental services**

Examples: Criteria 1  
Infection Control, DPA,  
OSHA, HIPAA and CPR  
clinical procedures

**Up to 20% may be used in courses such as office management**

Examples Criteria 2: Recall  
systems, HR,  
Communications,  
Computer systems,  
Practice Mgmt, etc.

## Live CE vs. Home Study

50% of Continuing Education can be Home Study

50% must be live courses (classroom, live telephone conferencing, live video conferencing, webinars and live workshop demonstration).

Note: PACE & CERP courses recognized as long as course meets Dental Board criteria.

**Sexual Harrassment Training for practices with 5+ employees required every 2 years by state not Dental Board**

## RDAs licensed after 1-1-10

Must obtain a Pit and Fissure Sealant Certificate in order to renew their license.

RDAs licensed before 2010 don't need the certificate to renew, only if they wish to perform the duty.

## Outstanding Tax Obligations

Effective July 1, 2012, the Dental Board of CA is required to deny an application for licensure or suspend a license/certificate/registration if a licensee or applicant has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization

## Table Of Permitted Duties

- "N"= Means that the auxiliary is NOT permitted to perform the duty
- "D"= Means direct supervision
- "DD"=Means DDS decides the level of supervision  
Direct or General
- "G"= Means general supervision

## TABLE OF PERMITTED DUTIES – DENTAL HYGIENE

"05" means RDH or RDHEF may perform RDA duties if initial license was issued on or before December 31, 2005. If licensed after January 1, 2006, the Hygienist must obtained RDA license to perform RDA duties.

"WS" means the RDH may perform this function without supervision of a dentist. "Without supervision" differs from "general supervision" in that the dentist has not examined the patient prior to the provision of the service

## DENTAL ASSISTING TABLE OF PERMITTED DUTIES

The following is a table of duties which Dental Assistants (DA), Orthodontic Assistants (OA), Dental Sedation Assistants (DSA), Registered Dental Assistants (RDA) and Registered Dental Assistants in Extended Functions (RDAEF) are allowed to perform in California.

This table is intended to provide summary information to interested parties. It is not intended to cover all aspects of applicable laws or provide a substitute for reviewing the laws that are cross-referenced below. It is highly recommended that applicants and licensees review the actual text of the laws cited at the link provided below. **If a duty is not listed in the sections of law cited below, assistants are NOT allowed to perform the duty.** Under each category of assistant is one of the following notations: “D”, “C”, “G” or “DD”.

“D” = the assistant may perform the duty under the Direct supervision of a dentist, which means supervision of dental procedures based on instructions given by a licensed dentist who must be physically present in the treatment facility during the performance of those procedures. The duty must be performed pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures must be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.

Note: Dental Sedation Assistant permit holders may also perform the listed duty under a licensed health care professional authorized to administer conscious sedation or general anesthesia in the dental office.

“C” = the assistant may perform the duty in the specified setting under the supervision of a dentist, Registered Dental Hygienist, or Registered Dental Hygienist in Alternative Practice.

“G” = the assistant can perform the duty under the General supervision of a dentist, which means based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures.

“DD” = The supervising licensed dentist shall be responsible for determining whether each authorized procedure performed by a registered dental assistant should be performed under general or direct supervision, except as provided in Section 1777.

The sections of law noted below are contained in the Dental Practice Act located in Chapter 4 of Division 2 of the California Business and Professions Code (BPC). For the actual text of the laws, the following link will take you to the page on the Dental Board’s web site <http://www.dbc.ca.gov/lawsregs/laws.shtml>.

