

# Infection Control OSHA & Dental Practice Act 2017

***You Can Think Your Practice is  
Compliant...Or You Can Know It!***

PO Box 542  
Copperopolis, CA 95228  
**209.785.3903** phone  
209.785.4458 fax  
[Leslie@LeslieCanham.com](mailto:Leslie@LeslieCanham.com)  
[www.LeslieCanham.com](http://www.LeslieCanham.com)

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

In the dental field since 1972, Leslie helps simplify complex regulations. She provides in office training, compliance audits, consulting, workshops, and mock inspections. For the 6<sup>th</sup> year in a row, she has been listed as a "Leader In Consulting" by Dentistry Today. She is authorized by the Department of Labor, The Academy of General Dentistry, and the California Dental Board to provide continuing education. Leslie is the founder of Leslie Canham and Associates.

Leslie Canham is sponsored in part



# DENTAL BOARD OF CALIFORNIA

## INFECTION CONTROL REGULATIONS

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

(a) Definitions of terms used in this section:

- (1) "Standard precautions" are a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, and safe handling of sharps. Standard precautions shall be used for care of all patients regardless of their diagnoses or personal infectious status.
- (2) "Critical items" confer a high risk for infection if they are contaminated with any microorganism. These include all instruments, devices, and other items used to penetrate soft tissue or bone.
- (3) "Semi-critical items" are instruments, devices and other items that are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-intact skin or other potentially infectious materials (OPIM).
- (4) "Non-critical items" are instruments, devices, equipment, and surfaces that come in contact with soil, debris, saliva, blood, OPIM and intact skin, but not oral mucous membranes.
- (5) "Low-level disinfection" is the least effective disinfection process. It kills some bacteria, some viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals.
- (6) "Intermediate-level disinfection" kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed. This process does not necessarily kill spores.
- (7) "High-level disinfection" kills some, but not necessarily all, bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses.
- (8) "Germicide" is a chemical agent that can be used to disinfect items and surfaces based on the level of contamination.
- (9) "Sterilization" is a validated process used to render a product free of all forms of viable microorganisms.
- (10) "Cleaning" is the removal of visible soil (e.g., organic and inorganic material) debris and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products.
- (11) "Personal Protective Equipment" (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to, gloves, masks, respiratory devices, protective eyewear and protective attire which are intended to prevent exposure to blood, body fluids and OPIM, and chemicals used for infection control. General work attire such as uniforms, scrubs, pants and shirts, are not considered to be PPE.
- (12) "Other Potentially Infectious Materials" (OPIM) means any one of the following:
  - (A) Human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
  - (B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
  - (C) Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:
    - (i) Cell, tissue, or organ cultures from humans or experimental animals;
    - (ii) Blood, organs, or other tissues from experimental animals; or
    - (iii) Culture medium or other solutions.
- (13) "Dental Healthcare Personnel" (DHCP) are all paid and non-paid personnel in the dental health-care setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).

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

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

**Personal Protective Equipment:**

- (4) All DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM. Chemical-resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals. After each patient treatment masks shall be changed and disposed. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed.
- (5) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All DHCP shall wear reusable or disposable protective attire whenever there is a potential for aerosol spray, splashing or spattering of blood, OPIM, or chemicals and germicidal agents. Protective attire must be changed daily or between patients if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193).

**Hand Hygiene:**

- (6) All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday. DHCP shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol based hand rub may be used as an alternative to soap and water. Hands shall be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from direct patient care if conditions are present that may render the DHCP or patients more susceptible to opportunistic infection or exposure.
- (7) All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves.

- Live Seminars
- Live Webinars
- Home Study

**Gloves:**

- (8) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use.

**Needle and Sharps Safety:**

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

**Sterilization and Disinfection:**

- (10) All germicides must be used in accordance with intended use and label instructions.
- (11) Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions.
- (12) Critical instruments, items and devices shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices, shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.
- (13) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.
- (14) Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital-grade disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital-grade intermediate-level disinfectant with a tuberculocidal claim shall be used.
- (15) All high-speed dental hand pieces, low-speed hand pieces, rotary components and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be packaged, labeled and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item.
- (16) Single use disposable items such as prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves shall be used for one patient only and discarded.
- (17) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results shall be documented and maintained for 12 months.

