



California Dental Legislation

Dental Board Action - Pediatric Dental Sedation

December 12, 2016 -- Spurred to action by the death last year of a 6-year-old boy under dental anesthesia, the Dental Board of California has proposed strict new recommendations for pediatric sedation and anesthesia. If the rules are passed by California lawmakers, dentists in the state would have to meet new criteria for personnel, education, and permits.

The Dental Board of California passed the recommendations at a closed session on December 1 and released them on December 9. The board had begun reviewing the adequacy of the state's sedation and anesthesia laws in protecting patients after a 6-year-old boy died during an extraction procedure in March 2015. The state Legislature has already [approved a bill](#) to increase pediatric sedation oversight during dental procedures, and the new recommendations would further increase safety measures.

"The subcommittee recognizes that few topics generate more controversy than the use of anesthesia, especially for children," said Meredith McKenzie, a member of the Dental Board of California's Subcommittee on Pediatric Dental Sedation, during the board's December 1 meeting. "And the challenge of reaching a consensus, especially among interested parties on this issue, is difficult."

Recommendations

The pediatric anesthesia subcommittee of the Dental Board of California has been reviewing laws, regulations, scientific literature, and policies related to pediatric sedation since this spring. Although the subcommittee deemed California's present policies to be sufficient, it still provided five recommendations, ranging from data policies to personnel requirements, to strengthen California's laws.

"While the subcommittee concludes California's present laws regulations and policies are sufficient to provide protection of pediatric patients during dental sedation, it recommends the following enhancements to current [statutes] and regulations to provide an even greater level of public protection," McKenzie said.

The largest change addresses the sedation and anesthesia permit system. The board proposed changing or expanding existing permits. The changes would require additional education and personnel for minimal, moderate, and deep sedation for patients younger than age 13. The changes would also limit minimal sedation to one dose of a single sedative drug.



Recommended permit changes: sedation and anesthesia for children younger than age 13

Sedation type	Education changes	Personnel changes
Minimal sedation permit	24 hours of instruction, including airway management and patient rescue from moderate sedation, as well as one clinical case	At least one additional staff member who is trained in monitoring and resuscitation of pediatric patients must be present.
Moderate Sedation Permit	Proof of completing an accredited pediatric dentistry residency or equivalent	At least one additional staff member who is trained in pediatric advanced life support and airway management must be present. For children younger than 7, an additional staff member must be present to serve as a patient monitor. At least two additional staff members must be present:
General anesthesia permit	Proof of completing an accredited pediatric dentistry residency or equivalent training that provides competency in deep sedation/general anesthesia for child younger than age 13, as well as proof of completing a sufficient number of cases for patients younger than age 7	<ul style="list-style-type: none"> • For children ages 7-13, one staff member must be trained in advanced life support and airway management, and one staff member must be trained in and dedicated to patient monitoring. • For children younger than age 7, one staff member should be a general anesthesia permit holder, and one person, in addition to the dentist, should be trained in pediatric advanced life support and airway management.



Four other recommendations include the following actions:

“The effects of regulatory change on healthcare can be fraught with unintended consequences.”

Meredith McKenzie, Dental Board of California

- Collecting high-quality data to inform decision-making
- Updating the definitions of general anesthesia, conscious sedation, and pediatric and adult oral sedation to those used by the American Society of Anesthesiologists
- Requiring records and equipment updates, including the use of capnography for moderate sedation
- Providing the Dental Board of California additional authority to strengthen onsite inspections and evaluations

"Although patient safety is always the foremost concern, the effects of regulatory change on healthcare can be fraught with unintended consequences," McKenzie said. "Any proposal should, therefore, strive to strike a balance between established practice and evidence-based changes that provide greater patient safety."

The recommendations will be introduced to the California Legislature by January 1, 2017. However, both the Legislature and Gov. Jerry Brown would need to approve them for the recommendations to become state law, which could take several months to years.

CDA, AAPD respond

The California Dental Association (CDA) and American Academy of Pediatric Dentistry (AAPD) both responded to the new recommendations, each with their own concerns. While the AAPD generally praised the recommendations as a step in the right direction, the CDA wanted to ensure the recommendations wouldn't disrupt care for children.