ALLOWABLE DUTIES	SECTION OF LAW (Statute or Regulation)	D	C	G	DD
<b>DENTAL ASSISTANT (DA) BPC, SECTION 1750.1</b>					
Extra-oral duties or procedures specified by the supervising licensed dentist, provided that these duties or procedures meet the definition of a basic supportive procedure specified in Section 1750	1750.1			X	
Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of Section 1656	1750.1			X	
Perform intraoral and extraoral photography	1750.1			X	
Apply nonaerosol and noncaustic topical agents	1750.1	X			
Apply topical fluoride	1750.1	X			
Take intraoral impressions for all nonprosthodontic appliances	1750.1	X			
Take facebow transfers and bite registrations	1750.1	X			
Place and remove rubber dams or other isolation devices	1750.1	X			
Place, wedge, and remove matrices for restorative procedures	1750.1	X			
Remove postextraction dressings after inspection of the surgical site by the supervising licensed dentist	1750.1	X			
Perform measurements for the purposes of orthodontic treatment	1750.1	X			
Cure restorative or orthodontic materials in operative site with a light-curing device	1750.1	X			
Examine orthodontic appliances	1750.1	X			
Place and remove orthodontic separators	1750.1	X			
Remove ligature ties and archwires	1750.1	X			
After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient	1750.1	X			
Remove periodontal dressings	1750.1	X			
Remove sutures after inspection of the site by the dentist	1750.1	X			
Place patient monitoring sensors	1750.1	X			
Monitor patient sedation, limited to reading and transmitting information from the monitor display during the intraoperative phase of surgery for electrocardiogram waveform, carbon dioxide and end tidal carbon dioxide concentrations, respiratory cycle data, continuous noninvasive blood pressure data, or pulse arterial oxygen saturation measurements, for the purpose of interpretation and evaluation by a supervising licensed dentist who shall be at the patient's chairside during this procedure	1750.1	X			
Assist in the administration of nitrous oxide when used for analgesia or sedation. A dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the supervising licensed dentist who shall be present at the patient's chairside during the implementation of these instructions. This paragraph shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency	1750.1	X			
Apply topical fluoride under the general direction of a licensed dentist or physician, when operating in a school-based setting or a public health program created or administered by a federal, state, county, or local governmental entity pursuant to Sections 104762 and 104830 of the Health and Safety Code	1750.1			X	
Intraoral retraction and suctioning under the supervision of a registered dental hygienist in alternative practice	1750.1		X		

ALLOWABLE DUTIES	SECTION OF LAW (Statute or Regulation)	D	C	G	DD
<b>ORTHODONTIC ASSISTANT PERMIT (OA) BPC, SECTION 1750.3</b>					
All duties that a dental assistant is allowed to perform	1750.3	X			
Prepare teeth for bonding, and select, preposition, and cure orthodontic brackets after their position has been approved by the supervising licensed dentist	1750.3	X			
Remove only orthodontic brackets and attachments with removal of the bonding material by the supervising licensed dentist.	1750.3	X			
Size, fit, and cement orthodontic bands	1750.3	X			
Remove orthodontic bands and remove excess cement from supragingival surfaces of teeth with a hand instrument	1750.3	X			
Place and ligate archwires	1750.3	X			
Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment	1750.3	X			
<b>DENTAL SEDATION ASSISTANT PERMIT (DSA) BPC, SECTION 1750.5</b>					
All duties that a dental assistant is allowed to perform	1750.5	X			
Monitor patients undergoing conscious sedation or general anesthesia utilizing data from noninvasive instrumentation such as pulse oximeters, electrocardiograms, capnography, blood pressure, pulse, and respiration rate monitoring devices. Evaluation of the condition of a sedated patient shall remain the responsibility of the dentist or other licensed health care professional authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside while conscious sedation or general anesthesia is being administered	1750.5	X			
Drug identification and draw, limited to identification of appropriate medications, ampule and vial preparation, and withdrawing drugs of correct amount as verified by the supervising licensed dentist	1750.5	X			
Add drugs, medications, and fluids to intravenous lines using a syringe, provided that a supervising licensed dentist is present at the patient's chairside, limited to determining patency of intravenous line, selection of injection port, syringe insertion into injection port, occlusion of intravenous line and blood aspiration, line release and injection of drugs for appropriate time interval. The exception to this duty is that the initial dose of a drug or medication shall be administered by the supervising licensed dentist	1750.5	X			
Removal of intravenous lines	1750.5	X			
<b>REGISTERED DENTAL ASSISTANT (RDA) BPC, SECTION 1752.4</b>					
All duties that a dental assistant is allowed to perform	1752.4				X
Mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth	1752.4				X
Apply and activate bleaching agents using a nonlaser light-curing device	1752.4				X
Use of automated caries detection devices and materials to gather information for diagnosis by the dentist	1752.4				X
Obtain intraoral images for computer-aided design (CAD), milled restorations	1752.4				X

