Monday, December 12, 2011

Dental Hygiene Committee of California

Licensing and Examination Subcommittee Agenda

Agenda

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
Dental Hygiene Committee of California
2005 Evergreen Street, Suite 1050, Sacramento, California 95815
P 916.263.1978 F 916.263.2688 | www.dhcc.ca.gov

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

LICENSING AND EXAMINATION SUBCOMMITTEE MEETING

Upon Conclusion of Legislative and Regulatory Subcommittee
Monday, December 12, 2011
Evergreen Hearing Room
2005 Evergreen Street, 1st Floor
Sacramento, CA 95815

Agenda

Licensing and Examination Subcommittee

Chair – Michelle Hurlbutt, RDH
Cathy DiFrancesco, RDH
Rhona Lee, RDHEF
William Langstaff, DDS

LIC 1 – Roll Call

LIC 2 – Public Comment for items not listed on agenda

LIC 3 – Approval of April 28, 2011 Minutes

LIC 4 – Chairperson's Report

LIC 5 – Clinical and Written Examination Statistics

LIC 6 – Licensure Statistics
a. Registered Dental Hygienist
b. Registerd Dental Hygienist in Alternative Practice
c. Registered Dental Hygienist in Extended Functions
d. Ficitious Name permits

The following will be considered in CLOSED session pursuant to Government Code 11126 (c) (1):

LIC 7 – Examiner Performance/Orientation/Calibration/Validation

Return to Open Session

LIC 8 – Appointment of Examination Personnel

LIC 9 – Review of Candidate Examination Information

LIC 10 – Adjournment

A quorum of the Committee may be present at the subcommittee meeting. However, Committee members who are not on the subcommittee may observe, but may not participate or vote. Public comments will be taken on agenda items at the time the specific item is raised. The subcommittee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers, for convenience, and to maintain a quorum. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-1978 or access the Committee's Web Site at **www.dhcc.ca.gov**.

The meeting facilities are accessible to individuals with physical disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Anthony Lum at (916) 576-5004 or e-mail anthony.lum@dca.ca.gov or send a written request to DHCC at 2005 Evergreen Street, Ste. 1050, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.

Monday, December 12, 2011

Dental Hygiene Committee of California

Licensing and Examination Subcommittee
Agenda Item 3

Approval of April 28, 2011 Minutes

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
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Dental Hygiene Committee of California
Licensing and Examination Subcommittee Meeting

Doubletree LAX
1985 East Grand Avenue
El Segundo, CA 90245

Friday, April 29, 2011

DRAFT MINUTES

1. Roll Call/Establishment of Quorum

Members Present
Michelle Hurlbutt, RDH- Chair
Cathy DiFrancesco, RDH
Rhona Lee, RDH, RDHEF

Staff Present
Lori Hubble, Executive Officer
Tom Jurach, Associate Government Program Analyst
Traci Napper, Associate Government Program Analyst
Dennis Patzer, Enforcement

The meeting began at 1:53 p.m. Members introduced themselves for roll call and a quorum was established.

2. Public Comment
There was no public comment.

3. Approval of December 4, 2010 Minutes
Ms. Hurlbutt asked to make a change to paragraph 3, page 3: Remove the sentences beginning with "Ms. Hurlbutt referenced…" to the end of the paragraph ending "…not in attendance for today's meeting."

Ms. Lee referenced Agenda Item #8 and noted that her comments and those of member DiFrancesco's regarding the rationale in support of keeping the CDA code as part of the exam may have been inadvertently left out and asked that the record reflect the rationale stated during the subcommittee meeting:

"Ms. Lee and Ms. DiFrancesco stated support in favor of keeping the CDA code as a reference for the exam. Ms. Lee and Ms. DiFrancesco concurred that to be broad based would better serve both practitioners and consumers. Dental hygienists should be aware of concurrent and often overlapping issues and procedure codes in dental hygiene and dentistry as they relate to advancements in knowledge, technology and liability factors and issues."

Ms. Hurlbutt objected to the amendment stating that she believed the role of the DHCC was to test the ethics of dental hygienists and the CDA Code of Ethics is designed for dentists and therefore unfair to expect dental hygienists to understand this code.

It was m/s/c (DiFrancesco/Lee) to accept the minutes as amended. The motion carried unanimously.

4. Chairperson's Report

Ms. Hurlbutt applauded staff's efforts to keep the examination and licensing processes moving forward.

As presented in the agenda packet Ms. Hurlbutt proposed a white paper regarding alternative pathways to initial licensure. Ms. DiFrancesco asked how long it would take to write a white paper. Ms. Hurlbutt explained the rationale for a white paper and then discussed the topics and concepts relative to RDH licensure. Ms. DiFrancesco then asked if DHCC could use the Dental Board's portfolio pathway as an example. Ms. Hurlbutt replied that a task force would perform its own study and report back to the subcommittee. Ms. DiFrancesco then asked why a task force was needed to do what has already been done. Ms. Hurlbutt then suggested that DHCC wait until regulations had passed and implement the white paper when feasible.

It was motioned (DiFrancesco) to table the project until resources are available.

Ms. Lee asked that initiation of the process of coordinating and developing the white paper regarding alternative licensure pathways be dependent upon both rescinding the current executive order minimizing travel and expenses and the approval of DHCC's executive officer. Ms. DiFrancesco concurred to which Ms. Hurlbutt then stated the committee would take no action and move on.

JoAnn Galliano, educator for Chabot College, opined that as funds are freed up, the process could move forward. She felt that many educators would be interested in volunteering to develop such a white paper. To which Ms. DiFrancesco responded that the DHCC represented the public's interests, not those of the educational systems. Ms. Galliano then proposed that DHCC explore all options, including pros and cons and how to protect patients. Ms. DiFrancesco then questioned the need for urgency and asked why discussion could not wait until the August DHCC meeting. Ms. Galliano responded that supporting the research would not commit implementation, but opened the possibility to implement the project when funds became available. Ms. DiFrancesco asked if this would impact staff and Ms. Galliano opined that staff would not be impacted. Ms. Hurlbutt added that staff could not write this paper because they did not have the expertise.