"The report by the Dental Board of California shows that pediatric dental anesthesia has a strong safety record. A full discussion will be necessary on how the board's recommendation would be implemented in a way that does not disrupt medically necessary care for young children," wrote Alicia Malaby, CDA spokesperson, in an email to *DrBicuspid.com*. "CDA is in the process of analyzing how this recommendation will affect the dental system of care, which will influence our position."

Meanwhile, John Liu, DDS, past-president of the AAPD and current chair of the AAPD Committee on Sedation and Anesthesia, was concerned that the guidelines only apply to children ages 13 and younger. The concern was also shared by at least one dental board member, who pointed out that a small, 14-year-old adolescent may have similar anesthesia requirements to the average 13-year-old child.



"I don't think you can adequately categorize kids just based on age alone," Dr.Liu said.
"Personally, I don't think the recommendations go far enough, unless they were to do away with these separate age categories. Our guidelines state 18 and under for reason, and I don't think that reason is being adequately addressed in what they currently have. But it is a good step in the right direction."

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RDA License Renewal Protocol

IT IS A CRIMINAL OFFENSE TO PERFORM LICENSED AND/OR PERMITTED DUTIES WITH AN EXPIRED, CANCELLED, OR INACTIVE LICENSE!

Your **first renewal** may not be valid for a full two years. Your expiration date is based on your birth month and birth year. If you were born in an even year, your license/permit will expire in an even year. If you were born in an odd year, your license/permit will expire in an odd year. From the issuance of your license/permit, your first license/permit will expire on the last day of your birth month, in the first odd or even year corresponding with your birth year.

After your first renewal, your license/permit will expire every two years on the last day of your birth month, either in an odd or even numbered year (as based on the year of your birth).

- For example, if your birthday is June 14, 1982 (an even year) your license will expire on June 30, 2014, June 30, 2016, etc. However, if your birthday is June 14, 1983 (an odd year), your license/permit will expire on June 30, 2013, June 30, 2015, etc.

As a courtesy, renewal notices are mailed approximately 90 days prior to expiration. If your renewal notice is not received two months before your expiration date, you can complete, print and mail a [Dental Assisting Program Application for Renewal Form](#) to the Board. This form is found on the Dental Board's website at www.dbc.ca.gov. An **original** completed renewal form with the appropriate renewal fee must be sent via mail to the Dental Board of California. Attn: Dental Assisting Program, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815.

As of October 2007, the renewal fee is \$70 for each license/permit. If the required renewal fee is not postmarked on or before the date of expiration, the license/permit is expired. If the license/permit is renewed more than 30 days after its expiration, a \$35 delinquency fee (in addition to the \$70 renewal fee)will be required before the license/permit will be renewed. Note: The dishonored check fee is \$25. This fee must also be submitted before the license will be renewed.



Renewals are processed in the order received. **Renewal processing time is approximately 4-6 weeks** to update the license/permit record, print, and mail.

The status of a licensee/permittee (but not the status of applicant) can be checked on the internet by visiting our [license verification](#) web page.

Renewal requirements

Requirements for an **“ACTIVE”** renewal are:

- Completed, signed and dated renewal form
- Renewal payment
- Satisfactory completion of twenty-five (25) continuing education units
- Disclosure of any license discipline by a government agency or other disciplinary body and criminal conviction(s) since last renewal
- Completed Dental Healthcare Workforce Survey
- Fulfillment of fingerprinting requirements
 - Licensees/permittees required to submit fingerprints are notified in writing prior to receiving their renewal application

Note: Fingerprinting for the Board is only required once. However, you must answer "yes" on **EVERY** renewal application, acknowledging you have furnished a full set of fingerprints.

Requirements for an **“INACTIVE”** renewal are: the same as above, except continuing education is not required for an “Inactive” license renewal. Requirements for a **“FIRST TIME”** renewal are: same as above, except continuing education is not required for "First Time" renewal of a license.

