DENTAL HYGIENE PROGRAM
CLINIC MANUAL
2013 - 2015

HALIFAX COMMUNITY COLLEGE
WELDON, NC

LEARNING COMES TO LIFE IN THE PURSUIT OF EXCELLENCE
Section 1-----------------------------------------------------Professional Dental Hygienist

Section 2-------------------------------------------------------Departmental Policies

Section 3-----------------------------Infection Control and Hazardous Waste Policies

Section 4---------------------------Radiology Policies and Procedures

Section 5---------------------------Dental Hygiene Course Descriptions

Section 6---------------------------Dental Laboratory Policies and Procedures

Section 7-----------------------------Clinic Policies and Procedures

Section 8--------------------------------Clinic Forms

Section 9--------------------------------Student Rotations

Section 10--------------------------------Evaluation Criteria

Section 11--------------------------------Emergencies
Mission Statement

Halifax Community College Mission Statement

Mission
HCC strives to meet the diverse needs of our community by providing high-quality, accessible and affordable education and services for a rapidly changing and globally competitive marketplace.

Vision
HCC will continue to be a catalyst for educational, cultural, and economic progress in the Roanoke Valley by anticipating and responding to the needs of an evolving global community.

Values
Integrity: We live by a code of ethics which includes truth, humility, respect, and fair-mindedness to all people.

Service: We actively support the growth and development of a culture of service in our community by word, example and collaboration.

Continuing Learning: We value and promote the process of reaching our individual and community-related potential through a life-long pursuit of education, both formal and informal.

Collaboration: We promote the combined efforts of all stakeholders in accomplishing common goals of government, education, industry, and the public.

Accessibility: We provide opportunity and support to all who seek personal enrichment or a higher quality of life.

Innovation: We embrace new and creative approaches to continually improve the quality of our education and services.

Diversity: We believe an appreciation of differences adds to the richness of the learning environment and the personal development of all.

Accountability: We take responsibility for continuous quality improvement, serving the needs of our community, utilizing our fiscal and educational resources wisely, and providing quality education and services with strategic outcomes.
Halifax Community College
Dental Hygiene Program Mission Statements

The mission of the **Halifax Community College Dental Hygiene Program** is to prepare each student to provide superb dental hygiene services in a legal, ethical, and knowledgeable manner, and to obtain dental hygiene licensure.

The Dental Hygiene Program facilitates the development of professional, ethical, and competent dental hygienists that exhibit the following:

- An awareness of their present and future roles and responsibilities within the profession and the community served.

- The knowledge and clinical skills necessary to provide comprehensive care to patients/clients.

- A commitment to lifelong learning and professional development.

The dental hygiene curriculum provides the dental hygiene student with the knowledge and skills to assess, plan, implement, and evaluate dental hygiene care for the individual and the community. The curriculum also trains the dental hygiene student to collaborate with the dentist, the patient, and other health professionals to provide comprehensive patient care. Graduates will receive an Associate of Applied Science Degree and will be eligible to take National and State/Regional Dental Hygiene Board Examinations.

The mission of **Halifax Community College Dental Hygiene Program and Clinic** is to educate the students in the dental hygiene curriculum, provide quality and professional clinical services, and obey the Dental Practice Acts of North Carolina.
I have read and familiarized myself with the policies, regulations, procedures, and forms stated in this Dental Hygiene Program Manual.

I understand my legal and ethical commitment to the program, faculty, staff, students, and patients and will honor my obligations.

I agree to follow the policies, regulations, and procedures to the best of my ability as long as I am enrolled as a student in the Halifax Community College Dental Hygiene Program.

_______________________________________________
Print Student Name

_______________________________________________  __________
Student Signature                       Date

Submit this page to Dental Hygiene Department Head by the first day of class.
Halifax Community College  
Dental Hygiene Program Student Manual

The Halifax Community College Dental Hygiene Program has been granted accreditation by the Commission on Dental Accreditation of the American Dental Association. The accreditation status is “approval without reporting requirements”. Halifax Community College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools.

This clinic manual is intended to help guide students accepted into this Dental Hygiene Program during their course of study. The information contained in this manual should be adhered to and referenced throughout the dental hygiene student’s course of study.
DENTAL HYGIENE DEPARTMENT FACULTY AND STAFF

Department Head
Verna V. High, RDH, BS, MDH

Full-Time Faculty
Lisa Santiago, RDH, BS
RDH 1

Full-Time Faculty
Cathy Sykes, RDH, BS, MDH
RDH 2

Adjunct Faculty
Jim Clark, DDS
Samuel Turner, DDS
Libby Keeter, RDH

Dental Hygiene Clinic Manager
Angela Taylor

Dental Hygiene Advisory Committee
Alice Schenall Terrell Stallings
Anishwar Bhagwandass, DMD, BDS Libby Keeter, RDH
Kelly Jackson, RDH Doug Peedin, DDS
Sarah J. Lassiter, RDH Tonya Jones
Lynn H. Hurley, RDH Martina Williams, RDH
Steve E. Hoffman, DDS
Section 1:
The Professional Dental Hygienist
Definition of a Dental Hygienist

“The dental hygienist is a licensed primary health-care professional, oral health educator, and clinician who provides preventive, educational, and therapeutic services supporting total health for the control of oral diseases and the promotion of oral health.”

--Esther M. Wilkins, BS, RDH, DMD

Clinical Practice of the Dental Hygienist

Dental Hygiene graduates from the Halifax Community College Dental Hygiene Program will be able to:

- Perform infection control procedures.
- Perform general and oral health assessments.
- Provide nutritional counseling and self-care programs to prevent disease.
- Examine head, neck, and oral regions for disease.
- Expose and process diagnostically acceptable radiographs and perform other diagnostic tests.
- Complete oral prophylaxis and other preventative services.
- Administer medications prescribed by a licensed dentist.
- Provide oral hygiene care instruction.
- Place and remove temporary fillings and periodontal dressings.
- Remove sutures.

In order to become prepared to perform these services, the dental hygienist requires an extensive educational background. As a student, your main objective is to learn the skills necessary to provide quality care for clients who trust your ability, your ethics, and your concern for their well being. For this reason, the HCC Dental Hygiene Program focuses on the skills of practice and the commitment to preserve the client’s oral health.

Most people first meet the dental hygienist in a private dental office where the hygienist performs many critical services that detect, prevent, and treat diseases of the mouth. Career paths for the dental hygienist include positions in clinical dentistry, administration, education, research, consumer advocacy, hospital dentistry, and public health.
Dental Hygiene Oath

“In my practice as a Dental Hygienist,
I affirm my personal and professional commitment
to improve the oral health of the public,
to advance the art and science of dental hygiene,
and to promote high standards of quality care.

I pledge continually to improve my professional knowledge and skills,
to render a full measure of service to each client entrusted to my care,
and to uphold the highest standards of professional competence
and personal conduct in the interests of
the Dental Hygiene profession and the public it serves.”
The faculty and staff of the Halifax Community College Dental Hygiene Program recognize the importance of good work ethics, and the standards that govern the conduct of persons in the professional workplace. An employee’s values, abilities and behaviors including punctuality, honesty, motivation, reliability, cooperation, thoroughness, and creativity, are indicators of a work ethic that leads to success in the working environment.

HCC dental hygiene instructors strive to prepare dental hygiene students for the professional workplace. The dental hygiene student is expected to present the following standards at all times:

- Concern for Patient
- Perseverance
- Ability to Follow Directions
- Honesty and Integrity
- Energy and Industry
- Punctuality
- Initiative
- Personal Appearance
- Attitude
- Response Towards Clinical Evaluation
## Competencies for the HCC Dental Hygiene Program

<table>
<thead>
<tr>
<th>COMPETENCIES</th>
<th>COURSES</th>
</tr>
</thead>
</table>
| **CORE (C) Ethics:**  
The dental hygiene graduate will incorporate ethical behavior and professionalism into dental hygiene practice. | DEN 120/121  
DEN 130/131  
DEN 140/141  
DEN 220/221  
DEN 230/231  
DEN 112 |
| C.1 The graduate will be able to apply a professional code of ethics in all endeavors using the highest professional knowledge and ethical principles. | 
| C.2 The graduate will practice as a member of a team in a professional manner. | DEN 112  
DEN 120/121  
DEN 125  
DEN 130/131  
DEN 140/141  
DEN 220/221  
DEN 230/231  
DEN 232 |
| C.3 The graduate will practice within the context of the appropriate state Dental Practice Act. | DEN 120/121  
DEN 130/131  
DEN 140/141  
DEN 220/221  
DEN 230/231  
DEN 112 |
| **Patient Care (PC):**  
The dental hygiene graduate will apply the principles of dental hygiene care from the biomedical, clinical, and social sciences. | 
| PC.1 The graduate will collect, analyze, and record data on the general, oral, and psycho-social health status of clients using methods consistent with medical, legal, and ethical principles. | DEN 110  
DEN 112  
DEN 123  
DEN 120/121  
DEN 130/131  
DEN 140/141  
DEN 220/221  
DEN 230/231 |
| PC.2 The graduate will use critical decision-making skills to determine the client’s needs related to his/her oral health and overall health based on all available data. | DEN 110  
DEN 112  
DEN 123  
DEN 120/121  
DEN 130/131  
DEN 140/141  
DEN 220/221  
DEN 230/231  
DEN 112 |
| PC.3 The graduate will consult and collaborate with clients and other health professionals to formulate a comprehensive dental hygiene care plan that identifies evidence-based dental hygiene interventions. | DEN 110  
DEN 112  
DEN 123  
DEN 120/121  
DEN 130/131  
DEN 140/141  
DEN 220/221  
DEN 230/231 |
|---|---|
| PC. 4 The graduate will provide individualized care that includes educational, preventive, and therapeutic services designed to assist the client in achieving and maintaining optimal oral health. | DEN 121  
DEN 131  
DEN 141  
DEN 221  
DEN 231 |
| PC.5 The graduate will evaluate the effectiveness of educational, preventive, and therapeutic services and modify those services if necessary to assist the client in achieving and maintaining optimal health. | DEN 120/121  
DEN 130/131  
DEN 140/141  
DEN 220/221  
DEN 230/231 |
| Community Involvement (CM): The dental hygiene graduate will develop and assume responsibility for health promotion and disease prevention to the public and community partners within and outside the profession. | DEN 125  
DEN 130/131  
DEN 220/221  
DEN 232 |
| CM.1 The graduate will assess, plan, implement, and evaluate community-based oral health programs including health promotion and disease prevention activities. | DEN 232  
DEN 120  
DEN 130  
DEN 220  
DEN 230  
DEN 232 |
| CM.2 The graduate will provide dental hygiene services as a member of an interdisciplinary health care team to a diverse population in a variety of community-based settings. | DEN 232  
DEN 120  
DEN 130  
DEN 220  
DEN 230  
DEN 232 |
| CM.3 Facilitate patient access to oral health services by influencing individuals, organizations for the provision of oral care | DEN 232  
DEN 120  
DEN 130  
DEN 220  
DEN 230  
DEN 232 |
| CM.4 Advocate for effective oral health care for underserved populations | DEN 110 |
PROFESSIONALISM GUIDELINES

The following guidelines are a set of performance areas relative to professional behaviors. These are to be considered basic guidelines and are designed to be cues for appropriate professional behavior and/or appearance for the student enrolled in the Dental Hygiene Program at Halifax Community College.

Performance Areas

A. Concern for Patient
   1. Shows concern for physical and psychological comfort of the patient.
   2. Observes and performs asepsis protocol throughout the clinical procedures.
   3. Manages patients in an effective manner.
   4. Displays enthusiasm when working with patients.
   5. Performs procedures with the needs of the patient as the ultimate determining factor.

B. Perseverance
   1. Follows tasks and procedures through to successful completion.
   2. Completes challenging management of cases effectively.
   3. Is able and willing to manage difficult situations. Does not avoid problems.

C. Ability to Follow Directions
   1. Listens attentively to directions.
   2. Follows given directions.
   3. Consults Clinic Manual for specific directions on protocol or operation of task to be performed.
   4. Asks for clarification if directions are not understood.

D. Honesty and Integrity
   1. Responds ethically in situations dealing with patients, classmates, and staff.
   2. Displays honesty in all educational environments including classroom and clinical settings.
   3. Is upright, truthful, and displays integrity in all aspects of dental hygiene education.

E. Energy and Industry
   1. Willing to assist other students as needed.
   2. Is self-directed in the tasks/procedures that need to be performed.
   3. Exhibits a healthy attitude toward self-management, i.e. adequate rest, healthy diet, etc.

F. Punctuality
   1. Arrives on time.
   2. Utilizes time efficiently.
   3. Finishes tasks by specified dates and deadlines.

G. Initiative
   1. Performs routine tasks without direct supervision.
   2. Initiates appropriate treatment for the particular needs of a patient.
Performance Areas

H. Personal Appearance
1. Maintains personal cleanliness in all areas of hygiene.
2. Follows written dress protocol as stated in the HCC Dental Hygiene Student Manual including those regarding nails, hair, clinical attire, and the overall professional appearance.

I. Attitude
1. Assists others willingly.
2. Responds positively to instructors, peers, and patients.
3. Controls emotions and performs professionally under stressful conditions.
4. Accepts added tasks willingly.
5. Displays enthusiasm while working with patients.
6. Adapts creative alternative methods in working with patients based on the situation.

J. Response Towards Clinical Evaluation
1. Views evaluation as a positive force.
2. Does not offer excuses or arguments.
3. Makes the corrections and/or changes that are suggested.
4. Is receptive to new ideas or methods suggested by others.
<table>
<thead>
<tr>
<th>COURSE</th>
<th>CLASS</th>
<th>LAB</th>
<th>CLINICAL</th>
<th>CREDIT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FALL SEMESTER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEN 110 Orofacial Anatomy</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>DEN 111 Infection/Hazard Control</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>DEN 112 Dental Radiography</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>DEN 120 Dental Hygiene Preclinic Lecture</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>DEN 121 Dental Hygiene Preclinic Lab</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>BIO 168 Anatomy and Physiology I</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>ACA 118 College Student Skills</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Semester Total</strong></td>
<td>13</td>
<td>16</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td><strong>SPRING SEMESTER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEN 123 Nutrition/Dental Health</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>DEN 125 Dental Office Emergencies</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>DEN 130 Dental Hygiene Theory I</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>DEN 131 Dental Hygiene Clinic I</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>DEN 222 General and Oral Pathology</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>CIS 113 Computer Basics</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>BIO 169 Anatomy and Physiology II</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>CHM 130</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td><strong>Semester Total</strong></td>
<td>14</td>
<td>7</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td><strong>SUMMER SEMESTER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEN 140 Dental Hygiene Theory II</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>DEN 141 Dental Hygiene Clinic II</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>BIO 175 General Microbiology</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>ENG 111 Expository Writing</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td><strong>Semester Total</strong></td>
<td>6</td>
<td>2</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td><strong>SECOND YEAR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FALL SEMESTER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEN 220 Dental Hygiene Theory III</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>DEN 221 Dental Hygiene Clinic III</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>DEN 124 Periodontology</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>DEN 223 Dental Pharmacology</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>DEN 224 Materials and Procedures</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>SOC 240 Social Psychology</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td><strong>Semester Total</strong></td>
<td>10</td>
<td>3</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td><strong>SPRING SEMESTER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEN 230 Dental Hygiene Theory IV</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>DEN 231 Dental Hygiene Clinic IV</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>DEN 232 Community Dental Health</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>DEN 233 Professional Development</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>ENG 114 Professional Research and Reporting</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Humanities/Fine Arts Elective</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td><strong>Semester Total</strong></td>
<td>11</td>
<td>0</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td><strong>Program Totals</strong></td>
<td>53</td>
<td>27</td>
<td>42</td>
<td>76</td>
</tr>
</tbody>
</table>
Section 2:
Departmental Policies
Halifax Community College
Dental Hygiene Department
Academic Consultation Form

Date: _____________________________________________________

Student Name: _____________________________________________________

Course: _____________________________________________________

Student’s Status: _____________________________________________________

_____________________________________________________________________

Recommendations for Improvement:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Faculty Signature

Students Comments:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Student Signature
Academic Consultation Guidelines

- An academic consultation is required when a student is performing below accepted levels in a dental science course (DEN prefix). Faculty advisors must schedule a conference with the student to discuss his/her performance and the advisor and student will complete the Academic Consultation Form.

- The following conditions warrant an academic consultation:
  1. A student’s grade average for any course below a “C” grade at the mid-semester grade conference.
  2. The student has displayed blatantly unsafe, illegal, or unethical behaviors in accordance to those polices described in the HCC Dental Hygiene Student Manual.
  3. The student has compromised his/her academic integrity in accordance with the polices in the HCC Dental Hygiene Program Manual and the HCC Semester Catalog.
  4. The student scores less than 77% on any test, quiz, or any other assignment must have a conference with the course instructor.

- The instructor/advisor will notify the Dental Hygiene Department Head about the student’s academic performance.

- The Academic Consultation Form is to be completed and signed by the advisor, the student, and the department head.

- The original Academic Consultation Form will be kept on file in the student’s dental hygiene academic file, and one copy given to the student.

- If a student receives an Academic Consultation Form and withdraws from the Dental Hygiene Program, s/he will be considered failing the course for purposes of readmission.

- If competency levels are not met within the designated time frame or by the end of the semester, a failure for the course will be issued and the student will be dismissed from the dental hygiene program.
Academic Integrity

All students are required to exhibit academic honesty in all academic exercises and assignments. For a list of the types of misconduct which are subject to disciplinary action, refer to the HCC Semester Catalog.

Academic dishonesty occurs when any of the following acts are committed by a student:

- **Cheating**: Intentionally using or attempting to use unauthorized materials, information or study aids in any academic exercise. The term academic exercise includes all forms of work submitted for credit or hours.

- **Fabrication**: Intentional or unauthorized falsification or invention of any information or citation in an academic exercise.

- **Facilitating Academic Dishonesty**: Intentionally or knowingly helping or attempting to help another to violate any provision of the institutional policy on academic dishonesty.

- **Plagiarism**: The deliberate adoption or reproduction of ideas or works or statements of another person as one’s own, without acknowledgment.

**Dismissal from the Dental Hygiene Program will be enforced for the following:**

1. Cheating.
2. Plagiarism.
3. Falsification of student or client records.
4. Withholding client records or radiographs from instructors.
5. Removing client records or radiographs from the clinic area.
6. Unprofessional conduct or demeanor.
7. Failure to meet course requirements within the instructor’s specified time frame.
8. Failure to adhere to infection control procedures.

A student who believes the dismissal is unfair and elects to appeal the decision may not attend class, lab, or clinic sessions until a decision has been made in the appeals process (See HCC Semester Catalog).
Advisement Policies and Grievance Procedures

Advisement Procedures:

- Each student will be assigned to a dental hygiene faculty member who will function as an academic advisor. Quality advising encompasses the exploration of student goals, assessment of student records, discussion of financial aid options, and the recommendation of appropriate courses to fulfill departmental and college requirements.

- Personal appointments with the academic advisor are scheduled as often as necessary to help students meet individual needs and academic pursuit.

- Every student will schedule a grade conference at mid-term and the end of the semester to calculate grades, plan for success, and review the student’s progress in meeting dental hygiene program requirements.

- All students must see their faculty advisor during the advising period established by the college. During this time students will complete registration.

Grievance Procedures:

- All personal problems should be left outside the doors of Halifax Community College. Any personal problem may be discussed with a HCC counselor.

- Address your grievance to the source individual first, whether it is a classmate, faculty member, or the Department Head.

- Academic problems are discussed with the lead instructor of the course. If a student has a problem with a particular faculty member, they are to see that instructor during office hours. If a mutually agreeable solution cannot be found, the problem should be taken to the Department Head for joint consultation among all involved individuals.

- Although confronting someone with a problem may be difficult, the problem may be more easily resolved when discussed around the time of occurrence rather than after a significant period of time has elapsed.

- For HCC policy on Student Grievance Procedures and the Right to Appeal, see the HCC Semester Catalog.
Alcohol and Controlled Substances Use

The Dental Hygiene Program will follow the HCC policy. (See HCC Semester Catalog) Any student found under the influence of alcohol or any narcotic drug or any other controlled substance while in any dental class, clinic or lab will be dismissed from the classroom or clinical site. If dismissed, the student will be suspended for a minimum of 2 days of class/ lab/ clinic. The following procedure will come into place if a student is dismissed:

1. Someone in the student’s family will be called to come and pick the student up from class/ lab/ clinic. If the student refuses to call a family member, then the campus police will be called to remove the student from class. If the police are called, the student will be placed under their custody and may be subject to arrest, drug or breathalyzer testing.

2. The student may be subject to legal issues especially if patient care is involved. If a patient is injured during the student’s care, then the student will be immediately dismissed from the program and will be subject to whatever legal issues the patient may decide to pursue.

3. The student will be suspended for 2 days from class/ lab/ clinic. The student is to write a one page paper explaining his/her situation and why he/she should be allowed back into class. This paper should be turned in within the 2 day period of suspension. The student will not be allowed back into class until this paper is turned into the Dept. Chair. This may cause the student to be suspended longer than 2 days.

4. Once the paper is turned in and is accepted by the Dept. Chair, the student will sign a form indicating that he/she will be on probation until graduation. If another similar incident occurs after this time, the student will be dismissed from the program and will not have the opportunity to be re-admitted into the program in the future.

5. If a student is taking a controlled substance that is prescribed by a medical prescription, it is not considered a violation; however it must be reported to the instructor of the class, clinic, activity, function or event. Students shall be held strictly accountable for their behavior while under the influence of prescribed drugs.

5. If a student is suspected of being under the influence of a controlled substance or alcohol, then he/she may be required to take a drug test or breathalyzer test. It may cause of his/her dismissal or suspension from class.
Assignments/Evaluations

All assignments and readings are required and should be completed prior to class. Students are responsible for assigned information for use in class discussions, quizzes, and examinations.

Evaluation Scale:
A = 93-100
B = 85-92
C = 77-84
D = 70-76
F = 69 and below

A final grade of 77 or higher is required for continued enrollment in the Dental Hygiene Program.

Incomplete Assignments:
All assignments in any dental hygiene course are due at the specified time.

Assignments can include, but are not limited to:
- Oral presentations
- Written assignments
- Homework
- All quizzes, including scheduled and unannounced quizzes
- Unit exams
- Mid term exams
- Final exams
- Proficiencies
- Clinical Evaluations
- All clinic assignments/requirements

The following penalty will be given for late completion:
- 1 point deduction per calendar day per late assignment.
- These points will be deducted from the final course grade.

Students Working Outside of Scheduled Class Time

Any student working in the clinic, lab, classroom, darkroom, etc. outside of regularly scheduled class times must follow these procedures:

1. Check with an instructor to make sure he/she will supervise you while you are working. A student is not allowed to work in the clinic or dental lab unless a dental hygiene faculty member is in the area. The clinic manager is not considered dental hygiene faculty.

2. Complete your assignment and clean up. Failure to clean up will result in a loss of professional responsibility points and the ability to work outside scheduled class time in the future.

3. Notify your instructor when you are leaving the area where you have been working. The instructor will inspect the area before you go to assure that it has been left clean and in its original arrangement.
Attendance Requirements

Attendance:

- Registration in a dental course (DEN prefix) is required prior to attendance in a classroom, lab, or clinical session.

- If a lecture, lab, or clinical session is canceled due to the instructor’s absence, the session will be rescheduled.

- If a lecture, lab, or clinical session in progress is canceled due to unforeseen circumstances, it will be rescheduled.

- Children are not allowed in classroom, laboratory, or clinical areas. Students who bring children to class will not be allowed to stay in that class.

- If a student leaves the classroom, lab, or clinical area prior to the end of the session without permission from the instructor, the instructor will determine whether the student will be counted as absent.

- If a student comes to lecture, lab, or clinic unprepared, the instructor has the right to dismiss the student from that session, count it as an unexcused absence, and require the student to make-up that session at the instructor’s convenience.

Absences:

- Punctual attendance is part of professional responsibility and is required at all classroom, laboratory, and clinic sessions. In the event a class must be missed, the student must notify the Dental Hygiene Department prior to class and is responsible for all material covered during class absence.

  Students are to call the Clinic Manager at (252) 536-7219 to report absence or tardiness.

- If a student is going to be absent from a clinic, it is the student’s responsibility to call the client (patient) to cancel the appointment. It is the student’s responsibility to reschedule the client for another appointment.

- An excused absence is defined as an absence with prior notification to the instructor of the missed session that is made up within the time specified by that instructor and that is unavoidable such as: the birth of your child, personal illness, the illness of your child, or a death in the immediate family.

- An unexcused absence is defined as an absence with no prior notification to the instructor of the missed session, no serious valid reason, and is not made up within the time specified by the instructor.

- For every class, lab, or clinical session missed in excess of two, the student may be dropped from the course.
If the number of absences from any one course equals two, the student’s retention status in the dental hygiene program will be determined by a meeting of the Dental Hygiene Department Head and full-time Dental Hygiene faculty. This decision will be based on prior performance, the amount of time missed, and the circumstances that resulted in the absences.

Three absences, excused or unexcused, may result in automatic dismissal from the program.

A student is considered absent if he/she misses more than one-third of any class, lab, or clinic session.

Scheduling to make up missed classroom, lab, or clinical activities is at the discretion of the instructor. It is the student’s responsibility to schedule that make-up session with the instructor within 24 hours of returning to class, lab, or clinic.

In any case of absence, the decision of the status of this absence shall be left to the discretion of the instructor.

**Tardiness:**

A student is considered late (tardy) if the instructor has begun the lecture before his/her arrival and the student has not received prior permission to enter the classroom, laboratory, or clinical session late.

A student is considered tardy if he/she leaves before class is dismissed without prior permission from the instructor of the class.

A student is considered tardy if he/she misses up to one-third of a class, lab, or clinic session. Missing more than one-third of class, lab, or clinic session is considered an absence.

Students who arrive to class tardy are asked to wait until the break to enter the classroom or laboratory session.

Every two times a student is late counts as one absence.
Halifax Community College
Dental Hygiene Program
Communicable Disease Agreement

As a student in the Dental Hygiene Program at Halifax Community College, I understand that I will be working with patients in the HCC Dental Clinic and at other health care facilities who may be afflicted with communicable diseases such as HIV, AIDS, hepatitis, and other illnesses. I further understand that the medical status of these patients is considered confidential information.

I acknowledge that I have been informed of my risk for exposure to blood and bodily fluids and understand the potential for transmission of bloodborne diseases during patient care activities.

I agree to provide care to all patients assigned to me regardless of their health status. I understand that refusal to provide care to any patient without the consent of the Dental Hygiene Department Head may result in my dismissal from the Dental Hygiene Program.

__________________________________________   _______________________
Student’s Name                           Date

__________________________________________   _______________________
Student’s Last Four Digits of Social Security Number or Student ID Number

__________________________________________   _______________________
Student’s Signature                           Date

__________________________________________   _______________________
Faculty Member’s Signature                      Date
COMMUNICABLE DISEASE STATEMENT

Although there are no documented cases of occupational spread of HIV to dental workers, students enrolled in the Dental Hygiene Program are at a slight risk of exposure to blood and body fluids and the potential does exist for transmission of bloodborne and other infectious diseases during patient care activities. The risk of HIV disease transmission from dental patients to members of the dental team is extremely low. Nevertheless, there is some small potential for this to occur.

The Americans with Disabilities Act (ADA) forbids discrimination against patients with HIV, AIDS, Hepatitis, or other bloodborne diseases. Students in the Dental Hygiene Program are required to treat all patients assigned, regardless of the disease state of the patient. Refusal to treat any patient may affect the student’s academic success and may result in the student's dismissal from the Dental Hygiene Program.

No student will be allowed to deliver patient services in any setting until he/she has been instructed in infection control procedures as specified by the Occupational Safety and Health Administration (OSHA) and has mastered material on safety/universal precautions with satisfactory accuracy.

Students who enter the Dental Hygiene Program are required to read this statement and sign a Communicable Disease Agreement prior to enrollment in the program. This agreement becomes part of the student’s permanent record and will state that the student:
1. Has been informed of his/her risk for exposure to blood and body fluids.
2. Understands the potential for transmission of bloodborne disease during patient care activities.
3. Agrees to service all patients that are assigned to him/her.

The student and a witness must sign the Communicable Disease Agreement. Students who are minors must have the agreement signed by a parent or legal guardian.
As a student in the Dental Hygiene Program at Halifax Community College, I understand that I will be working with medical and dental records of clients in the HCC Dental Hygiene Clinic and at other health care facilities. I further understand that medical and dental records are confidential personal documents.

I agree to not discuss the contents of any client’s medical or dental record except with the client or instructor, and then only when such discussion is relative to client care or the learning experience. I understand these records are the property of Halifax Community College and I will not remove records from the Dental Hygiene Program. I understand a violation of the Confidentiality Policy established by the HCC Dental Hygiene Program may be grounds for suspension or dismissal from the program.

I have read and understood the HCC Dental Hygiene Clinic’s Notice of Privacy Practices and agree to comply with the policies adopted by the program in compliance with HIPAA regulations.

_____________________________________
Student’s Name  (Print)

_____________________________________            _____________________
Student ID # or Last Four Numbers of Social Security Number         Date

_____________________________________
Student’s Signature                     _____________________

_____________________________
Signature of Faculty Member Witness             Date
CONFIDENTIALITY POLICY

- Confidentiality is a matter of concern for all students who have access to client information. Confidential information is valuable and sensitive and is protected by law.

- All students in the HCC Dental Hygiene Program will sign a Confidentiality Statement (a copy is included in this manual) which will be filed in the Dental Hygiene Department Head’s office with the student’s records. This statement must be signed at the orientation prior to the start of classes for the first year students and remains in effect throughout the student’s enrollment in the Dental Hygiene Program.

- Students will only access confidential information for which they have a “need to know”. “Need to know” is defined as the access of essential client information that is needed to deliver care. It requires that the access of any client information is for assigned clients only.

- Students will respect the privacy and institutional policies governing the use of any information accessible through the computer and client records.

- Students may not exhibit or divulge the contents of any record or report to others including faculty members, except to fulfill their assignment.

- Students may not remove any record or copy of a record from the healthcare agency.

- Students will not misuse confidential information or carelessly care for confidential information.

- Violation of this policy or any part of it may result in a clinical warning, failure, suspension, or immediate dismissal from the Dental Hygiene Program.
Dismissal and Readmission Policy

- The dental hygiene faculty will meet at the conclusion of each semester to evaluate students’ grades and performance to determine which students will continue in the dental hygiene program.

- During the first week of each semester, each instructor will distribute course syllabi and outlines that describe grading criteria, evaluation, and course requirements.

- Students in the Dental Hygiene Program at HCC must attain a grade of “C” (77%) or better in each course in the dental hygiene curriculum (See Dental Hygiene Semester Course Sequence) in order to continue on to the next semester of the program.

- In the event that a student receives a grade below a “C”, (D) he/she may be allowed to remain in the program on probation as long as the GPA does not drop below a 2.00. Should the student receive a second grade of “D”, s/he will be dismissed from the program.

- If a student receives a grade of “F” in a non-dental hygiene course s/he may be allowed to continue in the program providing the cumulative GPA is a minimum of 2.0, and the student cannot make below a “C” in any other course (dental or non-dental) during enrollment in the dental hygiene program. The failed course must be repeated with a passing grade of “C” or better before the student is allowed to graduate.

- Students seeking readmission must reapply to the dental hygiene program through the Admissions Office. The student must complete a Halifax Community College Dental Hygiene Readmission Form. Readmission will be granted on a space available basis only after the student has reapplied to the program.

- The Dental Hygiene Department Head, in consultation with the dental hygiene faculty, will make a decision regarding the readmission of any student.

- If a student is readmitted, s/he will be required to retake the Clinic course s/he was enrolled in at the time of the dismissal. The student will be required to audit the other dental hygiene courses for the semester that the student is readmitted. Auditing previously completed dental hygiene courses may be required to ensure the student’s competence and ability to complete the sequential curriculum.

- Students who receive a grade of “F” will not be considered for readmission.

- A student who believes the dismissal is unfair and elects to appeal the decision may not attend class, lab, or clinic sessions until a decision has been made in the appeals process. (See HCC Student Handbook).
Equipment Regulations

Taping/Recording:

- Tape recording of classroom instruction (individual and small group) for individual use is permitted with the permission of the instructor.
- Recording equipment must be battery operated and should not violate fire or safety codes.
- Students who wish to tape lectures are asked to sit in the front of the room.
- Recording equipment must remain within the confines of the seating area.
- Change of tapes should take place during breaks.
- Permission to tape does not preclude classroom attendance.

Use of Notes, Audiovisual equipment, and Tape Recordings:

- Faculty lecture notes, audiovisual equipment including overhead transparencies and tape recordings of classroom instruction are considered individual property of the faculty and cannot be reproduced, distributed, or sold. Violations of this will be considered an act of misconduct and disciplinary sanctions will be initiated as identified in the Halifax Community College Student Handbook, under the “Student Conduct Code.”

Cellular Telephones:

- The use of cell phones is not permitted during classroom, lab, or clinical sessions.

Telephone/Telephone Messages:

- A telephone is located in the Clinic Managers Office for student’s use to confirm clients. Personal calls are not allowed on this phone. This phone is for clinic business only. This phone is not to be used for incoming calls.

- Phone messages taken by the clinic manager will be placed in your mailbox. The clinic manager will only contact you personally in the case of an emergency. The clinic manager will deliver messages related to clinic business only, not personal messages.
EXAM POLICIES

- Exams are based on all the learning objectives and classroom, laboratory, and clinical activities assigned on all course syllabi, content covered in class, lab, or clinic, and all required learning resources.

- An exam grade will be determined by dividing the number of correct student responses by the number of valid test items as determined by the faculty.

- Exams must be taken at scheduled times and may only be taken once.

- Exams must be taken in the class section in which the student is registered unless prior specific written permission is granted by the instructor.

- No student will be allowed to enter an exam already in progress if arrival is beyond the first fifteen minutes of the exam time.

- Students who have concerns/questions with an exam question or results/grades are required to complete a Question Consideration form and make an appointment with faculty for individual assessment and recommendations. These forms may be found in the clinic.

- If a student will not be present due to an extraordinary circumstance (i.e., illness, death in the immediate family, accident), prior to the scheduled exam time the student must:
  1. Call the Dental Hygiene Department and relate the circumstance causing the absence.
  2. Take a make-up exam at the earliest opportunity, after providing documentation of the event that caused the student to miss the scheduled exam.

- If either of the above is disregarded, the maximum grade possible on the rescheduled exam is 77.

- Exams will be made-up at the discretion of the instructor.

- A student who fails an exam should make an appointment with a full-time faculty member for individual assessment of study and test-taking skills. Recommendations will be made to improve these skills. The student may be referred to Student Services for further help.

Procedure for Academic Dishonesty During an Exam

The faculty will:
- Take the student’s exam and answer sheet.
- Ask the student to leave the room and wait to meet with the instructor/proctor at the conclusion of the testing time.
- Inform the student that a conference will be held with the department head at which time disciplinary procedures will be initiated as stated in the Halifax Community College Catalog.
Exam Review Policy

- Following each exam, test, or quiz, the faculty will make a comprehensive analysis of exam results and make any necessary adjustments.

- Grades will not be posted for student viewing. A student’s grades will only be discussed with the student and no one else.

- Following each exam, test, or quiz, the faculty will review the questions and answers on the exam. Each faculty member will review the exam, test, or quiz at his/her discretion whether it is in the classroom, or in a private setting for individual review. Students will be allowed to ask questions and have a right to understand the rationale behind each tested item.

- The purpose of the reviews are to:
  1. Improve the student's understanding of the course content.
  2. Improve the student’s test-taking skills.
  3. Provide the student with an opportunity to verify his/her test score. If an error is suspected in the scoring of the exam, test, or quiz, the student must notify the instructor immediately for resolution.

- The students will not be allowed to keep a copy of the exam, test, or quiz or answer sheet but are allowed to look at his/her own answer sheet.

- All answer sheets must be returned to the instructor following the review.
Guidelines About Appearance

Students should maintain a professional, well-groomed appearance. Faculty members reserve the right to dismiss a student from a clinic with a grade of "Failure" if personal appearance and conduct are not in compliance with professional standards.

Hair:

 Hair must be clean, neat, and secured away from the face and off the shoulders so that it does not enter the field of operation.

 Hair coloration is limited to natural colors.

 Only small, plain barrettes or hairbands in neutral colors may be worn. These must be attached securely in the hair. They must not be allowed to fall off during client care.

 Bows, beads, or other ornamentation in the hair are not allowed.

Make-up:

 Make-up should be applied lightly.

 No visible tattoos are allowed in clinic. Visible tattoos must be covered with make-up during direct client care or when visiting the clinic area.

Jewelry:

 Only small, stud-style earrings will be allowed in clinic during direct client care. Only one pair of stud earrings is allowed for professional attire. No dangling or large earrings will be allowed.

 No necklaces or chains may be worn during direct patient care.

 No visible body piercing ornaments or jewelry will be allowed in clinics or during direct client care.

 A watch and watchband with no dangling catches may be worn during clinic and during direct client care. The watch must fit securely and be covered by lab coat.

 No hand jewelry is allowed. This includes wedding rings and wedding bands.

Odors:

 Effective personal hygiene must be practiced at all times. Deodorant must be used.

 No perfume is to be worn while in uniform or in clinic.

 Each student should use a breath deodorant (mouthwash) and brush his/her teeth prior to direct patient care.
To remove odors (i.e., darkroom solutions, odors from papers, bookbags, books, money, etc.) retained on the hands during normal use, frequent handwashing is encouraged and hands must be washed prior to entering the clinical environment.

Students who smoke are urged to quit. Students who smoke must brush and use mouthwash before providing direct client care. Uniforms, breath, and hands must be free of smoke odor. Students who do not comply will be asked to leave clinic and will forfeit clinic requirements for that clinic session.

**Nails:**

- Fingernails must be well manicured, short, and clean.
- Fingernails are to be flush with the end of the finger pad.
- No artificial nails are allowed as they harbor bacteria.
- Only clear fingernail polish is allowed.
- Cuticles and skin around on the hands and around the nails must not be torn, chapped, or irritated.
- The use of hand lotion to keep hands healthy is a must. Hand lotion is available in the supply area.

**Other:**

- No chewing gum is allowed in classrooms, labs, or clinic.
Guidelines about Attire

Lecture:

- Attire should be neat and clean.
- Shorts and jeans are acceptable as long as they are in good taste. Faculty reserves the right to determine what is “in good taste” and to ask a student to refrain from wearing any item.
- Shoes must be worn at all times.
- Bare midriffs and skimpy clothing are not allowed. Male students must wear clothing that covers their chest. No T-shirts with large, gaping arm holes are allowed.

Lab:

- Jeans are encouraged when working in the dental lab.
- A lab apron or jacket must be worn to protect clothing.
- Hair must be secured away from the face.
- No dangling jewelry may be worn due to safety issues. Also, some materials in the lab are caustic and can ruin jewelry.
- Safety glasses must be worn at all times.
- Flat, comfortable full coverage shoes are required. No sandals, flip-flops, are allowed.
- Each lab instructor may require attire that is appropriate for that specific lab.

Clinic:

- Students must comply with the uniform dress code by wearing the uniforms purchased as specified by the HCC Dental Hygiene Program.
- Uniforms must be clean and pressed at all times.
- Scrubs must be worn under lab coats at all times in the clinic environment. No jeans, shorts, leggings, sweat pants, or other street clothes are to be worn in the clinic environment.
- Only white shirts or shirts the color of the uniform can be worn under the uniform top.
- Lab coats used during direct client care are not to be worn outside the clinic area. They must be left draped on the operator chair if the student leaves the clinic environment and plans to return. If the student does not plan to return to the clinic, the lab coat is put in a plastic bag and taken home to be laundered before it is worn again.
Clean, white shoes must be worn. These may be clinic shoes or leather tennis shoes. Canvas tennis shoes are not allowed. All shoes must be cleanable. No colors or obvious logos must be visible.

Safety glasses, gloves, student gowns, and masks must be worn during direct client care as specified by infection control policies established by the HCC Dental Hygiene Program.

Radiographic monitoring badges must be worn in the clinic environment.

Knee highs, white socks (at least crew-length), or white stockings must be worn. No ornamentation must appear on the knee highs, socks, or stockings. Ankles must be covered.

Waist high, plain, neutral-colored underwear must be worn in the clinic environment and should not be visible. No bikini, boxer, thong, French-cut, or string underwear should be worn or visible.

Name badges and pins are to be worn beneath clinic gown during direct client care.

**UNIFORM, SUPPLIES, EQUIPMENT, AND INSTRUMENT REQUIREMENTS**

I. **The following uniforms are required by all students enrolled in the Dental Hygiene Program at Halifax Community College.**

   1. A minimum of two scrub uniforms consisting of pants and top.
   2. A minimum of two lab coats with HCC Dental Hygiene Department Logo
   3. White close-toe, full upper foot coverage leather shoes
   4. White socks, knee highs, or hose.

III. Safety glasses must meet ANSI Z87.1 standards with side shields to protect temples and eyes.
Malpractice/Liability Insurance

- All students are required to purchase malpractice/liability insurance through Halifax Community College prior to enrolling in the Dental Hygiene Program.

- The cost of the insurance is $16.00 per year, valid from September 1st-August 31st of the enrolled year.

- The insurance payment is due in August when the student pays for tuition and fees.

- Insurance is paid at the Cashier’s Office.

- Once the insurance is paid for, the student must provide proof of payment (receipt) to his/her advisor.

- A copy of the School Policy for Healthcare Provider Students is on file in the department head’s office and in the office of Administrative Services.
Medical and Basic Life Support Requirements

Medical and Health Requirements:

- All students must complete the Student Medical Form prior to enrolling in the Dental Hygiene Program.
- The Hepatitis B Vaccine is required for all students in the HCC Dental Hygiene Program.
- A flu vaccine is optional but highly recommended for all students in the HCC Dental Hygiene Program.
- A TB (Tuberculin) Skin Test is required by all students in the Dental Hygiene Program and must be taken within 12 months of enrollment. Students are required to have a TB Skin Test annually to remain in the Dental Hygiene Program.
- All students who smoke are urged to quit. Dental Hygiene is a health field and the responsibilities of a licensed dental hygienist are to counsel individuals who smoke to quit and to discourage others from smoking. Dental hygienists are role models to others and must promote healthy habits as evident in their own lifestyle.
- A plaque-free, healthy mouth is always expected. Each student should receive regular dental care. Anyone who needs help finding a dentist or receiving dental care should contact the Dental Hygiene Department Head.

Basic Life Support Requirements:

- Each student must maintain current cardiopulmonary resuscitation (CPR) life support certification.
- A copy of the student's certification card will be kept on file by the Dental Hygiene Department Head. This copy is due to the Department Head at the orientation prior to the start of classes for all first year hygiene students. Copies of cards indicating re-certification are due by the expiration date of the current CPR card on file.
- Students may take a CPR course administered by the American Red Cross or the American Heart Association.
- Students will not be allowed to attend class, clinic, or lab sessions without CPR certification.
- Students will not be allowed to deliver client care if certification expires until they become re-certified in CPR.
- Exceptions to this policy may be made on an individual case-by-case basis. The program requires a written statement from the individual's physician/mental health counselor for any student who is unable to perform CPR. These records are confidential and will be maintained by the Department Head.
 Halifax Community College Dental Hygiene Clinic’s Notice of Privacy Practices

This notice describes how medical/dental information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). HIPAA required that we protect the privacy of health information that identifies a patient. This Notice describes your rights as our patient and our obligations regarding the use and disclosure of medical and billing information.

Halifax Community College (HCC) Dental Hygiene Clinic’s Responsibility
HCC Dental Hygiene Clinic is required to:
❖ Maintain the privacy of your health information.
❖ Provide you with a notice as to our legal duties and privacy practices with respect to the information we collect and maintain about you.
❖ Abide by the terms of this notice.
❖ Accommodate reasonable requests you may have made to communicate health information by alternative means or at alternative locations.
❖ Notify you if we are unable to agree to a requested restriction or amendment to your record.

HCC Dental Hygiene Clinic reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain, as well as any information we receive in the future. Should our privacy practices change, we will post a notice of change in designated areas and on the HCC website at www.halifaxcc.edu. The change to the policy will be available to you upon your request from the Privacy Officer or designee.

How We May Use or Disclose Your Medical/Dental Information

Following are examples of permitted uses and disclosures of medical/dental information about you. This list does not include every type of use or disclosure that may be within that category.

HCC Dental Hygiene Clinic will use your health information for treatment.
We may use and disclose information about you to provide, coordinate, or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. We may also use or disclose information about you when referring you to another health care provider. In emergencies, we will use or disclose information to provide the treatment you require. We will only disclose information about you to people outside of HCC Dental Hygiene Clinic regarding your current treatment with your consent, or if such disclosures are required or permitted by law.

HCC Dental Hygiene Clinic will not use your health information for payment.
We do not use or disclose information about you so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we will share details with you regarding fees for services and collection/payment of those fees.

