



**Friday, April 12, 2019**

**Dental Hygiene Board of California**

**Education Subcommittee**

**Agenda**



Notice is hereby given that a public meeting of the Education Subcommittee of the Dental Hygiene Board of California (DHBC) will be held as follows:

**EDUCATION SUBCOMMITTEE MEETING**

Friday, April 12, 2019  
DHBC Headquarters Building  
2005 Evergreen Street, 1st Floor Hearing Room  
Sacramento, CA 95815

**Education Subcommittee Members:**

Edcelyn Pujol, Public Member, Chair  
Nicolette Moultrie, RDH Member  
Garry Shay, Public Member  
Evangeline Ward, RDH Member

**Upon conclusion of Agenda Item 9 on April 12, 2019**

**Agenda**

**EDU 1 – Roll Call**

**EDU 2 – Public Comment for Items Not on the Agenda**

*[The DHBC may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 & 11125.7(a).]*

**EDU 3 – Chairperson's Report**

**EDU 4 – Approval of the November 16, 2018 Education Subcommittee Meeting Minutes**

**EDU 5 – Dental Hygiene Educational Program Review Updates**

- Foothill College
- Sacramento City College
- Diablo Valley College

**EDU 6 – Future Agenda Items**

**EDU 7 – Adjournment of the Education Subcommittee Meeting**

DHBC members who are not members of this subcommittee may attend meetings as observers only and may not participate or vote. Action may be taken on any item listed on this agenda, including information only items. Items may be taken out of order for convenience, to accommodate speakers, or maintain a quorum. All times are approximate and subject to change. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-1978 or access the Board's Web Site at [www.dhcc.ca.gov](http://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 Elizabeth Elias, Assistant Executive Officer, at 916-263-2010, or email [Elizabeth.elias@dca.ca.gov](mailto:Elizabeth.elias@dca.ca.gov) or send a written request to the DHBC at 2005 Evergreen Street, Suite 2050, Sacramento, CA 95815. Providing your request at least five (5) business days prior to the meeting will help to ensure availability of the requested accommodation.



**Friday, April 12, 2019**

**Dental Hygiene Board of California**

**Education Subcommittee Meeting**

**Agenda Item EDU 2:**

**Public Comment for Items Not on the Agenda**

[The DHBC may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 & 11125.7(a).]



**Friday, April 12, 2019**

**Dental Hygiene Board of California**

**Education Subcommittee Meeting**

**Agenda Item EDU 3:**

**Chairperson's Report:  
A Verbal Report Will Be Given**



**Friday, April 12, 2019**

**Dental Hygiene Board of California**

**Education Subcommittee Meeting**

**Agenda Item EDU 4:**

**Approval of the November 16, 2018  
Education Subcommittee Meeting Minutes**



## Education Subcommittee Meeting Minutes

### November 16, 2018

Radisson Hotel Fresno - Conference Center  
1055 Van Ness Avenue  
Fresno CA 93721

#### Education Subcommittee Members Present:

Nicolette Moultrie, Chairperson, Registered Dental Hygienist (RDH)  
Michelle Hurlbutt, RDH Educator  
Edcelyn Pujol, Public Member  
Evangeline Ward, RDH

#### DHCC Staff Present:

Anthony Lum, Executive Officer  
Adina Pineschi-Petty, Doctor of Dental Surgery (DDS), Educational, Legislative, and Regulatory Specialist  
Daniel Rangel, DHCC Special Investigator  
Jason Hurtado, Department of Consumer Affairs (DCA) Legal Counsel for the DHCC

#### Public Present:

Vickie Kimbrough, Taft College, Purple Pen  
Jean Kulbeth, Fresno City College  
Karen Fischer, Executive Officer, Dental Board of California (DBC)  
Joanne Pacheco, Fresno City College  
JoAnn Galliano, MEd, RDH, DHCC Educational Consultant and Subject Matter Expert (SME)  
Brenda Serpa, SJVC – Visalia  
Leslie Nazaroff, San Joaquin Valley College (SJVC) – Ontario  
Kelly Reich, Western Regional Examination Board (WREB)  
Maureen Titus, California Dental Hygienist's Association (CDHA)  
Sabrina Santucho, Concorde Career College (CCC) – San Bernardino  
Arezou Goshtasbi, CCC – Garden Grove  
Laurel Sampson, CCC – San Diego  
Brianna Pittman-Spencer, California Dental Association (CDA)  
Kim Laudenslager – Central Regional Dental Testing Service (CRDTS)  
Sandra Henriquez, CDHA  
Tracy Goldman, CDHA  
Lisa Okamoto, CDHA  
Rhoda Gonzales, CDHA  
Thomas Stewart, DDS, President, DBC  
Edward Cramp, Duane Morris, LLP

## 1. Roll Call and Establishment of a Quorum

Nicolette Moultrie, Chairperson of the Education Subcommittee, called the meeting to order at **11:27 a.m.** Roll call was taken, and a quorum established with all four members present.

## 2. Public Comments for Items Not on the Agenda

None received.

## 3. Chairperson's Report

None.

## 4. Approval of the April 20, 2018 Education Subcommittee Minutes

Chair Moultrie presented for acceptance of the April 20, 2018 Educational Subcommittee Minutes and requested a movement to accept.

Motion to accept the April 20, 2018 Educational Subcommittee Minutes.

Motion: Edcelyn Pujol

Second: Michelle Hurlbutt

***Vote: Motion for the Education Subcommittee to Accept the April 20, 2018 Educational Subcommittee Minutes.***

***Vote: (2:2).***

Name	Aye	Nay	Abstain
Michelle Hurlbutt	X		
Nicolette Moultrie			X
Edcelyn Pujol	X		
Evangeline Ward			X

## 5. Discussion, Possible Action, and Recommendation to the Full Committee Approval of Changes to the San Joaquin Valley College Dental Hygiene Programs Locations

EO Lum presented that San Joaquin Valley College (SJVC) held two separate dental hygiene educational program approvals with the DHCC and two separate accreditations with the Commission on Dental Accreditation (CODA). The approvals/accreditations were located at the Visalia Campus with an extension site at the Ontario Campus and the San Diego Campus. Due to continued low enrollment, the SJVC San Diego Campus had been in a period of “Non-Enrollment” (DHCC and CODA approved) since November 2016, with the final cohort graduating in November 2017.

SJVC is requesting permission to teach out the SJVC Ontario Campus Extension Site (under the Visalia Campus accreditation) and discontinue the site under the Visalia Campus approval after the last extension site cohort graduates in September 2019. In addition, SJVC is requesting permission to geographically transfer the SJVC San Diego Campus accreditation to the SJVC Ontario Campus with the intention of having an independent approval and accepting a new class under the Ontario Campus accreditation in February 2019. SJVC requests the Subcommittee to consider and possibly recommend to the full Committee to approve the request of SJVC to geographically move the SJVC San Diego Campus site approval to the SJVC Ontario Campus.

Motion: Move for the Subcommittee to recommend to the full Committee to approve the request of SJVC to geographically move the SJVC San Diego Campus site approval to the SJVC Ontario Campus.

Motion: Michelle Hurlbutt  
Second: Edcelyn Pujol

### **Discussion:**

Ms. Pujol requested clarification that the facilities are in place. Dr. Hurlbutt clarified the campus site was already present and the change would not hold any impact.

No further discussion received.

***Vote: Motion for the Education Subcommittee to Recommend to the Full Committee to Approve the Request of SJVC to Geographically Move the SJVC San Diego Campus Site Approval to the SJVC Ontario Campus.***

***Vote: Passed (4:0).***



Name	Aye	Nay	Abstain
Michelle Hurlbutt	X		
Nicolette Moultrie	X		
Edcelyn Pujol	X		
Evangeline Ward	X		

## 6. Discussion, Possible Action, and Recommendation to the Full Committee Approval of Changes to the Carrington College Dental Hygiene Programs

EO Lum reported that on September 14, 2018 Carrington College - San Jose Campus (CCSJ) and Carrington College - Sacramento Campus (CCS) each submitted a "Report of Program Change" to the Commission on Dental Accreditation (CODA) to inform of the proposed change of ownership and control of Carrington College to the proposed new parent entity, San Joaquin Valley College, Inc.

