



SANTA ROSA
JUNIOR COLLEGE

2020/2021

DENTAL HYGIENE POLICY MANUAL

The contents of this handbook are subject to change with notification

Welcome and Congratulations

You have worked very hard to earn your position as a student in the SRJC Dental Hygiene Program. You should be proud of your accomplishment.

The faculty is committed to helping you succeed in your program. We want you to be proud to be an SRJC Dental Hygiene graduate and to know that you have met the standard of excellence that the community has come to expect of this program.

This policy manual is not meant to replace the SRJC District Policy Manual, but rather to serve as a supplemental source of information. You will find that it contains a general overview of the procedures and policies of the Dental Hygiene Program. It is your responsibility to become familiar with and abide by the policies and regulations as stated within this policy manual. The District Policy Manual www.santarosa.edu/polman is the official document which delineates SRJC policies and procedures and will rule in the event of contradictions between the two documents. The District may revise the policies and procedures at any time without prior notice

Please read this Dental Hygiene Program Policy Manual carefully before the New Student Orientation and keep it available for future reference.

Beyond the information found in this handbook and my personal best wishes for your success, I offer the following advice;

Everything you need to succeed is within you!

Lucinda(Cindy) Fleckner RDH, RDHAP, MS.
Director Dental Hygiene Program

Introduction of the Faculty

Full Time Faculty The Dental Programs have highly qualified faculty who have had a wide variety of professional, academic, and personal experiences in the field of dentistry, dental assisting, and dental hygiene. The offices for the full-time faculty are on the third floor, room 4075 and 4070. A schedule of faculty office hours is posted outside of the office. Part-time faculty are also available to students during posted office hours or by appointment. Part-time faculty office hours and location are posted in room 4024 and on the student bulletin boards.

Lucinda (Cindy) Fleckner, RDH, RDHAP, MS. - Full-Time Faculty

Cindy is the Director of Dental Hygiene and the first-year clinical coordinator. She earned a Bachelor of Science degree in Dental Hygiene from Loma Linda University, CA. She received a Master of Science in Dental Hygiene from University of California San Francisco. Cindy received her Dental Hygiene in Alternate Practice (RDHAP) from the Arthur A. Dugoni School of Dentistry, University of the Pacific.

Additionally, Cindy has taught in both first and second year dental hygiene since 2000.

Jennifer Apocotos-Kirk, RDHAP, MA - Full-Time Faculty

Jennifer is the second year clinical coordinator. She earned her Bachelor of Science in Dental Hygiene from the University of California San Francisco. She received a Master of Arts Degree in Education, Curriculum, Teaching and Learning from Sonoma State University and her Dental Hygiene in Alternate Practice (RDHAP) from the Arthur A. Dugoni School of Dentistry, University of the Pacific. Additionally, Jennifer instructs Local Anesthesia/Nitrous-Oxide Sedation, Community Dental Health and is a clinical faculty with first-year dental hygiene students.

Jennifer Poovey, RDA, CDA, RDHAP, MA – Full Time Faculty

Jennifer graduated with an Associate of Science Degree and received a Certificate of Completion in Dental Assisting from Santa Rosa Junior College. Jennifer also received an Associate of Science Degree in Dental Hygiene from Santa Rosa Junior College. She earned a Bachelor of Science Degree in Organizational Behavior from the University of San Francisco. She received a Master of Arts Degree in Education, Curriculum, Teaching and Learning with Educational Technology from Sonoma State University and her Dental Hygiene in Alternate Practice (RDHAP) from the Arthur A. Dugoni School of Dentistry, University of the Pacific. Jennifer is the coordinator of the radiology courses for dental hygiene and dental assisting students.

Susan Hellums, CDA, RDA, RDH, RDHAP, MS-Full Time Faculty

Susan graduated with an Associates of Science Degree in Dental Hygiene from Santa Rosa Junior College. She earned a Bachelor's of Science in Health Management from the University of San Francisco. She received a Master's in Dental Hygiene from the University of Tennessee Health Science Center and her Dental Hygiene in Alternative Practice from Arthur A. Dugoni School of Dentistry, University of Pacific. With over thirty years of clinical dental experience, Susan has been teaching with both first and second year dental hygiene students since 2009

Adjunct Faculty

The adjunct faculty enrich clinical, laboratory and classroom instruction with their special expertise as practitioners currently working in the dental profession. Adjunct faculty are assigned to classes and clinics based upon their subject expertise. You will be introduced to each of the adjunct faculty throughout your educational experience at SRJC.

Bryan Barientos, DDS

Trale Broudy, RDH, BA

Pamela Camp RDH, BS

Michael Danford, DDS

Debra Del Carlo, RDH, MA

Andrea Emerson RDA, RDH, BS

Terri Fitzpatrick, RDH, BA

Jessie Folla, RDH, BS

Treeci Gathman, RDH, MA

Wendy D. Hageman, RDA, CDA, RDH, BS

Brooke Johnson RDH, BS

Karen McGinn, RDH, BS

Martha Schwartz, RDH, DDS

Denise Sieg RDA, RDH, BS

Dominica Sperbeck, RDH, MS

Dawn Talkington RDH, BS

David Wong, DDS, MA

Deanna Diaz, RDA, CDA, BA – Classified Staff

Dental Program Faculty Goals

1. Faculty will mentor students by accompanying them through the learning process and by making a commitment in a caring way. This involves taking the path with the student.
2. Faculty will encourage students and share the passion we have for the profession.
3. Faculty will provide access and guidance to helpful information.
4. Through faculty consultation hours, faculty will provide an opportunity for student to establish a relationship of trust.

Table of Contents

Welcome	1
Faculty Introductions	2-3
Table of Contents	4-9

Section 1

District and Dental Programs Accreditation	10
Mission Statement	11
Philosophy of the Dental Programs	11
Licensure in California	12
Dental Hygiene Program Goals	12
Dental Hygiene Program Competencies	12
Student Learning Outcomes	12-14
Dental Hygiene Program Overview	15
Dental Hygiene Curriculum	16
Teaching Methods and Learning Environment	16-17

Section 2

General Policies

SRJC Policies and Procedures	
Student Conduct	18
Access for Student with Disabilities	19
Sexual Harassment / Discrimination	20
Patient and Student Treatment Policies	
Cultural Diversity	20-21
Use of Human Subjects	21
HIPAA	21
Social Media	21
Confidentiality	22
Patient Bill of Rights	23
General Department Guidelines	
Student Security Policies	23-24
Student Educational Rights and Privacy	23-24
Communication Policies	24-25
Letter of Recommendation	25
Posting Notices of Services	25
Food and Drink Policies	25
Locker Room and Building Maintenance	25-26
Children and Visitors	26

Section 3

Student Conduct Policies

Professionalism & Ethical Conduct	26-28
Dress Code and Professional Image	29-30

Section 4

Academic & Attendance Policies

Overview	30
SRJC Attendance Policy	31
Tardiness	31
Makeup Missed Assignments Policy	32
Competencies vs Demonstrations of Knowledge	32
Progression Through Program	32
Remediation	33
Additional Lab Time	33
Practice Clinic	33
Participation as a Student Partner	33
Assignments	34
Process and Product Evaluation	34
Performance Test for Grades	34
Quizzes and Readiness Assessment Evaluations	34
Midterm & Final Examinations	35
Make-up Exams	35
Clinical Grades	35
Scantron Exams	35
Grading Scale	35
Extra Credit Policy	36
Incomplete Grades	36
Posting Grades	36
Examination Guidelines	37
Academic Integrity	37
Student Probation & Withdrawal	38
Student Dismissal Policy	39
Re-entry Policy & Procedure	39
Student Grievance Procedure	40
Technical Standards	41-42

Section 5

Health & Safety Regulations

Health Requirements	42
CPR Requirements	43

Bloodborne and Infectious Disease Policy	44
Policy on Latex Allergies	45
Policy for Treatment of Dental Patient with Active or Suspected Infection with TB	45
Substance Abuse Policy	45
Classroom & Lab Safety Regulations	46
Emergency Preparedness	46-47
Emergency Evacuation Plan	47-53
Accident Reporting Procedure	53-54
Student/Faculty Sharps Exposure Incidents	54
<u>Section 6</u>	
Quality Assurance	55-59
Clinical Policy Manual(Cpm)	60
<u>Section 7</u>	
Clinical Information	
Quality Assurance and Competency Statements	60-63
General Clinical Policies	
General Clinical Guidelines	64
Protocol for Clinical/Rotation Absences	64
Recruitment of Patients	65
Clinical Preparation	65
Instrument and Cassettes	65
Semi and Contaminated Areas	66
Requesting an Instructor	66-67
Protocol for Instructor Conference	67
End of Clinic Session	67-68
Use of Cell Phones in Clinic	68
Treatment Policies	69
Medical/Dental History	70-71
Medical Consult Needed	72
Patients Not Seen in The Clinic	75
Elimination of Treatment Area	76

Patients No Longer Eligible for Treatment Due to Immediate Clinical Treatment Needs	76
Contraindications for Treatment	76-77
Medical Alerts	77
Radiographs	77
Caries Charting Protocol	78
Care of Removable Appliances	78
Policy on Implants	78
Procedural Pre-rinse	79
Fluoride	79
Patient Screening	79
Recall/Periodontal Maintenance(PMT)	79
Policy on Latex Allergy/Sensitivity	80
Policies for the Safety and Comfort of Patients	80
Policy on the use of Magnification	80
Protocol for Patient Injury	81
Tissue Trauma	81
Disposal of Local Anesthetic Cartridge	81
Procedure for Broken Instrument	81
Procedure for Broken Needle	81
Hematoma From Local Anesthetic Injection	82
Dental Emergency Treatment During Clinic Session	82
Swallowed Object	82
Patient Policies	
Culture	83
Discriminations	83
Visitors	83
Security and Privacy Policies	
HIPAA Protocols	83-84
Patient Consent for Treatment	84
Patient Charts	84-85
Posting of Patients Names	85
Instructor Area	85
Student Security Policies	85
Guidelines for Advertising Your Services	86
Business Office Policies	87
Patient Appointment List and Charts	87
Collection of Fees	87
Assigned Patient-Student Responsibility	88
Sharing Patients Between Students	88-89

Discontinued Patient Procedure	88-89
General Facilities Policies	
Building Maintenance	89
Locker Room	89

Section 8

Forms

Correction of Addendums	90
Treatment Notations for Patient Communication	90
General Forms	90-91
Patient Completion Form(Purple)	91
Chart Documents	91
Patient Completion Letter & Dental Referral	91-92
Special Forms	92
Radiographs	93-94
Oral Hygiene Record and Fees	94

Section 9

Appendix

Classification of Blood Pressure	95
Physical Status Classification (ASA Classification)	96
Medically Compromised Patients	97-98
AHA Recommendations for Prophylactic Coverage	99
Antibiotic Coverage for Patient with Total Joint Replacements	100
Disease Classification - Dental Hygiene Diagnosis	101
Gingival Tissue Description	102
Calculus Definitions	103-104
Notes for EOIO and PSE Form	104
Probing Guidelines	105
Instructions Following Dental Hygiene Therapy	106
Protocol on Arestin	107
Protocol on MI Paste and Fluoride Varnish	108
Treatment Evaluation Summary	109
Ongoing Periodontal Evaluation	109
Periodontal Reevaluation Appointment	110
Guidelines for Presenting Documents to Faculty	111-112
Order of Documents in the Chart	113
After Hours Emergency	114
Consent for Treatment	115-116
Clinical Grading	117-121
Missing Clinical Assignment (no patient)	121-122
Chart Audit Process	123

Rotation Assignments	
Objections-Reception, Sterilization/Clinical	124
Sterilization/Clinical Rotation	125-126
Standard Operating Procedures	127-136

Section 1

SRJC Dental Hygiene Program Accreditation

The Commission on Dental Accreditation, of the American Dental Association, accredits the Dental Hygiene program. The Commission is a specialized accrediting body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611

College Accreditation

Santa Rosa Junior College is accredited by the Western Association of Colleges, and approved by the California State Department of Education and the California Board of Dental Examiners.

Program Accreditation

The Commission on Dental Accreditation (CODA) of the American Dental Association accredits the Dental Hygiene Program every seven years. The Commission is a specialized accrediting body that is recognized by the United States Department of Education as the sole agency to accredit dental and dental-related education programs conducted at the post-secondary level. The Dental Hygiene Program received accreditation “*without reporting*” status in 2016.

The Dental Board of California (DBC) accredits the Dental Assisting Program.

Notice of opportunity to file complaints with the Commission on Dental Accreditation (CODA)

In accordance with the U.S. Department of Education’s Criteria and Procedures for Recognition of Accrediting Agencies, the Commission requires accredited programs to notify students of an opportunity to file complaints with the commission.

The Commission on Dental Accreditation will review complaints that relate to a program’s compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

Third-party comments relative to the Commission’s accredited programs may include comments submitted by interested parties such as faculty, students, program administrators, commission consultants, specialty and dental-related organizations, patients and/or consumers.

A copy of the appropriate accreditation standard and/or the Commission’s Policy and Procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Ave., Chicago IL 60611-2678 or by calling 1-800-621-8099 extension 4653 or at www.ada.org.

SRJC Dental Hygiene Program Mission Statement

The Santa Rosa Junior College Dental Hygiene Program will educate a group of diverse dental hygiene students by providing a curriculum which reflects the core values of the profession, instills life-long learning appreciation, and educates the students as caring, clinically proficient and ethical entry-level dental health care professionals prepared to serve the community in both private and public settings

SRJC Dental Hygiene Program Philosophy

Society is made up of individuals interacting in complex groups with differing cultural, social, educational and spiritual values. The nature of society is one of constant change. As such, individuals must adapt to societal change to fulfill needs and make existence meaningful.

We believe that human beings have human needs related to health, which are biological, psychological and socio-cultural in nature. Society responds to these needs by promoting the advancement of health. The concept of health contains a continuum from maximum illness to maximum wellness. Individual goals for wellness may be different from those of society. Oral health care providers should be responsive to the needs of both the individual and the society. Oral health sciences are composed of disciplines of study, which provide skill, knowledge and services to society.

The Santa Rosa Junior College Dental Programs are designed to produce individuals capable of meeting professional and societal needs. The role of each program is to provide an intellectual atmosphere producing oral health-care providers who are literate, knowledgeable, motivated to be life-long learners, capable of solving problems and making decisions. Faculty members foster the development of caring, curious, competent and ethical practitioners. Furthermore, the SRJC faculty is committed to serving as role models to inspire personal and professional growth and advancement.

The educational process should be student-centered, relevant, goal-directed, competency-based and conducted in a facilitative environment. The process encourages active student participation and the application of research principles resulting in meaningful learning, the stimulation of intellectual curiosity, and the development of critical thinking. An environment conducive to learning is structured to include mutual helpfulness, freedom of expression, mutual trust and respect and physical comfort while recognizing similarities and accepting differences.

Licensure in California

The licensing agencies may deny licensure to dental hygienists and dental assistants for crimes substantially related to the practice of dental hygiene. This includes convictions involving sex crimes, drug crimes (including DUI), and crimes of violence. It is the responsibility of the applicant to present sufficient evidence of rehabilitation to the Dental Hygiene Board of California prior to licensure application.

Dental Hygiene Program Goals

To provide a student-centered learning environment in which students are stimulated to learn, to grow personally, to develop decision making, ethical, and problem-solving skills, and to stimulate creative and independent thinking.

To prepare students who will achieve professional and personal growth through application of classroom knowledge in clinical, laboratory and community settings with the provision of self-directed planning, implementation, and evaluation of professional clinical services.

To prepare students who will be prepared to assume responsibility for continued professional growth, high professional standards, and to meet the emerging challenges of dental health care.

To prepare students to successfully pass the Dental Hygiene National Board Examination and California State or Regional clinical licensure examinations.

Program Student Learning Outcomes – Program Competencies

Competencies/outcomes for Dental Hygiene graduates, describe the knowledge, skills and attitudes our graduates must attain for entry into dental hygiene practice in public and private settings.

The value of these competencies/outcomes is related to two areas. First, the competencies define the core content of the curriculum. By stating publicly what graduates must know and be able to do after completing our program, we establish a basis for the content of all courses. The competencies/outcomes provide guidance for identifying relevant content when making decisions related to our educational program.

Second, these competencies/outcomes are useful for outcomes assessment. The quality of any curriculum must be judged by its results. The program sets forth competencies/outcomes that a student must demonstrate to qualify for graduation and entry into the profession. This list provides a basis for establishing outcome measures to evaluate the degree to which a student has acquired and can demonstrate the competencies/outcomes needed to care for individuals and promote the health of the public.

Competencies/outcomes for Dental Hygiene Graduates should be viewed as dynamic standards that are responsive to any clear need for change. The competencies/outcomes are intended to serve as a framework for the dental hygiene curriculum and require regular review and revision.

Competency – Program Outcomes as an Educational Concept

The term competent is defined as the level of special skill, knowledge and attitudes derived from training and experience. Competencies/outcomes for dental hygiene graduates can be more specifically described by several basic characteristics.

Competencies/outcomes are a typical part of the practice of dental hygiene; a combination of knowledge, attitude, psychomotor skill, and/or communication skill; and performed at or above an acceptable level of defined standards.

Program Student Learning Outcomes – Program Competencies

Upon successful completion of this major, the student will be able to:

1. Discern and manage the ethical issues of dental hygiene practice in a rapidly changing health environment.
2. Advance the profession through active participation and affiliation with professional and community service, and display lifelong professional growth and development.
3. Initiate and assume responsibility for health promotion and disease prevention activities for diverse populations.
4. Formulate comprehensive dental hygiene care plans that are patient centered and based on current scientific evidence.
5. Provide treatment that includes preventive and therapeutic procedures to promote and maintain oral health and assist the patient in achieving oral health goals.
6. Evaluate the effectiveness of patient treatment, patient education, planned clinical and community educational services and make necessary modifications.

LEVELS OF COMPETENCY – Program Outcomes

NOVICE	Requires preclinic/lab to learn procedure (typodont practice) Needs frequent guidance and evaluation via skill testing Unable to work independently
---------------	---

Consistently needs further development of skill to progress to acceptable level of defined standards
Lacks full understanding of concept and/or skill
Beginning development of professional demeanor and sound judgment
Motivated externally

BEGINNER Practices effectively most of the time, but needs frequent supervision and guidance
Requires practice in multiple applications with varying situations.
More independent acquisition of knowledge
Understands theory but cannot always connect it to clinical situations.
Establishing a professional demeanor and developing sound judgment.
Frequently demonstrates internal motivation characteristics

COMPETENT Demonstrates master of technical skill at or above acceptable level of defined standards
Demonstrates basic abilities of a safe independent practitioner.
Uses deliberate, analytic thinking and judgment.
Integrates theory and practice using evidence-based approaches
Independent performance that integrates knowledge, skill and values.
Consistently demonstrates a professional manner and uses critical thinking skills in problem solving.
Can interpret comprehensive case presentations
Motivated Internally

Evaluation Methods Evaluation Methods are measured throughout didactic, laboratory and clinical instruction that provide the information and experience needed for satisfactory mastery of the competencies. Evaluation Methods evaluate the student's knowledge, psychomotor skill and attitudes. Evaluation Methods evaluate the student's ability to use information and correctly answer specific questions when asked. Psychomotor skills are evaluated to follow specific rules to produce acceptable results in standardized situations. Attitudes are evaluated in positive intellectual and behavioral actions.

SUMMARY Competencies for Dental Hygiene Graduates define a level of practice for the new graduate, rather than predict the higher level of practice that will be attained by dental hygiene practitioners over their career lifetimes. Ultimately, the true measure of the value of these competencies will be the quality of our graduates and the health care they render to the public. These competencies are linked with our program goals.

DENTAL HYGIENE PROGRAM OVERVIEW

The Commission on Dental Accreditation of the American Dental Association (CODA) and the Dental Hygiene Board of California (DHBC) accredit the Dental Hygiene Program at Santa Rosa Junior College. It is an intensive program offering a variety of well-organized classroom, pre-clinical, and clinical learning experiences.

Upon completion of the program, you will be able to apply knowledge and scientific concepts to assess needs, recognize problems, establish oral health goals and provide appropriate dental health care services and evaluate outcomes. You will receive an Associate Degree in Dental Hygiene from Santa Rosa Junior College when you complete all requirements.

All courses in the dental hygiene program must be taken in sequence.

Fall Semester – Year 1

The program is intense because you will acquire the foundation of knowledge you will apply throughout your career. You should plan to devote at least 15-20 hours each week for study and manikin practice outside of class.

The curriculum is designed so students will begin with the less complex and progress to the more complex; that they gain an appreciation for and an understanding of health, and move toward a greater understanding of disease process and management.

Students will receive a strong background in all dental sciences, tooth morphology and dental anatomy is covered in DH 70. Environmental health and safety issues and basic infection control regulations are included in DE 51, and radiology is introduced in DE 55A, and DE 50 provides the introduction to the profession and an overview of ethical issues and current topics of interest. DH 68 will enable students to become familiar with the electronic record keeping used by the program. Students are introduced to clinical procedures and basic concepts of instrumentation in DH 71A and DH 69 with medical emergencies

Spring Semester – Year 1

The dental sciences are expanded with courses that include oral embryology, oral histology, head and neck anatomy and pharmacology. Courses are taken in dental materials and oral health education and the radiology experiences are expanded in DE 55B. Students will begin to treat patients in clinic and continue to develop basic instrumentation skills in DH 71B. Emphasis is placed upon developing problem solving and critical thinking skills.

Summer Session – Year 1

During the six-week summer session, students will learn to administer local anesthesia and nitrous oxide analgesia in DH 78 and will continue developing clinical and communication skills in DH 71C.

Fall Semester – Year 2

The program will place more emphasis on advanced periodontal disease and recognition of oral pathology. The student will participate in community health projects and off campus clinical rotations. Basic instrumentation skills will be increased and advanced instrumentation techniques will be introduced in DH 71D.

Spring Semester – Year 2

This semester is designed to prepare the student to enter the "real world". Students will participate in case studies and problem solving of ethical dilemmas. The business aspect of dentistry will be studied. The dental specialties and the role of the dental hygienist will be integrated. In clinics, DH 71E, students will be expected to see patients in time period similar to that of private practice. Mock board examinations will be held to prepare students for their clinical board exam.

SRJC Dental Hygiene Curriculum

The Dental Hygiene curriculum is academically, physically and psychologically demanding as well as rewarding.

The dental hygiene students are enrolled on a full-time basis only.

Dental hygiene students are often in classes and clinics up to and occasionally exceeding eight hours a day, five days a week. In addition, all students are expected to study/practice 3-4 hours each day outside of class time. Dental hygiene students may need to contact patients in the evening hours.

The courses must be taken in succession, and a minimum grade of “C” (75%) is required in ALL courses. Because of the rigorous program and class schedule, outside work is strongly discouraged.

Upon graduation from the Dental Hygiene Program, students earn an Associate of Science Degree in Dental Hygiene.

Teaching Methods and Learning Environment

The Dental faculty at SRJC Dental Hygiene program employs an active and participatory teaching methodology. Teaching facilitates learning by incorporating a variety of methods and strategies to accommodate and enhance diverse learning styles. Learning strategies include group exercises and projects, discussion, writing, lecture, demonstration, clinical observation, role playing, problem-solving, self-evaluation and self-learning with instructor guidance. Group learning projects and exercises are frequently used to teach critical thinking skills, effective communication, collaboration and teamwork which are skills most valued in the job market.

The student is ultimately responsible for his/her own learning.

Preparation for classes, group exercises and projects are crucial. Learning activities in the classroom are designed with the assumption that the student has come to class well prepared and that he/she has sufficient background knowledge to gain maximum benefit from class time. Students are expected to spend sufficient time in preparation/study time outside class to prepare.

Learning complex psychomotor skills in an important component of the curriculum. Practice on models and lab experience with students achieving minimal competence is utilized prior to attempting procedures on student partners and then on dental patients. Students will qualify as “safe beginners” before being expected to perform skills on patients. Instructors assist students by providing constructive feedback designed to facilitate learning. Didactic and clinical faculty assesses both the process of performing procedures and the final result of those processes. Individual students learn psychomotor skills in different ways and at different rates. It is important that students recognize individual differences and work progressively toward the accomplishment of individual goals. Sufficient time is allowed for practice and many learning experiences are evaluated as satisfactory or unsatisfactory. Minimal competency levels and process evaluation will be part of all preclinical/lab and clinical courses. The goal of evaluation is to provide instruction and feedback to assist the student in utilizing problem solving and decision-making skills and in working independently with skill and confidence. As the curriculum progresses students are expected to perform with increased proficiency and efficiency and to acquire more complex skills.

Students will experience diverse teaching styles in clinic and lab. Instructional diversity provides a rich environment for learning. In order to obtain maximum learning in the clinical/lab environment, it is important to learn to appreciate the knowledge, background and experience of each didactic and clinical faculty. Initially psychomotor skills are taught with one basic approach describing specific task components. This encourages consistency of teaching and evaluation, minimizing student confusion and frustration. As the student skill level improves, appropriate advanced techniques will be introduced. The programs expect that all students will achieve career entry-level skills by the time of graduation.

Requirements for Completion of the Dental Hygiene Program:

- Successful completion of all dental hygiene courses with a grade of "C" or better in both the clinical and written aspects of each class.
- All courses must be passed in sequential order (see course sequence). Failure of any course in the sequence will prevent the student from enrolling in the subsequent semester.
- Satisfactory completion of all clinical hours and patient and/or competency requirements.
- Satisfactory completion of all requirements for the SRJC Associate in Science degree.

SECTION 2

General Policies

It is the responsibility of all students enrolled in the dental hygiene program to read and comply with these policies. Failure to do so may result in dismissal from the program. Specific requirements are provided in each individual course syllabus.

ALL SRJC POLICIES/PROCEDURES ARE FOUND IN THE DISTRICT POLICY MANUAL www.santarosa.edu/polman

The District Policy Manual www.santarosa.edu/polman is the official document which delineates SRJC policies and procedures and will rule in the event of contradictions between this Department Handbook and the District Policy Manual. The District may revise the policies and procedures at any time without prior notice.

The SRJC policies affecting student issues include but are not limited to the following:

Student Conduct and Discipline Due Process – www.santarosa.edu/polman 8.2.8 and 8.2.8P

The Sonoma County Junior College District supports a safe, productive learning environment to foster intellectual curiosity, integrity and accomplishment as defined in the District Mission and Goals.

The District holds that students shall conduct themselves in a manner which reflects their awareness of common standards of decency and the rights of others. Interference with the District's mission, objectives, or community life shall be cause for disciplinary action.

Student Conduct Standards and Due Process: found under the Student link on the main SRJC webpage – Rights and Responsibilities

Students who register in Santa Rosa Junior College classes are required to abide by the Santa Rosa Junior College Student Conduct Standards. Violation of the Standards is basis for disciplinary sanction, including dismissal from class or from the College.

1. Conduct yourself in a manner that encourages mutual respect, honorable behavior, and learning, thereby promoting student success and discouraging academic dishonesty.
2. Learn and understand the course requirements, grading procedures, and rules and expectations for acceptable conduct and behavior in each of your classes, including definitions of plagiarism and the ethical use of technology.

3. Learn and understand SRJC policy (3.11) on Academic Integrity and the Student Conduct Code, which is in the SRJC catalog and part of Policy 8.2.8, Student Discipline and how these policies will be applied in your classes.
4. Learn and understand your rights to due process should you wish to contest an allegation or penalty made by an instructor or other representative of the college.

Access for Student with Disabilities – www.santarosa.edu/polman 8.1.1 and 8.1.1P

In addition to the SRJC policy and procedure on students with disabilities, the dental programs policy includes the following

Disability Resource Department Testing Accommodations

The Disability Resources Department at Santa Rosa Junior College provides people with disabilities equal access to a community college education through specialized instruction, disability related support services, and advocacy activities.