HCC Dental Hygiene Clinic will use your health information for regular healthcare operations.
Members of the HCC Dental Hygiene Clinic staff and /or faculty or their designee may use information in your health record to assess care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of healthcare and services provided by the HCC Dental Hygiene Clinic. We will only disclose medical/dental information about you that identifies you to people outside of HCC Dental Hygiene Clinic who are involved in clinic operations with your consent or if such disclosures are required or permitted by law.
Communications from our Office/Marketing: HCC Dental Hygiene Clinic may send postcard reminders for scheduled appointments. We may also call you at home or at work to remind you of an appointment. Both the postcards and calls will contain the minimum information necessary, using our best judgment, to accomplish their intended purpose. Additionally, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. We may also contact you with information about treatment alternatives or other health-related benefits and services of interest to you.

Communications with Family: Staff, students, and faculty, using their best judgment, may disclose to a family member or other relative, close personal friend, or any other person you identify, health information relevant to your care or payment related to your care, unless you object.

Required by HIPAA Privacy Rule: We are required to disclose medical/dental information to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the Privacy Rule.

Required by Law: HCC Dental Hygiene Clinic may use or disclose medical/dental information as required by federal, state, or local law.

Public Health: As required by law, HCC Dental Hygiene Clinic may disclose health information to public health or legal authorities to carry out certain activities related to public health such as:
- Prevent or control disease, injury, or disability.
- Report births and deaths.
- Report child abuse or neglect.
- Report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities.
- Notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition.
- Report to your employer, under limited circumstances, information related primarily to workplace injuries or illness, or workplace medical/dental surveillance.

Abuse, Neglect, or Domestic Violence: HCC Dental Hygiene Clinic may disclose medical/dental information to a government authority such as the Department of Social Services, if we reasonably believe you may be a victim of abuse, neglect, or domestic violence.

Health Oversight Activities: HCC Dental Hygiene Clinic may disclose medical/dental information for oversight activities including audits, investigations, inspections, licensure, and disciplinary activities conducted to monitor the health care system, government benefit programs, and compliance with certain laws.

Legal Proceedings: HCC Dental Hygiene Clinic may disclose medical/dental information in response to subpoenas, discovery requests, or other lawful process.

Law Enforcement: HCC Dental Hygiene Clinic may disclose medical/dental information for law enforcement purposes, such as responses to legal proceedings and death suspected from criminal conduct. However, we will not release your information if you seek treatment for drug dependence for one of our practitioners without your authorization or a court order.

Coroners, Medical Examiners, and Funeral Directors: HCC Dental Hygiene Clinic may disclose health information to: coroners and medical examiners to identify a deceased person or determine the cause of death; funeral directors consistent with applicable law to carry out their duties.
Organ Procurement Organizations: Consistent with applicable law, HCC Dental Hygiene Clinic may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplantation. If you are an organ or tissue donor, we are also required by law to provide medical/dental information about you after your death to the person or entity that receives the organ or tissue donation.

Research: HCC Dental Hygiene Clinic may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research. All research projects, where the researchers know who you are, will require your written consent.

To Avert a Serious Threat to Health and Safety: HCC Dental Hygiene Clinic may disclose medical/dental information about you when necessary to prevent a threat to the health or safety of a person or to the public, and the disclosure is to a person or persons reasonable able to prevent or lessen the threat.

Specialized Government Functions: We may disclose medical/health information for military and veterans’ activities, national security, and intelligence activities. In addition, we may also disclose health information to a correctional institution in some circumstances.

Worker’s Compensation: HCC Dental Hygiene Clinic may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs established by law.

Authorizations: Any uses or disclosures not covered by the HIPAA Privacy Rule will require a signed authorization by the patient.

Your Health Information Rights:
Although your health record is the physical property of HCC Dental Hygiene Clinic, you have the right to:
- Request, in writing a restriction on certain uses and disclosures of your information. Examples of restrictions may include use or disclosure to family members, relatives, close personal friends, and/or any others identified by the patient or for treatment, payment, and health care operations. Your request will be reviewed and will inform you in writing within 30 days of our final decision. **However, we are not required to agree to any of your requests.**
- Obtain a paper coy of the Notice of Privacy Practices upon request.
- Request, in writing, to inspect and/or copy your medical and billing information. Your request will be reviewed and we will inform you in writing within 30 days of our decision. HCC Dental Hygiene Clinic may deny access to the information for the following reasons: it is needed for legal proceedings; it contains psychotherapy notes; a licensed health care professional determines it will be injurious to your well-being. If your request is denied, you can request a review of the decision in certain instances. Our Compliance Officer will then review the denial and either agree with the denial or grant access. If you are granted access at any point i the process, there may be a fee for copying.
- Request, in writing, to amend your health record and provide a reason for your request. Your request will be reviewed and we will inform you in writing within 30 days of our decision. If we accept your request, we will make reasonable efforts to inform others of the amendment. However, we may deny your request for the following reasons: the information was not created by HCC Dental Hygiene Clinic; it is not a part of the designated record set; it is not accessible due to State or Federal law; it is complete and accurate; it is unavailable until clinical studies/trials are complete. If your request is denied, you can submit a statement of disagreement to our Compliance Officer, who will review the denial and either concur with the denial or agree to the amendment.
- Request, in writing, to obtain an accounting of disclosures of your health information except for treatment, payment, and health care operations; made to or requested by you; and communications from our office and with your family. The accounting will include disclosures that occurred during the six years prior to the date of request, but no earlier than the Privacy Rule compliance date of April 14, 2003. The first request in a 12-month period is free and any additional requests within the same 12-month period may result in a fee.
Request, in writing, communications of your health information by alternative means or at alternative locations. We must accommodate reasonable requests, but when appropriate, may require you to provide us with an alternative address or other method of contact.

Revoke, in writing, your authorization to use or disclose health information except to the extent that action has already been taken.

All forms to make the above requests can be obtained from the Clinic Manager at HCC Dental Hygiene Clinic Reception Desk.

**Privacy Rights of Minors:** State Law allows an unemancipated minor to provide consent, in lieu of a parent or guardian, for the prevention, diagnosis, and treatment of certain health care services including: sexually transmitted disease, pregnancy, substance abuse, and emotional disturbance.

**For More Information or to Report a Problem**
If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at (252) 536-0000 or with the Secretary of Health and Human Services. If you have questions and would like additional information, you may contact the Privacy Officer or designee at (252) 536-0000. HCC Dental Hygiene Clinic will not retaliate for the filing of a complaint with the clinic or the Secretary of the Department of HHS.

Effective: 8/15/03
READMISSION FORM

Student Name: _______________________________________________

Social Security Number: ________________________________________

I wish to petition the HCC Dental Hygiene Program for readmission in the Year ______.

I was previously enrolled in the Dental Hygiene Program until _________________.

I have read the Dental Hygiene Program’s Policy on Readmission and understand that readmission is based on a space-available basis and is contingent upon meeting the following criteria:

1. Good academic standing with an adjusted GPA of 2.0 or better. An adjusted GPA consists of the average GPA of all successfully passed (a grade of “C” or better). The failed dental hygiene course is not included in the adjusted GPA.

2. Students who were dismissed due to unsafe or unethical behaviors are not allowed readmission.

3. Previous enrollment in the Dental Hygiene Program cannot exceed one year.

4. Submission of the Readmission Form to the Dental Hygiene Department Head is required by March 31 of the proposed year of reenrollment.

5. Adherence with Dental Hygiene Department policies regarding medical and basic life support requirements.

6. Issuance of a Student Readmission Contract specifying the admission criteria required by the student requesting readmission.

I understand that faculty approval for readmission will be based on:

❖ Successful resolution of the circumstances that led to the withdrawal or failure.

❖ Successful follow-through of recommendations made by the faculty at time of withdrawal.

❖ Successful completion of the criteria listed on the Student Readmission Contract.

Student Signature: ________________________________ Date: ____________
Retaking Courses in HCC Dental Hygiene Curriculum

- Students who have previously completed dental science courses (DEN prefix) follow specific requirements during their enrollment in the Halifax Community College Dental Hygiene Program regarding the transfer and credit of these courses into the program.

- Students must successfully complete admissions requirements for the Dental Hygiene Program, which includes submitting official transcripts to the registrar. The Dental Hygiene and the registrar will consult on the course credits, and make recommendations on the course requirements needed to complete the HCC Dental Hygiene Program.

- The Dental Hygiene Department Head has the authority to decide which courses the student will be required to retake for a grade. A signed contract will be required as proof of the student’s agreement with the Department Head’s recommendations.

- Students who have previously completed and passed dental science courses (DEN prefix) with a “C” or better will be required to audit non-clinical courses. All clinical dental hygiene courses will need to be retaken for credit and the student will be required to receive a grade of “C” or better.
Standards of Care  
Halifax Community College  
Dental Hygiene Program

The HCC Dental Hygiene Program has adopted the following policies and procedures concerning the treatment services provided to all patients in the HCC Dental Hygiene Facility:

Assuring Comprehensive, Quality, Client-Centered Care

- During evaluation and grading of the dental hygiene care plan each faculty member will verify that the care plan:
  1. Includes all educational and clinical services necessary to meet the comprehensive/individual treatment needs of the client.
  2. Includes all referrals for medical or dental care/evaluation.
  3. Is client-centered.
  4. Is developed based on scientific evidence.

- At the end of each clinic session a faculty member will sign the treatment record with his/her last name to signify that the he/she has:
  1. Assisted the student in immediately modifying the care plan to correct any deficits found in the care plan.
  2. Verified that all treatment planned for that date is complete.
  3. Noted any deficits in client services and the measures to correct that deficit in the treatment record. The dental hygiene care plan must be amended to reflect the change.

- Before assigning a grade as an end-product evaluation, the faculty member will verify that only completed, quality treatment has been delivered.

- As a faculty member works with a student he/she will review the previous treatment record entries to make sure quality, client-centered, comprehensive treatment is delivered and all treatment completed.

Referring Clients for Medical/Dental Consultations

- Each client’s medical/dental history is reviewed by the student operator with a faculty member at the beginning of every appointment.

- If the student and faculty member have no medical or dental concerns, relating to that client, the faculty member signs the “Permission to Proceed” (PTP) line on the clinical evaluation form and the student may begin to treat the client.
Any client with questionable medical/dental concerns will be referred for a medical consult and the client will be treated once they have a written release from their physician/dentist. The referral will be signed by the student, client, and dentist.

Any client with a highly questionable medical/dental status will have his/her medical/dental history reviewed by the student, faculty, and dentist. The client will be expected to clarify, when possible, any questions concerning the history. These clients may be denied dental care in the HCC Dental Hygiene Clinic due to advanced medical/dental complications. The consulting dentist will make the final determination in accepting a client for care in the clinic.

Any client may be refused treatment in the HCC Dental Hygiene Clinic due to the presence of:
1. Progressive disease state that makes it unsafe to deliver routine dental hygiene care.
2. Serious communicable diseases that creates an unsafe environment for students, faculty, staff or clients.
3. Advanced dental disease that will not respond to non-surgical periodontal treatment.

A client will be referred for a dental consult when:
1. Periodontal disease does not respond to non-surgical periodontal therapy.
2. Treatment is needed for dental concerns beyond the scope of a dental hygiene educational clinic.

**Assuring Completed Care**

Letters will be sent to all clients who receive substandard care. These clients will be informed of the treatment shortfall and offered a plan to correct the deficit. A copy of the letter, signed by the Dental Hygiene Department Head, will be kept in the client’s file. The client will be given 30 days to respond to the letter. For example, if x-rays are of less than diagnostic quality, the client will be sent a letter and offered an appointment to correct the deficits in radiographic series.

Clients who receive incomplete care because they do not return to the clinic will be contacted by the student with two attempts by phone. The student will document the contact in the treatment record. After making the phone attempts with no success, the student will send a follow-up letter, addressed to the client, giving the client 30 days to respond to the letter or schedule an appointment to complete care. The Clinic Manager will transfer the letter to HCC letterhead stationery and sign the letter. A copy of the letter is maintained in the client’s folder. The Clinic Manager will document the mailing of the letter in the client’s treatment record. If the client does not respond within the 30 days the client’s record will be filed as “Inactive”.
Test & Quiz Policy

- On test days, the student will be allowed only a **PENCIL** at his/her desk. Purses, bookbags, hats, cell phones and other items are to be placed on the floor in the back of the classroom.

- On test days, seating arrangements for students will be at the instructor’s discretion.

- No communication, verbal or nonverbal, will be tolerated once the test has been distributed. Any talking will be viewed as cheating. The offender will be asked to leave the room and will receive a zero on the test. Therefore, if something is needed, the students should address the instructor.

- Once the student has completed the test, the paper should be turned in to the proctor/instructor and the student should leave the room and not stand outside the classroom door. No one is allowed to re-enter until all students have completed the test.

- Students leaving the room following the completion of the test must not remain outside the classroom, but must leave the area and return by the time specified by the instructor prior to the beginning of the test.

- No answer keys will be viewed in the classroom.

- Instructors will not give answers to the test until everyone is finished.

- No test will be reviewed until everyone has taken it. Therefore, if a student is absent from the test, the test will not be reviewed until that student has taken it.

- Tests will be returned and discussed at the instructor’s discretion.

- Any cheating should be reported to the instructor as soon as it is discovered. If a student does not feel comfortable coming directly to an instructor, a note may be left in the instructor’s box or in the dental hygiene suggestion box. The note must inform the instructor about the following:
  1. Who was involved.
  2. When it happened.
  3. What happened.

- If a student is absent on a scheduled test day, it is his/her responsibility to contact the instructor prior to the test to notify the instructor of the absence and to schedule a make-up date for testing. If the student fails to contact the instructor, ten (10) points will be deducted from the final test grade.

- The faculty cannot guarantee that additional clinic sessions will be available for students to make-up missed clinical tests and requirements.

- Quizzes will be given throughout the session, both announced and unannounced. Students will not be allowed to makeup unannounced quizzes and the student will receive a grade of zero.
Withdrawal From the Dental Hygiene Program

- Any student who is failing academically or clinically and formally withdraws from a course in the Dental Hygiene Program will receive a “W” as a final grade for the course.

- Any student who is performing at academic levels less than a grade of “C” in dental sciences courses (DEN prefix) will schedule a conference with the Dental Hygiene Faculty Advisor. The student will receive an Academic Consultation Form, a written warning, and suggestions for improvement. If a student fails to raise his/her academic performance and receives a grade of “D” as a final course grade, that student may be dismissed from the Dental Hygiene Program.

- Students who withdraw from another course within the Dental Hygiene Curriculum including those with the prefixes BIO, ACA, ENG, HUM, SOC, CIS, and CHM are required to repeat these courses and receive a grade of “C” or better to graduate from the Dental Hygiene Program. Students who do not graduate from the Dental Hygiene Program are not allowed to take National or State Dental Hygiene Examination Boards.

- A student who withdraws from the Dental Hygiene Program or other course within the Dental Hygiene Curriculum is expected to:
  1. Notify the instructor of the course, his/her advisor, and the Dental Hygiene Department Head.
  2. Make an appointment to complete an exit interview with his/her advisor. During this appointment the student will receive Policy on Readmission and a Readmission Form.
  3. Drop/Add forms should be completed and signed by the student and advisor.

- The original Exit Interview Form will be given to the Dental Hygiene Department Head and copies will be given to the student and placed in the student’s file maintained by the faculty advisor.
Section 3: Infection Control and Hazardous Waste Policies
Blood or Body Fluid Exposure Sheet
DENTAL HYGIENE PROGRAM

Name: ______________________________________________       Title: __________________

Date___________ Time___________ Location of Incident: ____________________________________

Description of Exposure Incident:

_____ Needle Stick/Sharp
   How deep?_________________   Site__________________
   What type of needle/sharp? ___________________________________
   Was bleeding evident?   Yes_____   No______
   Was personal protective equipment worn?   Yes_____   No______
   If yes, what item(s)?:__________________________________________

_____ Non-Intact Skin
   Was personal protective equipment worn?   Yes_____   No_______
   If yes, what item(s)?:__________________________________________

_____ Exposure to Mucous Membranes (Eyes, nose, or mouth)
   Was personal protective equipment worn?   Yes_____   No_______
   If yes, what item(s)?:__________________________________________

_____ Human Bite that Breaks the Skin
   Was personal protective equipment worn?   Yes_____   No_______
   If yes, what item(s):___________________________________________

Body Fluids Exposure: Yes _____No ______ Blood Exposure: Yes _____No ______

Source (Patient’s Name) ___________________________________________________________

History HIV?   Yes _____ No _____ Unknown ______
History Hepatitis   Yes _____ No _____ Unknown ______

Chronological Description of Incident:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

3-16
Student/Faculty History:

Pregnancy     Yes ______ No ______ Unsure ______
Hepatitis B Vaccine Series Completed     Yes ______ No ______ Unsure ______
Major Medical Problem     Yes ______ No ______
If yes, describe:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Evaluation/Treatment Indicated:

Was a medical assessment and evaluation of the incident completed?

Yes ______  No ______  Refused ______
If yes, date and time: ______________________________
If no, reason:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Anti Retro Viral Therapy     Yes ______  No ______  Refused ______
Gamma Globulin Therapy     Yes ______  No ______  Refused ______
If no, reason:
__________________________________________________________________
__________________________________________________________________

Student Signature       Date
______________________________________  _______________________

Faculty Signature       Date
______________________________________  _______________________

3-16                                         Revised 6/09
Body Fluids Exposure Evaluation & Treatment Guidelines

Dental Hygiene students must report immediately to faculty any time s/he has had a significant exposure to infectious body fluids. This occurs when:

- A contaminated object penetrates the skin producing cuts, scratches, or punctures. Contaminated objects include, but are not limited to needles, instruments, broken glass, broken capillary tubes, and exposed ends of dental wires.
- Mucous membranes are contaminated with infectious body fluids
- Chapped or abraded skin is exposed to body fluids, especially when the skin is afflicted with dermatitis or the contact is prolonged or involving an extensive area

Procedures to follow after exposure occurs:

- Report incident to the clinical faculty
- Use soap and water to wash exposed area or flush mucous membranes with water
- Do not apply caustic agents to affected area
- Inform source patient and review medical history
- Complete incident report and counseling
- Identify source patient to Dental Hygiene Department Head who may contact them
- Contact health care provider for evaluation and subsequent treatment

After documentation of exposure incident, the Dental Hygiene Department Head will discuss with the exposed student or faculty the follow-up recommended by the Center for Disease Control and Prevention (CDC) as follows:

1. Identify the source individual (the patient whose body fluid is involved in exposure incident). Program director will contact patient to explain incident and request consent for testing. If consent is received, patient will be tested for HBV and HIV status by a health care professional. Results remain confidential at all times.
2. Exposed individual goes to his/her own health professional for evaluation. This evaluation may include a blood test for HBV and HIV status.
3. Health care professional evaluates source and exposed individual’s status and discusses results with exposed individual. The health care professional will determine any treatment and/or the need for a follow-up evaluation.
4. HCC will file report in exposed individual’s confidential file.

Charges for testing and treatment when indicated will be responsibility of Halifax Community College for Faculty/staff. For student, the accident health insurance will be responsible. Charges not covered by the student’s accident health insurance will be the responsibility of Halifax Community College.
Clinical Protocol for Infection Control

- Remove all unnecessary items from the operatory. Keeping the operatory uncluttered reduces the number of items that can become contaminated and makes clean-up easier. Items kept at chairside must be stored in closed containers, drawers, or cabinets to prevent cross-contamination of these items.

- All drawers and cabinet doors will be kept closed during treatment.

- If an item must be retrieved from a drawer or cabinet once treatment has started, the item will be retrieved using a paper towel, sterile forceps, a clean re-gloved hand, or overgloves. It is also advisable to ask another person (Clinic Assistant) for assistance in retrieving items as long as that person follows acceptable infection control procedures when assisting.

- Avoid touching unprotected switches, handles, and other equipment once gloves have become contaminated. Should this occur, these areas will be disinfected after treatment is completed.

- Preplan the materials needed during treatment to minimize interruptions for searches for additional items.

- Utilize disposable items whenever possible.

- Decisions to use barriers versus chemical disinfection will be based on individual circumstances and will be approved by an instructor if modifications from protocol are deemed necessary.

- Place radiographs on the view box and review patient records before initiating treatment and gloving to reduce contamination of patient records.

- Entries into patient records will be made before gloves are put on prior to treatment or after gloves have been removed and hands washed after treatment.

- All pens and pencils used will be covered with disposable barriers and disinfected after each use.

- All water lines and equipment will be maintained according to manufacturers’ instructions and specifications.

- Avoid touching your hair, face, eyes, mouth, and nose during treatment procedures.

- Never leave the operatory without removing contaminated gloves and washing your hands.

- Pick up any contaminated items that fall on the floor immediately following treatment. These include cotton rolls/pellets, gauze, cotton-tip applicators, floss, and instruments.
Before Start of Clinic Day

1. Wash hands with short scrub method. Put on lab coat, gloves, mask, and protective eyewear.

2. Run handpiece and air/water lines for 2 minutes into nearby sink.

Before Seating Patient

1. Wash hands using short standard method and put on labcoat, gloves, mask, and protective eyewear.

2. Follow HCC Infection Control Guidelines for setting up the operatory at the beginning of the day.

Between Patients

1. Wash hands using short standard method and put on labcoat, utility gloves, mask and protective eyewear.

2. Remove all barriers and dispose of properly.

3. Clean and disinfect any barriered equipment that was contaminated during removal. Must leave disinfectant on surface for 10 minutes and remove with soap and water.

4. Clean all surfaces that are likely to be touched that are not covered with a barrier including countertops, viewboxes, patient mirrors, pens, pencils, etc. with disinfectant (spray, wipe, spray, wipe). Leave disinfectant on these surfaces for 10 minutes, then remove with soap and water.

5. After waiting for 10 minutes and removing disinfectant with soap and water, replace barriers.


After Dismissing Patient

1. Wash hands using short standard method and put on utility gloves, mask, eyewear, and labcoat.

2. Break down unit according to HCC Infection Control Policy.
CONTROL MEASURES FOR COMMUNICABLE DISEASES

10A NCAC 41A .0201 CONTROL MEASURES - GENERAL

(a) Except as provided in Rules of this Section, the recommendations and guidelines for testing, diagnosis, treatment, follow-up, and prevention of transmission for each disease and condition specified by the American Public Health Association in its publication, Control of Communicable Diseases Manual shall be the required control measures. Control of Communicable Diseases Manual is hereby incorporated by reference including subsequent amendments and editions. Guidelines and recommended actions published by the Centers for Disease Control and Prevention shall supersede those contained in the Control of Communicable Disease Manual and are likewise incorporated by reference, including subsequent amendments and editions. Copies of the Control of Communicable Diseases Manual may be purchased from the American Public Health Association, Publication Sales Department, Post Office Box 753, Waldora, MD 20604 for a cost of twenty-two dollars ($22.00) each plus five dollars ($5.00) shipping and handling. Copies of Centers for Disease Control and Prevention guidelines contained in the Morbidity and Mortality Weekly Report may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 for a total cost of three dollars and fifty cents ($3.50) each. Copies of both publications are available for inspection in the Division of Public Health, 1915 Mail Service Center, Raleigh, North Carolina 27699-1915.

(b) In interpreting and implementing the specific control measures adopted in Paragraph (a) of this Rule, and in devising control measures for outbreaks designated by the State Health Director and for communicable diseases and conditions for which a specific control measure is not provided by this Rule, the following principles shall be used:

1. control measures shall be those which can reasonably be expected to decrease the risk of transmission and which are consistent with recent scientific and public health information;
2. for diseases or conditions transmitted by the airborne route, the control measures shall require physical isolation for the duration of infectivity;
3. for diseases or conditions transmitted by the fecal-oral route, the control measures shall require exclusions from situations in which transmission can be reasonably expected to occur, such as work as a paid or voluntary food handler or attendance or work in a day care center for the duration of infectivity;
4. for diseases or conditions transmitted by sexual or the blood-borne route, control measures shall require prohibition of donation of blood, tissue, organs, or semen, needle-sharing, and sexual contact in a manner likely to result in transmission for the duration of infectivity;
(c) Persons with congenital rubella syndrome, tuberculosis, and carriers of Salmonella typhi and hepatitis B who change residence to a different local health department jurisdiction shall notify the local health director in both jurisdictions.
(d) Isolation and quarantine orders for communicable diseases and communicable conditions for which control measures have been established shall require compliance with applicable control measures and shall state penalties for failure to comply. These isolation and quarantine orders may be no more restrictive than the applicable control measures.
(e) An individual enrolled in an epidemiologic or clinical study shall not be required to meet the provisions of 10A NCAC 41A .0201 - .0209 which conflict with the study protocol if:
(1) the protocol is approved for this purpose by the State Health Director because of the scientific and public health value of the study, and
(2) the individual fully participates in and completes the study.
(f) A determination of significant risk of transmission under this Subchapter shall be made only after consideration of the following factors, if known:

1. The type of body fluid or tissue;
2. The volume of body fluid or tissue;
3. The concentration of pathogen;
4. The virulence of the pathogen; and
5. The type of exposure, ranging from intact skin to non-intact skin, or mucous membrane.

(g) The term "household contacts" as used in this Subchapter means any person residing in the same domicile as the infected person.

History Note: Authority G.S. 130A-135; 130A-144; Temporary Rule Eff. February 1, 1988, for a period of 180 days to expire on July 29, 1988; Eff. March 1, 1988; Amended Eff. February 1, 1990; November 1, 1989; August 1, 1988; Recodified Paragraphs (d), (e) to Rule .0202; Paragraph (i) to Rule .0203 Eff. June 11, 1991; Amended Eff. April 1, 2003; October 1, 1992; December 1, 1991; August 1, 1998; Emergency Amendment Eff. January 24, 2005; Emergency Amendment Expired on April 16, 2005.

10A NCAC 41A .0202 CONTROL MEASURES – HIV

The following are the control measures for the Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) infection:

1. Infected persons shall:

(a) refrain from sexual intercourse unless condoms are used; exercise caution when using condoms due to possible condom failure;
(b) not share needles or syringes, or any other drug-related equipment, paraphernalia, or works that may be contaminated with blood through previous use;
(c) not donate or sell blood, plasma, platelets, other blood products, semen, ova, tissues, organs, or breast milk;
(d) have a skin test for tuberculosis;
(e) notify future sexual intercourse partners of the infection;
(f) if the time of initial infection is known, notify persons who have been sexual intercourse and needle partners since the date of infection; and,
(g) if the date of initial infection is unknown, notify persons who have been sexual intercourse and needle partners for the previous year.
(2) The attending physician shall:

(a) give the control measures in Item (1) of this Rule to infected patients, in accordance with 10A NCAC 41A .0210;
(b) If the attending physician knows the identity of the spouse of an HIV-infected patient and has not, with the consent of the infected patient, notified and counseled the spouse, the physician shall list the spouse on a form provided by the Division of Public Health and shall mail the form to the Division. The Division shall undertake to counsel the spouse. The attending physician's responsibility to notify exposed and potentially exposed persons is satisfied by fulfilling the requirements of Sub-Items (2)(a) and (b) of this Rule;
(c) advise infected persons concerning clean-up of blood and other body fluids;
(d) advise infected persons concerning the risk of perinatal transmission and transmission by breastfeeding.

(3) The attending physician of a child who is infected with HIV and who may pose a significant risk of transmission in the school or day care setting because of open, oozing wounds or because of behavioral abnormalities such as biting shall notify the local health director. The local health director shall consult with the attending physician and investigate the following circumstances:

(a) If the child is in school or scheduled for admission and the local health director determines that there may be a significant risk of transmission, the local health director shall consult with an interdisciplinary committee, which shall include school personnel, a medical expert, and the child's parent or guardian to assist in the investigation and determination of risk. The local health director shall notify the superintendent or private school director of the need to appoint such an interdisciplinary committee.

(i) If the superintendent or private school director establishes such a committee within three days of notification, the local health director shall consult with this committee.
(ii) If the superintendent or private school director does not establish such a committee within three days of notification, the local health director shall establish such a committee.

(b) If the child is in school or scheduled for admission and the local health director determines, after consultation with the committee, that a significant risk of transmission exists, the local health director shall:

(i) notify the parents;
(ii) notify the committee;
(iii) assist the committee in determining whether an adjustment can be made to the student's school program to eliminate significant risks of transmission;
(iv) determine if an alternative educational setting is necessary to protect the public health;
(v) instruct the superintendent or private school director concerning protective measures to be implemented in the alternative educational setting developed by school personnel; and
(vi) consult with the superintendent or private school director to determine which school personnel directly involved with the child need to be notified of the HIV infection in order to prevent transmission and ensure that these persons are instructed regarding the necessity for protecting confidentiality.

(c) If the child is in day care and the local health director determines that there is a significant risk of transmission, the local health director shall notify the parents that the child must be placed in an alternate child care setting that eliminates the significant risk of transmission.

(4) When health care workers or other persons have a needlestick or nonsexual non-intact skin or mucous membrane exposure to blood or body fluids that, if the source were infected with HIV, would pose a significant risk of HIV transmission, the following shall apply:

(a) When the source person is known:

(i) The attending physician or occupational health care provider responsible for the exposed person, if other than the attending physician of the person whose blood or body fluids is the source of the exposure, shall notify the attending physician of the source that an exposure has occurred. The attending physician of the source person shall discuss the exposure with the source and, unless the source is already known to be infected, shall test the source for HIV infection without consent unless it reasonably appears that the test cannot be performed without endangering the safety of the source person or the person administering the test. If the source person cannot be tested, an existing specimen, if one exists, shall be tested. The attending physician of the exposed person shall be notified of the infection status of the source.
(ii) The attending physician of the exposed person shall inform the exposed person about the infection status of the source, offer testing for HIV infection as soon as possible after exposure and at reasonable intervals up to one year to determine whether transmission occurred, and, if the source person was HIV infected, give the exposed person the control measures listed in Sub-Items (1)(a) through (c) of this Rule. The attending physician of the exposed person shall instruct the exposed person regarding the necessity for protecting confidentiality.

(b) When the source person is unknown, the attending physician of the exposed persons shall inform the exposed person of the risk of transmission and offer testing for HIV infection as soon as possible after exposure and at reasonable intervals up to one year to determine whether transmission occurred.

(c) A health care facility may release the name of the attending physician of a source person upon request of the attending physician of an exposed person.

(5) The attending physician shall notify the local health director when the physician, in good faith, has reasonable cause to suspect a patient infected with HIV is not following or cannot follow control measures and is thereby causing a significant risk of transmission. Any other person may notify the local health director when the person, in good faith, has reasonable cause to suspect a person infected with HIV is not following control measures and is thereby causing a significant risk of transmission.
When the local health director is notified pursuant to Item (5) of this Rule, of a person who is mentally ill or mentally retarded, the local health director shall confer with the attending mental health physician or mental health authority and the physician, if any, who notified the local health director to develop a plan to prevent transmission.

The Division of Public Health shall notify the Director of Health Services of the North Carolina Department of Correction and the prison facility administrator when any person confined in a state prison is determined to be infected with HIV. If the prison facility administrator, in consultation with the Director of Health Services, determines that a confined HIV infected person is not following or cannot follow prescribed control measures, thereby presenting a significant risk of HIV transmission, the administrator and the Director shall develop and implement jointly a plan to prevent transmission, including making recommendations to the unit housing classification committee.

The local health director shall ensure that the health plan for local jails include education of jail staff and prisoners about HIV, how it is transmitted, and how to avoid acquiring or transmitting this infection.

Local health departments shall provide counseling and testing for HIV infection at no charge to the patient. Third party payors may be billed for HIV counseling and testing when such services are provided and the patient provides written consent.

HIV pre-test counseling is not required. Post-test counseling for persons infected with HIV is required, must be individualized, and shall include referrals for medical and psychosocial services and control measures.

A local health department or the Department may release information regarding an infected person pursuant to G.S. 130A-143(3) only when the local health department or the Department has provided direct medical care to the infected person and refers the person to or consults with the health care provider to whom the information is released.

Notwithstanding Rule .0201(d) of this Section, a local or state health director may require, as a part of an isolation order issued in accordance with G.S. 130A-145, compliance with a plan to assist the individual to comply with control measures. The plan shall be designed to meet the specific needs of the individual and may include one or more of the following available and appropriate services:

(a) substance abuse counseling and treatment;
(b) mental health counseling and treatment; and
(c) education and counseling sessions about HIV, HIV transmission, and behavior change required to prevent transmission.

The Division of Public Health shall conduct a partner notification program to assist in the notification and counseling of partners of HIV infected persons.

Every pregnant woman shall be offered HIV testing by her attending physician at her first prenatal visit and in the third trimester. The attending physician shall test the pregnant woman for HIV infection, unless the pregnant woman refuses to provide informed consent pursuant to G.S. 130A-148(h). If there is no record at labor and delivery of an HIV test result during the current pregnancy for the pregnant woman, the attending physician shall inform the pregnant woman that an HIV test will be performed, explain the reasons for testing, and the woman shall be tested for HIV without consent using a rapid HIV test unless it reasonably appears that the test cannot be performed without endangering the safety of the pregnant woman or the person administering the test. If the pregnant woman cannot be tested, an existing specimen, if one exists that was collected within the last 24 hours, shall be tested using a rapid HIV test. The attending physician must provide the woman with the test results as soon as possible. However, labor and delivery providers who do not currently have the capacity to perform rapid HIV testing are not required to use a rapid HIV test until January 1, 2009.

If an infant is delivered by a woman with no record of the result of an HIV test conducted during the pregnancy and if the woman was not tested for HIV during labor and delivery, the fact that the mother has not been tested creates a reasonable suspicion pursuant to G.S. 130A-148(h) that the newborn has HIV infection and the infant shall be tested for HIV. An infant born in the previous 12 hours shall be tested using a rapid HIV test. However, providers who do not currently have the capacity to perform rapid HIV testing shall not be required to use a rapid HIV test until January 1, 2009.

Testing for HIV may be offered as part of routine laboratory testing panels using a general consent which is obtained from the patient for treatment and routine laboratory testing, so long as the patient is notified that they are being tested for HIV and given the opportunity to refuse.

10A NCAC 41A .0203 CONTROL MEASURES - HEPATITIS B

(a) The following are the control measures for hepatitis B infection. The infected persons shall:

(1) refrain from sexual intercourse unless condoms are used except when the partner is known to be infected with or immune to hepatitis B;
(2) not share needles or syringes;
(3) not donate or sell blood, plasma, platelets, other blood products, semen, ova, tissues, organs, or breast milk;
(4) if the time of initial infection is known, identify to the local health director all sexual intercourse and needle partners since the date of infection; and, if the date of initial infection is unknown, identify persons who have been sexual intercourse or needle partners during the previous six months;
(5) for the duration of the infection, notify future sexual intercourse partners of the infection and refer them to their attending physician or the local health director for control measures; and for the duration of the infection, notify the local health director of all new sexual intercourse partners;
(6) identify to the local health director all current household contacts;
(7) be tested six months after diagnosis to determine if they are chronic carriers, and when necessary to determine appropriate control measures for persons exposed pursuant to Paragraph (b) of this Rule;
(8) comply with all control measures for hepatitis B infection specified in Paragraph (a) of 10A NCAC 41A .0201, in those instances where such control measures do not conflict with other requirements of this Rule.

(b) The following are the control measures for persons reasonably suspected of being exposed:

(1) when a person has had a sexual intercourse exposure to hepatitis B infection, the person shall be tested;
(2) after testing, when a susceptible person has had sexual intercourse exposure to hepatitis B infection, the person shall be given a dose appropriate for body weight of hepatitis B immune globulin and hepatitis B vaccination as soon as possible; hepatitis B immune globulin shall be given no later than two weeks after the last exposure;
(3) when a person is a household contact, sexual intercourse or needle sharing contact of a person who has remained infected with hepatitis B for six months or longer, the partner or household contact, if susceptible and at risk of continued exposure, shall be vaccinated against hepatitis B;
(4) when a health care worker or other person has a needlestick, non-intact skin, or mucous membrane exposure to blood or body fluids that, if the source were infected with the hepatitis B virus, would pose a significant risk of hepatitis B transmission, the following shall apply:

(A) when the source is known, the source person shall be tested for hepatitis B infection, unless already known to be infected;
(B) when the source is infected with hepatitis B and the exposed person is:

(i) vaccinated, the exposed person shall be tested for anti-HBs and, if anti-HBs is unknown or less than 10 milli-International Units per ml, receive hepatitis B vaccination and hepatitis B immune globulin as soon as possible; hepatitis B immune globulin shall be given no later than seven days after exposure;
(ii) not vaccinated, the exposed person shall be given a dose appropriate for body weight of hepatitis B immune globulin immediately and begin vaccination with hepatitis B vaccine within seven days;

(C) when the source is unknown, the determination of whether hepatitis B immunization is required shall be made in accordance with current published Control of Communicable Diseases Manual and Centers for Disease Control and Prevention guidelines. Copies of the Control of Communicable Diseases Manual may be purchased from the American Public Health Association, Publication Sales Department, Post Office Box 753, Waldora, MD 20604 for a cost of twenty-two dollars ($22.00) each plus five dollars ($5.00) shipping and handling. Copies of Centers for Disease Control and Prevention guidelines contained in the Morbidity and Mortality Weekly Report may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 for a cost of three dollars fifty cents ($3.50) each. Copies of both publications are available for inspection in the General Communicable Disease Control Branch, Cooper Memorial Health Building, 225 N. McDowell Street, Raleigh, North Carolina 27603-1382.

(5) infants born to HBsAg-positive mothers shall be given hepatitis B vaccination and hepatitis B immune globulin within 12 hours of birth or as soon as possible after the infant is stabilized. Additional doses of hepatitis B vaccine shall be given in accordance with current published Control of Communicable Diseases Manual and Centers for Disease Control and Prevention Guidelines. The infant shall be tested for the presence of HBsAg and anti-HBs within three to nine months after the last dose of the regular series of vaccine; if required because of failure to develop immunity after the regular series, additional doses shall be given in accordance with current published Control of Communicable Diseases Manual and Centers for Disease Control and Prevention guidelines. Copies of the Control of Communicable Diseases Manual may be purchased from the American Public Health Association, Publication Sales Department, Post Office Box 753, Waldora, MD 20604 for a cost of twenty-two dollars ($22.00) each plus five dollars ($5.00) shipping and handling. Copies of Centers for Disease Control and Prevention guidelines contained in the Morbidity and Mortality Weekly Report may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 for a cost of three dollars fifty cents ($3.50) each. Copies of both publications are available for inspection in the General Communicable Disease Control Branch, Cooper Memorial Health Building, 225 N. McDowell Street, Raleigh, North Carolina 27603-1382.

(6) infants born to mothers whose HBsAg status is unknown shall be given hepatitis B vaccine within 12 hours of birth and the mother tested. If the tested mother is found to be HBsAg-positive, the infant shall be given hepatitis B immune globulin as soon as possible and no later than seven days after birth;
(7) when an acutely infected person is a primary caregiver of a susceptible infant less than 12 months of age, the infant shall receive an appropriate dose of hepatitis B immune globulin and hepatitis vaccinations in accordance with current published Control of Communicable Diseases Manual and Centers for Disease Control and Prevention Guidelines. Copies of the Control of Communicable Diseases Manual may be purchased from the American Public Health Association, Publication Sales Department, Post Office Box 753, Waldora, MD 20604 for a cost of twenty-two dollars ($22.00) each plus five dollars ($5.00) shipping and handling. Copies of Centers for Disease Control and Prevention guidelines contained in the Morbidity and Mortality Weekly Report may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 for a cost of three dollars fifty cents ($3.50) each. Copies of both publications are available for inspection in the General Communicable Disease Control Branch, Cooper Memorial Health Building, 225 N. McDowell Street, Raleigh, North Carolina 27603-1382.

(c) The attending physician shall advise all patients known to be at high risk, including injection drug users, men who have sex with men, hemodialysis patients, and patients who receive multiple transfusions of blood products, that they should be vaccinated against hepatitis B if susceptible. The attending physician shall also recommend that hepatitis B chronic carriers receive hepatitis A vaccine (if susceptible).
(d) The following persons shall be tested for and reported in accordance with 10A NCAC 41A .0101 if positive for hepatitis B infection:

(1) pregnant women unless known to be infected; and
(2) donors of blood, plasma, platelets, other blood products, semen, ova, tissues, or organs.
(e) The attending physician of a child who is infected with hepatitis B virus and who may pose a significant risk of transmission in the school or day care setting because of open, oozing wounds or because of behavioral abnormalities such as biting shall notify the local health director. The local health director shall consult with the attending physician and investigate the circumstances.

(f) If the child referred to in Paragraph (e) of this Rule is in school or scheduled for admission and the local health director determines that there may be a significant risk of transmission, the local health director shall consult with an interdisciplinary committee, which shall include school personnel, a medical expert, and the child's parent or guardian to assist in the investigation and determination of risk. The local health director shall notify the superintendent or private school director of the need to appoint such an interdisciplinary committee. If the superintendent or private school director establishes such a committee within three days of notification, the local health director shall consult with this committee. If the superintendent or private school director does not establish such a committee within three days of notification, the local health director shall establish such a committee.

(g) If the child referred to in Paragraph (e) of this Rule is in school or scheduled for admission and the local health director determines, after consultation with the committee, that a significant risk of transmission exists, the local health director shall:

1. notify the parents;
2. notify the committee;
3. assist the committee in determining whether an adjustment can be made to the student's school program to eliminate significant risks of transmission;
4. determine if an alternative educational setting is necessary to protect the public health;
5. instruct the superintendent or private school director concerning protective measures to be implemented in the alternative educational setting developed by school personnel; and
6. consult with the superintendent or private school director to determine which school personnel directly involved with the child need to be notified of the hepatitis B virus infection in order to prevent transmission and ensure that these persons are instructed regarding the necessity for protecting confidentiality.

(h) If the child referred to in Paragraph (e) of this Rule is in day care and the local health director determines that there is a significant risk of transmission, the local health director shall notify the parents that the child must be placed in an alternate child care setting that eliminates the significant risk of transmission.

**History Note:** Authority G.S. 130A-135; 130A-144

Eff. February 1, 1990;
Amended Eff. October 1, 1990;
Revised from 15A NCAC 19A .0201(i) Eff. June 11, 1991;
Amended Eff. August 1, 1998; October 1, 1994;
Temporary Amendment Eff. February 18, 2002;

### 10A NCAC 41A .0205 CONTROL MEASURES - TUBERCULOSIS

(a) The local health director shall investigate all cases of tuberculosis disease and their contacts in accordance with the provisions of the Control of Communicable Diseases Manual which is hereby incorporated by reference including subsequent amendments and editions. Copies of this publication may be purchased from the American Public Health Association, Publication Sales Department, Post Office Box 753, Waldorf, MD 20604 for a cost of twenty-two dollars ($22.00) each plus five dollars ($5.00) shipping and handling. A copy is available for inspection in the Division of Public Health, 1931 Mail Service Center, Raleigh, North Carolina 27699-1931.

(b) The following persons shall be skin tested for tuberculosis and given appropriate clinical, microbiologic and x-ray examination in accordance with the "Diagnostic Standards and Classification of Tuberculosis in Adults and Children," published by the American Thoracic Society. The recommendations contained in this reference shall be the required control measures for evaluation, testing, and diagnosis for tuberculosis patients, contacts and suspects, except as otherwise provided in this Rule and are incorporated by reference including subsequent amendments and editions:

1. Household and other high priority contacts of active cases of pulmonary and laryngeal tuberculosis. For purposes of this Rule, a high priority contact is defined in accordance with Centers for Disease Control and Prevention guidelines which are incorporated by reference in Rule .0201 of this Section. If the contact's initial skin test is negative (0-4mm), and the case is confirmed by culture, a repeat skin test shall be performed 8 to 10 weeks after the exposure has ended;
2. Persons reasonably suspected of having tuberculosis disease;
3. Inmates in the custody of, and staff with direct inmate contact in, the Department of Corrections upon incarceration or employment, and annually thereafter;
4. Patients and staff in long term care facilities upon admission or employment. The two-step skin test method shall be used if the individual has not had a documented tuberculin skin test within the preceding 12 months;
5. Staff in adult day care centers providing care for persons with HIV infection or AIDS upon employment. The two-step skin test method shall be used if the individual has not had a documented tuberculin skin test within the preceding 12 months; and
6. Persons with HIV infection or AIDS.

A copy of "Diagnostic Standards and Classification of Tuberculosis in Adults and Children" is available by contacting the Division of Public Health, 1931 Mail Service Center, Raleigh, North Carolina 27699-1931 or by accessing the Centers for Disease Control and Prevention website at http://www.cdc.gov/nchstp/tb/pubs/mmwrhtml/Maj_guide/cdc_ats_guidelines.htm.

(c) Treatment and follow-up for tuberculosis infection or disease shall be in accordance with "Treatment of Tuberculosis," published by the American Thoracic Society. The recommendations contained in this reference shall be the required control measures for testing, treatment, and
follow-up for tuberculosis patients, contacts and suspects, except as otherwise provided in this Rule and are incorporated by reference including subsequent amendments and editions. Copies of this publication are available by contacting the Division of Public Health, 1931 Mail Service Center, Raleigh, North Carolina 27699-1931 or by accessing the Centers for Disease Control and Prevention website at http://www.cdc.gov/nchstp/tb/pubs/mmwrhtml/Maj_guide/cdc_ats_guidelines.htm.