Note: [Business and Professions Code Section 1752.6](#) states in part that “A registered dental assistant licensed on and after January 1, 2010, shall provide evidence of successful completion of a board-approved course in the application of pit and fissure sealants **prior to the first expiration date of his or her license that requires the completion of continuing education** as a condition of renewal”.

Incomplete Renewal

If upon Online Verification look-up, your license/permit status indicates "Incomplete Renewal" or "Continuing Education Required But Not Adequate," your application for renewal has been received and cashiered; however, your license/permit is being HELD. A renewal application is deemed incomplete and is HELD, if a portion of the renewal form was not completed or if the form was not signed and dated. To complete your renewal, download and complete a [Renewal Declaration Form](#). Submit the completed form to the Dental Board of California. Attn: Dental



Assisting Program, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815 or fax to (916) 274-5970.

Inactive Licenses

A licensee/permittee can place his or her license on inactive status **at time of renewal**. This means that he or she must pay the renewal fee, but is not required to complete the required continuing education requirements. A license/permit can be renewed to inactive status, every two years, indefinitely. To place an active license/permit on inactive status **at any time during the renewal cycle**, you must complete the [Inactive/Active Form](#). To activate an inactive license/permit **at any time during the renewal cycle**, you must complete the [Inactive/Active Form](#) and attach copies of all continuing education certificates taken within 2 years of the request to activate the license/permit. You must also return the actual green inactive license/permit, and attach the \$25 fee to print the new active license/permit.

Continuing Education

The [provider](#) giving the courses must be registered with the Dental Board for the courses to be approved. Each individual course is not approved by the Board. If you have questions about whether the provider has a current registration with the Board, call (916) 263-2300, or search using the [Approved Provider Lookup](#).

Continuing Education (CE) Requirements:

Licenseses/Permittees renewing for the first time are exempt from CE requirements. The minimum requirement for each renewal period after the first renewal is 25 hours of continuing education, including:

- Basic Life Support (maximum credit allowed is 4 CE units)
 - Shall be met by completion of a *American Heart Association* or *American Red Cross Course* in Basic Life Support, or a BLS course taught by a provider approved by the *American Dental Association's Continuing Education Recognition Program* or the *Academy of General Dentistry's Program Approval for Continuing Education*.
 - Online CPR course will not be accepted for Basic Life Support requirement.
- 2 hours of California Infection Control
- 2 hours of California Dental Practice Act

Note: Infection Control and California Dental Practice Act may be taken online by an approved [provider](#). No more than 12.5 CE hours can be completed through home study or other non-live instruction. Interactive courses such as live videoconferencing, live lecture and live workshop demonstrations may be used for all of the required units except for Basic Life Support course.



Please be advised that the Dental Board of California does not maintain or track individual licensee's CE units. In accordance with [Title 16 California Code of Regulations Sections 1016 and 1017](#), you are required to maintain CE records for a period of three (3) renewal periods (6 years).

The Dental Board of California conducts random CE audits. If you are audited, you will be required to provide photocopies of your CE certificates. **Do not send original CE certificates unless specifically requested by the Board.**

If you want to complete an **out-of-state CE course** as part of your 25 hours, you must submit an [application](#) for approval via mail to the Dental Board of California, Attn: Dental Assisting Program at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815.

Disabled Licensees

A licensee/permittee who has not practiced in California for more than one year because he or she is disabled is not required to comply with the continuing education requirements during the renewal period within which such disability falls. However, the licensee must pay the required renewal fee. The licensee/permittee must certify that he or she is eligible for a waiver of the continuing education requirements, due to a disability, by submitting a statement from their medical provider that includes the dates of the disability. The licensee must also provide a statement that he or she did not practice as a licensed auxiliary during the period of the disability.

Expired and Cancelled Licenses

A license/permit that has been expired for more than five years is automatically cancelled, and cannot be renewed. The holder of a cancelled certificate must either apply for a new license/permit, and pass the associated examination(s), or petition the Dental Board. To begin the process of the issuance of a new license/permit to replace a cancelled license, contact the Board via email at DAProgram@dca.ca.gov. In the email, please include your name, license number, current address, and phone number.

