

**State of California  
Office of Administrative Law**

**In re:**  
**Dental Hygiene Board of California**

**Regulatory Action:**

**Title 16, California Code of Regulations**

**Adopt sections: 1118**

**Amend sections:**

**Repeal sections:**

**NOTICE OF APPROVAL OF REGULATORY  
ACTION**

**Government Code Section 11349.3**

**OAL Matter Number: 2021-1230-04**

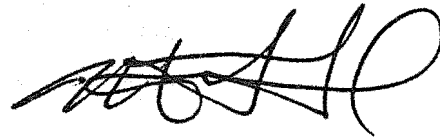
**OAL Matter Type: Regular (S)**

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In this rulemaking action, the Board adopts a regulation to establish conditions that would allow a dental hygienist in alternative practice to perform soft tissue curettage and administer anesthesia.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 4/1/2022.

**Date: February 10, 2022**



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**Thanh Huynh  
Senior Attorney**

**For: Kenneth J. Pogue  
Director**

**Original: Anthony Lum, Executive Officer  
Copy: Adina Pineschi-Petty**

**REGULAR**

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER Z- 2021-1102-03	REGULATORY ACTION NUMBER 2021-1230-045	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

**ENDORSED - FILED**  
In the office of the Secretary of State  
of the State of California

FEB 10 2022

1:40 PM

OFFICE OF ADMIN. LAW  
2021 DEC 30 PM2:57AGENCY WITH RULEMAKING AUTHORITY  
Dental Hygiene Board of California

AGENCY FILE NUMBER (If any)

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

1. SUBJECT OF NOTICE Soft Curettage & Admin of Anesthesia-RDHAPs		TITLE(S) 16	FIRST SECTION AFFECTED 1118	2. REQUESTED PUBLICATION DATE November 12, 2021
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON Adina A. Pineschi-Petty, DDS		TELEPHONE NUMBER (916) 576-5002
FAX NUMBER (Optional) (916) 263-2688		NOTICE REGISTER NUMBER		PUBLICATION DATE
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn			

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Soft Tissue Curettage & Administration of Anesthesia - RDHAPs	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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## 2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT 1118
	AMEND
	REPEAL
TITLE(S) 16	

## 3. TYPE OF FILING

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

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

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

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

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input checked="" type="checkbox"/> Other (Specify) Kimberly Kirchmeyer, Director, California Department of Consumer Affairs		

## 7. CONTACT PERSON

Adina A. Pineschi-Petty, DDS	TELEPHONE NUMBER (916) 576-5002	FAX NUMBER (Optional) (916) 263-2688	E-MAIL ADDRESS (Optional) adina.petty@dca.ca.gov
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I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

December 28, 2021

TYPED NAME AND TITLE OF SIGNATORY

Anthony Lum, Executive Officer, Dental Hygiene Board of California

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

FEB 10 2022

Office of Administrative Law

**TITLE 16. DENTAL HYGIENE BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS**

**ORDER OF ADOPTION**

**Legend:**

Underlined

Indicates proposed regulatory language.

Adopt Section 1118 of Title 16 of the California Code of Regulations (CCR) to read as follows:

**Article 4. Licensing**

**§1118. Registered Dental Hygienists in Alternative Practice, Performance of Soft Tissue Curettage and Administration of Local Anesthesia**

A licensed registered dental hygienist in alternative practice (RDHAP) may perform soft tissue curettage and administer local anesthesia in accordance with the provisions of this section. The RDHAP shall:

- (a) Consult with a California licensed dentist to authorize the use of soft tissue curettage or local anesthesia for each patient to be treated by the RDHAP in local anesthesia or soft tissue curettage. The consultation shall be documented in the patient's chart and include, without limitation, the date of consultation, name of consulting dentist, and the consulting dentist's California license number.
- (b) Have the physical presence on the premises of one additional individual trained in basic life support and qualified to administer cardiopulmonary resuscitation during an emergency when soft tissue curettage or local anesthesia administration will take place. For the purpose of section 1926.01(b) "immediately available" means physical presence.
- (c) Have access to portable oxygen administration equipment to assist with administration of basic life support.

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

Reference cited: Sections 1926.01 and 1684.5, Business and Professions Code.