(d) The attending physician or designee shall instruct all patients treated for tuberculosis regarding the potential side effects of the medications prescribed and prescribed medications, including instructions to promptly notify the physician or designee if side effects occur.

(e) Persons with active tuberculosis disease shall complete a standard multi-drug regimen, unless otherwise approved by the State Tuberculosis Medical Director or designee, and shall be managed using Directly Observed Therapy (DOT), which is the actual observation of medication ingestion by a health care worker (HCW).

(f) Persons with suspected or known active pulmonary or laryngeal tuberculosis who have sputum smears positive for acid fast bacilli are considered infectious and shall be managed using airborne precautions, including respiratory isolation, or isolation in their home, with no new persons exposed. These individuals are considered noninfectious and use of airborne precautions, including respiratory isolation or isolation in their home, may be discontinued when:

(1) They have three consecutive sputum smears collected at least eight hours apart which are negative; and

(2) They have been compliant on tuberculosis medications to which the organism is judged to be susceptible and there is evidence of clinical response to tuberculosis treatment.

(g) Persons with suspected or known active pulmonary or laryngeal tuberculosis who are initially sputum smear negative do not require respiratory isolation once they have been started on tuberculosis treatment.

History Note: Authority G.S. 130A-135; 130A-144;

Eff. March 1, 1992; Amended Eff. April 1, 2006, April 1, 2003; August 1, 1998; October 1, 1994.

10A NCAC 41A .0206 INFECTION CONTROL - HEALTH CARE SETTINGSThis Section is Amended Eff. March 1, 1992.

(a) The following definitions shall apply throughout this Rule:

(1) "Health care organization" means hospital; clinic; physician, dentist, podiatrist, optometrist, or chiropractic office; home health agency; nursing home; local health department; community health center; mental health agency; hospice; ambulatory surgical center; urgent care center; emergency room; or any other health care provider that provides clinical care.

(2) "Invasive procedure" means entry into tissues, cavities, or organs or repair of traumatic injuries. The term includes the use of needles to puncture skin, vaginal and cesarean deliveries, surgery, and dental procedures during which bleeding occurs or the potential for bleeding exists.

(b) Health care workers, emergency responders, and funeral service personnel shall follow blood and body fluid precautions with all patients.

(c) Health care workers who have exudative lesions or weeping dermatitis shall refrain from handling patient care equipment and devices used in performing invasive procedures and from all direct patient care that involves the potential for contact of the patient, equipment, or devices with the lesion or dermatitis until the condition resolves.

(d) All equipment used to puncture skin, mucous membranes, or other tissues in medical, dental, or other settings must be disposed of in accordance with 10A NCAC 36B after use or sterilized prior to reuse.

(e) In order to prevent transmission of HIV and hepatitis B from health care workers to patients, each health care organization that performs invasive procedures shall implement a written infection control policy. The health care organization shall ensure that health care workers in its employ or who have staff privileges are trained in the principles of infection control and the practices required by the policy; require and monitor compliance with the policy; and update the policy as needed to prevent transmission of HIV and hepatitis B from health care workers to patients. The health care organization shall designate a staff member to direct these activities. The designated staff member in each health care organization shall complete a course in infection control approved by the Department. The course shall address:

(1) Epidemiologic principles of infectious disease;

(2) Principles and practice of asepsis;

(3) Sterilization, disinfection, and sanitation;

(4) Universal blood and body fluid precautions;

(5) Engineering controls to reduce the risk of sharp injuries;

(6) Disposal of sharps; and

(7) Techniques that reduce the risk of sharp injuries to health care workers.

(f) The infection control policy required by this Rule shall address the following components that are necessary to prevent transmission of HIV and hepatitis B from infected health care workers to patients:

(1) Sterilization and disinfection, including a schedule for maintenance and microbiologic monitoring of equipment; the policy shall require documentation of maintenance and monitoring;

(2) Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules;

(3) Accessibility of infection control devices and supplies;

(4) Procedures to be followed in implementing 10A NCAC 41A .0202(4) and .0203(b)(4)when a health care provider or a patient has an exposure to blood or other body fluids of another person in a manner that poses a significant risk of transmission of HIV or hepatitis B.
History Note: Authority G.S. 130A-144; 130A-145;

Eff. October 1, 1992;
Covering Equipment and Surfaces:

- Impervious-backed paper, aluminum foil, or plastic covers will be used to protect items and surfaces that may become contaminated by blood or saliva during use and that are difficult or impossible to clean and disinfect. Between patients, the coverings will be removed, discarded, and replaced with clean materials.

Splatter and Aerosol Spray Control:

- Appropriate use of rubber dams, high-velocity air evacuation, prophy jets, cavitrons and proper patient positioning should minimize the formation of droplets, spatter, and aerosols during patient treatment.

Sharp Instruments and Needles:

- Sharp items such as needles, instruments, and wires contaminated with patient blood and saliva are potentially infective and will be handled with care to prevent injuries.

- Used needles will not be recapped or otherwise manipulated utilizing both hands, or any other technique that involves directing the point of a needle toward any part of the body. Either a one-handed “scoop” technique or a mechanical device designed for holding the needle sheath will be employed. Used disposable syringes and needles and other sharp items will be placed in puncture-resistant containers located as close to the area as possible. Bending or breaking of needles before disposal requires unnecessary manipulation and is not allowed.

- For procedures involving multiple injections with a single needle, the unsheathed needle should be placed in a location where it will not become contaminated or contribute to unintentional needlesticks between injections.

Pre-procedural Patient Mouth Rinse:

- To reduce the numbers of microorganisms, all patients will be asked to rinse out his/her mouth with an antimicrobial mouthrinse prior to care.

- Before the initial examination of the mouth, dental personnel will supply patients with a cup filled with ¼ cup of mouthrinse and a paper towel. Dental personnel will ask the patient to rinse for one minute and expectorate into the cup. The patient will be instructed to stuff the paper towel into the cup to absorb the liquid. The cup will be discarded into the appropriate waste container.
Handling Patient Records/Charts

- Precautions will be taken to prevent cross-contamination of patient records, charts, and folders.

- **To prevent contamination:**
  1. Wash hands before touching records, charts, or folders.
  2. Remove the most current x-rays and place them on the viewbox.
  3. Remove records from the folder and review the information.
  4. Record up-dated information in the records.
  5. After the records have been reviewed and up-dated place in the operatory unit cabinet to prevent contamination during treatment procedures.
  6. Wash hands and put on personal barrier equipment.
  7. Record information during oral exams on temporary document. Information will later be transferred to the treatment record/chart and the temporary document will be discarded.
  8. If information must be recorded during treatment procedures, overgloves will be worn to prevent contamination.
  9. Pens and pencils used during the treatment procedures will be disinfected before transferring information to the patient’s treatment record/chart.
  10. After treatment has been completed, remove personal barrier equipment, wash hands, and record information in the patient’s permanent record, chart, or folder.
  11. Remove x-rays from viewbox and return to chart.
  12. Obtain all necessary signatures.
  13. Return file to the Clinic Manager.

- **When in doubt, wash your hands before handling patient charts.**
Incident Reporting

Students and faculty must complete an incident report within 24 hours for any of the following:
1. Physical injury incurred to their own person.
2. Physical injury incurred to the patient.
3. Accidents
4. Theft and/or suspected thefts.
5. Damage to property.

Incident Report Instructions:

1. The report shall be completed immediately with as much detailed information as possible and submitted to the designated department within twenty-four hours of the occurrence.
2. The supervisor or department head in whose area of responsibility the incident took place must sign the report and be responsible for the completion and distribution of it.
3. The report form should have attached to it any document or support information available that will add to the total picture of the incident.
4. The report is not to be given to anyone other than the appropriate college administrative staff.
5. No statements or information concerning any accident/incident should be given to an outside person without prior discussion with the program director.
6. Detailed instructions for completing the incident report are explained below.
Infection Control and Hazardous Waste Policy
Halifax Community College
Dental Hygiene Program

The information compiled in this policy manual is to educate the health care providers on the hazards of the environment in which they work and about the means of prevention necessary to protect their health. Information and guidelines in this manual is based on recommendations provided by the US Public Health Service Centers for Disease Control and Prevention (CDC) as adopted by the American Dental Association (ADA) and accepted by the ADA Council on Scientific Affairs and The ADA Council on Dental Practice. Compliance with these policies and procedures is the ethical obligation of all participants in the delivery of care to patients in the Halifax Community College (HCC) Dental Hygiene Program.

Infection control is a priority consideration in the dental practice. With the increased publicity surrounding infectious diseases, dental professionals and consumers are becoming more aware that the dental environment is a potential source for one or more of these diseases. Accordingly, Infection control issues and procedures are undergoing dramatic change and will continue to evolve as new technology, research, and legal precedence emerge.

The prevention of cross-contamination and transmission of infection to all persons, whether patients, dentists, auxiliaries, laboratory technicians, or other non-clinical staff is the responsibility of all dental personnel. A fundamental principle of an effective infection control program is to provide careful precautions and effective control techniques that can keep infectious microbes within the manageable limits of the body’s normal resistance to disease. To achieve this goal and to provide a safe therapeutic environment for patients, students, and staff, the Dental Hygiene Program has adopted policies and procedures representing a comprehensive and practical infection control program.

As part of their education and preparation for clinical experience, students will be instructed in the use of standard precautions with all patients. These precautions will be reviewed with students as well as faculty and staff at the beginning of each semester. Infectious disease policies of off-site facilities will be reviewed with the student prior to a rotation experience at that facility. It is the responsibility of the students, faculty, and staff of the HCC Dental Hygiene Program to understand and follow the policies in this manual at all times when working in laboratory or clinic areas.
How Does Infection Occur?

Pathogens must enter the body for a person to become infected. The most common method of infection in the dental environment is from the patient to the staff member. Contaminated blood, saliva, or respiratory droplets from patients are passed to staff members by direct contact, transfer to clothing or possessions, and through residues of fluids found on surfaces or items in the dental environment. The infected material enters staff members’ bodies most commonly through cuts on fingers, direct transfer to the mouth, eyes, or nose, or by aspiration into the lungs.

Transmission of pathogens, or cross-contamination, is common in the dental environment. The usual pathway is from patient to staff, but the infection can move in many directions. One pathway of transmission is from direct splatter of blood, saliva, or a mixture of both into the eyes, nose, or mouth. Some airborne pathogens in aerosol droplets smaller than 5 microns can transmit diseases into the lungs. Sprays of infected blood and saliva from patients’ mouths can contaminate office surfaces, staff clothing, or equipment. Pathogens can then be transferred to the hands of dental personnel. Once pathogens are on the hands, they can pass into the body through body openings or breaks in the skin. Contaminated staff members can transfer pathogens to any surfaces they touch. These pathogens can then be picked up by other patients and staff members. Pathogens can be carried home by staff members and patients on clothing and objects.

Often unnoticed sites where pathogens live in the dental environment include equipment, x-ray units, bathrooms, dental units, telephones, and patient charts. On people, pathogens may hide under wedding bands and other jewelry, under fingernails, on uniforms, and in hair. Although unlikely, the waiting room is a place where patients and staff may become cross-contaminated by way of magazines, furniture, and clothing racks. Staff, patients, sales representatives, maintenance workers, technicians, and other visitors may come in contact with pathogens by touching contaminated items and/or surfaces in the clinic area. Dental professionals are at risk during dental procedures when infected saliva or blood sprays the face or enters a cut or sore, when they touch dental equipment, instruments, or chairs and other contaminated items or surfaces. Clerical personnel are at risk from handling the telephone, patient charts, and other surfaces contaminated from contact with the hands or belongings of staff members and patients. Janitorial staff may be at risk from touching contaminated items and by improper handling of hazardous wastes. Patients are at risk through contact with dental professionals, clerical staff, and other patients and by touching contaminated items. Family members and close friends of dental professionals working in a clinical environment are at a higher risk of infection than the general population. Laboratory technicians in independent labs are at risk from pathogens sent from office to lab on dentures, impressions, and other materials. Items sent from the dental office to the lab should include “Alert Labeling” when thought or known to be contaminated to help protect laboratory personnel.

The risk for contracting and spreading infectious disease can possibly affect job performance and job security as well as the health of colleagues and patients. The common, less serious infectious diseases easily contracted in the dental office include colds, influenza, and staphylococcal and streptococcal infections. Bouts of common diseases may keep dental personnel home for days, weeks, or more. Young patients and parents may transmit measles, chicken pox, and mumps. These diseases may cause severe symptoms in adults. AIDS is an incurable disease of the immune system that is almost always fatal. Herpes is a chronic disease that causes outbreaks of painful lesions, fever, malaise, and genital discharge. The herpes simplex type I virus has been found to live in saliva even when no lesions are present in the mouth.
Infections Transmissible in Dentistry

Herpes Simplex I
Produces lesions in and around the mouth which usually heal within 7-10 days. The lesions shed the virus until healing is complete. Direct contact with the lesions is to be avoided. Lesions affecting the lip are the most common and are called herpes labialis or cold sores. In the mouth this virus causes acute herpetic gingivostomatitis. Common causes include trauma, sun exposure, fever, and upper respiratory infections. The virus can lie dormant and recur under favorable conditions, especially stress.

Herpes Simplex II
Produces ulcerative lesions in the genital area and on the buttocks, fingers, thighs, lips, and mouth. Is a sexually transmitted venereal disease that is highly contagious during active stages. Many individuals do not know they carry the disease. Each outbreak or occurrence can last up to 3 weeks. The virus will lie dormant and recurs under favorable conditions, especially stress. At the present, there is no cure for this disease but anti-viral medications may relieve symptoms and occurrence of outbreaks.

Hepatitis
Is an inflammation of the liver and poses a great threat to dental personnel. There are several forms of hepatitis including A and E which are fecal borne and B, C, and D that are blood borne. The hepatitis vaccine protects against B and D, not against A, C, or E. General signs and symptoms of viral hepatitis may include flu-like symptoms, malaise, anorexia, an enlarged liver, fatigue, diarrhea, nausea, abdominal pain, jaundice, fever, rashes, dark-colored urine, arthritis, muscle pain, and itching.

<table>
<thead>
<tr>
<th>Type</th>
<th>Transmission</th>
<th>Apparent Jaundice/Other Symptoms</th>
<th>Possibility of Carriers</th>
<th>Mortality Rate</th>
<th>Vaccine Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Fecal</td>
<td>Yes</td>
<td>No</td>
<td>&lt;1%</td>
<td>Yes</td>
</tr>
<tr>
<td>B</td>
<td>Blood Saliva Sexual transmission</td>
<td>Yes 1 out of 5 have acute symptoms</td>
<td>Yes 1 out of 10 persons</td>
<td>2-3%</td>
<td>Yes</td>
</tr>
<tr>
<td>C</td>
<td>Blood Saliva Sexual transmission</td>
<td>No 10% have acute symptoms</td>
<td>Yes 50% of persons infected</td>
<td>1%</td>
<td>No</td>
</tr>
<tr>
<td>D</td>
<td>Blood Saliva Sexual transmission</td>
<td>Severe illness</td>
<td>1 out of 25 persons who carry type B</td>
<td>60%</td>
<td>Yes</td>
</tr>
<tr>
<td>E</td>
<td>Fecal</td>
<td>Yes</td>
<td>Unknown</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>Epstein-Barr Virus</td>
<td>Saliva</td>
<td>Fatigue Sometimes jaundice</td>
<td>Possible</td>
<td>None</td>
<td>No</td>
</tr>
<tr>
<td>Cytomegalovirus</td>
<td>Saliva Blood Sexual transmission</td>
<td>Sometimes</td>
<td>Possible</td>
<td>None</td>
<td>No</td>
</tr>
</tbody>
</table>
AIDS

Stands for Acquired Immune Deficiency Syndrome. First appeared in the US in 1981. Caused by a retro virus that lodges in the T-Lymphocytes and reproduces causing a decrease in the number of white blood cells. Transmitted through blood and blood-contact, semen and vaginal fluids, and breast milk. The virus has been found in tears, urine, cerebrospinal fluid, saliva, and amniotic fluid. There is no known cure or vaccine. Incubation can last from months to 10 years or possibly longer. After diagnosis death may occur within 3-5 years. Drugs have prolonged life for several years. The virus affects women more easily than men. It destroys the immune system leaving the person defenseless against diseases. AIDS can be transmitted from mother to fetus. It is not transmitted by casual contact, insects, air, water, toilets, or by shaking hands and touching an infected person. Symptoms include flu-like symptoms, fatigue, malaise, weight loss, fever, night sweats, diarrhea, white lesions or unusual marks on the tongue or mouth, swollen glands in the neck, armpits, or groin areas, a dry cough not caused by a cold or the flu, discolored blotches on the skin or inside the mouth, nose, eyelids, or rectum.

Opportunistic Diseases/Infections Associated with AIDS
- Pneumocytis Carinii Pneumonia (PCP)
- Candidiasis
- Cytomegalovirus (CMV)
- Herpes Simplex
- Herpes Zoster (Shingles)
- Papova Virus (Genital Warts)
- Kaposi’s Sarcoma
- Non-Hodgkins Disease
- Squamous Cell Carcinoma
- Primary Lymphoma of the brain
- Tuberculosis
- Hepatitis B

Oral Manifestations of AIDS
- Hairy Leukoplakia
- Candidiasis
- Gingivitis HIV-G
- Periodontitis HIC-P
- Angular Cheilitis
- Herpes
- Necrotizing Stomatitis
- Xerostomia
- Non-Hodgkins’ lesions/tumors
- Kaposi’s Sarcoma
Tuberculosis

Is an airborne disease known as TB and is considered to be a leading cause of death among the elderly. Highly contagious and can be transmitted through saliva and droplet infection. The inhalation of a small number of bacilli may lead to bacterial multiplication in the respiratory bronchioles, alveolar ducts, or alveoli. The bacilli are destroyed by boiling for five minutes, autoclaving, contact with phenols, and ultraviolet radiation. Only 5-15% of those infected ever become ill with tuberculosis. Masks and gloves are essential protection and handwashing is critical to prevent cross-contamination. Infectious patients tend to cough productively and may produce sputum that is yellow or bloody. These patients may have a dramatic weight loss. Dental personnel and staff must be suspect of TB when a patient is coughing continuously.
Student Health Regulations

Each student must submit a completed medical history prior to entering the program. Proof of a dental exam within the last 12 months prior to entry is also required. Any student with a positive history of Hepatitis B must provide documentation from his/her physician that states he/she is no longer infectious. Given the current understanding of the transmission of HIV disease there is not a reason to expect HIV-1 transmission under the usual educational circumstances of casual contact. Therefore, HIV disease will not constitute a cause for denial of admission to a prospective dental hygiene student. The student’s physician is obligated to judge whether clinical work poses a threat to the health of the student. The following factors will be taken into consideration by the physician:

1. The potential harm that the individual poses to other people.
2. The ability of the individual to accomplish the outcomes of the course or curriculum.
3. Whether or not reasonable accommodations can be made that will enable the individual to safely and efficiently accomplish the outcomes and/or tasks of the course of curriculum without significantly exposing the individual or other persons to the risk of infection.

The evaluation of the applicant or currently enrolled student with a know infectious disease will include a physician’s statement of the individual’s health status as it relates to the individual’s ability to adequately and safely accomplish the essential outcomes of his/her course or curriculum.

The physician’s statement must also indicate the nature and extent of the individual’s susceptibility to infectious diseases often encountered when accomplishing the outcomes of the individual’s course or curriculum.

The ADA and the US Public Health Service strongly recommend that all dental personnel receive the Hepatitis B vaccine. The HCC Dental Hygiene Program requires that all students receive the Hepatitis B vaccine, have proof of immunity, or have a medical statement from a physician that he/she is medically advised not have the vaccination. The HCC Hepatitis B Vaccine Declination For Students form is available from the Dental Hygiene Department Head.

Other vaccines recommended for students in the HCC Dental Hygiene Program include those providing protection against influenza, measles, mumps, rubella, and tetanus.

Medicare histories will be kept confidential unless a medical emergency occurs and it is vital that the medical history information be disclosed to other healthcare providers responding to the emergency. Medical histories will be kept by the Dental Hygiene Department Head.
Infection Control Policies for the Dental Clinic
Protective Attire and Barrier Techniques

Handwashing:

❖ Hands will be washed with antimicrobial soap and lukewarm water.

❖ An alcohol-based hand rub may be used instead of hand washing if hands are not visibly soiled.

❖ Dental personnel working in the clinic must maintain well-manicured, short nails, and avoid wearing rings, fingernail polish, or acrylic/artificial nails. These items provide places for microorganisms to grow and are difficult to remove by handwashing.

❖ Dental personnel will wash their hands at the beginning and end of each day, before and after eating or drinking, after using the restroom, after contacting chemicals used to sterilize or disinfect items and equipment, and before and after treating each patient. Hand will be washed after the removal of gloves for any reason.

❖ Although instruments contaminated with blood, saliva, or respiratory secretions should not be touched barehanded, hands should be washed immediately if touching of inanimate objects likely to be contaminated occurs.

❖ Dental personnel who have exudative lesions or weeping dermatitis, particularly on the hands, should refrain from all direct patient care and from handling dental patient-care equipment until the condition resolves.

❖ Hand lotion should be used regularly to decrease the risk of dryness that can lead to cracked or torn skin on the hands or around the nails.

Gloves:

❖ For the protection of students, staff, and patients, medical gloves (latex or vinyl) will always be worn by dental personnel when there is potential for contacting blood, blood-contaminated saliva, or mucous membranes. Nonsterile (exam) gloves are appropriate for examinations and other nonsurgical procedures. Sterile gloves will be worn during invasive procedures including surgical procedures. Utility gloves will be worn during all clean-up procedures.

❖ Before treatment of each patient, dental personnel (students and staff) will wash their hands and put on new gloves. After treatment of each patient or before leaving the dental operatory, dental personnel will remove and discard gloves, then wash their hands.

❖ Hands will be washed and re-gloved between patients. Worn gloves are appropriately discarded.

❖ When gloves are torn, cut, or punctured, they will be removed as soon as patient safety permits. Dental personnel will wash their hands thoroughly and re-glove to complete the dental procedure.

❖ Overgloves may be worn when cross-contamination must be avoided.

❖ Utility gloves will be discarded if they become cracked, peel, discolored, torn, or exhibit other signs of deterioration.
Eye and Face Protection:

- Chin-length plastic face shields and surgical masks and protective eyewear (safety glasses) will be worn when providing direct patient care and when splashing or spattering of blood or other body fluids is likely. Prescription glasses may be used as protection provided solid side shields are attached to the frames or a face shield is used.

- Face masks should fit snugly around the face.

- Masks will be changed between patients or during patient treatment if it becomes wet or moist. Face shields or protective eyewear will be washed with an appropriate cleaning agent and disinfected between patients and when visibly soiled.

- Face masks will have a minimum filtration of 95% of 3.5 micron particle size. Masks with glass fiber mat are considered the most effective.

- Protective eyewear and face masks will be provided at no cost to faculty and staff. Students will be responsible for purchasing their own protective eyewear.

- Protective eyewear and face mask will be worn when performing chairside procedures and lab work and during clean-up procedures.

- Protective eyewear and face cover will be worn by patients during clinical procedures that produce aerosols.

- All protective eyewear will be washed/dried and disinfected/decontaminated after each patient treatment has been completed. After the eyewear is disinfected for the proper amount of time (10 minutes), they will be rinsed to remove remaining residue and dried with a paper towel.

- Face masks are to be removed by handling the elastic or cloth strings only. Never touch the mask itself with bare hands because of the risk of contamination from the mask.

- Face masks will be disposed of in appropriate waste containers.

- Face masks and protective eyewear will not be worn outside the clinic area.
Protective Clothing:

- Lab coats will be worn over scrubs when providing direct patient care or when clothing is likely to be soiled with blood or other body fluids. White clinic shoes or white leather athletic shoes may be worn. Shoes will not have color or visible logos. White socks (at least crew length), knee highs, or hose will be worn with shoes.

- Protective clothing will be changed daily or as soon as it becomes visibly soiled. Lab coats, gloves, masks, and eye and face protection must be removed before students and staff exit clinic areas. If a student plans to return to the clinic, the lab coat may be draped over the operator chair until the student returns. It may be reused if it is not visibly soiled. Students must always have a spare lab coat to replace a soiled coat during patient care. Lockers are provided for students to store extra clothing and supplies.

- Scrubs, shoes, and socks may be worn outside the clinic area unless visibly soiled but should be removed as soon as possible. Shoes should not be worn to attend class, meetings, or run errands. Students should change shoes before they leave the Allied Health Building. It is recommended that students change into other clothes before leaving the Allied Health Building.

- Lab coats, scrubs, and socks should be washed, using a normal laundry cycle, according to the instructions of detergent and machine manufacturers. Clinic apparel should be washed separately from other household items and clothing. It is the student’s responsibility to launder lab coats, scrubs, socks, and other apparel worn during direct patient care. Soiled clothing is to be put in a plastic bag and transported home.

- Shoes should be kept cleaned and polished at all times and stored in a seal-lock bag when not being worn for patient contact.

- When delivering patient care that includes the use of prophy jets, cavitrons, and other equipment that increase the amount of splatter, spray, and aerosols in the operatory, a face shield should be worn with safety glasses and mask.

- Students will be responsible for the cost of their own scrub uniforms and shoes.

- Students will be responsible for the cost of their own lab coat used in the clinic area. Lab coats will be provided at no cost to faculty and staff.

- Outer protective garments (lab coats) will be laundered at no cost for employees. Employees will not be allowed to take home outer garments for laundering.
Covering Equipment and Surfaces:

- Impervious-backed paper, aluminum foil, or plastic covers will be used to protect items and surfaces that may become contaminated by blood or saliva during use and that are difficult or impossible to clean and disinfect. Between patients, the coverings will be removed, discarded, and replaced with clean materials.

Splatter and Aerosol Spray Control:

- Appropriate use of rubber dams, high-velocity air evacuation, prophy jets, cavitrons and proper patient positioning should minimize the formation of droplets, spatter, and aerosols during patient treatment.

Sharp Instruments and Needles:

- Sharp items such as needles, instruments, and wires contaminated with patient blood and saliva are potentially infective and will be handled with care to prevent injuries.

- Used needles will not be recapped or otherwise manipulated utilizing both hands, or any other technique that involves directing the point of a needle toward any part of the body. Either a one-handed “scoop” technique or a mechanical device designed for holding the needle sheath will be employed. Used disposable syringes and needles and other sharp items will be placed in puncture-resistant containers located as close to the area as possible. Bending or breaking of needles before disposal requires unnecessary manipulation and is not allowed.

- For procedures involving multiple injections with a single needle, the unsheathed needle should be placed in a location where it will not become contaminated or contribute to unintentional needlesticks between injections.

Pre-procedural Patient Mouth Rinse:

- To reduce the numbers of microorganisms, all patients will be asked to rinse out his/her mouth with an antimicrobial mouthrinse prior to care.

- Before the initial examination of the mouth, dental personnel will supply patients with a cup filled with ¼ cup of mouthrinse and a paper towel. Dental personnel will ask the patient to rinse for one minute and expectorate into the cup. The patient will be instructed to stuff the paper towel into the cup to absorb the liquid. The cup will be discarded into the appropriate waste container.
Infection Control Terminology

**Acquired Immune Deficiency Syndrome (AIDS)** - syndrome of any of several opportunistic infections, malignancies, and constitutional symptoms that effect the depressed immune system of a person infected with the Human Immunodeficiency Virus (HIV).

**Active Disease** - infected person exhibits signs and symptoms of the disease.

**Airborne Pathogen** - a microorganism capable of causing disease in humans which is spread by droplets expelled into the air, typically through a cough or sneeze.

**Asepsis** - the absence of infection or infectious materials or agents.

**Asepsis Technique** - procedures carried out in the absence of pathogenic microorganisms; techniques that avoid contamination of patients; the careful use of sterilized instruments and materials to avoid contamination.

**Bacteria** - any number of living microorganisms occurring in a wide variety of forms, existing either as free-living organisms or as parasites, and having a side range of biochemical, often pathogenic properties.

**Bloodborne Pathogens** - disease-producing microorganisms that are spread by contact with blood or other body fluids from an infected person.

**Blood** - human blood, human blood components, and products made from human blood.

**Infectious Body Fluids** - Blood, blood products, semen, and vaginal secretions; saliva, vomitus, tears, feces, nasal secretions, sputum, and sweat if visibly contaminated with blood.

**Carrier State** - there are no outward signs of a disease or virus, yet the person is still infected with a disease and is potentially infectious to others.

**Chain of Infection** - a sequence of events needed for infection to spread.

**Cidal** - a suffix meaning to kill.

**Cleaning** - the physical removal of dirt.

**Contaminate/Contaminated** - the presence or the reasonable anticipated presence of blood or other potentially infectious materials on an item or surface.

**Cross-Infections** - the process of acquiring pathogens from other sources either directly (operator to patient) or indirectly (environment to patient).

**Decontamination** - the use of physical or chemical means to remove, inactivate, or destroy blood-borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
Disease- an alteration of health, with a characteristic set of sign and symptoms which may affect specific organ systems or the entire body.

Disinfection- any process, chemical, or physical capability of destroying pathogenic organisms, but not spores.

Etiologic Agent- a living organism that may cause human disease.

Exposure Incident- means another person's blood or other body fluids, tissues, or laboratory substance being introduced into the body of an individual by penetrating the skin, passing through a mucous membrane, inhalation, or a bite.

Hepatitis- inflammation of the liver.

Hepatitis A (HAV)-form of viral hepatitis spread through the fecal/oral route.

Hepatitis B (HBV)- form of viral hepatitis spread through bloodborne routes.

Hepatitis C (HCV)- two forms of viral hepatitis spread through either bloodborne routes or through the oral/fecal route.

Hepatitis D (Delta)- form of viral hepatitis that coexists with HBV.

Immunization- the process by which a person is rendered protected from disease.

Infection- the entry of organisms into the body and their multiplication, resulting in disease.

Pathogenic- disease producing.

Personal Protective Barriers (PPB)- Specialized clothing or equipment worn by an employee/student for protection against a hazard.

Sanitation- processes that reduce the number of organisms on inanimate objects to a safe level.

Sepsis- a condition in which disease-producing microorganisms are present.

Static- a suffix meaning to reduce.

Standard Precautions- the consideration of all patients as being infected with pathogens and therefore applying infection control procedures to the care of all patients.

Sterilization- the process by which all forms of life, including spores are destroyed.
Methods of Handwashing

Handwashing is considered the most important single procedure for the prevention of cross-contamination.

**Short Scrub**
Prior to beginning clinic sessions & end of clinic session. May take about 3 minutes to complete procedure.
1. Remove watch and any jewelry.
2. Gently clean nails with a nailbrush or orange stick if you see visible dirt or debris.
3. Wet your hands with lukewarm or cool water.
4. Using a microbial soap, wash your hands, nails, and forearms for one minute using a vigorous rubbing motion. Interlace fingers and rub back and forth with pressure.
5. Rinse with cool or lukewarm water for 10 seconds.
6. Repeat washing of hands, nails, and forearms with soap for another 20 seconds.
7. Rinse for 10 seconds.
8. Dry hands, then forearms, with a clean paper towel. Use the paper towel to turn off the water if using a faucet-type water delivery system.

**Short Standard Handwash**
Routine during a day. May take 2-3 minutes to complete procedure
1. Remove watch and any jewelry.
2. Wet hands.
3. Using an antimicrobial soap, vigorously wash hands, nails, and forearms for 20 seconds. Interlace fingers and rub back and forth with pressure.
4. Rinse with cool or lukewarm water for 10 seconds.
5. Repeat vigorous wash with antimicrobial soap for 20 seconds.
6. Rinse with cool or lukewarm water for 10 seconds.
7. Dry hands, then forearms, with clean paper towels and use towels to turn off hand-controlled faucets if necessary.

**HAND HYGIENE**
Goal: To reduce the microbial burden on the hands so that fewer microbes will be transferred to surfaces touched and to remove chemicals from the hands that may cause irritation.

**Materials Needed:**

- Non-antimicrobial liquid soap and alcohol-based hand rub
- Antimicrobial handwashing agent
- Hands-free soap dispenser
- Soft brush to clean nails
- Soft sponge for surgical scrub
- Disposable towels
- Sterile towels after surgical scrub
At Beginning of the Day
1. Remove jewelry; gently clean fingernails.
2. Scrub hands, nails, and forearms using a liquid antimicrobial handwashing agent and soft brush or sponge for 15 seconds.
3. Rinse with cool to lukewarm water while rubbing hands together for 10 seconds.
4. Dry hands and then forearms with clean paper towels and use towels to turn off hand-controlled sink faucets.

Rationale: This more thorough hand hygiene helps ready the hands for patient treatment for the day.

Routine Hand Hygiene During the Day
Choice 1
1. Vigorously lather hands with a liquid non-antimicrobial soap for 15 seconds.
2. Rinse with cool to lukewarm water while rubbing hands together for 10 seconds.
3. Dry hands and then forearms with clean paper towels and use towels to turn off hand-controlled sink faucets.

Rationale: To remove soil and transient microbes.

Choice 2
1. Vigorously lather hands with a liquid antimicrobial soap for 15 seconds.
2. Rinse with cool to lukewarm water while rubbing hands together for 10 seconds.
3. Dry hands and then forearms with clean paper towels and use towels to turn off hand-controlled sink faucets.

Rationale: To remove soil and transient microbes and to reduce resident skin flora.

Choice 3
1. Place appropriate amount of alcohol-based hand rub agent in palm of hand.
2. Vigorously rub hands together until hands are dry.

Rationale: To kill microbes when no visible soil is present on skin.

Post-exposure Checklist for HCC Dental Hygiene Student

1. _____Informs the instructor of the incident/exposure.
2. _____Completes a post-exposure form.
3. _____Reports to the health care professional for evaluation (physician).
4. _____Gives or withholds consent for testing.
5. _____Receives own and source individual’s test results from health care professional (physician).
6. _____Is told by health care professional (physician) of any conditions resulting from exposure that require further evaluation or treatment.

Post-exposure Checklist for HCC Department Head

1. _____Sends exposed person to health care professional (physician) for testing.

2. _____Sends source individual (patient) to health care professional or arranges for other testing. I hepatitis B virus and human immunodeficiency virus status is known already or consent is not given, informs the health care professional.
3. _____Gives the following to the health care professional:
   incident report
   written hepatitis B vaccination status and any past exposure incidents
4. _____Assures that test results of source individual (patient) are given to the health care professional and that health care professional informs student/instructor of these results, stressing confidentiality.
5. _____Receives written opinion from health care professional.
6. _____Maintains written opinion in confidential student medical records file.
HCC DENTAL HYGIENE
POST-EXPOSURE INCIDENT REPORT

Name of Exposed Person: _____________________________________________________

Date and Time of Exposure: ________________________________________________

Location of Incident: _______________________________________________________

Description of the Incident: ________________________________________________

________________________________________________________________________

What barriers were used by exposed person (student/instructor) during the incident?
________________________________________________________________________

Was source (patient) sent for medical evaluation?      _____ Yes  _____ No

Patient’s name:  __________________________________

Comments:______________________________________________________________
_______________________________________________________________________

Was exposed person (student/instructor) sent for medical evaluation?  _____ Yes  _____ No

Comments:  _____________________________________________________________
________________________________________________________________________

Was the exposed person (student/instructor) informed by the evaluating physician of the
results of the medical evaluation?  _____ Yes  _____ No

________________________________________________________________________

Signature of exposed person (student/instructor)    Date

________________________________________________________________________

Signature of  HCC Dental Hygiene Department Head   Date

3 - 18
Protective Clothing:

- Lab coats will be worn over scrubs when providing direct patient care or when clothing is likely to be soiled with blood or other body fluids. White clinic shoes or white leather athletic shoes may be worn. Shoes will not have color or visible logos. White socks (at least crew length), knee highs, or hose will be worn with shoes.

- Protective clothing will be changed daily or as soon as it becomes visibly soiled. Lab coats, gloves, masks, and eye and face protection must be removed before students and staff exit clinic areas. If a student plans to return to the clinic, the lab coat may be draped over the operator chair until the student returns. It may be reused if it is not visibly soiled. Students must always have a spare lab coat to replace a soiled coat during patient care. Lockers are provided for students to store extra clothing and supplies.

- Scrubs, shoes, and socks may be worn outside the clinic area unless visibly soiled but should be removed as soon as possible. Shoes should not be worn to attend class, meetings, or run errands. Students should change shoes before they leave the Allied Health Building. It is recommended that students change into other clothes before leaving the Allied Health Building.

- Lab coats, scrubs, and socks should be washed, using a normal laundry cycle, according to the instructions of detergent and machine manufacturers. Clinic apparel should be washed separately from other household items and clothing. It is the student’s responsibility to launder lab coats, scrubs, socks, and other apparel worn during direct patient care. Soiled clothing is to be put in a plastic bag and transported home.

- Shoes should be kept cleaned and polished at all times and stored in a seal-lock bag when not being worn for patient contact.

- When delivering patient care that includes the use of prophy jets, cavitrons, and other equipment that increase the amount of splatter, spray, and aerosols in the operatory, a face shield should be worn with safety glasses and mask.

- Students will be responsible for the cost of their own scrub uniforms and shoes.

- Students will be responsible for the cost of their own lab coat used in the clinic area. Lab coats will be provided at no cost to faculty and staff.

- Outer protective garments (lab coats) will be laundered at no cost for employees. Employees will not be allowed to take home outer garments for laundering.
Procedure for Eyewear, Mask, Lab Coat, and Glove Removal

1. Remove eyewear, set on tray, and wipe with a gauze soaked in germicide. Let air dry for 10 minutes.

2. Undo mask around ears and discard in biohazardous waste container.

3. Unbutton lab coat.

4. Remove gloves:
   - With the dominant hand, make a cuff by hooking gloved fingers into the area below the outside edge of the other glove.
   - Pull the glove inside out as you remove it and hold the contaminated glove in your gloved hand.
   - Tuck your ungloved fingers under the inside edge of the remaining glove.
   - Pull that glove down over the gloved hand so that the first glove is encased in the second glove as the latter is turned inside out.
   - Discard both gloves in the marked biohazardous waste container.

5. Wash your hands.

6. Remove lab coat, turning inside out by holding on to the cuffs of the coat.

7. Put lab coat into a plastic bag.
Regulated Waste

Regulated waste means:

- Liquid or semi-liquid blood or other potentially infectious materials.
- Contaminated items that would release blood or potentially infectious materials in a liquid or semi-liquid state.
- Compressed items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling.
- Contaminated sharps.
- Pathological and microbiological wastes containing blood or other potentially infectious materials.

Labels and Signs

- Warning labels will be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material and/or other containers used to store, transport, or ship blood or other potentially infectious materials.
- These labels will be fluorescent orange or orange/red predominately displayed with lettering or symbols in a contrasting color.

- Labels will be an integral part of the container or will be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents the loss or unintentional removal of the label.
- Red bags or red containers may be substituted for labels.
- Labels required for contaminated equipment will be in accordance with Halifax Community College policy regarding equipment and waste disposal found in the HCC Exposure Control for Bloodborne Pathogens policy.
- Regulated waste that has been decontaminated need not be labeled or color-coded.
Items Considered as Regulatory Waste

- Contaminated items treated as regulatory waste include but are not limited to:
  - Saliva ejectors
  - Gauze
  - Cotton-tip applicators
  - Exam gloves
  - Wooden wedges
  - Matrix bands/celluloid matrix strips
  - Floss
  - Any disposable item contaminated with blood, saliva, or other body fluids.

Sharps

- All sharps are to be disposed of in the sharps container. Sharps containers will be
  close-able, puncture resistant, leak-proof on sides and bottom, and labeled or color-
  coded in accordance with OSHA standards.

- Sharps containers will be easily accessible to personnel and located as close as feasible
  to the immediate area where the sharps will be used or can be reasonably anticipated to
  be found. The container will remain upright throughout use and will not be allowed to
  overfill.

- When moving sharps containers from the area of use, the container will be closed
  immediately prior to removal to prevent spillage or protrusion of contents. If leakage is
  possible, the container will be placed in a secondary container before removal. This
  secondary container will be close-able, leak-proof, puncture resistant, and labeled or
  color-coded in accordance with OSHA standards.

- Sharps include but are not limited to:
  - Needles
  - Anesthetic carpules
  - Wires/brackets/bands
  - Suture needles
  - Matrix bands
  - Scalpel blades
  - Burs
  - Files/reamers/broaches
  - Broken instruments
  - Biological monitors

  - Do not break or bend sharps.

  - Do not recap needles.

Spills

- Spills of any nature (blood, saliva, body fluids, chemicals) are to be cleaned up immediately.
  Protective barriers will be worn in the area contaminated by the spill. The spill will be
  cleaned by HCC maintenance staff unless the spill creates an immediate emergency
  requiring evacuation.
Regulatory Waste Containers

- Must be close-able.
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.
- Labeled or color-coded in accordance with OSHA standards.
- If outside contamination of the container occurs, the contaminated container will be placed in a secondary container which adheres to the same OSHA standards for containers.
- Disposal of all regulated waste will be in accordance with all applicable federal, state, and local regulations as specified in the HCC Exposure Control for Bloodborne Pathogens manual.

Location of Regulated Waste Containers

- The lead instructor will place the containers for regulated waste in appropriate and accessible areas in the laboratory and clinic.

Cleaning

- All housekeeping personnel involved in the cleaning or waste disposal from the HCC Dental Hygiene Facility are required to read and follow procedures found in the HCC Infectious Disease Control Program, the Exposure Control for Bloodborne Pathogens, and the Chemical Hygiene Plan.
- Housekeeping will be responsible for all areas within the HCC Dental Hygiene Facility that are considered a part of the building or general office furniture.
- Housekeepers are not and will not be required to clean any area considered laboratory equipment. Cleaning and maintenance of this equipment is the responsibility of HCC Dental Hygiene staff.
- Housekeepers are required to clean up spills of blood or body fluids on floors or cabinets.
- Housekeepers will not work in the Dental Hygiene Facility with open or exposed sores or injuries. The supervisor will be notified at the beginning of a shift if a housekeeper has open or exposed sores. Should a housekeeper injure him/herself while working in the Dental Hygiene Facility, the supervisor will be notified immediately. Should chemicals or hazardous waste be splashed in the eyes, the eye wash station will be used immediately and the supervisor will take necessary action to obtain medical assistance.
- Housekeepers performing general cleaning tasks within the Dental Hygiene Facility are to treat all areas as potentially infectious. These areas include floors, cabinets, ledges, etc.
Housekeepers will perform duties in the Dental Hygiene Facility on an as-needed basis during the hours of 7:00 a.m. to 4:00 p.m. and perform general housekeeping tasks after 4:00 p.m. daily.

Housekeepers will be responsible for removing full contaminated waste containers and replacing with new containers when they are full.

Removing Contaminated Waste

1. Wear exam gloves.
2. Open container top and tape plastic bag closed.
3. Do not pack down material with hands.
4. Close flap on top of box.
5. Replace top of container.
6. Tape top of container down with masking tape. Do not cover symbol or lettering.
7. Place container in a plastic bag and tie down top.
8. Use red trash liners only.

Dental staff will notify housekeeping when sharps containers need disposal. Sharps containers will be placed inside of empty biological waste containers with red liners. Do not place in same container as non-sharps waste.

Full waste containers will be stored in an area designated by HCC Maintenance until pick-up time is feasible. Empty containers will be provided by HCC Maintenance.

Material Safety Data Sheets (MSDS) for all chemicals will be read by each employee, faculty, student, and staff and will be readily available in the clinic areas.
Dental Instrument Sterilization and Disinfection Policies

Instrument Classifications:

Dental instruments are classified into three categories depending on their risk of transmitting infection and the need to sterilize them between uses. The HCC Dental Hygiene Program will classify instruments as follows:

1. Critical
   Surgical and other instruments used to penetrate soft tissue or bone. These devices include forceps, scalpels, bone chisels, scalers, and burs. These instruments will be sterilized after each use.

2. Semicritical
   Instruments such as mirrors and amalgam condensers that do not penetrate soft tissue or bone, but contact oral tissues. These devices will be sterilized after each use. If, however sterilization is not feasible because the instrument will be damaged by heat, the instrument will receive, at a minimum, high-level disinfection.

3. Noncritical
   Instruments or medical devices such as external components of x-ray heads that have come into contact only with intact skin. Because noncritical surfaces have a relatively low risk of transmitting infection, they will be reprocessed between patients with intermediate-level or low-level disinfection or detergent and water washing, depending on the nature of the surface and the degree and nature of the contamination.

Instrument Sterilization Procedures:

- Before sterilization, instruments will be cleaned thoroughly to remove debris. Persons involved in cleaning and reprocessing instruments will wear heavy-duty gloves to lessen the risk of hand injuries.