Students with verified disabilities are entitled to academic accommodations for limitations in the educational setting from a disability. Accommodations are not authorized if they fundamentally alter the course requirements. Each authorized accommodation is unique to each student and is based on both the diagnosis of a disability and evidence of the limitation in an educational setting. The Disability Resource Department (DRD) is located in the Bertolini Student Center on the Santa Rosa campus.

You do not need to disclose the nature of your disability to an instructor in order to receive accommodations. Academic Accommodation Authorization letters from Disability Resources never disclose a student's disability, only the accommodations that are authorized. It may be helpful for you to discuss with your instructor how the limitations of your disability may impact your learning.

If you have been given accommodations for test taking at DRD, the Dental Program's faculty will request the following:

Dental Programs Student will:

- obtain the Request for Testing Form from DRD
- complete the "student" section of the Testing Accommodations form prior to giving it to your instructor.
- be responsible for bringing the form to DRD and scheduling your exams
- schedule your tests at least one week in advance for quizzes and midterms and at least one month in advance for finals.
- need to make arrangements to take your quizzes/exams at the same time that they are given in class.

Dental Programs Faculty will:

- deliver the exam to DRD prior to the exam date
- complete the section in the Testing Accommodations form listing; 1) length of exam in the class, 2) exam material allowed, 3) how the exam will be returned 4) and sign the form

In the instances where classes are scheduled back to back, faculty will work with you to arrange exam times to prevent you from missing another class.

**Discrimination and Sexual Harassment Policy – www.santarosa.edu/polman
2.7 and 2.7P and 7.18/P**

The Sonoma County Junior College District is committed to an environment in which all employees and students are treated with respect and dignity. Each employee and student has the right to work/learn in a professional atmosphere that promotes equal opportunity and is free of unlawful discriminatory practices.

The policy of the Sonoma County Junior College District is to provide an educational and employment environment free from unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct or communications constituting sexual harassment. Employees, students, or other persons acting on behalf of the District who engage in sexual harassment as defined in this policy or by state or federal law shall be subject to discipline up to and including discharge, expulsion or termination of contract.

Procedure for Santa Rosa Junior College Dental Clinic

Students, faculty, and staff in the Dental Programs are responsible to ensure that the environment remains safe and conducive for learning. These policies also apply to the students and faculty in the provision care for patients.

- All incidents of sexual harassment whether the victim is a student, faculty, staff, or patient are to be reported immediately to the District Compliance Officer.
- The victim may ask for help and guidance from the faculty or director of the program.
- The victim is advised to put into writing the description of the incident, date, time, place, and any witnesses.
- The victim may choose to confront the harasser and handle the incident without reporting it.

Every complaint will result in a prompt investigation and corrective and preventative actions will be taken where necessary.

Statement of Cultural Diversity

The SRJC Dental Programs are committed to maintaining an educational environment that fosters respect for and sensitivity to individual differences: promotes personal and professional

development and gives all students the opportunity to succeed, regardless of ethnicity, gender or socioeconomic status.

Culture is defined as the totality of socially transmitted behavior patterns, arts, beliefs, and all other products of human work and thought typical of a population or community. Knowledge of culture is essential in understanding how tradition affects health related beliefs and behaviors and approaches to oral health care.

Use of Human Subjects

The policy regarding the use of human subjects recognizes the responsibility to protect the rights, well-being and personal privacy of individuals, to assure a favorable climate for the acquisition of practical skills and the conduct of academically oriented inquiry, and to protect the interest of the District. It addresses classroom, laboratory and clinical activities in the health professions where learning by students requires the use of human subjects as a part of training procedures or demonstrations. The following privacy practices and policies have been established for curriculum activities involving human subjects.

HIPAA

All students must comply with the Health Insurance Portability and Accountability Act (HIPAA) regulations provided through program training and materials. Violations will be reported to the proper authorities and could become a part of your permanent record.

- To help maintain confidentiality, no records (hardcopy or electronic) are permitted to be taken out of the clinic area.
- The reception room is kept locked except when the clinic is in session.
- Students are informed of the importance of confidentiality in classroom and outside discussion at the beginning of the first term. Each student signs a Statement of Confidentiality prior to beginning each semester.
- Patient files are returned to the reception office at the end of each clinic session
- Whenever copying and printing materials from the patient' record, you must document in detail on the verification form kept in the reception office and have the reception faculty initials the document.

Social Media Policy

The Dental Hygiene Program recognizes that the use of technology is a valuable tool for the dental hygiene program students, faculty and staff. The use of these media resources has brought ethical dilemmas and potential liability not only for the program but also for the district.

Statement of expectations for the use of technology resources, any violation of these guidelines may be considered unprofessional behavior

- Posting obscene language or photographs
- Posting material that disparages any individual or group on the basis of race, gender, color, religion, sexual orientation, national origin or other prohibited grounds.
- Posting defamatory material regarding a fellow student, faculty member, staff, administrator or individual associated with the dental programs

- Using social medial in an unsecured manner such as – communication with patients

Confidentiality

Every individual involved with the SRJC Dental Hygiene Program has the responsibility to protect the confidentiality of patient, student, faculty and staff medical and other information as required by law and the code of ethics. The SRJC patient confidentiality policy prohibits any unauthorized access, discussion, review, disclosure, transmission, alteration or destruction of patient, student, faculty or staff information except as required to fulfill SRJC educational responsibilities. This policy includes all patients seen in the SRJC Dental Programs Clinics and any outside agency, clinic, school or private office used for teaching purposes.

- No portion of the patient’s file may leave the clinical area.
- All information including but not limited to paper, verbal or electronic data, contained in the patient record or stored in a computerized data system is confidential and shall not be discussed with individuals not directly involved with the care of the patient.
- Patient-specific information and medical records including information on computer screens shall not be left unattended in public areas or areas visible to the public
- Student shall not access records of any patient, students, faculty or staff without written or verbal authorizations.
- Individuals are responsible for confidential information collected from FAX machines.
- Passwords must not be shared and workstations must be logged off when leaving the work area to protect computerized information
- Conversations about dental patients in restaurants, locker rooms, restroom, lounges, elevators, hallways, etc. are direct violation of the dental patient’s right to privacy and confidentiality.

Violation of the SRJC confidentiality policy will result in disciplinary action up to and including loss of clinical privileges and/or removal of access to patient records at SRJC and dismissal from the program.

Patient's Bill of Rights

As a patient in the Santa Rosa Junior College Dental Clinics, you can expect:

Professional Care	Respectful Care
Treatment Without Discrimination	Treatment in a Safe Environment
Confidentiality of All Communications	Quality Treatment
To Have Your Concerns Heard	To Participate in All Decisions About Your Treatment
To Understand Your Treatment Needs	To Have Access to Your Dental Records

General Department Guidelines Student Security Policies

- For reasons of personal security, student's nametags will have only the student's first name and the students designated identification number. All posted documentation will include the student's first name only (if there are students with the same first name, they will use their first name and last initial).
- For personal security, students will not give their personal phone numbers or addresses to patients.
- For all contact with patients all dental hygiene students must only use secure phones and voicemail that prevent the patient from accessing student contact information.
- Dental hygiene students are not allowed to transport patients to or from the campus.

Student Education Rights and Privacy – www.santarosa.edu/polman 8.2.9 and 8.2.9P

Sonoma County Junior College District shall maintain educational records of students who enroll in accordance with the Family Educational Rights and Privacy Act of 1974 and all subsequent federal amendments. The District shall maintain both online and printed policy and procedures regarding privacy, access, review, and directory information regarding all student records received and used after November 19, 1974

In addition to the SRJC policy and procedure on student's educational rights and privacy, the dental hygiene program policy includes the following

Confidentiality of Student Records

The Dental Hygiene Program protects the confidentiality of the student's records (academic and health). Information will be released only to an authorized member of the College community. A student may authorize the Program to release information regarding their academic record to outside sources upon written request. (Refer to Authorization to Release Reference Information)

Written consent is required for persons (students, patients, etc.) to participate in case studies, videotaping, etc. either on campus or at a clinical site.

Communication Policies

Telephones and Paging Devices

Cell phones / other electronic communication devices are not to be used in classrooms, labs, or clinical areas. All such devices **MUST** have the tone turned off while in any of these areas. The telephones in the clinical and reception areas are not for personal use. The FAX machine in the clinic reception area is not for personal use.

Emergency Messages

You may give the Health Sciences telephone number (527-4271) as an emergency contact number for yourself. **Please remember that this is for emergencies, not routine messages.**

Portal System

A change in your **name, address, telephone number, and email address** must be Reported promptly to Admission & Records Office for the Portal System and to the Director of the Dental Programs.

Students are required to check their Portal email daily for messages. Not having checked your portal is not an acceptable excuse for not being informed of current information.

Email using the SRJC Portal System is the best method of communication between faculty and students. It is the student's responsibility to ensure the contact information is always accurate and up to date.

Faculty Communication

All full-time faculty have office hours posted on the bulletin board adjacent to the faculty offices, Race Health Science Building Room 4075 and 4070. Adjunct faculties have office hours posted in their syllabus and/or on the student bulletin boards located in the hallway between the dental hygiene clinic and the radiology clinic or in room 4024. Arrangements for meetings must be made directly with the individual faculty.

The privacy of instructor's offices is to be respected at all times (including lunchtime). Instructors are readily available to assist students; however, there are times that they are inaccessible in order to prepare for classes etc.

Release of Information

Santa Rosa Junior College adheres to the federal government regulation entitled, “The Family Educational Rights and Privacy Act (FERPA). FERPA provides individuals and agencies the right to inspect and review records, regulates the release of records, and regulates the amending of the records. Students are protected from unauthorized disclosure and release of educational records under this regulation.

Educational records such as grades, class schedules, test scores, etc. (i.e. to parents, spouse, relatives, and guardians) *normally* cannot be released nor disclosed with the written permission of the student involved. One category of disclosing information without student consent is if the requesting party has a legitimate educational interest and is associated with the college.

How to Request a Letter of Recommendation

Please follow the guidelines below if you need to have a faculty member write you a letter of recommendation for a scholarship.

1. Request the letter at least 2 weeks in advance of the deadline.
2. Furnish all the information the faculty will need to write a well thought out letter. Information required is:
 - a. The name of the person organization furnishing the scholarship.
 - b. The particular personal traits the scholarship desires.
 - c. Your personal attributes that fit those traits. Include your academic goal and career goals. Describe your work experiences, volunteer positions or activities, and research.
3. Let the faculty know how the letter is to be delivered, i.e. returned to you, or sent to the organization. If you want the faculty send it, please provide a neatly addressed and stamped envelope.

Posting of Notices, Fundraising and Advertisement for Services

1. Permission of the Director must be obtained before soliciting funds or conducting any type of campaign on the college properties or if using the name of the program or school outside of the campus.
2. The Director and the Student Activities Office must approve all notices before they are posted on bulletin boards on the campus.

Food & Drink Policies

Food and drink, other than capped water bottles, are **NOT** allowed in the preclinical classroom, laboratory, or **any** clinical area including reception area..

Lockers

The appearance of the locker room depends on the cooperation of each student. Personal belongings and other property, for which a student is responsible, must be kept in the locker assigned to him/her during clinic or labs sessions. **Please do not leave valuables in your locker.**

Lockers are assigned to all students each fall semester and vacated by all students at the end of the summer semester. Due to the limited number of lockers, some students will share lockers. Students must provide a **combination type** lock and register the combination with the department. Students who drop from a program are expected to remove their locks and locker contents within 5 days of exiting the program. After this time, the locks will be cut and contents discarded.

All student items must be stored within the lockers; no items may be stored in the locker room in any other manner. Items left in the locker room outside lockers may be discarded.

The student locker room is equipped with a keypad lock system. Only students, faculty and staff are allowed in the locker room. Friends, family, or visitors are not permitted in the locker room at any time.

Building Maintenance

The condition of the dental facilities is vital to the success of the program. It is everyone's responsibility to help maintain the cleanliness and good condition of the facility and the equipment. The clinic, lab/classroom needs to be kept clean on a continual basis. Equipment and supplies must be returned to the appropriate storage place immediately upon finishing with them or at the end of the clinic/lab. Custodians do not move personal items or equipment in order to clean. Only approved signs are permitted on clinic walls.

Children and Visitors In The Classroom and Work Areas www.santarosa.edu/polman 7.16
SRJC wishes to foster a positive relationship with children and other visitors to the campus, especially on those occasions when special events and programs are planned and supervised for them. However, it must be understood that visitors to classrooms and other work areas must not detract from the educational environment of the classroom, the efficiency of the work environment, and the safety of all.

SECTION 3

Student Conduct Policies

It is the responsibility of all students enrolled in the dental hygiene program to read and comply with these policies. Failure to do so may result in dismissal from the program. Specific requirements are provided in each individual course syllabus.

District Professionalism & Ethical Conduct

The Sonoma County Junior College District has established Student Conduct Standards. Student shall conduct himself or herself in a manner which reflects their awareness of common standards of decency and the rights of others. The Dental Hygiene Program adheres to these standards as well as standards of Professional and Ethical Conduct.

Student Conduct Standards and Due Process is found under the Student link on the main SRJC web page – Rights and Responsibilities

Department Professionalism & Ethical Conduct

Professionalism is the conduct, qualities, and character that mark a professional person. Members of a profession are committed to maintaining high standards of achievement and conduct, continuing study, to place service above personal gain, and to provide practical services to promote human and social welfare.

When students are observed behaving in an unprofessional manner in any setting, points will be deducted from that student's grade. Any instructor may deduct professionalism points for unprofessional or unethical behavior, in any class, lab, or clinical setting. In addition, a student may be asked to leave the clinical/laboratory/classroom setting if his/her conduct does not meet professional standards.

Serious or repeated unprofessional behavior may be grounds for dismissal from the program.

Professionalism

Adapted from the ADEA Statement on Professionalism in Dental Education

Fairness	Demonstrating consistency and even-handedness in dealing with others
Integrity	Being honest and demonstrating congruence between one's values, words, and actions. Acting for the benefit of the patients and the public we serve and approaching those served with compassion
Responsibility	Being accountable for one's actions and recognizing and acting upon
Self-Motivation	the special obligations to others that one assumes in joining a profession.
Respect	Honoring the worth of others

Professionalism Criteria:

- Maintains honesty in actions and relationships involving colleagues and members of the faculty and staff
- Demonstrates attitude of concern, respect and cooperation toward classmates, patients and staff.
- Assumes responsibility for own learning
- Maintains confidentiality of all patient, student and external rotation information

- Proactive in seeking help to improve didactic and clinical skills.
- Manages time well: each student is expected to be present and prepared for clinic/lecture and submit completed assignments by specified due dates.
- Be alert and listen attentively at all times in class, labs and clinics.
- Uses electronics in the classroom only for course materials and **not** for personal email, text mail or web sites.
- Concerned with excellence in learning rather than just meeting minimal criteria.
- Applies lecture material in the clinical setting.
- Maintains his/her composure, dealing with conflict in a constructive way.
- Complies with stated safety regulations and dress code.
- Places the patient needs before clinical requirements
- Maintains responsibility for assigned clinical/lab duties

Ethical Conduct

You are expected to:

1. Maintain a professional attitude at all times.
2. Recognize procedures that are illegal and refrain from performing them at any time.
3. Treat all patients, classmates and faculty and staff with respect.
4. Treat all patient; you do not have the right to refuse treatment of discriminate against any patient.
5. Channel any criticism of an agency, or clinical site to an instructor, or the program director.
6. Channel any criticism of an instructor to that instructor. Do not complain about one instructor to another. If the problem cannot be resolved, see the program director.
7. Do not discuss patients or patient related issues with anyone outside the approved parties – adhere to the patient privacy policies at all times.
8. Use appropriate language at all times.
9. Demonstrate honesty and integrity in all educational and clinical activities.

ICARE Pledge

Integrity,	I conduct myself in a fair, trustworthy manner and uphold professional and ethical standards
Compassion,	I act with empathy, understanding and attentiveness toward all others.
Accountability,	I take responsibility for my actions and join with my colleagues to deliver ‘Dentistry of the Highest Order’
Respect	I always treat patients, families and colleagues with dignity and sensitivity, valuing their diversity.
Empathy	I provide dental health care using sound judgment with recognizing and appreciating the unique circumstances of others.

Dress Code/Professional Image

Clinic/Lab Attire – All Dental Hygiene Clinics, Rotations, and Labs

- Scrubs and disposable gown)- all wrinkle free. Make sure scrubs cover midsection while standing, sitting or bending over (no skin showing). Scrub pant legs should not touch the floor. Hem pant legs if they are too long.
- Shoes - *health professional* shoes – clean, leather type, solid one-piece top without laces and closed toe and heel
- Socks – all exposed skin at the ankle area and lower portion of the legs must be covered
- Small earrings – not to exceed ½ inch from bottom of ear lobe
- Photo ID badge-SRJC will take the photo and produce the badge-small fee
- Bracelets or necklaces are not to be worn outside the clinic gown or lab coat
- Clear, non-reflective safety glasses
- Mask*, gloves, hairnet, whenever working on patients or with contaminated items
- Fingernails must be kept short, clean and well-manicured, if polish is worn, it must be natural color, free of chips. Students who have chipped nail polish will be asked to remove the polish before they are allowed to continue with clinical procedures
 - Nail length is based on the student's ability to perform instrumentation and patient care, and concerns for glove integrity.
- Hair secured from falling forward while working(Hairnet will be required for most clinical procedures.
 - Hair must be neatly secured and off the shoulders and/or arranged so that it does not fall forward of the shoulder seam when working
 - Male students with facial hair must keep it short (no more than ½" long) trimmed and groomed.

*Students purchase clinical masks as part of their student kit. If a student runs out of these masks, they must replace.

Professional Image

- Follows department dress code
- Follows department standard of professional behavior

Gum chewing is not permitted in any labs, clinics or rotations

Smoking: For health reasons, smoking is strongly discouraged. The smell of smoke is offensive to patients and colleagues. If the smell of smoke is detected on a student's breath and/or clothing, the student will be asked to leave the clinic or laboratory setting.

Body odor: Body odor is offensive to patients and colleagues, it is important to portray a healthy image by practicing appropriate hygiene and limiting the use of perfumes or scented lotions.

Oral/body Piercing and Body Art: These practices have become a widespread form of self-expression. There are health and safety issues surrounding this practice. As health care providers, it is important to be aware of the risks and complications involved with oral/ body piercing and body art.

Best Practices

- Infection control guidelines strongly encourage the removal of rings (other than flat bands) when wearing gloves.
- Infection control guidelines strongly discourage artificial nails.

SECTION 4

Academic & Attendance Policies

It is the responsibility of all students enrolled in the dental hygiene program to read and comply with these policies. Failure to do so may result in dismissal from the program. Specific requirements are provided in each individual course syllabus.

Academic & Attendance Policies

Overview

As a student in the Dental Hygiene Program, you are expected to make a commitment to the program. You are to be responsible for your own learning; the dental faculty members will serve as your resource persons. You will need to use the library and the Health Learning Resource Center (HLRC) participate in group discussions, practice in preclinical labs, and have clinical experiences in the SRJC Dental Clinics and other community locations in order to meet the objectives of the program. The demands of the program and clinical commitments must take precedence over outside employment requirements. Therefore, you will need to plan accordingly to devote the time and energy required to succeed in the program.

The instructors and program director are available to you for academic advising and counseling. Conversations with faculty or the program director are considered confidential except when the student has agreed to the sharing of information in advance, or when the instructor or program

director feels that withholding information would constitute a danger to the student and/or others related to the program. In such cases, the student is advised of the intent to share specific information.

Attendance Policy -www.santarosa.edu/polman 8.1.5 and 8.1.5P

It shall be the policy of the Sonoma County Junior College District to maintain an attendance policy and procedures consistent with state and local requirements.

- a. Students are expected to attend, and in the case of online classes, participate in, all sessions of the course in which they are enrolled.
- b. A student may be dropped from any class when that student's absences exceed ten percent (10%) of the total hours of class time.
- c. Specific courses may have stricter requirements based on professional certification mandates or curricular situations in which absences will severely compromise the learning for other students (such as team or performance ensemble courses). *These stricter requirements shall be stated in the course syllabus.*
- d. Unless state or federal law requires that the absence be deemed excused, no instructor shall be required to make a distinction between excused and unexcused absences.

In addition to the SRJC policy and procedure on attendance, the dental hygiene program attendance policy includes the following:

Absences

1. Attendance is mandatory. If you absent from class/lab/clinic/rotations you **must contact the faculty directly**. A message left with a fellow student is not acceptable. All absences/tardiness will be documented and could negatively affect your grade or graduation. Each course syllabus clearly outlines the number of absences allowed before the student will be dropped from the class.

Please follow the directions within the course syllabus on how to contact your faculty if you cannot attend class/rotation for any reason.

- If you are absent from a patient clinic (radiology or dental hygiene) you must notify your patient before the appointment. There are no make-up clinics
 - If you leave prior to the end of a class/lab/clinic it is considered an early dismissal and counts in the same way as a tardiness
2. Instructors have the right to dismiss you from a class/lab/clinic due to your inability to perform services in a safe manner.
 3. Personal appointments must be scheduled at times other than class/lab/clinic

Tardiness:

Students are expected to be present in the class/clinic/lab at the scheduled beginning time and remain until the end of class/clinic/lab. Quizzes and tests are given at the beginning of class/clinic/lab. If you are tardy to a class/clinic/lab you will have less time to take the scheduled quiz or test.

The total amount of time tardy or early leaving cannot exceed the 10% attendance maximum. Arriving late for lecture or lab disrupts the instructor and your fellow classmates. Students will not be allowed to enter the class late if it interrupts class instruction, if the door is closed please wait until the instructor opens it at a natural break in the instruction

Missed materials due to absence

If you are absent from either a lecture or a clinic/lab, it is your responsibility to obtain the notes and any handout material from the missed session. You should arrange in advance with a classmate in advance to pick up material and take notes for you. It is not the responsibility of the faculty to provide material from previous class sessions.

Makeup of missed assignments policy

The student through his/her own initiative must make up all assignments. The student is responsible for obtaining information on the subject area or technique presented during the absence. The faculty member will NOT seek out the student to inform him or her of what has been covered in class or work that was missed by the student during the absence. Each instructor has the discretion to establish make up policies for their class, or to not allow make-up. Students missing class/clinic/lab may be required to write a paper on the material missed, a case study and/or come to practice clinic to review materials. There are no make-up clinics.

Grading Policy – www.santarosa.edu/polman 3.10 and 3.10P

In addition to the SRJC policy and procedure on grading, the dental hygiene program grading policy includes the following

The dental hygiene courses are sequential and the successful completion of each course is a prerequisite for admission to the next level. Students in the programs must satisfy the requirements of scholarship, academic integrity, health, ethical and professional behaviors outlined by the District and contained within this Program Policy Manual

Demonstration of Competency vs. Demonstration of Knowledge

The dental hygiene student is expected to progress from a knowledge base to a competent level in skills and applications. A knowledgeable student may be able to pass an examination or recite information. The competent student is able to perform skills and respond to a range of variations in preventing problems and managing patient centered care. Demonstration of competency occurs over time and with consistency. The student must always demonstrate competency to the supervising faculty. This is done through ongoing activities and not always measured in concrete terms (i.e. passing a written examination). For a dental hygiene student to progress from one semester to the next, ALL competencies must be successfully met.

Progression Through Program

Progress from one course to another during the entire dental hygiene program are contingent upon satisfactory completion of both clinical and didactic components. For courses that consist of both lecture and clinical/lab components, students must achieve a minimum of 75% in **each** of the

components. Failure to do so will result in a grade of "D" or lower in that course. Students who receive a final grade of "D" or "F" in any course required by the program will be dismissed from the program.

Instructor Assistance

All students are encouraged to seek assistance from the course instructor. If you have any questions concerning assignments, content, etc., or if a problem arises that warrants instructor help, please do not hesitate to see your instructor during their scheduled office hours or schedule an appointment at your earliest convenience. In addition, students are encouraged to take advantage of the College Skills and Tutorial programs available on this campus.

Remediation

When deficiencies are identified, the student will receive a written counseling note describing the deficiency and plans and a timetable for improvement. (ICARE note) The ICARE note will outline the concerns as well as the suggested course of action s expressed by both the student and faculty. Students are encouraged to take advantage of the College Skills and Tutorial programs available on this campus.

Additional Lab Time

If a student finds that they cannot meet the laboratory standards required for a course in the time provided, it is suggested that they request permission from the instructor to attend an additional lab session. The student may attend another lab session *only* with the approval of the instructor. The option of extra lab time may be provided for students having difficulty, NOT for students who have not used their own lab time efficiently.

Dental Programs Practice Clinic

Practice time outside of scheduled class/clinic may be available. All students are invited and encouraged to attend these sessions. **These available practice sessions are for radiograph evaluation and/or practice of instrumentation on typodont ONLY.** Students are not allowed to work or practice any intraoral functions on patients or fellow classmates, unless an instructor is present. At the end of each practice session, you are responsible for returning the clinical area to its clean and reset condition. All appropriate dress code and safety regulations must be observed.

Seeking The Help That You Need Is Your Responsibility

Participation as a Student Partner

The dental health care provider is expected to demonstrate empathy in all interactions whether considering peers, patients, faculty or staff. Further the dental hygiene student must demonstrate respect for and complement the roles of other professionals. Understanding that dentistry is a collaborative effort, the dental health care student must be able to effectively work as a member of a healthcare delivery team.

Gaining clinical proficiency requires preclinical as well as clinical practice. Preclinical practice is usually accomplished by using manikins and any student partner.

ALL students are expected to cooperate and participate fully by working with any student in the programs as both a patient and an operator during preclinical and clinical practice.

The District does not allow discrimination (District Policy and Procedure 2.7).

Assignments

Students are required to perform specific skills at a pre-stated level of competency as part of the learning experience. The criteria of acceptability as well as the level of required performance are stated on the evaluation sheet for each task. Students are required to complete these tasks by a specific date. **Failure to complete the task by the specified date results in a loss of points for the assignment. Failure to complete the task during the semester results in failure of the course.**

ALL requirements for each course must be met, failing to meet any requirement will result in a failing grade for the course

All requirements must be demonstrated in the SRJC clinic/lab. NO clinical/laboratory requirements may be performed outside of the clinic/lab or at a time other than when clinic/lab is scheduled.

Student participation is critical. All students must participate in every course. If a medical reason prevents a student from participating the student must provide a signed medical consultation to the course instructor stating any special circumstances that need to be followed. This must be given to the course instructor on the first day of class or as soon as the medical necessity is determined.

Process and Product Evaluations

The method of evaluation in the dental hygiene program includes process and end-product assessments of student performance, in addition to a variety of written evaluations such as papers, reports, quizzes, midterms and final examination.

Performance Tests for Grades

Instructors will administer performance tests, which are included in the total grade calculation. Such tests will be announced and are separate from laboratory performance assignments.

Because clinical testing conditions cannot be duplicated, students failing to take scheduled practical/clinical examinations will **NOT** be given the opportunity to retest, unless of a very special circumstance, approved by the instructor and/or director.

Quizzes and/or Readiness Assessment Evaluations

Each instructor will administer quizzes/RAE on a regular basis and will inform the student at the beginning of the semester, through the course syllabus, regarding the value of performance on such quizzes/RAE in the overall grade determination.

Final Examinations – www.santarosa.edu/polman Policy 3.15

In addition to the SRJC policy and procedure on final examinations, the dental hygiene program policy includes the following:

Each instructor responsible for lecture content will administer midterm examinations (as announced) and a final examination for the semester. Midterm and final examinations will cover content included in the objectives of the course, from the textbook, and from each syllabus.

Make up exams are not routinely given. Any deviation of this policy must be arranged IN ADVANCE with your course instructor. All instructors have the right to refuse to give make-up quizzes or examinations.

Clinical Grading

Detailed information on clinical policies and procedures, clinical requirements and clinical grading are provided within each course syllabus. Student will be informed of their progress on a regular basis.