**Irrigation:**

- (18) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/irrigants must be delivered using a sterile delivery system.

**Facilities:**

- (19) If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients.
- (20) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal-EPA) registered, hospital-grade low- to intermediate-level disinfectant after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal-EPA registered, hospital-grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and follow all material safety data sheet (MSDS) handling and storage instructions.
- (21) Dental unit water lines shall be anti-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 ragwheel shall be used for each patient. Devices used to polish, trim, or adjust contaminated intraoral devices shall be disinfected or sterilized, properly packaged or wrapped and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the instruments shall be re-cleaned, packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination.
- (24) All intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned and disinfected with an intermediate-level disinfectant before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth.

(c) The Dental Board of California and Dental Hygiene Committee of California shall review this regulation annually and establish a consensus.

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

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

This poster courtesy of  
 **LESLIE CANHAM & ASSOCIATES**  
888.853.7543 toll free  
Leslie@LeslieCanham.com  
www.LeslieCanham.com

## Quick Guide to OSHA

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












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

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

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

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

## HCS Pictograms and Hazards

<p><b>Health Hazard</b></p>  <ul style="list-style-type: none"> <li>▪ Carcinogen</li> <li>▪ Mutagenicity</li> <li>▪ Reproductive Toxicity</li> <li>▪ Respiratory Sensitizer</li> <li>▪ Target Organ Toxicity</li> <li>▪ Aspiration Toxicity</li> </ul>	<p><b>Flame</b></p>  <ul style="list-style-type: none"> <li>▪ Flammables</li> <li>▪ Pyrophorics</li> <li>▪ Self-Heating</li> <li>▪ Emits Flammable Gas</li> <li>▪ Self-Reactives</li> <li>▪ Organic Peroxides</li> </ul>	<p><b>Exclamation Mark</b></p>  <ul style="list-style-type: none"> <li>▪ Irritant (skin and eye)</li> <li>▪ Skin Sensitizer</li> <li>▪ Acute Toxicity</li> <li>▪ Narcotic Effects</li> <li>▪ Respiratory Tract Irritant</li> <li>▪ Hazardous to Ozone Layer (Non-Mandatory)</li> </ul>
<p><b>Gas Cylinder</b></p>  <ul style="list-style-type: none"> <li>▪ Gases Under Pressure</li> </ul>	<p><b>Corrosion</b></p>  <ul style="list-style-type: none"> <li>▪ Skin Corrosion/Burns</li> <li>▪ Eye Damage</li> <li>▪ Corrosive to Metals</li> </ul>	<p><b>Exploding Bomb</b></p>  <ul style="list-style-type: none"> <li>▪ Explosives</li> <li>▪ Self-Reactives</li> <li>▪ Organic Peroxides</li> </ul>
<p><b>Flame Over Circle</b></p>  <ul style="list-style-type: none"> <li>▪ Oxidizers</li> </ul>	<p><b>Environment</b> (Non-Mandatory)</p>  <ul style="list-style-type: none"> <li>▪ Aquatic Toxicity</li> </ul>	<p><b>Skull and Crossbones</b></p>  <ul style="list-style-type: none"> <li>▪ Acute Toxicity (fatal or toxic)</li> </ul>

## SAMPLE LABEL

### PRODUCT IDENTIFIER

CODE \_\_\_\_\_

Product Name \_\_\_\_\_

### SUPPLIER IDENTIFICATION

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

### PRECAUTIONARY STATEMENTS

Keep container tightly closed. Store in cool, well ventilated place that is locked.

Keep away from heat/sparks/open flame. No smoking.

Only use non-sparking tools.

Use explosion-proof electrical equipment.

Take precautionary measure against static discharge.

Ground and bond container and receiving equipment.

Do not breathe vapors.

Wear Protective gloves.

Do not eat, drink or smoke when using this product.

Wash hands thoroughly after handling.

Dispose of in accordance with local, regional, national, international regulations as specified.

**In Case of Fire:** use dry chemical (BC) or Carbon dioxide (CO<sub>2</sub>) fire extinguisher to extinguish.

### First Aid

If exposed call Poison Center.

