



INSTRUCTIONS FOR COMPLETING THE CORONAL POLISHING COURSE APPLICATION

These instructions will guide you in providing documentation to demonstrate your coronal polishing course will be compliant with all applicable regulations and statutes. It is your responsibility to provide thorough documentation of compliance.

Familiarize yourself with regulations governing coronal polishing courses by referencing the digital version of California Code of Regulations, title 16, sections [1070](#), [1070.1](#), and [1070.4](#). Statutory definitions related to dental assisting educational courses are found on the [LegInfo](#) website; consult Business and Professions Code, section [1741](#).

- Complete the application in its entirety.
- Submit one hard copy of the application, supporting documentation, and application fee by mail.
- Once your submission is received, no addenda or amendments will be accepted prior to the Board's initial review.
- Label the supporting documentation to match the question numbers in the application. Attach the documents to the completed application form. Applications must have correct and consistent numbering and labeling of documentation.
- Two forms (Forms 1–2) are provided at the end of the application (pages 8–10). You must complete, sign, date, and return these forms with your application.
- Four samples of supporting documentation are provided on pages 15–20 of these instructions as a courtesy. The samples are provided for reference only. Documentation is not required to resemble the samples or maintain the same format.

If you have questions about the application, required forms, samples, instructions, or regulations, please email LPCU.DBC@dca.ca.gov. Board staff respond to emails within 48 hours.



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INSTRUCTION CONTENTS

Please Note: If a question is not listed below, no supporting documentation is required to be submitted for that question.

COURSE INFORMATION (APP. PAGES 1–2)

QUESTION 1: The name of the course provider is the name of the school or organization providing the course. The name of the course provider entered on the application must match the provider name on the student Certificate of Completion. Ensure there are no typos or inaccuracies in the provider name.

NOTE: The provider name cannot be changed once the course has been approved. If you want to change the provider name after approval, you must submit a new application under the new name.

QUESTION 2: The educational facility address is where course instruction will take place.

NOTE: If the application is approved, the approval is only valid for this one location. To offer the course at another location, you must submit a separate course application for each additional location.

QUESTION 7: To be able to answer “Yes” to this question, the agency must meet the following definition of accrediting or approving agency: An organization that evaluates and monitors educational institutions, programs, or courses for compliance with established standards. For example, the California Bureau of Private Postsecondary Education is considered an approving agency.

NOTE: Courses and course providers are NOT required to have accreditation or approval from another agency.

QUESTION 8: If the course or course provider is accredited or approved by another agency, submit proof of accreditation or approval for all accrediting or approving agencies.

COURSE DIRECTOR INFORMATION (APP. PAGE 2)

QUESTIONS 15–16: Submit proof of licensure. Examples: a copy of the current, active license issued by the Board or DHBC or a printout from the DCA License Search webpage. The course director must have been licensed for two years and possess a valid, active, and current license as a dentist or RDAEF issued by the Board; or as an RDA issued by the Board if the person has completed a Board-approved course in coronal polishing; or as an RDH, RDHEF, or RDHAP issued by the DHBC. (16 CCR §§ 1070(b), (d); 1070.4(c)(1))

QUESTION 17: Submit supporting documentation. Examples: resume, professional biography, certifications, and other credentials. (16 CCR §§ 1070 (d); 1070.4(c)(2))

QUESTION 19: Submit a copy of the completion certificate that specifies that the course director completed a two-hour methodology course in clinical evaluation. Alternatively, if the certificate does not specify clinical evaluation, submit evidence that the completed methodology course included two hours in clinical evaluation. (CCR § 1070.4 (c)(1))

QUESTION 20: Submit a copy of a valid certification card in basic life support (BLS) procedures, including cardiopulmonary resuscitation. The Board accepts BLS certification cards from the following providers: the American Red Cross, the American Heart Association, the American Safety and Health Institute, the American Dental Association’s Continuing Education Recognition Program, or the Academy of General Dentistry’s Program Approval for Continuing Education. (16 CCR §§ 1070(h), 1070.4(f)(5)(B))