License Certification

For a letter certifying a license/permit, commonly referred to as a "license certification," you must submit a [License Certification Form](#) with a \$25 fee via mail to Dental Board of California, Attn: Dental Assisting Program at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815.

Address Change



An address change must be submitted via mail to the Dental Board of California, Attn: Dental Assisting Program at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, by one of the following methods:

- By completing a [Name and Address Change Form](#) - Please do not fax the form to the Board as an original signature is required.
- In writing - A signed and dated letter that includes your full name, license type and number, previous address of record, new address, and current phone number.

Name Change

To request a name change, you must submit a [Name and Address Change Form](#), appropriate documentation, such as a court order, showing the name change. Please do not fax the form to the Board as an original signature is required. If you also wish to receive a new pocket license/permit or wall certificate reflecting the name change, you must follow the procedures below for "Duplicate Licenses." If you wish to wait for your next renewal pocket license/permit to be issued to avoid the \$25 charge, you may do so. Simply send the name change documentation with your renewal statement and fee at your next renewal.

Duplicate/Replacement Licenses

There is a charge of \$25 for a duplicate pocket license/permit, and an additional \$25 charge for a duplicate wall license. Your request must be submitted in writing with a [Duplicate/Replacement License Form](#), appropriate fees, and your existing pocket license and/or wall license, or a statement signed under penalty of perjury that it has been lost, stolen, or misplaced. If you are requesting a name change at the same time, you must submit a [Name and Address Change Form](#), appropriate documentation, such as a marriage license, divorce decree, or court order, showing the name change. Forms must be submitted via mail to the Dental Board of California, Attn: Dental Assisting Program at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815.



HISTORY

During the past ten years, the California Legislature passed several legislative bills to address the dental assistant scope of practice.

In 2008, the culmination of those efforts resulted in the passage of AB2637 that will significantly impact dental assisting in California in the future.

This document summarizes how the new laws will affect old and new categories of dental assistants:

- Unlicensed dental assistants
- Permitted Orthodontic Assistants (OA)
- Permitted Dental Sedation Assistants (DSA)
- Registered Dental Assistants (RDA)
- Registered Dental Assistant in Extended Functions (RDAEF)

AB2637 (Chapter 499, Statutes of 2008)

AB2637 was signed by the Governor on September 28, 2008, and became effective January 1, 2009, although many of its provisions are not operative until January 1, 2010. Generally, the bill retains the DA, RDA, and EF licensure categories, establishes Orthodontic Assistant and Dental Sedation and Assistant permit categories. Note the italicized duties are new duties that have been added to the category. Please note that the following information is quoted by the actual statute.

1. Unlicensed Dental Assistants

a. Duties. Beginning January 1, 2010, B&P Section 1750.1 places into statute the duties that regulations currently allow DAs to perform, with the addition of certain duties. Following are all of the duties, with new duties noted in italics:

(a) A dental assistant may perform the following duties **under the general supervision of a supervising licensed dentist:**

(1) Extra-oral duties or procedures specified by the supervising licensed dentist, provided that those duties or procedures meet the definition of a basic supportive procedure specified in Section 1750.

(2) Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of Section 1656.

(3) *Perform intraoral and extraoral photography*



(b) A dental assistant may perform the following duties **under the direct supervision of a supervising dentist:**

- (1) Apply non-aerosol and non-caustic topical agents
- (2) Apply topical fluoride
- (3) *Take intraoral impressions for all nonprosthodontic appliances*
- (4) *Take facebow transfers and bite registrations*
- (5) Place and remove rubber dams *or other isolation devices*
- (6) Place, wedge, and remove matrices for restorative procedures
- (7) Remove post-extraction dressings after inspection of the surgical site by the supervising licensed dentist
- (8) Perform measurements for the purposes of orthodontic treatment
- (9) Cure restorative or orthodontic materials in operative site with a light-curing device
- (10) Examine orthodontic appliances
- (11) Place and remove orthodontic separators
- (12) Remove ligature ties and arch wires
- (13) After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient
- (14) Remove periodontal dressings
- (15) Remove sutures after inspection of the site by the dentist
- (16) *Place patient monitoring sensors*
- (17) *Monitor patient sedation, limited to reading and transmitting information from the monitor display during the intraoperative phase of surgery for electrocardiogram waveform, carbon dioxide and end tidal carbon dioxide concentrations, respiratory cycle data, continuous noninvasive blood pressure data, or pulse arterial oxygen saturation measurements, for the purpose of interpretation and evaluation by a supervising licensed dentist who shall be at the patient's chairside during this procedure.*

(18) Assist in the administration of nitrous oxide when used for analgesia or sedation. A dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the supervising licensed dentist who shall be present at the patient's chairside during the implementation of these instructions. This paragraph shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.