ALLOWABLE DUTIES	SECTION OF LAW (Statute or Regulation)	D	C	G	DD
<b>REGISTERED DENTAL ASSISTANT (RDA) BPC, SECTION 1752.4 – Continued</b>					
Pulp vitality testing and recording of findings	1752.4				X
Place bases, liners, and bonding agents	1752.4				X
Chemically prepare teeth for bonding	1752.4				X
Place, adjust, and finish direct provisional restorations	1752.4				X
Fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration	1752.4				X
Place post-extraction dressings after inspection of the surgical site by the supervising licensed dentist	1752.4				X
Place periodontal dressings	1752.4				X
Dry endodontically treated canals using absorbent paper points	1752.4				X
Adjust dentures extra-orally	1752.4				X
Remove excess cement from surfaces of teeth with a hand instrument	1752.4				X
Polish coronal surfaces of the teeth	1752.4				X
Place ligature ties and archwires	1752.4				X
Remove orthodontic bands	1752.4				X
*A registered dental assistant may only perform the following additional duties if he or she has completed a board-approved registered dental assistant educational program in those duties, or if he or she has provided evidence, satisfactory to the board, of having completed a board-approved course in those duties					
*Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment	1752.4	X			
*The allowable duties of an orthodontic assistant permitholder as specified in Section 1750.3. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument	1752.4	X			
*The allowable duties of a dental sedation assistant permitholder as specified in Section 1750.5	1752.4	X			
*The application of pit and fissure sealants	1752.4	X			
<b>REGISTERED DENTAL ASSISTANT in EXTENDED FUNCTIONS (RDAEF) BPC, SECTION 1753.5 Licensed on or after January 1, 2010</b>					
All duties that a dental assistant is allowed to perform	1753.5				X
All duties that a registered dental assistant is allowed to perform as specified in and limited by Section 1752.4	1753.5				X
Conduct preliminary evaluation of the patient's oral health, including, but not limited to, charting, intraoral and extra-oral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation	1753.5	X			
Perform oral health assessments in school-based, community health project settings under the direction of a dentist, registered dental hygienist, or registered dental hygienist in alternative practice	1753.5		X		
Cord retraction of gingiva for impression procedures	1753.5	X			
Size and fit endodontic master points and accessory points	1753.5	X			
Cement endodontic master points and accessory points	1753.5	X			
Take final impressions for permanent indirect restorations	1753.5	X			
Polish and contour existing amalgam restorations	1753.5	X			
Adjust and cement permanent indirect restorations	1753.5	X			