QUESTIONS 21–24: Submit the required Course Director Acknowledgment of Responsibilities Form (Form 1, pages 8-9 of the Application) signed and dated by the course director. (16 CCR §§ 1005(b)(2); 1070(b)(1)-(3), (c), (h), (j)(2)-(3); 1070.4(c)(2)(A)-(C), (f)(5)(B), (h)(2), (h)(4))

COURSE INSTRUCTOR INFORMATION (APP. PAGES 2–3)

QUESTION 25: Submit the List of Approved Faculty form (Form 2, page 10 of the application) signed and dated by the course director.

QUESTIONS 26–27: Submit proof of licensure for each instructor. Examples: a copy of the license issued by the Board or DHBC or a printout from the DCA License Search webpage. Instructors must be licensed for two years and possess a valid, active, and current license as a dentist or RDAEF issued by the Board; or as an RDA issued by the Board with completion of a Board-approved course in coronal polishing; or as an RDH, RDHEF, or RDHAP issued by the DHBC. (16 CCR §§ 1070(d), 1070.4(c)(1))

QUESTION 28: Submit supporting documentation. Examples: resume, professional biography, certifications, and other credentials. (16 CCR §§ 1070(d), 1070.4(c)(1))

QUESTION 29: Submit a copy of the completion certificates that specify that each instructor completed a two-hour methodology course in clinical evaluation. Alternatively, if the certificates do not specify clinical evaluation, submit evidence that the completed methodology courses included two hours in clinical evaluation. (CCR § 1070.4 (c)(1))

QUESTION 30: Submit a copy of valid certification card in basic life support (BLS) procedures, including cardiopulmonary resuscitation, for each instructor. The Board accepts BLS certification cards from the following providers: the American Red Cross, the American Heart Association, the American Safety and Health Institute, the American Dental Association's Continuing Education Recognition Program, or the Academy of General Dentistry's Program Approval for Continuing Education. (16 CCR §§ 1070(h), 1070.4(f)(5)(B))

COURSE PREREQUISITES (APP. PAGE 3)

QUESTIONS 31–34: Submit supporting documentation. Example: a written statement that evidence will be collected from students that they meet the required prerequisites before they are enrolled in the course, and that the course director will keep a copy of this evidence in the student records. (BPC § 1752.1(c)(1)(A)-(B), (c)(4); 16 CCR §§1070(b)(1), (h); 1070.4(b), (c)(2)(B)(iii), (f)(5)(B))

COURSE HOURS (APP. PAGE 3)

QUESTION 35: The required minimum number of hours of total instruction is 12 hours. (16 CCR § 1070.4(d))

QUESTION 36: Didactic instruction, laboratory instruction, and clinical instruction all require a minimum of four hours of instruction each. (16 CCR § 1070.4(d))

INSTRUCTIONAL AND FACILITY RATIOS (APP. PAGE 3)

QUESTION 37: Provide the maximum number of students enrolled in the course at any one time. This information is needed to verify compliance with facilities, equipment, scheduling, and instructor-student ratio requirements. (16 CCR §§1070(f); 1070.4(f); (g)(6)-(7))

FACILITIES, OPERATORIES, EQUIPMENT, AND ARMAMENTARIA (APP. PAGES 3–4)

QUESTION 41: Submit a course schedule specifying the educational facility where instruction will be provided; the educational facility's days and hours of operation; the days, times and location of each class; the type of instruction for each class; the number of students enrolled at any one time; the number of instructors; and the number of operatories. For each type of instruction, the hours indicated on the schedule must add up correctly to the number of hours stated on the application form (questions 36–37). See page 15 of these instructions for sample course schedule. (16 CCR §§ 1070(f), (f)(2); 1070.3(f), (g)(6)–(7))

QUESTIONS 42–47: Submit a diagram of the instructional facility with dimensions that includes the lecture classrooms, laboratory/laboratories with sterilization area(s), operatories, and the location of all required equipment and armamentaria. If the course will offer all didactic instruction online, the diagram does not need to include a lecture classroom (see question 57). (16 CCR §§ 1070(f)–(g), 1070.4(f))