In the proposed transaction, San Joaquin Valley College, Inc. will acquire the stock of Carrington College. There are currently no planned changes to Carrington College's governance structure, operational, or corporate structure as a result of the transfer of ownership. Carrington will maintain its existing accreditations and retain the same Office of Postsecondary Education Identification (OPEID) with the U.S. Department of Education. The proposed stock purchase transaction will not result in a merger, and Carrington College and San Joaquin Valley College will continue to operate as separate and distinct postsecondary institutions with independent boards, governance structures and management. SJVC is requesting the Subcommittee to consider and possibly recommend to the full Committee to approve the major change request of San Joaquin Valley College, Inc. to acquire the stock of Carrington College.

Motion for the Education Subcommittee to recommend to the full Committee to approve the major change request of San Joaquin Valley College, Inc. to acquire the stock of Carrington College pending receipt of CODA's approval letter.

Motion: Michelle Hurlbutt  
Second: Edcelyn Pujol

### Discussion:

Discussion took place regarding the status of CODA's approval of the change. Ms. Moultrie stated CODA received the letter September 21, 2018 and a decision would not be made until January. Dr. Hurlbutt stated she was of the opinion that the motion should change. LC Hurtado stated the particular

regulatory section is silent, however, he was of the opinion that a motion could be crafted to allow a provisional approval pending CODA's approval.

No further comments received.

***Vote: Motion for the Education Subcommittee to Recommend to the Full Committee to Approve the Major Change Request of San Joaquin Valley College, Inc. to Acquire the Stock of Carrington College Pending Receipt of CODA's Approval Letter.***

***Vote: Pass (4:0).***

Name	Aye	Nay	Abstain
Michelle Hurlbutt	X		
Nicolette Moultrie	X		
Edcelyn Pujol	X		
Evangeline Ward	X		

## 7. Discussion and Possible Action, and Possible Recommendation to the Full Committee on Approval Status for Concorde Career Colleges Three Campuses (Garden Grove, San Bernardino, and San Diego) due to Dental Hygiene Program Deficiencies

Dr. Adina Petty provided an update for the Concorde Career College (CCC) Dental Hygiene Educational Programs (DHEPs). At the April 20-21, 2018 meetings, the DHCC was informed of curriculum deficiencies and voted to withdraw the three CCC DHEP's approval, as this was the only recourse for non-compliance of the law. Subsequently, the DHCC voted to stay the withdrawal of approval to provide time for the CCC DHEPs to submit a plan that would allow them to come into compliance of the law. In the submitted plans, the CCC DHEPs presented corrective measures to the curriculum that would be implemented once approvals from all regulatory agencies were received. At the August 8, 2018 DHCC teleconference meeting, the DHCC voted to allow the "Stay of Withdrawal" for the CCC DHEPs to stay in effect until the November 2018 DHCC Committee Meeting as the CCC DHEPs were waiting on CODA approval.

Current Status: All regulatory approvals have been received and curriculum changes are acceptable to the DHCC.

Motion: Motion for the Education Subcommittee to recommend to the full Committee to approve the curriculum changes, the date of implementation and restore the DHCC approval status for the Concorde Career College Programs to “Approved”.

Motion: Michelle Hurlbutt  
Second: Edcelyn Pujol

**Discussion:**

Discussion took place regarding the two-hundred hours that were missing. Dr. Petty confirmed the missing two-hundred hours will be made up prior to the student’s graduation.

No other comments received.

***Vote: Motion for the Education Subcommittee to recommend to the full Committee to Approve the Curriculum Changes, the Date of Implementation and Restore the DHCC Approval Status for the Concorde Career College Programs to “Approved”.***

***Vote: Pass (4:0).***

Name	Aye	Nay	Abstain
Michelle Hurlbutt	X		
Nicolette Moultrie	X		
Edcelyn Pujol	X		
Evangeline Ward	X		

## 8. Update on Dental Hygiene Educational Program Reviews (Informational Only)

Dr. Adina Petty provided an update on current dental hygiene educational program reviews.

1. Foothill College Dental Hygiene Program (Foothill)  
Site visit generated by a CODA Self Study review and on October 18, 2018 a site visit was conducted at the Foothill campus. Nine deficiencies were identified during the program review. Foothill provided documentation showing correction for six deficiencies. Three deficiencies outstanding to provide evidence of correction by November 30, 2018. Sixteen infection control deficiencies identified during the site visit which required immediate correction.

2. West Los Angeles College Dental Hygiene Program (WLA)  
Site visit generated by a CODA Self Study review and on October 30, 2018 a site visit was conducted at the WLA campus. Three deficiencies were identified during the program review. WLA provided documentation showing correction for the three deficiencies. One infection control deficiency identified during the site visit. WLA to provide evidence of correction by November 30, 2018.

No questions or comments received.

## 9. Discussion, Possible Action, and Recommendation to the Full Committee on the Proposed Revisions to the Following Educational Regulations:

- i. 16 CCR §1103. Educational Programs Definitions.
- ii. 16 CCR §1104. Approval of New RDH Educational Programs and Continuation of Approval for Approved RDH Educational Programs.
- iii. 16 CCR §1104.1. Process for Approval of a New RDH Education Program.
- iv. 16 CCR §1105. Requirements for RDH Educational Programs.
- v. 16 CCR §1105.1. Faculty
- vi. 16 CCR §1105.2. Required Curriculum.
- vii. 16 CCR §1107. RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage.
- viii. 16 CCR §1108. Remedial Education.

### 9a. 16 CCR §1103. Educational Programs Definitions.

Motion: Motion for the Education Subcommittee to recommend to the full Committee adoption of proposed amendments to 16 CCR §1103.

Motion: Michelle Hurlbutt

Second: Edcelyn Pujol

Discussion proceeded with the following changes agreed upon:

- i. (a)  
(a) "Academic year" means a period of education consisting of **a minimum of thirty (30) weeks of instruction and constitute** a minimum of forty-five (45) quarter units, thirty (30) semester units, or a duration deemed equivalent thereto by the **Committee Board.**
- ii. (c)  
(c) "Approved accreditation standards" means for the purposes of this section those standards contained in the Commission on Dental Accreditation's "Accreditation Standards for Dental Hygiene Education Programs (as last revised **February 6, 2015 February 2,**

2018)” which is hereby incorporated by reference and referenced throughout this article and shall apply to all regulations within article 3.

iii. **Add 1103 (aj)**

“Primary responsibility” means that a majority of time is spent devoted to the administrative duties of a dental hygiene program director that is required by the position to maintain the operation of the program.

iv. **Add 1103 (ak) Enrichment Site.**

“Enrichment site” means an off-site clinical facility where additional patient care experiences may take place. The site may be supervised by non-program personnel according to predetermined program learning objectives and evaluation criteria. No major instruction or completion of program requirements may take place.

***Vote: Motion for the Education Subcommittee to Recommend to the Full Committee adoption of Proposed Amendments to 16 CCR §1103.***

***Vote: Pass (4:0).***

Name	Aye	Nay	Abstain
Michelle Hurlbutt	X		
Nicolette Moultrie	X		
Edcelyn Pujol	X		
Evangeline Ward	X		

9b. 16 CCR §1104. Approval of New RDH Educational Programs and Continuation of Approval for Approved RDH Educational Programs, and

9c. 16 CCR §1104.1. Process for Approval of a New RDH Education Program.

Motion: Motion for the Education Subcommittee to recommend to the full Committee adoption of proposed amendments to 16 CCR §1104 and 16 CCR §1104.1.

Motion: Michelle Hurlbutt

Second: Edcelyn Pujol

Discussion proceeded with the following changes agreed upon:

**i. 16 CCR §1104 (b)(1)**

(1) All educational programs accredited by CODA, or an equivalent accrediting body, as determined by the **Committee Board**, shall submit to the **Committee Board** after each accreditation site visit an electronic copy of the Self-Study Report in accordance with the

requirements specified in CODA's "Self-Study Guide for the Evaluation of a Dental Hygiene Education Program" (As Last Revised: ~~January 1, 2016~~ February 2, 2018), which is hereby incorporated by reference, and a copy of the final report of the findings within thirty (30) days of the final report issuance.

**ii. 16 CCR §1104.1 (b)**

(b) After approval of the feasibility study by the **Committee Board**, and at least twelve (12) months prior to the proposed date for enrollment of students, the educational program shall submit CODA's, or an equivalent accrediting body's required documents to the **Committee Board** in accordance with the requirements specified in the "Instructions". This includes a Self-Study Report that delineates how the proposed program plans to comply with the accreditation standards contained in CODA's "Accreditation Standards for Dental Hygiene Education Programs" (As Last Revised: ~~February 6, 2015~~ February 2, 2018) which is hereby incorporated by reference.