(c) **Under the supervision of a registered dental hygienist in alternative practice,** a dental assistant may perform intraoral retraction and suctioning.

(d) The board may specify additional allowable duties by regulation.

(e) **The duties of a dental assistant or a dental assistant holding a permit in orthodontic assisting or in dental sedation do not include any of the following procedures unless specifically allowed by law:**

- (1) Diagnosis and comprehensive treatment planning.



- (2) Placing, finishing, or removing permanent restorations.
- (3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.
- (4) Prescribing medication.
- (5) Starting or adjusting local or general anesthesia or oral or parenteral conscious sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law.
- (f) The duties of a dental assistant are defined in subdivision (a) of Section 1750 and do not include any duty or procedure that only an orthodontic assistant permit holder, dental sedation assistant permit holder, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist, or registered dental hygienist in alternative practice is allowed to perform.

b. Required Courses. Beginning January 1, 2010, B&P Section 1750 requires that unlicensed DAs who are in a dentist's continuous employment 120 days or more must complete, within a year of the date of employment, a course in basic life support, a board-approved 8 hour course in infection control, and a board-approved course in the California Dental Practice Act.

B&P Section 1750 also provides that the employer of a dental assistant shall be responsible for ensuring that the dental assistant maintains certification in basic life support.

B&P Section 1756 provides that the board-approved infection control course must be at least 8 hours in length.

2. Orthodontic Assistants (OAs) and Dental Sedation Assistants (DSAs)

a. Permit Requirements. Beginning January 1, 2010, B&P Sections 1750.2 and 1750.4 establish Orthodontic Assistant (OA) and Dental Sedation Assistant (DSA) permit categories, which require completion of 12 months of work experience as a DA, completion of a board-approved OA or DSA course which may commence after 6 months of work experience, a written examination, and completion of board-approved courses in the California Dental Practice Act, 8 hour infection control, and basic life support. These permits must be maintained in the same manner as other licenses, including renewal and required CE.

b. Course Requirements. B&P Sections 1756.1 and 1756.2 specifies that the OA course must be a minimum of 84 hours, and the DSA course a minimum of 110 hours, and that both must be board-approved. B&P Sections 1754.5, 1755, 1756.1 and 1756.2 specify the requirements that courses must meet to obtain Board approval.



c. RDAs and RDAEFs Seeking OA or DSA Permits. An RDA or RDAEF may apply for an OA permit or a DSA permit, or both, by completing the applicable board-approved course, and passing a written examination.

An RDA or RDAEF holding an Orthodontic Assistant permits or Dental Sedation Assistant permit shall be referred to as an "RDA with orthodontic assistant permit", "RDA with dental sedation assistant permit", "RDAEF with orthodontic assistant permit", or "RDAEF with dental sedation assistant permit," as applicable. Completion of the CE requirements by an RDA or RDAEF who also holds a permit will fulfill the CE for the permit or permits.

d. OA Duties. B&P Section 1750.3 specifies the duties of an OA as:

1750.3. A person holding an orthodontic assistant permit pursuant to Section 1750.2 may perform the following duties **under the direct supervision of a supervising licensed dentist:**

- (a) All duties that a dental assistant is allowed to perform.
- (b) Prepare teeth for bonding, and select, preposition, and cure orthodontic brackets after their position has been approved by the licensed dentist.
- (c) Remove only orthodontic brackets and attachments with removal of the bonding material by the supervising licensed dentist.
- (d) Size, fit, and cement orthodontic bands.
- (e) Remove orthodontic bands and remove excess cement from supragingival surfaces of teeth with a hand instrument.
- (f) Place and ligate archwires.
- (g) Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.
- (h) *Any additional duties that the board may prescribe by regulation.*

e. DSA Duties. B&P Section 1750.5 specifies the duties of a DSA as:

1750.5. A person holding a dental sedation assistant permit pursuant to Section 1750.4 may perform the following duties **under the direct supervision of a licensed dentist or other licensed health care professional authorized to administer conscious sedation or general anesthesia in the dental office:**

- (a) All duties that a dental assistant is allowed to perform.
- (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*. 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.