If on skin (on hair): Take off immediately any contaminated clothing. Rinse skin with water.

### HAZARD PICTOGRAMS



### SIGNAL WORD

**Danger**

### HAZARD STATEMENT

**Highly flammable liquid and vapor.  
May cause liver and kidney damage.**

### SUPPLEMENTAL INFORMATION

#### Directions for use

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill weight: \_\_\_\_\_ Lot Number \_\_\_\_\_

Gross weight: \_\_\_\_\_ Fill Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_



# **Aerosol Transmissible Diseases (ATDs)**

**Training and written plans are required to be exempt from the OSHA standard.**

The Cal/OSHA regulation on Aerosol Transmissible Diseases (ATDs) effective August 5, 2009 can be found in Title 8 of the California Code of Regulations, Section 5199.

ATDs include all types of influenza, varicella diseases, measles, smallpox, SARS, TB and other diseases and pathogens which are listed in Appendix A.

**To be exempt from the regulation, the dental practice must comply with all of the following conditions:**

1. Dental procedures may not be performed on patients identified as ATD cases or suspected ATD cases.
2. The Injury and Illness Prevention Program must include a written procedure for screening patients for ATDs that is consistent with current guidelines issued by the Centers for Disease Control and Prevention (CDC) for infection control in dental settings, and this procedure is followed before performing any dental procedure on a patient to determine whether the patient may present an ATD exposure risk.
3. Employees must be trained in the screening procedure in accordance with Section 3203 (Injury and Illness Prevention Program).
4. Aerosol generating dental procedures may not be performed on a patient identified through the screening procedure as presenting a possible ATD exposure risk unless a licensed physician determines that the patient does not currently have an ATD.

## **Screening for Aerosol Transmissible Diseases**

Although dental healthcare providers are not responsible for diagnosis and treatment of Aerosol Transmissible Diseases (ATDs), OSHA requires employees to be trained on how to screen patients and recognize signs and symptoms of ATDs.

These screening procedures are a combination of 2003 CDC Guidelines for Infection Control in Dental Healthcare settings screening process for M. tuberculosis and the proposed (July 2009) Cal/OSHA Standard, Title 8, chapter 4.

- While taking patients' initial medical histories and at periodic updates, dental healthcare providers should routinely ask all patients whether they have a history of TB disease or symptoms indicative of TB.



## **Aerosol Transmissible Diseases (ATDs) continued.**

Screen for potential ATD cases through readily observable signs and the self-report of patients including:

1. Having a cough for more than three weeks that is not explained by non-infectious conditions.
2. Exhibiting signs and symptoms of a flu-like illness. These signs and symptoms generally include combinations of the following: coughing and other respiratory symptoms, fever, sweating, chills, muscle aches, weakness and malaise.
3. Patient states that they have a transmissible respiratory disease, excluding the common cold and seasonal influenza.
4. Patient states that they have been exposed to an infectious ATD case, other than seasonal influenza.

Patients with a medical history or symptoms indicative of undiagnosed active TB should be referred promptly for medical evaluation to determine possible infectiousness. Such patients should not remain in the dental-care facility any longer than required to evaluate their dental condition and arrange a referral. While in the dental health-care facility, the patient should be isolated from other patients/dental health care workers, wear a surgical mask when not being evaluated, or be instructed to cover their mouth and nose when coughing or sneezing.

Elective dental treatment is deferred until a physician confirms that a patient does not have infectious TB, or if the patient is diagnosed with active TB disease, until confirmed the patient is no longer infectious.

If urgent dental care is provided for a patient who has, or is suspected of having active TB disease, the care should be provided in a facility (e.g., hospital) that provides airborne infection isolation (i.e., using such engineering controls as TB isolation rooms, negatively pressured relative to the corridors, with air either exhausted to the outside or HEPA-filtered if recirculation is necessary). Standard surgical face masks do not protect against TB transmission; DHCP should use respiratory protection (e.g., fit tested, disposable N-95 respirators).

## Appendix A – Aerosol Transmissible Diseases/Pathogens

This appendix contains a list of diseases and pathogens which are to be considered aerosol transmissible pathogens or diseases for the purpose of Section 5199.