Scan-Tron Examinations

Students provide their own Scan-Tron answer sheets. When using Scan-Tron answer sheets, it is the student's responsibility for the accuracy of the marks. The instructors will not change grades for machine errors resulting from stray marks or wrinkles on the answer sheet or incorrect transfer of answers from the test to the scantron testing sheet. In addition it is the students responsibility to ensure that all questions are answered; questions not answered will be marked as incorrect.

Grading Scale

The dental hygiene program uses a scoring system that may be higher than in other departments at SRJC. For courses that consist of both lecture and clinical/lab components, students must achieve a minimum of 75% in each of the component. Failure to do so will result in a grade of "D" or lower in that course.

Dental Hygiene Program Grading Scale	
100% - 93% = A	
92% - 85% = B	
<u>84% - 75% = C</u>	Cutoff score for passing
74% - 65% = D	
64% below = F	

Extra Credit

Extra credit may be offered in a class at the instructor's discretion. Faculty are not required or expected to arrange for extra credit for students.

Extra-credit assignments can be used to improve your grade. However, extra-credit work MAY NOT be used to raise your grade from below 75% (non-passing to passing)

Incomplete Grades

Grade of “Incomplete” Due to Clinical Patient Requirements

A student may apply for a grade of “I” (incomplete) only under EXCEPTIONAL circumstances. The “I” grade signifies that the student has enrolled and has attended classes throughout the school term; and that **only clinical patient requirements** have not been met in the prescribed time period due to unforeseen (but fully justified) reasons.

Note: Due to the legal and accreditation mandates regarding patient treatment procedures, this process varies from District Procedure 3.10 – Grading.

An incomplete status will only be considered by the dental programs under the following circumstances:

1. The circumstances that resulted in the “I” grade are due to patient scheduling issues not student absence or time management and that these patient scheduling issues are clearly documented in the patient charts and/or communication sheets.
2. The District is willing to extend the liability insurance for the student to complete requirements in another semester.
3. The next available semester will be used to remove the incomplete status. The next available semester will be evaluated based on student/faculty ratios and the availability of all necessary faculty for supervision. (This may mean that an “I” grade may not be able to be removed in the immediate next semester)
4. The class for which the incomplete is recorded **may** need to be cleared before any continuing classes are taken (classes that are co-requisites of or have a prerequisite of the "incomplete class"). This means that the student may be required to miss class time in these continuing classes as well as assignments. The class materials are the responsibility of the student; the missed assignments from these continuing classes will not be able to be made up.
5. The dental department will not be able to assist you with any problems associated with financial aid or scholarships lost due to the incomplete grade.
6. The faculty may request that the student submit a plan and/or reflective paper for how to work with their patient in "patient relations" to avoid further problems.

Posting Grades

Students may access their final grades via the SRJC Portal System. Faculty are not allowed to post grades. Students may make an appointment with their instructor to individually discuss grades.

Guidelines for Examinations

In order to assure that ALL students have the best testing environment possible, the dental hygiene program has established the following guidelines:

1. Students must leave books & bags in their locker or in the designated location in the classroom. Please make sure your cell phone is turned off or silent.
2. Students must bring a ScanTron and two pencils with erasers. Only the answer identified by the ScanTron machine will count; please be careful with your erasures. (see Scan Tron examinations)
3. Students may bring a non-dental book to read after the exam has been turned in.
4. Students will be notified of the dismissal intervals for the exam. You must remain quietly in your seat until the assigned dismissal time.
5. You will not be allowed to return to the exam after you have turned it in. Please make sure you have answered all the questions.
6. After leaving the exam, students are not to stand outside the room and talk.

Please be courteous to your classmates.

Academic Integrity – www.santarosa.edu/polman 3.11 and 3.11P

Sonoma County Junior College District (SCJCD) holds that its primary function is the development of intellectual curiosity, integrity, and accomplishment in an atmosphere that upholds the principles of academic freedom. All members of the academic community - student, faculty, staff, and administrator - must assume responsibility for providing an environment of the highest standards, characterized by a spirit of academic honesty and mutual respect. Because personal accountability is inherent in an academic community of integrity, this institution will not tolerate or ignore any form of academic dishonesty.

Academic dishonesty is regarded as any act of deception, benign or malicious in nature, in the completion of any academic exercise. Examples of academic dishonesty include cheating, plagiarism, collusion, and other academic misconduct.

In addition to the SRJC policy and procedure on Academic Integrity, the dental hygiene program grading policy includes the following:

Academic Honesty: Academic honesty is expected in all dental program and non-dental program classes.

- Plagiarism or any form of cheating will result in a zero for the assigned work and subject the student to probable dismissal from the program. Examples include but are not limited to: use of another person's radiographs or study models, having someone else complete the assigned work, or deception of any kind.
- Unethical conduct or behaviors that endanger another human being are grounds for immediate dismissal without the possibility of readmission.

Plagiarism: All academic work submitted to fulfill a course requirement is expected to be the result of each student's own thought, research, and self-expression. A student will have committed plagiarism if s/he reproduces someone else's work without acknowledging its source. Examples of sources which must be acknowledged include: published articles, chapters of books, computer programs, graphic representations, research papers, and any other kinds of work from a source not so generated as to be part of the public domain.

Academic Dishonesty is regarded as any act of deception, benign or malicious in nature, in the completion of any academic exercise. Examples of academic dishonesty include cheating and plagiarism.

Conduct yourself in a manner that encourages mutual respect, honorable behavior, and learning, thereby promoting student success and discouraging academic dishonesty.

Read and understand the course requirements, grading procedures, and rules and expectations for acceptable conduct and behavior in each of your classes, including definitions of plagiarism and the ethical use of technology.

Read and understand SRJC policy/procedure (3.11) on Academic Integrity and the Student Conduct Code and Policy 8.2.8, Student Discipline and how these policies will be applied in your classes.

Read and understand your rights to due process should you wish to contest an allegation or penalty made by an instructor or other representative of the college.

It can be concluded from these statements that cheating and other forms of unethical course conduct are absolutely forbidden by Santa Rosa Junior College policy. To be more specific, in the dental hygiene program, **ANY** unethical conduct is a cause for a final grade of "F" regardless of other grades earned to-date in the course. In summary, a student should not risk his or her final grade in this course and any future enrollment privileges at Santa Rosa Junior College Dental Hygiene Program as the result of the unethical conduct. **This policy will be strictly enforced.**

Cheating in any form will be viewed as a most serious violation of professional conduct and is grounds for immediate dismissal from this program. DO NOT EVEN CONSIDER IT !!

Disregard for equipment and its proper use may also be grounds for immediate dismissal

Student Probation & Requested Withdrawal

The Program Director or faculty will counsel and place a student on probation for any of the following reasons:

1. Academic level below that required by the Program.

2. Failure to complete clinical requirements
3. Unprofessional conduct.
4. Health problems.
5. Unsafe clinical practice.
6. Inability to function adequately with members of health and dental teams.
7. Inability to communicate during the delivery of oral health care services, document procedures and consult with other health care providers.
8. Violations of the SRJC Student Code of Conduct

The Program Director may recommend that a student withdraw from the program for reasons stated above if the behavior is not corrected during the probationary period, or, if the offense is of a serious nature, the director may recommend immediate withdrawal.

In the event that the student wishes to withdraw from the program of his or her own volition, this should be discussed with the Program Director. Student self-withdrawal from the program should be in writing and submitted to the Program Director.

Dismissal Policy

A student may be dismissed from the Dental Hygiene Program at any time for any of the following reasons:

1. A final grade of "D" or "F" in any course that is included in the Dental Hygiene program.
2. Failure to complete class/lab/clinical requirements.
3. Breach of rules or regulations of the student's assigned clinical duties.
4. Conviction, distribution, or possession of illegal drugs or controlled substances. (Refer to SRJC Student Code of Conduct.)
5. Reporting for class or clinic under the influence of alcohol or narcotics or partaking of these substances while in clinic or classroom.
6. Malicious destruction or theft of property.
7. Refusal to comply with the Dental Hygiene Program policies and requirements.
8. Excessive absence (see Attendance and Academic Policies).
9. Academic dishonesty (see Attendance and Academic Policies).
10. Unprofessional or unethical conduct.
11. Unsafe practice in lab or clinic.
12. Violations of clinical or facility departmental policies and procedures appropriately documented by the supervising instructor and confirmed by the Program Director.

Re-entry Policy & Procedure

In unsatisfactory standing: A Student who withdraws with less than satisfactory grades; completion of a dental hygiene course with a grade less than a "C" at the time of withdrawal, a no

pass, or on probation or is dismissed for health and safety reasons, may not re-enroll. The student may reapply to the dental hygiene program according to college and program policies. Faculty reserve the right to not readmit any student who has been dismissed from the dental hygiene program. All students leaving the dental hygiene program are required to see the program director at separating for an exit interview. At this meeting the student's options for return to the program will be addressed.

Student Complaints/Grievances – www.santarosa.edu/polman 8.22 and 8.22P

The Sonoma County Junior College District shall provide a means by which student complaints and grievances may be heard. Students who feel their rights have been violated may take their complaint to the appropriate faculty or staff member, department chair or administrator. The appropriate levels of appeal through which a complaint or grievance can be pursued are described in the procedure (8.2.2.P).

In summary, a student who has a grievance concerning a course in which he or she is enrolled should make an appeal in the following order:

<u>PROCEDURE FOR GRIEVANCE</u>
Step 1 -- Student makes initial contact with instructor/clinical lead instructor
Step 2 -- Student contacts Program Director
Step 3 -- Student contacts Dean of Health Sciences
Referral to the College Ombudsman
Step 4 -- Student contacts Vice President of Student Affairs
Step 5 -- Student contacts the Vice President for Academic Affairs
Step 6 – File a grievance with the Vice President of Student Affairs

Technical Standards

The curriculum leading to the Associate Degree in Dental Hygiene requires students to engage in diverse, complex and specific experiences essential to the acquisition and practice of essential dental hygiene functions. Students in the Dental Hygiene Program should possess sufficient physical, motor, intellectual, emotional and social/communication skills to provide for patient care and safety, and the utilization of equipment.

Technical Standards for the Dental Hygiene Program

<u>Issue</u>	<u>Standard</u>	<u>Examples</u>
Critical Thinking	Critical thinking sufficient for clinical judgment.	Take and interpret medical histories and radiographs, develop treatment plans, and react to medical emergencies.
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.	Provide oral hygiene/oral health care instruction to patient/parents. Explain information consent and treatment plans and establish good patient rapport.
Communication	Communication abilities sufficient for interaction with others in verbal and written form.	Communication during the delivery of oral health care services, document procedures and consult with other health care providers.
Action	<p>Ability to move from room to room and retrieve items from small spaces, as well as ability to be present at a workstation for several hours at a time.</p> <ul style="list-style-type: none"> Abilities sufficient to provide safe and effective oral health care. 	<p>Work with a patient for prolonged periods of time and seat and/or assist in the transfer of a patient. Retrieve instruments/equipment to and from sterilization. Accompany patient to X-ray; take x-rays and process and retrieve films.</p> <p>Perform functions such as; oral debridement, chairside assisting and x-rays.</p>

<ul style="list-style-type: none"> • Abilities sufficient to monitor and assess health needs. 	Assess medically compromised/medical emergencies; detect indicator tones (curing light units and x-ray units); communicate with patient/parent.
<ul style="list-style-type: none"> • Abilities sufficient for observation and assessment necessary in oral health care. 	Read, record in patient charts, evaluate tissue, write tissue descriptions, assess and evaluate the oral health needs of the patient.
<ul style="list-style-type: none"> • Abilities sufficient for physical assessment. 	Palpate tissue, detect restorations, calculus and evaluate debridement.

Section 5

Health & Safety Regulations

It is the responsibility of all students enrolled in the dental hygiene program to read and comply with these policies. Failure to do so may result in dismissal from the program. Specific requirements are provided in each individual course syllabus.

Health Requirements

It is important to maintain a high level of personal wellness while you are in the program. Physical or emotional illness and stress can alter your energy level, and central nervous system responses. This can interfere with your effectiveness in meeting the course requirements and can also create a hazard to the health and safety of the patient.

1. All students must provide proof that they are in good physical and mental health PRIOR to clinical assignments.
2. The proof shall be from a licensed physician, or nurse practitioner who conducts a physical examination and reports their findings on the Student Health Evaluation Form. The Health Evaluation Form must be turned into the program director or designee no later than end of the first week after beginning the program. Failure to do so may result in removal from clinic/lab classes.
3. PRIOR to clinical assignments, students must have:
 - a. Annual evidence of a negative tuberculin test. The tuberculin (PPD) test will need to be **repeated** at the beginning of the second year for dental hygiene.

- b. Annual evidence of flu vaccination. The flu vaccination will need to be **repeated** at the beginning of the second year for dental hygiene students.(by no later than the last day of October each year).
 - c. Documentation of MMR immunization.
 - d. Documentation for Hepatitis B vaccination or signed declination form
 - e. *You must have 1st vaccine by the first day of class; the 2nd vaccine is administered one month later and the 3rd vaccine five month after the 2nd vaccine.*
 - f. Documentation of Varicella status or 2 immunizations.
 - g. Documentation of Tetanus-Diphtheria booster documented within the last 10 years.
 - h. TB testing must be complete and the test results provided to the dental programs PRIOR to attending the first clinical assignment. You will not be allowed to work in any clinical/externship setting without a current TB test.
 - i. Recommendations for Technical Standards
4. The medical examination tests and immunizations will be the financial responsibility of the student.
 5. The student must provide updates to health record. Changes in medical condition and/or drug regimen that may affect clinical classroom performance or safety should promptly reported in writing to the dental program director. Failure to do so may result in dismissal from the program.
 6. It is the responsibility of the student to see that the appropriate documentation is on file with the program director or designee. There are **NO** exceptions.
 7. The student must complete the SRJC Dental Health History form to screen for medications and conditions requiring modifications in treatment as a student/patient.
 8. It is the student's responsibility to report to the lead instructor of class or clinic if you are aware of any acute illness or infection. Such illness should be reported to the instructor prior to the beginning of class or a clinical assignment. This includes any medical or surgical problem that might interfere your ability to carry out your clinical assignment

Additional Health Requirements

1. Students must provide evidence of current (meaning within two years) **Basic Life Support (BLS) Provider** certification in Cardiopulmonary Resuscitation (CPR); American Heart Association or American Red Cross: Basic Life Support prior to entering the program.
 - Dental Hygiene students must provide such evidence on the 1st day of school at the time of the kit delivery. Copies of current CPR license will be maintained by the department and a list will be posted on the student bulletin board.
 - For your Registered Dental Hygiene board examinations, the Dental Board of California and Dental Hygiene Committee of California require that this basic life support be obtained from an instructor approved by the American Red Cross or American Heart Association.
 - **It is your responsibility to maintain a current BLS/CPR license.**

2. Training in HIV/AIDS prevention as well as the OSHA Bloodborne Pathogens Standard is obtained in DE 51.
3. The Dental Hygiene Program follows the American Association of Dental Schools Policy for Individuals with Bloodborne Infectious Diseases. The student must read and understand this policy.
4. Any student who exhibits symptoms of illness which pose a threat and/or who is under the influence of alcohol or illegal drugs may be immediately removed from the clinical area and will be referred to their private physician.
5. After any significant change in their health status, the student must submit a statement from their physician to the effect that their condition is not detrimental to the safety or health of themselves or patients/clients before returning to the program.
6. In cases where multiple absences caused by a change in health status interfere with the student's progress, the student will be asked to withdraw from the program.
7. Students who become pregnant while enrolled in the program are expected to:
 - a. Notify the Program Director when the diagnosis is confirmed. The student's physician must complete the form Physician's Awareness of Pregnancy. (Refer to Website for Physician's Awareness of Pregnancy Form.)
 - b. Inform the Program Director of the expected delivery date.
 - c. Abide by each course absence policy and make appropriate arrangements for missed classes with each faculty.

Policy on Individuals Who Have Bloodborne Infectious Disease(s)

Santa Rosa Junior College does not discriminate on the basis of race, color, national origin, sex, disability, or age in any of its policies, procedures or practices as noted previously and that includes individuals who have bloodborne infectious disease(s). The Human Immunodeficiency Virus-seropositive student, patient, faculty or staff member has rights as a legally handicapped individual. The Americans with Disabilities Act of 1990 grants specific benefits including the right to access to health care, education, housing, etc. Patients infected with bloodborne pathogens can be safely treated in the dental settings. Current evidence indicates that there is no significant risk of contracting bloodborne diseases through the provision of dental treatment when precautions are followed. The practice of standard precautions is an effective means of reducing blood contacts that can result in bloodborne pathogen transmission.

A faculty member or student involved in providing patient care who may pose a risk of transmitting bloodborne infectious agents should consult with appropriate health care professionals to determine whether continuing to provide patient care represents any material risk to the patient, and if so should not engage in any professional activity that would create a risk of transmission of the disease to others as recommended by the American Association of Dental Schools (AADS). Until Federal legislation addressing HIV-1 testing of health care workers and a decision about disclosure of the healthcare worker's HIV-1 status to the patient is enacted we will follow the

Centers for Disease Control and Prevention Recommendations regarding the practice of health care workers infected with HIV or Hepatitis B (HBV) as well as American Dental Association's interim policy to request that HIV infected students or faculty refrain from performing **invasive (exposure prone)** procedures or to disclose their seropositive status to patients (gain informed consent) until the uncertainty about transmission is resolved.

Policy on Latex Allergies/Sensitivity

There has been an increasing incidence of allergic reaction/sensitivity to latex products reported in the scientific literature. Students are advised that the dental facility cannot be rendered latex-free, latex aerosol is probable. Students and faculty will utilize **latex free gloves** for all patient and student exposures.

If you suspect that you have, or are developing a reaction to latex, you must contact a physician for a diagnosis and report that diagnosis to the Program Director.

Policy for Treatment of Dental Patients with Active or Suspected Infection with Tuberculosis

- A. During initial medical history and periodic updates ask patients about a history of TB disease and symptoms suggestive of TB. Symptoms include chronic cough, coughing blood, night sweats, and weight loss. **Note:** positive TB skin test without symptoms does not indicate **active infection** in most cases.
- B. Patients with history and symptoms suggestive of active TB should be promptly referred to a physician for evaluation for possible infectiousness.
- C. Elective dental treatment should be postponed until a physician confirms, using recognized diagnostic evaluations, that the patient does not have active tuberculosis.
- D. DHCWs with persistent cough and other symptoms suggestive of active TB should be evaluated promptly for TB. The individual should not return to work until a diagnosis of TB has been excluded or until the individual is on therapy and a determination has been made that the worker is not infectious.

Substance Abuse Policy

The use of illicit drugs and/or alcohol disrupts classes and the college environment, compromises physical and mental health, subjects an individual to criminal penalties, and compromises the quality of the services we provide. A student in the Dental Hygiene Program that is found to be involved with the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance, or being under the influence of a controlled substance will be dismissed from the program and may be referred for prosecution. You may learn more about the health risk from Student Health Services. Services are available to provide information and assistance with alcohol and drug related problems.

Classroom, Lab and Clinic Safety Regulations

Safety regulations regarding the use of all equipment are presented at the start of each semester. It is imperative that these standards be adhered to in order to maintain a safe and clean environment in the classroom, and in the lab areas. Students are to practice only those techniques presented in clinic, lab, or lecture.

Students are instructed to inform the faculty of any hazard such as water on the floor, frayed electrical wires, broken equipment, etc.

Appropriate Personal Protective Equipment (P.P.E.) must also be worn in all clinics, labs, and rotations to externship sites.

First Aid Kit: A first aid kit is located in a clearly marked container in the lab area and on the back counter of the dental hygiene clinic. The kit is fully stocked. If it is necessary to remove the last of a supply (Band-Aids) from the first aid kit, please inform the faculty immediately.

AED: Located on the east end wall of the dental hygiene clinic

Emergency Kit and Oxygen – Located at the east end of the dental hygiene clinic

Safety Data Sheets (SDS): Safety Data Sheets are located in the reception area file cabinets. Chemicals found in the clinic and lab areas, are marked with appropriate colors and symbols. Charts explaining the symbols and colors are posted on the wall at the front of the classroom and in the sterilization area.

Fire Extinguishers: The fire extinguishers are available in the x-ray area, preclinical lab, and clinic areas and hallways. Each location is clearly marked.

Eyewash Station: The eyewash stations are located on the sink faucet in the plaster lab, sterilization area, and sink near the outside x-ray processor.

Emergency Preparedness

EMERGENCY PREPAREDNESS – DENTAL HYGIENE PROGRAM GUIDELINES

EMERGENCY PROTOCOL FOR DENTAL CLINICS

The Emergency Protocol for students seeing patients in dental clinics includes responsibilities in the following positions:

Operator

- Notify the student operator in the adjacent operatory that you are having a medical emergency
- Positioned the patient properly for the emergency
- Make sure the HH is out

- Calm the patient
- Report the particulars of the incident to the faculty who come to assist in the emergency
- Assist at the directions of the faculty

Operator in the adjacent unit

- Notify the nearest instructor
- Get the Oxygen, AED and Emergency Kit – located at the East end of the dental hygiene clinic

Student asked to initiate the 911 protocol

- Location of the phone
- Dial 1000 on the phones in the clinic/reception
- Remain on the phone with the emergency operator
- Direct another student to go outside to the parking lot area, holding the door open and direct the EMS personnel

All students and faculty

Know location of medical emergency equipment

Know location of phones and how to dial for campus police

Know basic life support procedures and medical emergency protocol.

Emergency Evacuation Plan District Policy/Procedure 6.12

In the unlikely event of a fire, earthquake or other disaster necessitating Race Building evacuation, students and faculty are encouraged to follow these guidelines:

- Determine the safest way to leave the classroom and the building. Do NOT use the elevator.
- In the Dental Clinic, Student Health Services, Dental Lab or other areas on the first floor, safe egress may be the emergency exit or door on the east and/or west side of the building or out the front door.
- In room 4044, 4035, HLRC, Nursing Skills Lab, X-ray Lab or other areas on the 2nd floor safe egress may be the front stairway or the rear (east stairway). Please proceed in an orderly fashion; panic is not useful in this situation.
- In room 4076, 4077, Health Science Office or other areas on the 3rd floor safe egress may be the rear (east) stairway or the center (west stairway). Please proceed in an orderly fashion; panic is not useful in this situation.
- **Once outside the building, please proceed to the front of the Race Building toward Elliott Ave. And gather in the plaza identified as Evacuation Assembly Area.**

EARTHQUAKE

Indoors

- If you are indoors, stay there, and drop to the floor and take cover under a sturdy desk or table, and hold on to it firmly until the shaking stops. DROP, COVER, and HOLD ON!
- If you are not near a desk or table, drop to the floor against an interior wall and protect your head and neck with your arms.
- Avoid glass, hazardous materials, heavy equipment, exterior walls, windows, hanging objects, mirrors, tall furniture, large appliances, and cabinets filled with heavy objects.
- Do not shelter in doorways!
- Tell others to seek cover and protect their heads.
- Do not use elevators, and do not be surprised if the fire alarm or sprinklers activate.
- Well after the shaking has stopped evacuate the building. The building fire alarm does not need to be activated unless there is a fire, or there is no other way to notify the building occupants.
- Be prepared for aftershocks!

Specific Rooms used by the Dental Programs

- Room 4024
 - Move away from the windows.
 - Take cover in the knee space under the counters
 - Protect your head and neck with your arms.
 - Avoid areas under the projector.
 - When possible evacuate the building through the side or front door leading out to the front of the building. Gather at the front of the building in the plaza area.
- Radiology Lab
 - If there is a patient in your chair, assist your patient out of chair and drop to the floor near a side wall away from the overhead light, x-ray machine and chair.
 - Protect your head and neck with your arms.
 - When possible evacuate the building by one of the side doors leading to the parking lot. Gather at the front of the building in the plaza area.
- Restorative Lab
 - Try to move away from the windows.
 - If there is a patient in your chair, assist your patient out of chair and drop to the floor near a side wall away from the overhead light and chair.
 - Protect your head and neck with your arms.
 - When possible evacuate the building by one of the side doors leading to the parking lot. Gather at the front of the building in the plaza area.
- Dental Hygiene Clinic
 - If there is a patient in your chair, assist your patient out of chair and drop to the floor.
 - Move away from the windows to the inside wall of the clinic

- Protect your head and neck with your arms.
- When possible evacuate the building by one of the side doors leading to the parking lot. Gather at the front of the building in the plaza area.

Outdoors

- If you are outdoors, move to a clear area if you can safely do so; avoid buildings, power lines, trees, and other hazards.
- Always assume fallen power lines are live!

Be Prepared for Aftershocks!

Evacuate a Building When:

- The evacuation/fire alarm sounds
- You smell gas
- You smell or see fire or smoke
- District Police or other law enforcement agencies instruct you to do so
- Remember – **DO NOT** use elevators during an earthquake or fire
 - **DO** assist those with disabilities to exit the building

Our Assembly Area – Dental Hygiene Program

- **Once outside the building, please proceed to the front of the Race Building toward Elliott Ave. And gather in the plaza identified as Evacuation Assembly Area.**
- Faculty are to take role and determine if all are present or accounted for. Faculty will report to the Campus Building Safety Coordinators (BSC) and Area Safety Coordinators (ASC) personnel identified by wearing yellow vests. These safety coordinators are ready to provide direction in the time of emergency. Anyone missing from the faculty report will prompt an investigation whether someone may be trapped in the building.

You may also refer to the Emergency Preparedness Handbook (Yellow Book). The section is titled “DURING AN EARTHQUAKE”]. Access the (Yellow Book) online or in one of the classrooms. For more information contact (707) 527-4803

Power Outage.

The only person(s) who can close the school is the District Superintendent/President or the campus police

General Considerations A power outage at a campus or center may be of a temporary nature, or may be more prolonged. In the early stages, the possible duration of the loss will be uncertain. Most times power is restored in a matter of a few minutes, otherwise it is likely that there will be

no information for at least 30 minutes, while Facilities Operations and District Police assess the problem.

- If the area you are in is unsafe, or only lit by emergency lights, evacuate to the nearest evacuation assembly area.
- Security alarm systems on each floor will sound during a power outage and will be silenced as soon as possible. In the event of a power outage with the fire alarms sounding, begin evacuation protocol immediately.

Please do not call the District Police unless you have an emergency or need immediate assistance. Be assured District personnel will be assessing the situation and will get information out to the community. District Police will not have specific information about the power outage, how long it will be, or whether a campus is to be closed in the first 30 minutes. It is imperative that the District Police phone lines remain as open as possible so they can receive emergency calls for service and not be inundated with nonemergency calls.

Please refer to the protocol below to determine how to proceed in the event of an outage:

Daytime Considerations Classrooms/labs/clinic, and/or faculty offices that have sufficient natural light may not require evacuation and the class may continue as scheduled. The instructor will determine if there is sufficient light to safely continue to conduct a lab or clinic. If there is insufficient light or the class/lab/clinic is still in session after dark, faculty should evacuate their students to the designated evacuation assembly area.

Classes and/or faculty offices in internal rooms with no natural lighting must be evacuated. If the class is in session prior to 5:00 p.m., Building and Area Safety Coordinators will assist.

Evening Considerations If the class is in session after 5:00 p.m., it will be the sole responsibility of the faculty member to safely evacuate their students to the designated evacuation assembly area. Faculty should carry a flashlight, and encourage their students to also carry one. One way to do this is by placing a short statement in the class syllabus. Even during daylight, some internal spaces can be dark. **Note:** Many cell phones have a flashlight application.

