Welcome to
Iowa Central Community College
Dental Hygiene Program

*Dental Hygiene Student Manual*

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Compiled: 2006
Revised: 8-08; 8-09;
07-11; 7-13
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The Dental Hygiene Clinic Manual is a guide for the overall DH clinics and program policy and protocols regarding student responsibilities and patient safety. It is a guideline so the DH student will be aware of the policy and protocols of the DH program. It is the students’ responsibility to follow these guidelines. The Dental Hygiene Clinic Manual serves as an adjunct to all of the DH course syllabi.
COLLEGE MISSION STATEMENT

Iowa Central Community College promotes intellectual discovery, physical development, social and ethical awareness, and economic opportunities for all through an education that transforms lives, strengthens community, and inspires progress.

VISION STATEMENT

Iowa Central Community College is the learning college of choice, meeting the needs of all we serve in a changing regional and global environment. Innovation, excellence, and continuous improvement define this institution where the focus is on the learner and on the appreciation of diversity.

COLLEGE PHILOSOPHY

It is the philosophy of Iowa Central Community College, as a comprehensive community college, to aid in developing our citizens' capabilities to the maximum.

Iowa Central provides a flexible program to satisfy the needs of the individual and the needs of the community.

An educational environment is planned to provide experiences for those who desire pre-professional courses, improvement of educational or technical skills, or developmental programs for self-enrichment. This environment can be on campus or on-site.

In concert with this mission, Iowa Central offers:

- college transfer courses
- career and technical training
- general education
- recreation and personal enrichment programs
- economic development
- community service activities for people with diverse interests, needs, backgrounds and skills
- adult basic education
ETHICAL PRACTICE STATEMENT

The Administration and faculty support and implement the following statements concerning ethical practices in the relationship of Iowa Central Community College, the Health Sciences Department, the Dental Hygiene Program and the dental hygiene student.

1. Iowa Central Community College is responsible for all of its personnel engaged in recruitment and/or admission procedures.
2. In recruitment activities, all information released is correct, authentic, and objective whether made concerning Iowa Central Community College's Dental Hygiene Program or any other Programs.
3. The catalog of Iowa Central Community College provides basic information concerning admission requirements as well as a description of the Associate Degree Programs. The program costs are available upon request.
4. All candidates are notified promptly following decision of their eligibility status for admission.
5. The provisions of the Civil Rights Act are carefully followed.
6. The Dental Hygiene program provides that all students have equal opportunities in participation and/or sharing of similar experiences, whether classroom or clinical in nature.
7. The Dental Hygiene program is responsible for informing the dental hygiene students concerning its written policies for dismissal, promotion and graduation, which it endorses.
8. Students will be advised of program changes sufficiently in advance of the effectuation of these changes.
9. All individuals having access to confidential information concerning students are ethically obligated to judiciously protect such information.

The policies directing your program of study are those published in the handbook in the semester you begin the program.
RECRUITMENT PRACTICE STATEMENT

The Administration and the Health Sciences Dental Hygiene Program also agree with, adopt and support the following statements made by the "National Association of College Admission Counselors" relative to recruitment practices:

I. The colleges and schools accept responsibility for working in the best interest of the candidate.
   - Confidential information should be given by high school counselors only to duly authorized officials of a college. It is the responsibility of such officials to respect completely the confidential nature of such data.
   - Admissions counselors should be scrupulously careful to present clear and accurate information concerning their own institutions.
   - Admissions counselors do not apply newly revised requirements to the disadvantage of a candidate whose secondary school program is already established.

II. Colleges accept full responsibility for admissions decisions and for proper notification of decisions.
   - Admissions counselors must state clearly the requirements...deadline dates...description of early admission, advanced placement...must give data descriptive of currently enrolled classes...must avoid unprofessional promotional tactics and invidious comparisons of institutions.
DENTAL HYGIENE PROGRAM INFORMATION
INTRODUCTION:

This handbook is intended to serve as a guide for students in the Iowa Central Dental Hygiene Program.

All students accepted into the Iowa Central Dental Hygiene Program are expected to familiarize themselves with the information contained in this handbook. It is designed to supplement the Iowa Central Community College catalogue and the Iowa Central Community College handbook by addressing policies which are specific to the Dental Hygiene Program at Iowa Central. Refer to all three publications as needed for clarification and keep this handbook available throughout the program.

The dental hygiene faculty, in cooperation with administration, reserves the right to revise policy guidelines as needed to improve the program or for safety reasons. Students will be informed in writing of any changes that would affect them.

PROGRAM DESCRIPTION

Dental hygiene students’ training will take place at Iowa Central Community College and the Dental Hygiene Clinic at the Fort Dodge campus of Iowa Central Community College. There may be opportunities for community practicums and Service Learning Projects in the community.

Dental Hygiene (DH) students normally attend college full time. Clinical sessions are part of the curriculum and providing direct patient care is part of the curriculum. The DH courses must be taken in the described sequence. It is the program’s recommendation that any family and financial plans necessary for success in the program be accomplished prior to enrollment. It is also recommended that any co-requisite courses be completed prior to starting the dental hygiene classes to enable the student to focus on dental hygiene curriculum.

Membership in the Student American Dental Hygienists’ Association is required for all students in the DH program.

Students are expected to follow the Code of Ethics of the American Dental Hygienists’ Association, the Iowa Central Community College and the Dental Hygiene Program policies and procedures.
DENTAL HYGIENE PROGRAM MISSION STATEMENT

The mission of Iowa Central Community College Dental Hygiene Program is to educate students to provide complex, comprehensive educational and clinical management to a diverse population of clients. Dental Hygienists serve the community in private and public health settings that encourages optimal oral and overall health.

PROGRAM PHILOSOPHY

The philosophy of Iowa Central Community College’s Dental Hygiene Program is to educate dental hygiene students so they can provide comprehensive, relevant, educational and patient-centered care to diverse populations. The program will facilitate the dental hygiene decision making process in regards to the assessment, planning, implementation and evaluation of oral health care education and services.

The program will promote a safe and nurturing environment; balancing didactic studies and patient focused clinical experiences. Students can acquire knowledge, develop critical thinking skills, and become ethical professionals who value lifelong learning and increase access to health care for those in their communities.

The faculty, as active partners in education, will strive to foster in dental hygiene students those qualities of professionalism and behavior that will enhance the promotion, practice and delivery of oral health and thereby improving overall health of their communities.

Dental hygiene educators in consultation with clients, the dental communities, and professional associations, have established standards for quality patient care. In order to qualify for license, an individual must pass National Boards and demonstrate sound professional judgment and clinical skill on a state or regional board.

The five Dental Hygiene Clinical Courses use a competency-based clinical evaluation system. This type of evaluation system measures the student’s performance against pre-established standards or criteria. Standards (criteria for patient care) have been established for each individual procedure involved in providing dental hygiene treatment. These criteria are established at an entry level of skill performance. When a dental hygiene student is consistently able to perform a particular treatment procedure in a manner that meets entry level performance standards, he or she is said to be competent in that procedure and/or have attained competence in that procedure.

The various dental hygiene treatment procedures differ in difficulty; thus, the time needed to attain competence in the various procedures varies greatly.
Competency in some treatment procedures can easily be attained by most learners in several months of clinical experience. Other procedures take the average student over a year to consistently perform in a competent manner. In each of the clinical courses, appropriate procedures are specified as course requirements. Competency must be achieved in the procedures specified for one clinic course before a student is ready to attempt more difficult treatment procedures specified in the next clinic course. The majority of clinical client treatment will be upgraded throughout the two-year professional training.

This will provide the student with the opportunity to practice and perfect each clinical procedure. When the student feels that they can competently perform a particular treatment procedure, they then will have their performance evaluated by the clinical team of evaluators.

Several levels or stages of skill development must be mastered before it is possible for an individual to become a competent professional

1. Fundamental or Basic Movement
   This is the preclinical practice stage of skill development.

2. Beginner Skill Level
   In this stage, the skill practice stage, the student is able to perform simple treatment procedures with faculty supervision and assistance.

3. Intermediate Skill Level
   At this stage, a student frequently is able to correctly perform a procedure and demonstrate sound clinical judgment. However, the student may still experience difficulty if a patient is nervous, uncooperative, or has an oral condition which differs from that of previous patients.

4. Certification Skill Level (Entry-level to profession)
   Often referred to as entry-level skill, this is the level which must be attained before a student is ready to graduate and gain entry to the profession. Entry-level skills represent the minimum level of skill attainment needed before a clinician can consistently provide safe, individualized, quality care for patients possessing a wide range of oral conditions. This fourth level is the appropriate and realistic level for graduation.

5. Highest Skill Level
   Not all clinicians achieve this level of skill performance in all procedures. This level of skill is achieved through the graduate dental hygienist’s high motivation to improve his or her skills combined with years of clinical practice.

   FUNDAMENTAL (Clinic I) > BEGINNER (Clinic II) > INTERMEDIATE (Clinic III) > ENTRY-LEVEL (Clinic IV)
   (Adapted from Iowa Western Community College)
THE IOWA CENTRAL DENTAL HYGIENE PROGRAM GOALS:

1. To promote excellence in instruction and create a safe and nurturing learning environment that facilitates student learning and improves client care through research, guided self-study, online activities and varied clinical instructional opportunities.

2. To comprehensively prepare students for entry level dental hygiene with core knowledge of dental hygiene sciences, critical thinking skills and clinical skills for individualized delivery of preventative education and oral health care to diverse populations.

3. To provide effective education in dental hygiene to produce graduates competent to practice within the profession’s ethical and legal framework pertinent to the role of a dental hygienist and who participates in community service and lifelong learning through professional development.

4. To provide transferable education to allow graduates to continue their education in dental hygiene related fields.

IOWA CENTRAL DENTAL HYGIENE GRADUATE OUTCOMES

At the completion of the program the student will:

1. Function safely in clinical areas as a dental hygienist utilizing critical thinking and their knowledge base.
2. Become a competent health care provider who performs as an integral member of the dental team rendering oral health care to clients utilizing basic communication skills to meet individual’s needs.
3. Develop a personal practice philosophy that reflects sensitivity and cultural understanding to their client’s individual needs.
4. Demonstrate professional manners, attitudes and behaviors.
5. Assume leadership roles in the promotion of preventative health to meet the needs of the changing needs of the community.
6. Develop mutually beneficial collaborations with the local community, allied health, dental and dental hygiene professional and serve as a dental health resource for community groups.
7. Practice self assessment and personal responsibility.
8. Utilize critical thinking skills when assessing, planning, implementing and evaluating comprehensive dental hygiene care and programs.
9. Recognize the value and need for lifelong learning.
10. Uphold the ethics of the dental hygiene profession.
Iowa Central Community College  
Dental Hygiene

### Prerequisites

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO-168</td>
<td>Human Anatomy &amp; Physiology I w/lab</td>
<td>4.0</td>
</tr>
<tr>
<td>BIO-173</td>
<td>Human Anatomy &amp; Physiology II w/lab</td>
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</tr>
<tr>
<td>CHM-110</td>
<td>Introduction to Chemistry</td>
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</tr>
<tr>
<td>CHM-111</td>
<td>Introduction to Chemistry Lab</td>
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</tr>
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<td>BIO-186</td>
<td>Microbiology with Lab</td>
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**Total Hours: 16.0**

### First Semester

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<tbody>
<tr>
<td>DHY-174</td>
<td>Principles of Dental Hygiene</td>
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<tr>
<td>DHY-114</td>
<td>Dental Hygiene Anatomical Sciences</td>
<td>4.0</td>
</tr>
<tr>
<td>DHY-163</td>
<td>Radiology</td>
<td>3.0</td>
</tr>
<tr>
<td>DHY-121</td>
<td>Oral Histology &amp; Embryology</td>
<td>2.0</td>
</tr>
<tr>
<td>*PSY-111</td>
<td>Introduction to Psychology</td>
<td>3.0</td>
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**Total Hours: 17.0**

### Second Semester

<table>
<thead>
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<tbody>
<tr>
<td>DHY-183</td>
<td>Dental Hygiene I Theory</td>
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</tr>
<tr>
<td>DHY-184</td>
<td>Clinical Dental Hygiene I</td>
<td>3.0</td>
</tr>
<tr>
<td>DHY-140</td>
<td>General &amp; Oral Pathology</td>
<td>2.0</td>
</tr>
<tr>
<td>DHY-209</td>
<td>Periodontology</td>
<td>3.0</td>
</tr>
<tr>
<td>DHY-233</td>
<td>Preventative Dentistry/Nutrition</td>
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<tr>
<td>*ENG-105</td>
<td>Composition I</td>
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**Total Hours: 15.0**

### Third Semester

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<tbody>
<tr>
<td>DHY-278</td>
<td>Dental Hygiene II Theory</td>
<td>2.0</td>
</tr>
<tr>
<td>DHY-280</td>
<td>Clinical Dental Hygiene II</td>
<td>3.0</td>
</tr>
<tr>
<td>DHY-224</td>
<td>Dental Materials</td>
<td>1.0</td>
</tr>
<tr>
<td>*CHM-130</td>
<td>Introduction to Organic &amp; Biochemistry</td>
<td>3.0</td>
</tr>
<tr>
<td>*CHM-131</td>
<td>Introduction to Organic &amp; Biochemistry Lab</td>
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**Total Hours: 10.0**

### Fourth Semester

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<td>DHY-293</td>
<td>Dental Hygiene III Theory</td>
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<tr>
<td>DHY-292</td>
<td>Clinical Dental Hygiene III</td>
<td>5.0</td>
</tr>
<tr>
<td>DHY-256</td>
<td>Community Dentistry</td>
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</tr>
<tr>
<td>DHY-132</td>
<td>Dental Pharmacology</td>
<td>3.0</td>
</tr>
<tr>
<td>*SPC-112</td>
<td>Public Speaking</td>
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**Total Hours: 15.0**

### Fifth Semester

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</thead>
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<tr>
<td>DHY-303</td>
<td>Dental Hygiene IV Theory</td>
<td>2.0</td>
</tr>
<tr>
<td>DHY-302</td>
<td>Clinical Dental Hygiene IV</td>
<td>5.0</td>
</tr>
<tr>
<td>DHY-253</td>
<td>Community Oral Health Rotation</td>
<td>1.0</td>
</tr>
<tr>
<td>DHY-265</td>
<td>Current Dental Hygiene Practice</td>
<td>2.0</td>
</tr>
<tr>
<td>*SOC-110</td>
<td>Introduction to Sociology</td>
<td>3.0</td>
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**Total Hours: 13.0**

*Applicants are strongly encouraged to complete the 16 credits* of Arts & Sciences classes prior to program entry.

See College catalog for course descriptions.
<table>
<thead>
<tr>
<th>Iowa Central Dental Hygiene</th>
<th>Comparison of Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Critical thinking</td>
<td>Critical thinking is a cornerstone of dental hygiene. The clinician must be able to apply the knowledge from course work and use it to provide comprehensive oral health care education and services to clients. The dental hygiene graduate will utilize critical thinking skills to determine priorities, establish patient-focused treatment plans and implement safe and effective education and care for community based programs and for those in private practice settings.</td>
</tr>
<tr>
<td>2. Effective communication</td>
<td>The dental hygienist should have excellent communication skills to maintain working relationships with individual clients, diverse community populations, other health care professionals and members of the dental team. The graduate hygienist should have the ability to communicate verbally and in written form which is basic to the provision of safe and effective oral health. The graduates will utilize effective communication to facilitate voluntary behavior change to help those achieve optimal oral health, thereby improving their overall health status in both individualized and small group interactions.</td>
</tr>
<tr>
<td>3. Personal responsibility</td>
<td>Personal responsibility, along with ethical actions, responsibility to the patient and community is the framework of the Profession’s ethical and legal issues regarding practice pertinent to the role of a licensed dental hygienist. These are common threads in our institutional and program goals. The graduate is expected to conduct him/her herself in a professional manner in all aspects of their lives. Personal responsibility is threaded throughout the curriculum from basic turning in assignments on time to professional conduct.</td>
</tr>
</tbody>
</table>
PROGRESSION / GRADUATION

A minimum of 75%, a grade of “C” or better is required in all Dental Hygiene courses and the student must meet the necessary prerequisites to progress in the program. A grade of “D” is received if the minimum criteria for a “C” were not met. A “D” in a DHY course results in dismissal from the program. All criteria for a grade of A, B, and/or C must be met no later than the last regularly scheduled session of the semester.

The college graduation ceremony is held at the end of the spring semester in May. All Dental Hygiene graduates are eligible to attend.

The pinning ceremony for the Dental Hygiene graduates is held at the conclusion of the program. At this time the graduates receive their Iowa Central Dental Hygiene pins.

ADMISSION

The Dental Hygiene Program is a limited enrollment program, and completion of the minimum requirements does not guarantee acceptance into the program. This is a competitive program, with an emphasis placed on academic performance, knowledge and experience of the health field, and the determination to succeed.

To complete the admission procedures, the following requirements are necessary:

1. Iowa Central Application
2. Dental Hygiene Application
3. Assessment Scores (Unless taken at Iowa Central)
4. Official High School Transcripts/or GED Scores
5. Official College Transcripts (Unless taken at Iowa Central)

Transfer of Dental Hygiene courses taken more than three years ago will not be accepted.

ADMISSION CRITERIA

Minimum Requirements for Application
The following criteria are required for consideration for acceptance into the Iowa Central Dental Hygiene Program:

1. High School Diploma or Equivalent
   High School GPA 2.5
   GED Scores 550

2. Assessment Scores
   ACT 18 English 18 Math 18 Reading
   SAT 430 Verbal 430 Math NA
   Compass 65 Writing P39 Math 80 Reading
   Asset 40 Writing 40 Math 40 Reading
CARDIOPULMONARY RESUSCITATION (CPR)

All dental hygiene students and faculty must have and maintain current CPR certification prior to providing direct patient care. A current copy will be kept in the student’s file and reviewed prior to start of classes. Students can call either the local American Red Cross, or the American Heart Association for classes.

ORIENTATION /REGISTRATION

Once students are accepted into the dental hygiene program they are required to attend an orientation/registration meeting. At this meeting the students will be given information about CPR, the pre-entrance physical form and uniform information.

LICENSURE REQUIREMENTS

Dental Hygiene is a licensed profession. Applicants for licensure are asked if they have ever been charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime. A prior criminal history or record or habitual use of drugs or intoxicants can be grounds for licensure or licensure registration denial.

NATIONAL CERTIFICATION EXAMINATION

Each student who successfully completes the Dental Hygiene program and graduates from Iowa Central Community College with an Associate of Applied Science degree will be eligible to take the National Board Dental Hygiene Exam (NBDHE) of the Joint Commission on National Dental Examinations who is the agency responsible for the development and administration of the National Board Dental Hygiene Examination.

CLINICAL EXAMINATIONS

Clinical examinations are conducted by individual state boards of dentistry or by regional dental testing agencies. A regional agency, often called a regional board, is formed when a group of state boards develops and administers a clinical examination jointly.

The Central Regional Dental Testing Service, Inc. (CRDTS) is a testing service made up of twelve State Boards of Dentistry who have joined forces to develop and administer fair, valid and reliable examinations of competency to practice dentistry and dental hygiene.

STATE JURISPRUDENCE EXAMINATIONS

The Iowa Jurisprudence Examination, which is based on information found in Iowa Code Chapters 147, 153, 272C and all of Chapter 650 Iowa Administration Code. See each specific state’s Board of Dental Examiners for more information.
GENERAL PROGRAM POLICIES
PHYSICAL EXAMINATIONS

All students must submit a Pre-Entrance Medical Record (physical examination) including specified immunizations before starting the program. Pre-Entrance Medical Record forms are available in the Health Science department and are due at orientation or the first day of school.

Students who have a positive tuberculosis skin test must have a chest x-ray and clearance from their health care provider prior to attending a clinical rotation.

IMMUNIZATIONS

Since dental health care personnel are likely to come into contact with many infectious agents, vaccinations for the following are required: Hepatitis B (series of three) Measles, Mumps, and Rubella. Vaccinations for Tetanus are also recommended.

Yearly Influenza vaccination should also be considered to avoid the possibility of transmitting an infection to an older or medically compromised patient.

Students can obtain vaccinations from his/her private health care provider or through the Iowa Central Health Services for a fee.

TUBERCULOSIS (TB)

Plan for the Control of TB Infection at Iowa Central Dental Hygiene Program.

1. Iowa Central Community College Dental Hygiene Program defers dental care of patients diagnosed with or suspected of having active pulmonary or laryngeal TB, until they are declared to be no longer contagious by their pulmonologist or the Dept of Public Health.

2. Assess each patient for a history of TB as well as for symptoms of active pulmonary or laryngeal TB.

2a. TB should be considered in all patients who present with the following symptoms: Persistent cough for > 2 weeks duration or other symptoms compatible with TB such as bloody sputum, fever and night sweats, or unexplained weight loss in addition to the aforementioned respiratory symptoms.

3. Patients suspected of active TB must leave the building as quickly as possible and should proceed to the emergency department or to the TB clinic for further evaluation.

4. Faculty and students providing clinical care will receive annual training regarding TB
TB SCREENING

According to OSHA Risk Assessment Procedures, the risk of contracting TB at Iowa Central Community College Dental Hygiene Clinic is low. Therefore, TB screening (PPD or Symptom Screen) is required every two years for all students, staff, faculty and other clinical personnel.

This may change according to rules of our off-site partners (ie-nursing homes)

HEALTH INSURANCE

All Health Science students are encouraged to purchase personal health insurance if they are not covered on a family policy. Iowa Central Community College is not responsible for any accidents or illnesses that result from experiences in the campus or clinical laboratories. A health insurance plan is available to Iowa Central students through Health Services (college nurse).

LIABILITY INSURANCE

Liability and malpractice insurance is provided by Iowa Central Community College to Health Science students when engaged in clinical experiences related to their individual program of study. The policy is effective until the date of graduation from the College. **Proof of personal liability insurance is also required for all regional boards.** Upon licensure, graduates are strongly encouraged to purchase professional liability insurance through ADHA Insurance Plans or other insurance companies providing such programs.

ATTENDANCE

INCLEMENT WEATHER

Students should listen carefully to the local radio stations and/or television stations for notification of delay or cancellation of classes at Iowa Central Community College and regularly check the College’s website for notification and communications.

The Iowa Central Dental Hygiene Clinic is closed when Iowa Central Community College is closed.

It is the student’s judgment on whether or not one can safely get to class or clinical sessions. It is however the student’s responsibility to follow the Iowa Central Community College Dental Hygiene Program’s policy on absences.

**Participation is required at all labs, clinic sessions and program activities.**

- Consistent attendance and punctuality reflects the students’ level of responsibility and may be noted in employment references.
Attendance records are kept for all dental hygiene classes. Regular attendance is anticipated at all times to assure optimal student learning.

In cases of extreme emergency, if a student must be absent, the student must notify the clinic manager and each course instructor as soon as possible.

The student must also appropriately document absence in the clinic log.

When absent the student must provide instructor with appropriate written documentation of absence, for example a doctor’s note, obituary, etc.

Clinic meetings:
Attendance at all Clinic Meetings is required. These meetings will be used to answer your questions, make announcements, discontinue patients and problem-solve.

Clinical experiences cannot be duplicated and experience is lost if a student does not fully participate. Lab and clinic time are limited; therefore, students must be responsible for completing all work and requirements. Absences jeopardize satisfactory completion of a program course. If you leave a classroom or clinic/community site, an instructor must be notified.

1. When a student is unable to attend a class or clinical session, due to an extreme emergency or severe illness, the student must call the dental hygiene clinic manager and course instructor to notify of his/her absence prior to class/clinical. It is the student's responsibility to contact his/her patient and to reschedule the appointment. If a patient appears for an appointment because a student did not assume this responsibility, the student will be asked to meet with the Coordinator of the Dental Hygiene Program to discuss this irresponsible and unprofessional behavior and to determine appropriate action. It is also the student’s responsibility to obtain any information and materials distributed and/or demonstrated during a class/clinical session.

2. Attendance, in complete uniform, is required for the duration of a scheduled clinic session regardless of appointment cancellations.

3. Each treatment area must be prepared to accept a patient at least ten minutes prior to the time of the clinic session.

4. If a patient cancels an appointment, students are expected to secure another patient for treatment. When all efforts for patient recruitment have been exhausted and a patient is not secured, the student must consult with a clinical instructor for an assignment.

ILLNESSES

It is the responsibility of the student to inform the appropriate instructor(s) of any health condition that could interfere with the safety of the student or client while in the clinical or laboratory areas. It is the student’s responsibility to contact the clinic manager and appropriate instructor/instructors prior to clinical/class time if there is reason for you to be absent.
GRADING

"C" GRADE POLICY
Each instructor is responsible for describing how the course grade is determined. Grading criteria are given to students at the beginning of course and are reflected in the syllabus. DHY courses must be passed at the 75% level to continue in the Dental Hygiene program. Clinical courses are Pass- Fail.

The grading Scale for all Iowa Central Dental Hygiene Program courses is as follows:

A= 92-100
B= 83-91
C= 75-82
D= 74-70 Unacceptable
F= 69-0 Unacceptable

TEST TAKING

Students are expected to take all exams on the day and time assigned. If a student is absent on exam day, (s) he is to notify the instructor prior to the exam time. Students who miss a test must refer to the course syllabus. Quizzes may not be made up. Makeup tests may not be the same test. All testing materials are to be returned to the instructor and may be reviewed by appointment and under supervision as time permits throughout the course of study.

Students are not allowed to bring any other materials to the test review area, including pens, paper, recording devices, and picture phones. Under no circumstances are exams to leave the designated area, and any infraction is considered dishonest and is grounds for probation and/or dismissal from the program.

Scantron answer sheets used to answer the test questions in the Dental Hygiene Program will be purchased by the student at the Iowa Central Bookstore.

INCOMPLETE

Incompletes may be granted based on individual circumstances. An incomplete in a course requires the requirements be completed within a specific time as outlined in the Incomplete Contract, that may be allowed based on the individual’s ability to provide safe patient care. See College Incomplete Grade Agreement form. The student is responsible to arrange with the instructor to complete the course work.
INSTITUTIONAL DUE PROCESS

1. **General Policy**: A student who believes a course grade is inaccurate may seek an appeal as follows:
   a. Within 45 calendar days following the end of a course, the student will inform the instructor in writing of questions concerning the course grade. The written correspondence will address questions concerning the criteria and procedures the instructor used in determining the grade, the process by which it was assigned, and to request error correction, if any, in the grade.
   b. The instructor will make himself or herself available to a student for questions concerning a grade. If after the discussion with the instructor, the student believes that the grade is still inaccurate, the student will confer with the department chair. This meeting must be scheduled within five (5) working days after meeting with the instructor. The student will submit in writing his/her concerns regarding the grade. The department chair shall meet with the instructor and student separately and/or together in an effort to reach an understanding and resolve the issue.
   c. If the steps listed above do not solve the issue, the student’s documentation may be submitted to the Vice President of Instruction no later than ten (10) working days after meeting with the instructor. Within ten (10) working days after receipt of the appeal, the Vice President of Instruction will submit to all concerned parties a written decision concerning the appeal of the grade change.