QUESTIONS 48–51: Submit a detailed list of equipment, armamentaria, and supplies including location and quantities. Include equipment, armamentaria, and supplies needed to follow infection control protocols that comply with the Board's Minimum Standards for Infection Control (16 CCR §§ 1005; 1070(f)(1), (2)(A); 1070.4(f)(2)(A), (3))

INFECTION CONTROL AND EMERGENCY MANAGEMENT (APP. PAGES 4–5)

QUESTION 52: Submit the written course clinical and laboratory protocols for adequate asepsis, infection and hazard control, and disposal of hazardous wastes. Ensure these protocols comply with the Board's regulations and other federal, state, and local requirements. For information on the required contents of the protocols, see the Guide to Infection Control Requirements on page 11 of these instructions. (16 CCR §§ 1005, 1070(g), 1070.4(f)(4))

QUESTION 53: Submit documentation explaining how the protocols described in question 52 will be provided to all students, faculty, and instructional staff. (16 CCR §§ 1070(g), 1070.4(f)(4))

QUESTION 54: Submit the written protocol developed by the course for instrument processing, operatory cleanliness, and management of injuries, and a description of how it will be maintained and periodically updated. (16 CCR § 1005(b)(2))

QUESTION 55: Submit documentation explaining how the protocol described in question 54 will be made available to all dental healthcare personnel. (16 CCR § 1005(b)(2))

QUESTION 56: Submit a photograph verifying that a copy of the Minimum Standards for Infection Control is posted in the lab area where everyone can see them. (16 CCR § 1005(b)(3))

QUESTION 57: Submit a copy of the written policy on managing emergency situations. (16 CCR §§ 1070(h), 1070.4(f)(5)(A))

QUESTION 58: Submit documentation explaining how the policy described in question 57 will be made available to all students, faculty, and instructional staff. (16 CCR §§ 1070(h), 1070.4(f)(5)(A))

COURSE OUTLINE AND CURRICULUM CONTENT (APP. PAGE 5)

QUESTION 59: Submit a detailed course outline that includes all the content listed in question 59.

(16 CCR §§ 1070(i), 1070.4(g)(2)-(3), (g)(5))

NOTE: The names of the areas of instruction must match the titles listed in 16 CCR § 1070.4(g)(5). The titles are listed in the following table. Note that some areas of instruction are Major, and some are Minor. Provide the following content for the Major Areas ONLY:

- Method of delivery (that is, didactic, laboratory and/or clinical)
- Hours of instruction
- Instructional objectives
- Theoretical content and use of practical application, if applicable