***Vote: Motion for the Education Subcommittee to Recommend to the Full Committee Adoption of Proposed Amendments to 16 CCR §1104 and 16 CCR §1104.1.***

***Vote: Pass (4:0).***

Name	Aye	Nay	Abstain
Michelle Hurlbutt	X		
Nicolette Moultrie	X		
Edcelyn Pujol	X		
Evangeline Ward	X		

**9d. 16 CCR §1105. Requirements for RDH Educational Programs.**

Motion: Motion for the Education Subcommittee to recommend to the full Committee adoption of proposed amendments to 16 CCR §1105.

Motion: Michelle Hurlbutt

Second: Edcelyn Pujol

Discussion proceeded with the following changes agreed upon:

**i. (b)(5)**

(5) Instruction involving procedures that require direct supervision shall be supervised by a faculty dentist who possesses an active California license or special permit with no disciplinary actions in any jurisdiction to practice dentistry.

ii. (l)

(l) When an individual not employed in the educational program participates in the instruction and supervision of students obtaining educational experience, his or her **name and responsibilities shall be described in writing and kept on file by the dental hygiene program and shall have twenty-four (24) months of experience providing direct patient care as a registered dental hygienist or dentist.**

iii. Add 1105 (n)

**All requirements set forth below shall comply with approved accreditation standards, and state and national regulatory standards including, but not limited to, Commission on Dental Accreditation (CODA), Occupational Safety and Health Administration (OSHA), and Health Insurance Portability and Accountability Act (HIPAA).**

***Vote: Motion for the Education Subcommittee to Recommend to the Full Committee Adoption of Proposed Amendments to 16 CCR §1105.***

***Vote: Pass (4:0).***

Name	Aye	Nay	Abstain
Michelle Hurlbutt	X		
Nicolette Moultrie	X		
Edcelyn Pujol	X		
Evangeline Ward	X		

9e. 16 CCR §1105.1. Faculty

Motion: Motion for the Education Subcommittee to recommend to the full Committee adoption of proposed amendments to 16 CCR §1105.1.

Motion: Michelle Hurlbutt

Second: Edcelyn Pujol

Discussion proceeded with the following changes agreed upon:

i. (a)(1)

(1) Possess an active, current dental or dental hygiene license issued by the **Committee Board** or the Dental Board of California (DBC), with no disciplinary actions **in any jurisdiction to practice dental hygiene or dentistry;**

- ii. (a)(3)
 

(3) Documentation of ~~two (2) years'~~ 24 months experience teaching in pre- or post-licensure registered dental hygiene or dental programs. This requirement may be waived for an Interim Program Director; and
- iii. “Program faculty”
 

(b) “Program faculty” means an individual having a full-time or part-time agreement with the institution to instruct ~~in~~ one or more of the courses in the educational program's curriculum. The individual shall hold a baccalaureate degree or higher from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation, and possess the following: an active California dental or dental hygiene license or special permit with no disciplinary actions ~~in any jurisdiction to practice dental hygiene or dentistry~~; or a postsecondary credential generally recognized in the field of instruction; or a degree in the subject being taught or evaluated. All program faculty shall have documented background in educational methodology every two years, consistent with teaching assignments.
- iv. (b)(1)
 

(1) Clinical teaching faculty shall have ~~a minimum of twenty-four (24) months of experience providing direct patient care~~ experience within the previous five (5) years in the dental hygiene area to which he or she is assigned, ~~which can be met by either: two (2) years' experience providing direct patient care as a registered dental hygienist or dentist; or one (1) academic year of dental or dental hygienist level clinical teaching experience.~~

***Vote: Motion for the Education Subcommittee to Recommend to the Full Committee Adoption of Proposed Amendments to 16 CCR §1105.1.***

***Vote: Pass (4:0).***

Name	Aye	Nay	Abstain
Michelle Hurlbutt	X		
Nicolette Moultrie	X		
Edcelyn Pujol	X		
Evangeline Ward	X		



## 9f. 16 CCR §1105.2. Required Curriculum.

Motion: Motion for the Education Subcommittee to recommend to the full Committee adoption of proposed amendments to 16 CCR §1105.2 to include forms incorporated by reference.

Motion: Michelle Hurlbutt

Second: Edcelyn Pujol

### Discussion:

Dr. Hurlbutt suggested to table “(d)(4) Requirements for a Radiation Safety and Radiography Techniques Course” until the next meeting and discussion proceeded with the following changes agreed upon:

- i. (d)(1)(C)  
(C) General and Maxillofacial Pathology and/or Pathophysiology
- ii. (d)(2) Add N  
(N) Provision of Oral Health Care Services to Patients with Bloodborne Infectious Diseases.
- iii. (d)(3)(A)  
(A) An educational program shall provide faculty, staff who have taken a board-approved eight (8) hour course in infection control or possess a current California Registered Dental Assistant (RDA) or Registered Dental Assistant in Expanded Functions (RDAEF) license, and infection control equipment according to the requirements of California Code of Regulations, Title 16, Division 10, Chapter 1, Article 1, Section 1005.
- iv. Add (e)  
(e) An educational program shall provide for breadth of experience and student competency in patient experiences in all classifications of periodontal disease including mild, moderate, and severe involvement.
- v. Add (f)  
(f) An educational program shall provide for breadth of experience and student competency in providing patient experiences in dental hygiene care for the child, adolescent, adult, geriatric, and special needs patients.
- v. 1105.2 (d)(E)(1-4) Out-of-State SLN  
(E) Specific Curriculum Content.  
Curriculum relating to the administration of local anesthetic agents, administration of nitrous oxide-oxygen analgesia, and performance of periodontal soft tissue

curettage shall meet the requirements contained in Title 16, Division 11, section 1107 of the California Code of Regulations.

Out-of-state dental hygiene programs that are accredited by the Commission on Dental Accreditation or an approved accrediting body and who provide instruction according to this subdivision may be approved by the **Committee Board** to meet the requirements set forth in Business and Professions Code, section 1909.

**An out-of-state applicant may be certified by the Board that they have met current California SLN requirements pursuant to 16 CCR §1107. In addition to all requirements required by the Board to be licensed as a dental hygienist in California, out-of-state applicants shall submit:**

- 1. An “Application for Certification in Soft Tissue Curettage/Local Anesthesia/Nitrous Oxide-Oxygen Analgesia”, DHCC OSLN-01 (9-2018) hereby incorporated by reference, and**
- 2. A certified SLN course syllabus (to include individual SLN requirements) for the RDH program of which the applicant is a graduate, and**
- 3. A “Certification of Completion of SLN Course Requirements” from the RDH program of which the applicant is a graduate DHCC OSLN-2 (9-2018) hereby incorporated by reference, and**
- 4. Payment of all applicable fees due to the Board.**

***Vote: Motion for the Education Subcommittee to Recommend to the Full Committee Adoption of Proposed Amendments to 16 CCR §1105.2 to Include Forms Incorporated by Reference.***

***Vote: Pass (4:0).***

Name	Aye	Nay	Abstain
Michelle Hurlbutt	X		
Nicolette Moultrie	X		
Edcelyn Pujol	X		
Evangeline Ward	X		

## 9g. 16 CCR §1107. RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage.

EO Lum stated 16 CCR §1107 was assigned to the Educational Taskforce composed of Dr. Michelle Hurlbutt, DHCC RDH Educator Member (West Coast University), Dr. Bridgette Clark (Cabrillo College), Dr. Melissa Fellman (Sacramento City College), Dr. Leslie Nazaroff (SJVC – Ontario), and Dr. Vicki Kimbrough (Taft College). The Taskforce met on October 24, 2018 to provide input on changes to the regulation and was provided to the Educational Subcommittee to recommend to the full Committee.

Motion: Motion for the Education Subcommittee to recommend to the full Committee adoption of proposed amendments to 16 CCR §1107.