ALLOWABLE DUTIES	SECTION OF LAW (Statute or Regulation)	D	C	G	DD
<p><b>Additional authorized duties of a registered dental assistant in extended functions (RDAEF), BPC, Section 1753.55. A registered dental assistant in extended functions is authorized to perform the additional duties as set forth in subdivision (b) pursuant to the order, control, and full professional responsibility of a supervising dentist, if the licensee meets one of the following requirements:</b></p> <p><b>(1) Is licensed on or after January 1, 2010.</b></p> <p><b>(2) Is licensed prior to January 1, 2010, has successfully completed a board-approved course in the additional procedures specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5, and passed the examination as specified in Section 1753.4. The pocket license of the authorized licensee will state the RDAEF perform the duties per B&amp;P 1753.5 and 1753.55.</b></p>					
<p>Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the dental assistant in extended functions shall follow protocols established by the supervising dentist. This paragraph only applies in the following settings:</p> <p>(A) In a dental office setting.</p> <p>(B) In public health settings, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics, under the general supervision of a dentist.</p>	1753.55			X	
<p>Place protective restorations in a dental office setting, under the direct or general supervision of a dentist as determined by the dentist.</p>	1753.55				X
<p>Place protective restorations after the diagnosis, treatment plan, and instruction to perform the procedure provided by a dentist in public health settings, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics, under the general supervision of a dentist.</p>	1753.55			X	
<p><b>REGISTERED DENTAL ASSISTANT in EXTENDED FUNCTIONS (RDAEF) BPC, SECTION 1753.6</b></p> <p><b>Licensed prior to January 1, 2010 and has not completed a Board-approved course in the additional procedures specified in paragraphs (1), (2), (5) and (7) to (11) inclusive, of Section 1753.5 (b) and an examination as specified in Section 1753.4</b></p>					
<p>All duties that a registered dental assistant is allowed to perform as specified in and limited by Section 1752.4</p>	1753.6				X
<p>Cord retraction of gingiva for impression procedures</p>	1753.6				X
<p>Take final impressions for permanent indirect restorations</p>	1753.6	X			
<p>Formulate indirect patterns for endodontic post and core castings</p>	1753.6	X			
<p>Fit trial endodontic filling points</p>	1753.6	X			
<p>Apply pit and fissure sealants</p>	1753.6	X			
<p>Remove excess cement from subgingival tooth surfaces with a hand instrument</p>	1753.6	X			

## Table of Permitted Duties Dental Hygiene Updated January 1, 2019

Resource <http://leginfo.legislature.ca.gov/> on March 29, 2019

1907. The following functions may be performed by a registered dental hygienist, in addition to those authorized pursuant to Sections 1908 to 1914, inclusive:

(a) All functions that may be performed by a registered dental assistant.

(b) All persons holding a license as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions as of December 31, 2005, are authorized to perform the duties of a registered dental assistant specified in this chapter. **All persons issued a license as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions on or after January 1, 2006, shall qualify for and receive a registered dental assistant license prior to performance of the duties of a registered dental assistant specified in this chapter.**

*(Amended by Stats. 2009, Ch. 308, Sec. 11.5. (SB 819) Effective January 1, 2010.)*

1908. (a) The practice of dental hygiene includes dental hygiene assessment and development, planning, and implementation of a dental hygiene care plan. It also includes oral health education, counseling, and health screenings.

(b) The practice of dental hygiene **does not include any of the following procedures:**

(1) Diagnosis and comprehensive treatment planning.

(2) Placing, condensing, carving, or removal of permanent restorations.

(3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.

(4) Prescribing medication.

(5) Administering local or general anesthesia or oral or parenteral conscious sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other, or local anesthesia pursuant to Section 1909.

*(Added by Stats. 2008, Ch. 31, Sec. 47. Effective January 1, 2009. Operative July 1, 2009, by Sec. 55 of Ch. 31.)*

1909. A registered dental hygienist is authorized to perform the following procedures under direct supervision of a licensed dentist, after submitting to the hygiene board evidence of satisfactory completion of a course of instruction, approved by the hygiene board, in the procedures:

(a) Soft-tissue curettage.

(b) Administration of local anesthesia.

(c) Administration of nitrous oxide and oxygen, whether administered alone or in combination with each other.

*(Amended by Stats. 2018, Ch. 858, Sec. 16. (SB 1482) Effective January 1, 2019.)*

1910. A registered dental hygienist is authorized to perform the following procedures under general supervision:



- (a) Preventive and therapeutic interventions, including oral prophylaxis, scaling, and root planing.
- (b) Application of topical, therapeutic, and subgingival agents used for the control of caries and periodontal disease.
- (c) The taking of impressions for bleaching trays and application and activation of agents with nonlaser, light-curing devices.
- (d) The taking of impressions for bleaching trays and placements of in-office, tooth-whitening devices.