AREA TYPE	AREA TITLE	CITATION
Major	Coronal Polishing Basics	16 CCR § 1070.4(g)(5)(A)
Minor	Legal requirements.	16 CCR § 1070.4(g)(5)(A)(i)
Minor	Description and goals of coronal polishing.	16 CCR § 1070.4(g)(5)(A)(ii)
Minor	Indications and contraindications of coronal polishing.	16 CCR § 1070.4(g)(5)(A)(iii)
Minor	Criteria for an acceptable coronal polish.	16 CCR § 1070.4(g)(5)(A)(iv)
Major	Principles of plaque and stain formation	16 CCR § 1070.4(g)(5)(B)
Minor	Clinical description of plaque, intrinsic and extrinsic stains, and calculus.	16 CCR § 1070.4(g)(5)(B)(i)
Minor	Etiology of plaque and stain.	16 CCR § 1070.4(g)(5)(B)(ii)
Minor	Clinical description of teeth that have been properly polished and are free of stain.	16 CCR § 1070.4(g)(5)(B)(iii)
Minor	Tooth morphology and anatomy of the oral cavity as they relate to polishing techniques and to retention of plaque and stain.	16 CCR § 1070.4(g)(5)(B)(iv)
Major	Polishing materials	16 CCR § 1070.4(g)(5)(C)
Minor	Polishing agent composition, storage and handling.	16 CCR § 1070.4(g)(5)(C)(i)
Minor	Abrasive material composition, storage, and handling, and factors that affect rate of abrasion.	16 CCR § 1070.4(g)(5)(C)(ii)
Minor	Disclosing agent composition, storage and handling.	16 CCR § 1070.4(g)(5)(C)(iii)
Minor	Armamentaria for disclosing and polishing techniques.	16 CCR § 1070.4(g)(5)(C)(iv)
Minor	Contraindications for disclosing and polishing techniques.	16 CCR § 1070.4(g)(5)(C)(v)
Major	Principles of tooth polishing	16 CCR § 1070.4(g)(5)(D)
Minor	Clinical application of disclosing before and after a coronal polish.	16 CCR § 1070.4(G)(5)(D)(I)
Minor	Instrument grasps and fulcrum techniques.	16 CCR § 1070.4(G)(5)(D)(II)
Minor	Purpose and techniques of the mouth mirror for indirect vision and retraction.	16 CCR § 1070.4(G)(5)(D)(III)
Minor	Characteristics, manipulation and care of dental handpieces when performing a coronal polish.	16 CCR § 1070.4(G)(5)(D)(IV)
Minor	Pre-medication requirements for the compromised patient.	16 CCR § 1070.4(G)(5)(D)(V)
Minor	Use of adjunct materials for stain removal and polishing techniques.	16 CCR § 1070.4(G)(5)(D)(VI)

Minor	Techniques for coronal polishing of adults and children.	16 CCR § 1070.4(G)(5)(D)(VII)
Minor	Procedures for cleaning fixed and removable prosthesis and orthodontic appliances.	16 CCR § 1070.4(G)(5)(D)(VIII)
Minor	Disclosing and polishing evaluation criteria.	16 CCR § 1070.4(G)(5)(D)(IX)
Major	Infection control protocols	16 CCR § 1070.4(G)(5)(E)

Question 60: Submit curriculum content, covering each area of instruction. Examples of curriculum content include PowerPoint slides, lesson plans, and photocopies of textbook chapters used in the course. The names of the areas of instruction in the curriculum content must match the names of the areas of instruction in the course outline, and both must match the titles listed in 16 CCR § 1070.4(g)(5). (16 CCR §§ 1070(i), 1070.4(g)(2), (g)(5))

CLINICAL INSTRUCTION (APP. PAGES 5–6)

Question 66: Select “extramural dental facility” if the course is utilizing a facility that meets the following definition: Any clinical facility utilized ... for instruction in dental assisting that exists outside or beyond the walls, boundaries or precincts of the primary location of the Board-approved program and in which dental treatment is rendered. (16 CCR §§ 1070(j)(1), 1070.1(c)).

EXTRAMURAL DENTAL FACILITY INFORMATION (APP. PAGE 6)

Question 69: If the course is using instructors to provide clinical instruction in an extramural dental facility, include these instructors on the List of Approved Faculty (required Form 2). As you would do for instructors teaching at the primary course facility, submit proof of licensure for these instructors, documentation that they have experience in coronal polishing, evidence they have completed a two-hour methodology course in clinical evaluation, and a copy of their valid certification card in BLS. (16 CCR §§ 1070(d), (h); 1070.4 (c)(1), (f)(5)(B))

Question 70: Provide supporting documentation. Examples: Written policy or statement from the course director on how extramural dental facilities are chosen. (16 CCR §§ 1070(j)(2); 1070.4(h)(2))

Questions 71–72: Submit orientation materials that will be provided to dentists and licensed dental healthcare personnel at each extramural dental facility. The materials must be clearly labeled as orientation materials and reference questions 70–71. The materials must include information on how the course will provide orientation to dentists and licensed dental healthcare personnel at the extramural dental facility, as well as all the content listed in question 71. (16 CCR §§ 1070(j)(3), 1070.4(h)(3)-(4))

Question 73: Provide a written explanation of how clinical instruction at the extramural dental facility will be planned and supervised.