Motion: Michelle Hurlbutt  
Second: Edcelyn Pujol

### Discussion:

Discussion proceeded with the following changes agreed upon:

#### i. (b)(9)(A)

(A) Local anesthetic agents curriculum must include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic and preclinical instruction and at least fifteen (15) hours of clinical instruction. Preclinical instruction shall include a minimum of two (2) experiences per injection, which may be on another student. Clinical instruction shall include at least four (4) clinical experiences per injection on four different patients, to include two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may be on another student. Curriculum must include maxillary and mandibular anesthesia techniques for local infiltration, field blocks and nerve blocks to include anterior superior alveolar (ASA) nerve block (infraorbital), middle superior alveolar nerve block (MSA), anterior middle superior alveolar nerve block (AMSA), posterior superior alveolar nerve block (PSA), greater palatine nerve block, nasopalatine (P-ASA) nerve block, suprapariosteal, inferior alveolar (IA)nerve block (to include Gow-Gates technique), lingual nerve block, and buccal nerve block, mental nerve block, incisive nerve block and intra-septal injections. Clinical instruction for the mental and incisive injections shall include at least two (2) clinical experiences per injection to include one (1) experience on the right side of a patient and one (1) experience on the left side of a patient, of which only one (1) may be on another student. Clinical instruction for the nasopalatine injection shall include four (4) clinical experiences, of which only one (1) may be on another student. One clinical experience per injection shall be used to determine clinical competency in the course. The competency evaluation for each injection and technique must be achieved at a minimum of 75%.

- ii. **(b)(9)(B)**  
 (B) Nitrous oxide-oxygen analgesia curriculum must include at least eight (8) hours of instruction, including at least four (4) hours of didactic and preclinical instruction and at least four (4) hours of clinical instruction. This includes at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course. Each clinical experience shall include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia, **from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation.** The competency evaluation must be achieved at a minimum of 75%.
  
- iii. **(b)(9)(B) Nitrous Oxide-Oxygen Administration Time Chart:**  
 The twenty (20) minute preclinical requirement in the chart will be removed, as the regulatory language does not have such a requirement and was added in error.

***Vote: Motion for the Education Subcommittee to Recommend to the Full Committee Adoption of Proposed Amendments to 16 CCR §1107.***

***Vote: Pass (4:0).***

Name	Aye	Nay	Abstain
Michelle Hurlbutt	X		
Nicolette Moultrie	X		
Edcelyn Pujol	X		
Evangeline Ward	X		

**9h. 16 CCR §1108. Remedial Education.**

Motion: Motion for the Education Subcommittee to recommend to the full Committee adoption of proposed amendments to 16 CCR §1108.

Motion: Michelle Hurlbutt

Second: Edcelyn Pujol

Discussion proceeded with the following changes agreed upon:

- i. (a)(4)  
 (4) Each approved course shall consist of a combination of didactic, laboratory, and clinical instruction and provide a minimum of **fifty (50)** hours of remedial education.

- ii. Add (a)(6)

Each approved course shall provide for breadth of experience in mild, moderate, and severe periodontal involvement.

***Vote: Motion for the Education Subcommittee to Recommend to the Full Committee Adoption of Proposed Amendments to 16 CCR §1108.***

***Vote: Pass (4:0).***

Name	Aye	Nay	Abstain
Michelle Hurlbutt	X		
Nicolette Moultrie	X		
Edcelyn Pujol	X		
Evangeline Ward	X		

## 10. Future Agenda Items

Future Agenda Item: 16 CCR §1105.2 (d)(4) "Requirements for a Radiation Safety and Radiography Techniques"

Public Comment: None

## 11. Adjournment

Chair Moultrie adjourned the Education Subcommittee meeting at **3:54 p.m.**



**Friday, April 12, 2019**

**Dental Hygiene Board of California**

**Education Subcommittee Meeting**

**Agenda Item EDU 5:**

**Dental Hygiene Educational Program Review Update**

- **Foothill College**
- **Sacramento City College**
- **Diablo Valley College**



# MEMORANDUM

<b>DATE</b>	April 12, 2019
<b>TO</b>	Educational Subcommittee
<b>FROM</b>	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist Dental Hygiene Board of California
<b>SUBJECT</b>	DHBC Site Visit Update

1. Foothill College Dental Hygiene Program (Foothill)
  - a. Site visit generated by a CODA Self Study review and as a part of the DHBC oversight goals to review all dental hygiene educational programs in California.
  - b. On October 18, 2018 a site visit was conducted at the Foothill campus.
  - c. Majority of deficiencies were corrected by original deadline date of December 10, 2018.
  - d. Outstanding deficiencies regarding cabinetry and receipt of a CODA final report were required to be corrected/received by June 30, 2019.
  - e. Current status:
    - i. See Foothill report.
    - ii. All outstanding deficiencies in compliance.
    - iii. Foothill Program Director Change documentation due to be received by the DHBC by September 1, 2019.
  
2. Sacramento City College (SCC)
  - a. Site visit generated by a CODA Self Study review and as a part of the DHBC oversight goals to review all dental hygiene educational programs in California.
  - b. On December 7, 2018 a site visit was conducted at the SCC campus.
  - c. Majority of deficiencies were corrected by the original deadline date of February 28, 2019.
  - d. SCC requested an extension to the remaining Program Director deficiency.
  - e. Current status:
    - i. See SCC report.
    - ii. Outstanding Program Director deficiency required to be corrected by May 28, 2019.
  
3. Diablo Valley College (DVC)
  - a. Site visit generated as a part of the DHBC oversight goals to review all dental hygiene educational programs in California.
  - b. On February 26, 2019 a site visit was conducted at the DVC campus.
  - c. Seven program deficiencies identified during the site visit.
  - d. Current status:
    - i. See DVC report.
    - ii. Deficiencies are required to be corrected by June 1, 2019.
    - iii. DVC Program Director Change documentation due to be received by the DHBC by July 1, 2019.



March 18, 2019

Phyllis Spragge  
Program Director, Department of Dental Hygiene  
Foothill College  
12345 El Monte Road  
Los Altos Hills, CA 94022

Dear Ms. Spragge,

The Dental Hygiene Board of California (DHBC) conducted a site visit on October 18, 2018 of the Foothill College Dental Hygiene Educational Program (Foothill). This site visit was generated by a review of the Foothill Commission on Dental Accreditation (CODA) Self Study as well as due to DHBC oversight goals to review all dental hygiene educational programs in California. On March 11, 2019 Foothill provided a response to the outstanding deficiencies identified during the site visit as well as to additional changes required to be reported to the DHBC. The results of the review are as follows:

1. Required Program Curriculum

a. Self Study:

i. Preclinical hours first year

1. Self Study exhibit 2-21 pages 298-300 of DH Exhibits.

a. Preclinical hours (DH 304) only 4.5 hours/week.

2. Self Study Standard 4-1 response page 109 states: "First year dental hygiene students have a 3 hours clinic session three times per week for a total of 9 hours of instruction fall and winter quarters. These students use 12 chairs each session for pre-clinic."

a. 12 chairs each session only allows for half time for the student (½ time patient, ½ time clinician) which equates out preclinical hours (DH 304) at only 4.5 hours/week.

b. CODA 2-10 requires 6 hours/week.

ii. Clinical hours first year

1. Self Study Standard 4-1 Response page 109 states: Once students begin to see patients in spring quarter of first year, all 18 chairs are generally in use for treatment of patients and instruction two 3 hours clinic sessions per week for a total of 6 hours.

2. CODA 2-10 requires 8-10 hour/week.

b. Refer to:

i. 16 CCR §1105.2 (b) The curriculum shall include education in the dental hygiene process of care and shall define the competencies graduates are to possess at graduation, describing (1) the desired combination of foundational knowledge, psychomotor skills, communication skills, and professional behaviors and values required, (2) the standards used to measure the students' independent performance in each area, and (3) the evaluation mechanisms by which competence is determined.

ii. CODA 2-10 The number of hours of clinical practice scheduled must ensure that students attain clinical competence and develop appropriate judgment. Clinical practice must be distributed throughout the curriculum.



- c. CODA Final Report:
    - i. CODA did not cite clinical hours as inadequate.
  - d. Determination:
    - i. In compliance.
2. Infection Control Requirements
- a. Site Visit:
    - i. Clean instruments storage in sterilization room insufficient and exposed to aerosols.
  - b. Refer to:
    - i. 16 CCR §1105.2(d)(3)(C) An educational program shall comply with local, state, and federal health and safety laws and regulations.(i) All students shall have access to the program's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.(ii) All students shall have access to the program's clinic and radiation hazardous communication plan.(iii) All students shall receive a copy of the program's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.
    - ii. 16 CCR §1105.2(d)(3)(D)(xii) Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 1, Section 1005 of the California Code of Regulations
    - iii. 16 CCR §1005. Minimum Standards for Infection Control
    - iv. 8 CCR §5193. Bloodborne Pathogens.
  - c. Documentation:
    - i. Provided photographic evidence as to permanent doors installed to protect instruments from aerosols.
  - d. Determination:
    - i. In compliance.
3. Change in Administrative Accountability
- a. Administrative Changes
    - i. Dean over the Dental Hygiene Department has changed from Dean Nanette Solvason to Interim Dean Ram Subramaniam.
    - ii. Program Director change from Phyllis Spragge to Patti Chan as of July 1, 2019.
  - b. Refer to:
    - i. 16 CCR §1105.3 (a)(2)(B) (a) Each dental hygiene program holding a certificate of approval shall:(2) Notify the Committee within ten (10) days of any: (B) Change in the organizational structure, administrative responsibility, or accountability in the dental hygiene program, the institution of higher education in which the dental hygiene program is located or with which it is affiliated that will affect the dental hygiene program.
  - c. Determination:
    - i. In compliance.
    - ii. Foothill to provide the following **by September 1, 2019**.
      - 1. Appointment letter of Ms. Chan as Program Director.