GRIEVANCE / APPEAL POLICY

Whenever a person desires information concerning the curriculum, or takes issues with some aspect of the curriculum, such person shall discuss the problem with the party most immediately involved. If the matter is not satisfactorily resolved, the appeal process will follow this order:

1. Instructor
2. Dental Hygiene Coordinator
3. Department Chair, Health Sciences
4. Vice President of Instruction
5. Executive Office of the Board (President)
6. The Board of Directors

GRADUATION

Students who plan to receive a degree from the Dental Hygiene program must file a Graduation Declaration card with the registrar prior to graduation and pay all corresponding fees.
CHARACTERISTICS OF A DENTAL HYGIENIST IN A CLINICAL ENVIRONMENT

Introduction
Through the clinic learning situation, the student should strive to develop and practice the following attitudes and behaviors of a professional person. These qualities will be used in daily procedures—the success or failure of a career depends not only upon clinical skill, but also upon personal conduct, appearance, and ability to work with patients, instructors, employers, and colleagues.

Professional Conduct

An important aspect of interpersonal relations is one's attitude. Professional conduct at all clinical sessions and/or program related activities is expected be demonstrated by the student in the following areas:

**Compassion and empathy:** defined by the Encarta Dictionary; sympathy for the suffering of others, often including a desire to help. Empathy is the ability to identify with and understand another person’s feelings or difficulties. Please demonstrate the capacity for participating in another's feelings or ideas, understanding their point of view, interest, sympathy and acceptance of all different types of populations, their cultures and beliefs.

**Respectability:** defined by the Encarta Dictionary; in accordance with accepted standards of correctness or decency, meeting an adequate standard, deserving or receiving respect. The student is expected to look tidy and act with propriety, good taste and self-control.

**Promptness:** defined by the Encarta Dictionary; ready, punctual, or quick to act. Students are expected to be on time for clinic, class, meetings and appointments.

**Collaboration:** defined by the Encarta Dictionary; the act of working together with one or more people in order to achieve something, for example providing the highest quality client care, doing what is asked or required. It is expected that the students work harmoniously as part of the dental team and with others in the community.

**Ethics:** defined by the Encarta Dictionary; a system of moral principles governing the appropriate conduct for an individual or group. The student must adhere to both professional and personal standards. Recognizing and demonstrating responsibility to self and to others (community associates, patients, and other professionals). See ADHA Code of Ethics page 129.
STUDENT EMPLOYMENT

Education is the primary concern for this program; therefore, a variety of clinical and community experiences will be scheduled. Students will not be excused from class, lab or clinical sessions for personal work schedules. It is the desire of the faculty that students are successful in this program and learning should not be compromised. Due to the demands of the program student employment is discouraged.

STUDENT RECORDS

A cumulative record is kept by the department in the Coordinator’s office on each student who enters the program. This record includes immunizations, CPR certification record, grades, evaluations, counseling slips, reports, anecdotal records and other pertinent information.

The student at any time may review the information found in the file by making an appointment with the coordinator. The records will not leave the office and only appropriate college personnel have access. A student may request in writing a release to other parties.

STUDENT SERVICES

(Refer to the Iowa Central College Catalog)

DENTAL HYGIENE CLINIC

Pre-clinic/Clinic:

1. In compliance with the Iowa Dental Practice Act, Occupational Safety Hazards Act (OSHA) and Center for Disease Control and Prevention (CDC), universal precautions and guidelines for preventing transmission of blood-borne pathogens as well as hazards control measures will be strictly adhered to in the Dental Hygiene Program.

2. Students are not permitted to wear uniforms and clinic shoes to the campus. (S)he will change into a clean uniform before entering the clinic. When in the clinic and prior to initiating direct patient care, including student partners, the student will don a clean, program-approved gown. Once contaminated, this jacket is not to be worn out of the clinic. At the end of clinic session, the student must remove the contaminated protective jacket and uniform and place them in the contaminated bag provided. Once in the Locker Room, the student will change into street clothes and place them in the contaminated bag until the time of proper laundering.

3. There are times when it is necessary for a student, not assigned to clinic, to be in the clinical area to perform clinic-related assignments, i.e., processing radiographs, conferring with a clinical instructor regarding a patient’s oral health
status, etc. When this occurs, clinic attire or a clean lab coat over dress clothes must be worn. Jeans or "casual clothes" are not permitted in the clinical area.

4. Nails must be clean, short (no longer than finger tips) nail polish is not permitted.

5. No jewelry is allowed during clinical session (including radiology labs). Visible evidence of other body-piercing, (including tongue jewelry), tattoos or hickeys is prohibited at any time in the dental hygiene facility. This policy also applies when participating in any program-related professional/community activity.

6. Limit colognes/after-shave lotions and lightly-scented hair sprays.

7. Make-up should be applied lightly and naturally.

8. Program-approved protective eyewear with permanent side shields must be worn in the clinic.

9. The complete uniform must be worn by students when scheduled in clinical or clinic or office assistant.

10. No gum chewing allowed during pre-clinic/clinic

11. No food or drink allowed on clinic floor

12. Sweaters are not permissible in the clinic.

13. The complete uniform is required when providing direct patient care including exposing radiographs on a patient and performing dental assisting duties, as well as those duties assigned to the clinical and office assistant. When it is necessary for a student to leave the clinic, she/he must remove the contaminated protective jacket.

14. Hair color must be a natural shade such as brown, black, blonde, etc. Hair colors such as pink, blue, orange, etc and/or overt streaks are unacceptable.

15. Students scheduled to be in clinic will, under no circumstances, be baby sitting for children of patients. If a patient does not have child care they will be dismissed.

16. Students are not allowed to bring children into the classroom or clinic during classtime. This is also a college-wide policy.

17. Hair-wear will be functional only; not decorative. Hair bands, head bands, bobby pins, etc. will no longer be allowed on the clinic floor if they are adorned with flowers, feathers, jewels or other decorative items. The determination of acceptable hair-wear will be made by clinic faculty.

**Female Uniform**

1. Complete uniform includes:
   a. clean, white leather walking shoes (no color)
   b. plain, smooth, nylons; opaque knee-hi, plain, smooth trouser socks; or knee-hi or ankle socks (no skin showing)
   c. clean, scrub pants
   d. clean, scrub top
   e. clean, program-approved protective jacket
   f. name tag
   g. film badge--worn on the right collar area and stored in the student’s mailbox or locker when not in use

2. No noticeable line of undergarments should be seen through the uniform.
3. Hair must be clean, well-groomed and neatly styled. Hair longer than collar-length must be pulled back and away from the face and secured in a bun, braid, French twist or ponytail to promote optimal infection control. Hair holders must be plastic or metal in neutral colors so they can be disinfected. Brown or black rubber band type holders are acceptable for securing braids or ponytails. Cloth hair accessories, i.e., “crunchies” and hair ribbons/bows are not permissible.

**Male Uniform**

1. Complete uniform includes:
   a. clean, white leather walking shoes (no color)
   b. socks (no skin showing)
   c. clean, pressed scrub pants
   d. clean, scrub top
   e. clean, pressed program-approved protective jacket
   f. name tag
   g. film badge--worn on the right collar area and stored in the student’s mailbox when not in use.

2. Hair, inclusive of facial hair, must be clean, well-groomed and neatly styled. Hair longer than collar-length must be pulled back and away from the face and secured with a rubber band.

**Laboratory:**

1. Lab coats should be worn over street clothes for protection. Name tags should be worn on left pocket area during laboratory sessions.
2. For safety reasons, long hair should be secured away from the face and tied back neatly.

**Classroom:**

1. Attire and appearance must be neat and clean. Since it is necessary to access the radiology laboratory via the clinic, professional dress is encouraged whenever clinic is scheduled.

**Community Service:**

1. Appropriate dress is stated in the course syllabus or at the direction of the community service coordinator, e.g. Health Fair, Career Days, community in-services, etc.

**Locker Room**

1. Each student is responsible for purchasing a combination lock for his/her assigned locker. It is his/her responsibility to keep the locker locked at all times. The College or program is not responsible for any items removed from the locker.
2. Each student is responsible for maintaining a clean locker and locker area.
3. All personal possessions (coats, boots, books, purses, lab coats, etc.) are to be kept in the Locker Room. College equipment, instruments and materials are to be secured in laboratory drawers.
4. Only dental hygiene students and faculty are permitted to use the Locker Room.
5. Electrical appliances, e.g. curling irons, microwaves, etc. are not permitted in the Locker Room.

**STUDENT RESPONSIBILITIES:**

All students:

1. Must comply with the program's infection control policies published in the Dental Hygiene Clinic Manual. A training program is provided in all areas of the Dental Hygiene Program, including the clinic, and the laboratory.
2. Should not enter the main clinic area unless they are assigned to a clinic or oral radiography laboratory session.
3. Should not enter (or loiter in) the reception room except to carry out necessary program-related business.
4. Are expected to act in a professional, courteous and mature manner at all times when representing the profession of Dental Hygiene, the College and the program. This level of behavior extends to all classroom, laboratory and student lounge areas on campus as well as off-campus extramural facilities.
5. **UNDER NO CIRCUMSTANCES ARE JEANS OR "CASUAL CLOTHES" such as sweat suits, sweatpants, short shorts, halter tops, etc. permitted in the clinical area.**
6. Are not to have cell phones, pagers, timers and similar devices operational during classroom, lab or clinical sessions. Devices with picture capabilities are not to be utilized in the locker rooms at any time.
7. Clinical and classroom computer equipment is NOT for personal use. Students may not check their e-mail or visit websites. Clinical computers are strictly for clinic related activities.
8. The clinic printer and copy machine are not to be used for personal use, including printing or copying assignments or other homework.
9. Many textbooks are used throughout the program. Do not sell your textbooks until you have completed the program. (exceptions: Anatomy, Infection Control, Dental Materials)
INSTRUMENT KIT

Students are required to purchase the instrument kits through the college bookstore. Instruments must be purchased, paid for and in the students’ hands on the first day of Principle’s Lab. No substitutions are allowed. Each kit has been assembled by faculty and representatives for your optimal learning. Each student is expected to utilize the instruments in the kit in the sequence introduced. It is recommended that the student engrave their name on each instrument to safe guard loss. All instruments and materials purchased from the college are the property of the student. In cases of academic ineligibility or withdrawal, the college is not responsible for the resale or purchase of any of these items. Only program issued instruments are allowed on the clinic trays. Exceptions will only be made for use with instructor supervision.

EQUIPMENT AND SUPPLY POLICY

- All equipment and supplies issued to students are issued on a lease arrangement until the student graduates from the program.
- Other equipment may be checked out to students for specific purposes with the understanding it is to be returned in satisfactory condition.
- If any item is lost or damaged, the student must make replacement at his/her own expense. If item is repairable the student is responsible for the first $50.00 in repair costs.

Upon successful completion of the program or upon dismissal from the program all equipment and supplies must be returned in satisfactory condition or be replaced at the student’s expense.

Clinic Sessions:

It is the philosophy of the Dental Hygiene Program that clinic attendance and patient treatment are essential for appropriate skill development and satisfactory progress in all Dental Hygiene Clinics. You will attain skill proficiency in dental hygiene care only through many hours of supervised practice providing care for patients who possess a wide range of oral conditions. It is recommended that you use every clinic session in its entirety for patient treatment.

However, it is a course requirement that your clinic sessions without patient treatment may not exceed 8-hour sessions per semester. One option that the student can utilize in place of a patient is to seek additional clinical experience at a documented clinical community experience with instructor approval. These can only be used if your patient failed to show for their appointment.
If you accrue more than eight hours without a patient after using these options, you may be dismissed from the program. If you are experiencing difficulty in recruiting or appointing appropriate patients, please see your clinic instructor as soon as you become aware of the problem.

Clinic Meeting/Huddles:
Attendance at all Clinic Meetings is required and may be called at any time before or after clinical sessions. These meetings will be used to answer your questions, make announcements, discontinue clients and problem-solve.

General Conduct

- The computer in the clinic/classroom is STRICTLY for patient oriented research EX: new medications, medical conditions, terminology, etc. There is no personal use of the computer on the clinic floor at any time without the permission of an instructor. Failure to follow this rule will result in an assignment that will reflect upon professionalism and following clinical rules.
- No patients are to be seated until clinic sessions start and dental hygiene faculty are present on the clinic floor.
- No patients are to be dismissed without an instructor checkout. Faculty consultations regarding competency evaluations must be completed prior to patient dismissal.
- During clinic sessions, students entering the clinic area must meet the Guidelines for Professional Appearance outlined in the Clinic Manual.
- No food or gum allowed on clinic floor.

General Information
Students are responsible for scheduling their own patients. It is the responsibility of the student to confirm each patient the day before his/her reservation

SCHEDULING OF CLINIC PATIENTS:
- Students are required to inform the clinic manager of any appointments made. Students are required to provide all clinic clients. There may be instances at the discretion of the clinical faculty to provide “call in” clients to those students needing the experience. Any clinical appointed client has precedence over a student appointed client, especially if the student did not confirm the availability of the schedule.
- To block time for a client who has not yet been entered into the Dentrix system, make the appointment under the patient name “Ima Patient”. This will block your time for that appointment, and will show that the patient is yet to be entered into the system.
- Initial appointments for new clients should be made by the clinic manager. Appointments are not “official” until the client’s health history has been received and the client has been entered into the Dentrix software as a patient.
Return clients’ appointments may be entered into the Dentrix appointment book at chairside by the student or by the clinic manager.

Students are required to maintain the Double Card Filed Continual Care System. Students will be held accountable for their portion of the Continual Care System. Continual Care Cards are required along with the patient record at the student conference and chart audit.

Students are to obtain patient email addresses and note them on the continual care cards.

Students are responsible for knowing the patient’s insurance and ability to pay. The students are to take this information into account prior to treating patients and when developing care plans.

For all processes and competencies the Clinic Requirement Log must accompany the form and any previous attempted forms stapled together. After three attempts it is required that the student seeks supplemental lab instruction to ensure success with that particular skill.

Assessment:
At the end of 5 weeks a clinic instructor will assess your professional behaviors, attitudes and clinical skill levels to date. At the end of you five-week clinic rotation, you must meet with a clinic instructor at your scheduled time for a chart audit. All records of clients seen during the five weeks must be reviewed. Continual Care Cards are required at the chart audit. Students will utilize the Patient Chart Audit and Patient Care Evaluation Form.

The Daily Clinical Evaluation Form and Professional Standards Evaluation Form may also be utilized in figuring final clinic grade.
Failure to complete requirements will result in failure of the Dental Hygiene Program.

NOTE: You are expected to be actively involved with patient assessment/treatment during all patient treatment days. You will be expected to remain in clinic without a patient in the event walk-in patients need treatment. Alternate learning experiences may be assigned.

Clinic Conferences:
At the end of your five week clinic rotation you will meet with your clinic instructor for a chart audit and clinic conference. At this conference each instructor will discuss the students’ strengths, weaknesses, affective behavior and professional standards evaluation. The instructor will also discuss the parameters of the rotation and offer guidance with goal setting. Any area of weakness should be identified and addressed as a goal.

Two Days prior to Conferences the student is to provide the following:
- Clinical Skills Progress Report
- Professional Standards Evaluation Form with the student portion filled out.
- Word processed spell checked document of the student’s self assessment of strengths and weaknesses (minimum of two each) including objectives for meeting/overcoming them. Any area of weakness should be identified and addressed as a goal.
• This document is also to include the student’s short, intermediate and long term goals

At the time of the Conferences/Chart Audits the student is to provide the following:
• Clinical Binder
• Continual care cards
• Chart Audit Grade Sheet filled out

Failure to do this MAY RESULT in lowering your Professional Standards

Clinic Binder: THESE ARE NOT TO LEAVE THE CLINIC FLOOR
Each student shall maintain a student clinic binder, which will provide tangible evidence of student progress over time. The clinical binder is a compilation of your work. Re-care cards are included in the clinic binder and are property of the clinic. They are to be turned in upon leaving the program.

Students are required to keep individual clinic papers in a clinic binder. The following is to be included in these binders:
• Log of lab/patient experiences
• Clinical Evaluation Forms
• All completed processes
• All completed competencies
• Professional Standards Evaluation

Clinic Binders are to be organized in the following manner:
• Patient requirement log
• Chronological list of all patients
• Clinical experience log (list of competencies required for clinic)
• Daily Clinic Evaluation Forms (arranged in chronological order, most recent at beginning)
• Competencies (all attempts, passed and failed)
• Radiography competencies (all attempts, passed and failed)
• 5 week conference information
• Those items that cannot be indexed in a separate category, for example, professionalism, should be grouped together.
• All forms are to be completed including patient name etc. including grades and percentages!
• Radiology: All contents of your radiology lab journal/notebook will be placed in your clinic binder as record of your experiences. See Radiology Syllabus.
• Reflection Section: All students must create a reflection section in their clinic binders.
  o The community reflections must be handed in to Ms. Piper. When the reflections are returned to the student, the student must place the reflections in their clinic binders.
The Friendship Haven reflections and required forms must be completed and handed in one week following your visit. When the paperwork is handed in, the student must place it in the Nursing Home binder in the designated section. The binder is located on top of the student mailboxes. If the student does not complete and hand in paperwork within one week of visit, the student will receive a professionalism form with a 15 point deduction for that clinic. The student is responsible for removing their Friendship Haven paperwork from the Nursing Home binder after their last final of the semester completed and place the paperwork in the reflection section of their clinic binder.

Chart Audits
At the end of you five-week clinic rotation, you must meet with you clinic instructor at your scheduled time for a chart audit. All records of clients seen during the five weeks must be reviewed, in order and signatures obtained before this audit. Competency levels are (number of chart(s) with zero mistakes, in correct order divided by number of chart(s) reviewed).

Clinic Journals:
Students will be required to make daily lab/clinic entries into a one-subject theme notebook.

Daily students will reflect and write in this notebook on the following:

Reflections on those days’ lab activities which must include:

✔ What went well
✔ What did not go so well (areas for improvement)
✔ Minimum of one thing learned that day
✔ Faculty signature and any comments

Journals are to be turned in at the END of a clinic session PRIOR to being dismissed. If your clinical instructor is a part time instructor, YOU MUST turn in your Journal and have it signed before being dismissed off the clinic floor. This is to provide you with written feedback and evaluation of your clinical experience that day.

CONTINUAL CARE SYSTEM:
Students are required to implement a Double Card File Continual Care System. The system will have two 4 by 6 inch index cards for each patient seen/ completed. The alphabetical card will include the patient’s name, periodontal classification, calculus classification, and month in which their monthly card can be found. The monthly card will contain the patient’s name, periodontal classification, calculus classification, date of birth, address, home and business telephone numbers, email address, continual care
interval, date of last visit, date contacted for re-care and results of the contact. The monthly file will also include a section for non-appointed patients. These are property of the clinic and are to be turned in upon leaving the program.

**Alphabetical Continual Care Card:**

<table>
<thead>
<tr>
<th>Patient’s Name:</th>
<th>Periodontal Classification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Initial Calculus Classification:</td>
</tr>
<tr>
<td>Month Due:</td>
<td>Subsequent Calculus Classification:</td>
</tr>
</tbody>
</table>

**Monthly Continual Care Card**

<table>
<thead>
<tr>
<th>Patient’s Name:</th>
<th>Continual Care Interval:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Periodontal Classification:</td>
</tr>
<tr>
<td>Address:</td>
<td>Initial Calculus Classification:</td>
</tr>
<tr>
<td>Home and Work Telephone Numbers:</td>
<td></td>
</tr>
<tr>
<td>Email address:</td>
<td></td>
</tr>
<tr>
<td>Last Appointment:</td>
<td>Due Date</td>
</tr>
</tbody>
</table>

The Student Dental Hygienist that is responsible for the patient’s treatment will be ultimately responsible for the patient receiving their bleaching trays/mouth guard exactly one week or earlier after taking their impressions. If the patient is unable to come in to retrieve the trays/mouth guard in one week or earlier, the trays/mouth guard should be ready to be fitted for the patient. It does not matter who does the impression, completes the pour up, or fabricates the tray/mouth guard. If the SDH does not have the trays/mouth guard ready one week following the impressions, the SDH will receive a professionalism form with a 15 point deduction and the patient will not count towards their clinical requirements.

When an impression is completed for bleach trays/mouth guards, record the required information on the impression log located in the clinic near the binders. The information recorded on the log must match the narrative in the patient chart.

**SUPPLEMENTAL LEARNING LAB:** A supplemental learning lab is available to students by appointment. This lab provides students with an opportunity to enhance their education through didactic and instrumentation skill review. It may be required per faculty recommendation for a student to participate in this lab.
Extra Curricular Activities

All students must document their student activity in the Student Activities Binder located on the clinic floor. Each student or group will be held responsible to record their activities on the calendar located outside the locker room. Each student must have a specific section in their binder for reflection papers. The student reflection must be handed in no later than one week following the activity. Once the reflection is returned from the instructor, the student will place the reflection in their clinic binder.

Following is a sample list of activities. This list may be changed throughout the year and may not be all inclusive.

Table clinics
Continuing educational programs
Fund raisers
Community projects
FB mouth guards
DH nights
CHC FD
Dental office observations
SADHA
Nursing Home rotations
WIC Clinics
Head Start
AMERICAN DENTAL HYGIENIST ASSOCIATION STUDENT MEMBERSHIP (SADHA)

All students are members and will participate in developing and running a Student Dental Hygienists’ Association (SADHA) in order to develop:

1. Social interactions
2. Civic consciousness
3. Leadership skills
4. Skills in parliamentary procedures
5. Professional networking
6. Awareness of the American Dental Hygiene Association

Student membership includes a subscription to the association’s scientific publication, Journal of Dental Hygiene and ACESS news magazine.

SADHA goals are developed each year by the student members. Officers include: President, Vice President, Secretary, and Treasurer. A Dental Hygiene faculty member will serve as an advisor. (As adapted from the ADHA)

MEMBERSHIP: Any student currently enrolled in the Iowa Central Dental Hygiene program is eligible for membership. Note: a portion of your dental hygiene core curriculum grade is dependent upon your membership and participation in your professional association.

SADHA REQUIREMENTS

Purpose: The purpose of the Student American Dental Hygienist’ Association (SADHA) is to assist the professional development of the student dental hygienist.

SADHA Requirements:
- Attendance at all ICCC SADHA meetings.
- Participation in ICCC SADHA events, (Table Clinics and Portfolio presentations) and fundraising.
- Participation in the IDHA Annual Session in May (this is mandatory)
- Planning and organizing a National Dental Hygiene Month (NDHM) activity for October.
- Maintenance and updating of Dental Hygiene Bulletin Board
- Provide Lavender Band with student activities.
- Attendance at the Iowa Dental Hygienists’ Association (IDHA) Student/Faculty workshop
- Participation in a health fair or oral health promotion activity
- Advisor’s discretion
PROFESSIONALISM:
The dental office is a professional environment and it is a goal of the program to produce professional dental hygienists to work within the field of dentistry. Employers are requesting hygienists that act professionally in judgment, demeanor and appearance.

All dental hygiene students are expected to demonstrate professionalism in behavior, mannerisms, and judgment in the dental hygiene classroom, radiology, and any clinical or community rotation sites. As a dental hygiene student you are members of the ADHA and are expected to represent the profession as such in your every day life.

Your professionalism assessment is reflected in the Principles course DHY 174 and in each theory course corresponding to the clinical course. Five (5%) percent of your final grade in each of these courses will factor in your professional behavior. The professional form and the student faculty professional contract are the standards by which you will be assessed. There is one (1) professionalism form per student for each term. This form is completed by each member of the faculty who teaches clinically and classroom during the term. The final score from the form is 5% of each student's final grade for Principles course DHY 174 and in each theory course corresponding to the clinical course in the term.

One of the program’s role is to assist in your professionalism growth, so we will become your new “employers” and you are now our newest “employees”. An “employer and employee” contract will be prepared by the faculty and students. This is the contract that you will adhere to and be held accountable for the entire term/year.

If there are incidences of lack of professional behavior the student will be asked to bring your professionalism forms and the Academic/Clinical Intervention form to be filled out by faculty and student. This Intervention form will be the consequence for the lack of professional behavior following the program’s Professional Policy. The first incident will be addressed with a verbal warning. The student is responsible for self reflection and writing an action plan along with appropriate recommendations and interventions for behavior change to enable the student to be successful in the program and profession. Any consequential behavior will result in a written warning and if the behavior is continued may advance to dismissal from the program.

The Program Policy on Professionalism is as follows:

1. Verbal warning
2. Written warning
3. Student placed on probation
4. “Fired” Dismissal from program
PROFESSIONALISM

The following are some factors what will be considered under professionalism. Representative examples are given, but will not necessarily be limited to these examples. See also the Professionalism Form.

1. The student is expected to demonstrate professional conduct and judgment.

**Examples of positive professional conduct include:**

- Placing the patient’s welfare first when planning and implementing patient care.
- Concern for the patient’s welfare and comfort.
- Willingness to accept suggestions for improvement and evaluation gracefully.
- Maintaining physical, mental, and emotional composure in all situations.
- Following prescribed treatment plans.
- Abiding by clinic rules and regulations (including professional appearance)
- Eagerness to learn
- Attitudes of respect, concern, and cooperativeness toward fellow classmates, staff and faculty.
- Asking for clarification when uncertain of instructions or task.
- Practicing good personal grooming and hygiene.
- Working independently but recognizing his/her limitations.
- Demonstrating sound clinical judgment commensurate with level of experience.
- Maintaining neat and clean cubicle and sterile instruments.
- Honest with faculty members, patients, and colleagues.
- Primarily concerned with quality treatment for patients rather than a quest for grades.
- Providing pertinent, individualized, appropriate information to the patient regarding treatment and the prevention of dental disease.

**A select few examples of critical errors in professional conduct and judgment include:**

- Failure to place the patient’s welfare as first priority.
- Failure to maintain physical, mental, and emotional composure in clinic.
- Consistent ineffective, inefficient use of clinic time.
- Failure to be honest with patients, faculty, and colleagues.
SAFETY PROVISIONS

HAZARDS COMMUNICATION PROGRAM
INTRODUCTION:

It is the intent of the Dental Hygiene Program to provide a safe and healthful working and learning environment for all employees, students and clients.

LICE

According to the CDC, lice infestations (pediculosis and phthiriasis) are spread most commonly by close person-to-person contact. Due to close person-to-person contact that is required to provide Dental Hygiene treatment in the ICCC Dental Hygiene clinic, any patient that presents with the appearance of lice upon examination will immediately be dismissed and will be asked to reschedule their appointment until the condition has been successfully treated.

ANIMALS

No animals will be allowed in the clinic, reception area or classroom area. The only exception will be service animals needed for medical reasons.

EXPOSURE TO BLOODBORNE PATHOGENS

Dental Hygiene students provide services in the oral cavity where they come in contact with blood and saliva. Although diseases may be encountered, research indicates that risks are negligible when optimal infection control is practiced.

Upon entering the program, current infection control measures and practice are presented to the students by qualified faculty.

Compliance of these practices is evaluated throughout the students’ clinical experience to ensure a safe working environment.