Questions 74–75: Submit at least one signed, dated, and fully executed written contract of affiliation with an extramural dental facility already chosen by the course director. Ensure that the contract of affiliation includes the following required content:

- Affirmation of compliance with the regulations of CCR, Title 16, Division 10, Chapter 3, Article 2 (16 CCR §§ 1070, 1070.1 and 1070.4)
- Description of the settings in which the clinical training will be received.
- Affirmation that the clinical facility has the necessary equipment and armamentarium appropriate for the procedures to be performed.
- Affirmation that such equipment and armamentarium are in safe operating condition.

(16 CCR §§ 1070(j)(4), 1070.4(h)(5))

EVALUATIONS, EVALUATION CRITERIA, AND EXAMINATIONS (APP. PAGES 6–7)

Question 76: Submit documentation of how the course will assess that the student has demonstrated minimum competency in laboratory performance of coronal polishing. Examples of acceptable documentation include an examination upon completion of laboratory instruction or evaluation form. Along with the documentation, submit the objective evaluation criteria that will be provided to the student for this assessment. The objective evaluation criteria must include:

- Objective evaluation criteria for each component of a performance-evaluated procedure, including objectives for all performance-evaluated procedures.
- The minimum number of satisfactory performances that are required for each performance-evaluated procedure.
- The steps that would cause the student to fail the performance-evaluated procedures.
- A description of each of the grades that may be assigned.

(16 CCR §§ 1070(F)(2)(C), (I)(1)-(3); 1070.4(G)(3)-(4), (G)(6))

Question 77: Submit documentation of how the course will assess prior to course completion that the student is able to complete the competencies listed in 16 CCR § 1070.4(i)(1)(A)-(N). Examples of acceptable documentation include a check-off of these competencies, an examination, or an evaluation form. Along with the documentation, submit the objective evaluation criteria that will be provided to the student for this assessment. The objective evaluation criteria must include:

- Objective evaluation criteria for each component of a performance-evaluated procedure, including objectives for all performance-evaluated procedures.
- The minimum number of satisfactory performances that are required for each performance-evaluated procedure.
- The steps that would cause the student to fail the performance-evaluated procedures.
- A description of each of the grades that may be assigned.

(16 CCR §§ 1070(I)(1)-(3), 1070.4(G)(4), (I)(1)(A)-(N))

Question 78: Submit a copy of the written examination outline that reflects the entire course curriculum, including the areas of instruction as described in 16 CCR § 1070.4(g)(5) and the required student competencies as listed in 16 CCR § 1070.4(i)(1)(A)-(N). The names of the topics tested on the written examination must be consistent with the names of the areas of instruction indicated on the course outline (question 59). The wording in regulations must be followed. Along with the examination outline, submit the grading criteria that will be provided to the student.

(16 CCR §§ 1070(i)(3); 1070.4(g)(5), (i)(1)(A)-(N), (i)(2))

Question 79: Submit clinical evaluation forms showing how the course will assess that the student can perform coronal polishing procedures to clinical proficiency in three patients, with two of the three patients used for the clinical examination. Submit an evaluation form for each patient. The evaluation form submitted for the first patient must be clearly labeled “Clinical Experience” and include a space for the name of the patient. See pages 16–17 of these instructions for sample Clinical Evaluation Form: Clinical Experience. The evaluation forms for the second and third patients must be clearly labeled “Clinical Examination” and include a space for the name of the patient. See pages 18–19 of these instructions for sample Clinical Evaluation Form: Clinical Examination. Along with the evaluation forms, submit the objective evaluation criteria that will be provided to the student. The objective evaluation criteria must include:

- Objective evaluation criteria for each component of a performance-evaluated procedure, including objectives for all performance-evaluated procedures.
- The minimum number of satisfactory performances that are required for each performance-evaluated procedure.
- The steps that would cause the student to fail the performance-evaluated procedures.
- A description of each of the grades that may be assigned.