2. Signed contract for Ms. Chan as Program Director, including full time status and indicating the percentage of duties assigned to each of her responsibilities.
3. Weekly assignment schedule for Ms. Chan.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all dental hygiene programs meet the same educational standards in preparing their graduates for the profession. If Foothill does not provide the requested additional documentation **by September 1, 2019**, Foothill risks the DHBC's approval of the Foothill Program and for Foothill graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto:adina.petty@dca.ca.gov).

Sincerely,

*Adina A. Pineschi-Petty DDS*

Education, Legislative, and Regulatory Specialist  
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California  
Thuy Thi Nguyen, JD, President, Foothill College  
Patti Chan, Faculty, Foothill College



March 6, 2019

Dr. Melissa Fellman  
Program Coordinator, Department of Dental Hygiene  
Sacramento City College  
3835 Freeport Blvd.  
Sacramento, CA 95822

Dear Dr. Fellman,

The Dental Hygiene Board of California (DHBC) conducted a site visit on December 7, 2018 of the Sacramento City College Dental Hygiene Program (SCC). This site visit was generated due to the review of SCC's Commission on Dental Accreditation (CODA) Self Study, as well as DHBC's oversight goals to review all dental hygiene educational programs in California. On December 14, 2018 SCC was notified of deficiencies of the minimum dental hygiene educational program (DHEP) standards set by the California Code of Regulations (CCR) and CODA and was required to correct those deficiencies by February 28, 2019.

The determination of the corrections provided by SCC are as follows:

1. Deficiency - Program Director

- a. SCC has a "Dental Hygiene Coordinator" for which the job duties are posted as "Dental Hygiene Assistant Professor 60% /Coordinator 40%" and not a "Dental Hygiene Program Director" as prescribed by regulations.
  - i. CODA Self Study page 115 states:
    1. "Dental hygiene, dental assisting, occupational therapy assisting, and physical therapist assisting all have 40% release time with the option of 10% release or stipend for chair duties. The dental hygiene program coordinator has 40% release time for administrative responsibilities. Additionally, the dental hygiene program coordinator has a 10% release time option for chair duties."
    2. "A full-time dental health faculty member teaches 30 formula hours each year. A formula hour is described as follows:  
One lecture hour = 1 formula hour  
One lab/clinic hour =  $\frac{3}{4}$  formula hour. The program coordinator teaches 18 formula hours each year. The program coordinator has the same responsibilities as do other faculty in clinics, laboratories and lectures. 18/30 = Accounts for 60% teaching time."
  - ii. CODA Self Study p. 116
    1. States: "The most accurate comparison would be to the nursing director. Nursing has a 100% release time position for the nursing program director. Traditionally, statistics alone have justified this difference with dental hygiene: The nursing programs have approximately 210 students while dental health has approximately 70-75 students. Nursing has 18 FTE faculty while dental health has 7 FTE faculty. The student/faculty ratios in their laboratories and clinics are

similar to dental hygiene laboratory and clinical ratios. The nursing students are required to spend much of their education at area hospitals, which require additional coordination time. Dental health students have far fewer hours in off-campus facilities. Irrespective of the off-campus coordination time differences, the dental hygiene program coordinator now has strict state mandates related to direct supervision duties and Interim Therapeutic restorations. The dental Hygiene Committee of California requires faculty training, tracking, and law compliance beyond the prior scope of the dental hygiene coordinator. Considering more release time for administration of the program is prudent as the regulatory tracking and calibration has increased over the years."

iii. CODA Self Study p.123

1. States: "The program coordinator of dental hygiene has a 40% release-time assignment for all administrative functions. All other functions such as advising and counseling students, supervision of extramural activities and committee assignments are all considered part of the faculty member's professional responsibility. Therefore the faculty member receives no release time for these activities."

- iv. 40% release time for administrative duties does not provide for sufficient time for the program coordinator to address the primary responsibilities of the operation, supervision, evaluation and revision of the program.

b. Refer to

i. CCR

1. § 1105 (j): The educational program director shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.
2. § 1105.1 (a): "Program Director" or "Interim Program Director" means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article. The educational program may have an Interim Program Director for a maximum of twelve (12) months. The director shall have a full-time appointment as defined by the institution, whose primary responsibility is for the operation, supervision, evaluation and revision of the program. The program director shall meet the following minimum qualifications: (1) Possess an active, current dental or dental hygiene license issued by the Dental Hygiene Board or the Dental Board of California (DBC), with no disciplinary actions; (2) Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; (3) Documentation of two (2) years' experience teaching in pre- or post-licensure registered dental hygiene or dental programs. This requirement may be waived for an Interim Program Director; and (4) Documentation of a minimum of 2,000 hours in direct patient care as a registered dental hygienist, or working with a registered dental hygienist.

- ii. CODA
  - 1. 3-2: The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.
  - 2. 3-3: The program administrator must be a dental hygienist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree or is currently enrolled in a masters or higher degree program or a dentist who has background in education and the professional experience necessary to understand and fulfill the program goals.
  - 3. 3-4: The program administrator must have the authority and responsibility necessary to fulfill program goals including: a) curriculum development, evaluation and revision; b) faculty recruitment, assignments and supervision; c) input into faculty evaluation; d) initiation of program or department in-service and faculty development; e) assessing, planning and operating program facilities; f) input into budget preparation and fiscal administration; g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

c. Determination

- i. Not in compliance.
- ii. The program director assignment must allow for sufficient administrative time to address the primary responsibility of the operation, supervision, evaluation and revision of the program.
- iii. SCC requested and granted a three-month extension for SCC to comply with regulations on program director requirements.
- iv. SCC shall provide evidence of a "Dental Hygiene Program Director" position pursuant to 16 CCR §§ 1105 (j), 1105.1 (a), in addition to meeting CODA Standards 3-2, 3-3, and 3-4 **by May 28, 2019**.

2. Deficiency - Policies and Procedures

a. Quality Assurance Plan

- i. Students conduct chart audits.
- ii. Utilization of students for chart audits is not appropriate and should be tasked to the program director.

b. Refer to

i. CCR

- 1. § 1105 (d): The policies and procedures by which the educational program is administered shall be in writing, shall reflect the mission and goals of the program, and shall be available to all students.

ii. CODA

- 1. 6-2: The program must have a formal written patient care quality assurance plan that includes: a) standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with

measurable criteria; b) an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided.

- c. Determination
    - i. In compliance.
    - ii. SCC provided evidence of an acceptable formal written patient care quality assurance plan pursuant to 16 CCR § 1105 (d) and CODA Standard 6-2.
3. Deficiency - Patient Chart Security
- a. Patient records not secure and process for distribution is deficient and may allow for unauthorized access.
  - b. Refer to
    - i. CCR
      - 1. § 1105 (i): The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.
    - ii. CODA
      - 1. 4-1: The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations. Clinical Facilities The dental hygiene facilities must include the following: a) sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision; b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.); c) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction; d) a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments; e) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol; f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols; g) space and furnishings for patient reception and waiting provided adjacent to the clinic; h) patient records kept in an area assuring safety and confidentiality.
      - 2. 6-6: The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.
    - iii. Health and Safety Code (HSC)
      - 1. Division 109 Section 130203(a): Every provider of health care shall establish and implement appropriate administrative, technical, and physical safeguards

to protect the privacy of a patient's medical information. Every provider of health care shall reasonably safeguard confidential medical information from any unauthorized access or unlawful access, use, or disclosure.