Protocols for community/non-student patients begin treated during a power outage

Radiology Lab – Day Lab: *If patients are in the operatories or waiting in the reception room, reassure the patients that we will wait to see if power resumes. After 10 minutes reevaluate situation.*

Radiology Lab – Night Lab: *Emergency lights will activate, if patients are in the operatories or reception room, reassure the patients that we will wait to see if power resumes. After 10 minutes reevaluate situation.*

Clinic Sessions with Patients: *Use loupe lights/headlamps to continue patient treatment when necessary and determined to be safe. The Lead Instructor will re-evaluate the outage at 10 minute intervals to determine the need to dismiss the patients and if there is a campus-wide dismissal.*

Patients will be dismissed:

- *After scheduled treatment is completed*
- *After completing treatment area when no other treatment can be performed*
- *If instructed to dismiss the patient*

Reception Office: *Patient charts should be filed and all cabinets and cash drawer locked as the rolling gate will not be operational.*

Evacuation Assembly Areas In the event a building or area needs to be evacuated, the evacuation assembly areas will remain the same as outlined in the District's Emergency Preparedness and Response Guide. Dental Programs – in front of the Race building half way between Race and Elliott Avenue in the Plaza area.

When evacuating due to a power outage, faculty should make sure their classroom is empty, lock the classroom door (if possible) and turn off lights and equipment. Faculty, staff and students should remain in the evacuation assembly area until notified about the next steps. Note: This may take at least 30 minutes. Faculty should attempt to contact their supervising administrator to see if the class can be moved to an unaffected location.

Since some evacuation assembly areas are unshaded and exposed to the elements, faculty, staff and students may wish to relocate to a more protected area. The relocation of an evacuation assembly area should be conveyed to the Building/Area Safety Coordinator, and District Police as soon a new location is identified.

Elevators Elevators will not operate in a power outage, unless the lift has been fitted with an alternative power supply, or is located in a building which is unaffected by the outage. People trapped inside lifts should use the emergency telephone installed inside to contact District Police immediately and inform them that they are trapped inside a lift. Be precise about the building you are in.

Communication Up to date information regarding campus and center status will be made available on the District's main webpage (<https://www.santarosa.edu>), Facebook (<https://www.facebook.com/santarosajc>), Twitter (<https://twitter.com/srjc>), Instagram (<https://www.instagram.com/santarosajc/>), the SRJC Information Line at (707) 527-4011, Nixle, and on local radio stations (English: KZST 100.1 FM, KSRO 1350 AM/103.5 FM, and Spanish: Exitos 98.7 FM and KBBF 89.1 FM).

SRJC GENERAL SAFETY TIPS

- To report an emergency occurring on campus dial (707) 527-1000 to reach the campus Police Department.
- Know your location! If you are calling from a mobile phone you must be able tell us where you are if you need help.
- Get to know the names of buildings, fields, streets, etc. around campus.
- Lock your car doors anytime you leave the car. It takes only seconds and can save you from being victimized.
- Don't leave obvious valuables in plain view in your car. Sometimes, availability is all that is needed to cause someone to break in and rob you.
- Check the back seat of your car before you get in. You may have an uninvited passenger.
- Be extra alert as you approach your vehicle to get in it. Many suspects use this as an opportunity to commit a crime.
- Walk with a friend when out after dark. Walk on designated pathways and well-lit areas. There is truly safety in numbers. Be aware of your surroundings.
- If you are alone and do not feel comfortable walking to your car, call the Police Department for an escort.
- Don't walk while staring at your phone; you may become the victim of an accident or a crime.
- Report any criminal or suspicious activities or other emergencies that occur on campus to the Santa Rosa Junior College Police Department.
- Every time a crime is reported, there is a chance to catch the criminal. When a crime goes unreported, the suspect will become more brazen and strike again.
- In most sexual assaults, the victim and suspect knew each other prior to the assault. Knowing someone does not guarantee a sexual assault will not occur.
- Limit the amount of personal information you share online. Some services archive messages indefinitely, providing key-word search capabilities to find anything that you ever posted on a public site.

“Shelter in Place” When an evacuation is not safe, or conditions are more dangerous outside

If a message is received from campus security that there is “Shelter in Place” :

- Immediately seek refuge inside the nearest building
- Move to rooms without windows if possible
- Close any open windows and doors if you cannot move
- Close window blinds
- Rooms that have little or no ventilation are preferred
- Silence cell-phones
- Only come out when you are told that it is safe by District officials or emergency personnel at the scene

“Active Shooter” Run - Hide - Defend

If a message is received from campus security that there is an “Active Shooter”:

- Run - If there is a shooter and you can safely get away, do so. Get as far away as possible and take cover. What's important is you, not your stuff.
- Hide - If escape isn't possible, take cover. If possible, lock/blockade doors, turn off lights, and remain quiet. If unable to secure area, hide out-of-sight.
- Defend - If you cannot run or hide, commit to fighting, Disarm the shooter.
- Find out about more tips for surviving an active shooter event through campus security.

Accident Reporting/ Sharps Exposure- Student/Faculty

Our goal is to prevent all accidents and disease transmission thus ensuring a safe learning environment for students, faculty and staff. Unfortunately, accidents do regrettably occur. Familiarize yourself with the following procedure so that you will be able to respond quickly and safely to receive assistance and report accidents.

Student and faculty must complete an incident report as soon as possible for any of the following that occur in the lab or in the classroom:

1. Physical injury incurred to them
2. Physical injury incurred to the patient/client
3. Accidents
4. Thefts and/or suspected thefts
5. Damage to patients and/or student property

Accident Report Instructions

1. Notify the supervising instructor of the incident *immediately* to obtain **assistance** and the proper forms.
2. In the event of an accident involving possible exposure to blood borne pathogens, a **SRJC ACCIDENTAL EXPOSURE INFORMATION FORM** is completed and retained by the *Exposure* and *Source* individuals for future reference.
3. An "Accident-Incident" report shall be initiated by the Program Coordinator.
4. The final "Accident-Incident" Report must be signed by the initiator of the report and the student involved in the incident.
5. Resources for counseling regarding potential disease transmission and preventive health measures are available through the Director of Dental Programs or the Dean of Health Science.

Student/Faculty Sharps Exposure Incidents

All Students working in clinic/lab classes and all Faculty

These students/faculty are covered by Worker's Compensation

SRJC Dental Programs Services process:

If a student from the Dental Program comes to the front office of Student Health Services with an individual they identify as a source patient, get a supervisor to assist.

1. If the source patient is a classmate (**DHI, DHII, DA student**) that they are practicing on in class, the student (**student operator**) is not covered by the District's workers' compensation insurance. The student (**operator**) will need to be evaluated by their regular medical provider for medical follow up, and the source patient (**classmate acting as patient**) will follow the same procedure.
2. If the source patient (**clinical patient, NOT classmate**) is not a SRJC student: the SRJC dental patient (**student operator**) is covered by workers' compensation insurance, therefore, a positive test result is treated at Kaiser Occupational Health. The student (**student operator**) will get blood born pathogen exposure education.

Student Health Services process:

- Work the source patient (**clinical patient**) into the schedule as soon as possible.
- Create a chart, even if the person is not a student.
- Request the source patient (**clinical patient**) sign a release of records form that states the dental student's name and identify the best way to contact the student on that form.
- The clinician will meet with the source patient (**clinical patient**) and review the procedure to have labs drawn at LabCorp; that it is great to get some free testing and that it will help the student (**DHI, DHII**) rest assured.
- Inquire with the source patient (**clinical patient**) about the best way to get them results of the lab testing (through the portal or by phone).
- Once results are available, call the student (**DHI, DHII**). Review the lab results and the fact that they may want to repeat their own labs in 4-6 months for complete confidence on status.

Review and Billing:

- A student patient (**student operator**) working in the nursing or dental programs may be exposed from a source patient (**clinical patient**) during the patient's care.
- The student patient (**student operator**) is scheduled with Kaiser Occupational Health.
- The source patient (**clinical patient**) is directed to Student Health Services.
- Student Health Services will order labs through LabCorp and the patient (**clinical patient**) will go directly to them for lab testing.

Section 6

Quality Assurance Program Overview;

The purpose of the Quality Assurance Program of the SRJC Dental Hygiene Program is to continually improve the quality of care provided to patients and the quality of education provided for the students in the dental assisting and dental hygiene programs.

An on-going quality assurance program is used to ensure that the dental hygiene program adhere to the standards of care. These standards have been identified as guiding principles for patient care. The Quality Assurance Program (QAP) encompasses several components; a Patient Bill of Rights, comprehensive patient care, chart audit and review, patient clinical evaluation, faculty calibration, patient satisfaction surveys, infection control, radiology standards, incident reports and hazard management.

The Program Director is responsible for the oversight of the QAP: data is continually collected and analyzed. Pertinent data is brought to faculty or clinical coordinator meetings for discussion and recommendations.

Continued improvement to patient care as identified by the QAP has resulted in several revisions to the medical history and other assessment documents, referral forms and policies on use of electronic record keeping and release of documents.

Components

Patient Bill of Rights

A patient bill of rights is posted in English and Spanish in the reception area of the Dental Clinics along with a list of services and fees. The patient Bill of Rights will be distributed to each patient and the students will receive a copy in this manual.

Patient Satisfaction Surveys

Patient perceptions of their quality of care are assessed by Patient Satisfaction Surveys and through daily interaction in the clinics. This survey is directly related to the criteria listed on the Patient Bill of Rights.

The patients at the end of their final appointment complete the patient surveys. The information received is anonymous. The clinic receptionist, who tabulates and maintains the data in a binder, collects the survey. This binder is kept in the reception office. The information is evaluated by the clinic lead instructors for need of immediate attention and for opportunities for improvement.

Quality Assurance for Faculty

The faculty/Instructors are Dentists and Registered Dental Hygienists whose licenses are renewed every two years with the State of California, requiring 50 - 25 Continuing Education units every cycle. This requirement keeps faculty current in Standards of Care in their assigned courses/clinics: Dental Hygiene and Dental Radiology. License information is kept in a binder in the lead radiology faculty's office, along with current CPR Certification, and is monitored for

currency and compliance. Compliance with teaching methodology and course content currency is carefully tracked and a “condition of teaching assignment” for each class/clinic. - Faculty Biosketch and Teaching Assignment Binder.

Quality assurance for the clinics/labs that include multiple faculty is accomplished through calibration during clinics in the areas specific to their teaching assignment.

- For clinical dental hygiene faculty this may be in areas such as patient case typing, periodontal charting, and calculus detection. Some clinical forms (test case and calculus classifications 2 and 3) require two faculty signatures; this process assists in establishing and reinforcing faculty calibration.
- For radiology clinic faculty this may be in areas of radiographic evaluation of diagnostic criteria, accounting and computer entry, radiation safety for patients and operators and testing format criteria.
- Communication is accomplished through regular meetings, weekly lesson plans emailed to each faculty and a binder of faculty communication available to all faculty for their assigned clinic/lab.

Course Evaluation Surveys

Course Evaluation surveys are completed at the end of each semester to evaluate, communicate, and plan for changes and improvements to the courses. These surveys are completed by both the students in the programs and the faculty(s) teaching the classes/clinics. Surveys are compiled and evaluated by the Director, lead instructors of 1st year; 2nd year dental hygiene clinics and Radiography instructors for immediate action, long term planning and opportunities for improvement. The results are discussed during faculty meetings to determine needed changes or alterations.

Radiography

- Written authorization must be obtained before radiographs are exposed. All radiographs taken in the SRJC clinic must be either ordered by the patient’s dentist of record or by the supervising clinical dentist to facilitate dental hygiene diagnosis and treatment planning.
- Patients must be informed by the student, of the indications, risks and benefits of dental radiographs as well as the fee for this service.
- Radiographs taken at SRJC will not be used to diagnose dental caries. The radiographs are forwarded to the patient’s dentist of record to diagnose dental diseases. A letter explaining the limitations of the radiographic series will be sent to the referring dentist. Radiographs taken on dental hygiene patients will be used to establish the Dental Hygiene Periodontal Diagnosis.
- Radiographic equipment is inspected by qualified experts as specified by government regulations and manufacture’s recommendations at regular intervals as recommended by state regulations.
- Students must follow ALARA concept for radiographic exposure.
- Students must follow the SRJC Policy for the Control and Use of Ionizing Radiation and the Infection Control Protocol for Imaging Radiographs found in the DE 55B syllabus.

- Abdominal and thyroid shielding. All protective shields are evaluated for damage (e.g. tears, folds, and cracks) monthly using visual and manual inspection.
- The condition of digital sensors and cords is checked before each clinic.
- Retake policy-students will be allowed to retake films that do not meet diagnostically acceptable criteria. Final retake determinations are made by the supervising faculty.
- Area dosimeter monitors are placed on the control panel area of each radiology operatory to check for scatter radiation. A control dosimeter is placed in a separate area. The dosimeters are returned to the monitoring company each quarter and records maintained in the clinic reception office.
- Warning signs for radiation are posted at entry doors and into the radiology facility as required by state regulations.

Infection Control

The quality assurance relating to infection control consists of many components including:

- Utilize standard precautions in all practices (SOP)
- Use of personal protection equipment
- Use of integrator strips on each package/cassette
- Monitoring sterilizers on a weekly basis
- Maintaining records of sterilizer monitoring – Spore Tests results
- Scheduled maintenance of sterilizers
- Daily dental unit waterline maintenance – Waterline treatment
- Established hand hygiene protocol – Hand sanitizer vs. Hand wash
- Use of single-use disposables items when possible
- Evaluation of infection control included in clinics – clinical check sheets
- Didactic and clinical evaluation of infection control policies and procedures

Hazard Management

The quality assurance relating to the management of hazardous materials and chemicals include:

- Regulated waste is properly identified and picked up and disposed of by the SRJC Environmental Health and Safety Office.
- All containers containing chemicals are properly labeled with Chemical Hazard Labels that meet OSHA Communication Standards.
- Sharps are contained in puncture proof containers meeting OSHA Communication Standards.
- Recapping of needles is accomplished by a safe technique
- Binders containing current SDSs are maintained in the clinic office and are updated on a regular basis by the assigned faculty
- Eye wash stations are located in sterilization, the plaster lab and daylight loader processor area. These stations are tested monthly.
- Fire extinguishers are monitored monthly by the department and yearly by the District.

Oxygen and Nitrous Oxide

- Check that the nitrous oxide and oxygen lines are properly installed and identified – each time used
- Check tank regulators – each time used
- Check the scavenging system – each time used
- Check the alarm system – each time used
- Check fail safe system for proper function – each time used
- Inspect for wear, cracks, holes or tears all system components – hose, couplings, reservoir bag, tubing, masks, connectors – monthly

Emergency Procedures, Emergency Kit, Oxygen and AED

- AED is checked 3 times a year by a qualified technician through the District contracted company
- The emergency kit is checked monthly by the clinical dentist to determine completeness of armamentarium, expiration dates on drugs and sugar beverage.
- The oxygen tanks are checked monthly to determine oxygen levels are adequate for 30 minutes of oxygen delivery – lead clinical faculty DH II
- Check the function of and condition of the positive pressure resuscitation bag, hoses and Ambu bag. – yearly, by lead clinical faculty DH II
- Clinical emergency protocols are reviewed with faculty yearly and signed off by each faculty using the clinic – yearly, faculty binder – Programs Director
- Students are evaluated for competency in emergency protocols during each clinical class.

Post exposure management protocol

- Exposure incidents should be documented and managed according to clinical guidelines.
- All Students working in clinic/lab classes and all Faculty
- These students/faculty are covered by Worker’s Compensation
- District policy and procedure is reviewed yearly by the Human Resource Department

Sharps protocols

- Incidents reports are reviewed yearly to determine needed modifications in policy and procedure on exposure

Charting Auditing and Records Management

- Mechanism of evaluation is through the Chart Review Audit. Lead faculty members along with students perform the audit.

Follow Up With Complete/Incomplete Patient

- Students maintain a “Completed/Incomplete Patient Listing” landscape that contains each patient treated at Santa Rosa Junior College dental Hygiene program. The entry for each patient is marked complete or incomplete. For the patients that are incomplete, students contact the patient via U.S. mail, phone call or email to verify if the patient will continue clinical treatment. For patients complete will be placed on an appropriate recall program. The form will be completed at the end of the semester and handed into the clinical coordinator.

Clinical Policy Manual(CPM)

Clinical Philosophy

Santa Rosa Junior College Dental Hygiene clinic is operated primarily to provide an opportunity for students to integrate and utilize knowledge and skills for the development of clinical competency and secondarily to provide dental hygiene services to the Santa Rosa community. The practice of clinical dental hygiene requires performance characterized by:

- Acceptance of responsibility for learning
- Integration of knowledge and skills into clinical setting
- Development of clinical competency
- Demonstration of ethical and professional practice
- Development of a professional attitude
- Belief in the importance of the patient as an individual
- Delivery of services based on the patient's individual oral health and treatment needs
- Ability to perform responsibilities as an integral part of the dental team
- Recognition of the dental hygienist's role in the prevention and treatment of dental disease and maintenance of oral health
- Belief in the importance of providing total oral health care

The primary intent of the clinical facilities is to provide an environment for educating the student in clinical dental hygiene practice. The clinic is also operated as a public service, contributing directly and indirectly to an increasing public awareness of the need for dental hygiene care.

Competencies, Goals, Objectives

All Course Competencies are taught to

Professionalism

- To value and manage ethical issues of dental hygiene practice while maintaining current discipline philosophies.
- To contribute to improving the knowledge, skills, and values of the profession of dental hygiene.

Oral Health Disease Prevention And Promotion

- 1. To provide educational services using appropriate interpersonal communication skills and educational strategies to promote optimal health for the individual client.
- To initiate and assume responsibility for health promotion and disease prevention activities developed for the diverse community population.

Dental Hygiene Process Of Care

- To collect, analyze and accurately record baseline data on the general, oral, and psychosocial health status of patients/clients using methods consistent with the most current medical, dental and legal principles.
- To identify existing oral health problems, potential problems, etiologic factors and contributing factors using critical decision making skills and to establish realistic goals and treatment strategies to maximize optimal oral health.
- To provide treatment that includes preventive and therapeutic services designed to achieve and maintain the oral health goals set for the dental hygiene professional and supported and agreed upon by the patient/client.
- To evaluate the effectiveness of planned clinical and educational services and modify, change when necessary to maintain optimal health.

Clinical Service Goal:

- To develop a well-rounded preventive specialist who is a competent clinician, educator and problem-solver and who is empathetic and respectful to all patients, co-workers, peers, and faculty.
- The Dental Hygiene Program promotes the attainment of these goals by functioning in a professional atmosphere that encourages respect and interaction among students, faculty and administrators.

****Failure to achieve and/or adhere to such standards will provide a basis for academic dismissal.**

****Students must strive to adhere to technical, behavioral, attitudinal, and professional standards of clinical performance.**

Clinical Evaluation

Students are evaluated on their performance during every clinical session. Grading criteria have been established by the faculty to evaluate students' ability to assess, treatment plan, implement the developed plan, implement and evaluate according to the Dental Hygiene Process of Care and the extent of the success of treatment provided.

Student grading and patient tracking will be conducted. During the course of the program students will be asked to demonstrate both maintenance of and increased competency in clinical skills. This will be accomplished by requiring students to demonstrate proficiency on typodonts and/or patients during Pre-clinic, Clinic I, Clinic II and Clinic III.

Participation Policy:

It is expected that students will participate in 100% of scheduled clinical, laboratory and didactic experiences. Students who fail to participate in learning experiences will not achieve a satisfactory grade in the course.

Clinic Hours

- The morning and afternoon clinic sessions will start promptly at the designated hour for that semester and extend for 3 hours in DH 71A,B,C and for 4 hours in DH 71D & E. Patients are dismissed one half hour before the end of the session to allow time for scheduling further appointments and infection control procedures.
- All students (student operators or students on rotation) are expected to arrive 30 minutes prior to the scheduled clinic session. Tardiness is recorded, reviewed, and counted in the final grade for each student. During the 30 minutes prior to opening the clinic to patients, the student will go to his/her assigned cubicle to set-up, and get ready for patient practice.

Clinical Assignments

- The student's prime responsibility is to function as a clinical operator in the SRJC Dental Hygiene Clinic.
- If a patient breaks an appointment and the student cannot find another patient for treatment, the student checks with the assigned instructor for another clinical task, such as assisting a classmate in data collection or reviewing instrumentation on a mounted typodont.
- Instruments and any personal items left in the clinic or cabinets are left at the student's own risk. SRJC is not responsible for any personal items left in the Dental Hygiene Clinic.
- If a student's clinical skills are considered to be below expected performance, and/or if a student is not following the outlined clinic protocol, the student may either be referred for remediation and/or dismissed from the Program.
- Repeat offenses are cause for dismissal.

Clinic and Reception Phones

- The clinic and reception telephones are NOT to be used for personal calls! The telephones may be used to call patients only. When answering the telephone, identify the area as the "Santa Rosa Junior College Dental Clinic".
- Caution should be used when confirming patients with personal cell phones. When possible, a student's cell phone number should be blocked so that the patient does not have access to student personal data.

Cancellations

If the patient cancels an appointment s/he will be assigned to the same student for a later date. If the patient cannot commit to another appointment within the framework of the semester, his/her name and telephone number will be placed on a call list. The student finding him/herself without a patient for a clinical session should:

- Attempt to find a substitute patient from the campus population.
- Check with the clinical instructors for re-assignment to other duties during the session.
- At no time should the student leave the Dental Hygiene Clinic without first notifying their immediate supervising instructor.
- Clinical patient cancellation information will be updated in patient chart.

Clinic Charts

- Charts are logged out at the front desk by individual utilizing dental chart. Charts are to be logged back in upon completion of dental treatment.
- Students are not permitted to remove the patient's chart from the SRJC Dental Hygiene Suite. Any infraction of this policy will constitute automatic probation and the patient cannot be counted towards completing patient care requirements regardless of student's performance on that patient. Students' personal files of clinical activity are also not to be removed from the dental hygiene clinic. Removal of these files will result in automatic probation and point deductions on the professionalism course regardless of the student's performance that day. A dated and signed record of removal of charts or personal files will be maintained. A second infraction is cause for immediate dismissal from the program. Probationary status serves as a warning. Any further infractions of programmatic policies will result in dismissal from the program.
- All entries in the chart are to be made in blue or black permanent ink. All treatment rendered must be recorded and signed by a clinical instructor at the end of each clinic session.
- Patient cancellation, disappointments, and tardiness should be documented in the chart and signed by your clinical faculty member. Two consecutive cancellations, disappointments, and late arrivals should be brought to the clinical coordinator's attention, along with text or email communication with the patient, and patient may be eligible for discontinuation.

Recare/Recall appointments

- At the final treatment session, it is the student's responsibility to have the patient updated in our computer recall system and to explain the importance of maintaining the suggested re-care schedule.

- It is the student's task to ensure that the patient is added to the system and is aware of the necessity of keeping appointments to maintain optimum dental health.

Student Appointment Duties

- Punctuality is a component of professionalism. Patients expect to be seen at their appointed time. Therefore, students must arrive early in order to prepare their treatment area.
- A student must make three notifications if absence is unavoidable:
 - Your instructor
 - The administrative assistant
 - Your patient
- It is the responsibility of the student to schedule their clinic patients. Reception will participate in scheduling patients when patients call for an appointment or walk up to the reception window. ALL students must put scheduled patients into the EagleSoft Schedule as soon as possible to prevent inadvertent double booking. When a patient walks up or calls reception for an appointment the patient will be appointed to a student on the student list. Reception will go down the list in order until the end is reached, then it will repeat. You are not allowed to place a 'hold' on an appointment that you believe will be needed by your patient. Appointments should always be made while your patient is in your chair and before they leave the clinic. If your schedule cannot accommodate the patient You may give the patient the option to see another dental hygiene student to complete their treatment. and you have explained that another student could possibly see them sooner, then the student will walk the patient to reception alerting them that the patient will need to be appointed with another student.
- If assigned a patient, call the patient and introduce yourself. Confirm the date and time of the appointment. Make sure the patient is aware of the location of the SRJC Dental Hygiene Clinic. This call should be made at least twenty-four hours prior to the appointment.
- Whether this is a patient you have scheduled or have been assigned, review the medical history with them while on the phone. Determining the necessity of physician's clearance and/or the need for pre-medication may save you the stress of having to dismiss the patient without treatment. A medical clearance from a physician must state what the condition is and that oral prophylaxis may be safely rendered. Said clearance must be current, as dictated by the medical condition, or the patient will be rescheduled.
- Confirming patients is the sole responsibility of the student. Stress the importance of keeping the appointment and arriving on time. Maintain your personal identifying information confidentially from the patient.
- Instruct your patients to enter the third floor Dental Hygiene Clinic and introduce themselves to the administrative assistant.
- Patients should identify their student hygienist by last name to avoid confusion and

embarrassing mix-ups.

- The administrative assistant will provide the patient with a copy of the medical history form.
- Students waiting for their patients should not mill around the reception area. When alerted that your patient has arrived, you should proceed to the reception area to greet your patient and escort them to your treatment area.
- Ensure that your patient is in the schedule (in Eaglesoft)

Patient Appointments

Student must acquire their own patients each clinical session, however when patients call the clinic, they will be assigned to a student on a need for care basis. The students will receive notification, from reception, of the assigned patient.

Students assume sole responsibility for supplying patients necessary to fulfill course requirements. Each clinical course syllabus has the requirements outlined within. Students are also required to provide reception with all the pertinent information about their patients so that charts can be generated and prepared. All patients must be recorded in the official clinic appointment book, EagleSoft Appointment Book, as well as the student's personal appointment book.

Booking two patients at the same appointment time is not allowed. Two patients may be scheduled at different times in one clinic session. The patient listed in the official clinic appointment book is the patient who will be seen in clinic. When a student has violated appointment policy and overbooked, the incident will be recorded in the student folder and two points will be deducted from the professionalism grade. A record of the incident will be maintained.

Recruitment Of Patients

Students are expected to have a patient(s) for each clinic session. Recruitment of clinical and/or radiographic patients is ultimately the student's responsibility. Failure to meet course requirements may result in failure of the course. The school will make every attempt to appoint patients; however, it is not the school's responsibility to supply patients for student requirements.

Instruments/Cassettes

- Whenever possible you should be working from cassettes, this practice helps in the recirculation of instruments as well as organizing your instrument choices.
- When individual instruments are needed, they should be bagged as part of a set.
- When organizing your cassettes keep in mind the instruments you like to use as well as giving thought to the instruments needed for Calculus Case types
- A sharpening stone should be in each of your cassettes, remember that instruments may dull through use and sterilization.

- Before you lock your clinic cabinet at the end of each clinic day, retrieve your sterile instruments from your cubby in the dispensary, the only instruments remaining out of your cabinet will be those in the Midmark or those being prepared for the Midmark.

Contaminated, Semi-Contaminated And Non-Contaminated Areas

Your unit areas must have clearly defined contaminated, semi-contaminated and non-contaminated areas. To provide this distinction all units will be set-up in the following manner.

- Contaminated Areas - the area where items coming in direct contact with the patient's mouth are placed. This area is designated as the bracket tray. In operatories 1-18 contaminated areas are to the right of the view box.
- Semi-contaminated - that area where contamination is expected; however, items are not placed directly into the mouth. This area is designated as the counter directly adjacent to the operator, or under the view box.
- Non-contaminated - that area where there is no risk of contamination. This area is designated as the counter furthest from the operator. This area is ONLY on the main countertop and it is the area directly around the computer monitor.

Extra instruments and items - these items are to be placed in the unoccupied cabinet. You are responsible for emptying this cabinet at the end of your clinic.

Patient items - these items may be placed in the unoccupied cabinet or if too large in an appropriate out of the way area, behind the assistant's chair. Please place the patient's coat on the provided hook.

Requesting An Instructor Or A Patient Check-Out

Anytime you need a faculty member, please leave your cubicle and sign-in on your faculty's sign-in sheet. It is not acceptable to call out from your cubicle, call out down the aisle or interrupt in another cubicle. It is important to maintain a professional tone in the clinic. You must only sign-in with your assigned faculty of the day unless you are directed to sign-in on another faculty member's sheet. Sign-in sheets are located in 4 areas of the clinic; determine the sheet that belongs to your assigned faculty.