(16 CCR §§ 1070(l)(1)-(3); 1070.4(G)(3)-(4), (G)(7), (l)(1), (3))

COURSE CERTIFICATE OF COMPLETION (APP. PAGE 7)

Question 80: Submit a copy of the Course Certificate of Completion. See page 20 of these instructions for a sample Certificate. Note the following:

- The course provider name and course address on the certificate must be exactly the same as those provided on the application form (questions 1–2).
- The total hours of the course must reflect the total hours presented in the application and must be a minimum of 12 hours.
- The dates of completion of the course must be labeled “Dates of Completion of Course” and must include a start date and an end date.
- The name of the course must be “Coronal Polishing Course.”
- A space for the Board-issued approval number must be included and labeled “Board-Issued Approval Number.”
- The certificate must include the signature of the course provider, director, administrator, or their designee. The signature may be wet or computer-generated, but it cannot be typed.

(BPC § 1741(e); 16 CCR §§ 1070(e), 1070.4(e))

ACRONYMS

BPC:	Business and Professions Code
CCR:	California Code of Regulations; Note: 16 CCR § 1070, (i) refers to title 16, section 1070, subsection (i) in the California Code of Regulations.
DHBC:	Dental Hygiene Board of California
EDC:	Education Code
OPIM:	Other Potentially Infectious Materials
RDA:	Registered Dental Assistant
RDAEF:	Registered Dental Assistant in Extended Functions
RDH:	Registered Dental Hygienist
RDHAP:	Registered Dental Hygienist in Alternative Practice
RDHEF:	Registered Dental Hygienist in Extended Functions

GLOSSARY

The following terms are defined by California Code of Regulations (CCR). When these terms are used in the application and instructions, they refer to the specific definition in the CCR.

“**Board**” refers to the Dental Board of California.

“**Certificate of completion**” means a certificate that shall include, at minimum, the participant’s name, the name of the course completed, the name of the course provider, including the Board-issued approval number, the date or date range of completion of the course, the number of completed hours of the course, and the signature of the course provider, director, administrator, or their designee that verifies the participant has successfully completed the course.
(BPC § 1741(e))

“**Clinical instruction**” means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical procedures shall only be allowed upon successful demonstration and evaluation of laboratory and preclinical skills. (16 CCR § 1070.1(a))

“**Course director**” means the person who is responsible for all the activities listed in the Course Director Acknowledgment of Responsibilities. It is not required that the course director have the official title of “Course Director” within the organization. (16 CCR §§ 1070(b)-(c), (h), (j); 1070.4(c), (h)(2), (4))

“**Didactic instruction**” means lectures, demonstrations, and other instruction involving theory that may or may not involve active participation by students. The faculty or instructional staff of an educational institution or approved provider may provide didactic instruction via electronic media, home study materials, or live lecture modality.
(16 CCR § 1070.1(b))

“**Laboratory instruction**” means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. (16 CCR § 1070.1(d))

Dental Health Care Personnel (DHCP) means all paid and non-paid personnel in the dental healthcare setting (including a laboratory or clinical facility), 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). (16 CCR § 1005(a)(13))

“Extramural dental facility” means any clinical facility utilized by a Board-approved dental assisting educational course for instruction in dental assisting and existing outside or beyond the walls, boundaries or precincts of the primary location of the Board-approved course and in which dental treatment is rendered. Extramural dental facilities may only be used for clinical instruction; laboratory and preclinical instruction shall not be provided in an extramural dental facility. (16 CCR §§ 1070(j)(1), 1070.1(c))

“Other Potentially Infectious Materials” (OPIM) means any one of the following: (16 CCR § 1005(a)(12))

- (A) Human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- (B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- (C) Any of the following, if known or reasonably likely to contain or be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV):
 - 1. Cell, tissue, or organ cultures from humans or experimental animals;
 - 2. Blood, organs, or other tissues from experimental animals; or
 - 3. Culture medium or other solutions.

GUIDE TO INFECTION CONTROL REQUIREMENTS

The following required content must appear in the written clinical and laboratory protocols for infection control. These requirements are specified in [16 CCR § 1005](#).