INFECTION CONTROL

Policy on Universal (Standard) Precautions

In the pursuit of a vocation in the health care professions, the student assumes a routine personal risk that accompanies this choice. This risk is minimized when the practitioner adheres to the comprehensive infection control protocol outlined in this manual for all patients.

Health care workers are to consider all patients as potentially infected with HIV and/or other blood-borne pathogens minimizing the risk of exposure to blood and body fluids of all patients.

Thus blood, saliva and body fluid precautions must be consistently used for all patients regardless of the perceived "low risk" of a patient or patient population.
The dental health care worker has the responsibility of adhering to infection control protocol that provides for an aseptic clinical environment. This manual addresses the concerns of Iowa Central Dental Hygiene Program and lists procedures to be followed when providing services in the Dental Hygiene clinic. These procedures will be continually reviewed and updated in a committed effort to provide practical guidelines to insure a safe environment for student learning and patient treatment.

The plan is designed to minimize exposure to bloodborne pathogens including the Hepatitis B Virus (HBV), the Hepatitis C Virus (HCV), and the Human Immunodeficiency Virus (HIV).

Universal (Standard) Precautions shall be observed to prevent contact with blood or other potentially infectious material.

In the dental health-care setting, "universal (Standard) precautions" should be followed when exposed to blood, or any body fluid visibly contaminated with blood. Universal (Standard) precautions also apply to saliva in the dental setting.

<table>
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<th>Table A. Plan for Control of Exposure to Bloodborne Pathogens</th>
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<td>Performing, assisting or evaluating student clinical performance of the following:</td>
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<td>• Intraoral dental radiographs</td>
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<td>• Intraoral dental examination, and all dental treatment</td>
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<td>• Injections of local anesthesia</td>
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<td>CLASSIFICATIONS</td>
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<td>• Receptionists, Administrative Assistants, etc.</td>
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Table B. Training Program

All employees/students who have the potential for exposure to human blood or other potentially infectious material receive comprehensive training on exposure prevention. Documentation is maintained departmentally.

The specific policies and procedures for the Iowa Central Community College Dental Hygiene Program will be explained, along with the requirements of OSHA's "Bloodborne Pathogen Standard".

Subsequent yearly training is required.

Objectives

Upon completion of the training program, the student/employee will be able to recognize/describe the following:

- Epidemiology and symptoms of bloodborne diseases (HBV/HCV, HIV)
- Modes of transmission of bloodborne pathogens (HBV/HCV, HIV)
- The tasks and other activities involving exposure to blood and/or other potentially infectious materials.
- "Universal (Standard) Precautions"
- Personal protective equipment (including use and limitations) that will prevent or reduce exposures.
- Types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment and rationale for product selection
- Hepatitis B Vaccination:
  - Method and site of administration
  - Safety, efficacy and advantages
  - Side effects/reactions
- Protocol for an emergency or accidental exposure involving blood or other potentially infectious material, including the required post-exposure evaluation and follow-up protocol
- Signs, labels and color-coding of containers of infectious/hazardous waste or storage containers of any infectious materials (Sharps)

(adapted from the CDC)
PERSONAL PROTECTION

The following are policy for infection control in the Dental Hygiene Clinic at Iowa Central Community College.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPEs includes the following:

1. Gloves (latex/vinyl/nitrile) a new pair must be worn for each patient. Hands must be sanitized before gloving and after degloving.

2. Mask (dome/ear loop) must be changed for each patient (or when moist).

3. Eyewear (face shield/goggles with side shields) must be worn while working on patients or in the laboratory.

DO NOT WEAR ANY PPE’S OUTSIDE OF CLINIC AREAS (i.e., common areas such as elevators, hallways, and cafeteria)!

- Do not wear artificial nails or nail extenders.
- Open toed shoes are prohibited in clinical and laboratory areas.
- All providers must wear proper protective eyewear while in the laboratory and treating patients to prevent injury or contamination from blood, saliva or gingival fluids and when disinfecting environmental surfaces.
- Eyewear must be cleaned at the end of the appointment and if soiled disinfected.

PROTECTIVE GOWNS

- Must routinely wear (disposable) protective gowns to prevent exposure of the underlying skin and clean garments to blood and saliva.
- New (disposable) gowns must be changed when visibly soiled and/or worn for each patient treatment.
- Gowns are removed and put in laundry (or discarded) at the end of each patient treatment or when leaving the clinic area.

HANDWASHING TECHNIQUE

Before and after each patient treatment and after removing gloves:

- Remove all debris from hands and arms.
- Rinse hands under cool running water and apply antimicrobial soap, lather well.
- There is a 15 second minimum washing time for hands and fingers.
- Work soap around fingers and nails. Do not use a scrub brush because it may cause abrasions.
• Rinse thoroughly with cool running water (hot water opens pores and dilates capillaries).
• Dry hands with paper towels and use the towel to turn off the faucet.
• Cover cuts and abrasions with Band-Aids or finger cot until fully healed.
• If hands are not visibly soiled or sticky, they may be sanitized with an alcohol based hand rub.

GLOVES

• Gloves must be worn routinely while treating all patients and/or peers.
• Gloves are restricted to patient treatment areas. Always change gloves between each patient (single use only) and discard torn, punctured, discolored, tacky, cracked or damaged gloves, as these defects will compromise the barrier protection.
• Handwashing after glove removal is mandatory.
• Never leave the operatory wearing gloves.
• Latex gloves must not be washed
• Moisturizers can be useful in counteracting the effects of dryness caused by frequent handwashing. Be advised, petroleum based products including some moisturizers can compromise the integrity of latex gloves.

ALLERGY TO NATURAL RUBBER LATEX

If a latex allergy is suspected, the patient’s physician should be consulted for further evaluation, prior to dental treatment.

When treating a patient with a known allergy to NRL or at high risk, certain precautions must be taken. If the patient has a history of either a delayed or immediate hypersensitivity to natural rubber latex, vinyl or nitrile rubber gloves and dams must be used. In addition, latex-free forms of prophy cups, bite blocks, etc. should be used and thought should be given to treating the patient as the first appointment in the day in order to minimize exposure to airborne particles of latex.

According to the National Institute for Occupational Safety and Health (NIOSH), workers such as health care practitioners should take the following steps to protect themselves from latex exposures and allergy in the workplace:

• Use appropriate work practices to reduce the chance of reactions to latex.
• When wearing latex gloves, do not use oil-based hand creams or lotions (which can cause glove deterioration) unless they have been shown to reduce latex-related problems and maintain glove barrier protection.
• After removing latex gloves, wash hands with a mild soap and dry thoroughly.
• Take advantage of all latex allergy education and training.
• Become familiar with procedures for preventing latex allergy.
• Learn to recognize the symptoms of latex allergy; hives, flushing, nasal, eye, or sinus symptoms, asthma, and shock.
• If you develop symptoms of latex allergy, avoid direct contact with latex gloves and other latex-containing products until you can see a health care provider experienced in treating latex allergy.

If you have a latex allergy, consult your health care provider regarding the following precautions:

• Avoiding contact with latex gloves and other latex-containing products.
• Avoiding areas where you might inhale the powder from latex gloves worn by other healthcare practitioners.
• Informing your faculty supervisor that you have a latex allergy.
• Wearing a medical alert bracelet.

PATIENTS

It is program policy that these guidelines be followed for all patients.

MEDICAL HISTORY

Obtain a thorough medical history prior to any treatment but remember to treat all patients as potential carriers of infection from the initial to the last appointment! The medical history will be reviewed and updated at each visit. Specific questions should be asked regarding Medications, Current and Recurrent Illnesses, Hepatitis, HIV Infection, Intravenous Drug Use, Multiple Transfusions, Unintentional Weight Loss, Persistent Cough, Current TB Status, Lymphadenopathy, Oral Soft Tissue Lesions, and other infections. Consult the patient's physician as needed.

Blood, saliva, and gingival fluid from all patients must be considered infectious.

ENVIRONMENTAL DISINFECTION

ENVIRONMENTAL DISINFECTION = SPRAY + WIPE + SPRAY

1. Wash hands as directed.

2. Wear gloves and other personal protective equipment to minimize inhalation and exposure to chemicals in the disinfectant.

3. Clean out the lines; flush water from handpiece hose and air/water syringe for 2 minutes at the beginning of each day, flush 2-3 minutes to remove bacterial growth that may have accumulated in the lines overnight.

4. Disinfect the area. All surfaces and equipment touched by contaminated hands must be scrupulously cleaned and disinfected before seating each patient. An alternative is to use protective, disposable barriers. Disinfect the unit and surrounding area as listed below:
• Spray with disinfectant to pre-clean surfaces of bio-proteins. Disinfection is not effective without pre-cleaning. Warning: Do not spray around electrical switches; use gauze soaked in disinfectant and/or barriers.
• Wipe sprayed areas clean with paper towel to remove bio-proteins
• Spray again to disinfect and leave surfaces to air dry [should remain wet for recommended time to get the full effect of the residual action.]
• Note well: Do not use alcohol. It is not an effective "disinfectant" because it evaporates too rapidly and does not clean blood bioburden. An intermediate-level surface disinfectant [active against most bacteria, HIV, Hepatitis B and other hydrophilic viruses and TB equivalent microbes] for surfaces that are contaminated with body fluids, as well as small blood/body fluid spills will be used.

BARRIERS [B] or LIQUID DISINFECTANT [D] are used on the FOLLOWING ITEMS

• A protective covering or barrier is an acceptable alternative for protecting items and surfaces against contamination, especially equipment that cannot be sterilized and is difficult to disinfect. Note that it is necessary to clean the surfaces at the beginning and end of each day. Otherwise, place new barriers before each patient treatment. After each treatment, remove barriers carefully with gloves in order to prevent contamination. If a surface is visibly contaminated, disinfect.

• light switches (B)
• handles (B)
• plastic protective covering (D)
• dental unit bracket tray (B)
• arm (B)
• switches (B)
• handpiece holders and hoses (B)
• base of chair and foot pedals (D)
• air/water syringe tip (disposable)
• air/water syringe (B)
• chair headrest (B)
• arms (D)
• switches (B)
• suction system evacuation hose (D)/(B)
• saliva ejector (D)/(B)

5. Obtain disposables: barriers, tray covers, patient napkin, gloves, masks, headrest covers, suction tips and other items needed from the dispensary window/cart/cabinet. Take only materials necessary for each procedure. Apply barriers with clean hands.

6. Arrange unopened sterile cassettes handpieces on the bracket tray. Cassettes and handpieces are to be opened in front of patient/faculty and sterilization monitoring strip should be signed by the client.
7. Be prepared: set up all materials, instruments, and equipment before starting the procedure. In this way, you limit the number of visits to the dispensary (time management) and limit the necessity to reach into your tackle box (cross-contamination management).

8. Do not introduce any instrument or equipment into the oral cavity that has not been decontaminated appropriately.

9. Place radiographs on the view box or on monitor and review the chart. Avoid contact with patient charts during treatment.

**AT THIS POINT THE OPERATORY IS READY TO RECEIVE A PATIENT**

**DURING PATIENT TREATMENT: LIMIT CONTAMINATION**

Blood, saliva, and gingival fluid from all dental patients should be considered infectious.

"Universal (Standard) precautions" must be exercised at all times. Use high-speed evacuation when possible when using power scalers and proper patient positioning should be utilized to minimize generating of droplets and spatter.

Avoid contact with objects such as patient chart, pens, keyboards during patient treatment unless you remove gloves or use an overglove or paper towel as a barrier. Document treatment rendered in the chart only after removing gloves. Always use college pliers/forceps to obtain additional supplies from drawers during patient treatment. Prevent cross-contamination. 

**Eye protection must be worn by the patients.** Patients must wear their own eyeglasses or be offered eyewear to prevent injury during procedures. Always avoid passing anything over the patient’s field of vision. Many sharps incidents occur during dismissal of the patient or cleaning the operatory. To prevent such injury, remove potentially injurious sharps, (i.e. needles and inserts) immediately after their use.

**AFTER PATIENT TREATMENT**

All instruments, including handpieces must be sterilized between every patient.
Instruments: Wear heavy gloves and protective eyewear, to ultrasonic (not scrub) instruments in order to remove blood and debris. Carefully dispose of sharps (needles, scalpel blades, etc.) in the puncture proof containers.

While still in the operatory and wearing gloves, fit the contaminated instruments into the cassette so that none are sticking outside of the kit. If not done correctly, this can result in puncture wounds. Close and lock the cassette. Loosely rewrap soiled cassette in original sterilization wrap and secure with tape labeled BIOHAZARD, remove your gloves, wash hands and carry cassette package to Central Sterilization. Gloves are not to be worn outside the operatory.
Air/Water Syringe, power scaler units: Must be flushed for 15-30 seconds between patients. All AWS tips must be disposed of between every patient.

Single Use Disposables: Protective barriers, suction tip, saliva ejector/prophy angle must be discarded and not reused.

Operatory: Check the area/floor for blood, splatter, debris, impression material, cotton rolls, etc. on and around the unit, floor and sink. Remove contaminated barriers with gloves on. Barriers must be changed between patients. Clean and decontaminate all environmental surfaces.

CLEAN AND DISINFECT ALL ENVIRONMENTAL SURFACES IN PREPARATION FOR THE NEXT PATIENT

AT THE END OF THE DAY

Raise the chair and place the rheostat on a paper towel on top of the seat. Warning: To prevent possible water damage, make sure that you shut off the master switch and the suction. Clean evacuation system by flushing with disinfectant.

•EVERYTHING THAT CAN BE STERILIZED MUST BE STERILIZED!

Prepare and monitor instrument processing according to CDC guidelines and OSHA regulations. Those who reprocess instruments must wear appropriate PPE for tasks that include potential for exposure to blood or body fluids. Heavy duty gloves are worn for handling sharps; fluid resistant gowns/aprons and mask/goggles or full face shields are worn when there is risk of contaminated fluid splash.

STERILIZATION OF HANDPIECES

All handpieces and ALL attachments (including non-disposable BURS) must be sterilized after use. This includes those being sent out for repair.

DISPOSAL OF WASTE MATERIALS

The following items identified by OSHA are to be treated as "regulated waste" and must be placed in the container lined with the red biohazard bag.

• blood or other potentially infectious materials (OPIM) such as saliva;
• items contaminated with blood or OPIM that would release these substances in a liquid or semi-liquid state if compressed (e.g., gauze squares or cotton rolls saturated or dripping wet with blood or saliva);
• items that are caked with dried blood or OPIM that are capable of releasing these materials when handled;
• pathological and microbiological wastes.
USE, CARE, AND DISPOSAL OF SHARPS

In addition to physical harm, emotional trauma may be a consequence of injuries sustained as a result of careless handling of contaminated sharps.

Sharps include:

- syringe needles
- scalpel blades
- burs
- orthodontic wires
- metal matrix material
- suture needles
- local anesthetic carpules
- broken glass.

All instruments and materials classified as sharps should be handled carefully to prevent injury. All sharps must be placed in the puncture resistant sharps container. It is illegal to dispose of sharps in the regular trash!

**Used needles should never be recapped** or otherwise manipulated by using both hands or any other technique that involves directing the point of a needle toward any part of the body.

A one-handed scoop technique, a mechanical device designed for holding the needle cap to facilitate one-handed recapping, or an engineered sharps injury protection device should be used for recapping needles between uses and before disposal.

Dental Health Care providers should never bend or break needles before disposal because this practice requires unnecessary manipulation. Before attempting to remove needles from nondisposable aspirating syringes, providers should recap them to prevent injuries.

For procedures involving multiple injections with a single needle, the practitioner should recap the needle between injections by using a one-handed technique or a device with a needle-resheathing mechanism.

**LOCAL ANESTHETIC ARMAMENTARIUM**

Use a sterile syringe, a new disposable needle, and new anesthetic solutions for every patient. Since an individual patient may require multiple injections of anesthetic or other medications from a single syringe, a number of techniques can be used to minimize the likelihood of injury:

1. Needle Recappers are REQUIRED.
2. At all times avoid operator exposure to contaminated sharps.
3. Do not leave the syringe on the bracket tray with the needle hanging off the side.
NEEDLESTICK AND SHARPS EXPOSURE PROTOCOL

Occupational Exposure Definition

Exposure of a dental health care worker (exposed individual) to patient's (source patient) blood may happen by:
1. Being stuck with a contaminated needle.
2. Receiving a puncture wound from a contaminated sharp dental instrument.
3. Having the patient's saliva and/or blood come in contact with the health care worker's open wound, non-intact skin or mucous membranes.

If you have been exposed to potentially infectious blood or saliva via a needlestick or a sharp dental instrument, or via a splash or spill to eyes, mouth, or non-intact skin, IMMEDIATELY:

- WASH THE AREA thoroughly with soap and water.
- If eyes or mouth are contaminated, flush vigorously with water for 15 minutes.
- NOTIFY YOUR INSTRUCTOR / CLINICAL SUPERVISOR.
- Complete the ACCIDENT REPORTING AND TREATMENT FORM available from the Clinic Coordinator.
- Your instructor/supervisor should EXPLAIN THE ACCIDENT TO THE PATIENT and obtain the patient’s permission for blood testing. The patient should be asked to report to the hospital for HBV, HCV and HIV testing with counseling and follow-up.

Immediate reporting is extremely important. DO NOT WAIT! If antiviral medication is indicated, it should be started AS SOON AS POSSIBLE, ideally not more than an hour or two after the exposure.

Go to Trinity Corporate Health at 821 South 25th Street, Fort Dodge, Iowa telephone number 574-6810.

See page 100 for necessary forms

BURS AND ULTRASONIC SCALER TIPS

Remove burs from the handpiece and sonic immediately after use. These sharp items, when not in use can be a source of injury.

MATRIX BANDS

When placing metal matrix bands on a tooth, a cotton roll or 2x2 gauze can be placed on top of the band when using finger pressure to seat the band. Gauze or pliers should be used when removing matrix bands.
BROKEN GLASSWARE

Broken glass should never be picked up by hand. Use a dustpan and broom or a piece of cardboard to recover the broken glass. Dispose in the sharps container.

RADIOGRAPHIC EQUIPMENT

1. Use appropriate personal protection - gloves, mask, and protective eyewear when necessary.
2. Disinfect the operatory, countertop, x-ray unit, lead apron/thyroid collar, chair, controls before and after each patient.
3. Use protective barriers on the cylinder, tube head, chair controls, knobs and buttons on the control panel, and view box and doorknobs.
4. All Rinn instruments (bite blocks, metal arms, rings) must be sterilized between patients.

LABORATORY ASEPSIS AND DISINFECTION OF IMPRESSION MATERIALS

PROTOCOL

For safety reasons, NO laboratory work is to be performed outside Iowa Central Dental Hygiene laboratory.

All impressions and bite registrations must be thoroughly rinsed with cold running tap water as soon as they are removed from the mouth to remove saliva, blood, and debris. They must be disinfected using the appropriate techniques described below before they are cast in plaster or stone.

NATURE OF MATERIAL: METHOD OF DISINFECTION

Alginate (Jeltrate) impressions: Rinse, gently tap away excess water, spray with appropriate disinfectant, and place while still wet into a zippered bag for 10 minutes. Do NOT allow to dry. Remove, rinse, and pour immediately. Reusable trays must be sterilized.

For all intra-oral devices before delivery (nightguards, bleach trays): thoroughly clean. Spray thoroughly with appropriate disinfectant and place in an airtight plastic bag for 10 minutes. Rinse well.

CLEANING PROSTHETIC DEVICES:

All prosthetic devices and appliances that are taken from the patient’s mouth must be rinsed immediately under running tap water and then cleaned.
Appliances should be cleaned in an ultrasonic devise after disinfection for 10 minutes. They should be placed in a zippered bag and covered with a Tartar and Stain Remover. The bagged appliance should be run in the ultrasonic for 10 minutes or longer. It should be thoroughly rinsed and returned to the client.

All appliances or impression trays must be disinfected when transporting.

Equipment such as spatulas and various types of knives such as Buffalo knives must be disinfected after use.

**LABORATORY PROTOCOL**

All materials brought from the dental operatory to the dental laboratory must be disinfected appropriately before entry and vise versa.

Make sure bowl and all surfaces of mixing blades are thoroughly cleaned and disinfected to prevent cross-contamination of materials.

**COUNTERS**

Before working, cover counters with paper: After working, discard paper and clean the area. Pick up trash from floor and counters and discard. This includes the sink area!

**ULTRASONIC MACHINES**

To remove tartar and stains, place disinfected appliance in same zippered bag with tartar-stain remover, close bag, and set into beaker in ultrasonic machine in sterilization.

**MODEL TRIMMERS**

After use, wait for the water to run clean before shutting off machine. Flush metal plate with water.

**PROTOCOL FOR WORKING IN THE LABORATORY:**

1. Always wear appropriate protective clothing.
2. Wear OSHA approved eye protection.
3. Wash hands frequently.
4. No food or drink allowed.
5. No open toed shoes.
RADIATION SAFETY

Only dentists, dental hygienists, certified dental assistants, other personnel who are certified, and students who have completed sufficient training on manikins are permitted to make patient exposures.

- Dentists employed as faculty are authorized to operate X-ray equipment.
- Registered dental hygienists are authorized to operate X-ray equipment.
- Any other staff must also complete a radiology certification program to operate any X-ray equipment.
- Students must complete the Radiology Laboratory training to a satisfactory level before being allowed to make X-ray exposures on patients. Faculty supervision is required.

Courses that use X-ray equipment by students lacking certification must be supervised by a member of faculty.

PREGNANCY

Any X-ray operator who is pregnant may voluntarily declare her pregnancy and the estimated date of conception in writing to the Dental Hygiene Coordinator. Thereafter, her occupational radiation exposure shall be limited to 0.5 mSv (0.05 rem) per month as required by the NRC (National Regulatory Commission.)

PATIENTS

It is the responsibility of the dentist and/or patient’s health care provider to decide whether the risks to her or to a known or potential unborn child are acceptable.

EXPOSURE CRITERIA

- All radiographs are prescribed by a dentist.
- All prescriptions are made after determining the patient’s need by reviewing the medical and dental history and by performing a clinical exam. The selection criteria follows those recommended was developed by representatives of various dental and federal agencies.

SELECTION CRITERIA

- If prior radiographs are available, they are obtained and evaluated prior to taking new radiographs.
- Radiographs are made only on patients who are capable of complying with the procedure.
- No radiographs are taken on a routine basis.
• Radiographs solely for teaching, training, insurance, or other administrative purposes are not permitted.
• Students must become proficient in intra-oral techniques on mannequins prior to exposing patients.
• Retakes are taken after the dentist’s evaluating the initial film, which does not meet diagnostic criteria, and after determining the technical error. Supervision of faculty to aid in the correction of the error is required.
• **Retakes without permission is not allowed and may be grounds for suspension or termination from the program.**
• All radiographic interpretations are noted in the patient’s chart.

**SAFETY PROCEDURES**

• All patients are draped with lead aprons and, where the technique allows, thyroid collars.
• E-speed intra-oral film is used
• No person other than the patient is allowed to be in the X-ray operatory during the exposure.
• Extra-oral exposures employ screen-film combinations of the highest speed consistent with their diagnostic purpose.
• The operator stands behind adequate barriers when exposing a film.
• Film holding devices, particularly the Rinn equipment, are to be used.

**OPERATOR SAFETY**

• Do Not Hold the Film in the Patient’s Mouth
• Wear Radiation Badges
• Obey the Position and Distance Rule: 6 Feet from the Patient 90° - 135° to the Central Beam

**PATIENT SAFETY**

• ALARA: As Low As Reasonably Achievable
• Take films by prescription: only when necessary
• Use fast-speed film
• Use proper processing procedures and adhere to quality assurance measures
• Place lead apron and thyroid collar on every patient
• Have adequate filtration
• Use collimation

**RADIATION MONITORING**

• Monitoring of all personnel who are involved in radiographic procedures is required. Badges are to be worn during clinic hours.
• Badges are to be worn during clinic hours on the body between the collar and the waist while exposure is expected to be at its highest. Do not take badges home.
Dosimetry reports are gathered monthly and filed in the department and are open for inspection. Maximum radiation doses allowed are not to exceed those recommended by the NCRP, and preferably much lower.

Treatment Record

- The clinician records the date of exposure, the type and number of films taken, any retakes which are exposed and the reason, and any difficulties which occurred during this procedure.
- Signatures by both the student and the faculty are documented.

Radiographs

- All radiographs are mounted and labeled with the patient’s name and date and student name.
- The right and left side is noted on panoramic, other extra-oral films, and on duplicates.
- The films are stored in the chart in the pocket marked “radiographs.”
- Patients who request their films are provided with a duplicate for a fee. Original radiographs remain with the patient’s chart.

RADIOLOGICAL EQUIPMENT

- Iowa Central Dental Hygiene Clinic is in full compliance with state and federal laws pertaining to radiation safety.
- X-ray equipment has adequate barriers for the operator. This includes either lead lining of the walls and doors or a portable lead barrier in areas where the doors do not close or are not present. All have a transparent leaded panel to permit a safe view of the patient during exposure.
- The target-to-skin distance for intra-oral radiography is not less than 8 inches.
- Exposure control switches are the deadman type and is positioned behind the barrier. All radiation emission terminates after the preset time of exposure.
- Radiographic viewing is accomplished with equipment such as dim background lighting where possible, masked view boxes, opaque mounts, and magnifying glass.
- Information regarding each X-ray unit and processor, its installation date, calibration reports and all repairs are maintained by and are kept in the Department.

LEAD APRONS

- Are to be used with every patient and every exposure.
- Are hung upon hooks.
- Are not folded.
QUALITY ASSURANCE

Records are maintained and filed in the Dental Hygiene office with the following information:

- periodic calibrations of X-ray tube output
- dates and actions to correct any fluctuations of the X-ray equipment output
- exposure at the end of the PID tests
- a description of the room housing the X-ray unit
- Public Health inspection certifications
- Record of all retakes recorded in log

RADIOLOGICAL INFECTION CONTROL AND SAFETY

- All patients are treated as potentially infectious.
- Proper personal protection equipment is worn including gloves, masks, and lab coats.
- Proper handwashing procedures are adhered to before and after patient contact.
- All equipment is sterilized between patients.
- The x-ray room and unit is appropriately barriered.

CLINICAL RESPONSIBILITIES

Entering the clinic is the culmination of the practical aspect of your professional education. It is both rewarding and challenging, and it is a privilege all of us must approach with a high degree of professionalism and dedication to the "patient first" philosophy. Neglect or abuse of a patient may result in withdrawal of clinic privileges and/or dismissal from the program.

At this time in your career, you have an opportunity to develop your professional identity. The following pages contain policies and protocols to assist you in the development of your clinical and professional skills.

- Protective clinical gear is restricted to clinical areas only. Clinical faculty will reinforce this policy. Students who do not adhere to the policy will not be allowed in any of the clinical areas for patient care.