(c) Drug identification and draw, limited to identification of appropriate medications, ampule and vial preparation, and withdrawing drugs of correct amount as verified by the supervising licensed dentist.

(d) Add drugs, medications, and fluids to intravenous lines using a syringe, provided that a supervising licensed dentist is present at the patient's chairside, limited to determining patency of intravenous line, selection of injection port, syringe insertion into injection port, occlusion of intravenous line and blood aspiration, line release and injection of drugs for appropriate time interval. *The exception to this duty is that the initial dose of a drug or medication shall be administered by the supervising licensed dentist.*

(e) Removal of intravenous lines.

(f) *Any additional duties that the board may prescribe by regulation.*

(g) The duties listed in subdivisions (b) to (e), inclusive, may not be performed in any setting other than a dental office or dental clinic.

f. Overlapping RDA and OA Duties. RDAs will be allowed to continue to perform the overlapping OA duties that they are currently allowed to perform without seeking an OA permit (placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument). An OA Permitted assistant cannot perform a coronal polishing without being an RDA also. RDAs applying for an OA permit will not be required to complete further training in such duties.

3. Registered Dental Assistants (RDAs)

a. Duties. Beginning January 1, 2010, B&P Section 1752.4 places into statute most of the duties that regulations currently allow RDAs to perform, with the addition of certain duties, and with some duties moved to the DA category. Following are all of the duties, with new duties noted in italics. RDAs licensed prior to January 1, 2010, will be allowed to perform all listed duties without further instruction, except as specifically noted.

(a) A registered dental assistant may perform all of the following duties:

- (1) All duties that a dental assistant is allowed to perform;
- (2) Mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth
- (3) Apply and activate bleaching agents using a nonlaser light-curing device
- (4) *Use of automated caries detection devices and materials to gather information for diagnosis by the dentist*
- (5) *Obtain intraoral images for computer-aided design (CAD), milled restorations.*
- (6) Pulp vitality testing and recording of findings



- (7) Place bases, liners, and *bonding agents*
- (8) *Chemically prepare teeth for bonding*
- (9) *Place, adjust, and finish direct provisional restorations* (broader definition of current duty)
- (10) *Fabricate, adjust, cement and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration* (broader definition of current duty)
- (11) Place post-extraction dressings after inspection of the surgical site by the supervising licensed dentist
- (12) Place periodontal dressings
- (13) Dry endodontically treated canals using absorbent paper points
- (14) *Adjust dentures extra-orally*
- (15) *Remove excess cement from surfaces of teeth with a hand instrument* (broader definition of current duty)
- (16) Polish coronal surfaces of the teeth
- (17) Place ligature ties and arch wires.
- (18) Remove orthodontic bands
- (19) All duties that the board may prescribe by regulation.

(b) A registered dental assistant may only perform the following additional duties if he or she has completed a board-approved registered dental assistant educational program in those duties, or if he or she has provided evidence, satisfactory to the *board*, of having completed a board-approved course in those duties.

- (1) Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.
- (2) The allowable duties of an orthodontic assistant permit holder as specified in Section 1750.3. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument.
- (3) The allowable duties of a dental sedation assistant permit holder as specified in Section 1750.5.
- (4) The application of pit and fissure sealants.