- Instruments will be placed into a container of disinfectant/detergent as soon as possible after use to minimize drying of patient material and make cleaning easier and more efficient. Instruments will then be placed in an ultrasonic cleaner to increase efficiency of cleaning and to reduce handling of sharp instruments.

- All critical and semicritical dental instruments that are heat stable will be sterilized between uses by autoclaving following the instructions of the manufacturers of the instruments and sterilizers. All critical and semicritical instruments will be packaged before sterilization.

- All instruments will be sterilized and/or disinfected according to manufacturers’ instructions.
Monitoring of Sterilization Processes:

- Proper functioning of sterilization cycles will be verified weekly of biologic indicators (spore tests).
- Heat-sensitive chemical indicators will be used on the outside of each pack to identify packs that have been processed through the heating cycle.

Storage of Sterilized Instruments:

- Sterilized instruments should be stored in closed areas away from the decontaminated areas and contaminated areas.
- Sterilized instruments should stay in their sealed packages until ready for use.
- Packaging materials may include plastic, plastic with paper backing, paper, muslin wrap, metal containers, or plastic cassettes.
- If not used within the following time periods, instruments will be re-sterilized:
  - Plastic, tape sealed: 4 months
  - Plastic, heat sealed: 6 months
  - Plastic, paper backing, tape sealed: 4 months
  - Paper, tape sealed: 30 days
  - Muslin: 30 days
  - Plastic or metal containers: 30 days

Unwrapping of Sterile Instruments

1. Wash hands first with antimicrobial soap.
2. Gloves will be worn or sterile forceps used to remove instruments from the package. Do not touch sterile instruments with bare hands at any time.
3. Place instruments on disinfected tray.
4. Cover instruments with patient napkin until ready to use to avoid cross-contamination.

Dental Units and Environmental Surfaces:

- After treatment of each patient and at the completion of daily work activities, countertops and dental unit surfaces that may have become contaminated with patient material will be cleaned with disposable toweling, using an appropriate cleaning agent and/or water if necessary.
- All surfaces will be disinfected with a fresh solution of appropriate disinfecting agent and paper towels using the spray wipe spray wipe method.
Handling of Sharps

- All sharp items are to be disposed of in the sharp container. Sharps include needles, scalpel blades, anesthetic carpules, burs, wires/brackets/bands, files/reamers/broaches, suture needles, broken instruments, matrix bands, and biological monitors.

- Do not bend or break sharps.

- Do not recap needles after use.

Handpieces, Antiretraction Valves, and Other Intraoral Dental Devices Attached to Air and Water Lines of Dental Units:

- Handpieces will be lubricated, cleaned and sterilized in autoclaves after every use following manufacturers’ guidelines.

- Disposable prophy angles will discarded after each use.

- Procedures for the routine maintenance of antiretraction valves will be performed following the manufacturers’ guidelines.

- High-speed handpieces will run to discharge water and air for a minimum of 20-30 seconds after use on each patient. An enclosed container will be used to minimize the spread of spray, spatter, and aerosols generated during the discharge procedures.

- With handpieces removed, water lines will be allowed to run and discharge water for several minutes at the beginning of the clinic day. An enclosed container will be used to minimize the spread of spray, spatter, and aerosols generated during the discharge procedure.

- Reusable intraoral instruments such as ultrasonic scaler tips will be cleaned and sterilized after treatment of each patient.

- Items that do not enter the patient’s oral cavity, but are likely to become contaminated with oral fluids during treatment procedures including handles or dental unit attachments of saliva ejectors, high-speed air evacuators, and air/water syringes, will be covered with impervious barriers that are changed after each use or, if the surface permits, carefully cleaned and treated with an appropriate chemical germicide (intermediate level of activity).

- All water lines will be flushed thoroughly after the treatment of each patient as well as at the beginning of each clinic day.

Single-Use Disposable Instruments:

- Single-use disposable instruments such as prophy angles, prophy cups and brushes, and tips for high-speed air evacuators, saliva ejectors, and air/water syringes will be used for one patient only and discarded in the appropriate waste containers. They will not be cleaned, disinfected, or sterilized.
Unit Preparation Beginning of Day & End of Day
HCC Infection Control

Unit Prep Beginning of Day

1. Hands are washed using Short Scrub technique.
2. Stool and assistant’s arm are placed away from the chair. Rheostat is placed on the floor. Using paper towel, the master switch is turned on. And the air-dried water bottle is removed from bracket tray and stored in cabinet.
3. Student puts on labcoat and glasses.
4. Student checks cups, paper towel containers, and soap containers. Refills any supplies necessary.
5. Student fills water bottle with tap water and runs all waterlines for 2 minutes into sink.

The following surfaces are disinfected with disinfectant wipe. Use a systematic order to avoid missing the following surfaces:

- Air/water syringe and all tubing.
- Valve end of HVE, saliva ejector, and all tubing.
- Handpiece hoses, connectors, and tubing.
- Dental unit
- Bracket tray and/or cavitron platform.
- Counter tops.
- Drawer handles.
- Light handle & switch.
- Patient’s items including safety glasses, pens, pencils, napkin chain, client handmirror, disclosing bottle, etc.
  - Sink
  - Light Handle
  - Chair
  - Operator stool
  - Counterfaces
  - Air/water syringes
  - Bracket tray
  - Assistant’s arm

Barriers are placed on the following items:
- dental unit
- air/water syringe handle
- saliva ejector and all tubing
- Handpiece hoses, connectors, and tubing
- bracket tray and cavitron unit
- light handle and switch
- assistant’s arm
- operator stool handles
Unit Preparation End Of Day

1. **Student is wearing clinic gown and protective eyewear.*

2. **Hands are washed using standard handwash. Utility gloves are put on.*

3. Handpiece is removed and wiped with disinfectant wipe then placed in handpiece holding container.

4. Instruments are placed in cassette and cassette is placed in holding solution.

5. All regulated waste is wrapped in the bracket tray barrier and tied up to be discarded.
   Using a paper towel as a barrier, place the water bottle on the bracket tray.

6. Run all waterlines for 45 seconds into sink. Run high speed handpiece water line using tube sox as barrier.

7. After emptying the water, place used water bottle on bracket tray.

8. Flush waterlines for a few seconds to catch remaining water in tube.

9. Used water bottle is rinsed and disinfected on the outside. It is placed on the bracket tray to air dry.

10. All used disposable items are removed and disposed in the appropriate container.

The following surfaces are cleaned with disinfectant wipe.

- Tubing & hoses.
- New water bottle.
- Countertops & faces.
- Foot Pedal.
- Drawer handles.
- Backs of chairs & stools.
- Client’s items including safety glasses, pens, pencils, plastic stand, client handmirror, disclosing bottle, etc.
- Dental chair.
- Operator’s and/or assistant's stool.
- Light.
- Sink

- The trash bag is removed and tied up to be discarded. An empty trash bag is put in the container.
- The safety glasses are removed and wiped with a disinfect wipe.
- Mask is removed and disposed of properly.

- Clinic lab coat is removed and placed in operator’s stool cover (removed inside-out) to be taken home for washing.

- Unit is prepared for the end-of-day: chair raised, bracket tray over chair, dental light over headrest, rheostat on paper towel on dental chair, water bottle on bracket tray, and master switch turned off.
- Sink is cleaned with disinfectant wipe
- Trash bags are taken to the appropriate containers.
Section 4: Radiology Policies and Procedures
Appendix B

North Carolina Regulations for Protection Against Radiation
N.C. Department of Environment and Natural Resources
Division of Environmental Health
Radiation Protection Section
Raleigh, North Carolina
Effective August 1, 2002
Printed October 2002

This document will be maintained in the Department Head’s office and in the Radiation Safety Officer’s office in a notebook labeled: NC Regulations for Protection Against Radiation. In relationship to the HCC Dental Hygiene Program, the specific sections of these Regulations are:

.0603 GENERAL REQUIREMENTS

(1) (B) Individuals who will be operating the x-ray equipment shall be instructed in the safe operating procedures and use of the equipment and demonstrate an understanding thereof to the registrant.

(1) (D) Written safety procedures and rules shall be established and made available to each individual operating x-ray equipment under his control. The operator shall be familiar with these rules.

.0604 GENERAL REQUIREMENTS FOR ALL DIAGNOSTIC SYSTEMS

.0607 INTRAORAL DENTAL RADIOGRAPHIC SYSTEMS
Care of Darkroom & Automatic Processors

First Clinic or Radiography Lab Session of the Day:

- Turn on overhead light and safelight.
- Check solution levels in tank and underneath in cabinet. Add developer or fixer if indicated to the tanks. Change bottles of fixer and developer underneath cabinet if they are within 1 inch of the bottom of the jug.
- Remove prop and turn processor on.
- Run cleaning film through the AT-2000 after processors reach appropriate temperature.
- Turn off overhead light.
- Check quality assurance log for additional duties.
- Check maintenance calendar for additional duties.

Last Clinic or Radiograph Lab Session of the Day:

- Turn off processor and place prop under lid.
- Disinfect counters, pick up trash, and clean exterior of processor with soap and water.
- Turn off safelights and overhead light.
- Leave outer door open.
- Check supply closet for stabe holders, mounts, coin envelopes, labels, processor solutions, and bitewing tabs. Fill out a form if the Clinic Manager needs to order supplies.
- Verify the presence of the following equipment in each radiography operatory:
  - Adult lead apron (1-7)
  - Child lead apron (5 & 6)
  - View box

Make sure all equipment in radiography rooms is left in the correct end-of-day positions.

Care of A/T 2000 Automatic Processor Operating Instructions

Instructions for the daily, weekly, monthly, and quarterly maintenance of the automatic processors are posted inside the cabinet in the darkroom, and the instruction manual is located in the top labeled drawer in the darkroom. The Radiation Safety Officer is responsible for the maintenance of the automatic processors.
Certifying Statement

These procedures have been developed to ensure safe radiological working conditions. All staff, faculty, and students working in the Halifax Community College Dental Hygiene Facility must adhere to these procedures. Prior approval must be obtained from the RSO and the Dental Hygiene Department Head for any deviation from these procedures.

In accordance with Rule .1603© the RSO and Dental Hygiene Department Head will annually review the radiation protection program content and implementation.

Verna V. High, RDH, MDH
Dental Hygiene Department Head

Verna V. High, RDH, MDH
Radiation Safety Officer

July 23, 2013
Completing the Radiographic Evaluation/Interpretation

Students should use the following abbreviations when critiquing their radiographs

<table>
<thead>
<tr>
<th>Abbreviations</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Film exposed backward</td>
</tr>
<tr>
<td>C</td>
<td>Cone cut</td>
</tr>
<tr>
<td>D</td>
<td>Density</td>
</tr>
<tr>
<td>E</td>
<td>Elongation</td>
</tr>
<tr>
<td>F</td>
<td>Foreshortening</td>
</tr>
<tr>
<td>H</td>
<td>Horizontal</td>
</tr>
<tr>
<td>MV</td>
<td>Movement (film or patient)</td>
</tr>
<tr>
<td>MT</td>
<td>Mounted incorrectly</td>
</tr>
<tr>
<td>MA</td>
<td>Missing apex</td>
</tr>
<tr>
<td>MC</td>
<td>Missing crown</td>
</tr>
<tr>
<td>O</td>
<td>Other (specify)</td>
</tr>
<tr>
<td>P</td>
<td>Packet placement</td>
</tr>
<tr>
<td>PR</td>
<td>Processing error</td>
</tr>
<tr>
<td>U</td>
<td>Unequal distribution</td>
</tr>
</tbody>
</table>

Radiographic Interpretation

Students should identify and record the following when interpreting their radiographs:
- Missing teeth
- Restorations
- Unerupted teeth
- Tori
- Calculus
- Bone level
- Caries and recurrent caries
- Overhangs
- Impacted teeth
- Foreign bodies
- Retained root tips
- Fractures
- Periapical pathology
- Dilaceration
- Widened PDL space
- Pulp stone
- Furcation involvement
- Root resorption
- Condensing Osteitis
- Other pathosis
- Bone level - demonstrating the loss of crestal lamina dura
Dental Radiology Policies

Dress Code for Laboratory Exercises

- Clean, neatly pressed clothes.
- Clean white clinic shoes, white leather athletic shoes, or full coverage dress shoes.
- Hair neat and pulled away from the face.
- No jewelry, except for a watch.
- Dress slacks, dress, or skirt. No jeans or shorts.
- Lab coat.

Dress Code During Client Treatment

- Same as clinical requirements.

Lead Apron

- Students will use a lead apron when exposing all radiographs whether on DXXTR or on humans.

Pediatric Patient Requirements

- A client is considered a pediatric client if the following conditions are met:
  1. Have at least 2 primary teeth and is under the age of 13
  2. The second molar is unerupted.
  3. The client must be accompanied by a parent or guardian.

Obtaining Film for Mannequin Use (DXXTR)

- The lab instructor will distribute films as needed during lab hours.
- The film used will be “F” speed, single film packages.
- You must sign out each films used (original and retake) in the Radiation Film Log located in darkroom storage area.
- Failure to sign out films results in 10 points being deducted from your BWX, FMX, PA, or Pano grade.

Obtaining Film for Client Use (PA, FMX, BWX, Panorex)

- The lab instructor will distribute films as needed during lab/clinic hours.
- The film to be used will be “F” speed, double film packages.
- You must sign out each film used (original and retake) in the Radiation Film Log located in the darkroom storage area.
- Failure to sign out film results in 10 points being deducted from your BWX, FMX, PA, or Pano grade.
Obtaining Panorex Film

- Panorex film comes in a single speed, packaged in a box and require special handling.
- You will load panorex film into a cassette prior to exposure. Load two panorex films into the cassette. One film is the clinic copy and the additional film is a copy for the client’s dentist.
- The kVp must be increased by 3 increments to compensate for the two films.

Radiographic Interpretation

- An interpretation of landmarks and anomalies seen on an x-ray film will be done on each patient survey.
- Instructions for completing the radiographic interpretation form will be given in DEN 112. This form must be completed during lab and clinic when seeing patients.

Procedure for Mailing Patient Radiographs

- Following grading, one copy of the patient’s radiographs will be mailed to the dentist of record.
- Only those radiographs that a dental instructor determines to be of diagnostic value will be sent to the patient’s dentist.
- The patient and the dentist should allow two weeks after exposure before films can be mailed.
- Radiographs cannot be given to a patient without permission of an instructor.
- The student will complete the HCC Services Rendered Form that will be sent to the dentist with the radiographs and referral form. A copy of this form is also placed in the patient’s chart.
- Notation will be made in the patient’s chart that radiographs were either mailed to the dentist or hand delivered by the patient to his/her dentist.

Radiographic Requirements

- Each student is required to meet a radiology requirement every semester and is listed in the student’s course syllabus.
- Deadlines for submitting the radiology requirements will be listed in the course schedule.
- Failure to turn in x-rays is considered unethical and cheating. This may result in dismissal from the Dental Hygiene Program.
DXXTR Radiographs

DXXTR Radiograph Procedure

1. Expose radiographic series on DXXTR.
3. Mount and label radiographs.
4. Critique radiographs and complete a Radiographic Analysis Form.
5. Attach the mounted radiographs and the Radiographic Analysis Form and place in the appropriate area/container for grading.

After DXXTR Radiographs are Graded

1. The instructor will return the mounted radiographs and Radiographic Analysis Form to the student.
2. The student will examine the grade sheet and compare the instructor's grade with the mounted radiographs.
3. If the student disagrees with the grade, s/he should see the instructor who graded the radiographs.
4. Once the grade is finalized, the student should return the radiographs and the Radiographic Analysis Form to the instructor, and the grade is recorded.

DXXTR Retakes
If the instructor deems that an exposed radiograph is non-diagnostic, the student should:

1. Place the non-diagnostic radiograph in a coin envelope and label the envelope with DXXTR's name, date exposed, student's name, and the word “RETAKE”, and paperclip to the mount along with the Radiographic Analysis Form.
2. Retake the specific exposure and mount it in the appropriate place.
3. Re-submit the radiographic series with the new film and the “Retake” envelope for grading.
EXPOSING RADIOGRAPHS

Paperwork Required Prior to Exposure

Health Questionnaire
1. Each patient must have a complete and dated medical and dental health history signed by patient/parent, student, and instructor.

2. If the patient is under age 18, a parent or guardian must sign. Parents and guardians are required to remain in the clinic facility (waiting room or at operatory) while minor is receiving treatment.

3. The medical/dental history must be reviewed and updated and signed by the patient, student and instructor.

4. Blood pressure readings must be recorded.

Consent Form
1. Each patient, regardless of age, must complete and sign a HCC Dental Hygiene Program Consent Form. This must be signed prior to the instructor’s review.

2. The consent form must state the date, type of radiographic survey, and number of films to be exposed.

Record of Treatment
1. The record of treatment must be completed stating the student has reviewed the medical and dental history.

2. It must state the type of radiographs being taken.

Exposing Films on a Client
- All radiographs must be taken with “F” speed, double packet film or digital sensor. One set will be sent to the dentist of record after grading and one will remain with the patient’s chart.

- Follow sequence guidelines for exposing radiographs distributed in DEN 112.

- Every patient, regardless of age, will be protected against ionizing radiation by the use of a lead apron and proper exposure procedures.

- Failure to use a lead apron will result in a grade of “0” for the films exposed.

- No one is allowed to remain in the radiology operatory during the exposure of radiographs except the shielded patient. This includes parents, friends, students, children, and instructors. Failure to abide by this rule will result in a grade of “0” for the survey.

- Aseptic technique will be utilized when exposing radiographs on patients. Failure to maintain the chain of asepsis will result in a grade of “0” for the survey.
Film Badge Policy

- A film badge, to monitor exposure to ionizing radiation, will be supplied by the school and will be worn during each session when radiographs are exposed.

- Place the badge in the appropriate lab pan, in the supply room, when not being worn. The badge will be stored in the clinic at all times.

- The badge will be worn between the neck and waist with the window side facing away from the body and will never be covered by clothing.

- Failure to wear the badge in the proper manner will result in a grade of “0 for the day. The student will be assigned work for the remainder of the clinic session. The student will not be allowed to expose films.

- Students, faculty, and staff must wear a film badge at all times while in the clinic area.

- The Radiation Safety Officer will collect film badges on a quarterly basis. A new film badge will be issued.

- No badge will be worn home, left in an automobile, washed in a washing machine, or damaged in any way. Damaged badges must be brought to the immediate attention of the Radiation Safety Officer.

- Replacement badges cost $20.00.

- Radiation levels are monitored quarterly. These reports are maintained by the Radiation Safety Office and filed in the Darkroom Storage area.
GRADING CRITERIA
for
COURSE RADIOGRAPHIC REQUIREMENTS

BITEWING ONLY SERIES

Horizontal Angulation (open contacts)

Molar Bitewings:
- -5 points if no open contact between first and second molar on molar exposure and premolar exposure
- -2 points if the first and second molar contact is open in the premolar exposure, but closed in the molar exposure

Premolar Bitewings:
- -5 points if no open contact between first and second premolar on premolar exposure and molar exposure
- -2 points if the first and second premolar contact is open in the molar exposure, but closed in the premolar exposure

Molar Bitewings in FMX
- -5 points if no open contact between first and second molar on molar exposure and the molar contacts are closed on any other exposure
- -2 points if the first and second molar contact is open in any other exposure in the FMX

Premolar Bitewings in FMX
- -5 points if no open contact between first and second premolar on premolar exposure and the premolar contacts are closed on any other exposure
- -2 points if the first and second premolar contact is open in any other exposure in the FMX

Bitewing Packet Placement
- -1 point if distal portion of canine not present on any premolar exposure
- -2 points if mesial portion of first premolar not present on premolar exposure
- -1 point if maxillary tuberosity not present on any molar exposure
- -1 point if distal portion of maxillary second molar not present on the molar exposure
- -1 point for unequal distribution on bitewings
PERIAPICALS & FULL-MOUTH SERIES

Radiographer Technique Error on Any Radiographic Series

- **Cone Cut** = -1 to -3 points (depending on the severity)
- **Movement** = -1 point (if student does not identify the reason on the analysis form)
- **Foreshortening** = -1 point
- **Elongation** = -1 point
- **Processing error** = -1 point if student **does not** identify the processing error
- **Processing error** = 0 points if student does identify the error
- **Retake** = -2.5 points
  - Clinic dentist orders retakes on patients
  - Lab instructor orders retakes on manikin
- **Mounting error** = -5 points
- **Film exposed backward** = -5 points
- **Missing apex** = -2 points on the specific exposure area **and** if the apex is seen in another exposure
  - Retake the exposure if the apex is not visible in any other exposure
- **Missing crown** = -1 point
- **Other** = -1 to -5 points

Incomplete film mount label = -5 points
Incomplete analysis form = -5 points
Failure to interpret any abnormalities on the analysis form = -5 points
No patient name on film mount label = FAIL
No date on film mount label = FAIL
No dentist initials on human patient analysis form = UNACCEPTABLE
Infection Control Radiography Procedures

- Place barriers over the tube head, chair, unit, assistant's arm, door handles, and light handles & switch.

- Exposure control panel is protected with a plastic covering. When pressing the control button, touch only the front of the unit using a one-finger approach to avoid contaminating unbarriered areas on the control panel.

- If barriers are not used, disinfect all countertops with a disinfecting solution. Also disinfect the following: sinks, faucets, lead apron and/or thyroid shields, swivel arms, x-ray cones, chairs, and any surface touched with contaminated items such as hands, film, and film holders.

- Place unexposed films in a paper cup prior to exposure and keep in the cup holder outside of the radiography operatory.

- Place at least 2 paper towels on the bracket tray. One to hold stabs and XCP equipment and one to dry wet films as they come out of the mouth after exposure.

Follow these procedures for exposing radiographs:
1. Push exposure settings prior to picking up unexposed film.
2. Student will bring in an unexposed film taken from the unexposed-film cup.
3. Place the film in the patient's mouth prior to exposure.
4. Go out to control panel, closing door gently as you leave the room.
5. Expose the film.
6. Retrieve exposed film and wipe off excess saliva.
7. Return exposed film to “exposed” cup outside of operatory.
8. Repeat above process until all films are exposed.
9. Take entire cup of exposed films into radiography operatory.
10. Wipe films with disinfectant wipe.
11. Place films in clean cup.
12. Remove gloves and wash hands.
13. Take films to darkroom for developing.

Follow these procedures for developing radiographs:
1. Place 2 paper towels on the counter surface.
2. Turn on safety light, turn off overhead light.
3. Wearing gloves, peel open each exposed radiograph film packet.
4. Place the film without touching on one paper towel.
5. Place empty film packet on the second paper towel.
6. Open all radiographs using the procedure above.
7. Take off gloves.
8. Run radiographs through processor.
9. Turn on light.
10. Discard trash.
11. Disinfect countertop.

- Gloves, masks, labcoats, and safety glasses are worn during x-ray procedures.

- Disposable film holders and biteblocks will be discarded and reusable film holders will be sterilized.
Operating and Safety Procedures
Radiation Protection
Halifax Community College
Dental Hygiene Program

These instructions are provided to you so that the Halifax Community College Dental Hygiene Program can comply with the state rules for radiation control. The North Carolina Division of Radiation Protection enforces the radiation rules in North Carolina. These rules require that our radiation machines meet specific requirements. The rules also require that certain procedures be followed and that certain records be kept. A copy of these rules is always available for you to read and review. It is entitled the North Carolina Regulations for Protection Against Radiation (NCRFPAR) and is stored in the Dental Hygiene Department Head’s office.

The intent of this manual is to establish procedures to minimize radiation exposure of x-ray personnel and patients without sacrificing diagnostic quality. You are required to know the procedures and requirements in this manual and be able to demonstrate that you can use them. After reading this manual and demonstrating that you can use the machines safely and correctly, you must sign and date the “Record for Instruction of Individuals in Operating and Safety Procedure” provided in this manual (See Appendix A). {Rule .0603 (a)(1)(D)}

The rules also require that each x-ray facility be registered with the state. This notification will be posted in the Dental Hygiene Clinic area. All operators of x-ray machines are responsible for following the radiation safety procedures. RDH 1 is the Radiation Safety Office (RSO) and has the responsibility and authority for overseeing matters relating to radiation protection. The RSO also confirms all training and serves as the contact person with the state. Employees should submit all radiation questions or concerns about radiation to the RSO.

All x-ray examinations will be conducted by instructors and “retakes” will be ordered by the dentist assigned clinic responsibilities. No one is allowed to operate x-ray equipment in the HCC Dental Hygiene Facility unless authorized by the RSO.

Operation of X-Ray Equipment:

- Do not allow anyone in the room with the patient during an x-ray examination. {Rule .0603 (E)}

- Use the procedures specified in the HCC Dental Hygiene Student Manual to set up for each routine examination.

- The radiography equipment is preset for mAs, time, and kVp. In addition, posted on the wall next to the exposure button are charts that give the mAs, time and kVp you must use for (select those that apply): bitewings, anterior periapicals, posterior periapicals, panoramic, and cephalometric examinations. {Rule .0603 (C)}

- During each exposure, stand behind the protective barrier and look through the window to view the control during the x-ray examination. {Rule .0607 (e)}

- Do not allow anyone to walk by or into the x-ray operatory during the exposure time.
Use film holders for all examinations to eliminate patients from holding films with their hands.

Do not hold patients or films during exposures. If exceptions are made to this rule, the decision to hold a patient or the film will always be made by the dentist assigned clinic responsibilities. If you are ever instructed to hold a patient or film, wear a lead apron, use forceps or film holder for holding film and stand well away from the useful beam. {Rule .0603 (H)}

Never hold the housing or support housing during any exposure. The tube housing must not drift or move during any exposure. If a problem with stability of the suspension arm develops, notify the RSO so the unit can be serviced.

Dental fluoroscopy without image intensification shall not be used. {Rule .0607 (I)}

**Personnel:**

We are required to have personnel monitoring devices to monitor radiation workers using dental machines if staff, faculty, or students are likely to receive a dose in excess of 10% of the limits in Rule .1604 (a).

The dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, shall not exceed 500 millirem. {Rule .1610 (a)}

If you suspect there has been an excessive exposure or a radiation incident, immediately notify the RSO immediately. The RSO will then notify the Division of Radiation Protection. The address is: Division of Radiation Protection, 3825 Barrett Drive, Raleigh, North Carolina 27609-7221. The telephone number during working hours is (919) 571-4141.

General requirements for radiation safety and your rights and obligations as faculty, students, or staff are found in the NCRFPAR, Section .1600. The specific sections of NCRFPAR that most impact our facility are Rules .0603, .0604, and .0607. You need to read these sections. (See Appendix B in this manual)

X-ray machines are equipped with devices to limit the radiation exposure to patients and employees. These devices include filters that reduce unnecessary low-energy radiation from the primary beam and collimators that restrict the size of the x-ray beam. {Rule .0604 and .0607} Do not alter, remove, tamper with, or defeat these devices, or in any way cause needless radiation exposure.

Our protective lead aprons all contain 0.25 millimeter or more lead equivalence. Use the protective apron on adults of childbearing age and all children. The apron is stored in each of the seven radiography operatories, hanging on the wall. Check the aprons by looking for holes, cracks, or tears. If a defect is found, notify the RSO. {Rule .0603 (a)(1)(C)(iii)}

Use a thyroid shield on all patients unless it interferes with the examination. While this is not a regulatory requirement, it is considered good practice to keep exposure to a minimum.
External Imaging:

- Position the patient and center the beam for all radiography machines (See “Panoramic Radiograph Procedures” and “Operation of Radiographic Operatories” included in this manual).

- If the film appears misaligned, report it to the RSO and do not use the panoramic machine.

- During each exposure, stand behind the protective barrier and use the window to watch the patient during the x-ray examination. {Rule .0604(b)(1)(C)}

Film Processing and Quality Assurance:

Basic Procedure

- Unexposed film is stored in the locked cabinet in the darkroom storage area (See “Dental Radiology Policies” for procedures for obtaining film).

- Process films according to the specifications supplied by the manufacturer.

- Always check expiration dates on the film and the chemicals used in the processor. Do not use films or chemicals after the expiration date.

- Chemicals will be replaced by a student during the clinical assistant rotation according to the manufacturer’s recommended interval or when test limits are exceeded.

- The automatic processors will be monitored and maintained according to instructions in the manufacturer’s operating manual located in the HCC Dental Hygiene Manual and in the Clinic Secretary’s office.
Appendix A

Student Instruction in Radiographic Operating and Safety Procedures for the Halifax Community College Dental Hygiene Program.

In accordance with North Carolina Regulations for Protection Against Radiation (NCRFPAR), these procedures have been made available to each individual who operates the x-ray equipment. I certify that the individuals listed have demonstrated to me, on the date indicated, that he/she is competent in these operating and safety procedures and can operate our x-ray equipment in a safe manner. This was demonstrated by my direct observation of the skills and procedures of the individual listed below and will be documented in the Radiographic Operating and Safety Procedures Manual that is kept on file in the Radiation Safety Officer’s office.

Operator Statement:
I have read these procedures, which are in the Halifax Community College Dental Hygiene Program Clinic Manual, Section IV, and agree to abide by them.

______________________________________          ___________________
Operator’s Signature               Date

________________________________________   ______________________
Radiation Safety Officer                 Date
Certifying Statement

These procedures have been developed to ensure safe radiological working conditions. All staff, faculty, and students working in the Halifax Community College Dental Hygiene Facility must adhere to these procedures. Prior approval must be obtained from the RSO and the Dental Hygiene Department Head for any deviation from these procedures.

In accordance with Rule .1603(c) the RSO and Dental Hygiene Department Head will annually review the radiation protection program content and implementation.

_____________________________________  _______________
Verna V. High, RDH,BS, MDH    Date
Radiation Safety Officer
Operation of Intraoral Radiographic Machines

- The control panel is mounted on the wall outside the rooms. Pressing the on/off switch located on the unit mounted inside the rooms turns on the unit.

- All radiography equipment is preset. When necessary, consult the exposure chart located beside the control panel to determine exposure times as recommended by the manufacturer.

- The exposure button is located outside the door. The exposure button must be held down throughout the exposure. An audible beep will sound when x-rays are being produced.

- The door must be closed when exposing films.

- The student operator is not allowed to hold the film or image receptor in the patient’s mouth.

- To turn off the unit, press the on/off switch located under the x-ray machine.
**Panoramic Radiograph Procedures**

1. Switch on unit. The unit will flash a few messages as it completes its self-test. The time will then appear on the main display and the unit is now ready for use. The machine uses military time.

2. Load the cassette with film in the darkroom with safelight conditions:
   1) Push the latches inwards to open the cassette door.
   2) Place a film in the cassette. Handle the film in accordance with the manufacturer’s instructions, being careful not to damage the intensifying screen.
   3) Close the cassette carefully by pressing the door from below the latches with your thumbs. Hear the latches click into place.

3. Press the “Return Key” to move the cassette carriage to the loading position.

4. Slide the cassette into the cassette carriage. Insert the carriage in the direction of the arrow, supporting the carriage as you insert.

5. Prepare the unit by wiping with a disinfectant wipe.

6. Select the appropriate chin rest.

7. Cover the bite plane and control panel with barriers.

8. Have unit in **Pan** mode.

9. Select child or adult mode.

10. Select the correct exposure values for the patient according to the values posted on the machine. Note the quick select modes on the unit.

11. Press the “Return Key” to move the rotating assembly to the ready position.

12. Press the “Temple” support key to open the supports.

13. Escort the patient into the operatory.

14. Prepare the patient by removing glasses, hearing aids, dentures, earrings, necklaces, hairpins, barrettes, tongue rings, and facial jewelry.

15. Place the appropriate lead apron on the patient.

16. Explain the procedure to the patient.

17. Position the patient:
   1) Press the height adjusting keys to bring up the height of the vertical carriage until the chin rest is slightly higher than the patient’s chin.
   2) Guide the patient so that they are facing the chin rest, holding the client’s arm for support.
   3) Direct the patient to hold the handles.
   4) Ask patient to place the chin on the chin rest, and bite on the bite piece so that the incisal edges of the maxillary and mandibular teeth are in the groove.
   5) Ask the patient to stretch up to reach the chin rest.
   6) Stand behind the patient to verify the client’s shoulders are level.
7) Check to ensure the midsagittal plane is vertical, that the mouth is centered on the bite piece and head is not tilted or turned.
8) Verify the chin is parallel to the floor and back is straight.

18. Press the Focal trough keys to activate positioning light that has an automatic off after 25 seconds.
19. Position apices of lateral incisor/canine in focal trough by using plus (+) or minus (-) keys.
20. Close temporal support.
21. Make a dummy run if patient is nervous. CTL + kV key or CTL = mA key will turn off the radiation. Repeat this procedure to return to the radiation mode.
22. Press “Ready” key to drive the unit to ready position. Indicator light will come on.
23. Direct patient to close his/her eyes, close lips on the bite piece, swallow and place the tongue flat against the roof of the mouth, breath normally, and stand still.
24. Close door.
25. Watch patient through window.
26. Press and hold exposure button for the duration of the exposure (18 seconds).
27. Press “Return” key to return unit to the ready position.
28. Assist patient from x-ray unit.
29. Remove lead apron and return patient’s personal items.
30. Record exposure settings on Radiographic Technique Analysis form (kV, mA, mm in comment section).
31. Escort patient to reception area and ask him/her to wait until x-ray is processed.
33. Have instructor evaluate panorex to determine need for retake.
34. Label film with the patient’s name and date and student’s name.
35. With instructor approval, dismiss patient.
Panorex Radiographic Analysis Form

Student:_____________________________________ Date Submitted:______________

Patient:_____________________________________ Date Exposed:_______________

Exposure Information:  _______         ______          ______ Dentist’s Initials:___________

Panorex films are graded as Pass/Fail and count toward graduation requirements only if the student receives a passing grade.

**Pass** = no more than two errors, and the film is diagnostically acceptable.

**Fail** = three or more errors or the film is diagnostically unacceptable.

Critique the panorex. Check errors that apply below:

- Patient head too far forward, anterior teeth out of focus
- Patient head too far back, wide blurred anterior teeth
- Patient head tilted down and chin positioned back, apices of lower incisors out of focus, chin has pointed appearance, “Jack-O-Lantern” smile
- Patient head tilted up and chin too far forward, upper incisors out of focus, chin has flat appearance
- Patient head tilted, one condyle is larger than the other, image tilted
- Patient head twisted, teeth on one side of the midline appear wide and have sever overlapping of contacts
- Dark shadow in maxilla below palate and maxillary apices obscured, patient’s tongue was not fully placed against the roof of the mouth
- Blurred image, client moved
- Pyramid-shaped opacity in middle of panorex, patient was slumped and spinal column causes ghost image
- Ghost images, earrings, facial jewelry, appliances not removed
- Random white artifacts on film, intensifying screen scratched, film scratched, film scratched in

Processing errors
- dark area on edge of film, light leak
- dark streaks, roller marks
- film too light
- film too dark
- tree-like image, static electricity
- double exposed
- other______________________________________________________________________________

Indicate any pathology, abnormalities, anomalies, or conditions present on the film.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Grade:  Pass    Fail
Instructor: __________________________ Date: ______________

Student: ___________________________ Date: ______________

Please be sure to place one copy of the panorex in the patient’s chart.
**Anatomical Landmarks Identification**

(Check all of the anatomical landmarks you see on the panoramic film)

<table>
<thead>
<tr>
<th>Maxilla And Surrounding Tissues</th>
<th>Mandible and Surrounding Tissues</th>
</tr>
</thead>
<tbody>
<tr>
<td>___Mastoid Process</td>
<td>___Mandibular Condyle</td>
</tr>
<tr>
<td>___Styloid Process</td>
<td>___Sigmoid Notch</td>
</tr>
<tr>
<td>___External Auditory Meatus</td>
<td>___Coronoid Process</td>
</tr>
<tr>
<td>___Glenoid Fossa</td>
<td>___Mandibular Foramen</td>
</tr>
<tr>
<td>___Articular Tubercle</td>
<td>___Lingula</td>
</tr>
<tr>
<td>___Lateral Pterygoid Plate</td>
<td>___Mandibular Canal</td>
</tr>
<tr>
<td>___Maxillary Tuberosity</td>
<td>___Mental Ridge</td>
</tr>
<tr>
<td>___Infraorbital Foramen</td>
<td>___Mental Fossa</td>
</tr>
<tr>
<td>___Orbit of the Eye</td>
<td>___Lingual Foramen</td>
</tr>
<tr>
<td>___Incisive Canal</td>
<td>___Genial Tubercles</td>
</tr>
<tr>
<td>___Incisive Foramen</td>
<td>___Inferior Border of the Mandible</td>
</tr>
<tr>
<td>___Anterior Nasal Spine</td>
<td>___Mylohyoid Ridge</td>
</tr>
<tr>
<td>___Nasal Cavity</td>
<td>___Oblique Ridge</td>
</tr>
<tr>
<td>___Nasal Septum</td>
<td>___Angle of the Mandible</td>
</tr>
<tr>
<td>___Hard Palate</td>
<td>___Cervical Spine</td>
</tr>
<tr>
<td>___Maxillary Sinus</td>
<td>___Mental Foramen</td>
</tr>
<tr>
<td>___Zygomatic Process of the Maxilla</td>
<td></td>
</tr>
<tr>
<td>___Zygoma</td>
<td></td>
</tr>
<tr>
<td>___Hamulus</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Soft Tissue Images</th>
<th>Air Space Images</th>
</tr>
</thead>
<tbody>
<tr>
<td>___Tongue</td>
<td>___Palatoglossal Air Space</td>
</tr>
<tr>
<td>___Soft Palate</td>
<td>___Nasopharyngeal Air Space</td>
</tr>
<tr>
<td>___Lipline</td>
<td>___Glossopharyngeal Air Space</td>
</tr>
<tr>
<td>___Ear</td>
<td></td>
</tr>
</tbody>
</table>

Once the panoramic analysis form has been evaluated by the instructor the student should:

- Initial the analysis form
- Place the analysis form in the appropriate tray in the clinic
- Place the panorex in the appropriate tray in the clinic
Performance Criteria for Bitewing (BWX) Radiographs

General Criteria
1. The film is an acceptable representation of the area exposed.
2. The density of the film is neither too dark nor too light.
3. The images are neither foreshortened nor elongated.
4. The crowns of the teeth are not enlarged or distorted.
5. The proximal contacts are distinct, with no overlapping.
6. The film is free of processing and handling errors.
7. The film is properly identified and mounted.
8. There is equal distribution of both maxillary and mandibular teeth on films.
9. The embossed film dot is at the occlusal or incisal edge of the film.
10. The interproximal alveolar crest and bone level distal to the most posterior erupted tooth is demonstrated.
11. The occlusal plane is straight or slightly curved from mesial to distal.

Criteria for Right and Left Molar Interproximal Bitewings
1. Placed horizontally.
2. Size 2 film (film size should be appropriate for dentition)
3. Demonstrate no more than the distal portion of the second premolar.
4. The entire first, second, and third molar crowns must be present.
5. Bone level distal to the last erupted tooth is visible.
6. Interproximal spaces are open with emphasis between maxillary first molar and second molar.
7. There is equal distribution of maxillary and mandibular crowns.

Criteria for Right and Left Premolar Interproximal Bitewings
1. Place horizontally
2. Size 2 film (film size should be appropriate for dentition)
3. Demonstrate no less than the distal portion of the canine crowns.
4. All of the first and second premolar and the first molar crowns and mesial of second molar crowns are visible.
5. Interproximal spaces are open with emphasis on the maxillary first and second premolar.
6. There is equal distribution of maxillary and mandibular crowns.

Criteria for Right and Left Molar Vertical Bitewings
1. Placed vertically.
2. Size 2 film.
3. Demonstrate 1/8 inch of bone distal to the last erupted tooth and as much of the maxillary and mandibular third, second, and first molars as possible.
4. Interproximal spaces are open with emphasis on the maxillary first and second molars.
5. There is equal distribution of crowns.

Criteria for Right and Left Premolar Vertical Bitewings
1. Placed vertically.
2. Size 2 film.
3. Demonstrate no less than the distal portion of the maxillary and mandibular canine crowns.
4. All of the first and second premolar crowns and some of the first molar crowns are visible.
5. Interproximal spaces are open with emphasis on the maxillary first and second premolar.
6. There is equal distribution of crowns.
Performance Criteria for Intraoral Periapical Radiographs

General Criteria
1. The film is an acceptable representation of the area radiographed.
2. The density of the film is neither too dark nor too light.
3. The images are neither foreshortened nor elongated.
4. The proximal contacts are distinct, with no overlapping.
5. A minimum of 1/8 inch of alveolar bone is visible beyond the apices and crowns of the teeth.
6. The apex of each tooth is visible at least once, preferable twice on a full mouth series.
7. A margin of at least 1/8 inch exists from the tooth crowns to the film edge.
8. The film is free of processing and handling errors.
9. The occlusal plane is straight or slightly curved upward toward the distal.
10. The film is properly identified and mounted correctly.

Criteria for MAXILLARY Right and Left MOLAR Periapicals
1. Placed horizontally.
2. Size 2 film.
3. Demonstrate the first, second, and third molar.
4. No more than the distal portion of the second premolars should show, though it is not necessary to demonstrate any of the second premolar or the mesial of the first molar.
5. Interproximal spaces are open with emphasis between the first and second molar.
6. The maxillary tuberosity must be present.

Criteria for MAXILLARY Right and Left PREMOLAR Periapicals
1. Placed horizontally.
2. Size 2 film.
3. Demonstrate no less than the distal portion of the maxillary canine, the entire first and second premolars, the first molar, and the mesial portion of the second molar.
4. Interproximal spaces are open with emphasis on the first and second premolar.

Criteria for MAXILLARY Right and Left LATERAL/CANINE Periapicals
1. Placed vertically.
2. Size 1 film.
3. Demonstrate the entire lateral incisor, entrie canine, and distal portion of the central incisor and mesial portion of the premolar.
4. The lateral/canine interproximal is centered on the film.
5. Interproximal spaces are open with emphasis between the lateral incisor and canine.

Criteria for the MAXILLARY CENTRAL Periapical
1. Placed vertically.
2. Size 2 film.
3. The maxillary central interproximal space is centered on the film.
4. Demonstrate the central incisors, lateral incisors, and proximal of canines.
5. Interproximal spaces are open with emphasis between the central incisors.
Criteria for the MANIDBULAR Left and Right MOLAR Periapicals
1. Placed horizontally.
2. Size 2 film.
3. Demonstrate the first, second, and third molars. No more than the distal portion of the second premolars should show, though it is not necessary to demonstrate any of the second premolar or the mesial of the first molar.
4. Interproximal spaces are open with emphasis between the first and second molar.
5. The retromolar area is open.

Criteria for MANDIBULAR Left and Right PREMOLAR Periapicals
1. Placed horizontally.
2. Size 2 film.
3. Demonstrate no less than the distal portion of the mandibular canine, the entire first and second premolar, the first molar, and the mesial portion of the second molar.
4. Interproximal spaces are open with emphasis on the first and second premolar.

Criteria for MANDIBULAR Left and Right CANINE Periapicals
1. Placed vertically.
2. Size 1 film.
3. The lateral/canine interproximal space is centered on the film.
4. Demonstrate the entire lateral incisor and canine, the distal portion of the central incisor and the mesial portion of the premolar.
5. Interproximal spaces are open with emphasis between the lateral incisor and canine.