*(Added by Stats. 2008, Ch. 31, Sec. 47. Effective January 1, 2009. Operative July 1, 2009, by Sec. 55 of Ch. 31.)*

1910.5. (a) In addition to the duties specified in Section 1910, a registered dental hygienist is authorized to perform the following additional duties, as specified:

(1) Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the dental hygienist shall follow protocols established by the supervising dentist. This paragraph only applies in the following settings:

(A) In a dental office setting.

(B) In a public health setting, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics.

(2) Place protective restorations, which for this purpose are identified as interim therapeutic restorations, and defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for interim therapeutic restoration placement. Interim therapeutic restorations shall be placed only in accordance with both of the following:

(A) In either of the following settings:

(i) In a dental office setting.

(ii) In a public health setting, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics.

(B) After the diagnosis, treatment plan, and instruction to perform the procedure provided by a dentist.

(b) The functions described in subdivision (a) may be performed by a registered dental hygienist **only after completion of a program that includes training in performing those functions**, or after providing evidence, satisfactory to the hygiene board, of having completed a hygiene board-approved course in those functions.

(c) No later than January 1, 2018, the hygiene board shall adopt regulations to establish requirements for courses of instruction for the procedures authorized to be performed by a registered dental hygienist and registered dental hygienist in alternative practice pursuant to Sections 1910.5 and 1926.05, using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172

through the Office of Health Planning and Development. The hygiene board shall use the curriculum submitted by the board pursuant to Section 1753.55 to adopt regulatory language for approval of courses of instruction for the Interim Therapeutic Restoration. Any subsequent amendments to the regulations for the Interim Therapeutic Restoration curriculum that are promulgated by the hygiene board shall be agreed upon by the board and the hygiene board.

(d) This section shall become operative on January 1, 2018.

*(Amended by Stats. 2018, Ch. 858, Sec. 17. (SB 1482) Effective January 1, 2019.)*

1911. (a) A registered dental hygienist may provide, without supervision, educational services, oral health training programs, and oral health screenings.

(b) A registered dental hygienist shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan.

(c) In any public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity, a registered dental hygienist may provide, without supervision, dental hygiene preventive services in addition to oral screenings, including, but not limited to, the application of fluorides and pit and fissure sealants. A registered dental hygienist employed as described in this subdivision may submit, or allow to be submitted, any insurance or third-party claims for patient services performed as authorized in this article.

*(Added by Stats. 2008, Ch. 31, Sec. 47. Effective January 1, 2009. Operative July 1, 2009, by Sec. 55 of Ch. 31.)*

1912. Any procedure performed or service provided by a registered dental hygienist that does not specifically require direct supervision shall require general supervision, so long as it does not give rise to a situation in the dentist's office requiring immediate services for alleviation of severe pain, or immediate diagnosis and treatment of unforeseeable dental conditions that, if not immediately diagnosed and treated, would lead to serious disability or death.

*(Added by Stats. 2008, Ch. 31, Sec. 47. Effective January 1, 2009. Operative July 1, 2009, by Sec. 55 of Ch. 31.)*

1913. Unless otherwise specified in this chapter, a registered dental hygienist may perform any procedure or provide any service within the scope of his or her practice in any setting, so long as the procedure is performed or the service is provided under the appropriate level of supervision required by this article.

*(Added by Stats. 2008, Ch. 31, Sec. 47. Effective January 1, 2009. Operative July 1, 2009, by Sec. 55 of Ch. 31.)*

1914. A registered dental hygienist may use any material or device approved for use in the performance of a service or procedure within his or her scope of practice under the appropriate level of supervision, if he or she has the appropriate education and training required to use the material or device.

*(Added by Stats. 2008, Ch. 31, Sec. 47. Effective January 1, 2009. Operative July 1, 2009, by Sec. 55 of Ch. 31.)*

1931.