Introduction of Clinical Instructor

When a clinical instructor comes to your unit for an evaluation of any of your assessments, it is your responsibility to introduce the clinical instructor as "Professor _____" to your patient. Always introduce the patient first to the instructor - "Judy this I my Professor Smith, Professor Smith, this is my patient Judy."

Clinical Instructor Signatures

- You must have all chart notations and signatures by the close of that clinical session; All signatures are obtained with your Instructor within your unit. Do not ask for signatures outside of the unit.
- The practice of writing a correction or addendum to charting notations is strongly discouraged. If, due to unforeseen circumstances an addendum or correction is needed, you must have the chart signed by the lead clinical faculty. Please refer to the policy on Charting an addendum or correction:

Protocol For Instructor Conference

1. The purpose of the instructor/student conference is to gather information, assess patient care and evaluate student skills.
2. This is an opportunity for both instructor and student to ask questions and obtain clarification regarding patient care and instrumentation skills.
3. This is the time to obtain all signatures from your assigned instructor
4. Before signing up with your assigned instructor the following **MUST** be completed.
 - Corrections to all electronic assessments as noted on the Patient Completion Form (purple sheet)
 - Record of Treatment
 - Time management sheet including
 - What did you accomplish today?
 - Plan for improvement
 - Pink point tracking sheet
 - Did you complete any competencies or test case today?
5. During the conference, state what you had learned that day, and what you believe requires further improvement.
6. Read over the comments made on your daily evaluation sheet and ask for clarification if needed.
7. This is the instructor's opportunity to give recommendations for how to improve deficits in instrumentation skills, patient care and patient safety issues. (The instructor will also give praise, encouragement and support).
8. Please remember, "This is an Opportunity to Do Better".

NOTE: to ensure confidentiality during this session, no student is allowed to enter an assigned unit while a conference is in session. Please wait with your instruments in your assigned unit until the completion of the conference before you enter the unit to access your cabinet or set-up the unit for the next clinic.

End Of Clinic /session

Clinic procedures **must** stop no later than 30 minutes prior to the close of clinic, no patient checks will be allowed after this time.

1. After entering your route slip, and dismissing your patient, you will **then** take your instruments/cassettes to sterilization and prepare them for the thermal disinfectant utilizing the department SOP's on **instrument recirculation**. Remove all cotton and disposable products and secure instruments in cassette. Place your prophylaxis paste holder and U-Adapter into a small instrument bag labeled with your number. Leave your properly labeled bags in the designated area.

2. You may then return to write-up your charts. Patient records must be ready for instructor's signature before cleaning operator. During the last 15 minutes of clinic you **MUST** check with your assigned instructor to review your daily progress. To allow for privacy, this will be done in your assigned unit and no students are allowed to enter your unit until after the unit is cleaned or during your instructor conference.

3. Breakdown your room utilizing the department SOP's on operator reprocessing

- Remember you must first enter your route slip, then get your instruments to sterilization, meet with your instructor for signatures, & cleaning your room is last.
- Patient records must be returned to the reception faculty no later than 5 minutes before the end of clinic

1. At the end of the day empty and purge waterline, leave emptied water bottle on top of the bracket tray, turn off unit and return unit and rheostat to the chair base
- 2.

CELL PHONES

Cell phones must be turned to silent prior to entering clinic. Your patient's compliance with this policy is your responsibility.

Treatment Policies

Outline for Treating Patients- Prior to Seating Patient-CDC Guidelines

1. Ensure patient has completed all forms
2. Escort patient to dental chair (only patient is allowed in the treatment area, no visitors, no children, no family members. There are exceptions see section regarding visitors in clinic)
3. Ensure patient signatures are on all forms
4. Review medical and dental histories with patient.
5. Look up all prescription medications in Drug Reference Handbook and fill out Medication Log
6. Take Vitals
7. Review Medical history and Medication Log form with Clinic Dentist. Obtain approval to proceed with treatment and have dentist sign the Medical History form.
8. Establish the need for radiographs. If radiographs are needed: complete radiographic rational form. Take radiographs following quick cursory IO/EO inspection
9. Conduct a complete extra and intraoral inspection
10. Complete dental charting
11. Complete a gingival and periodontal assessment (full mouth probing 17 years and older)
12. Complete the calculus indices
13. Determine the patient caries risk factors
14. Complete a dental hygiene care plan
15. Arrange all forms in dental chart in the correct order (in the dental chart)
16. Notify instructor by signing in (faculty sign-up sheet) you are ready for a check in
17. At check in- Introduce patient to clinic dentist/instructor.
- 18.** Any corrections made by clinic dentist/instructor should be marked in **RED**
19. Students will perform all assessments or if a patient is a Continuing Care or PMT patient students will modify the treatment as necessary. All students will perform OHI during assessments and treatment. Disclosing is used as a tool for patient performance ONLY.
20. Student, Faculty and/or clinic dentist will agree on the need for topical (Cetecaine), local anesthesia, or nitrous-oxide after evaluating the patient
21. After debridement is checked by the instructor, perform necessary polishing procedures
22. Give fluoride treatment if treatment planned
23. The dental charting **MUST** be checked prior to dismissing patient. (Dental charting is not done on Continuing Care Forms)
24. A post-operative care instructions must be filled out and given to patient if needed. It must be documented in services rendered sheet.
25. Fill out and have signed the Patient Completion Letter

26. Give the patient a Patient Survey form to fill out before leaving
27. Escort patient to the reception area

Medical and Dental History Department Protocols

General Protocols

1. All patients must have a medical and dental history completed and reviewed with the faculty before any procedure may begin.
2. The assigned faculty are responsible for the safety of the treatment of the patients under their supervision. For this reason, **only the assigned faculty** may review the initial health history and/or the health history update. Exceptions to this guideline; if a faculty request another faculty to review a HH or update, they must also review the HH/update and initial the form to indicate that they are familiar with the case.
3. If the patient is a minor, the parent/guardian must be present for at least the initial review of the health history. The need for the parent/guardian on subsequent health history updates will be dependent on the age/abilities of the patient and the complication of the medical information.
4. Health history updates are done before the beginning of each appointment.
5. A new health history is completed every 2 years or when it is determined that there is a need due to changes in the patient's health.
6. The document is completed in non-erasable red and blue/black ink
7. Confidentiality is important; use a low voice when taking the information from your patient and delivering the summary to your faculty.
8. The patient should be seated in the upright position. The operator should be seated facing the patient and uses a low, non-confrontational tone.
9. All questions must be answered completely
10. If the patient does not have a physician, ask where they would go if they were sick. Note – patients who are SRJC students may indicate – SRJC Health Services

Documentation Procedure

1. Circle all "Yes" answers in RED – exception is if the patient responds "poor or fair health" you will circle this in red ink
2. Write patient's responses to clarifications in RED on the Medical History Form
3. For any corrections; the patient and operator must initial
4. Make sure the patient and you (student) have signed and dated the form
5. The medical/dental write-up is completed in blue/black ink
6. Triangulation – for each drug, condition, physician
7. All medications taken within 24 hours (including OTC) are triangulated.
8. Give **brief notes** on condition, MD, drug class and dosage.

ABBREVIATIONS FOR SRJC FOR

No Δ - no change
HH - health history
VS - vital signs
BP - blood pressure
Tx – treatment

EOIO - extra oral intraoral examination
P – pulse
R - respiration

<p style="text-align: center;">PROTOCOL FOR MEDICAL/DENTAL HISTORY WRITE UP & ORAL CASE PRESENTATION</p>

Introduce Your Instructor

Introduce your patient to your instructor – “**Mrs. Jackson**, this is my **Professor** _____, **Professor** _____ this is my patient **Mrs. Jackson**”

Always introduce the patient first then introduce your instructor.

It is not necessary to introduce them again during that appointment. You will need to do this for each appointment. If you have a different instructor on during same clinic session you will need to reintroduce patient to your new instructor.

Reporting Medical Information

You will be expected to give a brief report of your Medical History findings before the faculty begins their exam. To avoid breaches in confidentiality, this report must be given at chair side with the patient present. You will be asked to give complete findings to your faculty.

Dental History: Student will orally present the following write up

Write up DENTAL HISTORY clarifications on the Dental History write-up form

Health History Update

When presenting the HH update, you must present all pertinent findings from the original HH as well as any new or changed information.

You must give the original HH to the faculty when you are presenting the HH update.

Medical Consultation Request

If a consultation with the patient's physician is necessary the operator must: (1) first obtain and document information needed from the physician and (2) obtain and document informed consent from the patient.

1. Review the patient's health history obtaining an accurate appraisal of the patient's current health status.
2. Review the findings with the SRJC Clinical Dentist.

3. Determine if a phone consultation is sufficient (always follow-up with the written Medical Consultation Request form)

If a phone consultation is sufficient:

1. Identify yourself and the SRJC Dental Programs to the receptionist
2. Identify the patient
3. Inform the receptionist that the SRJC Clinical Dentist wishes to speak to the physician.

If a phone consultation cannot be obtained or is not sufficient:

1. Mail or FAX the Medical Consultation Request to the patient's physician.
2. Make the appropriate notations on the patient's treatment record and have the clinical dentist sign the record
3. If the patient is going to obtain the medical release, give the top copy of the medical request to the patient and file the second copy in the patient's chart for future reference
4. Keep the physician signed release in the patient's chart on the left side under the health history update

Medical Consultation May Be Required

Prophylactic Antibiotics - MAY REQUIRE PHYSICIANS CONSULTATION REQUEST

Refer to Cardiac Conditions Associated with Endocarditis and American Heart Association Recommendations for Prophylactic Antibiotic Coverage **OR** Patients at Potential Increased Risk of Hematogenous Total Joint Infection and Suggested Antibiotic Prophylaxis Regimens for Patients at an Increased Risk for Hematogenous Total Joint Infection.

Vital Signs - MAY REQUIRE PHYSICIANS CONSULTATION REQUEST

Refer to Classification of Adult Blood Pressure and Dental Treatment Modifications Patients in Stage III and IV and some in Stage II blood pressure categories will not be seen in our clinic.

ASA Categories - MAY REQUIRE PHYSICIANS CONSULTATION REQUEST

ASA category IV and V will not be seen for routine dental care.

Bleeding Disorders - MAY REQUIRE PHYSICIANS CONSULTATION REQUEST

Affirmative responses to medical history questions identifying abnormal bleeding, bleeding disorders, leukemia, liver disease or taking drugs that might identify coagulation disorders such as anticoagulants (Coumadin).

Cancer Treatment - MAY REQUIRE PHYSICIANS CONSULTATION REQUEST

Oral complications resulting from radiation therapy of the head and neck and chemotherapy might include salivary changes, xerostomia, mucositis, difficulty swallowing, and loss of

appetite, loss of taste and radiation caries. Patients in acute stages of leukemia will not be seen for routine dental care in the clinic.

Psychiatric Treatment - MAY REQUIRE PHYSICIANS CONSULTATION REQUEST

Patients taking drugs for psychiatric treatment such as antidepressants and anti-anxiety drugs may have an interaction with epinephrine or nitrous oxide.

Medications - MAY REQUIRE PHYSICIANS CONSULTATION REQUEST

Medications may affect NSPT with side effects of xerostomia, limited use of vasoconstrictors in local anesthesia, gingival hyperplasia, oral candidiasis and oral ulcerations.

Infectious Disease - MAY REQUIRE PHYSICIANS CONSULTATION REQUEST

If a patient is in an active stage of tuberculosis they will not be seen in the dental clinic. An active state is determined by a productive cough, production of sputum and night sweats. Routine dental treatment should be postponed until a physician confirms, using recognized diagnostic evaluation, that the patient does not have active tuberculosis.

Patients with active measles, mumps or chicken pox will not be seen in the clinic.

Patients with acute herpetic, RAU or ANUG symptoms will not be seen in the clinic for routine dental care.

At Risk of Incident - MAY REQUIRE PHYSICIANS CONSULTATION REQUEST

Patients with a history of myocardial infarction, angina pectoris, cerebral vascular accident, asthma, epilepsy or insulin-dependent diabetes are considered "at risk of incident" during stressful procedures. The following questions must be asked to determine how to proceed.

- How often do you have attacks?
- When was your last attack?
- What brings on the attacks?
- Are you under a physician's care for the attacks?
- Are your normal activities limited?
- How do you manage the episodes?
- Do you use medication and if so is the medication with you?

After questioning, the clinical choices are: (1) consult with the physician, (2) postpone treatment or (3) proceed with treatment.

Cardiovascular Disease and Other Acute Conditions - MAY REQUIRE PHYSICIANS CONSULTATION REQUEST

If a patient has experienced a myocardial infarction, stroke, or cardiac bypass, transplant, or cardiac bypass surgery within the last six months, they will not be seen for routine dental care in our clinic.

Diabetes Mellitus - MAY REQUIRE PHYSICIANS CONSULTATION REQUEST

A person with diabetes is of concern during NSPT due to the potential risk of hypoglycemia. Appointments should be scheduled for the morning after breakfast and insulin administration. Confirmation and documentation that insulin was taken and of blood glucose level results as well as the time of the last meal are needed. Medical complications of diabetes tend to manifest during periods of poor control of blood glucose levels; therefore, a physician's consultation may be necessary.

Immunosuppression - MAY REQUIRE PHYSICIANS CONSULTATION REQUEST

Oral complications which require a physician's consultation might exist in patients with HIV infection, leukemia, Lupus, transplants and other conditions which result in immunosuppression. **IF IN DOUBT ASK A CLINICAL INSTRUCTOR**

Patients Not Seen In The SRJC Dental Hygiene Clinic

General

Patients who are under the age of 18, must be accompanied by their parent or legal guardian. The parent or legal guardian must be present for all appointments to provide medical history review and/or consent for treatment. Signatures are required from the legal guardian at these times.

Medical

- Patients who have had a stroke or heart attack within 6 months
- Patients with active TB
- Patients with herpetic ulcers in the vesicle stage
- Patients with acute ANUG
- Patients with health history documentation that indicates the need for premedication either as defined by the American Heart Association http://www.santarosa.edu/for_students/student-services/student-health-services/sonoma-county-resources/index.shtmllines, or for other health conditions (i.e. joint replacements, implants, etc.) that have failed to take their premedication as prescribed prior to the dental hygiene appointment.
- Patients who have blood pressure outside the limits of the clinic
- Patients ASA IV or V
- Patients who have uncontrolled Diabetes
- Patients who have unstable angina

Defer Treatment for patients who do not know the medications they are taking, and the clinical DDS is not able to release for treatment, for asthma patients who are at risk and do not have their inhaler and for angina patients without medication.

Dental/Periodontal

- Patients with greatly advanced periodontal conditions (untreatable)

- Patients with severe carious conditions
- Patients with Full Dentures – maxillary and mandibular
- Patients with a significant number of defective restorations

Policy On Elimination Of Treatment Areas And Patients No Longer Able To Be Seen In Clinic Due To Immediate Clinical Treatment Needs

If a patient presents with oral conditions/teeth that the instructor feel should not be treated a notation (red dot) and instructor signature will be placed on the following forms:

1. Dental Chart – Digital, under “conditions”, chart tooth not treated, and it will turn the tooth red.
2. Treatment Plan – red dot on tooth not treated and faculty and patient signature.
3. Patient Completion - signature and treatment needs description. Treatment that must be completed before patient returns to clinic for their recare or reevaluation. This area of the form must be signed off by the clinical dentist and the policy clearly explained to the patient.

Record of Treatment – make the notation on the date that the decision is made with the rationale and clinical DDS signature. This will be the last notation in the treatment record. The patient understands that they will not be allowed to return to the clinic for any recare/reevaluation appointments until the following condition(s) has/have been corrected.

A radiograph and/or intraoral picture may be indicated – your clinical faculty and clinical DDS should be consulted to determine what is needed

Contraindication And Modifications For Treatment Modalities

Patients not seen in clinic – a medical release form is required before these patients may be treated in the SRJC clinic.

Patients with medical history contraindications - these patients are not seen in the clinic

Patients needing medical clearance

Patients with blood pressure ranges of Stage III and IV and some in Stage II

Patients with active TB

Patients with active herpetic lesions

Ultrasonic Scaler – Standard precautions apply, however in certain instances modifications of treatment may be necessary

Ultrasonic scaler use may not be appropriate for use on a compromised patient due to:

- Active, infectious disease
- Respiratory conditions (emphysema and TB)
- Newly erupted teeth
- Dentinal surfaces exposed
- Porcelain jacket crowns
- Titanium implants – except with the use of the specialty ultrasonic tip

- Demineralized areas
- Patients with swallowing difficulties

Prophy Jet – modifications of treatment may be necessary

- Respiratory conditions (emphysema, asthma, cystic fibrosis, and TB)
- Patients with swallowing difficulties
- Hypertension and/or sodium restricted diet
- Recession (exposed cementum or dentin)
- Soft, spongy gingiva
- Nonmetallic restorations
- Communicable infection
- Patients with end stage renal disease

Medical Alerts

It is the student's responsibility to alert the faculty of any medical history or intraoral findings that may alter treatment. These findings may include but are not limited to: allergies, medications, abnormal vital signs, patient positioning, lesions, abscesses, etc.

Radiographs

- The case type should not be determined without supporting x-rays when the assessments show disease indicators. The type of x-rays recommended will depend on the patients age, history and assessment information.
- Any patient with a dental implant must have a current periapical x-ray taken to ensure health of the implant prior to dental hygiene treatment.
- Bitewings may be **required** before sealants to rule out proximal and/or occlusal caries
- A request for radiographs from another clinic or private dentist may be appropriate.
- If the patient has a dentist, a request for radiographs will be submitted to that dentist by phone, Fax or by patient delivery.
- If a patient does not currently have a dentist, the SRJC clinical dentist may request the radiographs.
- **All radiographs must be evaluated within 1 week of exposure, any radiographs evaluated after 1 week will not be counted toward requirements.**
- Any exceptions to these guidelines must be agreed upon with the lead clinical faculty

Caries Charting Protocol

Listed below is the clinic protocol for charting unsound dentition. See Appendix for Dental Charting Notations. Remember that other than periodontal disease we are not diagnosing disease, the patient is referred to their dentist for diagnosis of dental treatment need.

- Note any areas of unsound dentition in red in the dental charting box on the purple sheet.
- When the clinical DDS checks your assessment, you will read off the dental charting
- The clinical DDS may agree or disagree with your detection, you will transfer this information to the electronic chart in red and have this notation checked at the end of the clinic session.

If you have x-rays, you should transfer unsound dentition that you note on your radiographic interpretation to the dental charting form after agreement with the clinical DDS. If you take

- x-rays anytime during treatment, you must view the films and then update the dental charting form.
- Patients will be informed of their oral health/clinical findings. Patients will be educated on the findings and how to take care of their dental health. Patients will be informed that a dental exam is necessary for continued oral care.
- Every patient that is seen in the clinic must have a referral to a dentist, this is noted in the patient completion letter

Care Of Removable Appliances

Removable appliances will be cleaned by the student clinician following this protocol. Ask a clinical assistant for a baggie or have one on hand if you know your patient has an appliance. The patient will place the appliance in the baggie that contains one Polident tablet. Fill baggie ½ full of water and seal the baggie and place it on the semi-contaminated area of your counter. The removable appliance will soak during the patient's appointment. The patient will remove the appliance from the bag, rinse well, and place in mouth.

Policy For Scaling Of Dental Implants

ALL patients must have a current periapical x-ray, one-year or less, prior to treatment around an implant. It is the policy of SRJC, Dental Hygiene Department to provide patients with dental implants, the highest standard of care. If the clinical instructor feels that the area is appropriate for treatment, the following guidelines will apply;

1. Use of plastic/silicon scaler and periodontal probe.
2. A periapical and/or bitewing radiograph is necessary prior to treatment.
3. Traditional ultrasonic scaler tips will not be used on the implant/crown; use only designated tips.
4. Patient will be referred back to Dentist of record for continuing care.
5. Oral Hygiene instructions reviewed for patients with implants.

Procedure pre-rinse

Before beginning intraoral procedures, the 60 second use of an antimicrobial pre-rinse is suggested. Patients who have a history of alcohol abuse and those under age 16 are possible exemptions.

Fluoride

Fluoride varnish will be used on appropriate patients.

Patient Screening

- Will be conducted when deemed necessary by the clinical faculty
- Unless otherwise indicated, all screening patients are patients of the clinic and may be assigned to students as the lead instructor indicates.
- Screening students will use the SRJC clinical screening form located in reception. This form contains all the information needed for screening a patient for clinic. Students on rotation will be responsible to set up, seat patients, review health history and obtain vital signs before notifying a clinical instructor for screening.
- All screening appointments will only occur during clinic hours.
- Patient classification from screening is guaranteed for that semester only and may be changed if sufficient patient conditions change.

Recall/Periodontal Maintenance(Pmt)

When you have completed your patient's treatment you will need to indicate their **recommended** recall or PMT interval; 3, 4, 6-month recall or PMT.

the last line of your treatment record after the patient tolerated treatment section ("patient completion, recommended 3-month re-care, the patient understands that the SRJC clinic may not be able to accommodate the recommended recall suggested by the student.

You will also enter the recommended interval into the computer and on the completion letter, (with patient and student initials).

Section 8

Safety Policies

Policy On Latex Sensitivities/Allergies

Students **must** purchase latex free gloves. All students and faculty will wear latex-free, powder-free gloves to reduce the incidence of latex sensitivity.

True latex allergy is rare and patients who have this type of reaction are very aware of their limitations. Students are advised that the dental hygiene clinic facility cannot be rendered latex-free. Patients with true latex allergies will not be seen in the dental clinics.

Policies For The Safety And Comfort Of Students And Patients

1. Never pass or examine instruments over the patient's head or neck area. Do not flip instruments over a patient's head, when examining instruments, they must be no closer than 6 inches from the patient's face.
2. Never adjust your light with an instrument in that hand. When not utilizing instruments, such as when you are adjusting the light or chair, place the instruments in your non-dominant hand or back on the bracket tray.
3. Clutter and blood are a concern to both the patient receiving care and the patients and visitors walking through the clinic. You are responsible for keeping your tray free of "bloody gauze". If you drop gauze, have it picked up as soon as convenient. Place all used "bloody gauze" in biohazard bag.
4. Dropped instruments must be dealt with immediately, pick up the instrument with your contaminated gloves and place it in the sink of your counter, wash and re-glove before continuing. Notify the clinical assistant and ask them to process the instrument.

Guidelines For The Use Of Magnification (Loupes)

- You are required to purchase loupes.
- You may begin using magnification during the summer semester.
- You remain responsible for wearing safety glasses for all patient exposures.
- You are responsible for the comfort of your patient. It is possible that magnification can focus you with such a narrow vision that you are not aware of patient nonverbal clues to discomfort.
- The purchase of the light is optional.
- You will be allowed to use the attached light only if you are considerate for the safety of others. Please be aware of the safety concerns for those around you. Light directed into the patient's eyes or in the eyes of those working around you is very uncomfortable and can be a trigger for seizures.
- Loupes are not allowed to be worn while delivering local anesthesia during the Summer DHI and Fall semester DHII.

Protocol For Patient Injury

For a patient injury beyond normal tissue trauma, follow the procedure listed below. If it is a broken needle or instrument, follow the already established protocol; lead faculty will complete an incident report and notify the program director.

For severe lacerations of lip, cheek, gingiva, tongue or any unforeseen type of patient injury:

- Call for an instructor. Remain calm and professional.
- Render necessary first aid – i.e. pressure to punctures or lacerations; ice
- Have the clinical dentist evaluate the situation for treatment or follow-up.
- Inform the patient of the extent of injury.

- Make a notation about the incident in the treatment record of the chart. Have faculty initial.
- Lead faculty will complete an incident report and notify the program director.
- Consult with the lead faculty to establish a follow-up phone call (within 1-2 days) when appropriate.

Tissue Trauma

Soft Tissue Trauma – defined as an isolated cut in the marginal tissue (not tissue tags or loose granulation tissue). Soft tissue trauma can also be an isolated laceration and/or puncture to the epithelial attachment. Soft tissue trauma will be documented as indicated above in the patient’s treatment of record and in the student’s daily notes with the appropriate point deductions

Gross Tissue Trauma – defined as flagrant abuse or harm to a patient. Including a burn, deep laceration, long laceration and/or puncture to soft tissue and/or bone. A burn as a result of ultrasonic heat, which could be found intra-orally or extra-orally. A deep or long laceration is defined as a cut so large, it may require suturing, or a cut so large it extends across more than one tooth surface and/or exposing bone. Gross and any hard tissue trauma will be documented as above, and an intraoral photograph will be taken as well as any appropriate radiograph(s) for hard tissue trauma.

Hard Tissue Trauma – defined as a loss or irreversible damage of the tooth structure integrity (enamel and/or root) but not limited to pitting and/or gouging,

Gross Hard Tissue Trauma - multiple surfaces of hard tissue trauma constitutes gross hard tissue trauma.

A second instructor will be asked to verify gross and any hard tissue trauma. If verified by two instructors, then the clinical director and clinical dentist will be notified so that a proper referral can be made.

Any hard or gross tissue trauma will result in the termination of treatment for the session and the student will be accessed for the appropriate form of remediation.

Documentation - any hard or soft tissue trauma will be documented with the following:

1. location - describe in relationship to tooth or tooth bearing area
2. measurement - measured in mm
3. type – puncture, laceration
4. patient is aware of incident

Clinic Policy For Disposal Of Local Anesthetic Cartridge And Needle

1. All needles must be disposed of into the SHARPS containers(s) in clinic.
2. All local anesthetic cartridges that contain blood must be disposed of in the SHARPS container(s) in clinic.
3. All partially used, empty, or unused local anesthetic cartridges that have been contaminated* must be disposed of in the Local Anesthetic Disposal Container in sterilization.

*contaminated cartridges are those that have come in contact with ANY contaminated item, i.e. instruments, contaminated gloves, floor, etc.

Procedure For Broken Instruments

If an instrument tip breaks in the patient's mouth, the following protocol must be followed:

- Reassure the patient but do not allow the patient to swallow.
- Seat the patient upright and have them spit into a cup. **DO NOT USE THE SUCTION.**
- Summon an instructor to help locate the tip with an explorer or dental floss.
- If the tip cannot be located easily and removed, an x-ray will need to be taken.
- When the tip is located on the x-ray, it may be removed by the student or faculty member. Magnetized instruments, perio retrievers, are in the anesthesia dispensary box on the main clinic counter to assist with tip removal.
- If the tip cannot be removed, an incident form will have to be filled out, signed by a faculty on the floor and a referral made to a periodontist or their own dentist. Some tips have to be removed by a periodontal surgical procedure.
- If the tip cannot be located, an incident form will have to be filled out and signed by the faculty. The patient may be sent to their physician for a chest x-ray.
- Note the incident in the patient's chart and have the lead instructor sign it.
- Lead faculty will inform program director of all incidents.

Procedure For Broken Needles

If a needle breaks during anesthesia administration, the following protocol must be followed:

- Remain calm; do not panic. Call for a faculty member.
- Instruct patient not to move. Do not remove your hand from the patient's mouth. Keep your eye on the end of the broken needle.
- If the needle is protruding, use cotton pliers or a small hemostat to remove.
- If the needle is NOT protruding and cannot be retrieved, do not proceed with probing or manipulating the tissue.
- Inform the clinical dentist.
- Calmly inform patient; note the incident in the chart (regardless of outcome) and have the lead instructor sign it.
- Lead faculty will fill out an incident report and notify the program director.

Note: It is mandatory that during any anesthesia, you must have cotton pliers or a hemostat on the instrument tray. Failure to do so will result in loss of production /professional points.

Hematoma From Local Anesthetic Injection

Hematoma: leaking of blood from vessels into surrounding tissue due to inadvertent nick of blood vessels during injections.