Ms. Lee recommended that when feasibility for development of the white paper occurred that selection criteria be developed for the volunteer educators similar to selection of clinical examiners. Ms. Hurlbutt expressed that no criteria were necessary.

Ms. Hurlbutt then touched on continued competency for informational purposes.
And Ms. DiFrancesco agreed that this area was very important to protect the public.

Ms. Hurlbutt recommended accepting the Ms. Lee's recommendation regarding initiation of the white paper with the stipulation that we comply with both DCA's executive order regarding minimization of travel and expenses coupled with DHCC's executive officer's approval before moving forward.

Both Ms. Lee and DiFrancesco agreed to the recommendation.

5. Clinical and Written Examination Statistics

Mr. Jurach presented a snapshot of the annual results of the DHCC clinical exam. Ms. DiFrancesco asked if we were tracking gross trauma results from hand instrumentation or ultrasonic equipment. Ms. Hubble noted that tracking that level of detail is difficult given the DHCC's current staffing shortage.

Mr. Jurach then presented the Law and Ethics Pass/Fail exam statistics and Ms. Lee asked why the fail rate appeared higher than in the past. Ms. Hubble agreed and explained that a small populace may produce skewed results, but that over time, the results might level out.

6. Licensure Statistics

Mr. Jurach briefed the Committee on DHCC's licensure statistics. He presented total licenses issued, total current licenses, total inactive licenses, and the number of deficient licenses as of April 3, 2011.

7. Update on regulations relating to courses in the administration of nitrous oxide and oxygen, administration of local anesthetic agents and periodontal soft tissue curettage (Title 16, California Code of Regulations, §1072.2)

Ms. Di Francesco's update on SLN legislation, included the ad hoc committee's current work on developing regulations. Although the ad hoc committee was scheduled to meet on May 22nd, Ms. Hubble added that probably the meeting would have to be cancelled due to the executive order restricting travel, but that it might be possible to continue the committee's work via a teleconference. Ms. Hurlbutt stated that they will continue to move forward as quickly as they are able.

8. Future Agenda Items

Ms. Hurlbutt would like to continue discussing continued competency.

Given no further business to discuss, the Licensing and Examination subcommittee meeting was adjourned at 2:24 p.m.

Monday, December 12, 2011

Dental Hygiene Committee of California

Licensing and Examination Subcommittee
Agenda Item 4

Chairperson's Report

Monday, December 12, 2011

Dental Hygiene Committee of California

Licensing and Examination Subcommittee
Agenda Item 5

Clinical and Written Examination Statistics

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
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MEMORANDUM

DATE	December 12, 2011
TO	DHCC Committee Members
FROM	Lori Hubble, Executive Officer Dental Hygiene Committee of California
SUBJECT	**Agenda Item 5: Clinical and Written Examination Statistics**

Written Examination Statistics

A verbal report will be provided at the meeting regard the RDH and RDHAP written examination statistics.

Clinical Examination Statistics

Attached is the document illustrating the clinical examination statistics.

Attachment I

California Registered Dental Hygiene
Clinical Statistics 2011

RDH Clinical Exam Date and Location		Total Candidates Registered (d)	Total Candidates Tested (a)	Pass	Fail	Withdrew	Did Not Appear	Gross Trauma	Exceeded Time Limit	Pass % (b)	Fail % (c)
March 6, 2011 at UCSF	**ALL**	**84**	**78**	**68**	**10**	**6**	**0**	**1**	**1**	**87%**	**13%**
	Out-Of-State	*4*	*3*	*3*	*0*	*1*	*0*	*1*	*0*	100%	0%
June 12, 2011 at USC	**ALL**	**97**	**92**	**87**	**5**	**5**	**0**	**1**	**0**	**95%**	**5%**
	Out-Of-State	*4*	*4*	*3*	*1*	*0*	*0*	*0*	*0*	***75%***	***25%***
July 16-17 and 23-24 at UCSF and USC	**ALL**	**393**	**378**	**306**	**72**	**15**	**0**	**3**	**0**	**81%**	**19%**
	Out-Of-State	*2*	*2*	*2*	*0*	*0*	*0*	*0*	*0*	*100%*	*0%*
October 2 and 23, 2010 at UCSF and	**ALL**	**113**	**108**	**103**	**5**	**5**	**0**	**0**	**0**	**95%**	**5%**
	Out-Of-State	*3*	*2*	*2*	*0*	*0*	*1*	*0*	*0*	*100%*	*0%*
2011 Overall	**ALL**	**687**	**656**	**564**	**92**	**31**	**0**	**5**	**1**	**86%**	**14%**
	Out-of-State	*13*	*11*	*10*	*1*	*1*	*1*	*1*	*0*	*91%*	*9%*

(a) *Formula:* Total Candidates Pass + Total Candidates Fail = Total Candidates Tested

(b) *Formula:* Pass / Total Candidates Tested = Pass Percentage

(c) *Formula:* Fail / Total Candidates Tested = Fail Percentage

(d) *Formula:* Total Candidates Pass + Total Candidates Fail + Withdrew + Did Not Appear = Total Candidates Registered

Monday, December 12, 2011

Dental Hygiene Committee of California

Licensing and Examination Subcommittee
Agenda Item 6

Licensure Statistics

STATE OF CALIFORNIA
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DATE	December 12, 2011
TO	Dental Hygiene Committee of California Licensing and Examination Subcommittee
FROM	Lori Hubble Executive Officer
SUBJECT	**LIC 6 - Licensure Statistics**

The following is a breakdown of licenses by type as of December 2, 2011:

	License Type	Active	Inactive	Delinquent	Deficient*	Total Population
A	Registered Dental Hygienist	18,321	3,631	1,987	65	24,004
B	RDH – Extended Functions	31	4	1		36
C	RDH – Alternative Practice	367	8	15	1	391
D	Fictitious Name Permit	63				63

***Licensees deficient due to incomplete renewal application. Deficiencies include incomplete conviction question, survey and/or CE declaration/license status**

The following is a breakdown of licenses by type as of April 03, 2011:

	License Type	Active	Inactive	Delinquent	Deficient*	Total Population
A	Registered Dental Hygienist	17,919	3,614	1,851	107	23,491
B	RDH – Extended Functions	30	4	2		36
C	RDH – Alternative Practice	325	9	13	3	350
D	Fictitious Name Permit	26				26

***Licensees deficient due to incomplete renewal application. Deficiencies include incomplete conviction question, survey and/or CE declaration/license status.**

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Monday, December 12, 2011

Dental Hygiene Committee of California

Licensing and Examination Subcommittee
Agenda Item 8

Appointment of Examination Personnel

STATE OF CALIFORNIA
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MEMORANDUM

DATE	December 13, 2011
TO	DHCC Committee Members
FROM	Lori Hubble, Executive Officer Dental Hygiene Committee of California
SUBJECT	**LIC 8 - Appointment of Examination Personnel**

Chief Examiner, Assistant Chief Examiner

Chief Examiner – Kerri Brumbaugh - Martinez
Assistant Chief Examiner – PJ Attebery – Pasadena

ACTION REQUESTED:

- ❑ **Appoint Chief Examiner and Assistant Chief Examiner**

Monday, December 12, 2011

Dental Hygiene Committee of California

Licensing and Examination Subcommittee
Agenda Item 9

Review of Candidate Examination Information

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	December 12, 2011
TO	DHCC Committee Members
FROM	Lori Hubble, Executive Officer Dental Hygiene Committee of California
SUBJECT	**LIC 9 - Review of Examination Information**

Attached is the Candidate Examination Information guide for you review. Please be prepared to provide any suggested changes to the document. Staff requested the Chief Examiner, Assistant Chief Examiner and the pool of educators who are considered DHCC subject matter experts to provide their input as well. Staff will verbally highlight the edits received.

ACTION REQUESTED:

- ❑ **Direct staff to make changes received and post document on the internet**

EXAMINATION INFORMATION
CALIFORNIA REGISTERED DENTAL HYGIENIST (RDH) LICENSURE (REV. 6/11)

Be sure to carefully read all of the following information concerning the conduct of the RDH clinical examination.

GENERAL REQUIREMENTS AND PROHIBITIONS DURING THE EXAMINATION

The following rules, regulations and instructions are adopted to ensure uniform conduct of examinations. Candidates must adhere to them during the examination. A candidate violating any of the rules, regulations or instructions may be declared to have failed the examination and a statement of issues may be filed against the candidate by the California Attorney General's Office.

1. DHCC will randomly assign each candidate a number, who shall be known by that number throughout the entire examination.
2. The ability of a candidate to read and interpret instructions and examination material is a part of the examination.
3. Candidates may not commit any acts which interfere with DHCC's objective of evaluating professional competence.
4. Candidates must follow all directions relative to the conduct of the examination, including beginning and termination of treatment procedures at the scheduled or announced time.
5. Candidates may not assist one another in any portion of the examination.
6. Candidates shall not leave the exam area without permission.
7. Candidates shall occupy only the examination space assigned to her or him throughout the entire examination.
8. Absolutely no person other than those who are directly connected with the exam shall be admitted to the clinical areas.
9. The use of SofScale or similar-products is strictly prohibited.
10. A patient shall not be dismissed without the approval and signature of an Examiner.
11. Notes, textbooks or any other informative materials may not be brought into the examination room.

You may not leave the clinic area until your patient has returned to you from the grading area.

CELL PHONE PROHIBITION FOR CANDIDATES, PATIENTS AND ASSISTANTS PURSUANT TO SECTION 1080.1 (11) OF THE CALIFORNIA CODE OF REGULATIONS

You will be denied admission into the exam area for: food, drinks (unless patient or candidate is diabetic), cellular phones, cameras, beepers, radios, headsets or other electronic devices. None of the items listed above are permitted in any of the examination areas.

Do not bring these items to the examination or permit your dental assistant or patient to do so as this will be grounds for dismissal.

Checklist - What to Bring

Following is a brief checklist of what you must bring to the exam - be sure to refer to more detailed information contained in the following pages about the specific requirements:

- Valid, unexpired, government photo I.D., such as a driver's license, or you will not be admitted to the exam
- An acceptable patient, as defined beginning on page 6.
- A full mouth set of radiographs for each patient presented. (Patients submitted with a lesser number of x-rays will not be accepted). See definition under Examination Requirements on page 2, #2.
- A Medical Health Questionaire form for each patient presented. If Appropriate, physician clearance must be provided on DHCC Physician Clearance Form. Pre-medication must be confirmed by presenting the prescription container at the
- A completed Dental Assistant form. The use of a dental assistant is required to provide high volume evacuation if the candidate chooses to use an ultrasonic device. A form must be completed even if you are hand scaling and not utilizing the services of a dental assistant.
- Scaling, root planing, and other instruments and equipment as listed on page 3, item #6.
- Blood pressure kit
- Gowns, gloves, mask and protective eyewear, consistent with meeting OSHA requirements.

GENERAL DESCRIPTION OF THE EXAM

Each candidate must pass a clinical examination that includes an examination of a patient and complete scaling and root planing of one or two quadrants.

Scaling and root planing include, but are not limited to, the complete removal of calculus, soft deposits and plaque, and smoothing of the unattached tooth surfaces. An unattached tooth surface means the portion of the crown and root surface to which no tissue is attached.