Criteria for MANDIBULAR CENTRAL Periapical
1. Placed vertically.
2. Size 1 film.
3. All mandibular incisors are present.
4. The interproximal space between mandibular central incisors is centered on the film.
5. The mesial aspect of the mandibular right and left canines are present.
6. Interproximal spaces are open with emphasis between the central and lateral incisors.
Radiographic Exposure Procedure

1. Following HCC Infection Control Protocol, clean and disinfect the operatory.
2. Place barriers on the patient dental chair, x-ray head, exposure panel, light handles, and door handle.
3. Obtain film needed from the instructor. Sign for film in Radiation Film Log-In book.
4. Place at least 2 pieces of paper towel on the bracket tray.
5. Label two cups, one with “unexposed” and one with “exposed”.
6. Assemble and ready all supplies and PID.
7. Escort the patient to the x-ray operatory.
8. Instruct the patient to rinse with antibacterial mouth rinse for one minute.
10. Remove all intraoral appliances, eyeglasses, and intraoral jewelry.
12. Process film, mount and consult with instructor to determine need for retakes. Must have Consulting Dentist approve and monitor all retakes.
13. If necessary, return to radiography operatory and expose retakes.
14. Expose and mount retakes. Dismiss patient with instructor approval or seat patient in your operatory.
15. Have the clinic-consulting dentist review your diagnostic series for pathology. The dentist must sign your technique form in the upper right hand corner to verify the review process and that the findings have been discussed with your patient.
16. Clean radiography room by removing all barriers, disinfecting countertops and cabinets, chair and stool.
17. Place radiographs in patient chart, complete treatment record, and return to clinic manager or continue care in your operatory.
Halifax Community College  
Dental Hygiene Radiographic Technique and Analysis Form

Student ____________________________    Date Submitted _______________     ___________

Patient _____________________________   Age _________           Date Exposed ___________

Radiographic Series____________________________________________   Grade___________

<table>
<thead>
<tr>
<th>Radiographic Area</th>
<th>Error and Reason</th>
<th>Error Point(s) (For Instructor)</th>
<th>Retake Point Deduction (Dr.’s initials)</th>
<th>Radiographic Interpretation Anatomical Abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Max rt molar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Max rt premolar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Max rt lateral/canine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Max centrals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Max left lateral/canine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Max left premolars</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Max left molars</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Mand. left molars</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Mand left premolars</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Mand left lat/canine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mand centrals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Mand rt lat/canine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Mand rt premolars</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Mand rt molars</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Right molar bitewing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Right premolar bitewing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Left premolar bitewing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Left molar bitewing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Points</strong></td>
<td><strong>Total Pts</strong></td>
<td><strong>Total Pts</strong></td>
<td><strong>Final Grade</strong></td>
<td>/ ________ /student ‘s initials</td>
</tr>
</tbody>
</table>

Course___________________________

Exposure Requirement (BWX, FMX) _____________________________________
Radiographic Analysis Guidelines and Abbreviations

<table>
<thead>
<tr>
<th>B</th>
<th>Film exposed backward</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Cone cut</td>
</tr>
<tr>
<td>D</td>
<td>Density</td>
</tr>
<tr>
<td>E</td>
<td>Elongation</td>
</tr>
<tr>
<td>F</td>
<td>Foreshortening</td>
</tr>
<tr>
<td>H</td>
<td>Horizontal</td>
</tr>
<tr>
<td>MV</td>
<td>Movement (film or patient)</td>
</tr>
<tr>
<td>MT</td>
<td>Mounted incorrectly</td>
</tr>
<tr>
<td>MA</td>
<td>Missing apex</td>
</tr>
<tr>
<td>MC</td>
<td>Missing crown</td>
</tr>
<tr>
<td>O</td>
<td>Other (specify)</td>
</tr>
<tr>
<td>P</td>
<td>Packet placement</td>
</tr>
<tr>
<td>PR</td>
<td>Processing error</td>
</tr>
<tr>
<td>U</td>
<td>Unequal distribution</td>
</tr>
</tbody>
</table>

Please make notations on analysis forms when there is an anatomical reason for an error, e.g. crowded or mal-positioned teeth, or if there are other reasons for technical errors.

Once the analysis form has been graded by the instructor:
1. Please initial the grade
2. Return the analysis form to the appropriate tray in the clinic
3. Place the patient radiographs in the appropriate tray in the clinic
4. Give the DXXTR radiographs to the instructor along with the analysis form

Retakes
2.5 points will be deducted for each retake film / 1 minimum retake for BWX series 3 minimum retakes for FMX series
Retake films should be placed in coin envelopes with the patient’s name, student’s name, date of exposure, and the word “Retake”
The coin envelope should be attached to the analysis form

Bitewing Grading
Each exposure in an adult four-bitewing film series and a mixed/pedo two-film series will be graded as follows:
film position 1 - 5 points
cone position 1 - 5 points
vertical angle 1 - 5 points
horizontal angle 1 - 5 points
Total possible points for an adult four-film bitewing series is 80
Total possible points for a mixed/pedo or adult two-film bitewing series is 40
Divide total number of points received by 80 or 40 to get grade percentage
Points will be deducted for incomplete film mount label

FMX Grading
Each film in the series will be evaluated as follows:
film position 1 - 5 points
cone position 1 - 5 points
vertical angle 1 - 5 points
horizontal angle 1 - 5 points
correct mounting in the FMX series is worth 5 points
correct film mount label completion in the FMX is worth 5 points
Total possible points is 100
Total number of penalty points subtracted from 100 equals grade

*SEE EACH INDIVIDUAL COURSE SYLLABUS FOR GRADING CRITERIA*

**THE GRADE IS RECORDED AFTER THE STUDENT INITIALS THE ANALYSIS FORM AND RETURNS IT TO THE INSTRUCTOR**
Radiographic Series Grading Policies

 After exposing and processing radiographs, all films must be evaluated for diagnostic quality by clinical faculty before the patient is dismissed. Consulting Dentist must initial at top of Radiographic Analysis and Technique Form that approval has been given to dismiss patient. Failure to obtain this approval will result in a 0 grade for the series.

 Students have one week from retake approval to process, mount, critique, and submit radiographs for grading unless written permission is granted by the instructor. All radiographs will be turned in whether diagnostically acceptable or not.

 Students are not to accept help from other students or instructors while critiquing films. To do so will be considered cheating and may result in dismissal from the Dental Hygiene Program.

 Withholding films from faculty evaluation is unethical and unacceptable behavior. This behavior is grounds for dismissal from the program.

 Five points will be deduced from the radiology grade for each day film surveys are late beyond the one-week period. The instructor grading the films has the right to approve exceptions. The five points per day does not include weekends.

Radiographic Grading Per Course

<table>
<thead>
<tr>
<th>Course</th>
<th>Requirement</th>
<th>Minimum Grade %</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEN 112</td>
<td>BWX</td>
<td>80</td>
</tr>
<tr>
<td>DEN 112</td>
<td>FMX</td>
<td>77</td>
</tr>
<tr>
<td>DEN 131</td>
<td>BWX</td>
<td>85</td>
</tr>
<tr>
<td>DEN 131</td>
<td>FMX</td>
<td>77</td>
</tr>
<tr>
<td>DEN 141</td>
<td>BWX</td>
<td>88</td>
</tr>
<tr>
<td>DEN 141</td>
<td>FMX</td>
<td>80</td>
</tr>
<tr>
<td>DEN 221</td>
<td>BWX</td>
<td>90</td>
</tr>
<tr>
<td>DEN 221</td>
<td>FMX</td>
<td>83</td>
</tr>
<tr>
<td>DEN 231</td>
<td>BWX</td>
<td>93</td>
</tr>
<tr>
<td>DEN 231</td>
<td>FMX</td>
<td>85</td>
</tr>
</tbody>
</table>

Full Mouth Series (FMX) for Course Requirements:
Minimum of 20 teeth
Minimum of 12 films

Bitewing (BWX) Course Requirements:
If there is only one premolar, the contact area to open in the premolar exposure is between the first molar and the existing premolar

If there is mixed dentition, the contact area to open in the molar exposure is between the first and second primary molar

Remediation with DXTTR is required with an instructor after failing two (2) requirements
Retaking Patient Films

- The attending clinic dentist will decide which patient film retakes are necessary and put his/her initials in the appropriate column on the Radiographic Technique and Analysis Form.

- The student will request the instructor review the radiograph and must have the unacceptable/non-diagnostic radiograph available for the instructor to determine the error made.

- The instructor must initial for approval for retakes. It is the student’s responsibility to secure the instructor’s initials. Failure to obtain the initials before exposing films results in the loss of 2 points per film.

- An instructor must be present in the room with the student when retaking a radiograph. Failure to receive instructor assistance for retakes will result in a grade of “0” for the set of radiographs.

- After processing the retake, the error film will be taken out of the mount, placed in a coin envelope, and replaced in the film mount with the retake film. The student will critique the retake.

- The error film will be placed in a coin envelope and complete the necessary information on the envelope including the patient’s name, date, the radiographic exposure, and the student’s name.

- When exposing radiographs on a patient, the student is allowed a maximum of:
  
  1 retake on an interproximal series (BWX)
  3 retakes on a full mouth series (FMX)

- Retakes are indicated only when the determined cause for the error can be corrected.

- Retakes are taken to improve the diagnostic quality of an x-ray, not to improve the student’s grade.
Scheduling Patients for Radiographs

- The HCC Dental Hygiene Program will follow the U.S. Dept. of Health and Human Services: *The Selection of Patients for Dental Radiographic Examinations. Revised 2004 by the American Dental Association: Council on Dental Benefit Program, Council on Dental Practice, Council on Scientific Affairs "Guidelines for Prescribing Dental Radiographs".*

- The dental hygiene instructor may dismiss patients whose appointments have not been properly recorded in the appointment book through the Clinic Manager. All appointments must be confirmed with the Clinic Manager in advance.

- Students should have a personal appointment book, which must correspond with the Clinic Manager’s clinic appointment schedule.

- Students may not schedule more than two patients in one clinic session.

- Appointments will be scheduled according to the following guidelines:
  - FMX – 45 minutes
  - BWX – 20 minutes
  - Retakes – 5 minutes

- Included in the appointment entry are:
  - Patient’s name
  - Student’s name
  - Length of appointment time required
  - Service to be rendered

- Students will confirm all appointments in advance with the patient.

- Patients will not be scheduled within 20 minutes of the end of a clinic session.

- Processing must be completed within 10 minutes prior to the end of each clinic session.
Submitting Patient Radiographs for Grading

Procedure for Submitting Radiographs for a Grade

1. After exposing, processing, and mounting the radiographs, evaluate them using the Radiographic Analysis and Technique Form
2. The x-ray mount should be labeled with the patient’s name, date, and the student’s name
3. There should be two sets of radiographs, one should be kept in the patient’s chart at all times, and the other set submitted for grading
4. Place all retake films in a coin envelope with the patient’s name, date, and the student’s name, and labeled “Retakes”
5. The student should submit a set of the mounted radiographs, the completed Radiographic Analysis Form and the “Retake” coin envelope for grading

After Radiographs are Graded

1. The instructor will return the graded radiographs and the Radiographic Analysis Form to the student
2. The student will initial the Radiographic Analysis Form
3. If the student disagrees with the grade, s/he should see the instructor who graded the survey to discuss any discrepancies
4. The Analysis Form is given to the course instructor and the graded radiographs are filed in the patient’s chart
5. All radiographic grade sheets are retained by the course instructor
Section 5:
Dental Hygiene
Course Descriptions
DEN 110 Orofacial Anatomy
This course introduces the structures of the head, neck, and oral cavity. Topics include tooth morphology, head and neck anatomy, histology, and embryology. Upon completion, students should be able to relate the identification of normal structures and development to the practice of dental assisting and dental hygiene.
PREREQUISITES: Acceptance into the Dental Hygiene Program
COREQUISITES: None

DEN 111 Infection/Hazard Control
COURSE DESCRIPTION:
This course introduces the infection and hazard control procedures necessary for the safe practice of dentistry. Topics include microbiology, practical infection control, sterilization and monitoring, chemical disinfectants, aseptic technique, infectious diseases, OSHA standards, and applicable North Carolina laws. Upon completion, students should be able to understand infectious diseases, disease transmission, infection control procedures, biohazard management, OSHA standards, and applicable North Carolina laws.
PREREQUISITES: Acceptance into the Dental Hygiene Program
COREQUISITES: None

DEN 112 Dental Radiography
COURSE DESCRIPTION:
This course provides a comprehensive view of the principles and procedures of radiology as they apply to dentistry. Topics include techniques in exposing, processing, and evaluating radiographs, as well as radiation safety, quality assurance, and legal issues. Upon completion, students should be able to demonstrate proficiency in the production of diagnostically acceptable radiographs using appropriate safety precautions.
PREREQUISITES: None
COREQUISITES: None

DEN 120 Dental Hygiene Preclinic Lecture
COURSE DESCRIPTION:
This course introduces preoperative and clinical dental hygiene concepts. Emphasis is placed on the assessment phase of patient care as well as the theory of basic dental hygiene instrumentation. Upon completion, students should be able to collect and evaluate patient data at a basic level and demonstrate knowledge of dental hygiene instrumentation.
PREREQUISITES: None
COREQUISITES: DEN 121
DEN 121 Dental Hygiene Preclinic Lab
COURSE DESCRIPTION: This course provides the opportunity to perform clinical dental hygiene procedures discussed in DEN 120. Emphasis is placed on clinical skills in patient assessment and instrumentation techniques. Upon completion, students should be able to demonstrate the ability to perform specific preclinical procedures.
PREREQUISITES: None
COREQUISITES: DEN 120

DEN 123 Nutrition/Dental Health
COURSE DESCRIPTION: This course introduces basic principles of nutrition with emphasis on nutritional requirements and their application to individual client needs. Topics include the study of the food pyramid, nutrient functions, Recommended Daily Allowances, and related psychological principles. Upon completion, students should be able to recommend and counsel individuals on their food intake as related to their dental health.
PREREQUISITES: DEN 110, DEN 111, DEN 112, DEN 120, DEN 121
COREQUISITES: Acceptance into the Dental Hygiene Program

DEN 124 Periodontology
COURSE DESCRIPTION: This course provides an in-depth study of the periodontium, periodontal pathology, periodontal monitoring, and the principles of periodontal therapy. Topics include periodontal anatomy and a study of the etiology, classification, and treatment modalities of periodontal diseases. Upon completion, students should be able to describe, compare, and contrast techniques involved in periodontal/maintenance therapy, as well as patient care management.
PREREQUISITES: DEN 110
COREQUISITES: Acceptance into the Dental Hygiene Program

DEN 125 Dental Office Emergencies
COURSE DESCRIPTION: This course provides a study of the management of dental office emergencies. Topics include methods of prevention, necessary equipment/drugs, medicolegal considerations, recognition and effective initial management of a variety of emergencies. Upon completion, the student should be able to recognize, assess and manage various dental office emergencies and activate advanced medical support when indicated.
PREREQUISITES: Acceptance into Dental Hygiene program
COREQUISITES: None
DEN 130 Dental Hygiene Theory I  
COURSE DESCRIPTION: This course continues skill development in providing an oral prophylaxis and patient care. Emphasis is placed on treatment of the recall patients with gingivitis or light deposits. Upon completion, students should be able to assess these patients' needs and complete the necessary dental hygiene treatment.  
PREREQUISITES: DEN 120  
COREQUISITES: DEN 131

DEN 131 Dental Hygiene Clinic I  
COURSE DESCRIPTION: This course continues skill development in applying patient care assessment, planning, implementation, and evaluation skills to provide comprehensive care. Emphasis is placed on treatment of patients with gingivitis or light deposits. Upon completion, students should be able to assess these patients’ needs and complete the necessary dental hygiene treatment.  
PREREQUISITES: DEN 120, DEN 121  
COREQUISITES: DEN 130

DEN 140 Dental Hygiene Theory II  
COURSE DESCRIPTION: This course continues skill development in providing an oral prophylaxis. Emphasis is placed on treatment of the recall patients with gingivitis or light deposits. Upon completion, students should be able to assess these patients' needs and complete the necessary dental hygiene treatment.  
PREREQUISITES: DEN 120, DEN 121, DEN 112, DEN 125, DEN 111, DEN 123, DEN 110  
COREQUISITES: DEN 141

DEN 141 Dental Hygiene Clinic II  
COURSE DESCRIPTION: This course continues skill development in providing an oral prophylaxis. Emphasis is placed on treatment of the patients with early periodontal disease and subgingival deposits. Upon completion, students should be able to assess these patients' needs and complete the necessary dental hygiene treatment.  
PREREQUISITES: DEN 120, DEN 121, DEN 112, DEN 125, DEN 111, DEN 123, DEN 110  
COREQUISITES: DEN 140

DEN 220 Dental Hygiene Theory III  
COURSE DESCRIPTION: This course provides a continuation in developing the theories and practices of client care. Topics include periodontal debridement, pain control, subgingival irrigation, air polishing, and case presentations. Upon completion, students should be able to demonstrate knowledge of methods of treatment and management of periodontally compromised clients.  
PREREQUISITES: DEN 140  
COREQUISITES: DEN 221
DEN 221 Dental Hygiene Clinic III
COURSE DESCRIPTION: This course provides an in-depth study of the periodontium, periodontal pathology, periodontal monitoring, and the principles of periodontal therapy. Topics include periodontal anatomy and a study of the etiology, classification, and treatment modalities of periodontal diseases. Upon completion, students should be able to describe, compare, and contrast techniques involved in periodontal maintenance therapy, as well as patient care management.
PREREQUISITES: DEN 141
COREQUISITES: DEN 220

DEN 222 General and Oral Pathology
COURSE DESCRIPTION:
This course provides a general knowledge of oral pathological manifestations associated with selected systemic and oral diseases. Topics include developmental and degenerative diseases, selected microbial diseases, specific and nonspecific immune and inflammatory responses with emphasis on recognizing abnormalities. Upon completion, students should be able to differentiate between normal and abnormal tissues and refer unusual findings to the dentist for diagnosis.
PREREQUISITES: BIO 163 or BIO 165 or BIO 168, DEN 110, DEN 111
COREQUISITES: None

DEN 223 Dental Pharmacology
COURSE DESCRIPTION: This course provides basic drug terminology, general principles of drug actions, dosages, routes of administration, adverse reactions, and actions on the systems of the body. Emphasis is placed on knowledge of drugs in both overall understanding of patient histories and health status. Upon completion, students should be able to recognize that each patient’s general health or drug usage may require modification of the treatment procedures.
PREREQUISITES: CHM 130, DEN 125
COREQUISITES: BIO 163 OR BIO 165 OR BIO 168

DEN 224 Dental Materials & Procedures
COURSE DESCRIPTION:
This course introduces the physical properties of materials and related procedures used in dentistry. Topics include restorative and preventative materials, fabrication of casts and appliances, and chairside functions of the dental hygienist. Upon completion, students should be able to demonstrate proficiency in the laboratory and/or clinical application of routinely used dental materials and chairside functions.
PREREQUISITES: Dental Hygiene, second year standing
COREQUISITES: None
DEN 230 Dental Hygiene Theory IV
COURSE DESCRIPTION: This course provides an opportunity to increase knowledge of the profession. Emphasis is placed on dental specialties and completion of a case presentation. Upon completion, students should be able to demonstrate knowledge of various disciplines of dentistry and principles of case presentations.
PREREQUISITES: DEN 220
COREQUISITES: DEN 231

DEN 231 Dental Hygiene Clinic IV
COURSE DESCRIPTION: This course continues skill development in providing an oral prophylaxis. Emphasis is placed on periodontal maintenance and on treating clients with moderate to advanced/refractory periodontal disease. Upon completion, students should be able to assess these clients’ needs and complete the necessary dental hygiene.
PREREQUISITES: DEN 221
COREQUISITES: DEN 230

DEN 232 Community Dental Health
COURSE DESCRIPTION: This course provides a study of the principles and methods used in assessing, planning, implementing, and evaluating community dental health programs. Topics include epidemiology, research methodology, biostatistics, preventative dental care, dental health education, program planning, and financing and utilization of dental services. Upon completion, students should be able to assess, plan, implement, and evaluate a community dental health program.
PREREQUISITES: Acceptance into the dental hygiene program
COREQUISITES: None

DEN 233 Professional Development
COURSE DESCRIPTION: This course includes professional development, ethics, and jurisprudence with applications to practice management. Topics include conflict management, state laws, resumes, interviews, and legal liabilities as health care professionals. Upon completion, students will be able to demonstrate the ability to practice dental hygiene within established ethical standards and state laws.
PREREQUISITES: Acceptance into the dental hygiene program
COREQUISITES: None
Section 6:
Dental Laboratory
Policies and Procedures
Dental Laboratory Infection Control Policies

- Laboratory materials and other items that have been used in the mouth such as impressions, bite registrations, fixed and removable prostheses, and orthodontic appliances will be cleaned and disinfected before being manipulated in the laboratory, whether on-site or remote location. These items will also be cleaned and disinfected after manipulation and before placement in the patient’s mouth.

- Before sending to a lab, Impressions, casts, fixed/removeable prosthesis, and bite registrations will be rinsed to remove debris and disinfected with disinfectant and placed in a plastic bag for 10 minutes. After disinfection, the pieces will be rinsed, disinfected, rinsed and dried again, packaged, and labeled with appropriate information. If the patient is a known carrier of a disease, the package will be labeled with a biohazard warning label.

- All instruments and items used in the lab will be sterilized or disposed of according to HCC guidelines.

- Polishing agents will be discarded after use.

- Protective barriers used in clinic apply in the lab including the use of gloves, safety glasses, lab coats, and face masks. Do not wear gloves when operating the lathe as this may cause hand injuries.

- Eating and drinking are not allowed in the lab.
Dental Laboratory Policies

The manipulation of restorative materials is of the utmost importance in the quality of any dental restoration. Students should always make every effort to manipulate each material properly in order to provide the best quality of restorative dentistry possible.

Lab Exercises

- Prior to each lab, each student will review the lab exercises for the day. It is the student’s responsibility to familiarize himself/herself with the lab.

Demonstrations

- At the beginning of each lab, a demonstration will be given on the materials to be used in the lab for that class period. At this time, students should ask any questions relating to the techniques. It is the student’s responsibility to observe and take notes.

Proficiencies

- Each material mixed in the lab during exercises will be mixed again in front of an instructor for a grade. In order to pass proficiency, the student must score an 85% or better and produce a clinically usable product. Class time will be provided for the grading. If a student fails to properly mix the material, he/she must repeat the exercise and be retested on his/her own time or during a make-up lab. Ten points will be deducted for each subsequent attempt.

Assistance

- If a student requires an instructor’s assistance during lab, he/she should raise his/her hand. When the instructor arrives, the student should explain his/her reason for requesting assistance. Each student is welcomed to ask the instructor for advice, consultation, and assistance. Instructors are present to aid and assist the student’s training and development.

Trays

- Alginate trays will be used often by students. When autoclavable trays are used each student must clean the trays he/she uses. Each tray will be free of all wax and debris and placed in the container of tray cleaner located on the counter in the Dental Lab Classroom. After it has been thoroughly cleaned, the tray is then placed in a clean autoclave bag. The lab aide is responsible for autoclaving and putting away the trays. Disposable trays will be discarded as regulated waste.
Lab Aides

- Students will be assigned to monitor the dental materials lab each week. Assignments will be posted in the Dental Materials Lab Manual.

- The lab aides will be responsible for the following:
  1. Putting away all supplies at the end of each lab session.
  2. Cleaning counters and lab stools.
  3. Replenishing supplies/materials such as model gloss, plaster, cements, restorative material.
  4. Notifying the instructor when supplies/materials are almost depleted.
  5. Cleaning model trimmers.
  6. Cleaning sinks.
  7. Cleaning lathes.
  8. Autoclaving alginate trays and putting them away.
 10. Disinfecting all instruments.

- The lab aides will be responsible for the lab during the entire week. Significantly, the lab aide holds this responsibility even when the materials lab is not in session. The lab aides should check the lab throughout the day to ensure that all students are cleaning their work areas. If at any time the lab is found to be disorderly, the lab aides will be held accountable.

Lab Access

- Students who wish to work in the lab must notify the supervising dental faculty member.

- Each student must sign in and have an instructor check them out before leaving. The sign up sheet is located on the Dental Materials Lab door.

- The lab must be cleaned before leaving. It is the student’s responsibility to:
  1. Put away supplies.
  2. Clean counters and lab stools.
  3. Replenish supplies, if necessary.
  4. Clean model trimmers.
  5. Clean sinks.
  6. Clean lathes.
  7. Sterilize autoclavable alginate trays and place them on the proper rack.

- Student lab privileges will be revoked if a student does not clean the work area and/or if the student does not check out with the faculty member.
Dental Laboratory Safety Precautions

General Precautions

❖ Handle chemicals in accordance with manufacturers’ instructions.

❖ Avoid skin contact with chemicals. Should the skin or mucous membranes come in contact with chemicals, immediately rinse/flush involved area with water and notify the instructor to determine whether any further first aid measures are needed.

❖ Always wash hands with soap and water after working with the chemicals.

❖ Do not leave chemical bottles open. Minimize chemical vapors in the air.

❖ Should a chemical spill occur, immediately notify the instructor so that proper clean-up procedures may be implemented.

❖ Do not use an open flame near chemicals.

❖ Do not eat, drink, or smoke in the lab or where chemicals are used.

❖ Wear protective eyewear, masks, gloves, and clothing when working with hazardous materials.

❖ Uniform scrubs are recommended for wear in the lab.

❖ Avoid touching eyes, nose, and mouth while handling chemicals.

❖ Wipe off bottles, cans, etc. after use. This will help remove any chemical residue that may remain and avoid further exposure to the chemicals.

❖ Flames of any kind will be used only with direct faculty supervision. Never leave your station with an open flame. Turn off the flame before leaving your workstation for any reason.

❖ Watches may be worn, but all other jewelry is to be stored with your personal belongings. Chemicals may corrode jewelry and microorganisms attach to jewelry, making cleaning difficult.

❖ Hair must be pulled back and away from the face during lab sessions.

❖ Students who do not adhere to these policies will be asked to leave the lab. Accordingly, they will receive an absence for the day.

Precautions When Using Equipment and Tools

❖ Do not allow your pockets to become “tool chests”. Keep instruments out of your pockets.

❖ Before leaving, all power equipment must be turned off.
Automatic chucks will be used on lathes. Change wheels and brushes at low speeds or when the machine is in the “off” position.

Hair must be pulled back so that it will not catch in running equipment.

When inserting or removing electrical plugs, grasp the plug and not the cord.

Unplug electrical equipment when not in use.

Keep floors clean. Immediately wipe up powders and spilled non-hazardous liquids.

If skin or hands become irritated, report to the instructor immediately.

If any injury occurs, report to the instructor immediately.

Protect your table with a paper cover at all times.

Keep your work area free of all personal belongings that you will not use during the procedures.

**Chemical Spills and Leaks**

When chemical spills occur, they must be cleaned up immediately to avoid injuries, fire, explosion, or other dangerous situations.

If a chemical spill occurs, notify the instructor immediately.

The individual who cleans the spill must wear appropriate personal protective barriers. The MSDS sheet for the chemical must be utilized for information on proper clean up procedures.

For hazardous chemicals that require special spill kits (mercury), follow all directions for proper use.

All chemical leaks must be reported immediately to the instructor.
Dental Materials Lab Supplies

Policies

- The Dental Hygiene Program provides for the students most of the materials needed for use in the dental materials lab. This is a privilege not to be abused.

- Supplies should not be wasted. Limits are not placed on the amount a student uses for the completion of a lab or to reach proficiency; however, students should be careful not to drop, spill, or contaminate materials.

- Materials containers must be wiped clean and returned to cabinets.

- Molds must be left clean, free of stone and plaster.

- Bins of stone and plaster must be kept closed and scoops not transferred from one to another.

- When students notice that supplies are running low, they must advise an instructor.

Lab Kit Requirements

- Each student will be issued instruments and supplies at no cost.

- If an instrument becomes lost, damaged, or stolen, the student will replace it at the current dental supply cost.

- Instruments and supplies will be kept locked in drawers provided.

Student Supplies

- Student will purchase and bring to all lab sessions:
  - Protective lenses
  - 1 sheet of waterproof sandpaper
  - Pencil
  - Lab jacket
  - Knee high hose
  - Ink pen

- Lab Materials Set:
  - 1 Small green rubber bowl
  - 1 Medium green rubber bowl
  - Alginate water/powder measure
  - Alginate scoop
  - Ruler
  - Hollenback Carver
  - Dappen dish
  - Plastic Instrument
  - Burnisher
  - Curved Scissors
  - Cement spatula
  - Plaster spatula
  - Lab Knife
  - #7 Wax spatula
  - Lab pan
  - Cleoid/discoid
  - Glass Slab
  - Cotton Pliers
  - CD Carver
Items Available for Specific Lab Exercises:
- Cotton pliers
- Glass slab
- Parchment mixing pad
- Amalgam carrier
- Dentiform
- Composite mixing pad
- Small cement spatula
- Amalgam well

Expendable Items:
- 2 x 2 Gauze squares
- Mixing Sticks
- Adhesive
- Vaseline
- Alcohol
- Tongue depressors
- Paper cups
Model Trimmers

- Model trimmers are very expensive. The machines must be properly cared for if they are to be kept running. Each student will take the responsibility to keep them properly maintained.

Operating Instructions for Model Trimmers

1. Check to make sure the machine is plugged in.
2. Check to make sure the wheel is clean.
3. Check to make sure the spray tube is not clogged.
4. Turn on water valve on the side of the machine.
5. Turn on machine.
6. Water must run over the wheel at all times.
7. Adjust the water spray so water does not splash.
8. Allow the machine and water to run for two minutes. Machines will often vibrate when first started due to water settling in the lower portion of the wheel. Running the machine for a short while will counteract the vibration.
9. If the machine fails to start properly or begins to smoke, turn the machine off and notify an instructor immediately. Continued use will burn up the motor.

At the End of Use

1. Allow the wheel to run for two minutes.
2. Use hand sprayer to spray water over the wheel.
3. Stop the machine.
4. Use nailbrush to scrub angle plate and wheel.
5. Turn machine on and give a final rinse.
6. Clean out plaster trap on the side of the machine.
7. Wipe off thoroughly to make sure no stone or plaster is left on the machine.
Section 7: Clinic Policies and Procedures
Antibiotic Pre-med Recommendations

Joint Replacements: Please refer to the following attachment

Heart Conditions:

Antibiotic prophylaxis is recommended for a small number of people who have specific heart conditions. The American Heart Association has guidelines identifying people who should take antibiotics prior to dental care.

According to these guidelines, antibiotic prophylaxis should be considered for people with:

- Artificial heart valves.
- A history of an infection of the lining of the heart or heart valves known as infective endocarditis.
- A heart transplant in which a problem develops with one of the valves inside the heart.
- Heart conditions that are present from birth, such as:
  - Unrepaired cyanotic congenital heart disease, including people with palliative shunts and conduit.
  - Defects repaired with a prosthetic material or device—whether placed by surgery or catheter intervention—during the first six months after repair.
  - Cases in which a heart defect has been repaired, but a residual defect remains at the site or adjacent to the site of the prosthetic patch or prosthetic device used for the repair.
AAOS, ADA Release CPG for Prophylactic Antibiotics

New guideline includes shared decision-making tool, implications for practice

Leeaht Gross, MPH

At their meeting on Dec. 7, 2012, the AAOS Board of Directors approved a new clinical practice guideline (CPG) on “The Prevention of Orthopaedic Implant Infections in Patients Undergoing Dental Procedures.” The evidence-based CPG, the first to be codeveloped by the AAOS and the American Dental Association (ADA), includes three recommendations (See Table 1) and will replace previous AAOS information statements on the topic.

According to David S. Jevsevar, MD, MBA, chair of the AAOS Evidence-Based Practice Committee, recommendation 1 is supported by limited evidence, but has the highest level of available evidence of the three recommendations. It proposes that the practitioner consider changing the longstanding practice of routinely prescribing prophylactic antibiotics for patients with orthopaedic implants who undergo dental procedures.

Recommendation 2 addresses the use of oral topical antimicrobials, and recommendation 3 addresses the maintenance of good oral hygiene.

“This guideline was based on research that examined a large group of patients, all having a prosthetic hip or knee, and half with an infected prosthetic joint,” said Elliot Abt, DDS, MS, MSc, one of the ADA representatives on the volunteer workgroup that developed the guidelines. “The limited research suggested that invasive dental procedures, with or without antibiotics, had no effect on the likelihood of developing a periprosthetic joint infection (PJI).”

Background
The previous AAOS information statement, “Antibiotic Prophylaxis for Bacteremia in Patients with Joint Replacements,” was published in 2003 and updated in 2009. Both information statements were developed as educational tools and based solely on the opinion of the authors. This new collaborative Clinical Practice Guideline, however, was developed using a systematic, evidence-based process.

To develop the CPG, the workgroup first formulated a set of preliminary recommendations that
specified what should be done when, where, to whom, and for how long. These were intended to function as the questions for systematic review by the AAOS/ADA research team. Once all relevant published articles were assembled and graded (Level I to IV), the workgroup then provided a final strength for each recommendation.

“The process used meets or exceeds all recommended Institute of Medicine standards for the development of systematic reviews and clinical practice guidelines, except for allowing patient input in the selection of topics and questions,” noted Dr. Jevsevar. “Of note, the AAOS CPG program does not allow workgroup members with relevant conflicts of interest, and the collaborating societies followed the same conflict of interest rules in selecting their representatives.”

In 2010, more than 302,000 hip replacements and 658,000 knee replacements were performed in the United States. Based on the studies reviewed for this guideline, the mean rate of hip, knee, and spine implant infections was 2 percent; management typically requires further surgery and prolonged antibiotic treatment. Causes included entry of microbes into the wound during surgery, hematogenous spread, recurrence of sepsis in a previously infected joint, and contiguous spread of infection from a local source.

In light of the significant morbidity associated with orthopaedic implant infections, preventing such infections in patients undergoing dental procedures is highly desirable. However, prophylactic antibiotics entail risks to individual patients and, if widely used, are plausible contributors to the growing problem of bacterial resistance resulting from antibiotic overuse.

New wording, implementation aids
The Evidence-Based Practice Committee, Guidelines Oversight Committee, Appropriate Use Criteria Committee, Council on Research and Quality, and the AAOS Board of Directors recently approved changing the word, “weak” to the word “limited” in all AAOS evidence-based CPG recommendations ratings.

In addition, a brief statement addressing the implications for practice for each rating (strong, moderate, limited, inconclusive, and consensus) was added to further clarify the meaning of the strength of recommendation rating for practitioners using the guidelines (Table 2). The ADA participants had no objections to these changes. The criteria and definition/description of the ratings did not change; the term “limited” is intended to be the equivalent of the previous term "weak."

Finally, a shared decision-making tool—a template designed to be used by both orthopaedic surgeons and dentists—was developed to accompany the guideline. Shared decision making is a collaborative process that enables patients and their healthcare providers to make treatment decisions together, taking into account both the best scientific evidence available and the patient’s values and preferences. The tool supplements, but does not replace, informed consent procedures.

Because a limited CPG recommendation requires a greater amount of patient education, as well
as consideration of patient values and clinician experience, the shared decision-making tool is meant to aid in this process.

“As clinicians, we want what is in the best interest of our patients, so this CPG is not meant to be a stand-alone document,” said Dr. Jevsevar. “Instead it should be used as an educational tool to guide clinicians through treatment decisions with their patients to improve quality and effectiveness of care.

“The experience of each clinician is valuable in this process. For example, subgroup analysis for patients at potentially higher risk was not performed. The provider of care should utilize his or her experience and clinical decision-making skills to identify those high-risk patients (eg, immunocompromised) and determine the best care choices for those patients,” he continued. “A limited recommendation implies that the CPG recommendation does not apply to all patients uniformly, but rather that the interaction between patient and clinician is critical to determining the applicability.

“The AAOS gets kudos on its CPGs because they’re well done,” added Dr. Jevsevar, “but our members have found them difficult to apply in practice. We added implications within the body of the guidelines so that people could understand them. The idea is that, if you’re dealing with a patient, how would you think about that information? How would you present it to the patient? How would you use it to make a decision?”

The full guideline, along with all supporting documentation and workgroup disclosures, is available on the AAOS website, www.aaos.org/guidelines

Leeaht Gross, MPH, is the evidence-based medicine coordinator in the AAOS department of research & scientific affairs. She can be reached at gross@aaos.org

Guideline development
The Clinical Practice Guideline on the Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures was developed by a volunteer workgroup chaired by William C. Watters III, MD, and Michael P. Rethman, DDS, MS. Members of this workgroup included Richard Parker Evans, MD; Richard J. O’Donnell, MD; Calin S. Moucha, MD; Paul A. Anderson, MD; Elliot Abt, DDS; Harry C. Futrell, DMD; Stephen O. Glenn, DDS; Mark J. Steinberg, DDS, MD; John Hellstein, DDS, MS; John E. O’Toole, MD; Anthony Rinella, MD; David J. Kolessar, MD; Karen C. Carroll, MD, FCAP; Kevin L. Garvin, MD; Douglas R. Osmon, MD; and Angela Hewlett, MD, MS. Michael Goldberg, MD, served as the attending guidelines oversight chair and is currently Guidelines Oversight Committee chair. The ADA staff included Nicholas Buck Hanson, MPH, lead analyst, and Helen Ristic, PhD. The AAOS staff included Patrick Sluka, MPH; Deborah Cummins, PhD; Sharon Song, PhD; and William R. Martin III, MD.

Funding was provided by the AAOS and ADA. The guideline is based on a systematic review of the current scientific and clinical research.
The methods used to prepare the guideline were rigorous, employed to minimize bias and to develop a set of reliable, transparent, and accurate clinical recommendations for the prevention of orthopaedic implant infections in patients undergoing dental procedures. These methods are detailed in the full guideline.

The development of AAOS Evidence-Based Clinical Practice Guidelines are overseen by the Guidelines Oversight Committee and the Evidence-Based Practice Committee. It was approved by the AAOS Board of Directors on December 7, 2012. The complete guideline is available at www.aaos.org/guidelines

References

Check-In Procedures

Procedures Before Seating Patient

- Set up the operatory following the Clinical Protocol for Infection Control guidelines.
- The Clinic Assistant will bring your patient chart to your operatory when your patient arrives.

Remember:
- No patients are to be seated before the beginning of clinic or before being checked-in by the Clinic Manager.
- No patients are to be seated without a faculty member present on the clinic floor.

Check-in Procedure:

- Seat Patient
- Update medical-dental history
- Take and record vital signs.
- Have patient initial vital signs recording and medical/health history update.
- The student should initial the vital signs record.
- Have instructor sign-off on Medical history and vital signs.

When the instructor arrives at your cubicle introduce the instructor.

As the instructor checks forms, hold them so the instructor can read the information or so you can dictate information to the instructor upon request. Have a black pen and a red/blue pencil ready to make notations as directed.

Errors found by the instructor will be noted on the Grade Sheet.

Once the instructor signs the grade sheet the student can proceed to the extraoral and intraoral examination of the patient.
Check-Out (Final)

Check-out times vary by semester. All patients are to be dismissed 30 minutes prior to the end of a clinic session. All students must be out of the clinic by the end of the clinic session.

If necessary, seek assistance with scaling prior to requesting a final check.

Before Requesting Check-Out:

- Bracket try is neat and all blood is removed from instruments.
- Mirror is clean.
- A clean 2 X 2 gauze is on the tray.
- Patient is in supine position.
- If soiled, patient napkin is changed.
- The treatment record is complete.
- Forms are placed in the correct order:

Check-Out

- Inform instructor which area is to be evaluated.
- The instructor will come to the operatory and evaluate the following:
  - Scaling completed that day
  - Polishing completed that day
  - Oral Hygiene Instruction
  - Referral Forms (if any)

- Be prepared to record any areas that you missed scaling or polishing.
- If areas are missed, the student will remove them and be re-checked by the instructor.
- The instructor will complete the Grade Sheet and sign the Record of Treatment once the session treatment is complete.
- The instructor will give permission to apply fluoride and/or dismiss the client.
- If fluoride treatments are necessary, complete these after being checked by the instructor and, afterwards, dismiss client.
- If the treatment sequence is incomplete, schedule the patient’s next visit.
Classification of Patients

Periodontal Classifications 1-5

1 - Gingivitis:
Inflammation of the gingiva characterized clinically by change in color, gingival hyperplasia, edema, form, surface appearance, gingival pocket formation (pockets may or may not be present) and no bone loss, and the presence of bleeding and/or exudate. The inflammatory response can be acute or chronic, ANUG, medication influenced, and/or systemic associate (pseudopocket).

2 - Early Periodontitis:
Progression of gingival inflammation into deeper periodontal structures and alveolar bone crest with slight horizontal bone loss. Early bone loss resulting in moderate pocket formation, 4-5 mm. Localized areas of moderate periodontitis.

3 - Moderate Periodontitis:
A more advanced state of the above condition with increased destruction of periodontal structures associated with moderate to deep pockets, 5-7 mm, moderate-to-severe bone loss and tooth mobility, furcation involvement may or may not be present, and localized areas of advanced periodontitis.

4 - Advanced Periodontitis:
Further progress of periodontitis with severe destruction of the periodontal structures with increased tooth mobility, furcation involvement, pocket depths ranging from 6 mm and greater with an average pocket depth of 7 mm or more.

5 - Refractory Periodontitis:
Resistant to normal therapy.

Classification of Clinical Patients

<table>
<thead>
<tr>
<th>Probing Depths</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 mm</td>
<td>≥ 6 mm</td>
<td>≥ 6 mm</td>
<td>≥ 7 mm</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inflammation</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mobility</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Slight</td>
<td>Moderate</td>
<td>Severe</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Calculus</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Supra</td>
<td>Light Supra</td>
<td>Moderate Supra</td>
<td>Moderate Supra</td>
<td>Heavy Supra</td>
</tr>
<tr>
<td>No Sub</td>
<td>Light Sub</td>
<td>Moderate Sub</td>
<td>Moderate Sub</td>
<td>Heavy Sub</td>
</tr>
<tr>
<td>Light Supra</td>
<td>Moderate Supra</td>
<td>Moderate Sub</td>
<td>Moderate Sub</td>
<td>Heavy Sub</td>
</tr>
<tr>
<td>30% or less</td>
<td>30 – 40%</td>
<td>50 – 60%</td>
<td>60 – 100%</td>
<td></td>
</tr>
</tbody>
</table>
Clinic Policies

- Courtesy and consideration of the patient will prevail at all times.
- It is unethical to discuss grades, points, or requirements in front of patients or with patients.
- Criticism of previous dental services by the student is not considered ethical.
- Patient information is confidential and will not be discussed with anyone unless it directly impacts the delivery of services or the learning experience.
- Students will conduct themselves in a professional manner at all times.
- Loud and boisterous talking in corridors, classrooms, and clinic will not be tolerated.
- The faculty and clinic manager will be addressed by their last name with the appropriate prefix including Dr., Mrs., Miss, or Ms.
- All adult patients will be addressed by their last names and their appropriate prefix.
- Faculty members will be introduced by the student to patients.
- The clinic will be open at specified times indicated in the class schedule. Students will follow these published schedules.
- Students will report to clinic 15 minutes prior to their scheduled clinic session.
- Students must notify the Dental Hygiene Department if they are going to be absent or late for a clinic session. They must also notify their patients if they are going to be absent or late. (See Department Policies regarding absences).
- Students will remain in clinic until dismissed by the clinic coordinator instructor.
- Each student has two clinic sessions that may be missed. After three misses, the student will be dismissed from the program.
- A student is tardy if he/she is not in clinic 15 minutes prior to the beginning of the clinic session and prepared to initiate treatment.
- Students will not clean units, seat patients, or begin any clinic duties unless an instructor is in the clinic.
- Students will not seat patients before the clinic manager has processed the patient.
- Students will not treat minors (under age 18) without written consent of a parent or legal guardian. Parents and guardians must remain in the clinic area during patient treatment.
- An instructor must evaluate all patients before treatment begins.
When necessary, ask an instructor for assistance as soon as you need it. Do not wait until the end of the appointment. If the instructor cannot help you, ask his/her permission to enlist the help from another instructor.

All patients are to be dismissed from clinic 20 minutes prior to the end of the session. All students must be out of the clinic area at the scheduled end-of-clinic time. See course outline for specific times. Schedules vary by semester.

Students will not dismiss a patient without instructor permission.

It is the student’s responsibility to document all authorizations, recommendations, dental referrals, and treatment procedures in the treatment record.

Each student is responsible for recruiting his/her own patients.

Each student is responsible for scheduling his/her own appointments.

Procedures completed on a dental hygiene student will be counted as a requirement only when an instructor has judged the procedure to be necessary. Dental hygiene students, faculty, or staff, acting as patients, will be given comprehensive care just as any other patient.

Discounts

**Half-Price:** The following individuals will be given a half-price discount for services rendered in the Halifax
- Student spouse
- Student mother
- Student father
- Step-mother
- Step-father
- Student child(ren)
- Student sibling under 18 years old
- Students currently enrolled in Halifax Community College with a valid identification badge

**No Charge**
- Halifax Community College Dental Hygiene faculty and staff employed full time or part time will receive dental hygiene services in the Dental Hygiene Clinic free of charge.
- Graduates of Halifax Community College Dental Hygiene Program will receive dental hygiene services in the Dental Hygiene Clinic free of charge.
Clinical Protocol for Infection Control

- Remove all unnecessary items from the operatory. Keeping the operatory uncluttered reduces the number of items that can become contaminated and makes clean-up easier. Items kept at chairside must be stored in closed containers, drawers, or cabinets to prevent cross-contamination of these items.

- All drawers and cabinet doors will be kept closed during treatment.

- If an item must be retrieved from a drawer or cabinet once treatment has started, the item will be retrieved using a paper towel, sterile forceps, a clean re-gloved hand, or overgloves. It is also advisable to ask another person (Clinic Assistant) for assistance in retrieving items as long as that person follows acceptable infection control procedures when assisting.

- Avoid touching unprotected switches, handles, and other equipment once gloves have become contaminated. Should this occur, these areas will be disinfected after treatment is completed.

- Preplan the materials needed during treatment to minimize interruptions for searches for additional items.

- Utilize disposable items whenever possible.

- Decisions to use barriers versus chemical disinfection will be based on individual circumstances and will be approved by an instructor if modifications from protocol are deemed necessary.

- Place radiographs on the view box and review patient records before initiating treatment and gloving to reduce contamination of patient records.

- Entries into patient records will be made before gloves are put on prior to treatment or after gloves have been removed and hands washed after treatment.

- All pens and pencils used will be covered with disposable barriers and disinfected after each use.