### Diseases/Pathogens Requiring Airborne Infection Isolation

Aerosolizable spore-containing powder or other substance that is capable of causing serious human disease, e.g. Anthrax/*Bacillus anthracis*

Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans)

Varicella disease (chickenpox, shingles) Varicella zoster and Herpes zoster viruses, disseminated disease in any patient. Localized disease in immunocompromised patient until disseminated infection ruled out

Measles (rubeola)/Measles virus

Monkeypox/Monkeypox virus

Novel or unknown pathogens

Severe acute respiratory syndrome (SARS)

Smallpox (variola)/Variola virus

Tuberculosis (TB)/*Mycobacterium tuberculosis* -- Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed; Pulmonary or laryngeal disease, suspected

Any other disease for which public health guidelines recommend airborne infection isolation

### Diseases/Pathogens Requiring Droplet Precautions

Diphtheria pharyngeal

Epiglottitis, due to *Haemophilus influenzae* type b

*Haemophilus influenzae* Serotype b (Hib) disease/*Haemophilus influenzae* serotype b -- Infants and children

Influenza, human (typical seasonal variations)/influenza viruses

Meningitis

*Haemophilus influenzae*, type b known or suspected

*Neisseria meningitidis* (meningococcal) known or suspected

Meningococcal disease sepsis, pneumonia (see also meningitis)

Mumps (infectious parotitis)/Mumps virus

Mycoplasmal pneumonia

Parvovirus B19 infection (erythema infectiosum)

Pertussis (whooping cough)

Pharyngitis in infants and young children/Adenovirus, Orthomyxoviridae, Epstein-Barr virus, Herpes simplex virus,

Pneumonia

Adenovirus

*Haemophilus influenzae* Serotype b, infants and children

Meningococcal

*Mycoplasma, primary atypical*

*Streptococcus Group A*

Pneumonic plague/*Yersinia pestis*

Rubella virus infection (German measles)/Rubella virus

Severe acute respiratory syndrome (SARS)

Streptococcal disease (group A streptococcus)

Skin, wound or burn, Major

Pharyngitis in infants and young children

Pneumonia

Scarlet fever in infants and young children

Serious invasive disease

Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses (airborne infection isolation and respirator use may be required for aerosol-generating procedures)

Any other disease for which public health guidelines recommend droplet precautions

## California Dental Practice Act 2017

- Scope of Practice
- Violations
- Citations, fines and license actions
- Rx regulations
- Mandatory Reporter Obligations
- Continuing Education Requirements
- Duties and Settings for Dental Auxiliaries
- Prop 65 3 in 1 Required Posting

## What's New?

- Notice to Consumer DDS & HYG poster
- DDS license renewal fees increase and CURES registration required for prescribers
- Outstanding tax obligation & license renewal
- Licensure by Portfolio for Dentists
- Fingerprinting by Live Scan
- Tele-health connected programs
- Email address required for license renewal

## 2 Permits for Dental Assistants

- Orthodontic Assistant Permit (OAP)
- Dental Sedation Assistant Permit (DSAP)

## Dental Assistant Permits

DAs, RDAs and RDAEFs may obtain

### Orthodontic Assistant Permit

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

### Dental Sedation Assistant Permit

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

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

1. An 8 Hour Infection Control Course
2. California Dental Practice Act
3. CPR

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

## Unprofessional Conduct

Practicing with an expired license

Failure to follow the Infection Control standards

Insurance fraud

Fee by fraud or misrepresentation

Aiding/abetting unlicensed person to practice dentistry

Aiding/abetting licensed person to practice dentistry unlawfully

### Commercial patient financing products as of 1-1-10

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

### Fictitious Name Permit and Name change regulations

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

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

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

### Name Tag/Posting Requirements

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

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

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

### Mandatory Reporter Obligations

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

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

### Dental Licenses and Permits

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

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

### Dental License Renewal

#### Continuing Education

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

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

Called are now called Criteria 1, 2, & 3

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

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

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

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

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

## Live CE vs. Home Study

50% of Continuing Education can be Home Study

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

NEW: AGD PACE and ADA CERP courses accepted as long as they meet Dental Board criteria.  
Including CPR