CLINICAL GUIDELINES

- Evidence of informed consent (including written evidence) prior to receiving treatment.
- Patient’s chief complaint will be addressed.
- Patient will have a comprehensive dental hygiene treatment plan.
- Patient will receive intra-oral and extra-oral head/neck examination.
- All charts will contain adequate and up-to-date patient identification information. Patient’s diagnosis will be recorded in the chart.
• Charting must be completed and reviewed by clinical faculty prior to dismissal.
• The patient will be given information regarding risks and benefits of treatment and non-treatment.
• All charts will have medical history updated within the last calendar year.
• Charts will have diagnostic-quality radiographs
• All type and amount of local anesthesia will be properly documented.

DENTAL CLINIC OPERATING PROCEDURE

Upon arrival to the clinic:
1. Clinical Assistant (CA): Turn on lights as well as dental compressor, suction pump, x-ray processor, view boxes, x-ray machines.
2. Put fresh water in x-ray processor and change solutions according to manufacturer recommendations or indicated.
3. Make sure equipment is in working order. If not, inform the coordinator.
4. Check water on the autoclave. Add water if needed.
5. Place fresh ultrasonic cleaning solution or enzyme tablet within the ultrasonic cleaner.
6. Place fresh water treatment tablet into reservoirs.

When seating a patient:
1. Welcome patient to the clinic and escort patient to the dental operatory.
2. Assist patient in being seated if necessary and getting comfortable.
3. Ask if there are any questions.
4. Make sure consent forms are signed and understood.
5. Place patient napkin.
6. Review and place patient chart in operatory and open to health history form, verbally ask if there are any changes and sign as you review.
7. Open and inspect instruments and have patient sign monitoring strip.
8. Give patient protective eyewear.
9. If taking x-rays, always utilize x-ray apron and hang it up on the hooks after each use.
11. Make sure the name, date of birth as well as the date is on the mount prior to placing in processor.
12. Place current x-ray(s) mounted on view box or monitors in operatory.
Upon dismissing patients from operatory, please:
1. Remove patient napkin.
2. Escort patient from dental operatory to front desk, make sure all forms are to receptionist.
3. Disinfect dental operatory by removing all instruments and disposable items while wearing heavy gloves.
4. Assist with instrument processing.
5. Spray-wipe-spray the surfaces; including the chair, counter tops, that was not barriered and possibly was contaminated.
6. Clean surfaces contaminated with blood and other bodily fluids.
7. Spray all work surfaces with surface disinfectant.
8. Let spray set for at least 3 minutes and wipe clean all work surfaces.
9. Run suction with oral evacuation system cleaner as needed.
10. Place fresh disposables on appropriate surfaces barrier such as chair covers, light handle covers.
11. Drain the water from the ultrasonic, handpieces and run water lines after each patient for 15-30 seconds.

Before closing clinic (CA)
1. Turn off view boxes.
2. Turn off x-ray machines.
3. Turn off the compressor remove waste trap and rinse dental vacuum pump.
4. Run last load of instruments through autoclave.
5. Change traps in each operatory once every two weeks.
6. First Monday of an odd number month, check mercury kit, spill kit, and med kit and log information.
7. Universal precautions (lab coat, safety glasses, and masks) should be worn with all patient care, instrument transfers. Prescription eyewear should be worn with safety shields.
8. Identification and radiation badge should be worn at all times.
PATIENTS' RIGHTS AND RESPONSIBILITIES

IMPORTANT INFORMATION FOR IOWA CENTRAL DENTAL HYGIENE CLIENTS

Please read the following, it contains information regarding Iowa Central Community College Dental Hygiene Clinic’s philosophy of patient care and rights as a patient.

EVERY PATIENT HAS THE RIGHT TO:

- High quality dental care
- Considerate, respectful and confidential treatment
- Advance knowledge of cost and financial responsibility for treatment
- An explanation of proposed treatment, alternatives, advantages and disadvantages of various treatment, limitations to proposed treatment and risks of no treatment. (Informed consent)
- Refusal of treatment recommendations
- Personnel that are in compliance with Infection Control Standards. (Infection Control Policy available on request)
- Protective eyewear
- Receive treatment that meets the Standard of Care of Dentistry
- Comprehensive care
- The opportunity to ask questions

________________________________________  __________________________
Patient Signature                           Date

OVER
Client Responsibility to the Iowa Central Dental Hygiene Clinic

As a patient of Iowa Central Dental Hygiene Clinic I have the responsibility to:

1. Provide, to the best of my knowledge, accurate and complete information about current medical complaints, past illnesses, hospitalizations, medicines and other issues relevant to my care, and changes to these.
2. Inform my provider promptly if I do not understand information relating to my care and treatment or I receive instructions that I cannot comply with.
3. Keep appointments, or telephone when I cannot keep a scheduled appointment.
4. Observe the no smoking policy.
5. Follow the clinics rules and regulations.
6. Accept responsibility for my actions, if I refuse treatment or do not follow my provider’s instructions.
7. Be considerate of other patients and Iowa Central Community College property.
8. Show courtesy and respect to faculty and students.
9. Behave reasonably and appropriately, showing respect for the professional atmosphere of the clinic.
PATIENT CONFIDENTIALITY POLICY

Information known or contained in the patient’s dental record shall be treated as confidential and will be released in appropriate circumstances only with the written consent of the patient or legal guardian. All persons providing services at Iowa Central Dental Hygiene Clinic who have access to information concerning patients must hold such information in strict confidence.

Procedure
I. Discussions/Conversations:
In the provision of quality care, dialogues involving patient care and treatment are inherent; however, discretion in public areas is very important. It is the responsibility of all to refrain from discussing patients in inappropriate places, e.g. elevators. This information should not be disclosed with anyone except those with a legitimate need to know the information in connection with patient care. Confidential information should never be discussed with anyone outside of the clinic. Conversations regarding patients in elevators and/or public areas are considered a breach of patient confidentiality.

II. Records
Information generated through contact between patients and health care providers at Iowa Central Dental Hygiene Clinic is confidential. This confidentiality extends to all forms and formats in which the information is maintained and stored, including, but not limited to, hard copy, photocopy, microfilm, or automated/electronic form. The information on a patient’s dental chart is confidential and should not be disclosed without the patient’s knowledge and consent. There are occasions when there is a legal obligation or duty to disclose information. In order to protect the confidentiality of patient information and control dental records in the dental treatment areas, dental records must be signed out for authorized use.

III. Protocol for Release of Patient Information:
All information contained in the patient’s record is confidential and shall be disclosed only to authorized persons in accordance with this policy. All requests for copies of information shall be handled by the Department.
CONFIDENTIALITY

In keeping with professional ethics, any information may not be discussed or divulged with others outside the professional setting. A breach of confidentiality violates the rights of clients and jeopardizes the student’s status in the program and may lead to legal action. A confidentiality contract will be signed upon entry into the program and renewed annually.

The Patient’s Right to His/Her Record:

Although the dental record is the property of Iowa Central Dental Hygiene Clinic, the patient has the right of access to information contained within the dental record. If the patient requests copies of his/her record, upon presentation of a signed patient authorization and proper identification the Department will process the request.

All diagnostic materials including radiographs must remain in the patient's record. Patient records are vital in monitoring patient care and are used for legal purposes and may be read verbatim in court. In the interest of professional dignity and good taste, patient records should be free of facetious remarks and uncomplimentary comments.

Progress notes must be entered at the time of treatment. All progress notes must be written in ink and legibly signed by the student and faculty member with degree noted.

Under no circumstances should any portion of the record be removed. The removal of portions of the record for any reason is a very serious issue. The loss of any portion of a record, particularly radiographs, may imply that they were removed deliberately in order to suppress evidence of patient care.

Records are the property of Iowa Central Community College Dental Hygiene Clinic. All patient records must remain in the clinic premises. Removal of a patient record, or any part of it, from the clinic is a major offense and may result in disciplinary action.

The person who signs out the record is responsible for returning it. No record is to be given to another student.

All records signed out by students must be returned to the reception desk at the end of each session.

Faculty will perform record reviews according schedule.

RECORDKEEPING PROCEDURES

Making accurate and complete record entries is a crucial area of professional responsibility in which students entering the clinical phase of their training must rapidly
discipline themselves. A record entry must be made for every patient interaction that occurs and all relevant opinions or comments expressed by the patient regarding his/her treatment.

The dental record is a legal document and is primary evidence if legal action is taken against an institution or private practitioner. It therefore should document sound clinical judgment on the part of students and faculty and demonstrate that measures were taken to ensure patient comfort and the safety and success of all treatment rendered.

The patient record is the mechanism by which insurance claims are filled out, itemized statements prepared, and charges are reviewed for accuracy. In order to determine charges accurately, the details of each procedure must be recorded accurately. Charting must be completed prior to patient dismissal.

The patient record is often the sole source of vital facts concerning patient treatment status.

ALWAYS include the following information (when relevant) in record entries in ink:

- Legibly record the date of treatment and treatment rendered in the record. Note every date of patient visit, missed appointment, etc.
- Note the type and amount of all drugs (anesthesia) administered and/or prescribed.
- Describe the procedure in detail. Include such information as tooth number and surfaces, type (brand name) and amount of materials used, precise location, etc.
- Note complications, if any. Indicate awareness of medical complications if warranted.
- Detail any instructions to a patient.
- Note all patient comments, positive or negative, in quotations. Any substantive communication between patient and student or staff should be indicated.
- Note of all consultations and name of person giving information.
- Signature of student in ink.
- Signature of faculty members with their degree in ink.

If there is any doubt as to how to describe or write up a patient encounter, request assistance from a faculty member.

Records for patients with appointments will be available at the reception desk. STUDENTS WILL NOT BE PERMITTED BEHIND THE RECEPTION DESK TO RETRIEVE RECORDS.

No patient may be seen unless the patient’s record is present in the operatory.
GUIDELINES FOR THE STUDENT /PATIENT RELATIONSHIP
(as adapted from the University of Nebraska School of Dentistry)

- DO be professional and courteous at all times.
- DO identify yourself (spell your name) and the College when in conversation with your patients. Identify yourself as a student and the school as a teaching institution.
- DO inform your patient of the proposed treatment alternatives and get his/her informed consent.
- DO document in the chart all patient visits, missed or broken appointments, correspondence and problems. Have an instructor co-sign.
- DO make sure that the operatory is clean and disinfected before you seat your patient and after your patient is dismissed.
- DO have the appropriate instructor check the treatment procedures and sign the record.
- DO avoid arguments with the patient; solicit faculty assistance immediately.
- DO return patient phone calls promptly.
- DON’T cancel appointments, if possible.
- DON’T do any unauthorized treatment.
- DON’T provide patient care without permission or without an instructor in the clinic.
- DON’T criticize any treatment rendered by a patient’s previous dentist.
- DON’T forget that you are a student and have limited experience! Seek your instructor’s guidance.
- DON’T promise anything you can’t deliver.

If you have a patient management problem and need assistance please notify your instructor.

PATIENT ELIGIBILITY

Iowa Central Dental Hygiene Clinic is an educational institution that provides preventative and oral hygiene patient treatment. In general, all persons who are able to afford the time and the cost will be treated at the school.

Furthermore, patients whose medical or emotional management would be beyond the ability of the student in a school setting may not be accepted for treatment.

New Patients
Appointments for new patients for consultations, radiographs, or hygiene services are usually scheduled by the Dental Hygiene student. Appointments may be scheduled by contacting the clinic receptionist.
PATIENT ASSIGNMENT PROCEDURES
All patients are screened by the student and faculty and categorized according to the complexity of their dental hygiene needs. Student assignment may be made by the clinic instructors and is linked to the need of providing appropriate clinical experience to students based on their need to achieve and maintain clinical competency.

CONTINUING CARE PROTOCOL

Continuing care during and after active therapy is an integral part of comprehensive dental hygiene treatment. The initial continuing care interval is established at the time of reevaluation after initial therapy. Subsequent continuing care intervals will be established as diagnosis dictates.

It is the student’s responsibility to be familiar with the patient’s medical history and any precautions that need to be taken. It is policy that patient medical histories be updated and reviewed by faculty annually or as often as necessary.

All continuing care cards are the property of Iowa Central Community College Dental Hygiene program and are not to leave the premises. All cards are to be turned in upon graduation or otherwise leaving the program.

PREMEDICATION

When patients requiring a premedication need to be appointed sooner than ten days, a different antibiotic should be prescribed for the second visit.

For example: Patient MO is seen today, 9/10, and will come back on 9/14. Today she takes two grams of Amoxicillin. For her second visit we will prescribe Azithromycin 500mg 1 hour prior to appointment. Prescribing a different antibiotic ensures that the patient will not develop significant resistance to Amoxicillin.
REQUIREMENTS
Program Patient requirements

<table>
<thead>
<tr>
<th>Patient Category</th>
<th>Program Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child (0-9)*</td>
<td>7</td>
</tr>
<tr>
<td>Adolescent (10-17)</td>
<td>7</td>
</tr>
<tr>
<td>Adult (18-54)**</td>
<td>26</td>
</tr>
<tr>
<td>Geriatric (55+)</td>
<td>12</td>
</tr>
</tbody>
</table>

*Requirements for child patients: Must have DDS exam, at least a toothbrush prophy, biofilm removed, parent education, fluoride if indicated by instructor or DDS

**Fully Edentulous patient does not count toward patient requirements. Patients must have at least one erupted tooth to qualify as a patient.
Iowa Central Community College Dental Hygiene Program Competencies

<table>
<thead>
<tr>
<th>DHY 174 Principles of DH</th>
<th>DHY 180 DH I-Clinic</th>
<th>DHY 280 DH II-Clinic</th>
<th>DHY 292 DH III –Clinic</th>
<th>DHY 302 DH IV-Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Asepsis: Personal Protective and Hard Surface Disinfection</td>
<td>1. Intra/extra oral assessment</td>
<td>1. Air polishing</td>
<td>1. Patient Assessment (2)</td>
<td>1. Instrumentation (3)</td>
</tr>
<tr>
<td>2. Patient-Operator Positioning @ Mouth Mirror</td>
<td>2. (4) sealants</td>
<td>2. Power scale</td>
<td>2. Case Study</td>
<td>2. Impressions (1)</td>
</tr>
<tr>
<td>5. Extra Oral Examination and Intra Oral Examination</td>
<td>5. Area specific curettes</td>
<td>5. Periodontal dressing</td>
<td>• Impression process</td>
<td>(AAP III – Calculus 2)</td>
</tr>
<tr>
<td>7. Polishing</td>
<td>7. Posterior sickle</td>
<td>7. Chemoth-erapeutic application</td>
<td>• One set of study models</td>
<td>(to be evaluated with case presentation)</td>
</tr>
<tr>
<td>8. Topical Fluoride Technique</td>
<td>8. Anterior sickle</td>
<td>8. Chart audit</td>
<td>• Treatment plan</td>
<td>7. Periodontal Assessment (1) AAP III or greater</td>
</tr>
<tr>
<td>10. ODU Explorer</td>
<td>10. Hard tissue Assessment</td>
<td>10. Quadrant Debridement (1)</td>
<td>• Intraoral photographs</td>
<td>9. One set of study models/wax bite (to be evaluated as part of case presentation)</td>
</tr>
</tbody>
</table>
| 11. Gracey Curets #1/2, #11/12, # 13/14 | 11. Calc detection | 11. (1)FM | 3. Instrumentation | 10. Two sealants
11. Two FMX |
| 13. Instrumentation | 13.FM Deplaquing/ selective polishing | 13. Local Anesthesia (see LA) | 5. Periodontal Debridement (2) (Full mouth and quad) | 13. One panoramic |
| | | | 12. Two Full Mouth Radiographic Surveys | |
| | | | 13. One panoramic survey | |
| | | | 14. BWX series: 4 sets of four (one must be vertical); | |
| | | | 15. Radiographic Interpretation (with D.D.S) | |
| | | | 16. Chart Audit | |
| | | | 17. Child (1 performance eval) | |
| | | | 18. Adolescent (1 performance eval) | |
| | | | 19. Adult (1 performance eval) | |
| | | | 20. Geriatric (1 performance eval) | |

* It is and will continue to be the policy of the Iowa Central Dental Hygiene program to use student partners in the learning process. This includes local anesthesia, nitrous oxide and peer instrumentation.
* No clinical competencies or requirements will be accepted if on a DH student peer.
## Radiographic Surveys

<table>
<thead>
<tr>
<th>Types of Survey</th>
<th>Manikin</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Mouth</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent dentition</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Mixed dentition</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Primary dentition</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Edentulous (partially)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td><strong>Bitewing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent dentition</td>
<td>4</td>
<td>14 (sets of 4 - 2 sets of 4 VBW)</td>
</tr>
<tr>
<td>Mixed dentition</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Primary dentition</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Occlusal Radiographs</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Extra-oral (Panoramic)</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>
Radiographic Technique Grade Sheet

#Retakes ___ DDS Signature _______
BW ____ FMX ____ PA ____ OCC ____ Pano ___ Technique Utilized Bisecting or paralleling

Patient: ____________________________Student: _________________________________
Circle : Child  Adolescent  Adult  Geriatric Rad Lab/Clinics I & II 80% Clinic III 85% Clinic IV 92%

Circle the Pertinent Characteristics Below
Occlusion____________ Date: ________________

<table>
<thead>
<tr>
<th>Mouth Size</th>
<th>Tori</th>
<th>Vault Shape</th>
<th>Gag Reflex</th>
<th>Oral Habits</th>
<th>Cooperation</th>
<th>Case Difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large</td>
<td>Lingual</td>
<td>Flat</td>
<td>Yes</td>
<td>Tongue</td>
<td>Uncooperative</td>
<td>Average</td>
</tr>
<tr>
<td>Medium</td>
<td>Palatal</td>
<td>Normal Deep</td>
<td>No</td>
<td>Bruxism</td>
<td>Cooperative</td>
<td>Difficult</td>
</tr>
<tr>
<td>Small</td>
<td>Other</td>
<td>Narrow</td>
<td></td>
<td>Other</td>
<td></td>
<td>Very Difficult</td>
</tr>
</tbody>
</table>

Mark the number of the problem/solution in the appropriate box below. (Students bottom box/ Faculty top box)

Maxillary

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

Bitewing

<table>
<thead>
<tr>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
</tr>
</thead>
</table>

Mandibular

<table>
<thead>
<tr>
<th>14</th>
<th>13</th>
<th>12</th>
<th>11</th>
<th>10</th>
<th>9</th>
<th>8</th>
</tr>
</thead>
</table>

Problems

1. film backwards
2. elongation
3. foreshortening
4. concut
5. overlapping
6. no image
7. blurred image
8. no apical area
9. not centered
10. black film
11. stains
12. dimple not on occlusal
13. placed too far forward
14. placed too far back
15. placed too far back
16. image moves off film
17. over exposed
18. under exposed
19. double exposed
20. under exposed
21. film bent
22. other

Solutions

a. place film more apical
d. turn radiographic unit on
b. turn film around
c. touch only corners
e. center film
f. decrease vertical angulation
1. increase vertical angulation
g. aim beam directly between teeth
2. keep tube head & client still
h. keep light away from film
3. increase vertical angulation
i. increase vertical angulation
4. reposition film in holder
j. position PID over film
5. no contamination
k. keep light away from film
6. place film more anteriorly
l. position PID over film
7. blurred image
m. no contamination
8. place film farther from the tooth
n. position PID over film
9. not centered
q. adjust exposure
p. place film farther from the tooth
r. remount film in correct area
10. black film
s. only expose once
t. other
11. stains
u. other
12. dimple not on occlusal
v. other
13. placed too far forward
w. other
14. placed too far back
x. other
15. placed too far back
y. other
16. image moves off film
z. other
17. over exposed

Panoramic Assessment: Circle the appropriate evaluation for the film.
1. Correct 2. Too far forward 3. Too far back
4. Client Twisted/turned
5. Client Tilted
6. Chin tipped too low
7. Chin Tipped too high
8. Client slumped
9. Artifacts present
10. Other

FMX = 80 Pts 4BW = 30 pts 2BW = 30 pts Pano = 20 pts Occ = 10 points

# of errors_____ Grade_____ Instructor Signature_____________________

- minus 4 points for each major error requiring a retake (retakes may only be taken with faculty authorization)
- minus 2 points for each technical error not requiring a retake; for not recognizing a film error; for each mounting error, misinterpretation, form not complete/errors and for incorrect labeling.

Pass = 80% Clinic I & II; 85% Clinic III; 92% Clinic IV
## Radiographic Acceptability Criteria

<table>
<thead>
<tr>
<th>Radiograph</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maxillary Molar</td>
<td>Include the distal of the second premolar. Include the entire 3rd molar including the tuberosity. <strong>Show 3mm apical and distal to most distal root. Open at least one molar contact.</strong></td>
</tr>
<tr>
<td>Maxillary Premolar</td>
<td>Include the distal 1/3 of the canine. Open the contact between the premolars. At least 3 mm bone visible beyond apices.</td>
</tr>
<tr>
<td>Maxillary Canine</td>
<td>Center the lateral and canine contact. Open the contact between lateral and canine. At least 3 mm bone visible beyond apices.</td>
</tr>
<tr>
<td>Maxillary Lateral Incisor</td>
<td>Center the lateral and central contact. Open the lateral and central contact. At least 3 mm bone visible beyond apices.</td>
</tr>
<tr>
<td>Maxillary Central Incisor</td>
<td>Midline centered on film. Open the contact between the two central incisors. At least 3 mm bone visible beyond apices.</td>
</tr>
<tr>
<td>Mandibular Molar</td>
<td>Include the distal of the second premolar. Include the entire 3rd molar including the retromolar pad. <strong>Show 3mm apical and distal to most distal root.</strong></td>
</tr>
<tr>
<td>Mandibular Premolar</td>
<td>Include the distal of the canine. Open the contact between the premolars. At least 3 mm bone visible beyond apices.</td>
</tr>
<tr>
<td>Mandibular Canine</td>
<td>Center the canine and lateral contact. Open the contact between canine and lateral. Apical 1/3 of roots not overlapped. At least 3 mm bone visible beyond apices.</td>
</tr>
<tr>
<td>Mandibular Central Incisor</td>
<td>Center the midline. Open contact between 24 and 25. Apical 1/3 of roots free of overlap. At least 3 mm bone visible beyond apices.</td>
</tr>
<tr>
<td>Horizontal BW – Premolar</td>
<td>Include the distal of anterior most canine. All premolar contacts open. Equal amount of crestal bone visible in both arches.</td>
</tr>
<tr>
<td>Horizontal BW Molar</td>
<td>Include distal of mandibular premolar. <strong>Include last erupted tooth.</strong> Majority of molar contacts open. Equal amount crestal bone visible in both arches.</td>
</tr>
<tr>
<td>Vertical BW Premolar</td>
<td>Include the distal of anterior most canine. All premolar contacts open. Equal amount crestal bone visible in both arches.</td>
</tr>
<tr>
<td>Vertical BW Molar</td>
<td><strong>Radiograph should be positioned to include the last erupted tooth.</strong> Majority of molar contacts open. Equal amount of crestal bone visible in both arches. The distal of the premolar is visible on the radiographs except in situations when a third molar is present.</td>
</tr>
</tbody>
</table>

Bold text identifies most significant criteria.

Film should stand independently
Daily Clinic Evaluation (DCE) Form Instructions

This form is to be filled out on each clinic patient. Use one DCE form for each patient each clinic to completion.

- Acceptable
- NI- needs improvement
- CE- critical error (patient does not count towards requirements)
- NA- not applicable

Clinical Evaluation Form

- Fill in the date
- Fill in Student Name
- Fill in Patient Name
- Indicate which clinic session.
- Case Type: Select AAP Periodontal Classification
- Calculus Class the patient initially presents with
- Select the patient’s ASA classification
- Select what age classification of patient – child 0-9, teen/adolescent 10-17, adult 18-54, and/or geriatric 55+
- Circle the appropriate clinical course: Clinic I -75% to pass-(13 NI=CE), Clinic II 80% to pass (11 NI = CE), Clinic III 85% (8NI=CE), Clinic IV 92% (5NI=CE).
- Circle complete when all active patient care is completed or indicate incomplete

Assessment

- Dentist Exam - Diagnosis and examination are completed by DDS, requires DDS signature
- Medical and Dental History Check. Significant Medical and Dental History (including medications) Student will supply applicable information, requires a DDS review and signature on health history.
- Vitals: Blood pressure, respirations (temperature if needed)
- Patients rights dispensed
- EIO assessment
- Indices
- Risk assessment
- Periodontal assessment
  - Probing
  - Recession
  - Mobility
  - Furcations
  - Bleeding
- Dental assessment (hard tissue charting)
- Calculus detection
- DDS radiograph prescription
  - Radiographs: type exposed and imaged
Planning
Dental Hygiene Diagnoses: before debridement. Prioritize and include all applicable diagnoses
- Gingival Description Student will provide and review with faculty
- Periodontal Diagnosis: needs to be filled out at the time of diagnosis and examination. Student is to provide a preliminary diagnosis and rationale. DDS diagnosis in agreement.
- Treatment plan
- Case presentation (Adjunctive – select if any, adjunctive procedure – fluoride, anesthesia, chemotherapy etc. confirmed Faculty signature)
- Informed consent completed,
- Faculty signature*

Implementation
- Prophylaxis
- Biofilm/stain removal
- Periodontal Maintenance
- Periodontal Debridement (NSPT) - Select the quadrant(s)/ full mouth.
- Pain management/Local Anesthesia
- Tissue Management
- Health and Education & Preventive counseling
- Fluoride is to be offered every adult patient
- Pit and Fissure Sealants if needed
- Application of therapeutics
- Care and maintenance of restorations
- Care of removal prosthetics
- Adjunctive services as needed, (study models, smoking cessation, nutritional counseling)
- Placed on appropriate Continuing Care (recall)
- Client survey completed

Evaluation
- Indices, plaque index/gingival/bleeding at each subsequent appointment (provides a teaching moment)
- Re-evaluation and determine subsequent treatment needs
- Referrals as need (perio and restorative)

Professionalism
- Infection control measures followed, Proper PPE’s
- Treatment record completed and accurate (informed consent) all required signatures
- Appointment Protocol
- Patient management and protection
- Critical thinking
• Assigned duties
• Sharp and acceptable instruments
• Operatory/Maintenance of equipment/hand pieces, Unit management
• Drug Cards
• Personal conduct and demeanor
• Ergonomics
• Other

Students will keep a separate journal for each daily clinical experience. Faculty will sign and provide written daily feedback on the clinical evaluation form.

Clinic Journal:
✓ Students are to include the patient’s name, email address, telephone number(s), periodontal diagnosis, calculus classification, significant medical history information, vitals, and the exam presentation
✓ What critical incident made an impression on you today?
✓ What did you do about it?
✓ What would you do differently and/or your future goals….