- All water lines and equipment will be maintained according to manufacturers’ instructions and specifications. All water lines will be disinfected and evacuation systems chemically flushed every two weeks.

- Avoid touching your hair, face, eyes, mouth, and nose during treatment procedures.

- Never leave the operatory without removing contaminated gloves and washing your hands.

- Pick up any contaminated items that fall on the floor immediately following treatment. These include cotton rolls/pellets, gauze, cotton-tip applicators, floss, and instruments.
Before Start of Clinic Day

1. Wash hands with short scrub method. Put on lab coat, mask, protective eyewear, and gloves.

2. Run handpiece and air/water lines for 2 minutes into nearby sink.

Before Seating Patient

1. Wash hands using short standard method and put on labcoat, mask, protective eyewear and gloves.

2. Follow HCC Infection Control Guidelines for setting up the operatory at the beginning of the day. (Section 3)

Between Patients

1. Wash hands using short standard method and put on labcoat, mask, protective eyewear and utility gloves.

2. Remove all barriers and dispose of properly.

3. Clean and disinfect any barriered equipment that was contaminated during removal. Must leave disinfectant on surface for 10 minutes and remove with soap and water.

4. Clean all surfaces that are likely to be touched that are not covered with a barrier including countertops, viewboxes, patient mirrors, pens, pencils, etc. with disinfectant (spray, wipe, spray, wipe). Leave disinfectant on these surfaces for 10 minutes, then remove with soap and water.

5. Seat patient.

After Dismissing Patient

1. Wash hands using short standard method and put on labcoat, mask, eyewear, and utility gloves.

2. Break down unit according to HCC Infection Control Policy.
Components of the Appointment

1. Prepare Operatory
2. Seat the Patient

**ASSESSMENT**
3. Review Medical-Dental History
4. Record Vital Signs
5. Complete the Extraoral/Intraoral Inspection
6. Complete Restorative/Dental Charting
7. Complete Periodontal and Gingival Chartings
8. Complete Deposit and Plaque Assessment

**DIAGNOSIS & PLANNING**
9. Complete Dental Hygiene Care Plan
10. Complete Patient Education (Teach, Show, Do)
11. Take Radiographs

**IMPLEMENTATION**
12. Oral Prophylaxis (Remove deposits, selective polish, floss, disclose)
13. Client Education Reinforcement

**EVALUATION**
14. Dismissal of Patient
15. Complete Chart / Treatment Documentation
16. Prepare Operatory for End of Clinic
Charting

Restorative Charting

- Chart all existing restorations for each client as instructed in DEN 120/121.
- Select appropriate examination instruments and armamentarium.
- Document all existing restorations. Differentiate normal from abnormal and recognize disturbances or changes in the characteristics of teeth including number, size, form, color, structure, and contact relationship.
- Note any suspicious areas by documenting these on a paper towel until the Consulting Dentist has diagnosed the areas. Transfer any necessary pathology to the Restorative Charting after the diagnosis.
- Accurately record findings of the examination using proper symbols, notations, and correct pencil color. Chart pathology in red.
- Students should review dental charting on each returning patient and chart changes only on the most recent form in the patient record, noting the date of the update at the bottom of the form.
- Review findings aloud, using appropriate dental terminology, for verification by the consulting dentist.
- Identify the patient’s occlusal classification and note in appropriate space on appropriate form.
- The Restorative Charting must match any available radiographs.
- Update dental charting after exfoliation and dental treatment.
- Inform the client of all findings.
Hard Tissue Charting

- **Horizontal impaction**—circle tooth in blue
- **Unerupted tooth**—circle in blue
- **Partially erupted tooth**—write “PE” above the tooth
- **Amalgam restorations**—color in blue as it appears on the tooth
- **Composite restoration**—outline in blue as it appears on the tooth
- **Sealants**—write “S” on occlusal surface in blue
- **Tooth Fracture**—zigzag in red
- **Diastema**—two parallel lines between the teeth involved, and the measurement of the diastema above the teeth
- **Defected restoration**—outline the existing restoration in red
- **Implant**—slanted blue lines in the root of the tooth
- **PFM crown**—outline all diagrams of the tooth in blue and write “PFM” above the tooth
- **Gold crown**—outline in diagonal lines in blue (///)
- **Porcelain crown**—outline in blue with crosshatch (#)
- **Veneer**—outline in blue and write “Veneer” above the tooth
- **Stainless steel crown**—fill in the crown of the tooth with blue and write “SSC” above/below tooth
- **Missing tooth**—“X” out all diagrams of the tooth in blue
- **Bridge**—“X” out the pontic root, connect the abutments and the pontic with blue horizontal lines
- **Maryland bridge**—color in metal wings in blue on lingual surface of teeth and connect with horizontal lines
- **Root canal**—straight line in root of tooth, write “RCT” above tooth
- **Attrition**—red line on incisal/occlusal surface
- **Gold restoration**—diagonal blue lines on surfaces of tooth
- **Malposed tooth**—draw arrow in direction of rotation
- **Caries**—color in red
- **Temporary restoration**—red checkerboard
- **Upper partial denture**—“P/”
- **Lower partial denture**—“/P”
- **Full upper denture**—“F/”
- **Full lower denture**—“/F”
- **Supernumerary tooth**—draw in tooth and label it with a tooth number and letter (example: #13A)

Mixed Dentition Charting (Patients with both primary and permanent teeth)
- Missing primary tooth—“X” the tooth out
- Present primary tooth—circle the tooth number; not the tooth diagram
- Missing permanent tooth—no charting unless it can be verified as missing radiographically
- Present permanent tooth—circle the tooth number
Dental Hygiene Care Plan

- A Dental Hygiene Care Plan will be developed for all new and recare patients.

- The Dental Hygiene Care Plan is to be signed by the patient, student, and faculty after the Medical-Dental Questionnaire, Extraoral/Intraoral Inspection, Restorative Charting, Periodontal Charting, and Deposit Assessment forms are completed.

- The care plan is based on information in the medical-dental history, extraoral and intraoral inspections, radiographs, and charting.

- Develop and record a planned sequence for completing all educational and clinical dental hygiene services needed by the patient.

- List, in sequence, and in ink, the procedures and services to be performed at each visit on the form.

- Discuss the plan with the instructor prior to presentation to the patient.

- Discuss the plan with the patient prior to treatment in terminology that the patient can understand.

- Obtain the patient's signature on the Informed Consent for Treatment form. Along with your signature, the form must have an instructor's signature.

- Review the American Dental Association’s (ADA) guidelines for radiographs to determine the need. State the rationale for patient exposure. If additional services are necessary, Inform Clinic Manager for collection of fees.

- Assess and modify the plan as necessary at subsequent appointments.
Deposit Assessment and Patient Education

Check the current oral hygiene by disclosing prior to instrumentation
Complete and record a Deposit Assessment at every appointment.
Utilizing medical-dental histories and the Deposit Assessment, identify and record the client’s preventive needs.
Assess and record the client’s background and attitude toward oral health including:

- Educational background
- Occupation
- Socio-economic level
- Previous dental experiences
- Dietary habits
- Current oral hygiene routine

Plan the oral hygiene instruction based on relevant dental factors such as:

- Missing teeth
- Open contacts
- Occlusion
- Defective restorations
- Orthodontic appliances
- Prosthodontic appliances
- Caries incidence
- Gingival condition
- Pocket depth
- Mucogingival involvement
- Furcation involvement

Record client health education in the educational plan column on the Dental Hygiene Care Plan
Select and record brushing techniques and other oral aids on the Dental Hygiene Care Plan including:

- Toothbrush and Toothbrushing method
- Dental floss and/or flossing aids, what type
- Interdental aids
- Dental products such as toothpaste, mouth rinse, fluoride
- Denture cleaning products

Position the client in an upright sitting position during oral hygiene instruction.
Explain to the client the status of his/her homecare, restorative work, periodontal condition, etc.
Identify, explain, and demonstrate selected homecare items. It is the student’s responsibility to educate the client on matters related to oral health and overall health. Instruction should include:

- Specific procedures to be used with the selected aid
- Methods that the client may use for self-evaluation
- Benefits of proper prevention procedures
- Methods for correcting a harmful habit
- Methods for improving nutrition

Have the client demonstrate the use of homecare items. Record the client’s dexterity and ease-of-learning. Correct the client’s technique in a positive and constructive manner.

Re-evaluate, review, and update homecare information at every appointment. Record this in the Treatment Record.

Alter the plan as needed to meet the client’s needs and responses. Record all changes in pen.

It may be necessary to schedule a follow-up appointment for preventive maintenance if further reinforcement appears needed.

Use the appropriate amount of time for each step of education according to the client’s needs. Be sure that the client is aware of his/her condition as each procedure is performed.
Handling Patient Records/Charts

- Precautions will be taken to prevent cross-contamination of patient paper charts.

- To prevent contamination:
  1. Wash hands before touching records.
  2. Remove the most current x-rays and place them on the viewbox.
  3. Record up-dated information in the records.
  4. Wash hands and put on personal barrier equipment.
  5. Record information during treatment procedures using barrier protection (overgloves or paper towel).
  6. Pens and pencils used during the treatment procedures must be barrier wrapped when transferring information to the patient’s treatment record/chart.
  7. After treatment has been completed, remove personal barrier equipment, wash hands, and record information in the patient’s treatment record.
  8. Remove x-rays from viewbox and return to chart.
  9. Obtain all necessary signatures.
 10. Return file to the Clinic Manager.

- Never wear soiled gloves while touching patient charts.

- When in doubt, wash your hands before handling patient charts.
INTRAORAL/EXTRAORAL INSPECTION

- Observe patient during reception and seating to make overall appraisal.

- Approach exam with a confident attitude, give clear instructions to the patient, and provide adequate explanations. Use your patient mirror during this procedure to explain all findings to the patient.

- Observe and palpate extraorally with gloved hands:
  1. Frontal sinus and supraorbital region
  2. Nasa and ethmoid sinus region
  3. Infraorbital and zygomatic process region
  4. Maxillary sinus region
  5. Mandibular and parotid gland region
  6. Temporal ration
  7. Temporomandibular joint region, temporal, masseter, and metalis muscle.
  8. Submental, submandibular, and sublingual region
  9. Trachea and thyroid gland
  10. Trapezius muscle and occipital region
  11. Sternocleidomastoid muscle
  12. Submandibular and sublingual region

- Observe and palpate intraorally:
  1. Lips
  2. Labial mucosa, vestibule, and frena
  3. Buccal mucosa
  4. Floor of the mouth
  5. Tongue
  6. Hard palate and soft palate
  7. Uvula, tonsilar pillars, and oropharynx
  8. Alveolar mucosa
  9. Edentulous gingiva
  10. Saliva, monitoring production

- Differentiate normal from abnormal and recognize common nonpathologic deviations from normal.

- Document on the Oral Inspection Form and the Treatment Record a description of any abnormality including location, size, color, morphology, type, symptoms, and duration. Spell correctly.

- If the area is normal, document “WNL” (Within Normal Limits).

- Follow-up significant findings at subsequent appointments.

- A cursory extraoral/intraoral exam is performed at every appointment and changes are noted in the Treatment Record.

- If necessary, determine the need for patient referral and identify the appropriate health professional. Complete a Medical or Dental Referral form, sign it and have both the patient and instructor sign in the Treatment Record that a referral was made. A copy of the referral is given to the patient and the other remains in the chart.
Medical-Dental Questionnaire

- The patient’s medical/health history is completed using the electronic form
- The patient must sign the form. If the patient is a minor, a parent or legal guardian must sign the form
- All entries must be in ink
- All questions must be answered

Each student will complete a Drug Information form for each medication, prescription or over-the-counter medicine currently being taken by the patient. This form will contain the following information:
1. Verify that the patient has taken medication for any medical condition.
2. Use an appropriate drug reference or call a pharmacist for any information about unfamiliar medications.
3. Note all pertinent information and/or precautions.
4. Take appropriate precautions for medications which may affect dental treatment.

- The medical/health history questionnaire is to be reviewed at every appointment and changes noted in the patient’s chart.

- After completing the questionnaires the student is to review the history with an instructor privately. The instructor will sign the Medical History Update form for Recare clients.

- Failure to have an instructor’s signature will result in failure of the clinic requirement.

- It is the student’s responsibility to answer any question an instructor may have regarding the patient’s medical-dental history.

- Any patient with an active infection of a communicable disease is to be evaluated for possible dismissal and reappointment upon discussion with the patient and consultation with a faculty member/dentist.

- Patients with a history of a communicable disease must be evaluated as to the current status of the disease. Consultation with the treating physician is made to determine carrier status of the disease when appropriate. Modifications to dental treatment and possible reappointment will be made based on this evaluation.

- Determine if diabetic patients have taken their medication, eaten recently, and checked serum glucose levels for normal range. If not, dismiss the patient and reappoint.

- Document that the Medical-Dental Questionnaire was updated in the Treatment Record.
Follow these procedures for obtaining physicians approval by telephone:
1. The instructor and student involved must be present when approval for treatment is granted by telephone.
2. Document that approval has been granted in the Treatment Record.
3. Request the physician send written consent for treatment.
4. Note that written consent has been requested from the physician in the Treatment Record.
5. If the physician cannot be reached, the student may need to dismiss the patient and reappoint when medical consultation can be completed.

If a patient has had dialysis within 12 hours of the appointment, dismiss and reappoint. Dialysis clients must be pre-mediated or require a physician’s written permission to be treated without pre-medication.

Determine known precipitating factors for patients with asthma or allergies such as the date of the most recent attack, severity or reaction, and prescribed medications. Avoid allergy-producing substances. Place asthma inhaler on counter for possible use.

Obtain nitroglycerin or medication for angina from the patient and place on countertop for possible use.
Oral Prophylaxis

Calculus Removal

- The effectiveness of calculus removal will be evaluated using mirror, explorer, air, disclosing agent, and periodontal probe and by observing the soft tissue condition in response.
- All tooth surfaces will be free of deposits without injury or damage to the hard or soft tissue.
- All root surfaces will be free of residual calculus and altered cementum by instrumentation, creating a surface that is smooth and hard when explored. This creates an environment that will promote a soft tissue that does not bleed when probed and is normal in color.
- All teeth must be scaled to completion.

Stain and Soft Deposit Removal

- Procedures used for stain and soft deposit removal include selective polishing with the slow speed handpiece with prophylaxis angle or the use of an air polisher.
- The objective of selective polishing is to remove extrinsic stain and plaque not otherwise removed during scaling or by a toothbrush and floss.
- Assess the need for polishing by only polishing areas of plaque using the least abrasive agent needed.
- Utilize proper technique for stain/plaque removal to ensure that the tissue is not traumatized and that all plaque and stain are removed.
- Use appropriate aids for interproximal surfaces, orthodontic appliances, and prosthodontic appliances.
- If plaque is tenacious, it may be necessary to remove it by instrumentation.
- Polish gold restorations with the least abrasive agent to avoid scratching.
- If the decision is made not to polish, remove plaque and soft deposits with an appropriate method and explain to your client why you did not use a rubber cup and why you perform selective polishing. Include the following information:
  - Plaque and stain form on the natural teeth and their replacements 2-3 times a day.
  - Too frequent polishing is not advisable and not necessary.
  - Polishing can remove stain that cannot be removed by homecare.
- Disclose the patient’s teeth after polishing and flossing.
- Call the instructor to evaluate the effectiveness of polishing and flossing only after all plaque and extrinsic stain have been removed.
Patient Charts

- Patient charts are important legal records and under no circumstances are to be taken out of the allied health building. Improper placement of client records will result in dismissal from the HCC Dental Hygiene Program.

- All patient charts are kept in the Clinic Manager’s office unless the patient is being seen on the clinic floor.

Obtaining Charts

- Only a dental instructor or Clinic Manager is allowed to go into the files where patient records are kept.

- To receive a chart, request what you need from the Clinic Manager. Students are allowed to look at charts in the Clinic Manager’s office only when not in a scheduled clinic session.

Arranging the Components of the Chart

- Do not remove any documents that are attached in the chart when you receive the chart.

- Keep new documents that you will be completing in clinic unattached to the chart until the clinic session is over.

- Review all documents for accuracy and completeness before returning the chart to the Clinic Manager at the end of the clinic session.

- An instructor must check-off the chart for accuracy and completeness before the chart is returned to the Clinic Manager.

Components of the Patient Chart

The following forms are placed in the patient’s chart. The Clinic Manager will provide patients with these forms and they should be in the chart once a student receives the chart.

- Initial Screening Assessment Form
- Personal History
- Clinic Information/Patient Consent Form
- Recorded Vital Signs / Medical Review
- Extra/Intra Oral Examination
- Restorative Dental
- Periodontal Chart
- Deposit Assessment
- Treatment Notes Record

HCC Dental Hygiene Program is in the process of utilizing electronic records for the patients. Throughout the semester, more of the above paper forms may be replaced in the electronic records.
Patient Management and Clinic Requirements
HCC Dental Hygiene Program

- Students are required to provide patients in order to meet course requirements. The HCC Dental Hygiene Clinic may have a patient pool from which students may be assigned patients. Individuals are allowed to request any particular student and that student will be assigned to that patient. All other patients will be randomly assigned to students by the Clinic Manager and the Clinic Coordinator.

- Students are responsible for the management of patients assigned to them. They will confirm appointments and inform the patient about clinic policies and procedures.

- Students must meet patient requirements. It is not recommended that a student miss any clinic sessions. Two clinic absences are allowed as stated in HCC Dental Hygiene Department Policy. These should be used only in the case of illness. More than two absences may result in dismissal from the program.

- Students are encouraged to have a scheduled patient for each clinic period, in the event a patient is not scheduled, the student is required to complete a case study, take any required radiographs on DXTTR, or recruit potential patients.

- If a patient cancels a scheduled appointment (calls 24 hours ahead of time) and the student is unable to schedule another patient, the student will be allowed to screen potential patients. Students will schedule screening patients through the Clinic Manager.

- Students may not have more than five patients in treatment at any time. Prior to initiating treatment on a new patient, the student must complete one or more if five are in the process of care. The Clinic Coordinator may approve more than the limit of five under special circumstances.

- When a patient fails to come for an appointment or calls at the last minute to cancel, students may be able to recruit individuals from friends and family waiting in the reception area or in student areas on the HCC campus. The student will need permission from the Clinic Coordinator to use clinic time for this purpose.

- The needs of the patient are top priority. Students will complete treatment once a patient is assigned under their care. You may not share a patient with another student to do bits and pieces of the treatment plan. A patient assignment may be transferred to another student if patient care has not been begun and if the patient agrees.
All patient treatment will be completed within the semester. Permission may be given by the Clinic Coordinator for continued patient treatment into the succeeding semester (except in DEN 231) under special circumstances.

Under some circumstances the Clinic Coordinator can authorize the discontinuation of patient treatment. A patient who consistently breaks or cancels appointments may be refused care if no shows and cancellations have been correctly documented in the patients chart by the student at the time of the missed appointment.

In the event that you are scheduled for a rotation (Clinic Assistant or Screener) and a patient arrives for you, the patient will be dismissed and the rotation attended. The clinic rotations schedule will be adhered to at all times. Schedule patients carefully, avoiding holidays and scheduled rotation days.

Students must participate in the assigned number of rotations scheduled for them for the semester. Missed rotations must be made up. Students are allowed to switch dates/times of rotations with other students with the permission of the Clinic Coordinator. Failure to complete a rotation will result in a one-point deduction from the final DEN grade (professional penalty points infraction). Students will not be allowed to switch the day of the scheduled rotation date except under special circumstances (death in family, sudden illness). Plan ahead.

In the event that two patients arrive for a student on the same day for treatment the patient that is scheduled with the Clinic Manager’s schedule will be seen. The other person will be dismissed and the student will be responsible for rescheduling that patient at a later date. Students are responsible for keeping the Clinic Manager informed about all scheduled appointments.
Periodontal Charting

- Periodontal probing will be completed during initial, recare, and re-evaluation appointments.
- Probe only the permanent molars of all patients under eighteen years of age.
- Patients eighteen and over will have all permanent teeth probed.
- Do not probe partially erupted teeth.
- Use the most recent radiographs, placed on the viewbox, to compare with periodontal charting. Chart must match radiographs.
- Correctly record, within 1 mm, the pocket depth on all permanent teeth.
- Circle all bleeding or suppuration measurements in red.
- Assess and record recession, mobility, migration, and/or furcation involvement as determined by clinical and/or radiographic examination.
- Review the patient’s periodontal condition with the instructor prior to presentation to the patient.
  - Review the patient’s periodontal status with the patient.
  - Students will use the HCC Periodontal Charting form for all periodontal charting procedures.
  - Each form should have the patient’s name and each charting entry should be dated.
- Each periodontal examination should include:
  - Pocket depth measurements
  - Recession
  - Mobility
  - Furcation

Gingival examination including:
- Color
- Size
- Shape
- Consistency
- Texture

- Any additional findings such as exudates or suppuration or frenal involvement should be dated and recorded.
Procedure for Fluoride Treatments

Assess necessity of fluoride treatment

Explain the procedure to the patient and instruct him/her in the use of the saliva ejector.

Select the most appropriate fluoride product:
- APF and SnF have low pH that etches porcelain and dissolves resin matrix if used repeatedly. Neutral NaF is recommended for clients with porcelain and/or resin restorations.

Fluoride tray administration:
- Assemble armamentarium: fluoride tray, fluoride gel, saliva ejector, air/water tip, timer/watch, paper towel
- Seat patient in an upright position for procedure.
- Determine the correct tray size.
- While wearing gloves, obtain the tray and fill with fluoride to cover tooth surfaces, but is not overflowing. Use gloves when handling the fluoride bottle to prevent contamination. Do not touch the tray with any portion of the fluoride bottle.
- Have patient sit upright and slightly forward. You may need to have the patient hold a paper towel under the chin to catch dripping saliva.
- Dry the teeth thoroughly and slowly.
- Place the trays in the mouth. Place saliva ejector in center of trays in mouth. Instruct the patient to try not to swallow.
- Time the procedure, starting from the time the last surface is exposed to the fluoride. Leave on for 4 minutes.
- Do not leave the client. Monitor the client during the entire procedure.
- Remove the trays.
- Immediately remove any excess fluoride using a saliva ejector.
- Instruct patient to continue using the saliva ejector to clear the mouth of fluoride, using the paper towel to wipe the. Remind patient to not swallow if possible.
- Instruct client not to rinse, drink, eat, or smoke for 30 minutes.
- Educate patient about the benefits of fluoride.

Fluoride varnish administration:
- Assemble armentarium: fluoride varnish, disposable brush, saliva ejector

Document fluoride treatment application in patient’s record.
Procedure for Taking Blood Pressure

- Take the vital signs of the patient after reviewing the health questionnaire. Vital signs include blood pressure, pulse, and respiration, and temperature if patient is not feeling well.

- Record blood pressure in the treatment record.

- Record the date and arm used for the blood pressure reading. For example: 120/80 R.

- Call to the prompt attention of the instructor any unusual variation from normal or from previous readings noted in the patient’s permanent record. A medical referral may be indicated.

Blood pressure Readings


Normal and Prehypertension: Systolic 139 or lower or Diastolic 89 or lower
1. No contraindications to dental hygiene treatment.

Stage 1 HTN: Systolic 140 - 159 or Diastolic 90 - 99
1. Retake and confirm blood pressure.
2. Ask patient to seek medical evaluation of blood pressure.

Stage 2 HTN: Systolic 160 or higher or Diastolic 100 or higher
1. Retake and confirm blood pressure.
3. Medical referral prior to treatment is indicted.
4. Once the patient has been evaluated by his/her physician, the Medical Referral Form from the patient’s physician must be placed in the chart stating that dental procedures may be performed.

Systolic >200 or Diastolic >115 (Malamed recommendation)
1. Immediately refer patient to physician’s care.
2. Do not provide any dental hygiene treatment.
3. Once the patient has been evaluated by his/her physician, the Medical Referral Form from the patient’s physician must be placed in the chart stating that dental procedures may be performed.
Procedures for Patient Assignment

- The Clinic Manager will make all appointments for screening.

- Patients will be assigned to students upon request prior to the screening appointment. Students in the Screener rotation will not assign patients to themselves.

- Patients who have been screened but are not assigned to a student prior to the screening appointment will be randomly assigned to students by the Clinic Manager.

- Students may request from the Clinic Manager information regarding patients who have been assigned to them. The Clinic Manager will give the student a scheduling form with the information on it. Students will copy into their appointment books.

- With permission from the Clinic Manager, students will be allowed to view patient charts. All charts will remain in the Clinic Manager’s office. Students will not take charts out of the Clinic Manager’s office for review.

- Students will inform the Clinic Manager of all scheduled appointments preferably 48 hours in advance. However, in case of cancelations or changing of patient appointments, students may leave a voice message on Clinic Manager’s answering machine with the patient changes @ least 30 minutes before clinic starts.
Prosthesis Management

1. Wear all PPE including gloves, mask, and safety glasses.
2. Explain procedure to patient and ask client to remove appliance with paper towel. Along with patient, inspect appliance for any defects.
3. Patient places appliance in zip-lock plastic bag labeled with patient's first and last name.
4. Take bagged appliance to the clinic lab room. Mix one pouch of stain and calculus remover in glass beaker with 5 ounces of water and pour into bag. Close bag.
5. Place bag in ultrasonic filled with water up to the operating level line. The bag must not float. Add water if necessary and remove all excess air.
6. Set the timer for 10 minutes for an appliance with light stain or 15 minutes for moderate to heavy stain.

7. Prepare sink by filling with warm water and covering bottom with paper towel.*
8. Remove appliance from ultrasonic. Inspect for cleanliness and stain removal. Repeat ultrasonic if necessary.
9. Rinse appliance under lukewarm water to remove solution and any loose debris. Brush appliance if necessary with patient home care devices such as denture brush or toothbrush.
10. With instructor permission, use scaler or ultrasonic scaler to remove tenacious deposits from the surface. Maintain fulcrum. Do not scale soft tissue side. Avoid excessive pressure. Support clasp area and/or metal bars. Use toothbrush to clean soft tissue side.
11. With instructor permission, polish external surface with a fine, moist abrasive agent. Rinse appliance.
12. Examine appliance for alterations before returning to patient.
13. Place clean appliance in paper cup with diluted mouthwash during appointment.
14. Provide disease control instructions to patient including specific techniques for daily appliance cleaning and maintenance.
15. Record services in Treatment Record.
16. Maintain asepsis throughout procedures above.*
Recruiting Patients and Scheduling New Patients

Recruiting:

- Each student is responsible for recruiting his/her own clients.
- Begin to develop your own client pool.
- Clients may be recare clients, those who have been to the HCC Dental Clinic previously.
- Clients may be screening clients, those who have not been to the HCC Dental Clinic previously.
- Friends, neighbors, classmates, faculty, first year hygiene students, and family members all make excellent clients.
- Have clinic brochures with you at all times and distribute them to prospective clients.
- Write your name on clinic brochures and ask clients to ask for an appointment with you after they have been screened.
- Distribute brochures to bank tellers, dry cleaners, spouse co-workers, and others in the community.
Re-Evaluation Appointments

Any periodontal patient can be scheduled for a re-evaluation appointment at the completion of their scaling. Students and/or faculty may determine that a re-evaluation appointment is needed for other patients.

The re-evaluation appointment is scheduled for 4-6 weeks after the final scaling appointment.

Complete the following procedures at the re-evaluation appointment:

1. Update the medical-dental history.
2. Take and record vital signs.
3. Perform an oral evaluation, noting changes in health/pathology noted at previous appointments.
4. Perform a periodontal assessment, documenting the current status of tissue tone, bleeding points, pocket depth, recession, and furcations.
5. Reclassify the patient’s periodontal, calculus, plaque, and stain status.
6. Obtain instructor evaluation.
7. Perform and record a plaque index.
8. Have the patient demonstrate oral hygiene aids and make suggestions to improve the patient’s performance and compliance.
10. Determine and complete additional scaling in non-responsive areas and/or polishing of any teeth.
11. Complete a fluoride treatment if necessary.

The re-evaluation appointment is usually the last part of the patient’s treatment plan, so an additional treatment plan is not necessary.

Recare frequency is then determined and patient is scheduled for his/her next visit to the clinic. If any referral needs to be made, it is made with the general dentist and/or speciality practice at the end of this appointment.

Purposes of re-evaluation:
- prevent new disease from starting
- prevent recurrence of previous infections
- monitor educational and behavioral changes
- monitor clinical signs of health and disease
- provide specialized instruction
- offer motivational encouragement

*Lifelong preservation of teeth is #1 goal. Control is possible with personal care and professional care 98% vs 2%
Referrals

Dental Referrals
- If a patient needs to be referred back to the dentist of record, complete a Dental Referral Form. Have this ready for the instructor’s signature at check-out and attach X-rays needed.
- Dental referrals are made to the patient’s general dentist if the patient has a dentist.
- The instructor will determine if a dental referral is necessary.

Procedure for Dental Referrals
1. Explain to the patient the reason for referral.
2. Have the patient sign the form.
3. Student signs the form.
4. Instructor signs the form.
5. Record on the Treatment Record that a dental referral was made, to whom, and rationale.
6. Give the Clinic Manager the original copy of the Dental Referral Form. The Clinic Manager will make a copy. The Clinic Manager will give the patient a copy and keep one in the chart.

Medical Referrals
- If a patient needs to be referred based on the medical-dental history, fill out a Medical Referral Form. Have this ready for the instructor’s signature at check-in.
- The instructor will decide if medical referral is necessary.
- It is the patient’s responsibility to see his/her physician for consultation and to bring back the Medical Referral Form with written consent for dental treatment.

Procedure for Medical Referrals
1. Explain to the patient the reason for referral.
2. Have the patient sign the form.
3. Student signs the form.
4. Instructor signs the form.
5. Record on the Treatment Record that a medical referral was made, to whom, and rationale.
6. Give the Clinic Manager the form for copying and distribution to the patient.
7. Once the medical referral form is returned with physician approval, document in the Treatment Record that consent has been given for treatment.
8. If the refuses to accept the medical referral, the student will document in the patient’s chart.
Scheduling Patients

Screening Patients

- The clinic manager will place a patient assignment slip in your mailbox as appointments are scheduled.
- Check your mailbox each day for messages and patient assignments.
- Students are not permitted to remove a patient’s chart from the clinic area.

Recare Patients

- Review the medical and dental history and treatment record to determine modifications to your treatment.
- Pre-medication?
- History of broken appointments?
- History of uncooperative behaviors?
- Know your patient before initiating treatment. Once treatment begins, you must complete comprehensive care. All patients must be completed before you graduate. An instructor’s written permission is necessary to dismiss a patient without completed comprehensive care.

Call To Schedule An Appointment

- Maintain your professional demeanor in all dealings with patients.
- Identify yourself as a dental hygiene student at Halifax Community College.
- Students are responsible for keeping a personal appointment book for all their patient appointments.
- When scheduling an appointment include the following information:

1. Give the patient your name and the clinic phone number. Patients need to be able to call to cancel and reschedule. You may want to send an appointment card confirming the appointment with your name on the card.
2. Ask your patient if they have been seen before in the HCC Dental Clinic to avoid chart duplication.
3. Tell the patient what services you intend to provide and how long it will take to provide these services.
4. Tell the patient the costs of the services and that payment is due the day of services.
5. Give the patient directions to the clinic and instructions about parking.
6. Talk to your patient about medications that they are taking and remind them to bring a list of or all medications to their appointment.
7. Ask your patient to be on time for the appointment and early if they will need to complete medical history and consent forms. Your patient must understand that if they are late it may affect your grade and your clinic requirements may suffer.
8. Ask your patient, if applicable, not to bring small children. Also, parents should remain in the reception area when care is being provided to minor children.

- Inform the Clinic Manager as soon as possible about the appointment using the scheduling form and at least 48 hours prior to the appointment time. This may be done by phone message when away from HCC.

- Indicate your attempts to call the patient on the Record of Treatment in the patient’s chart. Note the day, time, left message (if any), and other information pertinent to the attempt to reach the patient.
The Day Before The Appointment

- Confirm your appointments by 2:00 p.m. the day prior
- Remind the patient to bring a list of his/her medications
- Request anesthesia or note pre-medication
- Check with an instructor concerning any special situations that might alter your treatment plan.

Cancellations and Broken Appointments

- Students will call to confirm their patients 24 hours before their appointments.
- A cancellation occurs when a patient informs the student or dental hygiene staff prior to the appointment that he/she will not show up for the appointment.
- A broken appointment occurs when a patient does not inform the student or dental hygiene staff that he/she will not show up for the appointment.
- Repeated cancellations and failed appointments must be brought to the attention of the student’s clinic instructor.
- All cancelled and failed appointments will be recorded on the patient’s record of treatment.
- If the patient fails to come 15 minutes after the scheduled appointment, call them. If the patient cannot be reached or cannot come, then find another patient.
- Students who do not have patients will follow the protocol established by the clinic coordinator.

Blocking Schedule

A patient must be scheduled at least two days in advance of the blocked date. If the student has not scheduled a patient in the blocked space by this time, the clinic manager may assign the student a patient if someone calls the clinic for an appointment.
Treatment Notes

Treatment notes should include the following:

<table>
<thead>
<tr>
<th>Medical History</th>
<th>Please list:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• systemic conditions</td>
</tr>
<tr>
<td></td>
<td>• allergies &amp; highlight</td>
</tr>
<tr>
<td></td>
<td>• medications</td>
</tr>
<tr>
<td></td>
<td>• prophylactic medication taken and who prescribed it</td>
</tr>
<tr>
<td></td>
<td>• smoking status</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vital Signs</th>
<th>• BP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Respirations</td>
</tr>
<tr>
<td></td>
<td>• Pulse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special Needs</th>
<th>• Senior/geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Pregnant</td>
</tr>
<tr>
<td></td>
<td>• Adolescent</td>
</tr>
<tr>
<td></td>
<td>• Pedo</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Extraoral/Intraoral Exam</th>
<th>• Atypical/abnormal findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Pathological findings</td>
</tr>
<tr>
<td></td>
<td>• “No pathosis noted” or “WNL”</td>
</tr>
</tbody>
</table>

| Hard Tissue | • General conditions (full permanent dentition with missing 3rd molars/ several existing amalgam restorations in good repair / full primary dentition / mixed dentition / severe caries) |

<table>
<thead>
<tr>
<th>Periodontal Exam</th>
<th>• Periodontal classification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Summary of periodontal findings (recession / furcation involvement / mobility / gingival description / plaque free score)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oral Hygiene Instructions</th>
<th>• Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• List homecare devices given to patient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Radiographs</th>
<th>• List type and number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• List any retakes and why</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Radiographic Findings</th>
<th>• Per dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Referrals</td>
</tr>
</tbody>
</table>

| Treatment Plan | • Reviewed and signed by whom |

<table>
<thead>
<tr>
<th>Summary of Services</th>
<th>• Scaling (hand/ultrasonic)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Polishing (what kind and what agents)</td>
</tr>
<tr>
<td></td>
<td>• Flossing</td>
</tr>
<tr>
<td></td>
<td>• Disclosing solution used</td>
</tr>
</tbody>
</table>

| Next Appointment | • Recall recommendation |

*Please highlight allergies and radiographs*
Section 8:
Clinic Forms
Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have been provided the Halifax Community College’s Notice of Privacy Practices:

It tells me how HCC will use my medical/dental health information for the purposes of my treatment, payment for my treatment, and HCC’s health care operations.

The Notice also explains in more detail how HCC may use and share my health information for other than treatment, payment, and health care operations.

HCC will also use and share my health information as required/permitted by law.

Patient’s complete legal name: ____________________________________________________________

Please Print

Signature:___________________________________________________________________________

Patient or Legally Authorized Representative

Relationship of Legally Authorized Representative: _______________________________________

Date: ______________________________________________________________________________
Components of the Patient Chart

The following forms are placed in the patient’s chart.

The Clinic Manager will provide patients with these forms and they should be in the chart once a student receives the chart.

- Acknowledgement of Receipt of Notice of Privacy Practices
- Initial Screening Assessment Form
- Personal History
- Clinic Information/Patient Consent Form
- Medical Review
- Extra/Intra Oral Examination
- Restorative/Dental
- Periodontal Chart
- Treatment Record

The following forms are kept in the dental hygiene clinic for students to complete once treatment begins on the patient:

- Drug Information
- Medical Referral
- Dental Referral
- Deposit Assessment
- Treatment Plan

The following forms will be printed once the student and patient complete the information electronically:

- Medical History
- Dental History
CLINIC INFORMATION/PATIENT CONSENT FORM

Please read the following information carefully so that you will understand the condition under which patients are treated in this clinic. At the bottom of the reverse side of this page, please sign your name indicating that you understand these conditions.

I understand that:
1. the treatment will be provided by a dental hygiene student under the supervision of a licensed dental hygienist and dentist, and that the treatment will proceed more slowly than in a private dental office since the treatment is rendered by students and carefully evaluated by clinical faculty members.

2. the treatment will be limited to preventive treatment and is not intended to take the place of a dental examination by a dentist. It is recommended that you visit and have a dental examination twice a year, or as recommended by your dentist or dental hygienist.

3. while optimal dental treatment can be expected, the results of this preventive dental health care cannot be guaranteed.

4. there may be circumstances where I may be reappointed, referred to a private dentist or denied treatment if it is determined to be in my best interest.

5. students are required to obtain a medical and dental history of each patient before initiating services. Such information is confidential and considered essential for adequate dental hygiene care.

6. all records are property of the college; however, radiographs and student models may be sent to my private dentist upon request by him/her. Radiographs will be kept on file indefinitely. Study models will be kept for three months.

7. excessive cancellations or failure to keep appointments may lead to dismissal as a clinic patient.

8. fees may be charged for any treatment rendered and are based upon expense of clinical supplies needed to provide adequate patient care. Fees will be collected before initial treatment begins. (In order to keep the fee schedule to a minimum, insurance forms for third-party payment are not completed for clinic patients.)

9. if the use of anesthesia is indicated, I consent to the administration of such as the clinical supervising dentist may deem advisable and proper.

10. I consent to the use of my intraoral photographs, radiographs (x-rays), study models or any part of my treatment record for dental, scientific or educational purposes and to professional observation of treatment for the purposes of advancing dental hygiene education.

Having read the above, I verify that I understand the information contained herein, and I grant authority to Halifax Community College Dental Hygiene Program to perform those diagnostic and treatment procedures deemed necessary.

Signature

Patient/Guardian: ___________________________ Date: ___/___/___
(Parent or Guardian must sign if patient is under 18 years of age.)
DENTAL HISTORY

Patient Name:_________________________________________________________________________________

Reason for visit_________________________________________________________________________________

1. Do you feel uncomfortable or nervous about receiving dental treatment? ________________________________________________________________________
2. Are you under the care of a dentist? ___________________________________________________________________________________________
   2a. If so, what are you being treated for? ___________________________________________________________________________________
3. When was your last oral prophylaxis (cleaning of teeth)? _________________________________________________________________________
4. When did you last have radiographs (x-rays) taken? ___________________________________________________________________________
5. Have you ever received orthodontic treatment (braces)? _________________________________________________________________________
6. Do you wear a partial or complete denture? ___________________________________________________________________________________
   If so, describe __________________________________________________________________________________________
7. How would you rate your present oral health? Good Fair Poor ______________________________________________________________________
8. Do you have any lumps or sores in your mouth or on your lips? ______________________________________________________________________
9. Have you ever had severe pain in the face, head or neck? _________________________________________________________________________
10. Have the lymph nodes (glands) in your neck ever become enlarged or swollen? __________
11. How often do you brush your teeth? ________________________________ floss? __________________________
    What other aids do you use to remove plaque? _____________________________________________________________________________
12. Do your gingival tissues (gums) bleed? _____________________________________________________________________________________
    If so, when _____________________________________________________________________________________________
13. Have you ever been treated for periodontal (gum) disease? _____________________________________________________________________
14. Do your teeth ever feel sore when you bite on them? _________________________________________________________________________
15. Do you:
   a. chew on one side? ____________________________________________________________________________________________
   b. clench or grind your teeth? ____________________________________________________________________________________
   c. breathe through your mouth? __________________________________________________________________________________
   d. have difficulty swallowing? __________________________________________________________________________________
   e. suck your thumb? __________________________________________________________________________________________
16. Do you use tobacco products? ____________________________________________________________________________________________
    If so, what and how much? _________________________________________________________________________________________
17. Do hot, cold, or sweet beverages cause discomfort or pain in your mouth? __________
18. What do you eat between meals? _________________________________________________________________________________________

I certify that I have read and understand the above. I acknowledge that all questions have been answered to my
satisfaction. To the best of my knowledge, all preceding answers are true and correct. If I have any change in my
health or if my medicine changes, I will inform the dental hygiene student at my next appointment. In addition, I will
not hold HCC faculty, staff or students responsible for any errors or omissions that I may have made in the
completion of this form.

Signature of Patient________________________________________________ Date__________________________

8-7
<table>
<thead>
<tr>
<th>Patient’s Name</th>
<th>DENTAL RECORD REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Left Side</strong></td>
<td><strong>Right Side</strong></td>
</tr>
<tr>
<td>Personal History</td>
<td>Initial Screening Assessment</td>
</tr>
<tr>
<td>Medical History</td>
<td>Treatment of Services</td>
</tr>
<tr>
<td>Dental History</td>
<td>Extraoral/Intraoral Exam</td>
</tr>
<tr>
<td>Medical History Review/Vital Signs</td>
<td>Restorative Charting</td>
</tr>
<tr>
<td>Drug Reference</td>
<td>Periodontal Charting</td>
</tr>
<tr>
<td>Patient Consent</td>
<td>Deposit Assessment</td>
</tr>
<tr>
<td>Privacy Practices Acknowledgement</td>
<td>Treatment Plan</td>
</tr>
<tr>
<td>Medical Referrals</td>
<td>Dental Referrals</td>
</tr>
</tbody>
</table>

### Radiograph Logue

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- All chart entries are legibly written in blue or black ink
- Patient’s name is on each form
- Treatment notes include all services and treatment rendered to the patient
- Treatment notes are signed by student and faculty member
- Treatment plan is signed by patient or guardian and faculty member
- All radiographs are mounted correctly
- All radiographs include the patient’s name and date of exposure
- All documented forms are in correct order

**Reviewed By**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Date**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
## DENTAL RECORD REVIEW

### Left Side

- Patient’s Name
- Personal History
- Medical History
- Dental History
- Medical History Review/Vital Signs
- Drug Reference
- Patient Consent
- Privacy Practices Acknowledgement
- Medical Referrals

### Right Side

- Initial Screening Assessment
- Treatment of Services
- Extraoral/Intraoral Exam
- Restorative Charting
- Periodontal Charting
- Deposit Assessment
- Treatment Plan
- Dental Referrals

---

- All chart entries are legibly written in blue or black ink
- Patient’s name is on each form
- Treatment notes include all services and treatment rendered to the patient
- Treatment notes are signed by student and faculty member
- Treatment plan is signed by patient or guardian and faculty member
- All radiographs are mounted correctly
- All radiographs include the patient’s name and date of exposure
- All documented forms are in correct order

<table>
<thead>
<tr>
<th>Reviewed By</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

---

### Left Side

- Patient’s Name
- Personal History
- Medical History
- Dental History
- Medical History Review/Vital Signs
- Drug Reference
- Patient Consent
- Privacy Practices Acknowledgement
- Medical Referrals

### Right Side

- Initial Screening Assessment
- Treatment of Services
- Extraoral/Intraoral Exam
- Restorative Charting
- Periodontal Charting
- Deposit Assessment
- Treatment Plan
- Dental Referrals

---

- All chart entries are legibly written in blue or black ink
- Patient’s name is on each form
- Treatment notes include all services and treatment rendered to the patient
- Treatment notes are signed by student and faculty member
- Treatment plan is signed by patient or guardian and faculty member
- All radiographs are mounted correctly
- All radiographs include the patient’s name and date of exposure
- All documented forms are in correct order

<table>
<thead>
<tr>
<th>Reviewed By</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>
DENTAL REFERRAL FORM

Patient’s Name_______________________________________ Date____________________

Address_________________________________________________________

Phone ___________________________________________________________

This patient has been referred to your office based on the following findings:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Tooth Number(s)/Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Possible caries/faulty restoration</td>
<td></td>
</tr>
<tr>
<td>Periodontal Evaluation</td>
<td></td>
</tr>
<tr>
<td>Orthodontic Evaluation</td>
<td></td>
</tr>
<tr>
<td>Endodontic Evaluation</td>
<td></td>
</tr>
<tr>
<td>Prosthetic Evaluation</td>
<td></td>
</tr>
<tr>
<td>Sealants</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td></td>
</tr>
<tr>
<td>Pathological Evaluation</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Radiographs:

- [ ] Enclosed
- [ ] None Available
- [ ] Prior Films Available

Prophylaxis

- [ ] Complete
- [ ] In Progress
- [ ] Pending Evaluation

The patient understands that it is his/her responsibility to see you for further evaluation.