Operator Responsibility:

- Early Recognition and Response
- Be alert to hematoma formation
- Respond to initial signs of swelling
- Discontinue treatment for the day

Chairside Management:

- Apply pressure directly to area
- Ice area

Instruct the Patient:

- Apply ice intermittently for the next 4-6 hours, no heat to area for 24 hours
- Ibuprofen for inflammation, Ibuprofen or Tylenol for discomfort if needed. Avoid aspirin for pain as this may increase bleeding.

Advise the patient:

Regarding development of bruising and discolorations – may last up to 2 weeks

To notify you immediately of any changes

Signs and symptoms of infection

Policy On Emergency Treatment During Clinic Sessions

If an incident occurs during the treatment of a patient in the Dental Hygiene clinic that requires emergency/temporary care the following must be done:

1. Inform the patient of the incident
2. Inform the clinical faculty assigned to you for the day
3. Inform the clinical dentist **and** lead faculty
4. As directed by the clinical dentist, take a radiograph or intraoral picture of the area
5. Assist the clinical dentist in providing temporary care
6. Chart the incident on a plain piece of paper and allow the clinical dentist and lead faculty to approve the charting notations before transferring them to the record of treatment.
7. Refer the patient to their dentist, if the patient does not have a dentist consult with the lead faculty.
8. Call the patient the next day to check on their condition. Make notes of your conversation and consult with the lead faculty.

Protocol For A Swallowed Object

Objects used in dentistry can be dropped into the patient's oral cavity or oropharynx.

Precautions should be taken to avoid this from occurring. In some instances, a patient's restoration can become loose and dislodged during scaling: checking for restoration stability is an important part of initial assessments. If an object falls into a patient's oropharynx, the following protocol should be followed: Protocol found in incident report binder.

Patient Policies

Culture

Culture is defined as the totality of socially transmitted behavior pattern, arts, beliefs and all other products of human work and thought typical of a population or community. Knowledge of culture is essential in understanding how tradition affects health related beliefs and behaviors and approaches to oral health care.

Throughout your clinical practice, you will be developing cultural competency in the treatment of a variety of patients. This development will be tracked through interactions with a patient who is different from you in background, belief system, culture, norms, traditions or language.

Becoming Culturally Competent

- Approach each individual as a valued, unique person
- Be sensitive to cultural norms
- Be aware of your biases
- Learn about your patient's health care values, ask
- Display acceptance and nonjudgmental attitude
- Use the appropriate and acceptable terms when referring to the patient's culture

SRJC Policy On Discrimination

SRJC provides equal opportunity to all eligible patients and does not discriminate on the basis of race, color, national origin, age, sex or disability.

Visitors

No one other than the patient is allowed in the hygiene clinic units. Exceptions include; caregivers, parent/guardian, interpreter. In addition, please do not allow minor children to remain in the waiting room unattended. This practice presents a security issue for the child, as no one is responsible for watching them.

NOTE: Children including babies and toddlers are not permitted in the clinic while their parent is receiving dental care.

The faculty have the right to ask any visitor to leave the clinic.

Security And Privacy Policies

Hipaa Protocols For Dental Clinic

As a student at SRJC Dental Hygiene program, you have a legal and ethical responsibility to safeguard the privacy of all patients and protect confidentiality and security of all health information. Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format oral, FAX, written or electronic. Patient confidentiality is a central obligation of patient care. The Dental Hygiene Clinic is in compliance

with HIPAA. Any breaches in patient confidentiality or privacy may result in disciplinary action, up to and including dismissal from the program

Protected Areas; all health information that relates to the patient's past, present or future condition(s), and all patient information that is individually identifiable.

How do we Comply:

1. Notice of privacy practices are posted in a prominent location
2. Notice of privacy practices are given to each patient to read, review and sign
3. Patient's will be identified only by their first name on any document that is visible to any individual other than the student operator and their assigned faculty. This includes any document that is not stored in the patient's permanent record.

Please pay attention to any sign-in/up list, time management sheet, radiology sheet, appointment sheet, case study sheet, priority sheet and any oral or written communication with faculty.

Patient Consent For Treatment

Each patient will be required to sign the Dental Hygiene Teaching Clinic Conditions of Treatment document. This document outlines information on consent for dental procedures, photographs and dental records, financial responsibility and the importance of keeping appointments. A copy of the Consent for Treatment form is found in the appendix of this manual.

Patient Charts

Patient charts must remain filed alphabetically in the business office. Patient charts are not to leave the clinic area. Removal of patient charts is a serious breach in professionalism in patient confidentiality and in clinical operation. If chart contents are needed for class work, copies are made with permission from reception faculty. During clinic, do not remove your patient charts until they have been released by the reception students/faculty. This policy includes all electronic charts as well as hard copy charts.

Policies/regulations for Patient Charts

- Chart components/pages must be kept in proper orderly sequence
- Charts must never be kept in student cabinets, or lockers
- Chart components must not be contaminated
- Charts must be returned to reception at the completion of a clinic session
- Charts can be reviewed only during the student's assigned clinic time or with the permission and direct supervision of a faculty member
- Outside of clinic, Health Histories must never be in the possession of the student. If a patient is given a Health History to fill out prior to the appointment, the patient must keep the form until they come to the reception desk for their first appointment.
- No portion of a patient electronic or paper chart may be copied onto any device or emailed without written permission from the lead faculty.

Posting Of Patients Names

Under no circumstances are patient's full names to be posted in any area including on computer screens. If a patient's name is needed for a document that is posted where it can be seen by other patients, students or staff; only the first name of the patient may be used.

Instructor Area

The privacy of the instructor's area is to be respected at all times. Instructors are readily available to assist students, however, there are times they are inaccessible in order to prepare for clinic/classes or consulting with students.

Student Security Policies

Student's nametags will have only the student's first name and the students designated identification number. All posted documentation will include the student's first name only (if there are students with the same first name, they will use their first name and last initial). All chart entries and documents given to the patient will include the student's first name and number only.

Students will not give their personal phone numbers or addresses to patients. If requested, SRJC will provide a voice mail system to receive messages from patients. Students may choose to arrange for their own **secure** phone numbers that do not contain identification of the student's name or other contact information other than the **secure** phone number, text number or email address.

Any business cards, flyers, advertisements or promotions associated with students must not contain the student's last name or personal phone number.

A student will not see any patient who demonstrates inappropriate behavior. Please notify the lead faculty immediately and together you will decide the best plan of action.

Students will not transport patients to or from the campus.

If students are recruiting patients during clinic hours, they must check-out and back in with reception faculty and check in with their assigned clinic faculty every 30 minutes for the duration of time they are out recruiting.

Student Records

It is our intention to protect the confidentiality of grading information. Students may not enter any file cabinet containing student records without direct instructions and supervision from the lead faculty. If an instructor is discussing grading information with a classmate, please allow them as much privacy as possible. You may ask your instructor of the day or the lead instructor to review your progress notes at any time during the clinic session.

Guidelines for Advertising your Clinical Services

Business cards and or flyers or any other written materials must follow these guidelines:

- Your first name only
- SRJC Dental Hygiene Program - must be included
- Your contact information **does not use the clinic phone number.**
- Your contact information must be a secure contact number, and the secure phone number used must have that information indicated. (707 555-1212 is a secure phone number)

Other information that may be helpful

- Address of the school – include Race building off Elliott on Emeritus Circle
- Location of parking
- Time and date of your appointment
- Clinical fees
- Clinical hours

Flyers or other written materials posted on or off campus must be regularly monitored and removed at the end of each semester.

The Program Director-must approve all business cards and/or other written materials

- Bring a hard copy for review or bring your lap top or tablet to show me your proposal

Agreement on Flyers/Advertisement of Dental Hygiene Services

The following are the guidelines for the use of flyers or other advertisement to recruit your dental hygiene patients.

- all flyers/advertisement must be approved by program director before use in **any area on or off the SRJC properties**
- all flyers/advertisement **posted on SRJC properties** may ONLY use the clinic phone number 707 522-2844
- **NO individual phone numbers or contacts**
- all flyers/advertisement **posted on SRJC properties** must have approval for posting from the Interclub Council - they may stamp the poster as approve
- any flyers/advertisement posted in areas **outside the SRJC properties** or given directly to potential patients may contain the individual student's secure contact information
- if outside patients are appointed in clinic for screening in DH I or DH II, they will be screened for case-type classification and then assigned to the appropriate class:
 - if they are case type 1 or 2 patients they will be assigned first to a first-year student
 - if they are a case type 3 or higher to second year student

Business Office Policies

Business Office

The business office is only opened during Dental Hygiene Clinics. During non-clinic hours, you must receive permission from a faculty and request that they open the office.

The business office is limited to students assigned to reception rotation and students who have permission to review patient charts, no patients are allowed in the business office.

- Respect for business office personnel and willingness to cooperate with polices and procedure is imperative
- Congregating in the business office areas is not permitted
- The business office desks and computers are not available for student use
- Clinic gowns are not permitted in the business office
- The copy machine is not available for student use, instructors must authorize copies when special assignments are made
- The business office phones are for receiving calls or placing calls to patients. Patients may use the phone in the clinic for essential calls only
- The use of college stationary is not permitted without the signature or permission of the program director.

Collection Of Fees

- The collection of fees is completed in reception before the patient may be seen by the assigned student. To avoid disappointments, it is advisable to discuss fees with your patients before their first appointment.

There are 3 exceptions to fees: (there are **no exceptions** for radiographic fees during radiography classes)

- Four (4) "free pass": good for free NSPT will be issued to each hygiene student. Reception personnel will track these free passes on the computer.
- DH students and Dental Program faculty and faculty's families will not be charged for services. A dental hygiene student's child under the age of 18 may have all clinical procedures done at no charge if the parent, who is the dental hygiene student, is the operator.
- DH and DA grads are free within 1 year of graduation.

Assigned Patient-Student Responsibility

When a patient calls in to schedule an appointment, they will be informed that the student whom they have been scheduled with may not be able to provide all hygiene care if multiple appointments are necessary. In that case, they will be scheduled with another student to complete their care.

Each student must respect and adhere completely to the following policies:

1. If the patient changes the appointments, these changes must be accounted for on the screening form in reception or, if the patient has begun treatment, on the treatment record. Both notations must be arranged through the reception faculty. You must convey this information to the reception faculty before the beginning of the next clinic session.
2. When a patient has been appointed on your clinical schedule, the patient's screening sheet will be placed in the screening binder under your student number and checked by reception faculty each week.
3. To provide care to the patient in a timely manner, patients who have called in for an appointment will be made aware that they may be seen by multiple students if multiple appointments are required. This will be based on the students' schedule availability. Every effort will be made to continue treatment with the same student clinician, however due to individual students schedules it may be unlikely.
5. Patients who you know or have recruited will also be tracked for appointing and completion within a reasonable timeline.
6. It is required that all conversations with patients regarding appointments, scheduling, be logged in the patient's chart.
7. You may request that your name be removed from the appointment schedule at any time. You may also ask Reception Faculty to return your name to the appointment schedule at anytime

Failure to follow appointment scheduling protocol will result in removal from the scheduling list.

Patient Discontinued Procedure

- A notation of missed, failed, cancelled appointments and items of note regarding patient cooperation, etc. should be in the Record of Treatment on the day they occurred or contained within a typed document from the students record of correspondence with the patient
- Discontinuing patients occurs during end of semester Chart Audits. The lead faculty will consult with the student and guide them through the process of discontinuing a patient.
- The student must bring to chart audit, the patient's chart and a copy of any written correspondence with the patient e.g. text messages and emails, and a discontinued letter.
 - Produce an envelope with SRJC return address and complete patient's name/ address for mailing.
 - Letter is signed by the student and lead faculty
 - Yellow copy goes into the chart and white copy is mailed to the patient
 - Give completed envelope to reception faculty
 - Date, list and document the forms to be sent to the patient in the patient's chart.

Chart Management After Patient is Discontinued

- Highlight over the patient's name on the patient's chart in pink
- 2 hole punch the white copy of the discontinue letter and place on top of treatment records, so it is obvious to find
- Place chart back in appropriate alphabetic location in files

NOTE: In order for a patient to be discontinued these items must have been done

- Patient Consent for Treatment must have been reviewed and signed at the beginning of the first appointment.
- SRJC dental Clinic policies and fees must have been reviewed and signed by student and patient at the beginning of the first appointment.

General Facilities Policies

Building Maintenance

Equipment and supplies must be returned to the appropriate storage place immediately upon finishing with them or at the end of the clinic/lab. Custodians do not move personal items or equipment in order to clean. Only approved signs are permitted on clinic walls.

Locker Room

It is everyone's responsibility to keep the locker room clean. Personal belongings and other property, for which a student is responsible, must be kept in the locker assigned to him/her during clinic or labs sessions. Students must provide combination locks to secure their belongings. The combination must be registered with reception faculty. Locks must be removed, and lockers cleaned and vacated at the end of the summer semester.

Section 8

Forms

There are several forms that need to be documented on patients. You are responsible for obtaining these forms, documenting completely and obtaining all appropriate signatures during your clinical time.

- All documents must be complete before requesting a patient, or instructor signature.
- All signatures must be obtained during the clinic time in which the procedure was performed.
- No charts are to leave the clinical area in hard copy or electronic form including email.
- All charts are to be placed in reception after each clinic, do not store them in your cabinet or locker.
- All documentation must be legible, written in non-erasable blue or black ink

- Dental Charting, EOIO and PSE forms are charted in the computer's Eagle soft software as electronic charts
- At the completion of each clinic, place all paperwork in the patient's chart in the correct order.

Correction Or Addendums To Entries In Clinical Treatment Records

Corrections are defined as mistakes made in treatment entries

Cross out the error with a single line – hard copy forms

The student and the instructor will initial the correction

Note: if the mistake is identified during the clinical session, your assigned faculty will initial the correction. If the mistake is identified after the assigned faculty signs off the chart for the day, the lead faculty must be asked for their initials.

Addendums are defined as additions to the treatment entries – hard copy forms

Addendums will be written and always require the initials of the lead faculty.

All corrections to Electronic Forms must be completed during **that clinic session**. The assigned faculty will cross off any correction notation to EOIO, Dental Charting, PSE assessments which have been indicated on the purple sheet after they have re-checked your electronic chart.

Treatment Notations For Patient Communications Outside Of Clinical Treatment Including Appointment Compliance

Occasionally a notation will be necessary regarding communications outside of clinical treatment. These occasions may include communications such as; appointment compliance, inappropriate behavior, after hours' emergencies, etc.

In the cases of inappropriate behavior or after hours' emergencies, students are required to bring the patients chart to the lead instructor the student will meet with the lead and they will be counseled on appropriate chart documentation.

In the cases of appointment compliance, if the patient fails a confirmed appointment or cancels the appointment within 24 hours, or is more than 15 minutes late; a notation in **red** is made on the Record of Treatment.

General Forms

The following guidelines describe the forms, when they are filled out, what signatures are needed and include the specialty forms.

All Patients

- **Consent for Treatment** - read and signed by the patient before treatment begins
- **Notice of Privacy Policy - HIPAA** – read and signed by the patient before treatment begins
- Health History - HH- - filled out by the patient, then reviewed by the student and signed by student and patient then reviewed and signed by the clinical instructor and the Clinic Dentist.

Health history update: performed at each appointment and signed by the patient, student and faculty. Transfer to the top of the form any highlighted box from the health history. **NOTE:** new health histories are required every 2 years or if there are significant health/medication changes.

- Vital Signs – taken at all initial visits and routinely every visit after that. Enter this information in the Health History and Record of Treatment at initial visit and in the Health History update and Record of Treatment and in subsequent visits. Signed by the patient, student and instructor as part of the treatment record.
- EOIO – full procedure performed every initial visit, **and** every recall interval an update. When multiple appointments are necessary, an EOIO update is complete and charted at each appointment before treatment for that appointment begins. Any condition or area noted previously needs to be evaluated at each appointment. Signed by the student and instructor as part of the treatment record.
- PSE and Tissue Description – performed at every initial visit and as needed to evaluate progress after that **in electronic form**. Signed by the student and instructor as part of the treatment record.
- Dental Charting – performed every initial visit and every recall interval after that in **electronic form**. A cursory dental exam is done at each appointment before treatment for that appointment begins. Any condition or area noted previously, or referral notes need to be evaluated at each appointment. Signed by the student and clinical dentist as part of the treatment record.
- Oral Hygiene Record – OHI – performed throughout NSPT procedures. When multiple appointments are necessary, an OHI update is performed at each appointment to check progress from previous instructions and evaluate the need for continued or new instructions. The student and instructor sign the OHI document as part of the treatment record.
- Treatment Plan– performed before NSPT procedures begin and evaluated at each appointment after that. The care plan is tracked for changes for each care planning cycle. Signed by the student and instructor as part of the treatment record. Signed by the patient upon presentation.

Patient Completion Letter and Dental Referral – Production of the Patient Completion letter begins with the Dental Exam; with dental concerns indicated by the clinical dentist.

- signed by the clinical dentist. The Patient Completion letter is then finalized at the last appointment with notes regarding treatment provided and
- Route Slip – the route slip is used by reception to record the initial appointment and patient completions. You must enter the information into the computer and fill out the route slip **before** dismissing your patient. Bring the route slip and your patient to the reception room door and ask reception faculty or her designee to initial the route slip indicating that it has been received.
- Continued periodontal concerns. The student, patient, clinical dentist and assigned faculty member sign the document.

- The document is given to the patient and sent to the patient's DDS or if the patient does not have a DDS, is kept in the patient's chart.
- Patients not allowed to return to clinic until treatment needs met – make the notation on the date that the decision is made with the rationale and clinical DDS signature. This will be the last notation in the treatment record. **The patient understands that they will not be allowed to return to the clinic for any recare/reevaluation appointments until the following condition has been corrected**
- An additional Patient Completion letter will be generated at the completion of the periodontal re-evaluation appointment.

Special Forms

- Authorization for Radiographs - filled out by the student and signed by the student and clinical dentist. If the patient has a dentist, radiographs must be requested from that DDS before asking for a clinical dentist authorization.
- Medical Consultation Request - filled out by the student and signed by the student and clinical dentist

All appropriate special forms are kept in the patient chart, make chart notations on the Record of Treatment where appropriate.

Patient Completion Form – Purple

This form is used to evaluate the students' performance of clinical care of the patient. All portions of the form must be filled out by both students and faculty. It is the student's responsibility to get all faculty signatures at that clinic time and any correction to the electronic charting(s) corrected in that clinic session.

These sheets are to be left in the patient's record until the patient is complete. When the patient is complete, the faculty fills out the audit at the bottom of the form. The form is kept in the patient's chart until chart audit.

Documentation Notes For SRJC Clinics-Chart Documentation

All notations made in the treatment document must be done in blue or black non-erasable ink and end with your initials and department assigned student number.

Faculty are responsible for all procedures recorded on the Record of Treatment; document only those procedures that a faculty has checked. Do not write up the Record of Treatment document until you have completed the procedure and the faculty has checked it. An example of proper

chart documentation notes for dental hygiene treatment, delivery of local anesthesia, and nitrous oxide administration is made available in each clinic unit.

SRJC - Dental Hygiene Clinic Radiographs

Radiographs are never authorized for sole purpose of fulfilling requirements.

- All radiographs must be used for diagnosis of periodontal conditions and/or sent to the referring dentist for diagnosis of dental conditions.
 - Clinical dentists **will not authorize radiographs** unless the student can demonstrate the need for the radiographs for diagnosis of periodontal conditions.
 - Patients who display risk factors for periodontal disease **will most likely need to** have radiographs to assist in establishing a dental hygiene diagnosis and providing nonsurgical periodontal treatment. In addition, any patient with furcation's of II or greater or periodontal tissue that would indicate possible clinical pathology, such as periodontal abscesses, cysts or subgingival infections, must have radiographs
1. Whenever possible, vertical bitewings are used in place of horizontal bitewings in all FMX exposures
 2. Bitewing radiographs may be required before sealants and ITR Restorations
 3. A request for radiographs from another clinic or private dentist must be made whenever possible. The request for radiographs should be directed to that office/clinic by phone or FAX. The department will duplicate these films before returning them to the office or origin.
 4. If a patient does not have a dentist, a request for radiographs may be submitted to the clinical dentist. Authorization will only be given after the student has sufficiently demonstrated the need for the radiographs for their periodontal diagnosis and treatment.
 5. All radiographs must be graded within 1 week of exposure. If films are not graded, they will not be counted towards state requirements.
 6. All patients who have implants must have a recent periapical (within one year)

Procedure for requesting radiographs from private dentists or SRJC clinical dentists:

1. Determine if radiographs are needed to make the dental hygiene diagnosis and treatment plan
2. The type, number and frequency of radiographic exposures will be evaluated on a case by case basis. An FMX, Panoramic or vertical bitewing series may be ordered. In specialized cases, individual radiographs may be authorized. Prior radiographs must be evaluated before new radiographs are authorized.
3. Explain the benefits and risks of radiographs to your patient and obtain the signature for consent on the Authorization for Radiographs form.
4. Obtain an "Authorization for Radiographs" from the patient's DDS or if necessary, a SRJC clinical dentist.
5. Obtain the patient's signature on the notice of "x-rays are not diagnosed for caries"

Note: you must have the authorization **completed, including signatures** and have the patient present and seated during a scheduled clinic before you approach a SRJC clinic dentist for authorization.

Fees for Oral Hygiene Aides

- Toothbrushes: patients are to receive one free toothbrush when used for OHI
- Floss: patients are to receive one sample container of floss when used for OHI
- Proxy brush: \$1.00
- End tuft toothbrush \$1.00
- Perio Aide \$1.00
- Rubber tip stimulator \$1.00
- Tongue scraper \$1.00

Section 9

Appendix

Adult Vital Signs / Blood Pressure Guidelines

From: American Heart Association- Updated: **January 2018**

SRJC Dental Hygiene Clinic Protocols have been established using this information

Blood Pressure Category	Systolic mm Hg	Diastolic mm Hg	Follow-up Recommended/Clinical Dental Hygiene protocol
Normal	<120	<80	Recheck in 1 year No Restrictions Routine Dental Management
Elevated	120-129	<80	Recheck in 3-6 Months No Restrictions Routine Dental Management
Hypertension			ALWAYS RECHECK IN 5 MINUTES
Stage 1	130 – 139	80 - 89	Retake each appointment Refer for MD check within 2 months Routine Dental Management Stress Reduction Protocol
Stage 2	≥140	≥90	Retake each appointment Refer for MD check within 1 month Routine Dental Management with stress Reduction Protocol - avoid vasoconstrictors/use cardiac dose
SRJC Dental Hygiene Clinic Guideline:	≥175	≥103	Immediate medical referral; NO DENTAL HYGIENE PROCEDURES
Hypertensive Urgency	>180	>120	Immediate medical referral; NO DENTAL HYGIENE PROCEDURES
Hypertensive Emergency	>180 + target organ damage	>120	Immediate medical referral; NO DENTAL HYGIENE PROCEDURES

Physical Status Classification System

The ASA physical status classification system is used *as a part* of risk assessment for treatment modifications and takes into consideration the physical limitations of a patient with systemic disease. Modifications to treatment may also be indicated for other issues such as the medications taken for the systemic disease, however that does not change the ASA classification

ASA I A patient without systemic disease - no modifications

ASA II A patient with mild systemic disease - proceed with caution

- Well-controlled non-insulin dependent diabetes mellitus
- Well-controlled epilepsy
- Well-controlled asthma
- Well-controlled hyperthyroid or hypothyroid under care with normal thyroid function
- Healthy pregnant women
- Healthy patients with allergies
- Healthy patients with extreme dental fears
- Healthy patients over the age of 60

ASA III. A patient with severe systemic disease that limits activity but is not incapacitating - proceed with extra caution, serious consideration is given to patient treatment modifications, review finding with instructor **prior** to treating patient and at each appointment. Follow medical referral and appropriate consultation to determine an appropriate treatment plan

- stable angina pectoris
- post myocardial infarction > 6 months
- post cerebrovascular accident > 6 months
- well-controlled insulin dependent diabetes
- congestive heart failure (CHF) with orthopnea and ankle edema
- chronic obstructive pulmonary disease
- chronic obstructive pulmonary disease (COPD), emphysema of chronic bronchitis
- exercise induced asthma
- less well-controlled epilepsy

ASA IV A patient with incapacitating systemic disease that is a constant threat to life. No treatment.

- Unstable angina
- Myocardial infarction or CVA with the past 6 months
- Severe CHF or COPD
- Uncontrolled epilepsy
- Uncontrolled insulin dependent diabetes

Medically Complex/Special Needs Patients

The SRJC Dental Hygiene Clinic defines Medically Complex/Special Needs Patients as any patient who requires special considerations in their treatment as it relates to a medical/dental condition discovered in any assessment. Those patients whose medical, physical, psychological, or social situations make it necessary to modify normal 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. These conditions may be permanent or may be temporary.

The condition must be found in one of more of the assessment documents. Some of these conditions may require a Medical Consultation and/or deferring of treatment.

Indicate the determination of Medically Complex on the Route Slip and Treatment Plan

The list below contains a representation of conditions that would classify a patient as medically compromised. The student should check with the lead faculty if they have any question regarding a condition presented that is not included on this list.

Including conditions such as:

1. Heart Conditions:

- Heart murmur
- Heart surgery
- Mitral valve prolapses
- Myocardial infarction
- Rheumatic fever
- Congenital defects
- Prosthetics
- Angina
- Previous endocarditis

2. Prosthetic Devices:

- joint
- shunts
- stints

3. Traumatic Facial Injuries:

4. Immunocompromised:

- Corticosteroid Therapy
- Blood Dyscrasias
- Chemotherapy
- Organ Transplant
- Uncontrolled Diabetes
- Liver Disorders
- Kidney Dialysis

5. **Endocrine Disorders:**
Hyper or hypo thyroidism
Diabetes
Addison's disease
Cushing's syndrome
6. **Autoimmune Disorders:**
Crohn's disease
Lupus
HIV/AIDS
7. **Cardiovascular Disorders:**
history of CVA
hypertension >160/100
hypotension <90/60
8. **Respiratory Disorders:**
Asthma
Chronic Bronchitis
Emphysema
Congestive Heart Failure
Pulmonary Disorders
9. **Neuromuscular Disorders:**
Multiple Sclerosis
Muscular Dystrophy
Paralysis
Myasthenia gravis
10. **Psychological Disorders:**
Panic disorder
Substance abuse
Tourette syndrome
11. **Cerebral Disorders:**
Uncontrolled Seizure Episodes
Mental Retardation
Cerebral Palsy
Parkinson's Disease
Epilepsy
History of CVA
12. **Allergies**
latex, fluoride, mint oil, any materials or drugs used in dentistry
13. **Dental Management**
Motor Impairments, Reflux Diseases, Sensory Impairments,
Pregnancy, Pediatric Patient, Patient with Alcohol Problems, Patient With Implants,
Orthodontic Patient, Edentulous Or Partially Edentulous Patient

SRJC Dental Hygiene Clinic Policy on Antibiotic Premedication

The purpose of this statement is to update the recommendations by the American Heart Association for the prevention of infective endocarditis.

The major changes in the updated recommendations include the following:

1. An extremely small number of cases of infective endocarditis might be prevented by antibiotic prophylaxis for dental procedures
2. Infective endocarditis prophylaxis for dental procedures should be recommended only for patients with underlying cardiac conditions associated with the; highest risk of adverse outcome from infective endocarditis.
3. For patients with these underlying cardiac conditions, prophylaxis is recommended for all dental procedures that involve manipulation of gingival tissue or periapical region of teeth or perforation of the oral mucosa.
 - a. Prosthetic cardiac valve
 - b. Previous infective endocarditis
 - c. Congenital heart disease
 1. Unrepaired cyanotic congenital heart disease, including palliative shunts and conduits
 2. Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention during the first six months after procedure.
 3. Repaired congenital heart disease with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device.
4. Cardiac transplantation recipients who develop cardiac valvopathy.