1. Attestation that all dental healthcare personnel (DHCP) comply with infection control precautions.
2. Attestation that the Course will enforce all of the following minimum precautions to protect patients and DHCP and minimize the transmission of pathogens in health care settings as mandated by Cal/OSHA:
 - a. Standard precautions shall be practiced in the care of all patients.
 - b. A written protocol shall be developed, maintained, and periodically updated for proper instrument processing, operator cleanliness, and management of injuries, which will be made available to all DHCP involved in the course including students, faculty, and instructional staff.
 - c. A copy of CCR, title 16, section 1005 “Minimum Standards for Infection Control” shall be posted where laboratory instruction is performed where everyone can see them.
 - d. All DHCP shall wear surgical face masks 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.

- e. 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 (8 CCR § 5193).
- f. 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 to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from providing direct patient care if hand conditions are present that may render DHCP or patients more susceptible to opportunistic infection or exposure. (16 CCR § 1005(b)(6).)
- g. 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.
- h. 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.
- i. 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.
- j. All germicides must be used in accordance with intended use and label instructions.
- k. 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.
- l. 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 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.

- m. 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 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.
- n. Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used.
- o. 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.
- p. 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.
- q. 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.
- r. 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.
- s. 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.
- t. Clean and disinfect all clinical contact surfaces not protected by impervious barriers using a Cal/EPA registered, hospital grade low- to intermediate-level germicide after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA registered, hospital grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and DHCP shall follow all material safety data sheet (MSDS) handling and storage instructions.
- u. Dental unit water lines shall be anti-retractive. At the beginning of each workday, dental unit lines and devices shall be purged with air or flushed with water for at least two 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 20 seconds.
- v. Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.

- w. Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new rag-wheel shall be used for each patient. Devices used to polish, trim, or adjust contaminated intraoral devices shall be disinfected or sterilized, properly packaged or wrapped and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the instruments shall be recleaned, packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination.
- x. 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.

(8 CCR §§ 3203-3205.3, 5193, 5199)



SAMPLE 1: CORONAL POLISHING COURSE SCHEDULE

(Question 41)

CORONAL POLISHING COURSE SCHEDULE

Maximum number of students enrolled in the course at one time: _____

Educational facility location: Acme Dental Office, 123 Sample St.,
Normaltown, CA 90000

Days and hours of operation: Saturday, 9am – 6 pm; Sunday 9am – 5 pm

DIDACTIC INSTRUCTION

Class Title:	Coronal Polishing Didactic Instruction
Type of Instruction:	Didactic
Day, start time, end time:	Day 1, 9 am - 1 pm (4 hours)
Names of Instructor(s):	Sally Jones
Number of students in the class:	
Location of class:	Lecture room/123 Sample St., Normaltown, CA 90000

LABORATORY INSTRUCTION

Class Title:	Coronal Polishing Laboratory Instruction
Type of Instruction:	Laboratory
Day, start time, end time:	Day 1, 2 pm - 6 pm (4 hours)
Names of Instructor(s):	Sally Jones
Number of Bench Mounts/ Typodonts:	
Number of students in the class:	
Location of class:	Laboratory space/123 Sample St., Normaltown, CA 90000

CLINICAL INSTRUCTION

Class Title:	Coronal Polishing Clinical Instruction
Type of Instruction:	Clinical
Day, start time, end time:	Day 2, 9 am - 1 pm (4 hours) Day 3, 2 pm - 6 pm (4 hours) Day 4, 9 am - 1 pm (4 hours)
Names of Instructor(s):	Sally Jones
Number of students in each class session:	
Location of class:	Operator/123 Sample St., Normaltown, CA 90000
Number of Operatories:	



SAMPLE 2A: CLINICAL EVALUATION FORM: CLINICAL EXPERIENCE (Question 79)

[Course Provider Name] Coronal Polishing Course Student Evaluation Sheet

Student's Name:		Date:
Supervising Instructor Name:		Supervising Instructor Initials:
Pass/Fail:	Points:	

Objective: Student will be able to satisfactorily complete all of the following activities related to minimum competence in coronal polishing.