Signature     Date

Patient ______________________________________  __________________

Student ______________________________________  __________________

Instructor ______________________________________  __________________

HCC Dental Hygiene Clinic     P. O. Drawer 809     Weldon, NC 27890     252-536-7219
8-22
CALCULUS Charting
Mark each area of calculus with an “X” in red on the appropriate tooth surface

PLAQUE Charting
Color in each surface of plaque in red

Plaque Free Score _______
Drug Reference Information  
HCC Dental Hygiene Program

Patient:_____________________________________________

Refer to the PDR or a drug reference source to comment on each medication your patient is taking.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Treatment For</th>
<th>Dosage</th>
<th>Reference</th>
<th>Dental Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>---------------</td>
<td>--------</td>
<td>-----------</td>
<td>-----------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Treatment For</th>
<th>Dosage</th>
<th>Reference</th>
<th>Dental Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>---------------</td>
<td>--------</td>
<td>-----------</td>
<td>-----------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Treatment For</th>
<th>Dosage</th>
<th>Reference</th>
<th>Dental Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Treatment For</th>
<th>Dosage</th>
<th>Reference</th>
<th>Dental Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Treatment For</th>
<th>Dosage</th>
<th>Reference</th>
<th>Dental Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8-14
EVALUATION

ASSESSMENT
A preliminary assessment is to be performed on both new and recall patients. Data collection must be thoroughly reviewed and updated at each subsequent appointment if patient treatment is not complete at the end of the initial appointment. This assessment consists of the following:

- Medical/Dental History and Vital Signs
- Extraoral and Intraoral Exam
- Restorative Charting
- Periodontal Charting
- Deposit Assessment
- Treatment Planning
- Patient Education
- Deposit and Stain Removal
- Infection Control
- Professionalism

MEDICAL/DENTAL HISTORY AND VITAL SIGNS
The student should review each patient’s medical and dental history at each visit, whether it is a new patient or a returning patient. Any “yes” responses should be circled with a red pencil and the student should get further explanation of the condition, including dates, duration, and outcomes.

If a patient is taking any medication, the student should refer to a drug reference source to obtain information about the medication. A drug reference form should be completed on all medications taken by the patient.

If a patient has a medical condition that warrants specific treatment modifications, such as premedication before a dental visit, the student should place a medical alert sticker inside the patient’s chart so that the sticker is easily visible when the chart is opened.

EXTRAORAL and INTRAORAL EXAM
The student should perform a thorough extraoral and intraoral examination on every patient. This should include observing and palpating the entire head and neck region. The student should record any significant findings and report those findings to the clinic instructor.

RESTORATIVE/DENTAL CHARTING
Missing teeth are identified by drawing a large “X” over all diagrams of the teeth in blue pencil.

Unerupted or impacted teeth are indicated by drawing a circle around all diagrams of the teeth in blue pencil.

Open contacts are indicated by drawing one vertical line in blue pencil in the interproximal space on the buccal and lingual diagrams.

Diastemas are indicated with two vertical lines between the teeth with blue pencil.

Periodontal pathology or any other abnormalities are to be noted on the appropriate forms. The location, size and color are to be noted.

PERIODONTAL CHARTING
1. Mixed Dentition---Probe all surfaces of the first permanent molars
2. Permanent Dentition---Probe all surfaces of all teeth

Record all six measurements in black ink on the appropriate form. If there is bleeding upon probing, record the measurement, and circle the measurement(s) in red ink.
Record recession in the appropriate area on the form in mm readings.

Record tooth mobility with the following criteria on the appropriate form.

1 = slight horizontal mobility    2 = horizontal mobility greater than 1 mm
3 = vertical and horizontal mobility

DEPOSIT ASSESSMENT
Soft and hard deposit detection is to be performed on each patient. This assessment should be recorded on each patient and reviewed with a clinical instructor prior to further treatment.

TREATMENT PLANNING
A treatment plan must be completed on all patients after the evaluation of the preliminary assessments. Students and faculty discuss the patient’s periodontal classification, calculus classification, and treatment plan. When the treatment plan is complete between the instructor and student, then the treatment plan is presented to the patient. The patient signs either acceptance of the treatment plan or refusal of the treatment plan. If the patient accepts the treatment plan and signs, then the student gets the signature of the faculty before proceeding with treatment. If the patient refuses the treatment plan, then the patient is escorted out of the clinic.

PATIENT EDUCATION
Dental health education is the primary responsibility of the dental hygienist; therefore oral hygiene instruction, evaluation and/or reinforcement are to be given at each appointment. Failure to provide this service to the patient is unprofessional and unethical. If the student fails to provide patient education, this could warrant failure on the end product evaluation grade form.

Students will be evaluated at least once by a dental hygiene clinical instructor while providing patient education to a patient in DEN 131, DEN 141, DEN 221, and DEN 231. Competency levels vary in each course.

DEPOSIT AND STAIN REMOVAL
All calculus must be removed by the student prior to receiving credit for a completed patient. Exception: In the case of extreme difficulty of calculus removal, it is at the discretion of the clinical instructor to indicate on the patient’s treatment record that there is calculus remaining on the teeth. It is the student’s responsibility to have the instructor record this information and sign it.

All soft deposits must be removed by the student prior to receiving credit for a completed patient. No credit will be given for completing the patient if the student fails to floss the patient’s teeth.

The “toothbrush prophy” will be evaluated in the same manner as the conventional plaque removal method of engine polishing. Students should carefully select their patients for the “toothbrush prophy” method.

INFECTION CONTROL
Infection control measures will be evaluated before, during and after each appointment. Operatory is to be maintained throughout all clinic procedures and restored to the end-of-day position when patient dismissed.

PROFESSIONALISM
The dental hygiene student will be evaluated in appearance, attitude, and patient and time management skills during each appointment.
EXTRAORAL EXAMINATION & INTRAORAL EXAMINATION
Halifax Community College Dental Hygiene Program

Patient_________________________________________ Date of Birth______________

### EXTRAORAL EXAMINATION FINDINGS

<table>
<thead>
<tr>
<th>DATE</th>
<th>Head &amp; Neck</th>
<th>Muscles</th>
<th>Lymph Nodes</th>
<th>TMJ</th>
<th>Lips</th>
<th>Eyes</th>
<th>Nose</th>
<th>Ears</th>
</tr>
</thead>
</table>

### INTRAORAL EXAMINATION FINDINGS

<table>
<thead>
<tr>
<th>DATE</th>
<th>Tongue</th>
<th>Frena</th>
<th>Oral Mucosa</th>
<th>Floor of Mouth</th>
<th>Hard &amp; Soft Palate</th>
<th>Oropharynx</th>
<th>Max Tuberosity</th>
<th>Salivary Glands</th>
<th>Retromolar Pads</th>
</tr>
</thead>
</table>

### DENTAL OCCLUSION

<table>
<thead>
<tr>
<th>DATE</th>
<th>Facial Profile</th>
<th>Right Molar</th>
<th>Right Canine</th>
<th>Left Molar</th>
<th>Left Canine</th>
</tr>
</thead>
</table>

### COMMENTS

<table>
<thead>
<tr>
<th>Date</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HALIFAX COMMUNITY COLLEGE DENTAL HYGIENE PROGRAM
COMPREHENSIVE CARE/END PRODUCT EVALUATION

Student: ___________________________________ Grade: PASS / FAIL
Patient: ___________________________________ Patient’s Birthdate: ________ Special Need: ________

Patient Classification: Calculus ____ Perio ____ Assignment: ___________/ ____________ Initials

<table>
<thead>
<tr>
<th>Probing Depths</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 4 mm</td>
<td>≥ 5 mm</td>
<td>≥ 6 mm</td>
<td>≥ 7 mm</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inflammation</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mobility</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Slight</td>
<td>Moderate</td>
<td>Severe</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Calculus</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Supra</td>
<td>Light Supra</td>
<td>Light Sub</td>
<td>Moderate Supra</td>
<td>Heavy Supra</td>
</tr>
<tr>
<td>No Sub</td>
<td>Light Sub</td>
<td>Moderate Supra</td>
<td>50% - 60%</td>
<td>Heavy Sub</td>
</tr>
<tr>
<td>Light Supra</td>
<td>Moderate Sub</td>
<td>30% - 40%</td>
<td>60% - 100%</td>
<td></td>
</tr>
<tr>
<td>Light Sub 30% or less</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appointment Dates

1. _______________        2. _______________           3. _______________            4. _______________
   a.m.                        p.m.              a.m.                          p.m.                    a.m.                          p.m.                    a.m.                         p.m.

Sections

<table>
<thead>
<tr>
<th>Sections</th>
<th>Total #S</th>
<th>Total #S-</th>
<th>Total #U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical/Dental History and Vital Signs (3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Extraoral and Intraoral Exam and Restorative Charting (6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Periodontal Charting/Deposit Assessment/Treatment Planning (7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Patient Education (3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Deposit Removal (2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Polish and Stain Removal (6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Infection Control (Totals) (2+)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Professionalism (Totals) (1+)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals: (S/S-/U) 4 or more S- = Fail 5 or more U’s = Fail 4 or less U’s = Pass</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td></td>
</tr>
<tr>
<td>Instructor</td>
<td></td>
</tr>
<tr>
<td>Clinic Coordinator</td>
<td></td>
</tr>
</tbody>
</table>

*CRITICAL ERROR* **the following critical errors warrant Failure for a patient:**

1. Not obtaining patient and instructor signatures
2. Not applying disclosing solution after polishing patient’s teeth
3. Applying fluoride before instructor “final” check

**FACULTY: Please Total S/S-/U’s on this side of grade sheet**
**Medical/Dental History and Vital Signs**

<table>
<thead>
<tr>
<th></th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
</tr>
</thead>
</table>
| 1. Identify information that may contraindicate treatment | **no more than one error**
| 2. Document follow-up responses in histories | **no more than one error**
| 3. Accurately measure BP, pulse, and respirations (temperature if needed) | **NO ERRORS**

**Instructor Signature/Date/Time at each visit:**

**Extraoral and Intraoral Exam/Restorative Charting**

<table>
<thead>
<tr>
<th></th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
</tr>
</thead>
</table>
| 1. Identify information that may contraindicate treatment | **no more than one error**
| 2. Utilize appropriate examination and palpation techniques | **no more than one error**
| 3. Identify and correctly record all significant extraoral and intraoral findings | **no more than one error**
| 4. Identify and record occlusion classification | **no more than one error**
| 5. Identify and record restorative findings and missing teeth | **no more than one error**
| 6. Identify suspicious lesions | **no more than one error**

**Instructor Signature/Date/Time:**

**Periodontal Charting/Deposit Assessment/Treatment Planning**

<table>
<thead>
<tr>
<th></th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
</tr>
</thead>
</table>
| 1. Identify and document all periodontal findings | **no more than one error**
| 2. Identify and correctly document all gingival findings | **no more than one error**
| 3. Identify and record supragingival and subgingival hard deposits | **no more than one error**
| 4. Determine patient periodontal or calculus type classification based on assessments and discuss with instructor | **NO ERRORS**
| 5. Select appropriate treatment for hygiene care based on patient assessment | **no more than one error**
| 6. Record hygiene care plan in patient’s chart | **no more than one error**

**Instructor Signature/Date/Time:**

**Deposit Removal**

<table>
<thead>
<tr>
<th></th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
</tr>
</thead>
</table>
| 1. REMOVE ALL SUPRAGINGIVAL CALCULUS FROM TOOTH SURFACES | **NO ERRORS**
| **1st check areas of calculus present:** | RDH’s Initials _____
| **2nd check areas of calculus present:** | 
| **Final calculus removed by instructor:** | Removed by student _____ removed by both _____
| 2. AVOID TRAUMA TO TISSUE | **NO ERRORS**

**Instructor Signature/Date/Time:**

**Polish and Stain Removal**

<table>
<thead>
<tr>
<th></th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
</tr>
</thead>
</table>
| 2. REMOVE ALL PLAQUE FROM TOOTH SURFACES | **NO ERRORS**
| 3. REMOVE ALL REMOVABLE STAIN FROM TOOTH SURFACES | **NO ERRORS**
| 4. AVOID TRAUMA TO TISSUE | **NO ERRORS**
| 5. FLOSS PATIENTS TEETH AFTER POLISHING | **NO ERRORS**
| 6. APPLY DISCLOSING SOLUTION PRIOR TO INSTRUCTOR FINAL CHECK | **NO ERRORS**
| 7. APPLY FLUORIDE AFTER INSTRUCTOR FINAL CHECK | **NO ERRORS**

**Instructor Signature/Date/Time:**

**Infection Control**

<table>
<thead>
<tr>
<th></th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
</tr>
</thead>
</table>
| 1. Maintain infection control standards throughout all hygiene procedures | (All PPE)**NO ERRORS**Instructor initials and date each visit
| 2. Operatory in the correct end-of-the-day position | Personal items are removed | **NO ERRORS**Instructor initials and date each visit

**Instructor Signature/Date/Time:**

**Professionalism**

<table>
<thead>
<tr>
<th></th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
</tr>
</thead>
</table>
| Punctuality (time management), written and oral communication, professional behavior at each visit | Professional dress: minimal jewelry **(one pair of pea sized earrings)**, watch only, and no rings, hair away from face, no odor of smoke or perfume, proper **socks** (cover ankle), **polished** and closed-toed shoes, clean and **ironed** uniform and lab coat, tattoos covered | **NO ERRORS**Instructor initials, grade, date each visit

---

**Student:** ______________________  **Patient:** ______________________
HCC Dental Hygiene

Initial Screening Assessment Form

Initial Screening Date ____________________________

Patient ____________________________ Date of Birth ________________

Blood Pressure ____________________________

Patient Response to Oral Health Status: _____Good _____Fair _____Poor
Please put an “X” in front of the appropriate classification

Patient Category: _____Child _____Adolescent _____Adult _____Senior

Patient Classification
Please put an “X” in front of the appropriate classification. PSR

Periodontal _____I _____II _____III _____IV _____V

Calculus _____I _____II _____III _____IV _____V

<table>
<thead>
<tr>
<th>Class</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probing Depths</td>
<td>≤ 4 mm</td>
<td>≥ 5 mm</td>
<td>≥ 6 mm</td>
<td>≥ 7 mm</td>
</tr>
<tr>
<td>Inflammation</td>
<td>Minimal</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Mobility</td>
<td>None</td>
<td>Slight</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Calculus</td>
<td>No Supra No Sub Light Supra Light Sub 30% or less</td>
<td>Light Supra Light Sub Moderate Supra Moderate Sub 30% - 40%</td>
<td>Moderate Supra Moderate Sub 50% - 60%</td>
<td>Heavy Supra Heavy Sub 60% - 100%</td>
</tr>
</tbody>
</table>

Student ____________________________ Date __________________

Instructor ____________________________ Date __________________

Assigned Student ____________________________________________

Clinic Manager _____________________________________________
MEDICAL HISTORY

Patient Name:__________________________________________________________                Date: ____________________

Please complete the following questions in ink. For your health’s sake, you must be accurate. Please circle YES OR NO.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you having pain or discomfort at this time?</td>
<td></td>
<td></td>
<td>Have you been a patient in the hospital during the past two years?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been under the care of a medical doctor in the past two years?</td>
<td></td>
<td></td>
<td>Have you ever had any excessive bleeding requiring special treatment?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you allergic to:
- Penicillin     | Yes | No |
- Aspirin        | Yes | No |
- Codeine        | Yes | No |
- Red dye        | Yes | No |
- Flavorings (i.e. itching, rash, swelling of hands, feet or eyes) or made sick by, or any other food or medications? |     |    |

Have you ever or do you have a persistent cough which is not associated with a common cold or flu? | Yes | No |
Do your ankles swell during the day? | Yes | No |
Do you ever wake up from sleep short of breath | Yes | No |

WOMEN: Are you pregnant or anticipating pregnancy at this time? | Yes | No |
Do you use an extra pillow when you sleep? | Yes | No |
Are you on a special diet? | Yes | No |
WOMEN: Are you practicing birth control? | Yes | No |

Please circle any of the following medications you are currently taking:

<table>
<thead>
<tr>
<th>Medication Category</th>
<th>Medication</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotics or Sulfa Drugs</td>
<td>Nitroglycerin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticoagulants (blood thinners)</td>
<td>Medicine for High Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cortisone (steroids)</td>
<td>Insulin, Tolbutamide (Oribose)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antihistamines</td>
<td>Herbal remedies/supplements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digitalis or drugs for heart conditions</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please circle Yes or No if you have or have had any of the following:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artificial joint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart diseases or attack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angina pectoris</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congenital heart lesions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Murmur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Artificial heart valve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mitral valve prolapsed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart pacemaker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney trouble</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporomandibular disorder (TMD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please circle any of the following medications you are currently taking:

<table>
<thead>
<tr>
<th>Medication Category</th>
<th>Medication</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotics or Sulfa Drugs</td>
<td>Nitroglycerin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticoagulants (blood thinners)</td>
<td>Medicine for High Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cortisone (steroids)</td>
<td>Insulin, Tolbutamide (Oribose)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antihistamines</td>
<td>Herbal remedies/supplements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digitalis or drugs for heart conditions</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please circle Yes or No if you have or have had any of the following:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artificial joint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart diseases or attack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angina pectoris</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congenital heart lesions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Murmur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Artificial heart valve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mitral valve prolapsed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart pacemaker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney trouble</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporomandibular disorder (TMD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Patient Signature:__________________________________  Date:_________________________________

Please complete the following questions in ink. For your health’s sake, you must be accurate. Please circle YES OR NO.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you having pain or discomfort at this time?</td>
<td></td>
<td></td>
<td>Have you been a patient in the hospital during the past two years?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been under the care of a medical doctor in the past two years?</td>
<td></td>
<td></td>
<td>Have you ever had any excessive bleeding requiring special treatment?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you allergic to:
- Penicillin     | Yes | No |
- Aspirin        | Yes | No |
- Codeine        | Yes | No |
- Red dye        | Yes | No |
- Flavorings (i.e. itching, rash, swelling of hands, feet or eyes) or made sick by, or any other food or medications? |     |    |

Have you ever or do you have a persistent cough which is not associated with a common cold or flu? | Yes | No |
Do your ankles swell during the day? | Yes | No |
Do you ever wake up from sleep short of breath | Yes | No |

WOMEN: Are you pregnant or anticipating pregnancy at this time? | Yes | No |
Do you use an extra pillow when you sleep? | Yes | No |
Are you on a special diet? | Yes | No |
WOMEN: Are you practicing birth control? | Yes | No |

Please circle any of the following medications you are currently taking:

<table>
<thead>
<tr>
<th>Medication Category</th>
<th>Medication</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotics or Sulfa Drugs</td>
<td>Nitroglycerin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticoagulants (blood thinners)</td>
<td>Medicine for High Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cortisone (steroids)</td>
<td>Insulin, Tolbutamide (Oribose)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antihistamines</td>
<td>Herbal remedies/supplements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digitalis or drugs for heart conditions</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please circle Yes or No if you have or have had any of the following:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artificial joint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart diseases or attack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angina pectoris</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congenital heart lesions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Murmur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Artificial heart valve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mitral valve prolapsed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart pacemaker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney trouble</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporomandibular disorder (TMD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please circle any of the following medications you are currently taking:

<table>
<thead>
<tr>
<th>Medication Category</th>
<th>Medication</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotics or Sulfa Drugs</td>
<td>Nitroglycerin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticoagulants (blood thinners)</td>
<td>Medicine for High Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cortisone (steroids)</td>
<td>Insulin, Tolbutamide (Oribose)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antihistamines</td>
<td>Herbal remedies/supplements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digitalis or drugs for heart conditions</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please circle Yes or No if you have or have had any of the following:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artificial joint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart diseases or attack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angina pectoris</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congenital heart lesions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Murmur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Artificial heart valve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mitral valve prolapsed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart pacemaker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney trouble</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporomandibular disorder (TMD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Patient Signature:__________________________________  Date:_________________________________
### MEDICAL REVIEW

**Patient Name:**

---

#### INITIAL APPOINTMENT

<table>
<thead>
<tr>
<th>Date</th>
<th>B.P.</th>
<th>Pulse</th>
<th>Resp.</th>
<th>Medications at Initial Appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medical consultation required? ………_ __Yes ___ No   ___________________________________________

Medical consent received: Date__________   ___________________________________________

Patient _______ Student ______   Instructor _______

---

#### RECALL APPOINTMENTS

<table>
<thead>
<tr>
<th>Review of Medical History</th>
<th>Date</th>
<th>B.P.</th>
<th>Pulse</th>
<th>Resp.</th>
<th>Changes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Medications

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Review of Medical History</th>
<th>Date</th>
<th>B.P.</th>
<th>Pulse</th>
<th>Resp.</th>
<th>Changes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Medications

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

Patient _______ Student ______   Instructor _______

---

<table>
<thead>
<tr>
<th>Review of Medical History</th>
<th>Date</th>
<th>B.P.</th>
<th>Pulse</th>
<th>Resp.</th>
<th>Changes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Medications

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Review of Medical History</th>
<th>Date</th>
<th>B.P.</th>
<th>Pulse</th>
<th>Resp.</th>
<th>Changes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Medications

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

Patient _______ Student ______   Instructor _______

---

<table>
<thead>
<tr>
<th>Review of Medical History</th>
<th>Date</th>
<th>B.P.</th>
<th>Pulse</th>
<th>Resp.</th>
<th>Changes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Medications

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Review of Medical History</th>
<th>Date</th>
<th>B.P.</th>
<th>Pulse</th>
<th>Resp.</th>
<th>Changes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Medications

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

Patient _______ Student ______   Instructor _______

---

<table>
<thead>
<tr>
<th>Review of Medical History</th>
<th>Date</th>
<th>B.P.</th>
<th>Pulse</th>
<th>Resp.</th>
<th>Changes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Medications

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Review of Medical History</th>
<th>Date</th>
<th>B.P.</th>
<th>Pulse</th>
<th>Resp.</th>
<th>Changes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Medications

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

Patient _______ Student ______   Instructor _______

---

<table>
<thead>
<tr>
<th>Review of Medical History</th>
<th>Date</th>
<th>B.P.</th>
<th>Pulse</th>
<th>Resp.</th>
<th>Changes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Medications

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Review of Medical History</th>
<th>Date</th>
<th>B.P.</th>
<th>Pulse</th>
<th>Resp.</th>
<th>Changes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Medications

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

Patient _______ Student ______   Instructor _______
Patient’s Name_________________________________________ Date_________________
Address  __________________________________________________________________
________________________________________________________________________
Phone   __________________________________________________________________

Dear Dr. _________________________________________,

This patient was recently seen in our clinic and is being referred to your office for the evaluation of:

_____  Prophylactic antibiotics prior to dental cleaning due to a history of:
_________________________________________________________________________________
(In December 2012, the AAOS recommendations for antibiotic premeds for total joint replacement changed. Please see attached summary. What is your premed recommendation for this patient?)

_____  History of Hepatitis. (A Serum Hepatitis B Surface Antigen Test is required if type is unknown by physician)
_____  Cardiac conditions
_____ The following condition(s) contraindicate a dental cleaning in this facility:
_________________________________________________________________________________
_________________________________________________________________________________

Signature Date

Patient _____________________________________________ ____________________
Student_____________________________________________ ____________________
Instructor___________________________________________ ____________________

The patient understands that it is his/her responsibility to see you for further evaluation. Please complete the section below. Patient treatment in the HCC Dental Hygiene Clinic is pending your approval and recommendation.

_____ No medical contraindications for dental treatment
_____ Patient requires pre-medication prior to dental treatment and has been issued a prescription
_____ Patient is Hepatitis B negative (results attached)
_____ Patient should not receive treatment in the HCC Dental Hygiene Clinic due to the following:
_________________________________________________________________________________

____________________________________________        ____________________
Physician’s Signature                              Date

HCC Dental Hygiene Clinic             P. O. Drawer 809          Weldon, NC  27890          252-536-7219
Operatory Inventory Form
HCC Dental Hygiene Clinic

Operatory #:_________________________
Student: _________________________
Date:  _________________________

Check off each of the items in your assigned operatory:

___Patient Education Mirror
___Ammonia Carpule
___ADEC Equipment CD
___Patient Safety Glasses
___Viewbox
___Keyboard
___Dentoform
___Giant Toothbrush
___Plastic Baskets
___Bracket Tray
___Skid Guard for Bracket Tray
___Male Hydroc
___Operatory Maintenance Sheet

I certify that all of the items listed and checked above are located in this operatory. I understand that I am responsible for these items and will report any missing items immediately to a clinical instructor. I also understand that I may be held liable for missing items and may be asked to replace such items and that failure to comply may result in an incomplete grade in the clinical instruction course (DEN 121, 131, 141, 221, & 231).

Student Signature:___________________________________________
Section 9: Student Rotations
### Clinic Assistant Responsibilities

#### Beginning of Clinic Day:

<table>
<thead>
<tr>
<th>Skill Criteria</th>
<th>S/U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Arrive <strong>30</strong> minutes prior to clinic start time.</td>
<td></td>
</tr>
<tr>
<td>2. Turn switches on in Clinic Manager’s office.</td>
<td></td>
</tr>
<tr>
<td>3. Put out all items necessary for clinic. Put out instrument packs.</td>
<td></td>
</tr>
<tr>
<td>4. Put away any sterilized instruments in sterilization area.</td>
<td></td>
</tr>
<tr>
<td>5. Check <strong>sterilization calendar</strong> and perform any necessary maintenance or monitoring procedures.</td>
<td></td>
</tr>
<tr>
<td>6. Check with clinic manager and bring back patient charts after they have been checked in. Deliver to student operators.</td>
<td></td>
</tr>
<tr>
<td>7. Check dispensary for supplies. Inform faculty of supplies needed.</td>
<td></td>
</tr>
</tbody>
</table>

#### During Clinic Session:

<table>
<thead>
<tr>
<th>Skill Criteria</th>
<th>S/U</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Assist students with any infection control procedures.</td>
<td></td>
</tr>
<tr>
<td>9. Assist students with supplies.</td>
<td></td>
</tr>
<tr>
<td>10. Place dried utility gloves in the appropriate drawer in dispensary.</td>
<td></td>
</tr>
<tr>
<td>11. Replenish any supplies in the dispensary. Fill spray bottles if necessary.</td>
<td></td>
</tr>
<tr>
<td>12. Assist Clinic Manager if needed.</td>
<td></td>
</tr>
<tr>
<td>13. Disinfect all countertops and faces in dispensary.</td>
<td></td>
</tr>
<tr>
<td>15. Roll cart into clinic with holding solution.</td>
<td></td>
</tr>
</tbody>
</table>

#### At End of Clinic Session:

<table>
<thead>
<tr>
<th>Skill Criteria</th>
<th>S/U</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Place instruments in ultrasonic for 10 minutes.</td>
<td></td>
</tr>
<tr>
<td>18. Rinse cassettes and drain for 5 minutes.</td>
<td></td>
</tr>
<tr>
<td>19. Wrap cassettes and label. Place in autoclave.</td>
<td></td>
</tr>
<tr>
<td>20. Place handpieces in Assistina and wrap in pouches. Place in autoclave.</td>
<td></td>
</tr>
<tr>
<td>21. Run autoclave.*</td>
<td></td>
</tr>
</tbody>
</table>

#### 22. Sign sterilization log for each load run in autoclave for session.*

<table>
<thead>
<tr>
<th>Skill Criteria</th>
<th>S/U</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Collect trash from central sterilization, dispensary, ultrasonic room, and patient education room.</td>
<td></td>
</tr>
<tr>
<td>24. Disinfect counters in central sterilization area. Leave areas clean, neat, and organized.</td>
<td></td>
</tr>
<tr>
<td>25. Turn pumps off in Clinic Manager’s office.</td>
<td></td>
</tr>
<tr>
<td>26. Perform any other duties to assist the Clinic Manager, clinic faculty, the Screener, or other students. Behave in a professional manner</td>
<td></td>
</tr>
</tbody>
</table>

#### 27. Follow all infection control procedures and make necessary documentation in the appropriate log book.*

Three or more “U’s” warrants failure.***

Pass / Fail

*Denotes critical error. Student will correct error prior to leaving clinic.

### Signature Box

<table>
<thead>
<tr>
<th>Required</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinic Coordinator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Clinic Assistant Responsibilities

The Clinic Assistant will be responsible for infection control procedures in central sterilization and the dispensary and for providing assistance to student operators during the clinic session. No other students should be in the sterilization room during the clinic session to ensure the highest degree of asepsis and least amount of congestion.

Arrive 30 minutes prior to clinic session.

Get clinic assistant grade sheet.

Follow all HCC Dental Hygiene Program infection control guidelines and protocol.

The clinic assistant will distribute patient charts to hygiene students after the patients have been checked in by the clinic manager.

Prior to Clinic

1. Turn pumps on in clinic manager’s office
2. Be sure all items necessary for the clinic session are out on the counters for students to pick up
3. Check the solution levels in the holding solution tank and ultrasonic tanks
4. Check supplies in the sterilization room and replenish if necessary (paper towels, soap, cleaners, disinfectants, etc.)
5. Put away any sterilized instruments
6. Conduct biological monitoring and any maintenance responsibilities when dictated on the clinic assistant calendar

During Clinic

1. Assist students with infection control procedures
2. Place dried utility gloves in the appropriate drawer in the dispensary
3. Replenish dispensary with necessary supplies
4. Assist the clinic manager

End of Clinic

1. Empty trash in the sterilization room, dispensary, and patient education room
2. Document activities in the Clinic Assistant log book
3. Leave sterilization room and dispensary in orderly manner
4. Have instructor sign log book and grade sheet
5. Make sure all units are left in the “End of Day Position”
OFFICE ASSISTANT

CRITERIA FOR EVALUATION

Student: __________________________________________________________             Pass           Fail
Evaluator: ________________________________________________________      Date: _____________

The student is expected to:

____ 1. Demonstrate professionalism as described in “Criteria”.
____ 2. Use initiative to assist the Dental Lab Manager and students during clinic sessions.

Perform all duties related to the collection of monies as directed by the Dental Lab Manager.

____ 3. Receive petty cash from business office prior to a.m. clinic.
____ 4. Student (w/ patient) will fill in information on Walkout Sheet as patients check in.
____ 5. OA will take money and Walkout Sheet; then enter information regarding treatment and charges into computer using Eaglesoft database.
____ 6. Give appropriate change and receipt to patient/student.
____ 7. Keep money drawer secured at all times.
____ 8. Dental Lab Manager, along with student, will balance money at end of clinic period.

Perform a variety of duties related to office management as directed by the Dental Lab Manager.

____ 9. File patient charts from previous clinic period.
____ 10. Call Dental Assisting/Dental Hygiene patients to remind them of their appointment for next clinic period.
____ 11. Pull Assisting/Hygiene patients charts for next clinic period and place in student’s mailbox.
____ 12. Manage incoming telephone calls by:
          A. Providing caller with correct information.
          B. Taking messages for staff (or students).
          C. Using acceptable communication skills.
____ 13. Manage the appointment book. (See Dental Lab Manager for assistance, if needed).
____ 14. Keep office and reception area clean and orderly.
____ 15. Maintain office supplies, clinic forms, etc., at acceptable levels.
____ 16. Perform incidental tasks that relate to office management.

End of day Processing  (p.m. Office Assistant only)

____ 17. Dental Lab Manager, along with student, will review and complete Audit Trail and process End-of-Day Report. The Audit Trail Report & copy of Bank Deposit slip will be completed by Dental Lab Manager; this is then filed in Hygiene Accounting book.
____ 18. Call Switchboard to request pickup of petty cash, Bank Deposit Slip (generated from Eaglesoft) & day’s collections to Business Office at day’s end.

Students’ performance will be evaluated and each of the criteria scored according to the following levels of performance:

1 - Superior  2 - Good  3 - Satisfactory  4 - Needs Improvement

(additional comments) ________________________________________________________________
Radiography Lab Assistant Grade Form

DEN 112

Student ___________________________ Date _______________

Pass / Fail

<table>
<thead>
<tr>
<th>Skill Criteria</th>
<th>S=Satisfactory</th>
<th>U=Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Arrive 15 minutes prior to lab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Prepare the darkroom according to instructions posted in darkroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Place DXXTR manikins in x-ray rooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Obtain any supplies requested by the instructor for the session</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Distribute supplies and materials to classmates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Verify all students and faculty are wearing film badges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Close the darkroom at the end of the lab session according to instructions posted in darkroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Replace or replenish supplies in darkroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Replace or replenish supplies in radiography rooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Check the cabinets and drawers for supplies with instructor’s permission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Take inventory when scheduled on calendar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Turn x-ray machines and lights off at end of lab session</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Empty trash in x-ray rooms and darkroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Return DXXTR manikins to storage area</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Three or more U’s = Failure

<table>
<thead>
<tr>
<th>**********</th>
<th>Signatures</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Radiography Lab Assistant

A lab assistant will be assigned for each radiography lab session. A schedule will be provided at the beginning of DEN 112.

Report to the lab 15 minutes prior to the lab session.

Beginning of Lab Session:

- **Preparation of darkroom:**
  1. Turn on overhead light and safelights
  2. Remove prop from processors and close lids completely turn on both processors
  3. Check solution levels under the cabinets. Change bottles if necessary. Ask instructor if not sure
  4. Run cleaning film through both processors after temperature reaches 82 degrees
  5. Turn off overhead light
  6. Run quality assurance films if scheduled. Check log for correct procedures
- **Place DXXTR mannequins in operatories**
- **Obtain any supplies requested by instructor during lab session**
- **Distribute supplies and materials to classmates**
- **Verify that all students are wearing lab coats and film monitoring badges**

End of Lab Session:

1. Turn processors off, place prop under lid to hold it open
2. Check maintenance calendar and perform any maintenance procedure required
3. Disinfect counter, pick up trash, empty trash container
4. Clean exterior of processor with soap and water
5. Turn off safelights and overhead light
6. Leave outer door closed
7. Verify the presence of the following equipment:
   - Adult lead aprons in each operatory
   - View boxes turned off
8. Empty trash from all x-ray rooms
9. Make sure all viewboxes and lights are turned off in the x-rays
10. Return DXXTR’s to storage areas
# Screener/Radiography Assistant Grade Form

**Student’s Name:** ________________________________  **Date:** __________________

## Screener Responsibilities

<table>
<thead>
<tr>
<th>Skill Criteria</th>
<th>S/U</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Arrive 30 minutes prior to clinic start time.</td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> Prepare darkroom, radiographic rooms, and automatic processors. Perform maintenance procedures as indicated by monthly calendar. Perform quality control procedures as required. Run cleaning films.</td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> Prepare screening room(s) and x-ray rooms for patients using appropriate infection controls.</td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> After each radiography/screening patient remove barriers, disinfect the operatory, and prepare for the next patient.</td>
<td></td>
</tr>
<tr>
<td><strong>5.</strong> Assist the Clinic Manager or Clinic Assistant to complete their duties.</td>
<td></td>
</tr>
</tbody>
</table>

### Procedures for Screening Patients

<table>
<thead>
<tr>
<th>Step</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Seat client, review medical history, research medications, and explain any contraindications to treatment.</td>
</tr>
<tr>
<td>7.</td>
<td>Conduct a brief oral examination to verify there are no lesions present. Do not complete an extra- &amp; intraoral exam form.</td>
</tr>
<tr>
<td>9.</td>
<td>Explain clinic policies and procedures for scheduling patients.</td>
</tr>
<tr>
<td>10.</td>
<td>Provide client with client information documents and record in chart.</td>
</tr>
<tr>
<td><strong>11.</strong></td>
<td>Complete Treatment Record. Include client classification in documentation.*</td>
</tr>
<tr>
<td><strong>12.</strong></td>
<td>Complete Initial Screening Assessment form with date, client classification, and services listed.</td>
</tr>
<tr>
<td><strong>13.</strong></td>
<td>Create client chart and file all forms used during screening appointment.</td>
</tr>
</tbody>
</table>

### End of Clinic Day

<table>
<thead>
<tr>
<th>Step</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>14.</strong></td>
<td>Turn off automatic processors, clean and disinfect darkroom, and turn off lights. Place sponges under lid of processors. Remove trash in all x-ray rooms as well as the processor room and place fresh trash liners in each trash can. Wipe disinfectant bottle and soap &amp; water bottle with disinfectant.</td>
</tr>
<tr>
<td><strong>15.</strong></td>
<td>Replace or replenish supplies in radiography operatories or darkroom.</td>
</tr>
<tr>
<td><strong>16.</strong></td>
<td>Verify presence or equipment in all radiography operatories. Leave chairs in end-of-day position.</td>
</tr>
</tbody>
</table>

## Overall

<table>
<thead>
<tr>
<th>Step</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>17.</strong></td>
<td>Follow all infection control procedures.*</td>
</tr>
<tr>
<td><strong>18.</strong></td>
<td>Complete all necessary documentation in the appropriate logs.*</td>
</tr>
<tr>
<td><strong>19.</strong></td>
<td>Arrive on time and behave in a professional manner.</td>
</tr>
<tr>
<td><strong>20.</strong></td>
<td>Perform any other duties to assist the Clinic Manager, faculty, Clinic Assistant, or other students.</td>
</tr>
</tbody>
</table>

Three or more “U’s” warrants failure.  **Pass/Fail**

---

*Denotes critical error. Student will correct error prior to dismissal from clinic.

## Signature Box

<table>
<thead>
<tr>
<th>Role</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinic Coordinator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Screener/Radiography Assistant Responsibilities

A student will be assigned screener responsibilities for each clinic period. Screeners will take responsibilities for screening, maintaining x-ray rooms, the darkroom, and any reception duties as requested by the Clinic Manager.

Arrive 30 minutes prior to the clinic session.

**Beginning of Clinic:**

Prepare darkroom for clinic

1. Turn on overhead light and safelights
2. Turn processors on. Check fluid levels under cabinet and refill if necessary.
3. Run cleaning films through the AT-2000 processors once the temperature as reached 82 degrees
4. Perform quality control tests as scheduled
5. Perform any maintenance procedures as specified by the calendar

Prepare Operatory 1 for screening by cleaning and disinfecting all surfaces following proper infection control protocol.

**Screening**

1. Seat the patient and review his/her health questionnaire. If patient needs to be premedicated before the cleaning appointment, explain this to him/her. Complete appropriate medical referral forms. Have patient sign health questionnaire
2. Review the medical history and vital signs with the instructor and obtain permission to proceed. Have the instructor sign the health questionnaire
3. Make a brief oral inspection to make sure there are no lesions
4. Inspect for hard and soft deposits
5. Classify periodontal and deposit status of patient
6. Verify periodontal classification with instructor
7. Give the patient the *HCC Dental Hygiene Program Pamphlet* describing procedures, services, and Patient’s Rights
8. Complete a treatment record indicating treatment rendered
9. Have instructor review and sign treatment record
10. Complete in pen the Initial Screening Assessment form
11. Return the patient chart to the clinic manager
12. Prepare the screening operatory for the next patient
End of Clinic

1. Turn off processors and place a prop under the lid
2. Disinfect counter, empty trash, and clean the exterior surfaces of processors with a wet paper towel
3. Document any maintenance procedures performed
4. Turn off safelights and overhead lights
5. Close darkroom door

In x-ray rooms:

1. Replenish supplies in the x-ray rooms (cups, paper towels, soap)
2. Verify the presence of lead aprons and view boxes
3. Turn off x-ray machines and lights
4. Leave x-ray room units in the “End of Day” position and close door
Section 10: Evaluation Criteria
## HCC DENTAL HYGIENE REQUIREMENTS

<table>
<thead>
<tr>
<th>Course</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III &amp; Class IV</th>
<th>Pedo</th>
<th>BWX</th>
<th>Pedo/Mixed BWX</th>
<th>FMX</th>
<th>Pano</th>
<th>BWX</th>
<th>FMX</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEN 112</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEN 131</td>
<td>8</td>
<td>2</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEN 141</td>
<td>4</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEN 221</td>
<td>5</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEN 231</td>
<td>6</td>
<td>9</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>23</td>
<td>23</td>
<td>10</td>
<td>9</td>
<td>15</td>
<td>5</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

### Definitions:

- **Pedo**: Clients between 4 and 12 years old. Must have at least two primary teeth and unerupted second molars.
- **Adolescent**: Clients between 13 and 17 years old.
- **Senior**: Clients over the age of 55.
- **Special Needs**: Clients whose medical, physical, psychological, or social situations make it necessary to modify dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical problems, and significant physical limitations.
Earning Credit for Proficiencies

DEN 121, 131, 141, 221, & 231

1. Proficiencies/evaluations forms will be given to each student at the beginning of the semester, and it is the student's responsibility to keep up with the forms.

2. Complete blanks on the form that may include your name, instructor's name, etc.

3. Have an instructor observe and evaluate your proficiency.

4. Have an instructor observe and evaluate your proficiency.

5. Verify that all documentation is complete. No signature = no credit.

❖ You must repeat a proficiency until satisfactory performance is attained. There is no penalty for repeated attempts.

❖ Failure to complete all course requirements will affect your final grade in the course.
Dental Hygiene Program
Grade Conference Guidelines

- Each student in the HCC Dental Hygiene Program is required to attend two grade conferences every semester with his/her advisor. One conference will be scheduled mid-semester and one at the end of the semester but before finals.

- It is the student's responsibility to make an appointment with his/her advisor for the conference. There are no exceptions to this rule. Students should begin to schedule these appointments no earlier than two weeks before the due date. Failure to schedule appointments will result in a 1 point deduction in professionalism points for that clinical semester grade.

- Mid-semester grade conferences must be scheduled within the 8th week of the semester. End-of-semester grade conferences must be scheduled within the 15th week of the semester. Although advisors will work with students to schedule mutually agreeable appointment dates and times, the advisor has the right to schedule conferences at his/her convenience.

Attending the Conference

- Arrive at your grade conference on time and prepared. Each student will have an equally designated amount of time scheduled.

- Bring the following documents with you to the Grade Conference:
  - Completed Professionalism Self-Assessment Form.
  - Grade Sheets for each DEN course.

  Be prepared to discuss grades in other courses taken within the curriculum that are not DEN.
### Oral Prophylaxis: Requirements

<table>
<thead>
<tr>
<th>Patient Classification</th>
<th>Completed Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>I A-D</td>
<td>25</td>
</tr>
<tr>
<td>II A-D</td>
<td>27</td>
</tr>
<tr>
<td>III or IV A-D</td>
<td>9</td>
</tr>
<tr>
<td>Pedo (12 or younger)</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>72</strong></td>
</tr>
</tbody>
</table>

### Oral Prophylaxis: Re-evaluation of Dental hygiene Treatment

<table>
<thead>
<tr>
<th>Patient Classification</th>
<th>Completed Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>II B-D to IV A-D</td>
<td>5</td>
</tr>
</tbody>
</table>

### Adjunctive Services

<table>
<thead>
<tr>
<th>Adjunctive Service</th>
<th>Minimum Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Root Planing</td>
<td>10 Teeth</td>
</tr>
<tr>
<td>Ultrasonic Scaling</td>
<td>6 Utilizations</td>
</tr>
<tr>
<td>Air Polishing</td>
<td>4 Utilizations</td>
</tr>
<tr>
<td>Fluoride Treatment</td>
<td>10 Treatments</td>
</tr>
<tr>
<td>Desensitization</td>
<td>4 Teeth</td>
</tr>
<tr>
<td>Sealants</td>
<td>8 Teeth</td>
</tr>
<tr>
<td>Amalgam Polishing</td>
<td>2 Restorations</td>
</tr>
</tbody>
</table>

### Radiographic Surveys

<table>
<thead>
<tr>
<th>Type</th>
<th>DXXTR</th>
<th>Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Mouth: Permanent</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Bitewings: Pedo/mixed</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Bitewings: Permanent</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Course</td>
<td>Procedure</td>
<td>Tutorial</td>
</tr>
<tr>
<td>----------</td>
<td>-------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>DEN 131</td>
<td>Handwashing</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Periodontal Charting</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Restorative Charting</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Client Oral Hygiene Education</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Instrument Sharpening</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Fluoride Treatment</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Extrinsic Stain Removal</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Scaling</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Handpiece Maintenance</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Dental Hygiene Care Plan</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Vital Signs</td>
<td>Yes</td>
</tr>
<tr>
<td>DEN 141</td>
<td>Periodontal Charting</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Client Oral Hygiene Education</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Instrument Sharpening</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Scaling</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Cleaning Dentures</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Medical-Dental Questionnaire</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Radiation Technique</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Dental Hygiene Care Plan</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Fluoride</td>
<td>No</td>
</tr>
<tr>
<td>DEN 221</td>
<td>Sealant</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Air Polishing</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Instrument Sharpening</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Ultrasonic Scaler</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Desensitization</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Radiation Technique</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Oral Irrigation</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Root Planing</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Impressions (221 or 231)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Study Model (221 or 231)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Topical Anesthetic</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Peer Product/Process Evaluation</td>
<td>No</td>
</tr>
<tr>
<td>DEN 231</td>
<td>Periodontal Charting</td>
<td>No</td>
</tr>
<tr>
<td>Instrument Sharpening</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>Ultrasonic Scaler</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Desensitization</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Root Planing</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Air Polishing</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Hoe, Chisel, File Instrumentation</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Oral Irrigation</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Perio Pak Placement and Removal</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Topical Anesthetic</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Peer Product/Process Evaluation</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Clinic Requirements-See Individual Course Syllabi

Radiographic Requirements-See Individual Course Syllabi
### HCC DENTAL HYGIENE REQUIREMENTS

<table>
<thead>
<tr>
<th>Course</th>
<th>Client Classification</th>
<th>Client X-Rays</th>
<th>DXXTR X-Rays</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BWX</td>
<td>Mixed BWX</td>
</tr>
<tr>
<td></td>
<td>I A-D</td>
<td>II A-D</td>
<td>3-4 A-D</td>
</tr>
<tr>
<td>DEN 112</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEN 131</td>
<td>8</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>DEN 141</td>
<td>4</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>DEN 221</td>
<td>5</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>DEN 231</td>
<td>8</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Totals</td>
<td>25</td>
<td>27</td>
<td>9</td>
</tr>
</tbody>
</table>

|                      |            |            |            |            |            |
| Totals              | 72         | 9          | 22         | 8          | 6          | 4 |

### Definitions:
- **Pedo:** Clients between 4 and 12 years old. Must have at least two primary teeth and unerupted second molars.
- **Adolescent:** Clients between 13 and 17 years old.
- **Senior:** Clients over the age of 55.
- **Special Needs:** Clients whose medical, physical, psychological, or social situations make it necessary to modify dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical problems, and significant physical limitations.
Minimum Requirements per Semester

Students will receive the minimum requirements for each clinic course on the first day of the course each semester.