- c. Determination
    - i. In compliance.
    - ii. SCC provided evidence of patient chart security pursuant to 16 CCR § 1105 (i), CODA Standard 4-1 and 6-6, in addition to HSC Division 109 Section 130203(a).
4. Deficiency - Student Record Security
- a. Student records not secure and may allow for unauthorized access.
  - b. Refer to
    - i. CCR
      - 1. § 1105 (i): The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.
    - ii. CODA
      - 1. 4-6: Office space which allows for privacy must be provided for the program administrator and faculty. Student and program records must be stored to ensure confidentiality and safety.
  - c. Determination
    - i. In compliance.
    - ii. SCC provided evidence of student record security pursuant to 16 CCR § 1105 (i) and CODA Standard 4-6.
5. Deficiency – Faculty Facilities
- a. Shared facilities for program director and faculty insufficient to provide for privacy.
  - b. Refer to
    - i. CCR
      - 1. § 1105 (i): The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.
    - ii. CODA
      - 1. 4-6: Office space which allows for privacy must be provided for the program administrator and faculty. Student and program records must be stored to ensure confidentiality and safety.

- c. Determination:
  - i. In compliance.
  - ii. SCC provided evidence of compliant office space for program director and faculty pursuant to 16 CCR § 1105 (i) and CODA Standard 4-6.
- 6. Deficiency – Infection Control Oversight
  - a. Deficient oversight of infection control processes.
    - i. Faculty are assigned to sterilization in their 1:5 faculty to student ratio.
      - 1. Infection control oversight should not be included in the 1:5 faculty to student ratio.
    - ii. Larisa Figueroa, full-time faculty, oversees sterilization including all the legal processes/tracking as part of her college service assignment (5 hours/week).
      - 1. Oversight insufficient as it should be overseen at all times during clinical hours and during sterilization processes.
  - b. Refer to
    - i. CCR
      - 1. § 1105 (i): The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.
      - 2. § 1105 (j): The educational program director shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.
      - 3. § 1105 (k): The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.
      - 4. § 1105.1 (a): "Program Director" or "Interim Program Director" means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article. The educational program may have an Interim Program Director for a maximum of twelve (12) months. The director shall have a full-time appointment as defined by the institution, whose primary responsibility is for the operation, supervision, evaluation and revision of the program. The program director shall meet the following minimum qualifications: (1) Possess an active, current dental or dental hygiene license issued by the Dental Hygiene Board or the Dental Board of California (DBC), with no disciplinary actions; (2) Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; (3) Documentation of two (2) years' experience teaching in pre- or post-licensure registered dental hygiene or dental programs. This requirement may be waived for an Interim Program Director; and (4) Documentation of a minimum of 2,000 hours in direct patient care as a registered dental hygienist, or working with a registered dental hygienist.



5. § 1105.2(d)(3)(A): An educational program shall provide infection control equipment according to the requirements of California Code of Regulations, Title 16, Division 10, Chapter 1, Article 1, Section 1005.

ii. CODA

1. 3-2: The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.
2. 3-4: The program administrator must have the authority and responsibility necessary to fulfill program goals including: a) curriculum development, evaluation and revision; b) faculty recruitment, assignments and supervision; c) input into faculty evaluation; d) initiation of program or department in-service and faculty development; e) assessing, planning and operating program facilities; f) input into budget preparation and fiscal administration; g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.
3. 3-11: Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.
4. 4-1: The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations. Clinical Facilities The dental hygiene facilities must include the following: a) sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision; b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.); c) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction; d) a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments; e) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol; f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols; g) space and furnishings for patient reception and waiting provided adjacent to the clinic; h) patient records kept in an area assuring safety and confidentiality.

c. Determination

i. Not in compliance.

- ii. SCC provided evidence of a qualified sterilization technician. However, oversight of the position should be by the Program Director, as duties and regulations are very specific to the dental and dental hygiene field. Per regulations 16 CCR §§ 1105 (j) and 1105.1 (a), a Program Director's primary responsibility is for the operation, supervision, evaluation and revision of the program. Additionally, CODA Standard 3-4 states the program administrator must have the authority and responsibility necessary to fulfill

program goals including supervision and assessing, planning and operating program facilities.

- iii. SCC shall provide adequate oversight to infection control processes pursuant to 16 CCR §§ 1105 (i), 1105 (j), 1105 (k), 1105.1 (a), and 1105.2(d)(3)(A), in addition to CODA Standards 3-2, 3-4, 3-11 and 4-1.

## 7. Deficiency - Faculty Ratios

- a. Faculty to student ratios are incorrect and require correction to meet CODA ratios.
- b. Refer to
  - i. CCR
    1. § 1105 (b) (1) Instruction upon all levels shall be conducted upon the premise that dental hygiene education must meet the test of a true university discipline and shall include lectures, laboratory experiments and exercises and clinical practice under supervision by the faculty. (2) For purposes of this section, the term "university discipline" is a level of instruction at least equivalent to that level of instruction represented by college courses in the basic sciences commonly offered or accepted in approved California dental schools. (3) The length of instruction in the educational program shall include two academic years of fulltime instruction at the postsecondary college level or its equivalent, and a minimum of 1,600 clock hours. (4) The instructor to student ratio shall meet approved Commission on Dental Accreditation standards referenced in subsection (c) of section 1103 of this article. (5) Instruction involving procedures that require direct supervision shall be supervised by a faculty dentist who possesses an active California license or special permit with no disciplinary actions.
  - ii. CODA
    1. 3-5: The number and distribution of faculty and staff must be sufficient to meet the dental hygiene program's stated purpose, goals and objectives.
    2. 3-6: The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. The faculty to student ratios for preclinical, clinical and radiographic clinical and laboratory sessions must not be less than one to five. Faculty to student ratios for laboratory sessions in dental materials courses must not be less than one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students.
- c. Determination
  - i. In compliance.
  - ii. SCC provided evidence of correct faculty to student ratios pursuant to 16 CCR § 1105 (b) and CODA Standards 3-5 and 3-6.

## 8. Deficiency - Infection Control

- a. Infection Control Deficiencies
  - i. Clinic Manual Page 64

1. SCC allows rings to be worn under gloves.
  2. CDC guidelines do not recommend rings to be worn under gloves.
- ii. Site Visit
1. Sterilized instruments stored in open cubbies and exposed to aerosols.
- b. Refer to
- i. CCR
1. § 1105.2 (d)(3)(A): An educational program shall provide infection control equipment according to the requirements of California Code of Regulations, Title 16, Division 10, Chapter 1, Article 1, Section 1005.
  2. § 1105.2(d)(3)(C): An educational program shall comply with local, state, and federal health and safety laws and regulations.(i) All students shall have access to the program's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.(ii) All students shall have access to the program's clinic and radiation hazardous communication plan.(iii) All students shall receive a copy of the program's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.
  3. § 1105.2(d)(3)(D)(xii): Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 1, Section 1005 of the California Code of Regulations
  4. § 1005: Minimum Standards for Infection Control (a) Definitions of terms used in this section: (1) "Standard precautions" are a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, and safe handling of sharps. Standard precautions shall be used for care of all patients regardless of their diagnoses or personal infectious status. (2) "Critical items" confer a high risk for infection if they are contaminated with any microorganism. These include all instruments, devices, and other items used to penetrate soft tissue or bone. (3) "Semi-critical items" are instruments, devices and other items that are not used to penetrate soft tissue or bone, but 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, 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 human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV): 1. Cell, tissue, or organ cultures from humans or experimental animals; 2. Blood, organs, or other tissues from experimental animals; or 3. Culture medium or other solutions. (13) "Dental Healthcare Personnel" (DHCP), are all paid and non-paid personnel in the dental healthcare setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel). (b) All DHCP shall comply with infection control precautions and enforce the following minimum precautions to protect patients and DHCP and to minimize the transmission of pathogens in health care settings as mandated by the California Division of Occupational Safety and Health (Cal/OSHA). (1) Standard precautions shall be practiced in the care of all patients. (2) A written protocol shall be developed, maintained, and periodically updated for proper instrument processing, operator 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 providing direct patient care if hand conditions are present that may render DHCP or patients more susceptible to opportunistic infection or exposure. (7) All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves. Gloves:(8) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, 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 disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is visibly contaminated with

blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used. (15) 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 germicide after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA registered, hospital grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and DHCP shall follow all material safety data sheet (MSDS) handling and storage instructions. (21) Dental unit water lines shall be anti-retractable. At the beginning of each workday, dental unit lines and devices shall be purged with air or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed between each patient for a minimum of twenty (20) seconds. (22) 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 rag-wheel shall be used for each patient. Devices used to polish, trim, or adjust contaminated intraoral devices shall be disinfected or sterilized, properly packaged or wrapped and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the instruments shall be recleaned, packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination. (24) 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 Board of California shall review this regulation annually and establish a consensus.