SRJC Policy

Any patient who previously premedicated under the old guidelines will need to be evaluated for continued use of premedication. If the patient does not fall under one of the categories listed above, they will no longer be required to premedicate or have a physician's release for premedication.

All new patients will be evaluated under the above guidelines to determine need for antibiotic premedication.

Resource;

Prevention of Infective Endocarditis – Guidelines from the American Heart Association

Antibiotic Coverage for Patient with Total Joint Replacements

For All patients with prosthetic joint replacement, if the patient answers the question “ **For this condition**, has your surgeon directed you to take antibiotics before dental treatment “

- Yes = patient must request Rx from orthopedic surgeon and take pre-medication before treatment
- No = patient does not take antibiotic before treatment
- Don't Know = Medical clearance is indicated before treatment

In 2014, the ADA Council on Scientific Affairs assembled an expert panel to update and clarify the clinical recommendations found in the 2012 evidence report and 2013 guideline, *Prevention of Orthopedic Implant Infection in Patients Undergoing Dental Procedures*.^{1, 2} As was found in 2012, the updated systematic review undertaken in 2014 and published in 2015 found no association between dental procedures and prosthetic joint infections. Based on this evidence review, the 2015 ADA clinical practice guideline states, **"In general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection."**

A co-published editorial by Meyer also states:

"The new CSA guideline clearly states that for most patients, prophylactic antibiotics are not indicated before dental procedures to prevent [prosthetic joint infections]. The new guideline also takes into consideration that patients who have previous medical conditions or complications associated with their joint replacement surgery may have specific needs calling for premedication. In medically compromised patients who are undergoing dental procedures that include gingival manipulation or mucosal inclusion, prophylactic antibiotics should be considered only after consultation with the patient and orthopedic surgeon. For patients with serious health conditions, such as immunocompromising diseases, it may be appropriate for the orthopedic surgeon to recommend an antibiotic regimen when medically indicated, as footnoted in the new chair-side guide."

The ADA encourages dental professionals to review the full 2015 guideline and take this recommendation into account, consult with the patient's orthopedic surgeon as needed, and consider the patient's specific needs and preferences when planning treatment. According to the ADA [Chairside Guide](#), **in cases where antibiotics are deemed necessary, it is most appropriate that the orthopedic surgeon recommend the appropriate antibiotic regimen and, when reasonable, write the prescription.**

References:

<http://www.ada.org/en/member-center/oral-health-topics/antibiotic-prophylaxis>

<http://www.aaos.org/>

Disease Classification - Classifications Of Disease

Dental Hygiene Periodontal Diagnosis

Diagnosis - cause or nature of the problem or situation, diagnosis is a critical thinking process by which clinical data about the patient are analyzed and assigned a diagnostic label. Diagnosis is not a legal function of the dental hygienist, it is an appropriate term to describe the expression of the dental hygienist's judgment and decision-making ability.

The dental hygiene diagnosis may only be made after all assessments are complete.

Dental Hygiene Periodontal Classification:

Health

Gingivitis

Periodontitis

Generalized Localized or combination -

Localized denotes a disease classification confined to one quadrant or area (the exception area), Localized $\leq 30\%$ sites involved - **ALWAYS listed by the teeth numbers**

Generalized denotes a disease classification in more than one quadrant or area
Generalized $\geq 30\%$ sites involved

Combination completely describes generalized areas first then completely describes localized area(s) by tooth number(s)

“Not Controlled”

denotes a disease classification that includes signs of inflammation as evidenced by the tissue description and BOP or signs of continued recession due to Mucogingival deformity. This classification is not used when describing gingivitis.

“Controlled”

denotes a disease classification that does not include signs of inflammation.

Extent

Papillary - involving the papillary gingiva

Marginal - involving the papillary gingiva and extending into the marginal gingiva

Diffuse - involving the papillary, marginal gingiva and extending into the attached gingiva

GINGIVAL TISSUE DESCRIPTION

DESCRIPTION	NORMAL/HEALTHY	DISEASE
Color	Uniformly pale coral pink Or normal pigmentation	Acute: erythematous Chronic: dark red/blue Fibrotic: pink with texture changes Amalgam Tattoo
Size	Flat, not enlarged	Edema Enlarged, increased in volume Gingival hyperplasia
Shape	Margin: knife-edge, flat follows a curved line around the tooth Papilla: pointed/pyramidal fills the IP space Diastema: flat/saddle-shaped	Margins: rounded, rolled, bulbous Papilla: bulbous, blunted, cratered
Consistency	Firm, resilient Attached gingiva firmly bound down	Soft, spongy, dents readily when pressed with the probe or hard, fibrotic
Surface Texture	Free gingiva: smooth Attached gingiva: stippled	Acute Disease: loss of stippling, smooth shiny Chronic Disease: hard, fibrotic with stippling
Gingival Position	1-2 mm above CEJ	Enlarged gingiva: margin is higher on the tooth Pseudo Pocket(s) Recession: margin is apical
Mucogingival Junction	Clear demarcation between attached gingiva and alveolar mucosa	No attached or minimal attached gingiva (MAG)
Bleeding and Exudate	none	Bleeding on probing (BOP) Exudate: released with pressure
Furcation	Furcation not discernible	Classification of furcation: I - III
Mobility	Tooth has normal mobility	Classification of mobility: 1,2,3

Extent: in addition to noting whether the gingival description is localized or generalized, the extent of involvement also is included.

Papillary - involving the papillary gingiva

Marginal - involving the papillary gingiva and extending into the marginal gingiva

Diffuse - involving the papillary, marginal gingiva and extending into the attached gingiva.

SRJC Patient Category Form will be used to Classify the Patients

Calculus Definitions

<u>Supragingival Calculus</u>	coronal calculus that may extend slightly (1-2mm) below the free gingival margin
<u>Subgingival Calculus</u>	subgingival calculus may also be supragingival in nature but also extends well below the free gingival margin
<u>Surfaces Covered</u>	each tooth has four (4) surfaces and may have a different category of calculus on each surface
<u>Granular</u>	Similar to an emery board in texture, small particles of irregular shape and size that may make the tooth surface rough in nature and may require smoothing strokes
<u>Spicule or Click</u>	Small sharp body of hard material. Less than 1 mm in thickness, explorer detectable clicks are readily discernable with the explorer
<u>Ledge</u>	1-2 mm in thickness, a stable, strong, sharp projection of hard deposit that are readily discernable with the explorer <ul style="list-style-type: none">• Explorer “jumps” “binds”• Proximal surface; can be felt from both facial and/or lingual• Facial/lingual surface; exceeds more than ½ surface
<u>Moderate vs. Heavy Ledge</u>	moderate ledges are not as broad or thick as heavy ledges. Moderate ledges do not “bind” the explorer as much as heavy ledges. Moderate ledges do not cover as much of the proximal/lingual/facial surfaces

<u>Ring</u>	A continuous ledge along two or more surfaces
<u>Veneer</u>	A flat sheet of calculus may be granular

Western Regional Board Definition:

Distinct and easily detected with the explorer

Explorer easily catches on the upward or downward stroke

Definitive bulk, or nodular formation (may or may not catch)

Notations for EOIO Form

A B C D T

Directions; when describing a lesion state, the following: A B C D and T and give duration and symptoms

A= Anatomic Location – used to describe location in relationship to teeth or tooth bearing location

B = Border – symmetrical, asymmetrical, regular, irregular, raised, flat

C = Color, Configuration, Consistency – red, white, red and white, brown, yellow, black
Single or multiple
Soft, firm, mobile

D = Diameter – measured in millimeters

T = Type – Macule – flat, < 1cm
Patch – flat, > 1cm
Papule – raised, < 1cm
Plaque – raised, > 1cm
Nodule – marble-like, > 1cm
Vesicle – blister like with clear fluid, < 1cm
Bulla – blister like with clear fluid, > 1cm
Pustule – filled with purulent fluid
Erosion – loss of top layer of skin
Ulcer – craterlike loss of 2 layers of skin
Fissure – linear crack

Notations for PSE Form

Chart Side of Form

1. Mobility Box – Class I - III
2. MGJ Box - Place number from measurement at appropriate tooth in this box, when charting is complete place dot over appropriate tooth and then connect the lines. (each horizontal line is 1mm)

Minimal Attached Gingiva (MAG)

- Take mucogingival junction measurement and subtract probing depth
 - MAG - minimal attached gingiva or inadequately attached gingiva = a total of 1mm or less
4. CAL Box – determine after probing and recession charting
 5. Recession – place number on crown of tooth, after charting is complete place dot on root in appropriate location and then make a “u” shape to duplicate the area of recession. (each horizontal line is 1mm)

6. Furcation Involvement

To indicate the extent and location of furcation involvements use the following classifications.

Class I - less than 1 mm

Class II - more than 1 mm

Class III - through and through

Class IV - through and through, but clinically visible due to recession or surgery

Note: buccal furcation's are charted from the buccal surface, mesial and distal furcation's are charted from the palatal surface.

Tissue Description Side

Generalized – this is an area of the mouth, several teeth or a quadrant/arch, i.e. bleeding generalized in mandibular posterior sextants >30%

Localized – this is 1-3 teeth in an area of the mouth, i.e. recession localized #4 and 12 or bleeding localized #2-5 <30%

Papillary – involving the papillary gingiva

Marginal – involving the papillary gingiva and extending into the marginal gingiva

Diffuse – involving the papillary, marginal gingiva and extending into the attached gingival (areas of recession)

SRJC Probing Guidelines

1. All adult patients seen in the SRJC dental hygiene clinic will receive continued PSE evaluation of all previously treated areas at the beginning of each appointment during active care. Probing as determined appropriate depending on healing of previously treated area.

2. All adult patients seen in the SRJC dental hygiene clinic will receive a full month periodontal charting at every recall after active care
3. All adolescent patients over 14 years old or with full dentition will at receive at a minimum, a full mouth periodontal charting once per year.
4. All children under 14 will receive at a minimum, probing of the 1st molars and anterior central incisors once per year.
5. Patients with orthodontic appliances will receive at a minimum probing of the 1st molars and anterior central incisors once per year.

Instructions Following Dental Hygiene Therapy

General Information

You have just experienced a very thorough cleaning of your teeth. The following instructions are intended to assist you in avoidance of discomfort, reduction in bleeding and healing of your gingival tissue to begin optimal gingival health.

To avoid unnecessary discomfort:

- Avoid hard, crunchy, hot or spicy foods
- Rinse your mouth every 2 hours gently with a salt-water solution of; 1/2 teaspoon of salt to 1/2 cup of warm water.
- Avoid alcohol and tobacco products
- Take medications you would normally use for minor discomfort such as Advil or Tylenol.

To reduce bleeding:

- No vigorous exercise
- No vigorous brushing or flossing
- Avoid hard, crunchy, hot or spicy foods
- Avoid alcohol and tobacco products

To assist in rapid healing of your gum (gingival) tissues:

- Use a soft tooth brush
- Use little or no toothpaste
- Floss gently
- Perform thorough and gentle plaque control daily

SRJC Protocol for the use of Arestin

1. Patient presents with perio pockets of 5mm or greater with bleeding.
2. Student has educated the patient concerning periodontal disease.
3. Student explains the product and need for therapy to the patient.
4. Medical history reviewed with no known sensitivity to minocycline or tetracycline's.
5. Tetracycline drugs should not be used before age 8, or in pregnant or nursing women.
6. The Periodontal record must be complete including: full mouth probing, recorded clinical attachment levels/recession, furcation's, mobility, and occlusion.
7. An FMX is required.
8. Therapy can be performed on 1-2 sites immediately after NSPT if there are only 1-2 sites of pockets over 5mm.
9. If there are more than 1-2 sites the therapy will be completed on the full-mouth at the 1-month Perio Re-Eval appointment.
10. The pocket sites must be free of detectable biofilm and calculus prior to placement of Arestin.
11. Follow SRJC procedure for set-up, delivery, and disposal of tips and cartridges.
12. Contraindications include: use in acutely abscessed periodontal pockets, may result in overgrowth of no susceptible microorganisms, including fungi.
13. Not to be used in patients that have a history of predisposition to oral candidiasis or on an implant.
14. Homecare instructions to include advising patient to avoid exposure to direct sunlight or ultraviolet light. Tetracycline has been observed to manifest photosensitivity (exaggerated sunburn).
15. Procedure to include a review of personalized homecare instructions.
16. Post treatment instructions to include no brushing I the site for 12 hours and no interdental cleaning in the areas for 10 days. Patient is told to abstain from eating hard, crunchy, or sticky foods.
17. Procedure recorded on the patient's chart: site-tooth #and surface, amount and product (Arestin).
Example: Arestin delivered to#2MD pocket 5mm, 1mg minocycline.

SRJC Protocol for the use of MI II Paste

When to use: Patients who have sensitivity to scaling (hard tissue only)
To be used before procedure begins

Application: rub a pea-sized amount on the teeth with your finger
MI Paste requires a thick application and needs to sit on the teeth for at least 3 minutes.
Do not rinse after applying. MI Paste should not be brushed on like tooth paste with a toothbrush, since it requires a thick layer.

Precautions: MI Paste contains casein and should not be used if patients have a casein allergy –
it is safe for lactose-intolerant patients

SRJC Protocol for the use of Fluoride Varnish

When to use: Patients who have sensitivity to scaling (hard tissue only)
To be used at the end of the procedure, before patient is dismissed
Children less than 6 years old with moderate to high risk for caries
Children 6-18 years old with moderate to high risk for caries
Adults over 18 with moderate to high risk for caries

Application: Occlusal Surfaces

1. Isolate one quadrant of the patient's mouth with cotton rolls.
2. Remove excess saliva by drying with air, 2x2 gauze, and/or saliva ejector.
3. Paint the varnish on all surfaces of the teeth in the isolated quadrant.
4. Repeat steps 3-5 in the remaining 3 quadrants.
5. Gently apply water to the patient's teeth to set the fluoride varnish.

Application: Areas of Recession

1. Isolate the quadrant of the patient's mouth with cotton rolls.
2. Remove excess saliva by drying with air, 2x2 gauze, and/or saliva ejector.
3. Paint the varnish on all surfaces of the teeth in the isolated quadrant.

Precautions: Ulcerative Gingivitis, Stomatitis

Home Care Instructions: Give instructions included with materials

Treatment Evaluation Summary

Submit a treatment summary on the following patients – this document must be typed and submitted within 1 week to the faculty assigned to you at the completion of your patient.

Please begin with a paragraph briefly describing the patient, include all the following:

Patient's name (**first name and last initial only**), age, sex, calculus classification, DH diagnosis, how long since their last NSPT and brief description of their dental hygiene and oral hygiene needs.

1. Was this patient identified as **medically complex**? Please give the specific identifier(s). How did this affect your treatment or prognosis?
2. 1. Was this patient identified as **culturally diverse**? Please give the specific identifier(s). How did this affect your treatment or prognosis?
3. Give a brief summary of how the treatment you provided this patient was of benefit to the patient.
4. Give a brief summary of what procedures/education were most responsible for this change
5. Upon evaluation of this patient's treatment, I would do the following differently

First Year Students

Spring Semester – 1st year

All patients

Summer Semester 1st year

All patients

Second Year Students

Fall Semester 2nd year assigned evaluations

1-Medical/SN,
1-Cultural Diversity,
1-Adolescent, Child

1- moderate perio
1- advanced perio

Spring Semester 2nd year assigned evaluations

1-Medical/SN,
1-Cultural Diversity
1-Adolescent, Child
1- moderate perio
1-advanced perio

Ongoing Periodontal Evaluation

Evaluation of periodontal conditions will be done on all appointments after NSPT has begun.

- Begin by filling out the Treatment Evaluation on the Treatment Plan
 - Indicate; I for improvement – S for same – W for worse
- On the PSE **and when appropriate**, probe the previously treated quadrant(s) before beginning the next quadrant(s)
 - Chart all probe readings over 5mm or if there is a change of greater than 2mm

Chart all BOP

New tissue description if tissue conditions have changed

- Ask the faculty to initial the appropriate area of the Treatment Evaluation on the Treatment Plan

4-6-week Periodontal Re-evaluation Appointment

The purpose of the re-evaluation appointment is to evaluate the therapeutic end point of NSPT.

1. There is no charge for this patient. Indicate on the front desk patient list that the patient is a re-evaluation patient.
 2. Student will receive a new patient credit for the re-evaluation appointment. Patient will be reclassified for calculus and disease classification
 3. A new treatment plan must be filled out and signed
 4. A new treatment completion letter will be sent to the patient's dentist updating them on the recommended re-care status.
 5. The student will complete the re-evaluation form, that is made available in clinic, and use this form to document in patient chart.
-
1. Medical History Update
 2. Cursory EOIO
 3. New Full mouth Tissue Evaluation (No Probing until 3months)
 4. Update dental charting
 5. Update OHI, make changes or add new auxiliary aides for improvement
 6. **Using a new Treatment Plan Form, discuss with Dental Hygiene Faculty the results of the treatment comparing Pre-Treatment and Post-Treatment data**
 - **Is there any correlation to the patient's tissue from the Medical History?**
 - **Oral Hygiene Instruction: What work and didn't work and why? Include patient beliefs, attitude, education-instruction**
 - **What would you add or change?**
 7. Use a yellow periodontal reevaluation form to gather results of your treatment – use this form to write your treatment summary of the results in the patient chart
 8. Turn this form in for competency credit
 9. Re-explore to locate the presence of residual and/or newly formed calculus
 10. Complete a new treatment plan and have patient sign
 11. Remove any calculus identified
 12. Perform plaque removal procedures as necessary which in many cases will involve toothbrush plaque removal and/or polishing
 13. Place Arestin, fluoride or root desensitizing agent when and where appropriate
 14. Determine SPT (Supportive Periodontal Therapy) plan (3, 4, recall) or if referral to a Periodontist is necessary. Note if this is refused by the patient

15. Document SPT plan and all pertinent information in progress notes. The narrative should address the response to initial therapy by reviewing what treatment has been accomplished and comparing pretreatment and post-initial prep findings. There must also be discussion of unresolved periodontal problems with appropriate revision of the treatment plan to include periodontal referral.

Guidelines For Presenting Assessment Information To Your Instructor

Introduce Your Instructor

Always introduce the patient first, by referring to your clinical faculty as “Professor__ (last name)___ or Dr. __ (last name)_____.

Reporting Assessment Information

You will be expected to give a brief report of your assessment findings before the faculty begins their exam. To avoid breaches in confidentiality, this report must be given at chairside with the patient present. You will be asked to give complete findings when your faculty is seated and asks for your assessment findings.

When reporting your findings, please use your patient’s name or the phrase “my patient”.

Computer forms –Dental Charting and PSE will be shown on the computer for your assessment report with your assigned faculty. Any corrections to the information will be noted on the back of the Patient Completion Sheet (purple sheet) and will NOT be corrected during the faculty assessment report. These corrections must be made on the computer sometime before the end of the clinic session and signed off by the faculty who conducted the assessment.

Health History

Personal/social History

Judy is returning to the clinic; her last visit was _____

This is Judy's first visit to the clinic, she was referred by _____

Chief Complaint

Reason for visit

Areas of concern to the patient

Medical History

General health - the patient is in good health

Or date of hospitalization, surgery, etc.

Need for premedication

Need for precautions - asthma, diabetes, etc.

Allergies - penicillin, latex, etc.

Medications and conditions - as related to dental hygiene procedures

Treatment Concerns

Dental History

Past history of ortho, clenching/grinding, removable appliances
Past history of perio surgery
Last NSPT or x-rays
Sensitivity - to what stimuli, where

Treatment Concerns

Health History Update

Review information and give as above

Treatment Concerns

EOIO

Initial Visit: Any deviations from normal

Occlusion

Returning Visits: Present information on any changes or continued pathologic conditions

Treatment Concerns

PSE

Initial Visit: Pocket readings 5mm or over, bleeding, recession, mobility, furcation's

Tissue description - given when the faculty requests, after checking the PSE.

Returning Visits: **Periodontal Reevaluation**

- Reevaluation of periodontal conditions will be done on all appointments after NSPT has begun.
 - On the PSE **and when appropriate**, probe the previously treated quadrant(s) before beginning the next quadrant(s)
 - Chart all probe readings over 5mm or if there is a change of greater than 2mm
 - Chart all BOP
 - New tissue description if tissue conditions have changed
 - Provide a new tissue description if tissue conditions have changed

Treatment Concerns

Dental Charting

Any area that presents a risk factor to the periodontal health of the patient

Any concerns for caries risk

Treatment Concerns

OHI

Initial Visit: Present general information regarding deposits and plan for OH

Returning Visits: Present information regarding patient success and what needs further attention. Refer to the Periodontal Charting after you have reassessed the areas previously treated

Treatment Concerns

Treatment Plan and Periodontal Risk Assessment

Give a description of risk factors, how you will be planning treatment and goals

NSPT

What quad, area,
Recheck or first check

Order Of Documents In Chart

LEFT SIDE

Patient Completion Letter (upon completion)
Health History Update
Health History
Anesthesia Form
Medical Consultation (if needed)
X-Ray Authorization (if needed)
Patient Consent Form
Patient Confidentiality Form
X-ray

RIGHT SIDE

Patient Completion (purple sheet)
Record of Treatment
EOIO
OHI
Treatment Plan
Dental Charting – Electronic Form
PSE – Electronic Form

Student must adhere to this document; charts will be evaluated during chart audit

All documents must be appropriately labeled with the patient’s name and full date
All documents must be arranged so that the document can be easily read
The last entry in the Record of Treatment is facing the front of the chart
All documents must be properly hole punched

Consent For Treatment-Dental Hygiene Teaching Clinic Conditions Of Treatment

General Information: The Dental Hygiene Clinic at SRJC is primarily a teaching clinic; therefore, patients receiving dental hygiene care will be participating in the teaching program. Treatment will be performed by dental hygiene students and will be supervised by members of the SRJC faculty. Treatment under supervision requires more time than if done in a private dental office and may require multiple appointments for approximately three hours each. You should continue to visit your general dentist on a regular basis for your routine examinations and dental treatment. Following completion of dental hygiene care, patients will not be re-appointed to the SRJC Dental Hygiene Clinic unless documentation of necessary examination by a licensed dentist within a year of last treatment is provided.

Application To Become A Patient: Only patients whose care is suitable for teaching purposes are eligible for care in the SRJC Dental Hygiene Clinic. All patients require an initial evaluation to determine if they are eligible. SRJC reserves the right to deny acceptance into treatment in the SRJC Dental Hygiene Clinic if it is determined that a patient would not be an appropriate educational opportunity. It is your responsibility to keep your contact information current so that students may contact you.

Consent To Dental Procedures: Before receiving treatment your student will discuss the recommended procedures with you. You may ask any questions you may have before you decide whether or not to give your consent for the procedures recommended. All dental procedures may involve risks or unsuccessful results and complications, and no guarantee is made as to result or cure. You have the right to be informed of any such risks as well as the nature of the procedure, the expected benefit, and the availability of alternative methods of treatment. You have the right to consent to or refuse any proposed procedure at any time prior to its performance. Conversely, Santa Rosa Junior College Dental Hygiene Clinic reserves the right not to perform specific treatment requested by you if it violates the standard of care in dentistry and/or dental hygiene care or does not contribute to the student's educational opportunity.

Photographs: Patient photographs may be taken to document a condition, examination findings and/or for teaching purposes.

Financial Responsibilities: Patients who receive treatment in the SRJC Dental Clinic will be charged for treatment according to the fee schedule in the clinic. Fees are collected prior to beginning treatment and patients must be prepared to pay for services before procedures begin. SRJC will not file any claims for dental insurance or accept credit cards.

Dental Records: The records, x-rays, photographs, and other materials relating to your treatment in the SRJC Dental Hygiene Clinic are the property of the SRJC Dental Programs. You have the right to inspect such materials or request copies in writing. We will comply within 15 business days. SRJC may charge

a reasonable fee for this service. You may also request to have your dental x-rays sent to another health care provider. In addition, your medical/dental records may be used for instructional purposes and if they are, your identity will not be disclosed to individuals not involved in your care and treatment.

Keeping Your Appointments: Multiple appointments will be necessary to complete your care. Patients are required to be on time for all appointments. If you find that you are unable to keep an appointment, you must notify the student or clinic office at least 24 hours in advance. Cancellations without 24-hour notice, missed appointments, or repeated unsuccessful attempts to arrange for an appointment may be cause to discontinue a patient from further treatment in the SRJC Dental Hygiene Clinic.

Product disclaimer: Dispensing of products does not constitute an endorsement by the College.

Your signature on this form certifies that you have read and understand the information provided on the form, that you have received a copy, and that you accept dental hygiene care under the described terms and conditions.

DATE: _____ SIGNATURE: _____

If signed by other than the patient, indicate relationship: parent/guardian/conservator

Clinical Grading

At the end of each clinical session, students will receive information on any clinic point deduction from their assigned clinical faculty, however; any faculty may contribute information to the student's clinical point deduction.

The student is evaluated on clinical process and patient care including, but not limited to the following: rotation assignments, extramural experiences, appointment preparation, infection control, assessments, patient/operator positioning, provision of NSPT, local anesthesia, instrumentation, adjunctive services, time management, appointment planning, communication, safety and professional behavior.

As the student progresses through each semester of the Dental Hygiene Program, the levels of competence and efficiency demonstrated in the above areas are expected to increase. This will be demonstrated in increased competence in the performance of skills and the care of more difficult patient classifications.

The performance level expected of the student at that particular time in their clinical experience determine the clinical point deduction. **Clinical errors** are deducted in categories of **expected competencies** and **performance errors**. Expected competency errors are tracked and deducted on the student's daily clinical assessment journal. Performance errors are tracked and deducted on the student's daily clinical tracking sheet (green card) **and** patient completion form (purple sheet). Performance points are not deducted from the grade unless the student achieves less than a total of 75% in patient performance. The description of each type of error is included below. Points deducted, and those areas included in each category will vary as the level of the student's expected performance increases. (novice, beginner, competent)

A remedial plan will be required for students who are unable to exhibit the expected performance level in any semester.

Critical Errors

Critical errors are errors well below the standards expected of the student at this point in their clinical experience. These include errors that compromise the safety of the patient, operator, faculty or other individuals.

If any faculty identifies any of these areas as deficient, you may be asked to discontinue patient treatment. A conference will be arranged to discuss a plan to correct the deficiency. If you are asked to discontinue treatment during a clinic session, no arrangements will be made for additional clinic time.

Point deduction increases as errors or errors in like categories are repeated. When necessary, point deductions may be determined by the assigned clinical faculty in consultation with the lead

faculty. All point deductions in Expected Competencies are noted on the Clinical Assessment Document, **not** on the Patient Completion Form.

The following are identified as expected competencies:

Infection Control- All errors are considered critical errors

Students are expected to show competence in: Infection control protocols including prevention of cross contamination, patient and operator safety. Refer to SOP's

Errors include but are not limited to:

- Failure to follow clinical dress codes whenever in clinical or sterilization areas
- Improper use of or lack of use of over gloves
- Wearing contaminated gloves outside the unit
- Using the wrong door when exiting with contaminated instruments
- Using contaminated instruments or equipment
- Cross contamination of clean instruments, equipment, disposables or forms
- Cross contamination of masks, glasses, over gloves
- Failure to follow SRJC department SOP's

Health History-All errors are considered critical errors

Students are expected to show competence in: Health history protocols including prevention of emergencies and patient safety. Refer to SOP's

Errors include but are not limited to:

- Failure to record and review or chart an accurate health history or update
- Failure to recognize conditions requiring premedication, physician's consult or clearance
- Failure to have an instructor evaluation of the health history or update before beginning any procedures
- Failure to bring to the instructor's attention any area of the health history or vital signs that would alter or affect treatment

NSPT and Related Treatments

Students are expected to show competence in: NSPT and Related Treatments protocols including prevention of emergencies and patient safety.