These entries should detail specific items.
ASSESSMENT

DDS Examination and signature
Acceptable
- Dentist signs proper form at examination
Needs Improvement
- Forgot to have DDS sign at examination, but proper form is signed
Critical Error
- Failure to have DDS signature

Medical and Dental Health History
Acceptable
- Investigated significant responses and asks appropriate follow up questions
- Identified considerations present in health history requiring alterations in dental treatment
- Identified need for premed and/or medical consultation and appropriately conducts consultation
- Communicated findings to instructor/recorded information accurately
- Identified, updated, and recorded all health history information and patient medications. Used resources to identify and record all contraindications and/or medical considerations for patient treatment on a simple to complex medical history without or with minimal faculty assistance.
Needs Improvement
- Identified, updated, and recorded all health history information and patient medications. Used resource to identify and record all contraindications and/or medical considerations for patient treatment on a simple to complex medical history with moderate faculty assistance.
- Failure to communicate significant health history findings to faculty.
Critical Error
- Failed to identify, update, record or explore any health history information and patient medications.
- Compromised patient care and health
- Did not ask follow up questions to those items circled or indicated
- DDS signature not on H/H

Vital signs
Acceptable
- Accurately takes and records vital signs; contraindications to treatment recognized
Needs Improvement
- Inaccurately records or has difficulty taking and/or evaluating vital signs needs moderate faculty assistance
Critical Error
- Failure to take or accurately record vital signs

Extra/intraoral assessment
Acceptable
- Identified, updated and adequately described all intra and extra oral significant findings within a simple to complex examination without or minimal faculty assistance. Informed patient of findings and made adequate referrals if necessary. Recorded extra/intra oral deviations accurately

Needs Improvement
- Identified, updated, and adequately described significant intra and extra oral findings within a simple examination with faculty assistance. Informed patient of findings and made adequate referrals if necessary
- Identified, updated, but did not adequately describe significant intra and extra oral findings within a simple or complex examination

Critical Error
- Failure to have patient use a pre-procedural mouth rinse; recognize significant intra and extra oral findings

Indices
Acceptable
- performs appropriate indices and accurately records results in correct treatment sequence

Needs Improvement
- performs appropriate indices out of treatment sequence and inaccurately records results

Critical error
- fails to perform appropriate indices or does not record results

Risk Assessment
Acceptable
- Risk behaviors are identified; counseling is given and documented with little or no instructor assistance

Needs Improvement
- Risk behaviors are identified; counseling is given and documented with instructor assistance

Critical Error
- Risk behaviors not identified; or counseling is not given and/or documented

Periodontal Assessment
- Probing
Acceptable

- Recorded accurate probe readings, bleeding points, suppurative and gingival margin position. Charted other periodontal considerations (mobility, furcations, inadequate attached gingival, etc.). Described adequately the specific periodontal findings and concluded a general periodontal statement and classification. All with minimal or without faculty assistance on a periodontally involved patient
- Examined the gingival margin, attached gingival, and papilla for specific periodontal conditions and noted correctly

Needs Improvement

- Recorded accurate probe readings, bleeding points, and gingival margin position. Described adequately the specific periodontal findings and concluded a general periodontal statement and classification. All with moderate faculty assistance on a periodontally involved patient

Critical Error

- Failed to record accurate probe readings, bleeding points, and gingival margin position.
- Failed to describe adequately the specific periodontal findings and concluded a general periodontal statement and classification

Dental Assessment/Hard Tissue Charting

Acceptable

- Questioned patient about oral habits/recorded information
- Communicated exam findings to instructor using correct terminology
- Charted dentition; charted restorative work; detected and charted carious lesions; recorded decalcification, abrasion and or attrition if present. Noted occlusion including overbite, overjet, crossbite (if present)
- Identified and recorded all dentition conditions on a simple to complex charting patient with minimal or without faculty assistance and no errors

Needs Improvement

- Identified and recorded dentition conditions on a complex charting patient requiring moderate faculty assistance. Uses incorrect terminology when reading findings to instructor

Critical Error

- Identified and recorded dentition conditions on a simple charting patient without faculty assistance with errors
- Did not detect or chart obvious carious lesions or restorations

Calculus Detection
Acceptable
- Assessed calculus deposits, Supragingival and subgingival, recorded accurate findings. All with minimal or without faculty assistance

Needs Improvement
- Assessed calculus deposits, recorded accurate findings, with moderate faculty assistance on a periodontally involved patient
- Fails to detect bump/jump calculus

Critical Error
- Failed to assess calculus
- Fails to detect more than 75% of detectable calculus
- Failed to record correctly located calculus

Radiographs
Acceptable
- Recognized need for radiographs; provided reasonable rationale for radiographs; exposed and correctly mounted diagnostic radiographs; utilized radiographs during the appointment (charted from radiographs); explained radiographic findings to the patient with minimal or without faculty assistance.
- Recognized errors and requested retake film

Needs Improvement
- Failed to recognize need for radiographs; provided reasonable rationale for radiographs; utilized radiographs during the appointment; explained radiographic findings to the patient with major faculty assistance
- Did not mount radiographs correctly, needed assistance
- Failure to recognize errors and request retake film

Critical Error
- Failed to perform one/or more of the above procedures
- Exposure without DDS prescription* may be cause for dismissal from the program
- Retake without faculty permission* may be cause for dismissal from the program
- No DDS Signature

**PLANNING**

DH Diagnosis
Acceptable
• Formulated a preliminary dental hygiene diagnosis with acceptable rationale with minimal or without faculty assistance. DDS diagnosis confirms findings. Described the periodontium’s general condition

Needs Improvement
• Formulated a preliminary dental hygiene diagnosis without acceptable rationale with faculty assistance. DDS diagnosis confirms findings. Did not describe the periodontium’s general condition

Critical Error
• Fails to formulate a preliminary dental hygiene diagnosis or is incorrect in the diagnosis as confirmed by the DDS examination.

DH Treatment Plan
Acceptable
• Gathers and interprets diagnostic data, identified client’s significant dental problems; develops a comprehensive realistic practical treatment plan and verbally explains findings and treatment plan including needed appointment times to the patient and gained consent on a patient with moderate dental disease present with minimal or no faculty assistance
• Alters care plan throughout the treatment

Needs Improvement
• Gathers and interprets diagnostic data, identified client’s significant dental problems; develops a comprehensive realistic practical treatment plan and verbally explains findings and treatment plan to the patient and gained consent on a patient with moderate dental disease present with moderate faculty assistance.
• Does not alter care plan throughout the treatment as needed

Critical Error
• Failure to adequately gather and interpret diagnostic data, identified client’s significant dental problems; develop a comprehensive realistic practical treatment plan and does not verbally explain findings and treatment plan to the patient
• Failed to gain consent
• Required maximum faculty assistance in the treatment planning process.

DH Case Presentation
Acceptable
• Accurately presents significant findings professionally and concisely to DDS and faculty at the time of: medical history, cursory mouth mirror examination, assessment and diagnosis.

Needs Improvement
• Presents findings with slight omission
• Does not accurately present findings.

Critical Error
• Does not accurately present findings or presents findings with a major omission.

Informed Consent

Acceptable
• Verbally explains findings and treatment plan to the patient and gained consent on a patient with moderate dental disease present with minimal or no faculty assistance
• Accurately describes to the client the procedure(s) or treatment(s); condition(s); recommended procedure or treatment; informs the patient the alternatives to the procedure or treatment including risk and consequences of “no treatment”; risk (s) that may result from the procedure or treatment with minimal or no faculty assistance
• The client’s questions have been satisfactorily answered and understand the risks involved.
• Obtains all signatures on consent form

Needs Improvement
• Verbally explains findings and treatment plan to the patient and gained consent on a patient with moderate dental disease present with maximum faculty assistance
• Accurately describes to the client the procedure(s) or treatment(s); condition(s); recommended procedure or treatment; informs the patient the alternatives to the procedure or treatment including risk and consequences of “no treatment”; risk (s) that may result from the procedure or treatment with maximum faculty assistance

Critical Error
• Inaccurately describes to the client the procedure(s) or treatment(s); condition(s); recommended procedure or treatment; informs the patient the alternatives to the procedure or treatment including risk and consequences of “no treatment”; risk (s) that may result from the procedure or treatment
• Fails to obtain informed consent
• Fails to obtain instructor signature

IMPLEMENTATION

Prophylaxis

Acceptable
• Assessed patient qualifications for a prophylaxis. Patient has appropriate periodontal “health”
• Utilized appropriate scaling instrumentation techniques (adaptation, angulation, activation) and well contoured sharpened instruments; minimized tissue trauma; effectively removed calculus plaque biofilm and stain
- Reevaluate calculus removal/surface smoothness
- Utilized ultrasonic/sonic (when appropriate)
- Tissue is absent of any injury or trauma
- Appropriate individualized patient oral health education

**Needs Improvement**
- Failed to recognize a prophy patient
- Did not utilize appropriate scaling instrumentation techniques (adaptation, angulation, activation) and well contoured sharpened instruments; failure to effectively remove calculus, plaque and stain
- Did not re-evaluate biofilm, calculus or stain removal
- Patient presented with obvious tissue trauma
- Limited or not individualized patient oral health education

**Critical error**
- Significant tissue trauma
- Visible abrasion and tissue tags
- Ineffective biofilm, calculus or stain removal

**Bio-film/Stain Removal**

**Acceptable**
- Utilized appropriate polishing/plaque removal instruments/agents/and techniques without tissue trauma. Effectively removed plaque and stain

**Needs Improvement**
- Utilized appropriate polishing/plaque removal instruments/agents/and techniques with tissue trauma and instructors assistance and did not effectively remove plaque and stain

**Critical error**
- Failed to utilize appropriate polishing/plaque removal instruments
- Failed to utilize the appropriate agents and techniques
- Completed procedures with tissue trauma

**Periodontal Maintenance**

**Acceptable**
- Made necessary modifications for patient care, i.e. health (prophylaxis) vs. periodontitis (non surgical periodontal therapy- Root Plane and scaling-NSPT)
- Evaluated risk factors
• Evaluated patient’s oral hygiene and self care practices utilizing appropriate indices and made appropriate recommendations
• Accurately performs CAL and evaluated periodontal findings PD, GM, CAL, recession, furcations, mucogingival involvement, mobility, etc
• Determined primary and secondary etiologies and presented prognosis, DH diagnosis with supporting rationale
• Determined case stability and evaluate outcome of nonsurgical therapy
• Discussed possible additional therapies
• Recare for appropriate future treatment

Needs Improvement
• Inappropriate modifications for patient care
• Did not appropriately evaluated all risk factors
• Did not appropriately evaluate patient’s oral hygiene and self care practices utilizing appropriate indices and make appropriate recommendations
• Poorly performs CAL and evaluation of periodontal findings PD, GM, CAL, furcations, mucogingival involvement, mobility, etc
• Unable to make primary and secondary etiologies with prognosis, and/or DH diagnosis with lack of supporting rationale

Critical error
• Did not accurately determine clients need for NSPT
• Did not compare and contrast baseline to the current CAL and or evaluation of periodontal findings PD, GM, CAL, furcations, mucogingival involvement, mobility, etc
• Did not evaluate patient’s oral hygiene and self care practices utilizing appropriate indices and did not make appropriate recommendations
• Did not determined case stability and/or evaluate outcome of nonsurgical therapy or determine the patients need for additional therapy
• Did not discussed possible additional therapies or schedule for appropriate future treatment

Periodontal Debridement
Acceptable
• Utilized appropriate scaling instrumentation techniques (adaptation, angulation, activation) and well contoured sharpened instruments; minimized tissue trauma;
effectively removed calculus plaque and stain

- Reevaluate calculus removal/surface smoothness
- Utilized ultrasonic/sonic (when appropriate)
- Tissue is absent of any injury or trauma

Needs Improvement

- Failed to complete scaling procedures at the above competency level
- Did not utilize appropriate scaling instrumentation techniques (adaptation, angulation, activation) and well contoured sharpened instruments; failure to effectively remove calculus, plaque and stain
- Did not re-evaluate calculus removal
- Patient presented with obvious tissue trauma

Critical error

- Significant tissue trauma
- Visible abrasion and tissue tags

*At any time faculty may decide that it is best to designate a scaling teaching case and scaling would not be evaluated.

**Pain Management/Anesthesia**

Acceptable

- Recognized need for anesthetic agent
- Appropriate anesthetic selected
- Appropriately administered with minimal or no faculty assistance
- Profound anesthesia obtained
- Used appropriate patient management techniques
- Correct Documentation – Dosage etc.

Needs Improvement

- Did not recognize need for anesthetic agent
- Inappropriately administered or with maximum faculty assistance
- Profound anesthesia not obtained
- Used inappropriate patient management techniques

Critical error

- Inappropriate anesthetic selected
- Failure to correctly document – Dosage etc
- No vital signs prior to LA administration

**Tissue Management**

Acceptable

- Tissue is absent of any injury or trauma, visible abrasion or visible tissue tags

Needs Improvement

- Obvious tissue trauma
Critical Error

- Significant tissue trauma
- Papilla-ectomy

**Health Education and Preventative Counseling**

**Acceptable**

- Planned an individualized oral hygiene instruction program; selects and demonstrates the appropriate adjuncts and educates the patient relating to their current dental status on a patient with moderate dental disease present with minimal or no faculty assistance and assessed the patient’s progress with oral hygiene at subsequent appointments and makes necessary recommendations at subsequent appointments
- Utilizes risk assessment, and appropriate diagnostic aids to educate and enroll patient
- Has patient demonstrate therapeutic and adjunctive aids intraorally
- Provides patient with feedback
- Monitors and maintains necessary logs of patient progress.

**Needs Improvement**

- Planned an individualized oral hygiene instruction program; selects and demonstrates the appropriate adjuncts and educates the patient relating to their current dental status on a patient with minimal to moderate dental disease present with faculty assistance and assessed the patient’s progress with oral hygiene at subsequent appointments and makes necessary recommendations at subsequent appointments
- Did not utilize risk assessment, and/or appropriate diagnostic aids to educate and enroll patient
- Does not have client demonstrate therapeutic and adjunctive aids intraorally
- Provides patient with minimal feedback

**Critical error**

- Does not record OHI or maintain necessary logs of patient progress

**Fluoride Therapy**

**Acceptable**

- Recognized the need for and selected the appropriate fluoride and tray for the client and applied the fluoride appropriately with no faculty assistance
- Explained rationale to the client
- Utilized saliva ejector and had client “chew” on the tray, client’s head in a forward position
- Stayed with the client the entire procedure

**Needs Improvement**

- Recognized need for and selected the appropriate fluoride and tray for the client
and applied the fluoride appropriately with faculty assistance
- Did not explain rationale to the client
- Did not utilize saliva ejector and/or had client “chew” on the tray, client’s head not in a forward position

Critical Error
- Failed to recognize need for therapeutic agents, or failed to apply appropriately

**Pit and Fissure Sealants**

Acceptable
- Recognize the need for and correctly applied pit and fissure sealants with no faculty assistance; explained rationale to the client checked occlusion

Needs Improvement
- Did not recognize the need for or did not correctly apply pit and fissure sealants needed faculty assistance; did not explain rationale to the client

Critical Error
- Did not check occlusion

**Application of Therapeutics**

Acceptable
- Recognized need for desensitizing agent; explained rationale to client
- Applied supportive therapeutic measures with minimal or no faculty assistance

Needs Improvement
- Did not recognize need for desensitizing agent; or explain rationale to client
- Applied supportive therapeutic measures with faculty assistance

Critical error
- Applied incorrect agent

**Care/maintenance of restorations**

Acceptable
- Type of restoration is recognized, safely and correctly cleaned.

Needs Improvement
- Type of restoration is recognized, safely and correctly cleaned with instructor assistance

Critical error
- Type of restoration is not recognized, is incorrectly cleaned, scratched or damaged.
Care of Removable Oral Prosthetics

Acceptable
- Oral prosthesis is recognized, safely and correctly cleaned, returned to patient and documented on treatment record.

Needs Improvement
- Oral prosthesis is recognized, safely and correctly cleaned, returned to patient and documented on treatment record with instructor assistance

Critical error
- Oral prosthesis is not recognized, is incorrectly cleaned, or not returned to patient and/or not documented on treatment record

Adjunctive services, (Study models, nutritional counseling, smoking cessation)

Acceptable
- Services needed recognized and provided correctly without faculty assistance

Needs Improvement
- Services needed not recognized and provided with assistance

Critical Error
- Did not recognized or provided to client

Continuing Care

Acceptable
- Appropriate continuing care appointment is recognized; Continual Card File System entries current

Needs Improvement
- Appropriate continuing care appointment is recognized with instructor assistance; Continual Card File System entries not current

Critical error
- Appropriate continuing care appointment is not recognized; no card on file in system

Client survey

Acceptable
- Client completed survey

Needs Improvement
- Client filled out survey after instructor assistance

Critical error
• Client did not receive or fill out a survey

**EVALUATION**

**Indices**

Acceptable
• performs appropriate indices and accurately records results in correct treatment sequence

Needs improvement
• performs appropriate indices out of treatment sequence and inaccurately records results

Critical error
• fails to perform appropriate indices or does not record results

**Re-evaluation**

Acceptable
• Medical and dental health history, extra/intraoral exam, dental charting, periodontal evaluation is correctly updated; indices appropriately and correctly utilized, patient education is reinforced; identify sites that may require additional treatment; subsequent treatment needs is recognized; recommendation for referral documented

Needs Improvement
• Medical and dental health history, extra/intraoral exam, dental charting, periodontal evaluation is correctly updated; indices appropriately and correctly utilized, patient education is reinforced with instructor assistance

Critical error
• Medical and dental health history, extra/intraoral exam, dental charting, periodontal evaluation is not correctly updated; indices not appropriately and correctly utilized, patient education is not reinforced; needed referral not made

**Referral/ follow up care**

Acceptable
• Appropriate referral appointment is recognized; referral form log entries current with dates of follow up
• Assists patient with appointments

Needs Improvement
• Appropriate referral appointment is recognized with instructor assistance; referral log entries current
• Student fails to assist patient with appointments

Critical Error

• Appropriate referral or follow up is not recognized
• Student did not follow up on referral or care

PROFESSIONALISM

Infection Control

Acceptable

• Maintains a clean and aseptic work environment and follows appropriate infection control protocol; has appropriate PPE’s. Shows professional respect for the clinic facility.

Needs Improvement

• Maintains a clean and aseptic work environment with minor breaks in infection control protocol.

Critical error

• Does not maintain a clean and aseptic work environment and does not follow infection control protocol

Treatment Record Management

Acceptable

• Made accurate, concise entries in treatment record and clinic forms inclusive of all needed documentation and appropriate signature(s) on a complex patient with minimal or faculty assistance. Made arrangements for return appointment if necessary. Continual Card File System entries current.

Needs Improvement

• Made accurate, concise entries in treatment record and clinic forms inclusive of all needed documentation and appropriate signature(s) on a complex patient with maximum faculty assistance. Did not make arrangements for return appointment if necessary. OR Continual Card File System entries NOT current

Critical error

• Failed to make an accurate, concise entry in treatment record and clinic forms inclusive of all needed documentation and appropriate signature(s) on a complex patient with maximum faculty assistance. OR Continual Card File System entries NOT current.

Appointment Protocol

Acceptable
Utilized time appropriately and completed each procedure in a timely manner. Utilized unscheduled time effectively. Follows the treatment sequence time table. Utilizes unscheduled time by maintaining equipment. Helps or assists others when time allows

Needs Improvement
- Failed to utilize time appropriately and complete each procedure in a timely manner. Failed to utilize unscheduled time effectively

Critical error
- Performed treatment not properly prepared to complete without faculty permission
- Failed to follow prescribed treatment sequence and failed to obtain faculty checks at appropriate times

Patient Management/protection
Acceptable
- Client was seated quickly; treated with respect; performed any needed treatment variations according to patient’s need used clinic session in its entirety for patient treatment
- Provided patient eyeglasses for procedure, utilized disposable drape for use with ultrasonic
- Provided patient eyeglasses for procedure, utilized disposable drape for use with ultrasonic with instructor direction

Needs Improvement
- Client had to wait; was treated disrespectfully and did not alter treatment to patient’s need

Critical error
- Student placed need for personal requirement over patient need
- Provided care without providing patient eyeglasses for procedure, or did not utilize disposable drape for use with ultrasonic

Critical Thinking
Acceptable
- Utilize thinking that is self-directed, self-disciplined, self-monitored and self-corrective
- Performance with high standards of excellence and thoughtful consideration
- Employ effective communication and problem solving skills
- Uses sound judgment in meeting unexpected or new situations
- Self-evaluates performance
- Communicates effectively (verbally, non-verbally, & written)
- Gathers and assesses relevant information, using abstract ideas to interpret it effectively
- Comes to well-reasoned conclusions and solutions, testing them against relevant criteria and standards

**Needs Improvement**
- Requiring assistance without employing due diligence in analyzing situation
- Descriptive-gives back information only--accurately, at lower skill levels
- Errors in self-evaluation assessments are evident
- Does not incorporate data into meaningful conclusions
- Communication lacks clarity

**Critical Error**
- Failure to self-assess
- Inability to properly collect and organize relevant data
- Exhibits complete lack of or inappropriate communication skills (verbal, non-verbal, written) with faculty, patients, or peers

**Assigned Duties**

**Acceptable**
- Student sought out and performed assigned duties with little or no direction

**Needs Improvement**
- Student did not seek out additional assignments or perform assigned duties with instructor direction

**Critical error**
- Student did not perform duties as directed

**Sharp Instruments and acceptable**

**Acceptable**
- Cutting edge is sharp.
- Original shape of instrument is preserved.
- Cutting edge is maintained.

**Needs Improvement**
- Cutting edge is dull
- Shape of instrument is worn/rounded

**Critical error**
- Cutting edge is broken
- Shape of instrument is worn beyond usability
- Use of instrument is hazardous to patient

**Operatory Maintenance and management**
Acceptable
- Student appropriately manages and maintains operatory. Leaves it clean and prepared to accept a client
- Utilizes appropriate infection control measures and follows clinic protocol on maintenance and management

Needs Improvement
- Student fails to maintain and manage operatory in appropriate way without assistance

Critical Error
- Student fails to maintain and manage operatory in appropriate way

Drug Cards
Acceptable
- Drug brand name, generic name, the use, dental effects and local anesthesia effects if any noted, pharmacological categories listed.

Needs Improvement
- Unable to complete the cards without faculty assistance

Critical error
- Did not complete drug card

Personal Conduct and Demeanor
Acceptable
- Neat and clean in appearance and in appropriate clinic attire. Maintains composure. Seeks assistance when needed. Follow treatment plans and protocols

Needs Improvement
- Minor discrepancy in clinic attire. Compromised Composure

Critical error
- Major discrepancy in clinic attire. Major loss of composure

Ergonomics
Acceptable
- Utilized correct operator/patient positioning during procedure

Needs Improvement
- Utilized correct operator/patient positioning during procedure with instructor direction
Critical error
  • Consistently ignored instructor direct about ergonomics

*Other
Areas of needed evaluation or remediation deemed necessary by faculty to provide student with required individualized feedback and improvement
POLICIES
AND
PROTOCOLS
TITLE: Academic Standards and Procedures

OBJECTIVE: To assure students meet the minimum didactic, behavioral and clinical criteria as stated in course documents and syllabi. To assist students to recognize and accept personal responsibility for their learning and provide support for students with diverse learning styles and needs through supplemental learning labs and study groups or peer instruction. To provide students and faculty specific guidelines to follow in the instance of a student not meeting the minimum evaluation criteria as stated in course syllabi.

PROCEDURE(S): Conferences are required every 5 weeks, you will have a conference with your clinic rotation instructor before changing rotations. This conference will include chart audits, review of your goals and revision as needed, affective behaviors, and strengths and weaknesses.

At the end of five weeks in each semester, your clinic instructor(s) will assess your professional behaviors, attitudes and clinical skill levels during the time they have been working with you.

GRADING ROUTINE GRADES A system of grading is used for ROUTINE clinic grading which identifies clinical strengths and weaknesses for students and instructors. These grades are applied to individual actions or groups of actions and are intended to show the competency level of the student in patient treatment sessions and clinic.

X Given when any specific procedure or category of performance is not completed as planned or required or is completed as planned or required, but does not meet evaluation criteria or clinic standards as stated, or category of performance does not meet evaluation criteria or clinic standards but overall performance does not jeopardize patient well-being.

A Given when all procedures and categories of performance meet minimal clinic standards of competency. Considered a passing grade or category of performance is carried out at a level significantly above minimal clinic standards.
MIDTERM GRADES:

Satisfactory
a. Successful completion of 1/2 of the teachings and process evaluations
b. Satisfactory daily performance as evidenced by grades of 5 or more
c. Minimum of one competency successfully completed

Unsatisfactory
a. Less than 1/2 of teachings and process evaluations
b. Less than one competency completed successfully

A grade of D is received if the minimum criteria for a C were not met. A “D” in a DHY course results in dismissal from the program. All criteria for a grade of A, B, and/or C must be met no later than the last regularly scheduled session of the semester.

*If the level of care that you provide does not meet the standards for quality care, a “X” level evaluation will be entered for the procedure, even though you did not request an evaluation of the procedure. You must then successfully complete another competency evaluation or procedure. Any X received means that competency or procedure will not count towards minimum requirements as stated in the course syllabus.

____________________  ______________________  ______________________
SIGNATURE: Renee Piper  DATE  Coordinator Dental Hygiene Program
TITLE: Iowa Central Community College Dental Hygiene Program Dismissal Policy

OBJECTIVE: To provide students and faculty specific guidelines for student dismissal from the Dental Hygiene Program.

PROCEDURE(S): A grade of D is received if the minimum criteria for a C were not met. A “D” in a DHY course results in dismissal from the program. All criteria for a grade of A, B, and/or C must be met no later than the last regularly scheduled session of the semester.

Any student enrolled at Iowa Central Community College in the Dental Hygiene Program will be entering a profession with a stated code of ethics. Students will fail a course and be dismissed from the program or be subject to disciplinary action when the academic, clinical or personal performance is determined to be inconsistent with the responsibility and accountability for guarding patient safety.

As a professional program, it is the responsibility of faculty to determine if action is indicated. Students who enroll in the Dental Hygiene Program accept our policies, regulations and operational procedures. Student behavior, which after due process is found to be disruptive to class or destroy the rights of others or property, may result in disciplinary probation, suspension and/or withdraw from the program.

Iowa Central Community College may initiate disciplinary proceeding against a student accused of scholastic dishonesty. This may result in dismissal from the Dental Hygiene Program.

______________________________________________
SIGNATURE: Renee Piper
Program Coordinator Dental Hygiene
DATE
TITLE: Supplemental Learning lab and Peer Tutor

OBJECTIVE: To assure students meet the minimum didactic and clinical criteria as stated in course documents and syllabi. Students and faculty will have specific guidelines to follow in the instance of a student not meeting the minimum evaluation criteria.

PROCEDURE(S): In the event of a student not performing acceptable skill levels in clinic or having difficulty in mastering a specific clinical skill as defined in the syllabus, a supplemental learning lab will be available by appointment with individualized teaching for specific problem(s) with a peer partner.

This appointed lab time may be either a self-assessed problem or instructor requirement both of which will need to be resolved in an acceptable manner, usually through successful completion of a clinical requirement or competency.

An instructor may require a supplemental learning lab session at any time he or she feels the student would benefit from such measures. The student will have one week to successfully schedule a supplemental learning lab appointment when an instructor has evaluated the skill and requires a session in the lab. The student must produce a peer partner to work with as a patient at the scheduled time. If the student fails to appoint a time or fails to attend a required lab a student faculty conference may be called to assess and evaluate the issue.