5. § 5193: Bloodborne Pathogens.

- ii. CODA
    - 1. 5-1 The program must document its compliance with institutional policy and applicable regulations of local, state and federal agencies including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies must be provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance. Policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.
  - iii. Centers for Disease Control (CDC)
    - 1. Guidelines for Infection Control in Dental Health Care Settings – 2003.
- c. Determination
- i. In compliance
  - ii. SCC provided evidence of compliance pursuant to 16 CCR §§ 1105.2 (d)(3)(A), 1105.2(d)(3)(C), 1105.2(d)(3)(D)(xii), 1005, in addition to 8 CCR § 5193, CODA Standard 5-1, and following the recommendations of the CDC Guidelines for Infection Control in Dental Health Care Settings – 2003.

You will be required to provide evidence of compliance to the above deficiencies no later than **May 28, 2019**.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all dental hygiene programs meet the same educational standards in preparing their graduates for the profession. If SCC does not correct the above deficiencies **by May 28, 2019**, SCC risks the DHBC's approval of the SCC Dental Hygiene Educational Program and for SCC graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto:adina.petty@dca.ca.gov).

Sincerely,

*Adina A. Pineschi-Petty DDS*

Education, Legislative, and Regulatory Specialist  
Dental Hygiene Board of California

cc: Michael Gutierrez, President, Sacramento City College  
James Collins, Dean of Science & Allied Health, Sacramento City College  
Anthony Lum, Executive Officer, Dental Hygiene Board of California



March 6, 2019

Pamela Powers RDH, MS  
Interim Program Coordinator, Department of Dental Hygiene  
Diablo Valley College  
321 Golf Club Road  
Pleasant Hill, CA 94523

Dear Ms. Powers,

The Dental Hygiene Board of California (DHBC) conducted a site visit on February 26, 2019 of the Diablo Valley College Dental Hygiene Program (DVC). This site visit was generated due to the review of DVC's Commission on Dental Accreditation (CODA) Self Study, as well as DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit and a review of the documentation provided by DVC, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR), CODA, and the Health and Safety Code (HSC) was deficient.

During the review of the CODA Self Study and DHBC site visit, the following deficiencies of minimum DHEP standards were discovered:

1. Deficiency: Major Change Reports

- a. DVC failed to notify the DHBC of two major changes required to be reported to the DHBC, nor did DVC forward the subsequent documentation required to be filed with the DHBC.
  - i. On August 3, 2017 DVC was granted the accreditation status of "approval with reporting requirements".
  - ii. DVC changed the educational length of the DHEP from eighteen (18) weeks to sixteen (16) weeks.
- b. Refer to:
  - i. CCR
    1. **§1104 (b)(2)**: If the educational program is granted CODA's, or an equivalent accrediting body's, as determined by the Board, status of "Approval with Reporting Requirements", the program shall submit to the Board copies of any and all correspondence received from or submitted to CODA, or an equivalent accrediting body, as determined by the Board, until such time as the status of "Approval without Reporting Requirements" is granted.
    2. **§1105.3 (b)(3)**: (b) An approved dental hygiene program shall not make a substantive change without prior Board approval. These changes include: (3) Any changes that require a report to the Commission on Dental Accreditation or equivalent accrediting body shall require approval from the Board.



ii. CODA

1. **Reporting Program Changes in Accredited Programs Policy:**

All program changes must be reported to the Commission. On occasion, the Commission may learn of program changes which may impact the program's ability to comply with accreditation standards or policy. In these situations, CODA will contact the sponsoring institution and program to determine whether reporting may be necessary. Failure to report and receive approval prior to the program change may result in further review by the Commission and/or a special site visit, and may jeopardize the program's accreditation status.

c. Determination:

- i. Not in compliance.
- ii. DVC is hereby notified that the DVC DHEP must report all changes that affect the DVC DHEP to the Board pursuant to 16 CCR §§1104 and 1105.3.

2. Deficiency: Program Director

a. DVC has a "Dental Hygiene Coordinator" and not a "Dental Hygiene Program Director" as prescribed by regulations. In addition, evidence of limitation of the authority of the Interim Dental Hygiene Coordinator contrary to regulations was discovered.

b. Refer to:

i. CCR

1. **§1105 (j):** The educational program director shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.
2. **§1105.1 (a):** "Program Director" or "Interim Program Director" means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article. The educational program may have an Interim Program Director for a maximum of twelve (12) months. The director shall have a full-time appointment as defined by the institution, whose primary responsibility is for the operation, supervision, evaluation and revision of the program. The program director shall meet the following minimum qualifications: (1) Possess an active, current dental or dental hygiene license issued by the Board or the Dental Board of California (DBC), with no disciplinary actions; (2) Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; (3) Documentation of two (2) years' experience teaching in pre- or post-licensure registered dental hygiene or dental programs. This requirement may be waived for an Interim Program Director; and (4) Documentation of a minimum of 2,000 hours in direct patient care as a registered dental hygienist, or working with a registered dental hygienist.

- ii. CODA
  - 1. **3-2:** The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.
  - 2. **3-3:** The program administrator must be a dental hygienist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree or is currently enrolled in a masters or higher degree program or a dentist who has background in education and the professional experience necessary to understand and fulfill the program goals.
  - 3. **3-4:** The program administrator must have the authority and responsibility necessary to fulfill program goals including: a) curriculum development, evaluation and revision; b) faculty recruitment, assignments and supervision; c) input into faculty evaluation; d) initiation of program or department in-service and faculty development; e) assessing, planning and operating program facilities; f) input into budget preparation and fiscal administration; g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

c. Determination:

- i. Not in compliance.
- ii. The program director assignment and interim program director assignment must allow for sufficient administrative time and authority to address the primary responsibility of the operation, supervision, evaluation and revision of the program.
- iii. DVC shall provide evidence of a "Dental Hygiene Program Director" position pursuant to 16 CCR §1105 (j), 16 CCR §1105.1 (a), in addition to meeting CODA Standards 3-2, 3-3, and 3-4.

3. Deficiency: Prerequisites for DHEPs

a. Prerequisites:

- i. Mathematics prerequisite allows for an AP math exam score.
- ii. Written communication prerequisite allows for an AP English exam score.

b. Refer to:

i. CCR

- 1. **§1105(f): Admission.**(1) The minimum basis for admission into an educational program shall be the successful completion of all of the following: (A) A high school diploma or the recognized equivalent, which will permit entrance to a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; and, (B) College-level general education courses in the topic areas of: (i) Oral and Written Communication (ii) Psychology (iii) Sociology (iv) Mathematics (v) Cultural Diversity\* (vi) Nutrition\* \*This course is required prior to graduation, and may be waived as an admission requirement if included within the dental hygiene program curriculum. (C) College-level biomedical science courses, each of which must include a wet laboratory component, in: (i) Anatomy (ii) Physiology (iii) Chemistry (iv) Biochemistry (v) Microbiology.

- ii. CODA
  - 1. **2-8:** The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies. A curriculum document must be submitted for each course included in the dental hygiene program for all four content areas.
  - 2. **2-8a:** General education content must include oral and written communications, psychology, and sociology.
- c. Determination:
  - i. Not in compliance.
  - ii. DVC to remove AP English exam score AP Math exam score as an option to satisfy prerequisites pursuant to 16 CCR §1105 and CODA Standards 2-8 and 2-8 a.

4. Deficiency: Patient Chart Security

- a. Patient records not secure and may allow for unauthorized access.
- b. Refer to:
  - i. CCR
    - 1. **§1105 (i):** The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.
  - ii. CODA
    - 1. **4-1:** The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations. Clinical Facilities The dental hygiene facilities must include the following: a) sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision; b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.); c) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction; d) a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments; e) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol; f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols; g) space and furnishings for patient reception and waiting

provided adjacent to the clinic; h) patient records kept in an area assuring safety and confidentiality.