Minimum number of satisfactory performances required for each procedure: _____

For each activity below, use this sheet to grade competency. Place a numerical grade as each activity is performed.

*Indicates a failed attempt, and the procedure component must be repeated until a grade of at least "2" is achieved.

Number of points required to pass with minimal proficiency = 20

Total grade points possible for this evaluation = 30 (100%)

Number of points required to pass with minimal proficiency = 20

Grade Point Potential	Description of Grade
3	Performed exceptionally well and above acceptable standards.
2	Clinically acceptable performance of procedure component.
1*	Performance requires more attention in one or more areas.
0*	Unacceptable attempt.

Failure to successfully complete any activity will result in the student failing the clinical experience.

Activity	Supervising Instructor Evaluation	Date of Evaluation	Comments
Explain the procedure to the patient.			
Utilize proper armamentaria in an organized sequence for disclosing and polishing.			
Perform plaque disclosure.			
Demonstrate the proper instrument grasp, fulcrum position, and cheek/tongue retraction.			
Select and dispense the proper amount of polishing agent.			
Demonstrate proper polishing techniques using appropriate cup adaptation, stroke, and handpiece use.			
Demonstrate the use of floss, tape, and abrasive strips when appropriate.			
Demonstrate techniques for cleaning fixed and removable prosthesis and orthodontic appliances. Only one experience required.			
Maintain aseptic techniques including disposal of contaminated material.			
Apply infection control protocols related to coronal polishing.			



SAMPLE 2B: CLINICAL EVALUATION FORM: CLINICAL EXAMINATION (Question 79)

[Course Provider Name] Coronal Polishing Course Student Evaluation Sheet

Student's Name:		Date:
Supervising Instructor Name:		Supervising Instructor Initials:
Pass/Fail:	Points:	

Objective: Student will be able to satisfactorily complete all of the following activities related to minimum competence in coronal polishing.

Minimum number of satisfactory performances required for each procedure: _____

For each activity below, use this sheet to grade competency. Place a numerical grade as each activity is performed.

*Indicates a failed attempt, and the procedure component must be repeated until a grade of at least "2" is achieved.

Total grade points possible for this evaluation = 30 (100%)

Number of points required to pass with minimal proficiency = 20

Grade Point Potential	Description of Grade
3	Performed exceptionally well and above acceptable standards.
2	Clinically acceptable performance of procedure component.
1*	Performance requires more attention in one or more areas.
0*	Unacceptable attempt.

Failure to successfully complete any activity will result in the student failing the clinical experience.

Activity	Supervising Instructor Evaluation	Date of Evaluation	Comments
Explain the procedure to the patient.			
Utilize proper armamentaria in an organized sequence for disclosing and polishing.			
Perform plaque disclosure.			
Demonstrate the proper instrument grasp, fulcrum position, and cheek/tongue retraction.			
Select and dispense the proper amount of polishing agent.			
Demonstrate proper polishing techniques using appropriate cup adaptation, stroke, and handpiece use.			
Demonstrate the use of floss, tape, and abrasive strips when appropriate.			
Demonstrate techniques for cleaning fixed and removable prosthesis and orthodontic appliances. Only one experience required.			
Maintain aseptic techniques including disposal of contaminated material.			
Apply infection control protocols related to coronal polishing.			



SAMPLE 3: EXAMPLE OF CERTIFICATE OF COMPLETION (Question 80)

This sample certificate contains all the information required by BPC section 1741(e).

ABC DENTAL ASSISTING SCHOOL
123 Sample St, Suite 1, Normaltown, CA 90000 | Board-Issued Approval Number: CP000

CERTIFICATE OF COMPLETION

This certifies that on
December 10, 2024, through December 12, 2024,
DATES OF COMPLETION OF COURSE

Jane Doe

successfully completed
12 hours of the
CORONAL POLISHING COURSE.

Janice Roe
Janice Roe, Course Director

DENTAL BOARD OF CALIFORNIA

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