In the event of a student requiring additional didactic instruction on a specific subject the student is to petition for assistance. The course instructor will arrange a study session or peer tutor session.

SIGNATURE: Renee Piper
Coordinator Dental Hygiene Program
TITLE: Patient Distribution Policy

OBJECTIVES: To facilitate equal patient and/or clinical experiences for all students.

PROCEDURES:

Dental Hygiene Patients are distributed by clinical instructors to dental hygiene students based on individual student need. The following criteria are utilized when assigning patients:

- ✓ Amount of student patient exposure (i.e. number of patients student has seen)
- ✓ Patient difficulty (i.e. more complex patients are referred to second year students)
- ✓ Patient difficulty (i.e. student lacks exposure to specific patient types)
  - o Periodontal Case Types
  - o Calculus Classes
  - o Special Needs
  - o Ethnically Diverse
  - o Socially Economic Diversity
- ✓ Student is clinically at risk therefore faculty increases student’s patient exposure to facilitate learning.

Policy for Free or Reduced Services

In determining whether services will be provided to friends/family members/clients at no charge, the following criteria will be considered:

- Client’s demonstration of financial need
- Necessity of the service for student requirement/competency
- Each case will be determined on an individual basis

The ultimate decision in these matters will be made by faculty and staff.
**Patient Procedure**

- Provide Clinic Manager with name and mailing address of prospective patient at least two weeks prior to scheduled appointment (first time patients only)
- Health History/Consent and a fee schedule will be mailed to patient approximately two weeks prior to visit (first time patients only)
- If you want to personally give the Health History to your prospective patients, Clinic Manager has “New Member Packets” available.
- Health History/Consent should be returned in SASE at least 5 days prior to appointment (first time patients only)
- Prior to visit, the patient should be aware of what procedures will be performed so that they have appropriate payment when they come for their appointment
- Information from the Health History/Consent will be entered into Dentrix prior to appointment
- Upon arrival, any missing, incorrect or changed information will be provided by patient and entered into Dentrix
- When all necessary information has been provided, the patient is ready to see their hygiene student-only after all information has been given to Clinic Manager
- Future appointments should be made chairside when the appointment is finished
- All procedures completed and needing to be charged should be entered chairside before dismissing the patient
- Following the appointment with the student, patients will pay for services rendered
- A receipt will be provided to patients after payment has been made
- Insurance may be filed with the patient’s insurance company, if applicable, however payment is to be received from the patient and they will be reimbursed by the insurance provider. Filing with insurance is the responsibility of the patient.
- No patient is to receive a service they are unable to pay for on the day service is rendered. Be sure patients are completely aware of all possible procedures that will be performed at an appointment.
- Iowa Central Staff members will have insurance filed and reimbursement will come to the clinic. Iowa Central Staff members will not need to provide payment for services rendered. This applies only to Iowa Central Staff members who have Iowa Central dental insurance.
- Patients may be scheduled by the student if they have been seen in the clinic previously.
- It is the policy of the dental hygiene clinic that all patient insurance claims will be handled by the patient. A form with appropriate information and procedure codes will be given to patients upon request. Any questions regarding that form will be addressed as needed. However, submission of claims is the responsibility of the patient.
- New patients should be scheduled by Clinic Manager
- If you have patients that you need to have put in the schedule over the weekend or break, please e-mail patient name, etc to Clinic Manager and she will enter them in the appointment book. If your schedule changes while you are not in class, Clinic Manager will send you the changes via e-mail.
Call-in/Walk-in clients are scheduled randomly in the appointment book. When a patient requests a specific student, every effort is made to schedule with the requested student. If no preference is indicated, the patient will be randomly scheduled according to their preference of day/time. If students are in need of specific age patients, Clinic Manager will try to schedule accordingly, using the log posted on the file cabinet in the clinic. If students have indicated that they do not need call-in/walk-in clients, those clients will be scheduled with students who have a need for clients.
TITLE: General Facility Management

OBJECTIVE: This dental policy defines policies, establishes procedures and outlines responsibilities for the protection, custody, care and overall maintenance of the dental clinic.

PROCEDURE(S):

Procedures and Responsibilities:

1. It is the responsibility of the students, faculty and staff to safeguard resources and to ensure general equipment and facilities are maintained in the best condition possible.
2. The students, faculty and staff will monitor all areas within the facility for cleanliness on a daily basis. Any discrepancies will be reported to the Program Coordinator.
3. Dental Hygiene Coordinator and front office staff will have direct custody and responsibility for the dental clinic.
4. Ensuring good housekeeping practices and including the conservation of utilities.
5. Ensuring directives for opening and closing the facilities are followed and security measures are observed.
6. When other major or minor repairs are required, a work order will be completed and given to the Dental Coordinator.

_____________________________ ____________________
SIGNATURE: Renee Piper, RDH, BS, CHES DATE
TITLE: Evacuation Plan

OBJECTIVE: To provide guidance and instructions for the students, faculty and staff on how to safely evacuate the clinic in the case of an emergency situation.

PROCEDURE(S):

Exits from buildings are clearly marked and accessible at all times during an emergency, exit from the building calmly, walking not running. Employees and patients should meet in the front parking lot, away from the building. Once clear of the building no one may re-enter until informed by the proper authorities that it is safe to do so.

If anyone encounters a fire he/she will immediately inform other persons in the immediate area and instruct someone to notify persons in other areas of the facility. Once the alarm is given it is this person's responsibility to pull the fire alarm or dial 9-911.

If the building alarm is not already ringing, then the first person to pass the alarm pull is to sound the alarm. All clinical personnel should assist in getting patients in the treatment areas out the nearest exit. Clinical personnel will check the laboratory, dental clinic, and student support areas and instruct them in the nearest exit.

If needed, administer first aid and or basic life support to anyone injured and then transport to the closest emergency room.

Emergency escape routes are to be developed to ensure that employees evacuate the workplace or seek a designated refuge area in the event of an emergency. Exits will be properly marked. Exits will be free of debris. Signs like 'Not an Exit,' 'To Basement,' 'Storerooms' will be appropriately labeled if one of these may be confused with an exit, possibly trapping the individual. Fire alarms will be used to warn occupants of a fire if possible. If verbal warnings are necessary they will be given via paging systems. ALL systems shall be maintained in continuous proper operating condition.

INTERIM MEANS OF EGRESS

Possible hazards that would require evacuation from this facility:

- Fire
- Earthquake, Flood
- Explosion
- Bomb Threat
- Chemical contamination
- Civil defense emergencies

Types of warning equipment:

- Smoke detectors
- Alarms
• Mechanical
  o Location
  o The first person to pass the alarm pulls the alarm and verbally notifies those in the immediate vicinity and directing them to the nearest exit.

Types of emergency response equipment:
• Fire extinguishers
• Other first aid equipment

The closest hospital emergency room is
• Trinity Regional Medical Center located at 802 Kenyon Road, Fort Dodge.

Communication of emergency:
• Notification of emergency personnel
  a. Dial 9-911

Evacuation of Personnel and Patients:
• Faculty and staff are responsible for evacuation of themselves and any patients in the reception area. Students are responsible for themselves and any patients in their areas.

Evacuation Meeting Area:
• Once clear of the building, everyone will meet at the designated evacuation meeting area. No one will reenter until authorized personnel give the All Clear Signal.

Emergency First Aid:
• Providers and clinical personnel are trained annually or as required by the American Heart Association in CPR and are familiar with first aid procedures.
TITLE: Disruptive Behavior – Verbal and Physical Threats

OBJECTIVE: To provide students and staff a procedure to follow in the event of disruptive behavior

PROCEDURE:

Request assistance by making the following announcement over the intercom

“Attention please-Code Yellow. . . (and give location) Front Desk” – Repeat 3 times.

A. The following addresses the course to take when threatened:
   1. Validate their feelings
      If this works...thank them and continue by
      a. “I understand you’re upset...”
      b. “I realize you’ve been on the phone a long time,” etc.
      If this doesn’t work...

   2. Inform client of feelings
      If this works...thank them and continue by
      a. Informing client you don’t appreciate his/her attitude, voice, posture, etc.
      b. Giving him/her two choices:
         1. “You can calm down and we can finish.”
         2. “You can leave and come back when you’re calm.”
      c. “If you choose not to do one of these 2 things, you leave me no choice but to call the police.”

   3. Call the Police – Many times picking up the receiver to phone the police will defuse the situation.
      If not . . .
      Dial 9-911 and remain calm. State your name, where you are and phone number. State that “We have a hostile person at Iowa Central Community College Dental Hygiene Clinic Vocational Technical Building, Room 100, 330 Avenue M, and we need your assistance.”

B. REMEMBER: You need to keep calm in order to keep the situation calm.
   1. Do’s...
      a. Remain clam.
      b. Try to keep observers calm.
      c. Make a professional judgment by remaining rational.
      d. Call for help only when necessary.

   2. Do Not’s...
      a. Return the verbal abuse (feed in).
b. Become involved if you are not directly dealing with that patient.
c. Take the patient into a closed room by yourself.
d. Cause a scene. There is no need to alarm everyone.

Following each incident, file an Incident Report. The report needs to be completed by the people who had direct contact only. The report will be placed in the patient’s chart one copy to the Dental Hygiene Coordinator. Administration will make the decision as to whether or not to release the patient from care due to his/her actions.
TITLE: Dental Health Records Management

OBJECTIVE: This dental policy outlines procedures to be followed for the correct preparation, maintenance, security and disposition of dental health records (DHRs) and their contents. This policy is applicable to all members of the dental hygiene program and clinic staff.

PROCEDURE(S):

1. Responsibilities:
   Protection of dental health records
   Dental health records are stored in the dental clinic. The dental record file is locked after duty hours. Housekeeping personnel do not have keys to the dental record cabinet.

   During clinic hours, records/reception personnel will ensure that only authorized personnel have access to dental health records.

   Records and Reception Personnel
   Each record sheet should have the name of the patient and his/her date of birth.
   Any corrections entered in a patient’s record should be crossed out with a single line and dated and initialed by the person making the change. No ‘liquid paper’ or ‘white out’ is allowed.
   All personnel must extract records for the next day’s appointment and screen all records before filing them for appearance, arrangement and adherence to the standard format.
   No one will remove or take the dental health records from the Dental Hygiene Clinic.

   Any late entry into the chart will be documented as such and dated and initialed.

   Any changes in medical history should be documented and initialed and dated.
   Ensure that DHRs are returned to the refile area at the end of each day.

Procedures:
A DHR is required for each person receiving dental treatment
DHR of patients scheduled for treatment will be pulled from the permanent file one day prior to appointment date. All records should be returned to the Records Section by the staff at the conclusion of the appointment.

Dental records are the property of the Iowa Central Dental Hygiene Clinic and do not belong to the individual to which they pertain. They will not be signed out from the clinic for the purpose of seeking care from other sources. If another dentist requests a record, in writing, to aid in diagnosis or treatment, a duplicate copy is available to the patient upon request and for a fee.
Request for Duplicating of X-rays

- Requests must be made by the dentist, dental professional or the patient
- Duplication requests may be made at the time a patient is at the Iowa Central Clinic
- X-rays may be sent to the dental office or picked up in person by the patient. A third party may not pick up x-rays.
TITLE: Tour Protocol

OBJECTIVE: The purpose of a tour is to establish, as early as possible, a positive experience of the dental office and provide oral health education. A tour/”Happy Visit” also promotes the services provided by the dental hygiene students and helps to recruit clients.

PROCEDURES: Iowa Central Dental Hygiene students will perform a tour or “Happy Visit” when scheduled.

- Prepare operatory
  - Usual infection control/barriers placed
  - Anything you may want to show – for example – a mask, the eyewear, prophy angle, mouth mirror, Sheppard’s hook explorer, etc
- Give the child a ride in your chair, let them spray water, show them a video
- Personalized OHI, if applicable
- Dispense tooth brush with instructions, patient demo back, if applicable (for classes or groups, the tooth brushes will be given to the teacher rather than to each child)
TITLE: Screening Protocol

OBJECTIVES: The purpose of a screening is to establish, as early as possible, whether or not a client has any conditions or disease process.

PROCEDURES: Iowa Central DH students will perform an oral screening as required by Iowa law for kindergartners/first graders.

- Child must have permission slips
  - Application of fluoride will be provided only if indicated on permission slip
- Prepare operatory
  - Usual infection control/barriers placed
  - Mouth mirror
  - Sheppard’s hook explorer
  - Fluoride varnish and applicators
  - Screening form
- Screening Form Chart
  - Fill out with appropriate documentation, child’s name and date
  - Circle teeth present in BLUE
  - Missing teeth in BLUE
  - If permanent teeth are present, cross out primary tooth number and replace with permanent tooth number, in BLUE
  - Restorations present or sealant-chart in BLUE
  - Any areas of concern-carious lesion, record in RED on appropriate tooth and surfaces
- Urgent Need-Circle Yes or No
- List areas of concern-possible/suspected carious lesions
- Sign your name – ICCC DH student
- Personalized OHI
- Dispense tooth brush with instructions, patient demo back (When children are in groups, the tooth brushes will be given to the teacher)
- Prize for child (if not in a group)
Head Start Objectives for Dental Health Field Trip

Key Message: Your dentist and dental helpers are friendly people who will help your teeth stay healthy and strong

- Children will know why it is important to visit a dentist
- Children will be able to tell the role of dental professionals and how they help us
- Children will become familiar with dental health vocabulary, such as the names of different teeth, gums, cavity, enamel, dentist, hygienist, and other dental terms
- Children will explore feelings about going to the dentist for a check-up including fear, comfort and joy
- Children will be able to recognize the dental tools in a dental office including the special light, exam chair, sun glasses, dental mask and gloves, the bib to protect clothing, special dental tools (feeler) and brush used in the mouth along with the fluoride
- Children will be able to experience a dental screening where the teeth are counted and fluoride is applied with a brush
- Families of children will hear about the dental health field trip through a letter explaining the trip and how they can support their child’s experience at home
TITLE: Telephone Etiquette

OBJECTIVE: This policy will give the student a basic format for using proper telephone etiquette when calling other healthcare facilities to inquire on a patient’s medical conditions or prescriptions.

PROCEDURES:

- Identify yourself
- Explain the purpose of your call
- Have all patient information with you when you call
- Leave your contact information
- Thank them - let them hang up first so that you do not slam the receiver in their ear!
- Note on the health history who you spoke with, synopsis of conversation, date and time
- Document in the patient’s chart that the call was made
- Name of physician’s office personnel providing you with information
- Date
- “None needed” or “Needs Premed”

Sample – pre-med:
My name is Susie Brown, a dental hygiene student at Iowa Central Community College. John Smith is a patient at the Iowa Central clinic today. He is being seen for a (prophy, exam, rps, perio maintenance, etc).
His health history states that he had hip replacement surgery by Dr. Jones. The health history also states that Mr. Smith is allergic to penicillin.
Will Mr. Smith need a premed prior to being seen in our clinic today?
Will you call that prescription in to Walgreen’s pharmacy?
May I ask who I am speaking with so that I may note that on Mr. Smith’s health history?
If you have any questions, or need to contact me for any reason, you may call the Dental Hygiene clinic. That number is 515 574-1327.
Thank you.

Sample – dentist inquiry:
My name is Susie Brown, a dental hygiene student at Iowa Central Community College. John Smith is a patient at the Iowa Central clinic today. He is being seen for a (prophy, exam, rps, perio maintenance, etc).
Can you tell me when Mr. Smith was last seen in your office, what treatment was done at that time and when his last radiographs were taken?
May I ask who I am speaking with so that I may note that on Mr. Smith’s health history?
If you have any questions, or need to contact me for any reason, you may call the Dental Hygiene clinic. That number is 515 574-1327.
Thank you.
Dental Neglect Policy

*Dental neglect,* as defined by the American Academy of Pediatric Dentistry, is “the willful failure of parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection.” Dental caries, periodontal diseases, and other oral conditions, if left untreated, can lead to pain, infection, and loss of function. These undesirable outcomes can adversely affect learning, communication, nutrition, and other activities necessary for normal growth and development.

Failure to seek or obtain proper dental care may result from factors such as family isolation, lack of finances, parental ignorance, or lack of perceived value of oral health. The point at which to consider a parent negligent and to begin intervention occurs after the parent has been properly alerted by a health care professional about the nature and extent of the child's condition, the specific treatment needed, and the mechanism of accessing that treatment.

The physician or dentist should be certain that the caregivers understand the explanation of the disease and its implications and, when barriers to the needed care exist, attempt to assist the families in finding financial aid, transportation, or public facilities for needed services. Parents should be reassured that appropriate analgesic and anesthetic procedures will be used to assure the child's comfort during dental procedures. If, despite these efforts the parents fail to obtain therapy, the case should be reported to appropriate child protective services.

The Prevent Abuse and Neglect Through Dental Awareness (also known as PANDA) coalitions that have trained thousands of dentists and dental auxiliaries is another resource for physicians seeking information on this issue (telephone: 573/751-6247; e-mail: moudeL@mail.health.state.mo.us).

Child abuse/neglect in the State of Iowa

- All 50 states have passed some form of a mandatory child abuse and neglect reporting law in order to qualify for funding under the Child Abuse Prevention and Treatment Act (CAPTA)(Jan. 1996 version), 42 U.S.C. 5101, et seq.. The Act was originally passed in 1974, has been amended several times and was most recently amended and reauthorized on October 3, 1996, by the Child Abuse Prevention and Treatment and Adoption Act Amendments of 1996 (P.L. 104-235).
- CAPTA mandates "minimum definitions" for child abuse and sexual abuse. Child **abuse or neglect** is any recent act or failure to act:
  - Resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation
  - Of a child (usually a person under the age of 18, but a younger age may be specified in cases not involving sexual abuse)
  - By a parent or caretaker who is responsible for the child's welfare

  **Sexual abuse** is defined as
  - Employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or any simulation of such conduct for the purpose of producing any visual depiction of such conduct; or
  - Rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.
- Many states have modeled their laws after the Model Child Protection Act.
- Every state has a **hotline for reporting abuse and neglect.**
• All states require the report to be made to some type of law enforcement authority or child protection agency. Reporting to a parent or relative will not satisfy the reporter's legal duty under the statutes.

• Iowa Code Ann § 232.69, et seq. Link to Child Welfare Information Gateway site
• Iowa Prevent Child Abuse
• Iowa State University: Child Abuse Reporting

• If you think a child may have been abused, call the Iowa Child Abuse Hotline, 1-800-362-2178, and cooperate fully with the investigation. If an investigation discloses that your child has been mistreated, follow through on recommendations for treatment.

State Statutes Results

Iowa

Child Abuse and Neglect

Making and Screening Reports of Child Abuse and Neglect

To better understand this issue and to view it across States, see the Making and Screening Reports of Child Abuse and Neglect: Summary of State Laws (PDF - 451 KB) publication.

Individual Responsibility

Citation: Ann. Stat. § 232.70
Each report made by a mandated reporter shall be made both orally and in writing. Each report made by a permissive reporter may be oral, written, or both.

The oral report shall be made by telephone or otherwise to the department of human services. If the person making the report has reason to believe that immediate protection for the child is advisable, that person shall also make an oral report to an appropriate law enforcement agency.

The written report shall be made to the department of human services within 48 hours after the oral report.

Agency Responsibility

Citation: Ann. Stat. §§ 232.70; 232.71B; Admin. Code §§ 441-175.22; 441-175.25
Reports of child abuse shall be received by the department, central abuse registry, or Child Abuse Hotline. Any report that alleges child abuse shall be accepted for assessment. Reports that do not meet the legal definition of child abuse shall become rejected intakes.

If the department determines a report alleges child abuse, it shall begin an appropriate assessment within 24 hours of receiving the report. The primary purpose of the assessment shall be the protection of the child named in the report. The secondary purpose of the assessment shall be to engage the child's family in services to enhance family strengths and to address needs.
If a report does not meet the legal definition of child abuse, but a criminal act harming a child is alleged, the department shall immediately refer the matter to the appropriate law enforcement agency. If a report alleges child sexual abuse that involves a person who was not a caretaker, the department shall refer the report to law enforcement orally as soon as practicable, and follow up in writing within 72 hours of receiving the report.

Content of Reports
Citation: Ann. Stat. § 232.70
The oral and written reports shall contain as much of the following information as the reporter is able to furnish:

The names and home addresses of the child, the child's parent, and other persons responsible for the child's care
The child's present location, if not at home
The child's age
The nature and extent of the child's injuries, including any evidence of prior injury
The name, age, and condition of other children in the house
Any other information that might be helpful
The name and address of the person making the report

Special Reporting Procedures

Suspicious Deaths
Citation:
This issue is not addressed in the statutes reviewed.

Drug-Exposed Infants
Citation: Ann. Stat. § 232.77(2)
If a health practitioner discovers in a child symptoms of exposure to illegal drugs, the health practitioner may perform a medically relevant test. Any positive results shall be reported to the department.

Mandatory Reporters of Child Abuse and Neglect

To better understand this issue and to view it across States, see the *Mandatory Reporters of Child Abuse and Neglect: Summary of State Laws* (PDF - 633 KB) publication.

Professionals Required to Report
Citation: Ann. Stat. §§ 232.69; 728.14
The following persons are required to report:

Health practitioners
Social workers or psychologists
School employees, certified paraeducators, coaches, or instructors employed by community colleges
Employees or operators of health care facilities, child care centers, Head Start programs, family development and self-sufficiency grant programs, substance abuse programs or facilities, juvenile detention or juvenile shelter care facilities, foster care facilities, or mental health centers
Employees of Department of Human services institutions
Peace officers, counselors, or mental health professionals
Commercial film and photographic print processors

**Reporting by Other Persons**

*Citation: Ann. Stat. § 232.69*

Any other person who believes that a child has been abused may report.

**Standards for Making a Report**

*Citation: Ann. Stat. §§ 232.69; 728.14*

A report is required when:

A reporter, in the scope of his or her professional practice or employment responsibilities, reasonably believes that a child has been abused.
A commercial film and photographic print processor has knowledge of or observes a film, photograph, videotape, negative, or slide that depicts a minor engaged in a prohibited sexual act or in the simulation of a prohibited sexual act.

**Privileged Communications**

*Citation: Ann. Stat. § 232.74*

The husband-wife or health practitioner-patient privilege does not apply to evidence regarding abuse to a child.

**Inclusion of Reporter's Name in Report**

*Citation: Ann. Stat. § 232.70*

The report shall contain the name and address of the person making the report.

**Disclosure of Reporter Identity**

*Citation: Ann. Stat. § 232.71B*

The department shall not reveal the identity of the reporter to the subject of the report.
TITLE: Emergency Management Plan

OBJECTIVE: To protect students, faculty, staff, patients, and property from harm and to ensure an effective response to disasters or emergencies affecting the environment of care.

PROCEDURE(S):

A. Natural Disasters that the clinic might expect to see including some of the following types:
   - Meteorological disasters: tornadoes, hailstorms, snowstorms
   - Topological disasters: floods
   - Disasters that originate underground: natural gas pipeline from the street
   - Biological disasters: communicable disease epidemics

B. Man-made disasters, including the following types:
   - Civil disasters: riots and demonstrations, strikes;
   - Criminal/terrorist action
   - Accidents: structural collapse (buildings, and other structures), explosions, fires, chemical (toxic waste and pollution), and biological (sanitation).

The program shall educate its students, staff and faculty on the emergency management program as a part of their regular orientation. This education shall address the following:
   - Specific roles and responsibilities during emergencies
   - The information and skills required to perform duties during emergencies
   - How supplies and equipment are obtained during emergencies

External authorities (fire, police, public safety, health department, etc.) shall be notified as appropriate and informed of the need for assistance in responding to the emergency.
IOWA CENTRAL COMMUNITY COLLEGE
HEALTH SCIENCE

STUDENT INCIDENT/EXPOSURE REPORT

This report needs to be completed as soon as there is a known incident, even with no injury, and returned to the Instructor.

1. Name of Student ____________________________

2. Class ____________________________________

3. Date of incident ___________________________ Time __________________________

4. Date report filled out ______________________ Date Instructor knew of incident __________________________

5. Check appropriate category:
   ____ A. INJURY: Any incident which results in harm, wound or impairment.
   ____ B. EXPOSURE: Any undesirable exposure that causes injury or may cause harm or loss to you.
   1. Needlestick with contaminated needle to __________________________
   2. Piercing of skin with contaminated sharp to _______________________
   3. Splashing/spraying of blood or other potentially infectious material to __________________________________________
   4. Other (describe) __________________________
   ____ C. MEDICATION INCIDENT
   ____ D. OTHER

6. Description of the student's duties relating to the incident: __________________________

7. Describe circumstances of incident and be specific: __________________________

8. Have you had the Hepatitis B vaccine? Yes _____ No _____

9. Names of Witnesses ____________________________________________
10. Student was advised to see:

☐ College Nurse ☐ Personal Physician ☐ Public Health ☐ Other __________

If you have any complications or problems from this incident, notify your physician.

11. Immunizations recommended:

ISG ( ) HBIG ( ) Hepatitis ( ) Diphtheria/Tetanus ( ) PPD ( )

Other __________________________________________________________________________

12. Follow-up

Contact source known ( ) Contact source unknown ( )

13. The following remedial action may minimize the likelihood of future exposure.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

SAFETY

14. If equipment was involved, was it removed from service and/or sent for repair?

Yes _________ No _________ Date __________________________

15. Identify equipment: __________________________________________________________________

16. Follow-up needed for:

Training _____ Inservice _____ Equipment modification _____
Policy change _____ Personal protection _____ Technique change _____

17. General Comments: __________________________________________________________________

__________________________________________________________________________________

18. Student’s signature: __________________________________________________________________

19. Action was instituted (date): __________________________________________________________________

20. Report completed by: __________________________________________________________________

21. Reviewed with Instructor (date): __________________________________________________________________

22. Instructor’s signature: __________________________________________________________________
# Sharps/Hazard Incident Report

(to be completed if a sharps injury occurred)

<table>
<thead>
<tr>
<th>List procedure(s) being performed: Instrument(s)/chemical being used:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was a safety device/PPE used?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>If YES: was safety device activated?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did the injury occur before or after activation of protective mechanism?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If NO: could a safety device/PPE have prevented this injury?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>If YES, how?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What else could have prevented the injury/incident?</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was the spill kit used:</th>
<th>YES</th>
<th>NO</th>
<th>If NO, why not:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was the MSDS used:</th>
<th>YES</th>
<th>NO</th>
<th>If NO, why not:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Management of Occupational Exposure Form

When a health care worker has an “exposure” to blood or body fluids, the Iowa Central Dental Hygiene Clinic follows the recommendations of the Center for Disease Control (CDC).