2. **6-6:** The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

iii. Health and Safety Code (HSC)

1. **Division 109 Section 130203 (a):** Every provider of health care shall establish and implement appropriate administrative, technical, and physical safeguards to protect the privacy of a patient's medical information. Every provider of health care shall reasonably safeguard confidential medical information from any unauthorized access or unlawful access, use, or disclosure.

c. Determination:

- i. Not in compliance.
- ii. DVC shall provide patient chart security pursuant to 16 CCR §1105 (i), CODA Standards 4-1 and 6-6, in addition to HSC Division 109 Section 130203 (a).

5. Deficiency: Faculty Requirements

- a. Faculty missing current educational methodology and subject knowledge in areas in which they are assigned as well as license-required California Dental Practice Act and infection control courses. In addition, documentation of faculty calibration not found.

b. Refer to:

i. CCR

1. **§1105.1 (b-c):** (b) "Program faculty" means an individual having a full-time or part-time agreement with the institution to instruct one or more of the courses in the educational program's curriculum. The individual shall hold a baccalaureate degree or higher from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation, and possess the following: an active California dental or dental hygiene license or special permit with no disciplinary actions; or a postsecondary credential generally recognized in the field of instruction; or a degree in the subject being taught or evaluated. All program faculty shall have documented background in educational methodology every two years, consistent with teaching assignments. (1) Clinical teaching faculty shall have direct patient care experience within the previous five (5) years in the dental hygiene area to which he or she is assigned, which can be met by either: two (2) years' experience providing direct patient care as a registered dental hygienist or dentist; or one (1) academic year of dental or dental hygienist level clinical teaching experience.

(2) Didactic teaching faculty shall possess the following minimum qualifications: Current knowledge of the specific subjects taught, which can be met by either: having completed twelve (12) hours of continuing education in the designated subject area; or two (2) semester units or three (3) quarter units of dental hygiene education related to the designated dental hygiene area; or have national certification in the designated dental hygiene area.

(c) Faculty Responsibilities.

(1) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content as required by the educational program.

(2) Each faculty member shall participate in an orientation prior to teaching, including, but not limited to, the educational program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.

(3) Each faculty member shall be competent in the area in which he or she teaches.

2. **§1016.1 (b)(1)**: Mandatory courses required by the Board for license renewal to include a Board-approved course in Infection Control, a Board-approved course in the California Dental Practice Act and completion of certification in Basic Life Support.

ii. CODA

1. **3-7**: The full time faculty of a dental hygiene program must possess a baccalaureate or higher degree.  
Part-time faculty providing didactic instruction must have earned at least a baccalaureate degree or be currently enrolled in a baccalaureate degree program. All dental hygiene program faculty members must have: a) current knowledge of the specific subjects they are teaching. b) documented background in current educational methodology concepts consistent with teaching assignments. c) Faculty who are dental hygienists must be graduates of dental hygiene programs accredited by the Commission on Dental Accreditation.

c. Determination:

- i. Not in compliance.
- ii. DVC shall provide evidence of faculty requirements and calibration pursuant to 16 CCR §1105.1 (b-c), 16 CCR §1016.1 (b)(1), and CODA Standard 3-7.

6. Deficiency: Support Staff

- a. Open full-time dental lab coordinator position since July 18, 2018 which equates 50% reduction in staff. DVC did not notify the DHBC within ten (10) days of the reduction in staff.

b. Refer to:

i. CCR

1. **§1105.3 (a)(2)(D)**: (a) Each dental hygiene program holding a certificate of approval shall: (2) Notify the Board within ten (10) days of any: (D) Programmatic reduction in program faculty or support staff of more than 10%.
2. **§1105 (i)**: The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.
3. **§1105 (k)**: The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.

- ii. CODA
  - 1. **3-11:** Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.
- c. Determination:
  - i. Not in compliance.
  - ii. Pursuant to §1105.3 (a)(2)(D) each dental hygiene program holding a certificate of approval shall notify the Board within ten (10) days of any programmatic reduction in program faculty or support staff of more than 10%.
  - iii. DVC shall provide adequate support staff pursuant to 16 CCR §1105 (i), §1105 (k), in addition to CODA Standard 3-11.

7. Deficiency: Required Program Curriculum

- a. Preclinical Course DENHY 121 (Fall Semester)
  - i. Only allows for 3 hours per week in preclinical practice (6 hours 20 minutes /2 = 3 hours 10 minutes/week/student)
  - ii. Must be a minimum of 6 hours/week/student
- b. Refer to:
  - i. CCR
    - 1. **§1105.2 (b):** The curriculum shall include education in the dental hygiene process of care and shall define the competencies graduates are to possess at graduation, describing (1) the desired combination of foundational knowledge, psychomotor skills, communication skills, and professional behaviors and values required, (2) the standards used to measure the students' independent performance in each area, and (3) the evaluation mechanisms by which competence is determined.
    - 2. **§1105.2 (c):** The organization of the curriculum shall create opportunities for adjustments to and research of, advances in the practice of dental hygiene to ensure that graduates will have the knowledge, skills, and abilities to function within the dental hygiene scope of practice.
  - ii. CODA
    - 1. **2-10:** The number of hours of clinical practice scheduled must ensure that students attain clinical competence and develop appropriate judgment. Clinical practice must be distributed throughout the curriculum.
- c. Determination:
  - i. Not in compliance.
  - ii. DVC shall provide students adequate preclinical practice time pursuant to 16 CCR §1105.2 (b), 16 CCR §1105.2 (c), as well as CODA Standard 2-10.

8. DHBC Reminder: Permanent Program Director

- a. On July 5, 2018 DVC informed the DHBC and CODA of the appointment of Pamela Powers RDH, MS as interim dental hygiene program coordinator effective as of July 1, 2018.

b. Refer to:

i. CCR

1. **§1105.1(a)**: "Program Director" or "Interim Program Director" means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article. The educational program may have an Interim Program Director for a maximum of twelve (12) months. The director shall have a full-time appointment as defined by the institution, whose primary responsibility is for the operation, supervision, evaluation and revision of the program. The program director shall meet the following minimum qualifications: (1) Possess an active, current dental or dental hygiene license issued by the Board or the Dental Board of California (DBC), with no disciplinary actions; (2) Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; (3) Documentation of two (2) years' experience teaching in pre- or post-licensure registered dental hygiene or dental programs. This requirement may be waived for an Interim Program Director; and (4) Documentation of a minimum of 2,000 hours in direct patient care as a registered dental hygienist, or working with a registered dental hygienist.
2. **§1105 (j)**: The educational program director shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

ii. CODA

1. **3-2**: The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.
2. **3-3**: The program administrator must be a dental hygienist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree or is currently enrolled in a masters or higher degree program or a dentist who has background in education and the professional experience necessary to understand and fulfill the program goals.
3. **3-4**: The program administrator must have the authority and responsibility necessary to fulfill program goals including: a) curriculum development, evaluation and revision; b) faculty recruitment, assignments and supervision; c) input into faculty evaluation; d) initiation of program or department in-service and faculty development; e) assessing, planning and operating program facilities; f) input into budget preparation and fiscal administration; g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

c. DHBC Reminder:

- i. Pursuant to 16 CCR §1105.1 (a), a permanent "Program Director" must be hired for the DVC DHEP by **July 1, 2019**.
- ii. Pursuant to 16 CCR §1105 (j), 16 CCR §1105.1 (a), in addition to meeting CODA Standards 3-2, 3-3, and 3-4 the program director assignment must allow for sufficient

administrative time and authority to address the primary responsibility of the operation, supervision, evaluation and revision of the program.

You will be required to provide evidence of compliance to the above deficiencies **no later than June 1, 2019**.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all dental hygiene programs meet the same educational standards in preparing their graduates for the profession. If DVC does not correct the above deficiencies by **June 1, 2019**, DVC risks the DHBC's approval of the DVC Dental Hygiene Educational Program and for DVC graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at [adina.petty@dca.ca.gov](mailto:adina.petty@dca.ca.gov).

Sincerely,

*Adina A. Pineschi-Petty DDS*

Education, Legislative, and Regulatory Specialist  
Dental Hygiene Board of California

cc: Susan Lamb, President, Diablo Valley College  
Joseph Gorga, Dean of Physical, Biological, and Health Science, Diablo Valley College  
Anthony Lum, Executive Officer, Dental Hygiene Board of California





**Friday, April 12, 2019**

**Dental Hygiene Board of California**

**Education Subcommittee Meeting**

**Agenda Item EDU 6:**

**Future Agenda Items**



**Friday, April 12, 2019**

**Dental Hygiene Board of California**

**Education Subcommittee Meeting**

**Agenda Item EDU 7:**

**Adjournment of the Education Subcommittee Meeting**