(a) (1) A dental hygienist in alternative practice may provide services to a patient without obtaining written verification that the patient has been examined by a dentist or physician and surgeon licensed to practice in this state.

(2) If the dental hygienist in alternative practice provides services to a patient 18 months or more after the first date that he or she provides services to a patient, he or she shall obtain written verification that the patient has been examined by a dentist or physician and surgeon licensed to practice in this state. The verification shall include a prescription for dental hygiene services as described in subdivision (b).

(b) A registered dental hygienist in alternative practice may provide dental hygiene services for a patient who presents to the registered dental hygienist in alternative practice a written prescription for dental hygiene services issued by a dentist or physician and surgeon licensed to practice in this state. The prescription shall be valid for a time period based on the dentist's or physician and surgeon's professional judgment, but not to exceed two years from the date it was issued.

*(Amended by Stats. 2018, Ch. 858, Sec. 29. (SB 1482) Effective January 1, 2019.)*

## Resources

Dental Unit Waterline Treatment  
Sterisil, Inc.  
Citrisil products and waterline filters  
719-622-7200  
[www.sterisil.com](http://www.sterisil.com)

Instadose X-ray Monitoring Badges Online  
Program  
ICCARE  
P.O. Box 19249  
Harvest Station Postal Store  
Irvine, CA 92623-9998  
Phone 877-477-5486  
[www.iccare.net](http://www.iccare.net)

Infection Control Guidelines  
MMWR Report  
[http://www.cdc.gov/oralhealth/  
InfectionControl/guidelines/index.htm](http://www.cdc.gov/oralhealth/InfectionControl/guidelines/index.htm)

Guideline for Disinfection and Sterilization  
in Healthcare Facilities, 2008  
[http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection\\_Nov\\_2008.pdf](http://www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf)

Centers for Disease Control  
U.S. Dept. Of Health & Human Services-  
Voice Information Services  
404-332-4565  
[www.cdc.gov](http://www.cdc.gov)

American Dental Association  
1-800-621-8099  
[www.ada.org](http://www.ada.org)

California Dental Association  
800-736-8702  
OSHA "Regulatory Compliance Manual"  
[www.cda.org](http://www.cda.org)

Dental Board of California  
916-263-2300  
[www.dbc.ca.gov](http://www.dbc.ca.gov)

Dental Hygiene Board of Calif  
[www.dhcc.ca.gov](http://www.dhcc.ca.gov)  
916-263-2595

National Institute of Occupational Health  
and Safety (NIOSH)  
[www.cdc.gov/niosh](http://www.cdc.gov/niosh)  
Organization for Safety, Asepsis and  
Prevention (OSAP)  
800-298-OSAP  
[www.osap.org](http://www.osap.org)  
BOOK "From Policy To Practice"

California Dept. of Health Services  
Radiologic Health Branch  
916-327-5106-Sacramento  
213-351-7897-LA County  
619-338-29-San Diego County

CAL/OSHA Consultation Service  
[www.dir.ca.gov](http://www.dir.ca.gov)

OSHA Pressure Vessel Unit  
No. Calif- 510-622-3066  
So. Calif- 714-567-7208

National HIV/AIDS Clinicians Consultation  
Center  
HIV Consultation Service Warmline 800-  
933-3413  
National Clinicians' Post-Exposure  
Prophylaxis Hotline 24/7  
PEPLINE 888-HIV-4911

Website for Hepatitis Information  
[www.hepatitisneighborhood.com](http://www.hepatitisneighborhood.com)

U.S. Air Force Dental Evaluation and  
Consultation Services (formerly USAF  
Dental Investigative Services)  
[decs.nhgl.med.navy.mil](http://decs.nhgl.med.navy.mil)

**REAL ESTATE IN**  
**CALAVERAS COUNTY**  
Donovan Hamanaka, Agent  
(209) 768-3901