In your case, you have been:

_______  Counseled regarding the incident, including discussion of prevention of future incidents and magnitude of risk

_______  Completed injury report

_______  Advised to have serologic testing for HIV and follow-up evaluation by physician

_______ Initially

_______ 6 weeks after exposure

_______ 12 weeks after exposure

_______ 6 months after exposure

_______ 1 year after exposure

_______  Advised to report any acute febrile illness within the next 12 weeks to your personal physician

_______  Advised to follow U.S. Public Health Service recommendations for prevention of transmission of HIV and HBV

_______  Advised to obtain a tetanus booster

_______  Advised to obtain Hepatitis B Vaccine after HBV serology drawn if not already immunized (Anti-HBs if previously immunized and HbsAG if not immunized)

_______  Advised to have Anti-HCV (Reflex to Riba 2) done

_______  Advised concerning serologic testing of source patient

_______  Advised on recommended Post-exposure Prophylaxis (PEP)

Name: ____________________________________________

SS#: ___________________________  Date: ___________________________
## RECOMMENDED HBV POST-EXPOSURE PROPHYLAXIS

<table>
<thead>
<tr>
<th>HBV Vaccination Status of Exposed Employee</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source HbsAg Positive</td>
<td>Source HbsAg Negative</td>
</tr>
<tr>
<td>Unvaccinated</td>
<td>Initiate vaccination series; 1 inj of HBIG</td>
</tr>
<tr>
<td>Vaccinated</td>
<td>None</td>
</tr>
<tr>
<td>Responder (titer &gt; 10mlu/ml)</td>
<td>None</td>
</tr>
<tr>
<td>Non-Responder (titer &lt; 10mlu/ml)</td>
<td>Initiate repeat series plus 1 inj of HBIG; or 2 inj or HBIG</td>
</tr>
<tr>
<td>Unknown</td>
<td>Test Exposed perform for anti-HBs, if:</td>
</tr>
<tr>
<td>1) Titer &gt; 10 — No treatment</td>
<td></td>
</tr>
<tr>
<td>2) Titer &lt; 10 — 1 inj of HBIG and 1 vaccine booster</td>
<td></td>
</tr>
<tr>
<td>(One dose of HBIG is 0.06mL/kg ml)</td>
<td></td>
</tr>
</tbody>
</table>

## RECOMMENDED HVC POST-EXPOSURE PROPHYLAXIS

1. Immune Globulin (including Interferon) and antiviral agents (such as ribavirin) are not recommended for PEP for HCV. They do not seem to be effective in preventing the infection and are not approved by the FDA for that use.

2. If the source patient is positive for HCV, the exposed employee should be retested at 4-6 months post-exposure, for anti-HCV and for ALT activity. Anti-HCV positive results should be confirmed by enzyme immunoassay. Because acute HCV virus frequently resolves, Immune Globulin and antiviral agents are usually administered only after chronic infection is established. There are some indications that these drugs may be beneficial when started early in the acute phase. A specialist should be consulted.
POST EXPOSURE FOLLOW-UP CHECKLIST

Under the bloodborne pathogen standard, an occupational exposure incident is defined as “a specific eye, mouth, or other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.”

When such an incident occurs, certain follow-up activities must be performed. These follow-up activities must be provided by the employer at no cost to the employee and must be conducted in a confidential manner.

- Document all details of the incident (see Injury Report). Complete Sharps Injury on the back if injury involved a SHARPS.
- Have employee sign Informed Refusal of Post Exposure Medical Evaluation form if no follow-up is desired. If this is the case, you may STOP HERE. Otherwise, continue down the checklist.
- Identify the source individual unless the identification is infeasible or prohibited by law.
- Obtain Consent For HIV, HBV and HCV Blood Test from the source patient, unless consent is not required by law and blood is already available. OR if the source is know to be infected with HIV, HCV or HBV, then the blood testing does not need to be repeated.
- Collect blood specimen if not already available from source patient.
- Obtain permission from the employee for baseline blood collection and storage or immediate testing.
- Collect blood specimen from exposed employee for immediate or future testing. (Blood may be stored up to 90 days if the employee does not want immediate testing. The employee may request testing within that 90 day period.)
- Choose – or let the employee choose - a licensed healthcare provider to do the follow-up.
- Send specimens to the licensed laboratory for testing for HBV, HCV and HIV with instructions to send reports only to the healthcare provider chosen to do the follow-up.
- Forward a copy of the detailed information concerning the incident to the selected healthcare provider. This will include:
  - A copy of the Bloodborne Pathogen Standard
  - A description of the employee’s duties as they relate to the indecent.
  - Documentation of the route(s) of exposure and the circumstances under which the exposure occurred.
  - Results of the source individual’s blood testing if available
  - All medical records relevant to appropriate treatment of the employee, including documentation of vaccination status.
- Offer a Hepatitis B vaccination to the employee if this has not already been done.
- The Healthcare provider is then responsible for informing the employee of the results, providing necessary prophylaxis and counseling, and for informing the employer that this has been done.
- Obtain the healthcare professional’s written opinion to the employee within 15 days of the incident.
- Give a copy of the healthcare professional’s written opinion within 15 days of evaluation completion to the employee.
- Maintain all relative documentation for 30 days beyond the end of the employee’s employment.

ONCE completed place this checklist in the Record.
POST-EXPOSURE PROPHYLAXIS FOLLOW-UP

You have been scheduled for follow up with _______________ on or about the following dates and times for post BBP exposure protocol evaluation.

It is important that you go to the lab at the _______________ for CBC and Comprehensive Metabolic Profile (CMP) 2 days prior to each scheduled visit so the provider will have the lab results when you are seen for the follow-up exam.

2 weeks post exposure

4 weeks post exposure

6 weeks post exposure

3 months

6 months

12 months

It is also important for you to have follow-up HIV testing as follows:

6 weeks

12 weeks

6 months

1 year
CONSENT FOR HIV, HBV and HBC BLOOD TEST

I have been informed that my blood will be tested in order to detect whether or not I have antibodies and/or antigens in my blood to the Human Immunodeficiency Virus (HIV), which is the causative agent of Acquired Immune Deficiency Syndrome (AIDS). I understand that the test is performed by withdrawing blood and using a substance to test the blood.

I have been informed that the test results may, in some cases, indicate that a person has antibodies and/or antigens to the virus when the person does not (false positive), or that it may fail to detect that a person has antibodies to the virus when the person has antibodies (false negative). I understand that in order to diagnose AIDS, other clinical evidence must be used in conjunction with this blood test.

I also consent to be tested for Hepatitis B Virus and Hepatitis C Virus at this time.

I have been informed that if I have any questions regarding the nature of the blood tests, its expected benefits, its risks and alternative tests, I may ask those questions before I decide to consent to the blood test.

I understand that the results of this blood test are confidential and will only be released to those healthcare providers directly responsible for my care and treatment, and to others as required by law. I further understand that no additional release of the results will be made without my written authorization.

BY my signature below, I acknowledge that I have been given all of the information I desire concerning the blood test and release of results and have had all my questions answered. Further, I acknowledge that I have given consent for the performance of a blood test to detect antibodies to the Human Immunodeficiency Virus (AIDS).

SIGNED: ____________________________________________

If signed by other than the patient, indicate relationship: ____________________________________________

Date: ____________________________

Witness
INFORMED REFUSAL OF POST EXPOSURE MEDICAL EVALUATION

I, ________________________
Iowa Central Community College Dental Hygiene Program has provided to me training regarding infection control and the risk of disease transmission in the health care setting.

On ________________________, 20___, I was involved in an exposure incident when I (please describe the incident)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

An offer to provide follow-up medical evaluation for me in order to assure that I have full knowledge of whether I have been exposed to or contracted an infectious disease from this incident.

However, I, of my own free will and volition, and despite the offer, have elected not to have medical evaluation. I have personal reasons for making this decision.

________________________________________________________________________

Witness

________________________________________________________________________

Employee’s Signature

Date: __________________________

Printed Name

________________________________________________________________________

Address

City State Zip

NOTE: Maintain this record for duration of employment plus 30 years.
HEALTHCARE PROFESSIONAL’S WRITTEN OPINION
FOR POST-EXPOSURE EVALUATION

Employee Name: ________________________________________________

Date of Incident: ________________________________________________

Date of Medical Evaluation: _______________________________________

Healthcare Facility Address: ______________________________________

Healthcare Facility Telephone: _________________________________

As required under the bloodborne pathogen standard:

_______ The employee/student named above has been informed of the results of the post-exposure health evaluation.

_______ The employee/student named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation or treatment.

_______ Hepatitis B vaccination is ____ is not_____ indicated.

(Printed name of healthcare provider)

(signature of healthcare provider) Date

This form is to be returned to the employer and a copy provided to the employee within 15 days. Please label the outside of the envelope “Confidential”.

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TITLE: Iowa Central Dental Hygiene Off-site Clinical Visit Nursing Home

OBJECTIVE: Students will participate in a rotation to a care center/nursing home.

PROCEDURES: Students will follow the procedures outlined below when visiting an off-site or Nursing home clinical site

Nursing home rules:
- Leave no one alone/unattended; check with nursing home staff
- Do not turn off any alarms/equipment in client’s room
- Be sure call light is in place
- Wear appropriate eyewear and scrubs
- Provide an ink pen

Objectives:
- Identify risk factors for dental disease
- Plan comprehensive care for the client including referrals
- Collaborate effectively with nursing home staff
- Facilitate interpersonal communication and collaboration
- Increase medical/dental synergistic health care

Requirements:
- Oral screening/dental charting
- Health history and dental history review
- Tooth brushing
- OHI
- Prosthetic appliance cleaning
- Word Processed-Comprehensive DH treatment plan
- Word Processed -Written reflection
- Provide Daily Clinic Evaluation (blue sheet)

Oral Screening:
- Dental/hard tissue charting – restorations, missing teeth, obvious decay, root tips
- Gingivitis/Perio description
  - EIO-all findings
  - Recession
  - Gingival condition

OHI
- Individualized for client
- Prosthetic evaluation and cleaning
- Tooth brushing with pt demonstration, (if possible) and individual OHI

Documentation:
- Significant findings
- Referrals
- Services provided
- Charting
- Care plan

Reflection
- Provide a paragraph on what you learned, recommendations, etc
  - Your reflection needs to be word processed
  - Hand in your reflection no more than 1 week following rotation/visit
Nursing Home Care Plan

Student Name: __________________________ Date: _______________

Resident Name: ________________________________________________

Objective: The student will develop a comprehensive care plan for a nursing home client

Directions:  A = acceptable performance/task done appropriately
X = unacceptable performance/task improperly done or not done
Each criterion has a one-point value

<table>
<thead>
<tr>
<th>Task Component</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Properly complete paper work</td>
<td>A</td>
</tr>
<tr>
<td>2. Appropriately written and prioritized dental hygiene diagnosis</td>
<td>A</td>
</tr>
<tr>
<td>3. Periodontal diagnosis</td>
<td>A</td>
</tr>
<tr>
<td>4. Appropriate therapeutic care</td>
<td>A</td>
</tr>
<tr>
<td>5. Appropriate care plan sequence</td>
<td>A</td>
</tr>
<tr>
<td>6. Adequate time allowed for procedures</td>
<td>A</td>
</tr>
<tr>
<td>7. Patient education of disease process</td>
<td>A</td>
</tr>
<tr>
<td>8. Self-care instructions including patient demonstration, appropriate adjuncts etc</td>
<td>A</td>
</tr>
<tr>
<td>9. Dental Charting</td>
<td>A</td>
</tr>
<tr>
<td>10. Medications reviewed</td>
<td>A</td>
</tr>
<tr>
<td>11. Chemotherapeutic recommendations (if applicable)</td>
<td>A</td>
</tr>
<tr>
<td>12. Additional counseling (case specific) or referral</td>
<td>A</td>
</tr>
<tr>
<td>13. Appropriate, properly written goal statements.</td>
<td>A</td>
</tr>
<tr>
<td>14. Dental Hygiene Interventions (should correspond with Dental Hygiene Diagnoses)</td>
<td>A</td>
</tr>
<tr>
<td>15. Expected Outcomes</td>
<td>A</td>
</tr>
</tbody>
</table>

Total /15

Student Signature: __________________________ Date: _______________

Faculty Signature: __________________________ Date: _______________

Comments:
Iowa Central Community College  
Dental Hygiene  
Oral Risk Assessment

<table>
<thead>
<tr>
<th>Review</th>
<th>Analyze Oral Risk Concerns</th>
</tr>
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<tbody>
<tr>
<td><strong>Health History</strong></td>
<td>Clinically Evident</td>
</tr>
<tr>
<td>☐ Cardiovascular</td>
<td>Hard Tissues</td>
</tr>
<tr>
<td>☐ Central nervous system</td>
<td>☐ Abrasion/Attrition/Erosion</td>
</tr>
<tr>
<td>☐ Diabetes</td>
<td>☐ Bone loss</td>
</tr>
<tr>
<td>☐ Endocrine</td>
<td>☐ Bruxism/Occlusal trauma</td>
</tr>
<tr>
<td>☐ Gastrointestinal</td>
<td>☐ Calculus</td>
</tr>
<tr>
<td>☐ Genetic</td>
<td>☐ Caries</td>
</tr>
<tr>
<td>☐ Genitourinary</td>
<td>☐ Staining</td>
</tr>
<tr>
<td>☐ Head, eyes, ears, nose, throat</td>
<td>☐ Malaligned teeth</td>
</tr>
<tr>
<td>☐ Hematologic</td>
<td>☐ Mobile teeth</td>
</tr>
<tr>
<td>☐ Integumentary</td>
<td>☐ Sensitive teeth</td>
</tr>
<tr>
<td>☐ Musculoskeletal</td>
<td>☐ Trauma</td>
</tr>
<tr>
<td>☐ Psychologic</td>
<td>☐ Other</td>
</tr>
<tr>
<td>☐ Respiratory</td>
<td></td>
</tr>
<tr>
<td>☐ Tobacco Use</td>
<td></td>
</tr>
<tr>
<td>☐ Xerostomia</td>
<td></td>
</tr>
<tr>
<td><strong>Dental History</strong></td>
<td></td>
</tr>
<tr>
<td>☐ Sensitive teeth</td>
<td>☐ Abscess</td>
</tr>
<tr>
<td>☐ Bleeding teeth</td>
<td>☐ Aphthous ulcer</td>
</tr>
<tr>
<td>☐ Bad breath</td>
<td>☐ Burning tongue/mouth</td>
</tr>
<tr>
<td>☐ Recession/root exposure</td>
<td>☐ Candidias</td>
</tr>
<tr>
<td>☐ Sore jaw</td>
<td>☐ Ecchymosis</td>
</tr>
<tr>
<td>☐ Difficulty chewing</td>
<td>☐ Gingival recession</td>
</tr>
<tr>
<td>☐ Burning sensation</td>
<td>☐ Gingival hyperplasia</td>
</tr>
<tr>
<td>☐ Toothache</td>
<td>☐ Gingivitis</td>
</tr>
<tr>
<td>☐ Filling fell out</td>
<td>☐ Herpetic Lesion</td>
</tr>
<tr>
<td>☐ Yellowing teeth</td>
<td>☐ Plaque Slight Moderate Severe</td>
</tr>
<tr>
<td>☐ Oral self-care difficulty</td>
<td>☐ Leukoplakia</td>
</tr>
<tr>
<td>☐ Sore gums</td>
<td>☐ Lichen planus</td>
</tr>
<tr>
<td>☐ Difficulty swallowing</td>
<td>☐ OCS (-) or (+)</td>
</tr>
<tr>
<td>☐ Grinding</td>
<td>☐ Petechiae</td>
</tr>
<tr>
<td>☐ Swollen face</td>
<td>☐ Trauma</td>
</tr>
<tr>
<td></td>
<td>☐ Xerostomia</td>
</tr>
<tr>
<td></td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

Medications:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
Client Name:

Room #:

Date of Screening:

Number of teeth present:

The following needs were assessed from the oral screening with the following recommendations:

______________________________________________________________________________________

______________________________________________________________________________________

_______________________________________________

_______________________________________

_____________________

URGENT NEED: YES NO

Signature : ________________________________
1. Preamble

As dental hygienists, we are a community of professionals devoted to the prevention of disease and the promotion and improvement of the public’s health. We are preventive oral health professionals who provide educational, clinical, and therapeutic services to the public. We strive to live meaningful, productive, satisfying lives that simultaneously serve us, our profession, our society, and the world. Our actions, behaviors, and attitudes are consistent with our commitment to public service. We endorse and incorporate the Code into our daily lives.

2. Purpose

The purpose of a professional code of ethics is to achieve high levels of ethical consciousness, decision making, and practice by the members of the profession. Specific objectives of the Dental Hygiene Code of Ethics are:

- to increase our professional and ethical consciousness and sense of ethical responsibility.
- to lead us to recognize ethical issues and choices and to guide us in making more informed ethical decisions.
- to establish a standard for professional judgment and conduct.
- to provide a statement of the ethical behavior the public can expect from us.

The Dental Hygiene Code of Ethics is meant to influence us throughout our careers. It stimulates our continuing study of ethical issues and challenges us to explore our ethical responsibilities. The Code establishes concise standards of behavior to guide the public’s expectations of our profession and supports dental hygiene practice, laws and regulations. By holding ourselves accountable to meeting the standards stated in the Code, we enhance the public’s trust on which our professional privilege and status are founded.

3. Key Concepts

Our beliefs, principles, values and ethics are concepts reflected in the Code. They are the essential elements of our comprehensive and definitive code of ethics, and are interrelated and mutually dependent.

4. Basic Beliefs

We recognize the importance of the following beliefs that guide our practice and provide context for our ethics: The services we provide contribute to the health and well being of society.
Our education and licensure qualify us to serve the public by preventing and treating oral disease and helping individuals achieve and maintain optimal health.

Individuals have intrinsic worth, are responsible for their own health, and are entitled to make choices regarding their health.

Dental hygiene care is an essential component of overall health care and we function interdependently with other health care providers.

All people should have access to health care, including oral health care.

We are individually responsible for our actions and the quality of care we provide.

5. **Fundamental Principles**

These fundamental principles, universal concepts and general laws of conduct provide the foundation for our ethics.

**Universality**
The principle of universality expects that, if one individual judges an action to be right or wrong in a given situation, other people considering the same action in the same situation would make the same judgment.

**Complementarity**
The principle of complementarity recognizes the existence of an obligation to justice and basic human rights. In all relationships, it requires considering the values and perspectives of others before making decisions or taking actions affecting them.

**Ethics**
Ethics are the general standards of right and wrong that guide behavior within society. As generally accepted actions, they can be judged by determining the extent to which they promote good and minimize harm. Ethics compel us to engage in health promotion/disease prevention activities.

**Community**
This principle expresses our concern for the bond between individuals, the community, and society in general. It leads us to preserve natural resources and inspires us to show concern for the global environment.

**Responsibility**
Responsibility is central to our ethics. We recognize that there are guidelines for making ethical choices and accept responsibility for knowing and applying them. We accept the consequences of our actions or the failure to act and are willing to make ethical choices and publicly affirm them.
6. Core Values

We acknowledge these values as general for our choices and actions.

**Individual autonomy and respect for human beings**
People have the right to be treated with respect. They have the right to informed consent prior to treatment, and they have the right to full disclosure of all relevant information so that they can make informed choices about their care.

**Confidentiality**
We respect the confidentiality of client information and relationships as a demonstration of the value we place on individual autonomy. We acknowledge our obligation to justify any violation of a confidence.

**Societal Trust**
We value client trust and understand that public trust in our profession is based on our actions and behavior.

**Non-maleficence**
We accept our fundamental obligation to provide services in a manner that protects all clients and minimizes harm to them and others involved in their treatment.

**Beneficence**
We have a primary role in promoting the well being of individuals and the public by engaging in health promotion/disease prevention activities.

**Justice and Fairness**
We value justice and support the fair and equitable distribution of health care resources. We believe all people should have access to high-quality, affordable oral healthcare.

**Veracity**
We accept our obligation to tell the truth and expect that others will do the same. We value self-knowledge and seek truth and honesty in all relationships.

7. Standards of Professional Responsibility

We are obligated to practice our profession in a manner that supports our purpose, beliefs, and values in accordance with the fundamental principles that support our ethics. We acknowledge the following responsibilities:

**To Ourselves as Individuals...**
Avoid self-deception, and continually strive for knowledge and personal growth.

- Establish and maintain a lifestyle that supports optimal health.
- Create a safe work environment.
- Assert our own interests in ways that are fair and equitable.
• Seek the advice and counsel of others when challenged with ethical dilemmas.
• Have realistic expectations of ourselves and recognize our limitations.

**To Ourselves as Professionals...**
• Enhance professional competencies through continuous learning in order to practice according to high standards of care.
• Support dental hygiene peer-review systems and quality-assurance measures.
• Develop collaborative professional relationships and exchange knowledge to enhance our own lifelong professional development.

**To Family and Friends...**
• Support the efforts of others to establish and maintain healthy lifestyles and respect the rights of friends and family.

**To Clients...**
• Provide oral health care utilizing high levels of professional knowledge, judgment, and skill.
• Maintain a work environment that minimizes the risk of harm.
• Serve all clients without discrimination and avoid action toward any individual or group that may be interpreted as discriminatory.
• Hold professional client relationships confidential.
• Communicate with clients in a respectful manner.
• Promote ethical behavior and high standards of care by all dental hygienists.
• Serve as an advocate for the welfare of clients.
• Provide clients with the information necessary to make informed decisions about their oral health and encourage their full participation in treatment decisions and goals.
• Refer clients to other healthcare providers when their needs are beyond our ability or scope of practice.
• Educate clients about high-quality oral health care.

**To Colleagues...**
• conduct professional activities and programs, and develop relationships in ways that are honest, responsible, and appropriately open and candid.
• Encourage a work environment that promotes individual professional growth and development.
• Collaborate with others to create a work environment that minimizes risk to the personal health and safety of our colleagues.
• Manage conflicts constructively.
• Support the efforts of other dental hygienists to communicate the dental hygiene philosophy and preventive oral care.
• Inform other health care professionals about the relationship between general and oral health.
• Promote human relationships that are mutually beneficial, including those with other health care professionals.

To Employees and Employers...
• Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, open, and candid.
• Manage conflicts constructively.
• Support the right of our employees and employers to work in an environment that promotes Wellness.
• Respect the employment rights of our employers and employees.

To the Dental Hygiene Profession...
• Participate in the development and advancement of our profession.
• Avoid conflicts of interest and declare them when they occur.
• Seek opportunities to increase public awareness and understanding of oral health practices.
• Act in ways that bring credit to our profession while demonstrating appropriate respect for colleagues in other professions.
• Contribute time, talent, and financial resources to support and promote our profession.
• Promote a positive image for our profession.
• Promote a framework for professional education that develops dental hygiene competencies to meet the oral and overall health needs of the public.

To the Community and Society...
• Recognize and uphold the laws and regulations governing our profession.
• Document and report inappropriate, inadequate, or substandard care and/or illegal activities by a health care provider, to the responsible authorities.
• Use peer review as a mechanism for identifying inappropriate, inadequate, or substandard care provided by dental hygienists.
• Comply with local, state, and federal statutes that promote public health and safety.
• Develop support systems and quality-assurance programs in the workplace to assist dental hygienists in providing the appropriate standard of care.
• Promote access to dental hygiene services for all, supporting justice and fairness in the distribution of healthcare resources.
• Act consistently with the ethics of the global scientific community of which our profession is a part.
• Create a healthful workplace ecosystem to support a healthy environment.
• Recognize and uphold our obligation to provide pro bono service.
To Scientific Investigation...
We accept responsibility for conducting research according to the fundamental principles underlying our ethical beliefs in compliance with universal codes, governmental standards, and professional guidelines for the care and management of experimental subjects. We acknowledge our ethical obligations to the scientific community:

- Conduct research that contributes knowledge that is valid and useful to our clients and society.
- Use research methods that meet accepted scientific standards.
- Use research resources appropriately.
- Systematically review and justify research in progress to insure the most favorable benefit-to-risk ratio to research subjects.
- Submit all proposals involving human subjects to an appropriate human subject review committee.
- Secure appropriate institutional committee approval for the conduct of research involving animals.
- Obtain informed consent from human subjects participating in research that is based on specification published in Title 21 Code of Federal Regulations Part 46.
- Respect the confidentiality and privacy of data.
- Seek opportunities to advance dental hygiene knowledge through research by providing financial, human, and technical resources whenever possible.
- Report research results in a timely manner.
- Report research findings completely and honestly, drawing only those conclusions that are supported by the data presented.
- Report the names of investigators fairly and accurately.
- Interpret the research and the research of others accurately and objectively, drawing conclusions that are supported by the data presented and seeking clarity when uncertain.
- Critically evaluate research methods and results before applying new theory and technology in practice.
- Be knowledgeable concerning currently accepted preventive and therapeutic methods, products, and technology and their application to our practice.
APPENDIX
ESTIMATED STUDENT EXPENSES

Dental hygiene education requires considerable additional expenses, over and beyond tuition, for books, instruments/supplies, materials, board examination, etc. A cost estimate is provided but may not be actual costs and/or is a comprehensive list of expenses.