EXAMINATION REQUIREMENTS

1. **Photo Identification.** Each candidate **must** present a valid, unexpired government photo I.D., such as a driver's license, at registration.

2. **Patient Radiographs**. Each candidate must provide a full mouth set of radiographs of the patient, which shall consist of 18 radiographs, at least 4 of which must be bitewings.

The radiographs must contain your candidate I.D. number, patient's name and date radiographs were taken.

The radiographs must be of diagnostic quality, properly mounted and shall not have been taken more than twelve (12) months prior to the examination at which time they are presented. **The apices and surrounding bone of all teeth in the quadrant(s) to be treated must be visible in the intraoral and/or panoramic radiographs.**

A panoramic radiograph alone is not acceptable, but it is advisable to submit it with the full mouth series.

Digital radiographs are acceptable. ***Images must be on a single sheet of photocopy quality glossy paper. Film images must be no smaller than size 1 for anterior and size 2 for posterior teeth.***

Radiographs must accompany patient upon check-in. Patients without appropriate radiographs will not be eligible for check-in.

Radiographs must also be provided for back-up patients. All radiographs must reflect the current condition of mouth.

3. **Anesthesia.** Each candidate must offer the patient the option of local anesthetic in the area(s) to be scaled only, except that anesthesia shall not be administered to both the mandibular quadrants of a patient on the same day. **This means anesthesia can be administered bilaterally to the mandible as long as it does not include bilateral inferior alveolar nerve block injections.**

The anesthesia type, amount in cartridges of anesthesia used including the concentration of vasoconstrictor and MRD must be recorded on the patient's medical history form in the space provided. This information should not be recorded on the medical history form until the anesthesia has actually been administered. Page 2 of the medical history form and used anesthesia cartridge(s) MUST be clearly noted and be visible during the exam.

If the patient's medical clearance for a pregnant patient does not specifically allow the type of anesthetic you wish to use (topical or local) you may not use such anesthesia.

If the Examiners are having difficulty examining your patient because the patient is too sensitive, he/she will be returned to you for anesthetic and then your patient must return to the grading area.

4. **Patient Blood Pressure.** Candidates are required to take and record a baseline blood pressure at the examination for all patients. Candidates are responsible for bringing their own blood pressure kits.

5. **Medical Health History/Physician Clearance**. Candidates must provide a completed Medical History form for each patient presented, as well as physician clearance if appropriate. The form should be completed prior to the exam, except for the required information regarding blood pressure and anesthesia.

6. **Instruments.** Provide, along with whatever scaling or root planing instruments the candidate intends to use the following:

a. Color-coded Marquis-type, 3mm. increment, periodontal probe.

b. Both a 3A and 11/12 extended explorer. You may inquire at a dental supply company if you have questions regarding these type of instruments.

c. A front surface mouth mirror.

d. All necessary armamentarium for local anesthesia, including anesthesia, needles and an aspirating syringe.

e. A handpiece and prophy angle. A Mid- West type handpiece to fit a 4-hole hose fitting will be needed in the clinic.

7. **Disposable Supplies** - The following disposable supplies may be available at each examination site, but there is no guarantee**: latex gloves, disposable air-water syringe tips, topical anesthetic, gauze, cotton rolls, cotton swabs, headrest covers, suction tips,**

masks, mouthwash, over gloves, patient bibs, paper cups, saliva ejector tips, foil or ultra wrap, sterilization bags, tray covers, dental floss, surface disinfectant, disposable prophy angles, prophy paste.

8. **Dress** - Candidates must dress appropriately for rendering health care services, consistent with OSHA standards (gown, gloves, mask, and protective eyewear.)

   Candidates will not be allowed to leave the clinic floor in contaminated clothing. Candidates must bring a bag in which to seal and remove your contaminated gown from the exam. Candidates may wear a disposable gown.

Since candidates are known by their candidate number during the exam, names, school name, or other candidate identifying information may NOT appear on instruments, clothing or exam forms.

9. **Ultrasonic Device -** The use of an ultrasonic device will be permitted, but will not be required. If a Candidate chooses to use an ultrasonic device, he/she must provide their own equipment and follow manufacturer instructions. DHCC will not be responsible for equipment hook-up or equipment failure.

10. **Dental Assistants –** Candidates are required to provide their own Dental Assistant if they choose to use an ultrasonic device. The Dental Assistant must provide high volume evacuation at all times when the ultrasonic device is being used.

Dental Assistants are prohibited from assisting in any other manner such as using the air/water syringe or perform suctioning when the ultrasonic device is not in use.

The Dental Assistant is not permitted to help the candidate set up their cubicle, clean the cubicle or escort the patient to the grading area. The Dental Assistant is prohibited from helping the candidate with any professional decisions. The Dental Assistant is not to be involved in conversations between the candidate and the Clinic Floor Supervisors.

Dental Assistant Required Conduct

- High volume evacuation is the only duty to be performed.
- The high volume suction must be in the patient's mouth at all times the ultrasonic device is in use.
- Dental Assistants must at all times comply with OSHA precautions **which includes long pants and closed-toe shoes.**
- Dental Assistants must wear a full face shield (from top of forehead to chin) and mask at all times the ultrasonic device is in use.
- If it is the Dental Assistant's intent to use a finger, saliva ejector or mouth mirror to achieve better access for proper suction, it is permissible.
- When the Dental Assistant is not providing high volume evacuation, the Dental Assistant must step or roll back from the patient chair.
- The Dental Assistant must leave the cubicle and exit the exam area once the candidate places the patient in line for grading.

Dental Assistants will be dismissed from the examination for failure to comply with exam guidelines and the the ultrasonic device will be removed from the cubicle.

It is the responsibility of the candidate to ensure that only the services of a dental assistant or registered dental assistant are used.