❖ Students must complete the minimal required number of patients and radiographs, and clinic evaluations each semester to maintain a “C” average in clinic.

❖ Students must be in clinic with a scheduled patient regardless of whether or not they have met minimal requirements.

❖ All radiographs and patient requirements that exceed the minimum requirements per semester will be used to improve the student’s final grade and/or be credited to the next semester.

❖ Mid-semester and end-of-semester grade conferences will be held with each student to verify the clinical grade. Students will bring all grade sheets to the conference.

❖ Incomplete patient requirements must be met by the end of spring semester before graduation.

❖ A student will not be allowed to graduate if total patient requirements are not met.
Preclinic and Clinical Evaluations/Proficiencies Procedures

Preclinic Evaluations

- Student should have unit set-up, required materials prepared, barriers in place when appropriate, instruments sterilized, and be prepared for the evaluation to begin at the beginning of clinic.

1. Review your student/client’s medical history prior to the arrival of the instructor and obtain need signatures from the client.
2. Review the client’s history with the instructor and obtain the instructor’s signature.
3. The instructor will assign given specific areas in which to demonstrate the proficiency.
4. The instructor will give you a 2-minute warm-up period using any of the skill areas to be evaluated that day.
5. The first attempt of a skill will be evaluated. The step will be either correct, needs improvement, or incorrect.

- Do not discuss the evaluation during clinic session as this may affect your partner’s evaluation.

- While you wait for your turn to be evaluated, practice the skills for the following evaluation. Do not waste your time.

Clinical Proficiencies

- During DEN 131, 141, 221, & 231, you will demonstrate proficiencies on clients and/or peer clients. See course syllabi for specific proficiency deadlines.

1. Seat your patient.
2. Complete check-in procedure.
3. Have appropriate proficiency/evaluation ready when instructor arrives to evaluate.
4. Have instructor evaluate, comment, sign, and date.
5. Place proficiency/evaluation form in clinic file tray for grading.
Preclinic/Clinic Evaluation Definitions

**Process Evaluation** is an evaluation that tests a particular skill, independent of other skills being learned and demonstrated. When evaluating a procedure by process, the assigned faculty member observes the student as they perform each defined step of the procedure. The process evaluation instruments include the Tutorial, Proficiency, and Adjunctive Services evaluations.

**Tutorial** is a “practice” process evaluation. Students perform tutorials without being formally evaluated. No grade is recorded for a tutorial. During the tutorial the instructor can offer appropriate coaching at each step, if necessary and desirable. Classmates may evaluate peer tutorials in preparation for faculty evaluation.

**Proficiency** is a “graded” process evaluation. This evaluation tests the students on the performance of a newly learned skill. The student performs independently without faculty assistance, while faculty observes. Proficiencies are used to determine the student’s achievement of competence. Minimum performance levels and criteria are stated for each task.

**Adjunctive Service** occurs after the tutorial and/or proficiency evaluation is completed at the stated mastery level. This evaluation occurs during each subsequent delivery of the service until program requirements are met. It ensures that the student maintains the competence originally achieved with the proficiency evaluation and consistently performs the procedure at the mastery level. The faculty member is not required to observe each detailed step of the criteria but must be present during most of the procedure. Once program requirements are met, the student is no longer observed and these procedures are evaluated within the end product evaluation.

**End Product Evaluation** is an evaluation that tests the student’s performance of a combination of skills toward a desired overall result. The student is evaluated on the end product or final result of total client care at each clinic session. This evaluation does not require that the faculty member observe each step of the student’s performance. Penalty points are used during the end product evaluations for errors in the process performance of the skill or procedure. End product evaluations imply and include process evaluations in the resulting point score.

**Critical Errors** are given on proficiencies and end product evaluations. Critical errors are errors that may affect the client/operator welfare and thus warrant special attention. These errors are noted by an asterisk (*) in this manual. All competency points will be deducted for any critical errors.

**Competence** is the quality or condition of being legally qualified to perform a task.

**Clinical Competence** is developed during the repeated delivery of dental hygiene services with close supervision of faculty. These services are mastered on peer and clinic clients. Once graduated from the Dental Hygiene Program, students will be legally and ethically capable of delivering those services within the scope of the dental laws.

**Laboratory Competence** is developed in a laboratory setting on a mannequin, extracted teeth, or dental model. With additional experience beyond graduation, students will develop clinical competence. Legally and ethically graduates must inform employers that they have been trained to laboratory competence. The employer will directly observe and supervise the delivery of such services until clinical competence is obtained.

**Mastery Level** refers to the percentage grade that students must achieve on proficiencies in order to receive credit. Mastery levels change each semester.
Professional Infraction Penalty

Student Name: ________________________________________________

Clinic Date & Time: ____________________________________________

Number of Penalty Points Awarded: _______________________________

Name of Instructor: ____________________________________________

Description of Infraction:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Student Signature: ______________________________________________

Instructor Signature: ______________________________________________

Clinic Coordinator Signature: ________________________________________

Department Head Signature: _________________________________________
Professional Responsibility Infractions and Penalties

- Each student will be graded on his/her professional responsibility in all laboratory and clinic courses.
- No penalty will be imposed for the first infraction, but a warning will be issued to the student to sign.
- The student will be informed in writing when professional points are deducted. These points will be recorded on the daily end product evaluation in clinic.
- The list of infractions below is not inclusive of all possible infractions. Instructors have the right to assess infractions and determine point deductions.

- **Maximum number of infractions per semester is three. More than three infractions is grounds for dismissal**

<table>
<thead>
<tr>
<th>Infraction</th>
<th>Points Deducted from Final Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Failure to use appropriate procedures when absent. Call ahead to clinic manager and clinic coordinator as well as your patient to reschedule in the event of absence or tardy.</td>
<td>1</td>
</tr>
<tr>
<td>2. Taking radiographs or chart out of clinic</td>
<td>Dismissal</td>
</tr>
<tr>
<td>3. Taking film badges out of clinic</td>
<td>1</td>
</tr>
<tr>
<td>4. Not returning chart to proper place</td>
<td>1</td>
</tr>
<tr>
<td>5. Not submitting written patient appointment time/date</td>
<td>1</td>
</tr>
<tr>
<td>6. Recording inaccurate client information</td>
<td>1</td>
</tr>
<tr>
<td>7. Duplicating client’s chart</td>
<td>1</td>
</tr>
<tr>
<td>8. Falsification of records or x-rays</td>
<td>Dismissal</td>
</tr>
<tr>
<td>9. Failure to update medical-dental history and vital signs</td>
<td>2</td>
</tr>
<tr>
<td>10. Making illegible chart/appointment book entries</td>
<td>1</td>
</tr>
<tr>
<td>11. Failure to submit radiographs for a grade within one week</td>
<td>1</td>
</tr>
<tr>
<td>12. Failure to attend or schedule grade conference</td>
<td>2</td>
</tr>
<tr>
<td>13. Wearing incorrect, dirty, or wrinkled clinic clothes or smelling like cigarette smoke</td>
<td>1</td>
</tr>
<tr>
<td>14. Fingernails too long or colored-polished</td>
<td>1</td>
</tr>
<tr>
<td>15. Not wearing film badge</td>
<td>1</td>
</tr>
<tr>
<td>16. Having dirty, messy hair</td>
<td>1</td>
</tr>
<tr>
<td>17. Having soiled, messy shoes</td>
<td>1</td>
</tr>
<tr>
<td>18. Using inappropriate make-up</td>
<td>1</td>
</tr>
<tr>
<td>19. Wearing incorrect socks, knee-highs, or hose</td>
<td>1</td>
</tr>
<tr>
<td>20. Wearing inappropriate jewelry</td>
<td>1</td>
</tr>
<tr>
<td>21. Using unprofessional language</td>
<td>1</td>
</tr>
<tr>
<td>22. Exhibiting unprofessional behavior</td>
<td>1</td>
</tr>
<tr>
<td>23. Failure to make appropriate use of lab or clinic time</td>
<td>1</td>
</tr>
<tr>
<td>24. Failure to maintain adequate appointment control</td>
<td>1</td>
</tr>
<tr>
<td>25. Failure to be prepared for lab or clinic session</td>
<td>1</td>
</tr>
<tr>
<td>26. Having food or drinks in classrooms, labs, or clinics</td>
<td>1</td>
</tr>
<tr>
<td>27. Being tardy to clinic, lab, or class</td>
<td>1</td>
</tr>
<tr>
<td>28. Failure to maintain work area in a professional manner, neat and organized</td>
<td>1</td>
</tr>
<tr>
<td>29. Performing any action that could cause harm to any patient, student, instructor, or visitor to the clinic</td>
<td>2</td>
</tr>
<tr>
<td>30. Failure to sign-in with an instructor or clean up work area when working outside scheduled class time</td>
<td>1</td>
</tr>
<tr>
<td>31. Seating patient before faculty are in clinic</td>
<td>2</td>
</tr>
<tr>
<td>32. Failure to comply with the regulations and policies as stated in this HCC Dental Hygiene Program Manual</td>
<td>1</td>
</tr>
<tr>
<td>33. Accessing patient information on the computer without authorization</td>
<td>Dismissal</td>
</tr>
</tbody>
</table>
Professionalism Self-Assessment First Semester

Student: ___________________________________

- Rate yourself using the rating scale below in all areas listed. Make any comments in the area provided on the table and answer the questions on the back of this page.

- Refer to “Professionalism Guidelines- Performance Areas” found in the HCC Dental Hygiene Student Manual Section 1 for clarification of behaviors listed on the chart below.

- Complete this Self-Assessment once during your first semester and bring this completed document to the mid-semester grading conference.

Rating Scale
I display all characteristics of this performance area:
5 = Extremely well or almost always
4 = Good or very often
3 = Moderately or occasionally
2 = Slightly or seldom
1 = Unsatisfactory or not at all

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Performance Rating</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Perseverance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Ability to Follow Directions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Honesty &amp; Integrity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Energy &amp; Industry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Punctuality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Initiative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Personal Appearance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Attitude</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Response Towards Clinical Evaluation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Describe the general progress you’ve made in this program toward achieving optimal professional behavior.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What do you consider your strengths and weaknesses in your development of professional behavior?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Additional Comments:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I have discussed this self-evaluation with my advisor at the grading conference. Together, areas of weakness have been addressed and modifications for improvement have been developed.

Student Signature: __________________________________________ Date: ____________

Advisor Signature: __________________________________________ Date: ____________
Professionalism
Self-Assessment

Student: ___________________________________

❖ Rate yourself using the rating scale below in all areas listed. Make any comments in the area provided on the table and answer the questions on the back of this page.

❖ Refer to “Professionalism Guidelines- Performance Areas” found in the HCC Dental Hygiene Student Manual Section 1 for clarification of behaviors listed on the chart below

❖ Complete this Self-Assessment once a semester and bring one to the mid-semester grading conference.

**Rating Scale**
I display all characteristics of this performance area:
5 = Extremely well or almost always
4 = Good or very often
3 = Moderately or occasionally
2 = Slightly or seldom
1 = Unsatisfactory or not at all

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Performance Rating</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Concern for Patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Perseverance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Ability to Follow Directions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Honesty &amp; Integrity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Energy &amp; Industry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Punctuality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Initiative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Personal Appearance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Attitude</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Response Towards Clinical Evaluation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Describe the general progress you've made in this **clinical session** toward achieving optimal professional behavior.

__________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

What do you consider your strengths and weaknesses in your development of **professional behavior**?

__________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

**Additional Comments:**

__________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

I have discussed this self-evaluation with my advisor at the grading conference. Together, areas of weakness have been addressed and modifications for improvement have been developed.

Student Signature: ___________________________ Date: ____________

Advisor Signature: ___________________________ Date: ____________
Section 11: Emergencies
HALIFAX COMMUNITY COLLEGE
Exposure Incident Form
Attachment 4

Name of Employee: _____________________________ SSN: ________________

Date of Incident: ___________________  Time of Incident: ____________

Location: ____________________________________________________________

Type of exposure (puncture, splash, cut, etc.): _______________________________

Type of infectious material (blood, body tissue, body fluid, vomit) and amount if known:

Parts of Body Exposed: _________________________________________________

Severity of Exposure: (depth of puncture, etc.): ______________________________

Circumstances (work being performed etc.):
1. how and why the exposure incident occurred
2. the job duty being performed at the time.
3. whether the duty being performed is a normal,
4. routine part of the employee's job.

Methods of control in place: _____________________________________________

Personal protective equipment being used: _________________________________

If personal protective equipment was not being used, explain why: ______________

Action taken (decontamination, clean-up, reporting, etc.): _____________________

Recommendations for avoiding future incidents: ______________________________
HALIFAX COMMUNITY COLLEGE EMERGENCY ACTION PLAN

INTRODUCTION
Halifax Community College is committed to preventing or reducing the risk of injury or property damage to students and employees resulting from foreseen or unforeseen danger. Risks include fire, utility disruptions, gas leaks, identity theft, bomb threats, criminal activity, violent intruder, hazardous material, tornado, hurricane, medical emergency, explosion, or terrorist activities. Risk may be avoided by the closing of the College or other risk management techniques if the risk is foreseen. Risk may be avoided or reduced by implementing the Emergency Response Plan if the risk is unforeseen, such as evacuation or “Sheltering-In” until evacuation is possible. It is acknowledged that emergency response connotes, for many people, evacuation only. HCC is committed to training students and staff (required by OSHA) about other possible alternatives, such as Sheltering in Place.

Procedures for rapid response to emergencies must be well known to students, faculty, and staff, and each person must understand and practice these procedures. Information will be communicated via student, faculty, and staff handbooks, College website, and other ways. In addition, all students and employees will be provided with a rapid response card that reminds them of what to do in a certain kind of emergency. Putting this plan into action with only seconds’ notice is the goal, and nothing short of excellence is expected in practicing and understanding the plan. Definition of “emergency”: A sudden and unexpected situation that needs immediate response.

EVACUATION DRILLS
Training of students and staff is crucial to effective evacuation and precedes each evacuation drill. Evacuation drills include fire, bomb threat, chemical spill, etc.

1. Unannounced at beginning of every semester – ALL building occupants
2. Refresher course on procedures—students and employees
3. Drills coordinated with Weldon Fire Department
4. Fire alarm silenced by campus police officer

EVACUATION ROUTES
Evacuation routes are identified in red on floor plans posted in classrooms and office areas. The route leads to a specific rally point outside.

SAFE AREAS
One Safe Area is designated for each building in addition to the hallway or nearest area without windows. It is located on the lowest level, in inner hallways or inner rooms. Occupants are instructed to stay away from windows and glass areas. The purpose of the Safe Area is to provide a secure place in case of severe weather such as a tornado. Safe Areas are identified in green on the floor plan posted in classrooms and office areas. Instructors are responsible for taking their roll sheets with them and
reporting to Security any students unaccounted for. Supervisors will be responsible for reporting to
Security any staff unaccounted for.

SHELTER IN PLACE
Some emergencies require that students, employees, clients, and visitors take shelter inside the room
where they are working or visiting. A violent intruder poses such an emergency.

If directed to Shelter in Place until further notice, students and staff are instructed as follows:
- Move into or stay inside your building area.
- Close and move away from windows and doors. Lock doors if possible.
  Deadbolts have been installed on all classroom and safe area locations.

AUDIBLE ALERTS
HCC has a system in place to alert students, faculty, and staff to warnings and dangers. A telephone
upgrade allows designated staff to use a special code and any campus telephone to activate ceiling
speakers in all classrooms and hallways and outside facing all parking lots, and speaker phones so that a
verbal message can be transmitted in an emergency. Instructions will be provided concerning
evacuation or other actions.

RESPONSIBILITIES
STUDENT RESPONSIBILITIES
1. Know for the area you are in at all times
   - The Evacuation plan
   - The Severe Weather plan
   - The Shelter in Place plan
   - The location of your Rally Point
2. After the drill or incident is over
   - If you have evacuated, do not reenter the building until given permission by campus
     police, Rally Point Leader, or other emergency personnel.
   - If you have gone to a safe area in case of severe weather, do not leave the area until
     instructed to do so.
   - If you have Sheltered in Place, do not move until you receive instructions.
   - Do not leave campus without notifying an official.

PERSONS WITH DISABILITIES
Individualized Emergency Care Plan
Every student receiving accommodations will have an Individualized Emergency Care Plan developed at
the same time that accommodations are developed. The student shall sign a Release of Information
Form which grants permission for Counseling Services to provide a copy of the Emergency Care Plan to
each of the student’s instructors, to security, and to the Dean of Student Services. A copy of the plan will
be given to the student as well. The plan will be reviewed each semester and revisions made accordingly.

Students are instructed as follows:

- Plan ahead for emergencies and know the evacuation route or shelter location beforehand. Refer to their Individualized Emergency Care Plan located on the back of the Accommodations Form. Identify the primary and alternate persons who will assist you in an emergency.

If you use a wheelchair

- If evacuation is ordered, proceed to the nearest designated exit.
- If in a building with more than one story, exit to the nearest stairwell and call campus police at 252.536.2551 or 252.536.4221.
- Ask someone else to notify campus police of your location.
- Remain with the assigned faculty or staff who has been assigned to assist you during an emergency.

If you have a Mobility Impairment (use crutches, cane, or walker)

- If evacuation is ordered, proceed to the nearest designated exit.
- If in a building with more than one story, exit to the nearest stairwell and call campus police at 252.536.2551 or 252.536.4221.
- Ask someone else to notify campus police of your location.
- Remain with the assigned faculty or staff who has been assigned to assist you during an emergency.

If you are Deaf or Hearing Impaired

- If evacuation is ordered, proceed to the nearest designated exit.
- Look for the visual fire alarm in the hallway.
- Ask for assistance by writing a note or using hand gestures.
- Remain with the faculty or staff who has been assigned to assist you during an emergency.

If you are Blind or Visually Impaired

- If evacuation is ordered, proceed to the nearest designated area.
- Listen for the audio fire alarm or other warning signal.
- Remain with the faculty or staff who has been assigned to assist you during an emergency.
- Tell the person how to assist you.
- Give the person assisting you additional instructions if you have a guide dog.

The instructor of each of the student’s classes will be the primary assistant for the student with a disability. Additionally, the instructor shall identify an alternate faculty or staff person to assist
individuals with disabilities during an emergency. The instructor will be responsible for identifying the alternate faculty or staff person during the first class period of each semester and reporting the name of the alternate to the student and to Counseling Services. The instructor will name a new alternate immediately upon faculty or staff turnover.

AREAS WITH CLIENTS OR PATRONS
Follow the specific plan for your area. Patients and visitors must be accounted for. These plans are found in Appendices BB-EE.
The Centre
Cosmetology
Child Care Center
Dental Clinic

DISTANCE LEARNING
Emergency plans for distance learning are included in the Disaster Recovery Plan.

SAFE AREAS & RALLY POINTS
IMPORTANT: The secondary rally points are NOT to be publicized. Rally Point 1-7 signs encircle the campus buildings and are positioned for optimum visibility during an evacuation.

ALLIED HEALTH
SAFE AREA
B128 and B126

RALLY POINTS
Primary
Out back door of clinic
RALLY POINT 3 - Back parking lot of The Centre

Secondary (unpublicized)
Back parking lot over by maintenance shop

RALLY POINT LEADERS
Dental Hygiene: D.J. Markham and Terry Hux
EMERGENCY LEVEL CLASSIFICATION

The following guide provides examples of situations requiring rapid assessment of the severity of the emergency and the chain of notification needed.

<table>
<thead>
<tr>
<th>SEVERITY TYPE</th>
<th>INCIDENT TYPE</th>
<th>ACTIONS/NOTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVEL 1</td>
<td>Minor incident. Examples: Communicating threats, minor injury, traffic accident.</td>
<td>Campus police determines there is no further hazard to persons and/or property. Campus police notifies administrator in charge of the area or dept. where incident occurs</td>
</tr>
<tr>
<td>LEVEL 2</td>
<td>Incident with potential to pose a minimal hazard to persons and/or property. Examples: contained fire, tornado watch</td>
<td>Campus police notifies administrator in charge of the area or dept. where incident occurs</td>
</tr>
<tr>
<td>LEVEL 3</td>
<td>Incident with potential for widespread impact to public safety and/or property which requires assistance from outside agency. Example: bomb threat, utility outage.</td>
<td>Campus police contacts Vice President of Administrative Services or designee, who notifies President and other Vice Presidents.</td>
</tr>
<tr>
<td>LEVEL 4</td>
<td>Incident(s) that pose significant risk to persons and/or property requiring substantial outside assistance. Examples: major fire, explosion, terrorist act.</td>
<td>Campus police contacts Vice President of Administrative Services or designee, who notifies President and other Vice Presidents.</td>
</tr>
</tbody>
</table>

QUICK-REFERENCE INFORMATION

<table>
<thead>
<tr>
<th>NAME</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Response System (Fire, Police, Rescue)</td>
<td>9-911</td>
</tr>
<tr>
<td>Security</td>
<td>0</td>
</tr>
<tr>
<td>President</td>
<td>217</td>
</tr>
<tr>
<td>VP, Administrative Services</td>
<td>269</td>
</tr>
<tr>
<td>VP, Instructional Services</td>
<td>256</td>
</tr>
<tr>
<td>VP, Institutional Advancement</td>
<td>239</td>
</tr>
<tr>
<td>Dean, Continuing Education</td>
<td>376</td>
</tr>
<tr>
<td>Dean, Curriculum Programs</td>
<td>256</td>
</tr>
<tr>
<td>Dean, Student Services</td>
<td>386</td>
</tr>
<tr>
<td>Personnel</td>
<td>242</td>
</tr>
<tr>
<td>Media Relations</td>
<td>319</td>
</tr>
<tr>
<td>Purchasing</td>
<td>263</td>
</tr>
<tr>
<td>Counseling</td>
<td>207</td>
</tr>
</tbody>
</table>

[11-5]
General Accident or Injury, Including Shop Accidents
If you are involved in or witness an accident on campus, take the following steps:

• Check the scene to make sure it is safe for you to respond

• Call or instruct someone else to call 911 if necessary and THEN notify Campus Police at 252-536-2551 or 252-536-4221 or dial “0”

• Remain on the telephone with Campus Police unless instructed otherwise

• Properly trained individuals should render immediate first aid. Do Not attempt to move injured persons unless a life-threatening condition such as a fire exists

• If the cause of the accident still poses a danger to others, notify the Campus Police and provide assistance as requested to reduce or eliminate the danger

Medical Emergency

• Check the scene to make sure it is safe for you to respond

• Call or instruct someone else to call 911 if necessary AND Campus Police at 252-536-2551 or 252-536-4221 or dial “0”

• Remain on the telephone with Campus Police unless instructed otherwise

• Do not move injured persons unless a life-threatening condition such as a fire exists

• Remain or instruct someone to remain at the scene as long as necessary to assist Campus Police or other responding personnel

Disruptive Behavior/Civil Disturbance
NOTE: A civil disturbance does NOT exist if there is “peaceful picketing or demonstrating as a means of expressing dissent or point of view.” A civil disturbance DOES exist “if picketing or demonstrating does jeopardize public order or harass organized meetings in such a manner as to deprive speakers of the right of expression.” Interference of regular classroom, laboratory, or office activity is included.

• If the situation is dangerous or potentially dangerous, call 911. THEN notify Campus Police by dialing 252-536-2551 or 252-536-4221 or “0.”
Non-Threatening Disruptive Behavior

Dealing properly with non-threatening behavior may prevent that behavior from escalating to threatening or violent behavior.

- Clear the area of spectators who are not involved in the situation or remove the person from the area.

ONLY FIRST RESPONDERS NEED TO INTERACT WITH THE PERSON EXHIBITING THE BEHAVIOR (Counselor, Dean, Security, etc.). Other responders may be on standby in the event the behavior escalates.

- Respond quietly and calmly using “I” statements throughout the dialogue.
- Do not take the individual’s behavior personally.
- Demonstrate concern by listening closely and asking open-ended questions (e.g., tell me what happened).
- Summarize often what you heard the individual say (e.g., it sounds like you are saying...).
- Focus on being honest with the individual about the outcome of the situation (e.g., It sounds like you think you were being picked on and you then became angry. I understand what you are saying; however, you know there is a zero tolerance policy for the kind of language that was used and, as a result, you will have a one-day suspension.).
- Notify others as appropriate (supervisors, Personnel, Campus Police).
- If the disruptive behavior escalates, assess whether or not the individual is exhibiting behaviors that may be dangerous to self or others (e.g., displaying a weapon, punching furniture/walls, hitting palm of one hand with fist from the other hand).
- If you believe the individual is upset but not a danger to self or others, mutually develop a coping plan.

Threatening Behavior

In the event of overtly threatening behavior constituting an immediate threat to self or others, call 911 and then Campus Police at 252-536-2551 or 252-536-4221 or dial “0.”

- Respond quietly and calmly using “I” statements throughout the dialogue.
- Do not take the individual’s behavior personally.
- Demonstrate concern by listening closely and asking open-ended questions (e.g., tell me what happened).
- Summarize often what you heard the individual say (e.g., it sounds like you are saying...).
- Focus on being honest with the individual about the outcome of the situation (e.g., It sounds like you think you were being picked on and you then became angry. I understand what you are saying; however, you know there is a zero tolerance policy for the kind of language that was used and, as a result, you will have a one-day suspension.).
- Clear area of spectators or remove person from area and from feeling like being on exhibit.
• Ask the individual to walk to a quiet location to discuss the matter.
• Alert others for assistance by using the prearranged distress signal or device. In turn, they should immediately notify Campus Police at 252-536-2551 or 252-536-4221 with as many details as possible of the ongoing incident.
• Inform the individual of what may happen next and of how they can help to de-escalate the situation. (Security has been notified and will arrive shortly. You want to be respectful when talking to them so that you can put this behind you.)

**Mental Health Emergency**

In a student is exhibiting behavior that creates concern, call 252-536-2551 or 252-536-4221 or dial “0.”

• Ask the individual if he or she would like to be accompanied to a Counselor.
• Observe behavior:

**NON-EMERGENCY BEHAVIOR—REFER TO COUNSELOR OR COMMUNITY AGENCY:**
- Stumbling, smell of alcohol, staggering, slurred speech, squirming, fidgeting
- Easily upset, cries easily, displays anger quickly
- Annoyed with routine procedures, irritability
- Impaired speech or garbled/disjointed thoughts
- Morbid, violent or depressing themes in written assignments
- Verbal expression of suicidal or violent thoughts

**TRUE EMERGENCY:**
- Uttering threat if the individual includes details. You MUST notify whom the threat is made against (Duty to Warn).

**Bomb Threat**

All bomb threats are to be taken seriously. Call 911 and then notify Campus Police at 252-536-2551 or 252-536-4221 or dial “0.”

If you receive a bomb threat by telephone, remain calm, write down the caller’s exact words and note the time of the call. Listen carefully to background noises. Check for Caller ID information. Ask the caller the following:

• When is the bomb going to explode?
• Where is the bomb right now?
• What does it look like?
• What kind of bomb is it?
• What will cause it to explode?
• Did you place the bomb?
• What is your name and address?

Inform your supervisor / department head of the bomb threat phone call.

If you receive a bomb threat in written form, do the following:
• Notify 911 and Campus Police at 252-536-2551
• Do a quick visual inspection of your area. Do not touch or move any suspicious objects
• Do not use radios or cell phones as they can trigger an explosive device
• If you are told to evacuate the area by authorized personnel, move to the appropriate Rally Point

**Explosion or Aircraft Down (Crash)**
An explosion is caused by a rapid expansion of gas from chemical reactions or incendiary devices. Signs of an explosion may be a very loud noise or series of noises and vibrations, fire, heat or smoke, falling debris or building damage.

• Evacuate the building as quickly and calmly as possible, call 911 AND notify Campus Police at 252-536-2551 or 252-536-4221 or dial “0”
• If items are falling above your head, get under a sturdy table or desk
• If there is a fire, stay low to the floor and exit the building as quickly as possible
• Assist others in exiting the building and move to designated evacuation areas
• Keep streets and walkways clear for emergency vehicles and crews
• Untrained persons should not attempt to rescue people who are inside a collapsed building, wait for emergency personnel to arrive
• DO NOT use elevators. Persons with mobility concerns should go to an area of safety and await emergency rescue teams

The responding emergency agency will make decisions regarding the control and abatement of the explosion incident, and issue or not issue the all-clear for safe building re-entry and occupancy.
**Explosion or Aircraft Down (Crash)**

An explosion is caused by a rapid expansion of gas from chemical reactions or incendiary devices. Signs of an explosion may be a very loud noise or series of noises and vibrations, fire, heat or smoke, falling debris or building damage.

- Evacuate the building as quickly and calmly as possible, call 911 AND notify Campus Police at 252-536-2551 or 252-536-4221 or dial “0”
- If items are falling above your head, get under a sturdy table or desk
- If there is a fire, stay low to the floor and exit the building as quickly as possible
- Assist others in exiting the building and move to designated evacuation areas
- Keep streets and walkways clear for emergency vehicles and crews
- Untrained persons should not attempt to rescue people who are inside a collapsed building, wait for emergency personnel to arrive
- DO NOT use elevators. Persons with mobility concerns should go to an area of safety and await emergency rescue teams

The responding emergency agency will make decisions regarding the control and abatement of the explosion incident, and issue or not issue the all-clear for safe building re-entry and occupancy.

**Fire and Emergency Evacuation**

Leave your building immediately when an alarm sounds or if you are instructed to do so by authorized emergency personnel.

- Remain calm
- Cease hazardous operations if possible
- Take important personal items—in particular, identification
- Close doors behind the last person out and cease hazardous operation IF possible.
- Follow the nearest evacuation route
- Walk quickly, single file—DO NOT RUN
• DO NOT use elevators, except to assist a person with disabilities under the following situations:
  o Evacuation is urgent
  o Use of elevator is necessary
  o Elevator is operated by Fire Department personnel

• Notify others on your way out
• QUICKLY check restrooms, copy rooms or storage rooms for people unaware of the evacuation
• Assist and accompany persons with disabilities
• Move to the designated Rally Point
• Follow the instructions of Police and Fire personnel

Additionally, faculty members and supervisors assume the role of monitors or coordinators for their students and staff during such emergencies. Therefore, faculty members or supervisors should do the following:
  • Be aware of the evacuation routes before an emergency
  • Ensure that classroom and office doors are closed after everyone has evacuated
  • Proceed to designated Rally Point
  • Take roll sheets with you—account for who is missing and report to campus police

**Flooding & Water Damage**

Flooding on or near campus can result from major or multiple rainstorms, water main breaks, plumbing problems or roof leaks.

• Quickly move to safe areas within the building, or evacuate building as instructed by Campus Police

• If it is safe to do so, secure vital equipment, records, chemicals, laboratory experiments and electrical equipment prior to evacuation

• Once evacuated, avoid areas susceptible to flooding and seek shelter as necessary

• Remain as a group and wait for further instructions

• If assisting in cleanup, immediately report any oil, chemical or hazardous materials suspected of mixing with floodwater to Campus Police at 252-536-2551 or 252-536-4221 or dial “0”

• If instructed to evacuate campus due to outside flooding, depart immediately to avoid becoming stranded

• If you are in a car and it stalls, abandon it immediately and proceed to higher ground

[11-11]
• Avoid driving or walking through flooded areas or swiftly moving water

Gas Leak
The following steps should be followed if a gas leak is suspected:

• Cease all activity immediately

• Do not use cell phones or any other electrical equipment

• Notify Campus Police at 252-536-2551 or 252-536-4221 or dial “0” immediately if a gas leak is suspected. Provide details about the location and circumstances

• Evacuate the area as quickly as possible, moving to an outside location at least 500 feet from the location of the suspected leak

Hazardous Material Spill

• Call 911
• Isolate area—evacuate, if necessary
• Keep exposed people separate from others
• Notify Campus Police
• Notify supervisor or the nearest supervisor (whichever is fastest)

Public Utilities or Service Disruptions
If a power outage occurs in your office or building, do the following:

• Remain calm

• Call Campus Police at 252-536-2551 or 252-536-4221 or dial “0” to report any room, building, or campus power outages

• After initial report, keep telephone lines to Campus Police clear for emergency calls and other needs related to power outages

• Help those in your area who may be unfamiliar with your space

• If in an unlighted area, cautiously move toward an area with emergency lighting

• If in an elevator, stay calm. Use the emergency phone, or other phone to contact Campus Police at 252-536-2551 or 252-536-4221

• If in a laboratory area, fume hoods will not work properly during an electrical outage. Laboratories should not be used until power has been restored. Evacuate the building if instructed to do so.
Active Shooter NOT in Your Building

Shootings and other violent acts are unpredictable, and your immediate response depends on the situation you face.

- Shelter in Place immediately and remain in place until told to leave

- Call 911 and notify Campus Police at 252-536-2551 or 252-536-4221 or dial “0,” providing the dispatcher with the following information, if known:
  - Your name
  - Location of the incident (be as specific as possible)
  - Number of shooters or assailants, if known
  - Identification or description of shooter(s) or assailant(s) (race, gender, clothing description, physical features, type of weapon, etc.)
  - Your exact location
  - Injuries to anyone, if known

Active Shooter in Your Building

An active shooter is a person whose activity is immediately causing serious injury or death and has not been contained. Active shooters use firearms, and there is often no pattern or method to their selection of victims. These situations evolve rapidly, demanding immediate deployment of law enforcement resources to stop the shooting and minimize harm to innocent victims. If you are directly involved in an incident and exiting the building is not possible, take the following actions:

- Go to the nearest room or office
- Close and lock the door. Barricade the door if possible
- Turn off lights, radios and computer monitors
- Close blinds and block windows
- Seek protective cover away from windows and doors (behind concrete walls, filing cabinets, thick desks, etc.)
- Keep quiet and act as if no one is in the room. Silence cell phones
- Do not answer the door
- Do not respond to any voice commands until you can verify the source
• Call 911 and notify Campus Police at 252-536-2551 or 252-536-4221, providing the dispatcher with the following information:
  o Your name
  o Your location
  o Number of shooters or assailants, if known
  o Identification or description of shooter(s) or assailant(s) (race, gender, clothing description, physical features, type of weapon, etc.)
  o Injuries to anyone, if known

• Wait for Campus Police or local police to assist you out of the building

**Suspicious Object, Package, etc.**
If you receive or observe a letter or a package whose appearance is somehow suspect, do the following:

• Do not move, open, cover or interfere with the letter or package

• Move away from the area

• Do not use cell phones or radio equipment within 100 feet of object

• Call 911 and notify Campus Police at 252-536-2551 or 252-536-4221

• Wash your hands with soap and water

• Follow Police and Fire personnel instructions

**Severe Weather Emergency**
Campus Police monitors a weather radio which broadcasts news of severe weather watches and warnings. Your building will be alerted if conditions deteriorate.

**Severe Weather WATCH**
Issued whenever conditions are favorable for formation of such storms

**Severe Weather WARNING**
Issued when such storms have formed and pose an imminent threat

**TORNADO**
• Follow your building’s shelter plan

• Take shelter in a basement or the smallest, most interior rooms and hallways on the lowest floor

• Avoid glass-enclosed places or areas with wide-span roofs such as auditoriums or gymnasiums

• Crouch down and cover your head
• Wait for the “all clear” signal from authorized emergency personnel and Campus Police

THUNDERSTORM
• Stay away from windows
• Draw shades or blinds to reduce injury from flying glass
• Minimize use of electrical appliances including computers

College Closing Information

Please do NOT call the campus operator for cancellations.
If the College is closed due to inclement weather or other circumstances, the President will inform you via e-mail and/or the College intercom system. You may also access information through the following means:

• If there is power, an e-mail will be sent to all faculty, staff and students via Groupwise.
• Media outlets will be notified (see Safety Plan).

The President or a designee will authorize all closings.

You may be instructed to leave campus via a designated route.
DENTAL CLASSROOM EMERGENCIES

In case of an accident or injury:

- Never leave an injured student unattended.

- The instructor will determine the status of the victim and will direct treatment.

- If the instructor is the victim, a supervising (pre-designated) student will take charge of the situation. This student will ask another student to summon help at the Clinic Manager’s desk. The Clinic Manager will find an instructor or other faculty member to attend the emergency situation. The supervising student will remain with the victim and begin basic first aid procedures until help arrives. All other students are asked to remain in their seats unless their assistance is requested.

- A student may be asked to retrieve the first aid kit or other emergency equipment. The student will place the first aid kit within reach of the instructor/supervising student. The first aid kit is located in the cabinet in the sterilization room in the cabinet marked with a large Red Cross. The oxygen tank is located to the right of the sterilization door.

- If so advised, the student will use the telephone in the Clinic Manager’s office to call for help. The student should dial 0 and ask the front desk operator to report the emergency. The student will answer all pertinent questions and follow the directions provided by emergency personnel.

- The supervising instructor will complete and remit appropriate safety forms.

General Safety Guidelines:

- Maintain a clean and organized classroom.

- Keep walkways clean of obstruction.

- Turn off power and unplug all electrical devices prior to exiting the classroom.

- All students are responsible for knowing the location of and how to use/operate emergency equipment and supplies. Faculty has the right to ask a student to demonstrate these abilities at any time.
DENTAL CLINIC EMERGENCIES

Examples of emergencies that require assistance include:
- Cardiac Arrest
- Airway Obstruction
- Grand Mal Seizure
- Myocardial Infarction
- Angina (does not respond to nitroglycerin)
- Acute Adrenal Insufficiency
- Acute Pulmonary Edema
- Hyperglycemia
- Acute Thyroid Dysfunction
- Allergic Response (respiratory or anaphylaxis symptoms)
- Severe Overdose Reaction

In case of accident, injury, or other emergency:
- Never leave the patient unattended.

- The student (HYGIENIST) will announce an emergency by speaking the nearest instructors first name in a loud voice. Begin basic first aid procedures until help arrives.

- The closest available student (ASSISTANT) hearing the announcement above will summon the supervising DENTIST. Use the DENTIST’S first name when summoning the DENTIST. This will clue the DENTIST that there is an emergency situation. This ASSISTANT will await further instruction. All other students will remain with their patients and keep a calm atmosphere by continuing to work.

- The HYGIENIST will provide the DENTIST with information about the patient’s medical history and symptoms, monitor and record vital signs, record details of emergency treatment, and assist the DENTIST as necessary.

- The DENTIST will determine the status of the patient and will direct treatment.

- The ASSISTANT may be asked to retrieve the first aid kit or other emergency equipment. The ASSISTANT will place the first aid kit within reach of the DENTIST. The first aid kit is located in the closet of the sterilization room in the RED first aid cabinet. The oxygen tank is located to the left of the first aid cabinet.

- If so advised by the DENTIST, the ASSISTANT will use the telephone in the Clinic Manager’s office to call for help. The Clinic Manager will dial zero to reach the front desk to summon 911. If the Clinic Manager is not in the office, the ASSISTANT should dial zero and ask the front desk to report the emergency. The ASSISTANT will answer all pertinent questions and follow the directions provided by emergency personnel.

- The DENTIST will complete and remit appropriate safety forms and will assure appropriate information has been recorded by the HYGIENIST in the patient chart.
EMERGENCY EQUIPMENT

The emergency cart in the Dental Clinic is equipped to handle emergencies based on the training level of the students and instructors and the HCC’s proximity to emergency medical services. The cart and oxygen tank, with masks, are located in the storage room off of the sterilization area. The door is marked with a red cross.

First Drawer

<table>
<thead>
<tr>
<th>Category</th>
<th>Drug</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antihistamine</td>
<td>Diphenhydramine</td>
<td>Allergic Reaction</td>
</tr>
<tr>
<td></td>
<td>Hydrochlorine</td>
<td></td>
</tr>
<tr>
<td>Respiratory Stimulant</td>
<td>Ammonia ampules</td>
<td>Syncope</td>
</tr>
<tr>
<td>Sugar Substitute</td>
<td>Glutose 15</td>
<td>Hypoglycemia</td>
</tr>
<tr>
<td></td>
<td>Orange juice box</td>
<td></td>
</tr>
<tr>
<td>Vasodilator</td>
<td>81 mg. aspirin</td>
<td>Angina</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heart Attack</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Acute Hypertension</td>
</tr>
</tbody>
</table>

Other items:
Comfit face masks
Pens

Second Drawer

<table>
<thead>
<tr>
<th>Category</th>
<th>Drug</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchodilator</td>
<td>Albuterol Sulfate</td>
<td>Asthma Attack</td>
</tr>
</tbody>
</table>

Other Items:
Magill forceps
PVP prep pads
Safety syringes
Microshield
Pupil pen
Alcohol prep pads
Scissors
1 ml syringes
Pocket mask

Third Drawer

<table>
<thead>
<tr>
<th>Category</th>
<th>Drug</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antimicrobial</td>
<td>Hydrogen Peroxide</td>
<td>Cuts, open wounds</td>
</tr>
</tbody>
</table>

Call Poison Control at 1-800-222-1222

Induce vomiting
Syrup of Ipecac
Poisoning

Absorption
Activated Charcoal
Poisoning
Instant Milk

[11-18]
Other Items:
Berman airway          Robertazzi Nasophyrngeal airway
Pediatric rebreathing mask  Adult rebreathing mask
Glucometer               Blood pressure cuff
Stethoscope

Fourth Drawer:
Sharps container
Emesis basin
Biowipe Econ kit
Kwik Kold Instant Ice Pak
Triangular bandages
Regular stretch gauze

Oxygen Cart (located beside Emergency Cart)
“E” size oxygen tank regulator  Directions for use of tanks and masks
Nasal cannula               Non-rebreather mask

Eyewash Stations
Located in the dispensary and the clinic lab in the dental clinic and in Dental Materials Laboratory. They are marked with green “Eye Wash Station” signs.

Ammonia Vaporole
Taped inside overhead cabinet in each dental operatory in the clinic and in the Emergency Crash Cart.

Fire Blanket and Pillow
Located in the Storage room off the sterilization room on shelf next to Emergency Cart.

Fire Extinguishers
One is located in the Dental Materials Laboratory and two are located in the Clinic.

First Aid Kits
One first aid kit is located in the clinic lab and one in the materials lab classroom. Both are marked with “First Aid Kit” signs.
Halifax Community College
Incident Report

____ Victim: ____________________________________________

____ Address: __________________________________________

City, State Zip

Date of Birth: ___________________________ Home Phone: ___________________________

____ Student ______ Visitor ______ HCC Employee

Date ______ Time: ______ Location: ________________________________

Type of Injury : __________ Apparent Cause : __________

____ Sprain/Strain ______ Vehicle
____ Cut/Laceration ______ Fall/Lifting
____ Bruise ______ Hazmat
____ Illness ______ Chronic Illness
____ Acute Illness ______ Other ________________________________

____ Medical ______ Halifax Works / Halifax Regional Medical Center

X 252-535-8463 252-535-8011 X

Was the Police Notified? ___ Yes Officer___________________________ ___ No

Narrative:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Witnesses: Name Address Phone #

None

None

Reporting Person: ____________________________

Time: ____________________________ Date: ____________________________

PO DRAWER 809
100 COLLEGE DRIVE
WELDON, NORTH CAROLINA 27890
252-536-HCC1 ( 4221 )
Medical Emergency Report
HALIFAX COMMUNITY COLLEGE

Patient’s Name________________________________________Today’s Date________________

Description of Medical Emergency:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Time of Onset:   __________________
Time EMSSummoned:  __________________
Time EMS Arrived:   __________________
Time Patient Released:  __________________

Findings:
Blood Pressure:   __________________
Pulse:     __________________
Respirations:   __________________
Oxygen Delivery Method: __________________

CPR Initiated:
By:________________________________________Time:__________________________

<table>
<thead>
<tr>
<th>Drugs Administered</th>
<th>Route of Delivery</th>
<th>Drug Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>