Errors include but are not limited to:

- Patient's not wearing safety glasses
- Unsafe practice including; working with unsafe instruments; excessively thin or lacking sharpness, examining or passing instruments over the patient's face
- Tissue trauma/laceration (in testing situations when deductions are made, critical errors are not deducted)
- Failure to notify instructor of broken instruments, needles
- Failure to notify instructor of broken teeth, restorations or the loss of a restoration which occurred during treatment

Local Anesthesia

Students are expected to show competence in: Local Anesthesia protocols including prevention of emergencies and patient safety.

Errors include but are not limited to:

- Failure to request the appropriate anesthesia (**Performance Error**)
- Failure to anesthetize the appropriate area (**Performance Error**)
- Failure to aspirate or perform the correct number of aspirations for the injection site (**Critical Error**)
- Leaving a patient unattended before adequately determining the patient's reaction to the injection of local anesthesia (**Critical Error**)
- Unsafe handling of the syringe/needle, including recapping (**Critical Error**)
- Not disposing of sharps in sharps container (**Critical Error**)

If any of the competencies in the above list are found in error after the students has been determined competent to practice anesthesia independently, the independent privileges will be revoked, and the student will need to perform all anesthesia with direct faculty supervision.

Professionalism

Students are expected to show competence in: Professionalism protocols including interactions with patients, faculty and fellow students.

Errors include but are not limited to:

- Failure to protect the patient's right to privacy
- Failure to act with discretion and respect in interactions with faculty, patients and fellow classmates
- Inappropriate communication with patients
- Removal of patient records from the clinical facility (exceptions are made with the permission of the faculty for classroom assignments)
- Failure to notify assigned faculty of activities every 30 minutes if you are not seeing an assigned patient.

Performance Errors

Performance errors are errors in the performance of patient services or clinical assignments at the level expected of the student at this time in their clinical experience. Performance errors are noted on the patient completion form **and** on the daily clinical tracking sheet (green card). It is expected that students will correct performance errors. Repeated performance errors will be addressed through a remediation plan.

The following are examples of performance errors. The amount of point deduction will be determined by the course. Errors include but are not limited to:

Extra/Intraoral Examination

- Recognizing and completely describing obvious atypical findings including occlusion

Dental Examination

- Recognizing, describing and recording: missing teeth, dental restorations, changes in dentition (abrasion, erosion, abfraction)
- Recording areas of unsound dentition in comments area

Periodontal Examination

- Recognizing, describing and recording periodontal findings including: probe depths, BOP, recession, MGJ, mobility, furcation's and CAL
- Recording an accurate tissue description
- Recording an accurate Dental Hygiene Diagnosis

Oral Hygiene Index

- Recognizing and recording OHI findings
- Updating treatment evaluation in each subsequent appointment
- Evaluation of previous OH instructions

Treatment Plan/ Risk Assessment

- Determining treatment needs in appropriate appointment time
- Identifying periodontal risks
- Obtaining patient signature
- Obtaining faculty signature

NSPT and Related Treatments

- Supragingival calculus removal
- Subgingival calculus removal
- Biofilm and Stain removal

Treatment Documentation

Treatment documentation protocols involving accurate and complete treatment information and signatures are expected protocols.

- Failure to enter accurate or complete treatment information

Rotations

- Failure to arrive on time to complete pre-clinic duties

- Failure to check or complete daily duties

All point deductions in Expected Competencies are noted on the Clinical Assessment Document not on the Patient Completion Sheet

Clinical Errors

- DH 71B** **Expected Competence** – point deduction determined by the clinical faculty in consultation with the lead faculty. Point deduction increases as errors or errors in like categories are repeated - minimum of 5-point error.
Performance Errors - There are no point deductions for performance errors in DH 71B
- DH 71C** **Expected Competence** – point deduction determined by the clinical faculty in consultation with the lead faculty. Point deduction increases as errors or errors in like categories are repeated – minimum of 10-point error
Performance Errors - There is a **1-point** deduction for each performance error
- DH 71D** **Expected Competence** – point deduction determined by the clinical faculty in consultation with the lead faculty. Point deduction increases as errors or errors in like categories are repeated– minimum of 10-point error
Performance Errors - There is a **2-point** deduction for each performance error
- DH 71E** **Expected Competence** – point deduction determined by the clinical faculty in consultation with the lead faculty. Point deduction increases as errors or errors in like categories are repeated - minimum of 10-point error
Performance Errors - There is a **3-point** deduction for each performance error

Absence from clinic/rotation or no patient for clinic session

If you are absent during a clinic session, there will be no opportunity to make up the lost clinical time. Having an empty unit for the clinical session is a loss of valuable clinic time and may jeopardize your ability to successfully complete patient care and clinical requirements. *

If you do not have a patient for a clinical session, you must complete the Missing Clinical Assignment form and obtain your faculty’s signature at the end of the session. You will be required to actively recruit a patient for the session, and/or perform other assigned tasks during this session. DH71A-A 10-point deduction will be made from the clinical grade for each empty unit documented.

* During DH 71B and 71C, you must have experience in each rotation assignment. Therefore, absence during a rotation in these clinics may result in a loss of additional clinic time to obtain the missed rotation experience.

Missing Clinical Assignment

DIRECTIONS: Top portion to be completed by student. Submit to your faculty for signature at the end of the clinical session.

Student Name/DH #: _____ Session Date: _____ AM PM

Reason for no patient in chair:

Recruitment efforts: Patient located? Yes No

Time Out:	Time In:	Where Recruited:
Time Out:	Time In:	Where Recruited:

How was the clinic time used?

I understand that missing clinical assignment time can have a direct effect on my ability to successfully complete my patient care and minimum requirements for the semester.

Student Signature: _____

Faculty Use Only

Assignment given: _____

Assignment completed Point deduction noted on clinical assessment form

Faculty Signature: _____ Date: _____

*give completed form to lead faculty at end of session

Weekly Chart Audits

Each time you are assigned to clinical rotation you will be participating in the chart audit process. The chart audit process is a component of the dental hygiene program's Quality Assurance Program. The chart audit process also insures that you and the department have the same records of the procedures you have completed, and you are given credit for the patients and procedures you have seen. You will be accounting for all patients in progress and those completed. This process will be conducted at the convenience of the clinic and must be done prior to 30 minutes before the end of the clinic.

The Chart Audit process

- Get your binder and all charts of any patient you have seen in your unit.
- Make sure you have any competencies completed since your last chart audit
- We will be auditing all assessment forms in the charts of your "in progress" and "completed" patients

1. Patient Charts

Patient charts will be reviewed at the time of chart audit. You will need all charts of "in progress" patients as well as your patient "completions". Once we have checked and signed the charts of those patients who are "completed", you will not need to bring these charts back to the next audits.

2. Requesting Discontinued Status for a Patient

Patients are only deemed "discontinued status" at the end of the semester. You will need detailed documentation of your contact activity. This documentation must be written on the record of treatment in the patient's chart. Once the patient has had a chart audit in the semester and is identified as a possible "discontinued" patient, you will not need to bring this chart back until the final semester chart audit.

3. Pink Progress Sheet and Patient Completion Sheets (purple sheet)

Your pink tracking sheet must be completely filled out and accurately reflect all procedures complete. If you have patient completions the Patient Completion sheet must be completely filled out. Make sure you have all signatures from your faculty.

4. Competency Sheets

If you have any competencies completed they must be signed and ready at the time of chart audit, these competencies will be kept in you file after entered into the computer.

Chart Audit Credit: Points could be deducted for repeated errors in charting, chart organization or in route slip information not corrected before chart audit.

Sterilization – Clinical – Reception

Rotation Objectives

The multitude of skills the student clinicians develop during their sterilization, clinical and reception rotations will help to make the student clinician a valuable dental team member.

Instructional Objectives - Reception Rotation

- Demonstrates competence in making patient appointments
- Demonstrates competence in confirming patient appointments
- Demonstrates competence in entering patient information using practice management software
- Demonstrates competence in sending patient referral forms and radiographs to the patient's dentist.
- Demonstrates competence in asking screening questions to properly route patients to clinicians or the screening book.
- Demonstrate competency in explaining the Patient Bill of Rights, HIPAA policies and Consent for Treatment to SRJC dental hygiene patients.
- Demonstrate competency in maintaining charts: labeling, pulling files, filing in file cabinet and monitoring.
- Demonstrate competency in collection of fees

Instructional Objectives – Sterilization/Clinical Rotations

- Demonstrate competency in operating and maintaining the sterilization equipment.
- Demonstrate competency in clinical preparation to ensure an aseptic, organized, well-stocked sterilization area.
- Demonstrate competence in preparing and processing instruments for sterilization
- Demonstrate competency in operating and maintaining dental radiographic equipment
- While assisting student clinicians, demonstrates knowledge of protocols for dental and periodontal charting
- Demonstrate competency in the clinical area for closing procedures to ensure the clinical/sterilization/radiology areas and/or equipment are properly cleaned and maintained.

Ultrasonic Cleaner Solution is mixed according to directions

Instruments/cassettes placed in the cleaner are completely submerged

Equipment timer is adjusted for the correct amount of time – minimum 10 minutes, loose instruments, Cassettes 15-20 minutes

Instruments/cassettes are removed and rinsed appropriately
Instruments/cassettes are removed and rinsed appropriately

Miele Cassettes are placed in the Miele with knobs facing up.
Cassettes are placed to prevent overloading the racks; 1 large cassette per slot or 2 small cassettes per slot on the bottom rack
The top rack must be pushed all the way in
The Miele is started
The machine is checked in 5 minutes to make sure the machine is running and no error messages.

- If ANY ERROR light is activated, notify the lead faculty immediately and receive instruction on the process.

After the cycle begins, **do not open the door** until the Disinfection is complete
Instruments are removed from the machine

Bagging/ Labeling Instruments/cassettes are grouped together to facilitate easy identification
The appropriate size sterilization bag is labeled in upper corner with the following:
Date, student number, color code
Instruments/cassettes are placed in the selected bag without puncturing or tearing the bag
The bag is properly sealed along the perforation

Midmark

The water level is checked
Deionized water is used to fill to the green zone
Contaminated bagged instruments/cassettes are loaded onto the racks from the dirty side using utility gloves
Contaminated bagged instruments/cassettes are loaded with the paper side of the bag facing up and making sure not to overload the racks. Only 2 large cassettes on a large rack and do not overlap

instrument bags excessively. Paper is not touching the sides of the chamber.

The number of the sterilizer is written on the bag to correspond to the sterilizer used: 1,2 or 3.

The student on the clean side does not touch contaminated bagged instruments/cassettes; this student loads the Midmark trays using clean hands and touches the sterilizer racks only.

The Midmark's are started immediately upon loading. **Midmark's are not loaded unless the student loading the machine can start the machine immediately; never leave the racks of non-sterile instruments in the Midmark.**

The student selects the packs icon and then presses start to begin the cycle

Removal The student opens the Midmark after the drying cycle is complete
The student checks the indicator to make sure the color has changed
The student places instruments/cassettes into the appropriate cubby making sure that the paper side is up. Do not load cubbies if the bags are still wet. Wet instruments are left in Midmark and the green start button is pushed to activate an additional dry cycle; if this is not possible, wet packs may be placed on top of Midmark to complete drying.
The department instruments are placed in appropriate bins or if the appropriate location is not known the instruments are placed in the cubby labeled for this.

INFECTION CONTROL PROTOCOL FOR CLINICAL PROCEDURES

PPE:

Gloves, mask, face-shield, hair net, protective eyewear, and clinic gowns must be worn at all times while providing direct patient care

Utility gloves, protective eyewear, and clinic gowns must be worn while disinfecting the unit and handling any contaminated instruments/sharps.

Hand Washing:

Hand washing is an integral part of preventing disease transmission in the dental environment. Use antimicrobial soap at beginning AND end of the clinic and whenever you have removed utility gloves. Use antimicrobial soap before setting for a patient.

Within this SOP document the work “wash” will be used to signify the use of antimicrobial soap

Alcohol-Based Hand Rubs:

Use alcohol-based hand rub immediately after removing operator gloves

Use alcohol-based hand rub before re-gloving; if during the same patient treatment

Within this SOP document the work “sanitize” will be used to signify the use of alcohol rub.

Cross Contamination:

Constantly Be Aware Of The Potential For Cross Contamination.

1. Cross contamination can be avoided while charting by wearing over gloves, or having a student/patient assist you with charting
2. After washing hands and putting gloves on ONLY touch areas that have been disinfected or have barriers. Do not touch your gown, goggles, mask, etc.
3. Students may not leave the operatory wearing patient gloves.
Over gloves are to be worn over your operator gloves when:
 - Using the computer keyboard
 - Handling the patient's chart
 - Handling any item in your operatory that may not be adequately sterilized or disinfected
4. During treatment, bioburden should be carefully removed from instruments with gauze. DO NOT wipe instruments on patient napkin. Blood soaked gauze should be placed in debris bag.
5. When students are wearing utility gloves, enter/exit clinic through east door. Students may not wear green gloves through the main Dental Hygiene clinic entrance.

6. Student will provide safety glasses to patient. Patients may wear their own glasses if those glasses provide appropriate coverage.
7. Make sure you take your patient's bib off if they have to leave the clinic area.

You will never be in clinic in only scrubs; you must wear a clinic gown over your scrubs whenever you are working as an operator including screening.

OPERATORY PREPARATION MASK, UTILITY GLOVES, SAFETY GLASSES

1. Wash hands upon entering clinic.
2. Put on mask, safety glasses and utility gloves. Using **designated cleaning solution and paper towels** clean the operatory **housekeeping** surfaces: all cabinets, counters, paper towel and soap dispensers, operator and assisting chair, patient chair including base, foot pedal and delivery system. Only use cleaning solution on chair upholstery if it is visibly soiled.
3. Clean floors along baseboards, in corners and under sink controls – look for “dust bunnies” and remove.
4. Get 2 disinfectant wipes; one for initial cleaning and one for disinfecting.
5. With the first wipe clean contact surfaces to remove bioburden; counter tops, computer base including area **behind** and around the computer, computer keyboard, bracket tray, touch pad, hoses, connectors, holders, light switch and handles, **and plastic portions** of patient chair, operator and assisting chairs. **Repeat wiping to disinfect with a second wipe. Surfaces do not need to dry between wipes. Surface must remain wet for 3 minutes for proper disinfection – use additional wipes for this step as needed. Do not wipe computer monitor with disinfectant.**
6. While wearing the utility gloves, wash them with soap and water to remove visible debris, dry gloves with paper towels, remove them and leave in designated area under sink, remove your mask then wash with antimicrobial soap and dry your hands.
7. Turn on the delivery system, place the keyboard onto the counter and turn on the computer. Login the computer and open schedule.

**OPERATORY SET - UP FOR PATIENT CARE
NO PPE NEEDED**

1. Review patient record for proposed treatment; retrieve supplies, instruments, and additional equipment as indicated.
2. Wash with antimicrobial soap and dry hands.
3. Using clean, dry hands place barriers on the following: headrest cover, bracket tray assembly barrier, tray cover, both light handles, saliva ejector connector and air/water syringe, and both operator chair adjustment levers.
4. At the beginning of the clinical session **fill the water bottle to 1 inch below the top with tap water**
 - The DentaPure® cartridge provides 365 days (or 240L of water) of safe, compliant dental unit water
 - Connect bottle to the dental unit.
 - Run line for 2 minutes =1 full bottle of water
 - The solution is used during clinical procedures and is completely harmless to the patient.
5. Open sterilization bag and arrange instruments, materials and equipment. (If opened for sharpening, place patient bib over instruments).
6. If you are using a paper bag for debris, please tape to **your bracket tray**.

CLEANING OF COMPUTER SCREENS

At the beginning of the clinic session, before the computers are turned on, the student in charge of the clinical rotation duty will clean the computer screens using the following method:

1. Wipe the display screen gently with an LCD cleaner cloth by stroking gently in one direction, moving from top to bottom.
2. When cleaning the laptop LCD screen, be sure to allow screen to dry before closing the laptop.

Note: One disposable cleaner cloth can be used for 2 – 3 computer screens.

HAND WASHING BEFORE GLOVING

NO PPE NEEDED

Within this SOP document the word “wash” will be used to signify the use of antimicrobial soap

1. Regulate handle to middle position. Activate water and wet hands – leave water running for rinse. Push sleeve cuff away from wrists to avoid getting wet.
2. Dispense liquid soap and scrub hands.
3. Wash between finger, thumbs, fingertips, back and front of hands, lather at least 15 seconds.

4. Rinse hands with cool water.
5. Use paper towel to thoroughly dry hands and fingers.
6. Dry sink area of splashed water.

NOTE: Use antimicrobial soap at beginning AND end of the clinic and whenever you have removed utility gloves.

APPLYING ALCOHOL-BASED HAND RUBS

Within this SOP document the word “sanitize” will be used to signify the use of alcohol rub.

1. Use one full pump of alcohol rub into the palm of your hand.
2. Rub the product between your fingers, thumbs, and fingertips, back and front of hands, rub at least 15 seconds. (It is important to thoroughly cover both of your hands).
3. Rub the product over your hands until the alcohol is dry for antimicrobial effectiveness.

NOTE: Use alcohol-based hand rub immediately after removing operator gloves
NOTE: Use alcohol-based hand rub before re-gloving; if during the same patient treatment

PLACING AND REMOVING PPE

MASK, GLASSES, GLOVES

PLACING

1. Put on mask (mask must be changed between patients or when noticeably moist).
2. Put on glasses (glasses must cover eyes and have side shields; a face shield may be worn in place of glasses, **but a mask must still be worn**).
3. Wash hands and put on gloves (gloves must be changed between patients, never washed)

REMOVING

1. Remove gloves (do not pull off rapidly) Remove one glove and place into the hand with the remaining dirty glove. Pull the second glove over the first.
2. Remove mask (handle by periphery or band only).
3. Remove glasses (glasses may be washed with soap, never disinfectant).
4. Wash or sanitize hands as appropriate.

NOTE: All patients must wear safety glasses for any intraoral procedures in Dental Hygiene Clinic. Safety glasses must be washed with soap before giving to the next patient.

Operatory Reprocessing

1. Before escorting patient from treatment room; remove and discard mask, eyewear and treatment gloves and wash and dry hands.

NOTE: Contaminated eyewear is considered PPE and should not be worn outside treatment area.

2. After returning to treatment room, with your safety glasses on, put on your mask and utility gloves.
3. Place all sterilizable instruments on tray or into cassette.
4. Dispose of all contaminated waste into the garbage and/or sharps container.
5. Flush air/water lines for at least 30 seconds into the HVE.
6. Remove all barriers into headrest cover.
7. Place barriers firmly into the trash; make sure the mass does not get caught in the trash tube.
8. Use 2 disinfectant wipes per area: with the first wipe to remove bioburden, the second wipe to wet with disinfectant. **Surfaces do not need to dry between wipes. Please spread wipe out to use entire surface.**
Areas include:
 - Counters, including area behind and around the computer, computer base, computer keyboard (**do not wipe screen with disinfectant wipe**)
 - Bracket tray, touch pad, hoses, connectors, holders
 - Light switch and handles, plastic portions of patient chair, operator and assisting chairs, rheostat.
9. Take the instrument to the dirty side of the sterilization area.
10. When you return from sterilization, while wearing the utility gloves, wash them with soap and water to remove visible debris, dry gloves with paper towels, remove them and leave in designated area, remove your mask then wash and dry your hands. Dry area around sink.
11. Remove protective eye wear and wash them with antimicrobial soap under running water, pat dry with soft paper towel.

NOTE: Although the clinic dental chairs are designed to be a non-touch surface; exposed areas of the chair may become contaminated by the patient's hands, therefore, the dental chair arms may be disinfected using wipes between patients. If the chair is visibly soiled, clean using soap and water and damp paper towel.

End of Clinic - Hygiene

1. Check all counters and sink area for equipment, materials and disposables.
2. Wipe sink or end counter in your area.
3. **At the end of the clinic day;** empty the water bottle, replace the empty bottle on the unit and flush out the lines until dry, remove the water bottle and place it on the bracket tray.
4. Move chair to full upright position with light directly over chair.

5. Place delivery system behind patient chair.
6. Place operator and assistant's stools to back wall one on each side of chair.
7. Place rheostat on delivery base.
8. Turn off delivery system, **double check to make sure it is off.**
9. Turn off the computer and store the keyboard under the monitor.
10. Wash your hands before leaving clinic.

INSTRUMENT RECIRCULATION – Student Operator	MASK, UTILITY GLOVES, GLASSES
---	----------------------------------

1. **If using the Miele Thermal Disinfector**
 - Place the instrument cassette in the Miele Thermal Disinfector with the knobs up.
 - If using the Miele Thermal Disinfector **do not** place handpieces into Miele.
2. **If using the ultrasonic cleaner**
 - Place all instruments into ultrasonic cleaner (with the exception of the handpiece) and run for 5 - 10 minutes
 - Wipe the handpieces with moistened 4 x 4 gauze.
 - Place handpieces in a labeled sterilization bag
3. Place bag in designated dirty area.
4. Spray and wipe instrument tray with disinfection solution
5. Return to your unit before removing mask, utility gloves and safety glasses.

ULTRASONIC CLEANER	MASK, GLASSES, UTILITY GLOVES
--------------------	-------------------------------

1. Remove disposable items from cassettes.
2. Completely submerge instruments in ultrasonic cleaner.
3. Cover tank and set timer for 10 minutes for loose instruments and 20 minutes for cassettes.
4. When cycle is completed, lift lid of tank and remove basket.
5. Rinse instruments under running water in a deep sink.
6. When ultrasonic cleaner cycle is completed; rinse basket contents and empty into paper towel, carefully dry.
7. Pat instruments carefully to dry, be sure to dry mirror face completely.
8. Bag instruments in labeled bags.

ULTRASONIC CLEANER MAINTENANCE
GLOVES

MASK, GLASSES, UTILITY

1. Place ultrasonic cleaner solution/tablets into machine and add water to cover basket. Check the bulletin board to determine the correct number of tablets based on the size of the ultrasonic cleaner you are using. (1 tablet per ½ gallon of water)
2. Change solution as indicated.
3. Empty solution from ultrasonic cleaner and rinse machine thoroughly, wiping the inside with a paper towel to remove debris.

MIELE THERMAL DISINFECTOR - Rotation

MASK, GLASSES, UTILITY GLOVES

1. Load instruments into machine in cassettes with cassette locks facing up (DO NOT DOUBLE STACK "LARGE" CASSETTES)
2. Make sure the top rack is pushed all the way in
3. Verify there are no error messages on the front panel. Notify your lead faculty if there are any error messages lighting up on the panel.
4. Push "power" button. (Far left button).
5. Close door (pull out on handle) and it will close automatically, then push green start button.(Far right upper button)
6. Wash and dry utility gloves. Remove utility gloves, then mask, wash with antimicrobial soap and dry hands.

Error Lights: If an error message comes on; notify Lead faculty.

EXTREME DANGER: NEVER OPEN THE DOOR AFTER THE CYCLE HAS BEGUN.

NOTE: Bags must be labeled with **student number, color code, date, and which sterilizer used.**

STERILIZER

UTILITY GLOVES on dirty side/ CLEAN HANDS on sterile side

NOTE: DO NOT PLACE INSTRUMENTS IN THE STERILIZER UNLESS YOU ARE IMMEDIATELY GOING TO RUN THE MACHINE.

1. Label the packaged instruments with student colors, number, and stamp the # midmark the instruments are going into.
2. Load chamber with packaged instruments, **paper side down - wear utility gloves.**

Wash and dry hands when entering clean side

1. Check water level.
2. Select sterilization program.
3. Close and latch the door.
4. Press the START button, sterilizer automatically begins processing.
5. When the exposure time is complete, the sterilizer vents the chamber.
6. When the venting is complete the door will open after 5 audible beeps.
7. The drying cycle takes 30 minutes - do not remove instruments until the drying cycle is complete, the bags will be wet, and instruments may rust.
8. Open door and unload sterilizer.

NOTE: If an error is indicated, notify Lead faculty.

PORTER NITROUS UNIT SETUP AND MAINTENANCE

Setup: After signing up for nitrous use and verifying system has been turned on by clinic dentist:

1. Retrieve a nose hood and mask from dispensary.
2. Donning appropriate PPE, wipe unit, including delivery hoses with disinfectant wipes, allowing appropriate disinfectant time, then follow with a damp paper towel wipe to remove disinfectant residue
3. Plug unit into corresponding connectors in wall
4. Connect unit to scavenger system
5. Install nose hood and mask
6. Verify that the unit operates properly, check fail-safe function
7. Assure that hoses are neat and untangled for use and that the unit is easily accessible for reading gauges and adjusting settings

Breakdown: Don appropriate PPE for use of disinfectant wipes

1. Disconnect unit from wall
2. Remove mask and wash in soapy water. Dispose of nitrous liner
3. Dry and bag for sterilization
4. Wipe hoses and control panel down with disinfectant wipes
5. Return unit to storage with hoses neatly stowed on hangers

Weekly Maintenance:

1. Tubing will be washed weekly according to the protocol in dispensary

Monthly Maintenance: Performed by clinic dentist following the Porter Monthly Maintenance Protocol.

1. Inspect tubing and bag for cracks/leaks

NOTE: ALWAYS properly stow hoses on unit hanger

- **Hoses should be neatly looped and placed on hanger. Hoses should not be kinked, bent, twisted, dragging on ground etc.**

STERILIZER MAINTENANCE GLOVES	MASK, GLASSES, UTILITY GLOVES
----------------------------------	----------------------------------

External Surfaces - Weekly

Wipe with a soft cloth and mild soap or detergent.

Internal Surfaces - Weekly

1. Drain water from reservoir – discard.
2. Wipe with mild soap or Speed-Clean sterilizer cleaner and distilled water.
3. Wipe inside of chamber trays, door gasket, and door gasket surface.
4. Refill reservoir with clean distilled water.

Monthly - Flush system

1. Drain reservoir – discard.
2. Use 1 oz of Speed-Clean sterilizer cleaner directly into the bottom of the sterilizer chamber, check diagram for specific location
3. Run 1 ‘packs’ cycle (30-minute cycle).
4. Drain cleaning solution from reservoir.
5. Refill reservoir with 2 quarts of clean distilled water.
6. Run 2 separate ‘unwrapped’ cycles.
7. Drain reservoir and refill reservoir completely with clean distilled water.

WATERLINE MAINTENANCE	MASK, GLASSES, UTILITY GLOVES
-----------------------	-------------------------------

Daily (At the beginning of the clinic and when refilling water bottle during a clinical session)

Procedure:

1. At the beginning of the clinical session fill the water bottle to 1 inch below the top with tap water
2. The DentaPure® cartridge provides 365 days (or 240L of water) of safe, compliant dental unit water
3. Connect bottle to the dental unit.
4. Run line for 2 minutes=1 full bottle of water
5. The solution is used during clinical procedures and is completely harmless to the patient.

Daily (At the end of the clinic)

1. Remove all water lines from connectors.
2. Turn off master switch.
3. Remove and empty water bottle, reinstall it
4. Turn the master switch back on.
5. Hold down buttons on air/water syringe and direct into the HVE until waterline is dry.
6. Turn off master switch
7. Remove the water bottle and place it on the bracket tray.

CONTAMINATED CLOTHING: CLINIC GOWNS, SCRUBS, AND HAIR NET

1. Contaminated personal protective wear should be handled carefully, dispose after each patient.

SHARPS CONTAINMENT AND DISPOSAL

MASK, GLASSES, UTILITY GLOVES

1. Sharps are considered to be needles, irrigation cannulas, etchant tips, bonding tips and any item that can puncture skin
2. Sharps containers are used to dispose of these items. Located under the sink areas in clinic, items must be placed here before taking tray to sterilization.
3. Sharps containers are monitored in clinic by students on rotation, and when the fill line is reached must be replaced. Lead faculty must be informed when this takes place.
4. Full sharps containers should be properly closed before transporting to the sterilization area where the sharps disposal tray is located.
5. When containers are placed for disposal, lead faculty must be notified so the containers can be logged, and a disposal pickup arranged.