The dental assistant who will be providing the services during the exam is not and never has been a:

1. **Registered/Licensed Dental Hygienist**
2. **Registered/Licensed Dental Hygienist in Extended Functions**
3. **Registered/Licensed Dental Hygienist in Alternative Practice**
4. **Dental Hygiene Student**
5. **Military Dental Hygienist or Technician**
6. **Dental Student**
7. **Dentist, accredited or non-accredited graduate, licensed or not.**

If the above-listed health care professional assisting the candidate is a California licentiate, disciplinary action will be initiated.

Your Dental Assistant will not be allowed on the clinic floor until your patient has been accepted. Once your patient has been accepted, you may retrieve your Dental Assistant from the designated waiting area.

USC - 2nd Floor, near Patient Waiting Area
UCSF - 2nd Floor Patient Waiting Area
UOP - 2nd Floor Cafeteria
LLU – Will be announced

11. **Standard Precautions.** You must adhere to standard infection control precautions at all times during the exam. You must wear a gown, gloves, mask, and protective eyewear.

    During ultrasonic use, a mask and face shield providing coverage from the top of the forehead to your chin are required for both you and the assistant.

    Patients must wear protective eyewear at all times.

12. **Needlestick Protocol/Disposal and Instrument Breakage.** Notify the Clinic Supervisor immediately if you are stuck by a needle or instrument or if you experience instrument breakage. You will be advised at that time of DHCC's needlestick protocol. Stop and immediately notify the nearest Clinic Supervisor or Proctor if you have an instrument break in your patient's mouth. Failure to do so will result in your dismissal from the examination.

    Be sure to dispose of the needles appropriately at the end of the exam. Check the clinic or supply area for the sharps container or needle destroyer.

CHECK-IN AND ORIENTATION

Check-in and Orientation will begin between 6:30 or 7:30 a.m. for the morning session and approximately 12:00 - 12:30 p.m. for the afternoon session. **Your schedule notice will indicate the registration time and will be mailed to you approximately 1-2 weeks before the exam**.

Signs will be posted in the lobby of the dental school of exam registration and orientation areas.

You MUST present a valid, non-expired, government photo identification, such as a

Driver's License in order to register and be admitted into the examination.

You will be given a badge, which contains your picture and candidate I.D. number. You will be known by your candidate I.D. number only during the entire examination.

Following registration, you will be given orientation instructions. You may be given the opportunity to ask questions.

When you leave the orientation room, you will have approximately 5-10 minutes to get your patient and proceed to the exam clinic.

Restrooms should be used before you and your patient proceed to the clinic.

CLINIC PREPARATION

Initially, NO ONE other than you and your patient are allowed onto the clinic floor.

When you reach the clinic, you must locate the cubicle that has your candidate I.D. number on it. Disregard ANY other numbers on the units.

Your candidate I.D. number is the number given to you at registration which appears on the badge given to you at that time. You must occupy the unit corresponding to your candidate I.D. number. Make sure that the forms in your unit contain the candidate I.D. number on your badge. If you find yourself in the wrong cubicle, do NOT change the I.D. number on your examination forms. Contact a clinic supervisor or proctor immediately.

Make sure that your patient knows your candidate I.D. number and location of your unit, so that they can return to you in a timely manner.

Sanitize your units before and after working on your patient. Do not spray the glass portion of the lights, as they will break.

While waiting for patient acceptance, you may **NOT** re-sanitize, break down your unit and replenish supplies until you receive official notification of your patient not being accepted.

If you have equipment problems, contact either a clinic supervisor or proctor immediately.

You must obtain permission from a clinic supervisor to leave the clinic for any reason at any time during the course of the examination.

You may NOT begin the examination of your patient until the announcement is made that "you may begin your exam". All candidates will begin the patient evaluation portion of the exam at the same time.

Until the "start" announcement is made, you may only:

1. Sanitize your unit.
2. Set out your disposable supplies only. Do not set out any other supplies.
3. Take your patient's blood pressure and record it in the space provided on the patient's medical history form.
4. Put your candidate identification number and the date on the front upper right-hand corner of the patient's medical history form.
5. Assure that your patient has signed and dated the medical history form.
6. Pin the patient badge that has been placed in your cubicle to the patient's right sleeve or to the napkin chain, so that it will remain visible. Do NOT put your I.D. number on the badge.
7. If your patient is non-English speaking, write "non-English" and your candidate I.D. number on the patient bib. Labels stating "Non-English may be available at the check-in table.

Before entering the clinic, you should discuss with your patient the fact that they are not to divulge any personal information about you or themselves to the Examiners, and that Examiners will engage in little or no conversation with them. This is to protect your anonymity and not to be considered rudeness.

PATIENT ACCEPTABILITY

One acceptable patient shall be provided by each candidate. In the event that a patient is deemed unacceptable by the Examiners, it is the candidate's responsibility to provide another patient that is acceptable.

The candidate's ability to select an appropriate patient is part of the examination.

An acceptable patient must meet the following criteria:

1. **Age.** Minimum age of 18 years.
2. **Health Conditions.** The patient's health condition must be acceptable for periodontal treatment. If conditions indicate a need to consult the patient's physician, the applicant must obtain the **necessary written clearance* and/or evidence of antibiotic prophylaxis before the patient will be accepted.**

   *see DHCC Physician Clearance Form

Antibiotic prophylaxis must be confirmed by presenting the prescription container at the exam.

Patients with angina pectoris must have nitro-glycerin readily available.

Patients with asthma must have medication inhaler readily available.

Patients with diabetes mellitus who are insulin dependent must be advised to take usual insulin dosage and meals and have a glucose source readily available.