## RDAs licensed after 1-1-10

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

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

## Outstanding Tax Obligations

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

## Table Of Permitted Duties

- "N"= Means that the auxiliary is NOT permitted to perform the duty
- "D"= Means direct supervision
- "DD"=Means DDS decides the level of supervision  
Direct or General
- "C"= Means under supervision of DDS/RDH in certain settings
- "G"= Means general supervision

## TABLE OF PERMITTED DUTIES – DENTAL HYGIENE

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

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

**TABLES OF PERMITTED DUTIES (CDA 2/2011)** *Reprinted with permission of the California Dental Association--(Partial Table)*

Following are two separate partial tables of duties. The first table outlines the functions which Dental Assistants (DA), Registered Dental Assistants (RDA), Registered Dental Assistants in Extended Functions (RDAEF), Orthodontic Assistants (OA), and Dental Sedation Assistants (DSA) are allowed to perform in California. The second table lists the duties Registered Dental Hygienists (RDH), Registered Dental Hygienists in Extended Functions (RDHEF), and Registered Dental Hygienists in Alternative Practice (RHDAP) are allowed to perform. These tables are intended to provide summary information to interested parties. It is not intended to cover all aspects of applicable laws or provide a substitute for reviewing the laws that are cross-referenced below. It is highly recommended that applicants and licensees review the actual text of the laws cited at the link provided below. If a duty is not listed in the sections of law cited below, the dental auxiliaries are NOT allowed to perform the duty. Under each category of dental auxiliary is one of the following notations:

**“N”** means that the dental auxiliary is NOT permitted to perform the duty.

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

**“C”** means that the dental auxiliary may perform the duty in the specified setting under the supervision of a dentist, Registered Dental Hygienist, or Registered Dental Hygienist in Alternative Practice.

**“G”** means that the dental auxiliary can perform the duty under the General supervision of a dentist, which means based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures. This is not the same as the “Without Supervision” designation in the dental hygiene table.

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

The sections of law noted below are contained in the Dental Practice Act located in Chapter 4, Division 2 of the California Business and Professions Code (BPC) and in Title 16, Sections 1085-1089 of the California Code of Regulations (CCR). For the actual text of the laws, the following link will take you to the page on the Dental Board’s web site <http://www.dbc.ca.gov/lawsregs/laws.shtml>.

## PROCEDURES DENTAL AUXILIARIES ARE NOT ALLOWED TO PERFORM

DUTY	Section of Applicable Law
Diagnosis and comprehensive treatment planning	BPC 1750.1 and 1908 16CCR 1090
Prescribing medication	BPC 1750.1 and 1908 16CCR 1090
Restorations, permanent – placing, condensing, carving, or removal (except for RDAEFs licensed on or after 1/1/2010)	BPC 1750.1 and 1908 16CCR 1090 RDAEFs: 1753.5 and 1753.6
Surgery – or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue	BPC 1750.1 and 1908 16CCR 1090

## TABLE OF PERMITTED DUTIES – DENTAL ASSISTING

DUTY	Section of Applicable Law	D A	R D A	R D A E F	O A	D S A
<b>Anesthesia, general</b> -- monitor patients undergoing conscious sedation or general anesthesia utilizing data from noninvasive instrumentation such as pulse oximeters, electrocardiograms, capnography, blood pressure, pulse, and respiration rate monitoring devices. <b>Evaluation of the condition of a sedated patient shall remain the responsibility of the dentist or other licensed health care professional authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside while conscious sedation or general anesthesia is being administered.</b> <i>Also see Sedation.</i>	BPC 1750.5	N	N	N	N	D
<b>Archwires</b> – place ligature ties and archwires	BPC 1750.3 1752.4 1753.5 1753.6	N	D D	D D	D	N
<b>Archwires</b> – remove ligature ties and archwires	BPC 1750.1 1750.5 1750.3 1752.4 1753.5 1753.6	D	D D	D D	D	D
<b>Bases</b> -- place bases, liners, and bonding agents	BPC 1752.4 1753.5 1753.6	N	D D	D D	N	N



## TABLE OF PERMITTED DUTIES – DENTAL HYGIENE

**“05”** means that a Registered Dental Hygienist or Registered Dental Hygienist in Extended Functions may perform the registered dental assisting duty under the same level of supervision if initial license was issued on or before December 31, 2005 or, if initial license was on or after January 1, 2006, the hygienist has completed the required education, or training, examination, and has obtained a license as a Registered Dental Assistant.