(c) Except as provided in Section 1777, **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.**

b. Optional RDA Duties. B&P Section 1752.4 (see section above) allows an RDA to optionally perform the following additional duties if he or she has completed a board-approved RDA educational program approved to instruct in such duty or duties, or if he or she has provided evidence to the Board of having completed a board-approved course in such duty or duties: (1)



Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment. (2) The permitted duties of an orthodontic assistant (except that a licensed RDA shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument). (3) The permitted duties of a dental sedation assistant. (4) The application of pit and fissure sealants.

c. Pit and Fissure Sealants. B&P Section 1752.6 requires that RDAs who are licensed on and after January 1, 2010, complete a board-approved course in the application of pit and fissure sealants as a condition of the first renewal that requires CE.

d. Work Experience. B&P Section 1752.1 requires that individuals applying via the work experience pathway on or after January 1, 2010, must have 15 months of work experience rather than 12 months. B&P Section 1752.1 allows credit toward the 15-month work experience requirement for graduation from non-board dental assisting programs on a week-for-week basis, eliminating the current 16-week maximum credit.

e. RDA Licensure Requirements. Beginning January 1, 2010, B&P Section 1752.1 requires that all applicants for RDA licensure must have completed a board-approved course in the California Dental Practice Act, an 8-hour board-approved course in infection control, and a course in basic life support within five years prior to application.

f. Law and Ethics Examinations. B&P Section 1752.1 requires that individuals applying after January 1, 2010 must pass a written examination in Law and Ethics.

g. Examination Requirements. Beginning January 1, 2010, B&P Section 1752.3 places the RDA examination requirements into statute. Also, the practical exam will have 3 procedures instead of two (2). The possible tested procedures will be: (1) Place a base or liner; (2) Place, adjust, and finish a direct provisional restoration; (3) Fabricate and adjust an indirect provisional restoration; and (4) Cement an indirect provisional restoration.

5. Registered Dental Assistants in Extended Functions (EFs)

a. Duties. Beginning January 1, 2010, B&P Section 1753.3 places into statute most of the duties that regulations currently allow EFs to perform, with the addition of certain duties, and certain duties moved to other categories. Following are all of the duties that EFs licensed after January 1, 2010, will be allowed to perform, with new duties noted in italics:



1753.5. (a) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform all duties and procedures that a registered dental assistant is authorized to perform as specified in and limited by Section 1752.4, and those duties that the board may prescribe by regulation.

(b) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform the following additional procedures **under direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:**

(1) Conduct preliminary evaluation of the patient's oral health, including, but not limited to, charting, intraoral and extra-oral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation.

(2) Perform oral health assessments in school-based, community health project settings under the direction of a dentist, registered dental hygienist, or registered dental hygienist in alternative practice.

(3) Cord retraction of gingiva for impression procedures.

(4) Size and fit endodontic master points *and accessory points*.

(5) Cement endodontic master points and accessory points.

(6) Take final impressions for permanent indirect restorations.

(7) Take final impressions for tooth-borne removable prosthesis.

(8) Polish and contour existing amalgam restorations.

(9) Place, contour, finish, and adjust all direct restorations.

(10) Adjust and cement permanent indirect restorations.

(11) Other procedures authorized by regulations adopted by the board.

(c) All procedures required to be performed under direct supervision shall be checked and approved by the supervising licensed dentist prior to the patient's dismissal from the office.

b. Existing EFs. B&P Section 1753.4 requires EFs who are licensed prior to January 1, 2010, and who wish to perform the new duties, to complete a board-approved course in all of the new duties, and complete specified examinations.



c. EF Examinations. Beginning January 1, 2010, B&P Section 1753.4 places the EF examination requirements in statute. This examination will consist of the following specified under 1753.4:

- Successful completion of two of the following procedures on a simulated patient head mounted in appropriate position and accommodation an articulated typodont in an enclosed intra-oral environment, or mounted on a dental chair in a dental operator
 - Place, condense and carve an amalgam restoration
 - Place and contour a nonmetallic direct restoration
 - Polish and contour an existing amalgam restoration
- Successful complete of the following two procedures on a patient provided by the applicant.
 - Cord retraction of gingiva for impression procedures
 - Take a final impression for a permanent indirect restoration

In addition to the above requirements, a candidate must complete a written examination with 75% pass rate. The Dental Board will be deciding on the format for this written examination.