A. The following conditions require antibiotic prophylaxis for periodontal treatment:

(1) All total joint replacement patients

[AAOS Information Statement1033. (2009, Feb). *Antibiotic Prophylaxis for Bacteremia in Patients with Joint Replacements.* Retrieved from http://www.aaos.org/about/papers/advistmt/1033.asp]

(2) Valvular heart disease patients at highest risk for adverse outcomes from infective endocarditis to include:

(a) Patients with a prosthetic heart valves or prosthetic material used for valve repair

(b) Patients with previous infective endocarditis

(c) Patients with CHD (congenital heart disease)

- Unrepaired cyanotic CHD, including palliative shunts and conduits
- Completely repaired congenital heart defect repaired with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first 6 months after the procedure
- Repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (both of which inhibit endothelialization)

(d) Cardiac transplant recipients with valve regurgitation due to a structurally abnormal valve.

[Nishimura, R.A., et al. (2008). AHA 2008 Guideline Update on Valvular Heart Disease: Focused Update on Infective Endocarditis. *Circulation*, 118, 887-896. Retrieved from http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.108.190377]

B. The following conditions require physician clearance for periodontal treatment (see DHCC Physician Clearance Form):

(1) Tuberculosis –The clearance must state that the patient is non-infectious.

(2) High Blood Pressure - If a patient presents at the exam with a blood pressure exceeding 160 systolic and/or 100 diastolic, a physician's clearance must be presented which includes a statement of the highest blood pressure acceptable for periodontal treatment.

(3) HIV or AIDS - Clearance must state that periodontal treatment is not contraindicated.

(4) Radiation Treatment or Chemotherapy - Patients who are currently receiving treatment; clearance must state that periodontal treatment is not contraindicated.

(5) Sickle Cell Anemia. Clearance must state that periodontal treatment is not contraindicated

(6) Organ transplant. Clearance must state that periodontal treatment is not contraindicated

(7) Steroids - Systemic corticosteroid use for more than two weeks; clearance must state that periodontal treatment is not contraindicated.

(8) Pregnancy - Clearance must include approval for topical anesthesia, local anesthesia, treatment, and radiographs.

(9) Bisphosphonate Therapy - If patient is currently being medicated; clearance must state that periodontal treatment is not contraindicated.

(10) Bleeding Disorders or Antithrombotic Therapy – disorder or therapy which alter the patient's ability to control bleeding; clearance must include the most recent INR (International Normalized Ratio) reading.

Little, J.W., Falace, D.A., Miller, C.S., &Rhodes, N.L.(2008) *Dental management of the medically compromised patient (7th ed.) St.Louis, MO: Elsevier Mosley.*

Note: Nourishment should be made available for diabetic and pregnant patients, dental assistants and candidates.

3. **Hazardous Conditions.** A patient with a condition hazardous to the patient, candidate or examiner may be rejected at the discretion of the Examiners which include, but are not limited to:

A. Herpetic lesions in any visible stage or any other transmissible disease.

B. Acute abscesses, severely inflamed gingivae (purulent, hemorrhagic, retractable, etc.) in the area to be treated.

C. NUG or ANUG anywhere in the mouth.

D. Patients with extreme tissue or tooth sensitivity which interferes with proper probing and exploring by Examiners.

E. Patients with a history of hepatitis, unless non-carrier medical clearance is provided.

F. Patients who had a heart attack, stroke or cardiac surgery within past six (6) months.

G. Patients with an INR (International Normalized Ratio) above 3.0.

CASE OPTIONS

Effective March 2011, candidates will be allowed to submit two patient options on the Clinical Assessment Form. The 1st submission will be evaluated for acceptability and in the event that the first submission is not accepted, the 2nd submission will be evaluated. If both submissions are not accepted, the candidate must re-submit a 3rd submission on a new Clinical Assessment Form.

Candidates may select one of the following patient options:

A. Option One:

The patient must have at least 6 natural teeth in one quadrant with:

(1) At least 3 posterior teeth with interproximal probing surfaces of 4-6mm. Two of these posterior teeth must be molars. This means at least one interproximal surface on each of the posterior teeth must have a probing surface of 4-6 mm.

A patient will not be rejected because he/she has two probing surfaces greater than 6mm. Only two tooth surfaces may exceed 6mm in the quadrant(s) submitted.

A minimum of 13 surfaces (mesial, distal, facial, lingual) of moderate to heavy ledges of sub gingival calculus on the teeth selected by the Examiners is required.

(2) Demonstrable, explorer-detectable, moderate to heavy ledges of subgingival calculus present on more than half of the subgingival tooth surfaces and there must be some subgingival calculus on every tooth. **(This applies to the six (6) selected teeth)**

Acceptability will be determined on the basis of subgingival calculus. Supragingival calculus or stain is not required.

The six (6) natural teeth in one quadrant must be free of the following conditions:

1. Probing depths See page 8, A (1)
2. Class III furcation or Class III mobility
3. Gross decay
4. Faulty restorations **(which interfere with examiners ability to explore)**
5. Orthodontic bands or Overhanging margins
6. Temporary restorations
7. Bonded facings or veneers **unless margins are supragingival.**

Crowns/Restorations with smooth supragingival margins are acceptable.

Note: Quadrant(s) may be rejected if patient submitted has a possible carious lesion(s) present radiographically and/or clinically that may be further compromised after periodontal treatment is performed.

B. Option Two. If a candidate is unable to find a patient with one quadrant who meets the requirements of Option One above, the candidate may provide a patient in whom those requirements (in Option One) can be found in **two** quadrants anywhere in the mouth. **Anesthesia can be administered bilaterally to the mandible as long as it does not include bilateral inferior alveolar nerve block injections.**

A candidate who presents such a patient shall be required to scale all teeth in both quadrants in the same time allotted for scaling one quadrant.

PATIENT EXAMINATION

Once the announcement has been made that "you may begin your exam", you will have exactly 45 minutes to complete your patient evaluation and record probing.

If your patient is not in line by the announced time, you will automatically fail the examination.