### Dental Hygiene Estimated Student Fees

<table>
<thead>
<tr>
<th>Semester</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Semester</strong></td>
<td>Resident Tuition (17 credit hours) @ $146.00/credit hour (includes student fees)</td>
<td>2482.00</td>
</tr>
<tr>
<td></td>
<td>* DHY 174 Principles of Dental Hygiene Course Fees</td>
<td>775.00</td>
</tr>
<tr>
<td></td>
<td>Personal Protection Equipment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eyer wear, professional shoes</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td>Dental hygiene instruments</td>
<td>1,000.00</td>
</tr>
<tr>
<td></td>
<td>Typodonts</td>
<td>200.00</td>
</tr>
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<td></td>
<td>Text books (estimated)</td>
<td>650.00</td>
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<tr>
<td><strong>Second Semester</strong></td>
<td>Resident Tuition (15 credit hours) @ $146.00/credit hour (includes student fees)</td>
<td>2190.00</td>
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<tr>
<td></td>
<td>*DHY 184 Clinical Dental Hygiene I Course Fees</td>
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<tr>
<td></td>
<td>Iowa Dental Hygiene Annual Session (travel, lodging, registration)</td>
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<td>Text books (estimated)</td>
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<td><strong>Third Semester</strong></td>
<td>Resident Tuition (10 credit hours) @ $146.00/credit hour (includes student fees)</td>
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<tr>
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<td>*DHY Clinical Dental Hygiene II Course Fees</td>
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<td></td>
<td>Text books (estimated)</td>
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<td></td>
<td><strong>Magnification eyewear</strong></td>
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<tr>
<td><strong>Fourth Semester</strong></td>
<td>Resident Tuition (15 credit hours) @ $146.00/credit hour (includes student fees)</td>
<td>2190.00</td>
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<tr>
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<td>DHY 292 Clinical Dental Hygiene III Course Fees</td>
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<td>Text books (estimated)</td>
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<td>Student Faculty Meeting</td>
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<td><strong>Fifth Semester</strong></td>
<td>Resident Tuition (13 credit hours) @ $146.00/credit hour (includes student fees)</td>
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<td>*DHY 302 Clinical Dental Hygiene IV Course Fees</td>
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<td>Dental Hygiene National Written Examination</td>
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<td>CRDTS Examination Fee</td>
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<td></td>
<td>State Jurisprudence Exams, Child Dependent Adult Abuse Course</td>
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<td>Licensure to the Iowa Board of Dental Examiners</td>
<td>260.00</td>
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<td>Textbooks (estimated)</td>
<td>150.00</td>
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**Other fees**

- Personal Health insurance
- IDHA Annual Session
- Transportation to class and practicum educational sites

*uniforms, laundry service, lab coats, disposable items, dental x-ray film badge monitoring service and American Dental Hygiene Association student membership dues (SADHA).
Exams Needed For Licensure

National Board Exam –
Morning session (8:30-12:00) – 200 multiple choice
Afternoon session (1:00-5:00) – 150 case study questions
Cost – $360.00

Central Regional Dental Testing Service (CRDTS) – 1 day
Cost - $850.00 plus site fee ($75 at Creighton, $400 at U of M)
Need to rent cavitron ($85), handpiece ($65)
Motel, gas, food for you and your patient
Some students purchased new instruments

Jurisprudence Exam -
Taken at Student Success Center
50 questions-paper, not computer
Cost - $27

Child/Dependent Adult Abuse Course
Cost - $5

Licensure cost to the Iowa Board of Dental Examiners
Cost - $260
Every state will require a fee

May meeting
Responsible for your own transportation, motel room, meals

Above costs are an estimation only
Emergency Action Plan

1. The **student** whose patient is experiencing the emergency will **STAY** with the patient and do the following.
   - Notify a neighboring 2\textsuperscript{nd} **student** of the emergency by quietly indicating that they have a "**RED LIGHT**"
   - Assess the patient's condition utilizing vital signs to determine the need for CPR or other first aid measures and initiate life support if needed

2. The neighboring 2\textsuperscript{nd} **student** will:
   - Bring the incident to the attention of an instructor and supervising dentist
   - Bring the oxygen tank, first aid kit, and emergency drug kit to the scene of the incident, as directed by the clearly marked signs in the Clinic
   - **Dial EMS Dial 9-911**
     (Emergency services numbers are located near each phone in Clinic)
   - The following information should be given to the 911 Operator
     - Caller's name and clinic phone number: 574-1327
     - Nature of the emergency
     - Type of aid needed
     - Location of the emergency
     - Meet the emergency vehicle(s) at a designated location and inform them of building entrance which offers best access to the emergency location
   - Lead emergency service to area

3. The **responding faculty** will:
   - Assess patient for emergency support measures that would be appropriate
   - Verify that the **supervising dentist** has been notified
   - Notify Director
   - Coordinate and administer in emergency procedures until dentist or EMS arrives
   - Follow-up on EMS
   - Aid in clinic patient/student control

4. The **supervising dentist** will:
   - Assess patient needs and participate in delivery of aid deemed necessary, i.e. administration of oxygen, CPR, etc.
   - Verify that EMS was called
   - Coordinate and administer in emergency procedures until EMS arrives

5. **Incident Follow-Up**:
   - Dentist, faculty, and students involved meet as soon as possible following the incident and record:
     - Description of incident
     - Cause of incident
     - Prevention of incident
     - Corrective actions to be taken
   - Fill out accident/incident report. Copies given to Director
# Iowa Central Social Media Policy

<table>
<thead>
<tr>
<th>CHAPTER: EMPLOYEES</th>
<th>Social Media</th>
<th>DATE ADOPTED</th>
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<td>EMPLOYEES</td>
<td>June 12, 2012</td>
<td>315</td>
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## SYNOPSIS:

1. **College Networking**: The goal of College networking sites is to convey information about the College’s services, promote and raise awareness of Iowa Central Community College, search for potential new students and partners, communicate with employees and students, issue or respond to breaking news or publicity, and discuss college activities and events.

Guidelines - The following guidelines apply to all College-related social networking:

a. Employees cannot post any confidential or legally protected information about the College, students, employees, alumni, or other partners. Employees must follow the applicable federal requirements, such as FERPA and HIPPA, as well as NJCAA regulations.

b. Only authorized employees can prepare and modify content for Iowa Central Community College social networking sites. Content must be relevant, add value, and meet at least one of the specified outcomes of the program, department, division, and/or college.

c. Employees cannot post content that might be embarrassing to an individual or that might reflect negatively on an individual or that reflects negatively on the Iowa Central Community College.

d. Employees cannot upload, post, transmit, share, store or otherwise make publicly available:

   (1) personally identifiable information, including information relating to students, faculty, staff, or any individual not affiliated with the College, unless you have express permission from the person being identified;

   (2) private information, including but not limited to social security numbers, student IDs, student records, addresses, or phone numbers (other than authorized business contact information);

   (3) content that could create a security risk for the College, including but not limited to images of child-care facilities and information technology facilities;

   (4) content depicting a dangerous activity;

   (5) content depicting someone getting hurt, attacked or humiliated, or which might be considered discriminatory, racist, bigoted or demeaning, or which depicts activity that is, or may be perceived, to be illegal (e.g. drug use), or content that otherwise misrepresents the College; and/or;

   (6) content that might cause someone to believe that his/her name, image, likeness or other identifying aspect of his/her identity is being used for commercial purposes without permission.

e. Copyrighted information for which written reprint permission has not been obtained in advance cannot be posted on Iowa Central sites.
f. Divisions, departments, and programs are responsible for ensuring all blogging and social networking information complies with Iowa Central's written policies. The Director of Public Information is authorized to remove any content that does not meet the rules and guidelines of this policy or that may be illegal harassing. Removal of such content will be done without permission of the blogger or advance warning.

g. Divisions, departments, and programs cannot use social media sites to collect personal information about users. Terms and conditions of use on social media sites, as well as state and federal laws, impose significant requirements and restrictions on the collection of personal information. In the case of minors, significant additional penalties can apply to violations.

### 2 Social Networking

Blogging or other forms of social media or technology include but are not limited to video or wiki postings; sites such as MySpace, Facebook and Twitter; chat rooms; personal blogs; or other similar forms of online journals, diaries, or personal newsletters not affiliated with Iowa Central Community College.

#### Guidelines

- **Guideline a.** Iowa Central Community College respects the right of employees to create blogs and use social networking sites. Iowa Central does not want to discourage employee’s self-expression and does not discriminate against employees who use these media for personal interests, affiliations, or other lawful purposes.

- **Guideline b.** The College encourages employees to try to add value and provide worthwhile information and perspective. Iowa Central is best represented by its employees, and what they publish may reflect on the College.

- **Guideline c.** If contacted by the media or press about posts that relate to Iowa Central Community College, employees are required to speak with the Director of Public Information before responding.

- **Guideline d.** Bloggers and commenters are personally responsible for their commentary on blogs and social networking sites. Bloggers and commenters can be held personally liable for commentary that is considered defamatory, obscene, proprietary, or libelous by any offended party.

- **Guideline e.** An individual is expected to provide a clear distinction between him/herself as the individual and him/herself as an employee. If an individual chooses to identify him/herself as an Iowa Central Community College employee, the employee must understand that some readers may view him/her as a spokesperson for the College. Because of this possibility, the College asks that individuals state that his/her views expressed in a blog or social networking areas are his/her own and not those of the College. If an individual identifies him/herself as an Iowa Central employee, he/she must use a disclaimer such as this example: “The postings on this site are my own and don’t necessarily represent Iowa Central Community College’s positions, strategies, or opinions.”

- **Guideline f.** Employees must comply with the College’s Technology Use Policy.

- **Guideline g.** Employees shall not use blogs or social networking sites to harass, threaten, discriminate, or
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<td>June 12, 2012</td>
<td>315</td>
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<tr>
<td>h. Employees shall not use Iowa Central's name, logo, website address, email address, or other Iowa Central images to promote a product, cause, or political party or candidate.</td>
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<tr>
<td>i. Employees should be guided by applicable laws, College policies, and sound professional judgment when using social media.</td>
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MEDICAL EMERGENCIES

Procedures: All students, faculty and staff should be able to recognize immediately the first symptoms of syncope, allergy or other medical emergencies. Upon recognition of life threatening emergencies, immediately call for medical aid and commence basic life support and or appropriate measures for the patient's well being. All dentists, hygienists’ hygiene students and assistants are expected to remain current in accepted emergency procedures in the dental office and be current in CPR techniques. A copy of such shall be presented prior to clinical duties and placed in their file.

Prevention:
1. Accurate (current) medical history.
2. Pre-medication if necessary.
3. Medical consultation if necessary.
4. Patient positioning and reassurance.

In all emergencies:
1. Assess the condition.
2. Assess airway and if needed open airway.
3. Provide basic life support as needed including administration of oxygen (except in hyper-ventilation).
4. Be prepared to call for medical assistance or 9-911.
5. Each instructor, dentist and student should be thoroughly familiar with the following problems and treatment.
   a. Toxic reactions (overdose) to local anesthetics resulting in stimulation and depression of the central nervous system.
   b. Diabetic incidents.
   c. Anaphylactic reaction.
   d. Cardiac arrest.
   e. Angina pectoris.
   f. Syncope.
   g. Epileptic seizure.

6. At the first sign that the patient cannot be managed, medical assistance should be called immediately. Iowa Central Community College Dental Hygiene students, faculty and staff should familiarize themselves with available medications, CPR, and other treatment they may feel might be required in handling an emergency.

7. Portable oxygen unit is located in the dental clinic. Weekly checks will be made of the oxygen units and the pressure and date will be annotated on the oxygen checklist. As necessary the tank will be exchanged.

8. Life Threatening Emergency: In the event of a life-threatening emergency, the following procedures will be followed:

The person witnessing the event:
Will initiate emergency medical procedures until relieved by more experienced personnel or until the emergency condition is resolved.
Records/reception section personnel:
Will activate “code blue” and/or 9-911 will be called. The person who calls 9-911 will then proceed to the front of the dental hygiene clinic to direct the Emergency response team to the emergency location within the dental hygiene clinic. Obtain additional professional assistance from the attending dentist. Standby to perform any additional duties as may be required.

All personnel not required for services will stay out of area. They will reassure other patients that the situation is under control.

Iowa Central Community College Dental Hygiene Clinic has attempted to identify medications, solutions, tools and supplies that might potentially be required in a patient emergency situation. These items are kept in a medical emergency kit that is located in the labeled sterilization area. This kit is not meant to be all-inclusive, as we cannot anticipate all items that might be needed, as we are neither an Emergency Center nor an Urgent Care center.

1. An inventory list will be maintained. It will include all items required and the expiration date for any medications or supplies.
2. The staff and Clinical Assistant student will check contents of the emergency box on the first Monday of each odd numbered month or after use. (Expired or missing supplies and medication will be replaced and/or ordered. On order meds will be noted on the inventory sheet).
3. Expiration dates will be checked. Any items that will expire prior to the next scheduled check will be removed and replaced. The new expiration dates will be entered on the inventory list.
4. The staff and/or student will sign the inventory list and include their title and the date.

**EMERGENCY SUPPLIES:**

1. Oxygen is kept in the Dental Hygiene Clinic in the sterilization area. A nasal canula and/or mask will be attached to the oxygen tank. Oxygen concentration levels will be checked every month and logged.

**EYEWASH STATIONS**

Eyewash stations are to be used in the event of a splash to the eyes. They are located in the dental laboratory and sterilization area.
They are approved by the American National Standards Institute (ANSI).

**They should be operational with one hand movement:** provide continuous flow of clean water for at least 15 minutes: be continuously operating while both eyelids are held open, be balanced on both sides, with sufficient force to meet in the middle.
PROCEDURES:

The staff assistant and/or student assistant will assure that the eyewash stations are checked monthly to ensure proper functioning.

1. Designated Staff will verify that the eyewash equipment located in the lab and sterilization areas are functioning properly. This will be accomplished by taking the eyewash heads off and turning the eye wash equipment on. The cold water will be turned on to verify that water shoots up to adequately allow a person to bend over the devise and flush their eyes with water.
2. Every week, clean the exteriors of the eyewash station and the caps with an approved cleaning solution and a cloth. Rinse well.
3. Quarterly, check to make sure the station is working properly by turning on for 15 – 20 minutes.
4. Document all cleaning and function checks on the EyeWash Test Form.
5. Contact the Dental Hygiene Coordinator if the station does not function properly.

STEPS IN THE INITIAL MANAGEMENT OF MEDICAL EMERGENCIES

In most medical emergencies, success in treatment will depend on quick assessment and efficient institution of supportive measures:

- Adequate Airway
- Breathing
- Circulation

Minor emergencies within the Iowa Central Community College Dental Hygiene Clinic can be managed by the dental student in conjunction with a clinical instructor. In the event of a serious medical emergency, the EMS should be alerted.

Syncope

Syncope results from anxiety and nervousness and is potentiated by lack of food, fever, infection or lack of sleep. Impulses through the vagus nerve cause a dilation of the blood vessels in the splanchnic area and slow down the heart. This results in less blood flow to the brain, a temporary cerebral anoxia, and the patient faints.

Recognition

1. The patient may become anxious, sweaty, pale, nauseated and may ask for water.
2. The patient may become unresponsive. This can range from drowsiness to actual seizure-like activity.
3. The pulse will be weak and slow. Both systolic and diastolic blood pressure will be decreased.
Management

1. Maneuvers to make the patient more comfortable during syncope or impending syncope are: tilt chair backwards so that the feet are above the level of the head (Trendelenburg position), apply cool wet towel to the forehead, loosen restrictive clothing, remove bulky sweaters. As mentioned above, lack of food, specifically sugar may predispose to syncope. If this is the case, treat the patient to orange juice or cola.

2. Normally, when a person faints, he/she falls down. This is actually a protective mechanism since the heart pumps blood to the brain more efficiently when the brain is at the same level as the heart. Therefore, lie the patient down (tilt the dental chair backwards) to increase blood flow to the head.

3. Establish the airway. If the patient is unconscious, his/her tongue may fall back and obstruct the airway. To re-establish the airway, bring the mandible forward by pushing the mandible forward at the angles. If necessary, insert an oral airway, but only if the patient is unconscious.

4. Breathing: the brain wants oxygen. Once you have established the airway, you can now administer oxygen via a face mask. If unconscious, give oxygen with Ambu-Bag.

5. Circulation: check the vital signs. Take blood pressure. As stated above, there may be brachycardia (pulse below 60) and hypotension (BP 70/50). You have already aided cerebral circulation by laying the patient back. Check the patient’s pupils. In syncope they will be restricted. Dilated pupils may indicate that the brain is not getting enough oxygen. Crushing an ammonia inhalant under the patient’s nose will stimulate respiration and may quickly increase the cerebral oxygen supply.

Simple syncope will most often respond to these measures. If the patient does not come around in a minute or so, either more aggressive treatment is needed or the problem may be more severe.

RESPIRATORY OBSTRUCTION

Recognition

If the patient is conscious and he/she has an obstructed airway, the patient will become excited, reach for his/her throat and will show evidence of stridor, wheezing or snoring. Ask the patient if he/she can speak. Look, listen and feel for breathing. If the patient becomes unconscious, establish unresponsiveness (shake shoulder- shout, “ARE YOU O.K.?” and check mouth for obstructive material. Have another person alert the DDS on staff.
Management (Conscious patient):

1. Occasionally, foreign bodies will be dislodged or dropped in the mouth and fall back into the oropharynx. Hopefully, the patient will cough the object up. He/she may, however, swallow it or aspirate it. If he/she aspirates the foreign body it may become lodged in between the vocal cords and lead to laryngospasm (use of the rubber dam prevents this from happening). If the foreign body can be seen, retrieve it with a hemostat or suction apparatus. If during treatment, the patient becomes agitated or struggles to sit up, allow him/her to do so. The patient may be trying to cough up a foreign body.

2. If the patient cannot cough up the foreign body and it cannot be immediately seen and retrieved, employ the Heimlich maneuver.

3. This is done by standing behind the victim’s waist. Grasp one fist with your other hand and place the thumb side of your fist between breastbone and navel. Pull fist into abdomen with quick upward thrusts.

4. As an alternative to the abdominal thrust (e.g. for a pregnant patient) use four chest thrusts. This consists of standing behind the victim and placing your arms under the victim’s armpits to encircle the chest. Grasp one fist with the other hand and place thumb side of fist on breastbone. Pull with a quick, backward thrust.

5. Alternate the above maneuvers in rapid sequence until the patient coughs up a foreign body or becomes unconscious. If the patient becomes unconscious, follow the protocol for unconscious patient with obstruction.

6. Following retrieval of the foreign body, oxygenate the patient.

Management (Unconscious patient)

If the patient becomes unconscious, observe the following protocol:

1. Establish unresponsiveness- shake shoulder, shout, “Are you okay?”

2. Lie the patient flat. Do not keep him/her in a sitting position, as this prevents maintenance of cerebral circulation.

3. Open the airway and establish breathlessness (look, listen and feel). Tilt head with one hand on forehead. Place ear over mouth and observe chest.
4. Attempt to ventilate. If airway becomes obstructed, reposition head and reattempt to ventilate.

5. If airway still remains obstructed, roll victim toward you, using your thigh for support. Give forceful and rapidly delivered blows to back between shoulder blades.

6. Abdominal thrusts: Position yourself with your knee close to victim’s hips. Place heel of one hand between lower breastbone and navel and second hand on top. Press into abdomen with quick upward thrusts. Use the same hand position and performance as in applying close chest cardiac compression.

7. Reposition head. If the airway remains obstructed repeat above sequence.

**RESPIRATORY ARREST**

**Recognition**

This implies that the patient is making no effort to breathe, although the airway may be clear.

**Management**

1. Thoroughly check the mouth for obstruction material and sweep out the mouth with finger or using a forcep only if you can see the object.
2. Ventilate the patient using the portable oxygen unit and Ambu-Bag.
3. Alert EMS but do not stop breathing for the patient, once every three or four seconds.

**CARDIAC ARREST OR CIRCULATORY COLLAPSE**

**Recognition**

The heart stops beating and blood (and therefore oxygen) doesn’t circulate to vital areas. There are many causes for this but initial treatment is uniformly based on the “ABC’s”. Recognition of the problem is based on observation and the vital signs. Therefore, take vital signs early when a patient collapses. Usually when the heart stops, breathing stops, and there is a need for Cardiopulmonary Resuscitation (CPR).
Management

1. Once the cardiac arrest is recognized, call on another person to activate EMS.

2. Lie the patient down flat in a chair. If the equipment around the dental chair is encumbering you, get the patient out of the chair and onto the floor. Send for the emergency kit and oxygen unit on the floor.

3. Start and continue CPR until EMT arrives.

SEIZURES

Recognition

Seizures of various types are dangerous because the patient can be injured during the seizure and prolonged seizures can stress the heart.

Management

1. Stay with the patient and protect him/her. Lie the patient down and remove objects with which he/she can injure him/herself.

2. Increased activity equals increased oxygen use, therefore, give oxygen with prolonged seizures. DO NOT ATTEMPT TO FORCE OBJECTS BETWEEN THE TEETH.

3. With prolonged seizures or bodily injury call EMS.

HYPERVENTILATION SYNDROME

Recognition

Occasionally, an extremely anxious patient will become excited and breathe very rapidly. In doing this, he/she breathes out excess carbon dioxide. This upsets the normal acid base balance of the blood and produces respiratory alkalosis. Alkalotic blood is incompatible with normal muscle function and causes tetany (abnormal prolonged muscle contraction). Carbon dioxide in the blood triggers normal respiratory drive and lack of carbon dioxide may produce apnea.

Management

1. This is one of the only situations where oxygen is contraindicated in the management.
2. Verbally try to calm the patient down and slow down his/her breathing.
3. You must give the patient back the carbon dioxide lost. Have the patient breathe continuously into their cupped hands and the patient re-breathes his/her own carbon dioxide.
HEART ATTACK

Recognition

Assume that anyone who becomes anxious, sweaty, and pale and complains of chest pain has had a heart attack until proven otherwise. Patients die from heart attack due to:

1. Heart failure: enough of the heart fails that it becomes an inefficient pump.
2. Arrhythmias: during or after the heart attack the remaining heart muscle is irritable and prone to arrhythmias.

Management

1. Alert another person to contact EMS.
2. Oxygen should be given if heart attack is suspected. Because the pump is inefficient, any blood that does circulate should be maximally oxygenated.
3. A patient with a history of angina should have his/her nitroglycerin with him/her and place it where it is accessible to the student. Simple angina should respond to nitroglycerin and rest within five minutes. Repeat administration of nitroglycerin in 5 minutes. If it does not, be suspicious of heart attack.
4. If the patient does become more alert, continue to monitor vital signs and continue to administer oxygen.

INTRAVASCULAR INJECTION

Recognition

Although most intravascular injections should be preventable with an aspiration syringe, they do occur. The symptoms are occasionally confused with syncope but the signs are different enough to make the diagnosis relatively simple. The symptoms are usually due to the vasoconstrictor and not the anesthetic itself. As opposed to syncope the results of intravascular epinephrine will be tachardia and a bounding pulse. The patient will feel flushed, anxious, and may be aware of a rapid pulse.

Management

1. A young patient with a healthy cardiovascular system can usually tolerate the intravascular injection and generally needs reassurance only.
2. An elderly patient or one with a known heart disease may be at higher risk. The increased rate and force of heart contracture will increase its demand for oxygen and possibly result in angina, infarction or arrhythmia. As soon as the intravascular
injection is recognized, administer oxygen, calm patient, and administer nitroglycerin if available.

Precautionary and Preventive Measures

Measures can be taken to prevent medical emergencies or at least increase your readiness for them.

1. Know your patient well. Take a good medical history, record BP, P, and respiratory rate and current medication taken. Consult the patient’s healthcare provider if the history is unclear and complicated.

2. Make the patient comfortable. Have the patient remove heavy clothing and loosen neckties. Be sure the operatory is well ventilated.

3. Sick patients should be given short, morning appointments so they will be well rested. Make sure they have eaten breakfast. On the other hand, a person with angina will be more prone to an attack after a heavy meal.

4. If a patient with significant cardiopulmonary history says he/she does not feel well that day, evaluate taking them by BP, P and respiratory rate then cancel treatment and send or call or someone to help them home.

5. Make sure a patient with angina brings his/her nitroglycerin with him/her, and place it accessible to student.

6. Diabetics most often get into difficulty from hypoglycemia (not enough sugar in the blood). This happens when they take their insulin or pill and do not have breakfast, make sure you instruct these patients to eat a normal breakfast. Give morning appointments.

7. Verify that the patient with a history of asthma has inhaler on hand if the need arises.

PROCEDURE IN THE EVENT OF QUESTIONABLE SWALLOWING OR ASPIRATION OF A FOREIGN BODY OR ACUTE RESPIRATORY OBSTRUCTION

It goes without saying that utmost care must be exercised during all clinical procedures to prevent breakage of instruments and to prevent any situations in which a patient might swallow or inhale foreign objects.

There may be occasions, however, when a patient being treated by the most skilled and careful operator may do so. Sometimes patients are immediately aware that something has been swallowed but many times they do not realize that anything has happened.
Occasionally, the operator may think the foreign body has fallen somewhere outside the oral cavity when actually it has been swallowed or aspirated without the patient’s awareness.
WHENEVER A FOREIGN BODY CANNOT BE LOCATED, THE OPERATOR SHOULD ASSUME IT HAS BEEN SWALLOWED UNTIL PROVEN OTHERWISE.

Procedures for Questionable Swallowing or Aspiration of Foreign Body

1. Do not panic and do not leave the patient unattended.

2. Inform the instructor

3. The patient may not be aware of swallowing or aspirating a foreign body. If the patient becomes agitated or tries to sit up, allow him/her to do so. The patient may be trying to cough up a foreign body, an indication of aspiration.

4. If the patient shows no evidence of respiratory obstruction and/or appears to have swallowed the foreign body, alert the DDS.

5. Instruct the patient to watch for passage of the object and try to recover it. If it is not recovered, periodic films should be taken until there is evidence that the object has passed.

6. The student should obtain Accident Reporting and Treatment Form (see example in this manual) and fill it out. This should be filed in the patient’s chart.

Procedure for Acute Respiratory Obstruction

1. Do not panic and do not leave the patient unattended.

2. Inform the instructor and institute emergency treatment for acute airway obstruction. (See “Respiratory Obstruction or Arrest: Conscious Patient”).

3. Have someone in the immediate area telephone the EMS.

4. If the patient loses consciousness and the EMS has not arrived, institute emergency treatment for respiratory obstruction, unconscious patient.

5. If the foreign body is retrieved, oxygenate the patient. If the patient remains unconscious, continue oxygenating. If the patient becomes apneic or pulse less, institute CPR.
6. If the foreign body is not retrieved and the patient is conscious and well oxygenated, make arrangements with the hospital emergency room to obtain a chest film.

7. The student and/or staff person should accompany the patient to the emergency room.

8. The student will stay with the patient until final disposition.

9. When the patient has been cleared for dismissal, the student should fill out an “Incident Form”.

10. Iowa Central will receive a written report of the radiology examination. The exam will be placed in the patient’s file.
IOWA CENTRAL COMMUNITY COLLEGE
DENTAL HYGIENE PROGRAM

STUDENT HANDBOOK ACCOUNTABILITY DECLARATION

- I have received a copy of the Dental Hygiene Student Handbook for Iowa Central Community College.

- I have had a chance to read it and ask questions to clarify any information I did not understand.

- I take responsibility for knowing the information contained in the Dental Hygiene Student Handbook and will seek clarification as needed during my time in the Dental Hygiene program.

- I authorize program officials of Iowa Central Community College Dental Hygiene program, to release to potential employers any information requested by them for the purpose of evaluating me for possible employment.

- I have received instruction regarding Blood Borne Pathogens in the following course and at Clinical Orientation.

- I understand how to protect myself, my patients and others by using the Center for Disease Control’s Guidelines for universal blood and body fluid precautions.

- I agree to keep all patient and all clinical site information to myself. I agree that I will not discuss information regarding patients to anyone unless the communication is necessary to provide care to the patient. Patient and clinical site information is highly confidential and I realize that breach of confidentiality will result in formal disciplinary action which may include termination from the clinical site and/or health program. This contract is to be renewed annually.

Student Name (printed) ___________________________________

Student Signature ________________________________________

Date ___________________________________________________
Waiver for Student Partner Instrumentation

According to information in “Fundamentals of Periodontal Instrumentation and Advanced Root Instrumentation”, Nield-Gehrig, 6th edition: “use of a curet in a healthy sulcus for the detection of calculus deposits may result in periodontal attachment loss.” Therefore:

- Dental hygiene students learning to use curets should not practice on student partners who have healthy shallow sulci
- Periodontal typodonts with flexible “gingiva” are recommended for students learning instrumentation. Periodontal typodonts allow students to practice insertion into periodontal pockets and instrumentation of root surfaces.

It is and will continue to be the policy of the Iowa Central Dental Hygiene program to use student partners in the instrumentation learning process. It is commonly believed that the healthy sulcus will reattach itself without causing damage in most cases.

As a student in the Iowa Central Dental Hygiene program, it is your right to choose not to be a “practice partner” in the sub-gingival instrumentation learning process.

I choose to waive my obligation as a “student practice patient”. I understand that I will still be expected to use fellow students as my practice patient, but will not be required to act as a practice patient for sub gingival instrumentation.

Name ____________________________________________

Date _____________________________________________