**“WS”** means the Registered Dental Hygienist may perform this function without supervision of a dentist. “Without supervision” differs from “general supervision” in that the dentist has not examined the patient prior to the provision of the service.

DUTY	Section of Applicable Law	R D H	R D H E F	R D H A P
<b>Anesthesia, local</b> – administer (after completing a Dental Hygiene Committee of California-approved course)	BPC 1909 1921	D	D	D
<b>Archwires</b> – place and remove ligature ties and archwires ( <i>see Ligature ties</i> )	BPC 1907 1921	G	G	G
<b>Bases</b> -- place bases, liners, and bonding agents	BPC 1907 1921	05	05	05
<b>Bite registrations</b> – take facebow transfers and bite registrations	BPC 1907 1921	G	G	G
<b>Bleaching agents</b> -- apply and activate bleaching agents using a nonlaser light-curing device	BPC 1910 1921	G	G	G
<b>Bonding</b> -- chemically prepare teeth for bonding <i>RDHEF – prepare enamel by etching for bonding; apply etchant for bonding restorative materials</i>	BPC 1907 1921	05	05	05
<b>Bonding</b> – prepare enamel by etching for bonding; apply etchant for bonding restorative materials	16CCR 1089	N	D	N
<b>Bonding agents</b> -- place bases, liners, and bonding agents	BPC 1907	05	05	05
<b>Caries detection devices and materials, automated</b> -- use of automated caries detection devices to gather information for diagnosis by the dentist	BPC 1914 1921	G	G	G
<b>Cement, excess on surfaces of teeth</b> -- remove with a hand instrument	BPC 1907 1921	G	G	G
<b>Cement, excess</b> -- remove from surfaces of teeth undergoing orthodontic treatment, with an ultrasonic scaler.	BPC 1907 1921	G	G	G
<b>Computer-aided design (CAD), milled restorations</b> -- obtain intraoral images for computer-aided design, milled restorations	BPC 1907 1921	05	05	05
<b>Cord retraction</b> of gingiva for impression procedures	16CCR 1089	N	D	N

## **You Can Think Your Practice is in Compliance... or You Can KNOW IT!**

### **Required Posters, Signs and Notices**

Notice to Consumers: Dental Board, Dental Hygiene Committee, Consumer Affairs

Prop 65 Warning if you have 10 or more employees (3 in 1 sign) Amalgam and Nitrous Oxide, BPA

Dental Material Fact Sheet

Employment Posters -Dentists must post sick leave law poster by Jan. 1, 2015

New 2016 : Fed min wage, WhistleBlower, Injuries caused by work, Pregnant Employees

All Gender Restroom Sign for single user restrooms

Dental Board Posters

Radiation Safety Posters (Also prepare written Radiation Safety Plans-see CDA Practice Support website)

Laser Signs

OSHA Signs

### **OSHA**

OSHA has designed a new, standardized format for Safety Data Sheets (SDS) formerly called Material Safety Data Sheets (MSDS). The SDS will have 16 specific sections designed to ensure consistency across industries and nations. Employers must train their workers in the new label and data sheet requirements by December 1, 2013. This course will provide you with the tools needed to conduct this training.

Review of what OSHA Training/Recordkeeping forms are required.

Discussion of Aerosol Transmissible Diseases" (ATDs), employee training requirements and what written plans addressing ATDs must be part of the office OSHA manual.

Conduct Your Own Mock Inspection-

### **Minimum Standards for Infection Control**

What written protocols/posters are required

[www.CDC.gov](http://www.CDC.gov) Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care

## Resources

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

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

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

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

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

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

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

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

---

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

Organization for Safety, Asepsis and  
Prevention (OSAP)  
800-298-OSAP  
[www.osap.org](http://www.osap.org)  
BOOK "From Policy To Practice"

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

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

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

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

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

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

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

National Institute of Occupational Health  
and Safety (NIOSH)  
[www.cdc.gov/niosh](http://www.cdc.gov/niosh)