It is not necessary to do an elaborate set-up at this time; you will have time to set up your cubicle while the Examiners are checking your patient for acceptability.

Performing the Patient Examination.

A “Clinical Assessment” form with your candidate I.D. number will be located in your unit, which includes three (3) sections that you must complete. In Section A, you must select the quadrant or quadrants you intend to treat and you may submit an additional submission under the 2nd submission region of this section. Once you have selected the quadrant or quadrants you intend to treat, you must record conditions of the oral tissues in Section B and provide an accurate charting of

the patient's periodontal probing depths for the quadrant(s) selected in Section C of the form. **Record in black or blue ink only**. **No other colors or pencils are allowed. Do not write anything in the gray areas of the form.**

Enter six probing measurements for each tooth in the appropriate tooth boxes. You must record probing measurements for all teeth in the quadrant or quadrants you have selected. Any omission will count as an error. Look closely at the Clinical Assessment form and be careful to record the probing measurements in the correct boxes.

Your probing measurements will be graded, so record them as accurately as possible. Be sure to take your measurements with the same probe you send in to be used by the Examiner, since measurements on probes sometimes vary.

PRESENTING THE PATIENT FOR ACCEPTABILITY

Your patient MUST be in the check-in line by the time announced for completion of this portion of the exam. Escort him or her to the check-in line area with:

1. Clinical Assessment Form and Patient Medical History form.
2. Both a 3A and an 11/12 extended explorer. Make sure that each is long enough and of such a contour that it will reach the pocket depth.
3. Front surface mouth mirror.
4. 3mm Marquis-type, color coded periodontal probe.
5. Protective Eyewear.
6. Patient's radiographs. Please see page 2, #2 for radiograph requirements.

Radiographs must accompany patient upon check-in. Patients without appropriate radiographs will not be eligible for check-in. The patient's name, date radiographs taken and Candidate I.D. number must appear on the radiographs.

Be sure your I.D. number appears on the health history form and instrument bag.

When you hand your instruments to your patient to take to the examining area, please be sure that they are clean and wrapped in the numbered sterilization envelope which has been provided to you in your cubicle. Ask your patient to hold them securely, so that they will not fall out of the envelope.

During the examination, you will not have direct contact with the grading Examiners, so escort your patient only as far as the control desk and return to your assigned unit and complete your set-up procedure.

DETERMINING ACCEPTABILITY AND GRADING OF THE PATIENT EXAMINATION

Your patient will be escorted to the Examiner's area of the clinic (which is separate from the candidate's area), where your assessment will be evaluated by the next available examiner who will:

1. Review the Clinical Assessment Form for completeness and accuracy.
2. Review the radiographs for pathology and faulty restorations or overhangs, impacted teeth, gross decay, missing teeth etc., in the areas submitted.
3. Examine the selected quadrant(s) to verify that it/they meet the "Criteria for Acceptable Patients".
4. Evaluate and grade the periodontal probings for accuracy.
5. Final selection of teeth to be graded will be left to the discretion of the

examiner.

The Examiners will make the final determination on the acceptability of your patient. **The Examiner's decision is final.**

Once the Examiners have made an evaluation of your patient and have graded the probing, the patient will be sent back to you to complete the scaling and root planing portion of the exam, so be sure he/she knows the location of your unit.

The time by which you must have completed the scaling and root planing portion of the exam will appear on the medical history form when your patient returns to you.

If your patient is not accepted, you will be notified. You will be provided another clinical assessment form and it is your responsibility to determine your next submission.

If a patient is not accepted, his/her radiographs will be marked by exam administrators. If you choose another quadrant in the same patient, please inform the clinic supervisor. If your patient is rejected, and you will be using another patient, you must take the "patient" badge from the first one and pin it on your alternate patient.

Be sure to check the alternate patient's health history. Your alternate patient may be someone you don't know. Blood pressure is required for all patients including alternate patients. Do this promptly, because your examination time begins when your first patient has been checked, whether accepted or rejected.

Full mouth radiographs are required for all patients including all alternate patients.

PATIENT SCALING AND ROOT PLANING

The scaling and root planing portion of the examination must be completed within 2 hours from the time of grading of your initial patient's evaluation. The time by which you must finish will be recorded on the patient's medical history form.

You must scale and root plane the entire quadrant(s) in the two-hour examination period.

You must remove all deposits with minimum tissue trauma. Polishing of the teeth is not part of the examination and will not be evaluated.

Your patient will be checked by at least two Examiners, so if you have chosen to work without anesthetic or if the anesthetic has worn off, you may need to administer more anesthetic. If you do so, you must make note of the type and amount administered on the patient's medical history form.

If the Examiners are having difficulty examining your patient because the patient is too sensitive, he/she will be returned to you for anesthetic and then your patient must return to the grading area.

It is not required that you spend the full 2 hours to complete the examination.

When you have finished, escort your patient to the check-in/check-out area with a clean drape, clean mouth mirror, 3mm marquis-type color coded probe, 3A and 11/12 extended explorers, patient's radiographs and the patient's medical history form.

You MUST be finished, have your patient in line, and have the medical history form time-stamped at the control desk by the time indicated on the time stamped on your patient's medical history form. Allow time for this.

The official time on the State time clock will be announced at the beginning of the examination. It is your responsibility to manage your exam time.

If you do not have your patient in line and have the medical history form time-stamped at the control desk by the finish time stamped on your patient's medical history form, you will FAIL the examination.

GRADING OF SCALING AND ROOT PLANING

Actual grading will be done by two Examiners. They will grade independently and only errors found by both Examiners will be counted against you.

Gross mutilation of hard or soft tissue shall result in a grade of zero and shall constitute failure of the examination.

Scoring is based on 100 points. A minimum score of 75 points is required for passing.

Points will be deducted from 100 as follows:

1. **Periodontal Probing:**

   + or - 2mm. will be considered an error. Four (4) points will be deducted for each error.

2. **Scaling and Root Planing:**

   Six (6) points will be deducted for each subgingival calculus error if there are 13 to 18 surfaces of calculus at check-in.

Five (5) points will be deducted for each subgingival calculus error if there are 19 to 24 surfaces of calculus at check-in.

Three (3) points will be deducted for each supragingival calculus error.

3. **Trauma**: 5 points will be deducted for each hard and/or soft tissue trauma error.

   Soft Tissue Trauma: Is defined as an isolated cut in the marginal tissue (not tissue tags or loose granulation tissue). Soft tissue trauma can also be an isolated laceration and/or puncture to the epithelial attachment.

   Hard Tissue Trauma: Is defined as a loss or irreversible damage of the tooth structure integrity (enamel and/or root) but not limited to pitting and/or gouging. Multiple surfaces constitute gross trauma.

Gross trauma is defined as flagrant abuse or harm to a patient constituting an automatic failure.

Gross Trauma: Is defined as, but not limited to a *burn*, deep laceration, long laceration and/or puncture to soft tissue and/or bone. *A burn is defined as a result of ultrasonic heat which could be found intra-orally or extra-orally.* A deep or long laceration is defined as a cut so large, it may require suturing, or a cut so large it extends across more than one tooth surface and/or exposing bone.

CLEAN-UP

Thoroughly clean your unit, and properly dispose of all items. Your gown(s) must be placed in a bag and sealed before leaving at the end of the exam, or disposed of in the clinic.

You must return your candidate badge at the end of the exam, or your examination results will not be sent to you.

Be sure to dispose of the needles appropriately at the end of the exam. Check the clinic or supply area for the needle destroyer or sharps container.

WITHDRAWAL FROM EXAMINATION

You may choose to withdraw from the examination if your patient is not accepted and you are unable to provide a suitable back-up patient for examination. Please contact the Clinic Supervisor to complete the appropriate form to withdraw from the examination. The examination fee is considered an earned fee and will not be refunded.

RESULTS OF THE EXAMINATION

The results of the examination will be mailed to all candidates approximately six (6) to eight (8) weeks after the exam. Do not phone DHCC before this time, since staff is not permitted to give results over the telephone.

Licenses will not be issued without passing the supplemental examinations in California Dental Law and Ethics Examinations and criminal history clearances from the Department of Justice and the Federal Bureau of Investigations.

You may check your license status on DHCC's web site after the completion of all licensure requirements. Once you have been issued a license number by DHCC and your name appears on the web site under "Licensure Verification," you may start working.

http://www.dhcc.ca.gov/verification/instructions.shtml

LOCAL ANESTHETICS MAXIMUM RECOMMENDED DOSE

Injectable Amides: Maximum Recommended Dosages (MRD)

Injectable Local Anesthetic	Duration	mg/lb	MRD-a*	mg of local anes/cartridge
articaine (Septocaine) 4% + epi	~ 60 minutes	3.2	500	72
bupivacaine (Marcaine) 0.5% + epi	~ 90+ minutes	.06	90	9
lidocaine (i.e., Xylocaine) 2%	~ 30 minutes	2.0	300	36
lidocaine (i.e., Xylocaine) 2% + epi 1:50k	~ 60 minutes	2.0	300	36
lidocaine (i.e., Xylocaine) 2% + epi 1:100k	~ 60 minutes	2.0	300	36
mepivacaine (i.e., Carbocaine) 3%	~ 30 minutes	2.0	300	54
mepivacaine (i.e., Carbocaine) 2% + epi/levo	~ 60 minutes	2.0	300	36
prilocaine (Citanest Forte) 4%	~ 30 minutes	2.7	400	72
prilocaine (Citanest Forte) 4% + epi	~ 60 minutes	2.7	400	72

Calculation of maximum dosages and cartridges must be determined for each patient based on health status, weight, dental procedure, and type of injection being administered. The medically compromised, debilitated, or elderly individual should always have a decreased maximum calculated drug dose.

Calculation Formula for Maximum Number of Cartridges
MRD-a per body weight or absolute maximum / mg of local anesthesia per cartridge = maximum number of cartridges. When more than one type of local anesthetic is used, the total dose of anesthesia is not to exceed the lower of the two maximum doses for the individual agent.

Example: Patient is a 30-year-old healthy male weighing 200 pounds

- *Maximum Dose Calculation*

  Lidocaine 2%: 2.0mg/lb x 200 pounds = 400 mg is the calculated MRD-a based on the patient's weight, but the absolute maximum for this anesthetic is 300 mg
- *Maximum Number of Cartridges Calculation*

  300 mg maximum dose / 36 mg of local anesthesia per cartridge = ~ 8 cartridges
- If the patient weighed 110 pounds and received Lidocaine 2%, the calculation would be 2.0mg/lb x 110 pounds = 220 mg MRD-a / 36 mg of local anesthetic = ~ 6 cartridges

*Malamed, S. F. (2004). *Handbook of local anesthesia* (5th ed.). St. Louis, MO: Elsevier Mosby

Non-injectable local anesthesia:
Lidocaine 2.5% + Prilocaine 2.5% with 85 mg of local anesthesia per cartridge and an average duration of 20 minutes ***(Oraqix)***

Topical anesthesia:

- Benzocaine available as an aerosol, gel, gel patch, ointment, and solution; overdose reactions virtually unknown
- Lidocaine available as lidocaine base 5% as an aerosol, ointment, patch, and solution and available as lidocaine hydrochloride 2% as a topical solution and or solution; maximum recommended dose is 200 mg
- Tetracaine hydrochloride 2% available for topical application; five to eight times more potent than cocaine and therefore use with extreme caution; slow onset; duration of 45 minutes; maximum recommended dose is 20mg or 1ml