2021-2022

DENTAL SCIENCES CLINICAL POLICIES MANUAL

HORRY GEORGETOWN TECHNICAL COLLEGE

SPEIR DENTAL COMPLEX
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THE DENTAL HYGIENE OATH

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

I pledge continually to improve my professional knowledge and skill, to render a full measure of service to each patient entrusted to my care, and to uphold the highest standers of professional competence and personal conduct in the interests of the Dental Hygiene professional and the publish it serves."

CODE OF ETHICS FOR DENTAL HYGIENISTS

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 wellbeing 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 wellbeing 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.
- Recognize that cultural beliefs influence client decisions.

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.

*Adopted by the American Dental Hygienists' Association

PROGRAM PHILOSOPHY, GOALS AND PROGRAM LEARNING OUTCOMES

PHILOSOPHY

Horry-Georgetown Technical College Department of Dental Sciences understands how a dental hygienist and dental assistant contribute to the overall health and wellbeing of individuals treated in a dental setting. They are an extremely important member of the dental team in all aspects of patient care. This program fosters students to become a dental professional who is a highly skilled clinician, a lifelong learner, and a valuable member of the dental team. With the use of state-of-the-art technology and equipment, this program provides students with a well-rounded evidenced-based professional education.

All dental sciences faculty and staff are highly skilled bringing many years of clinical and educational expertise. Their goal is to create an environment in which students will develop the professional skills to become an effective, dedicated health care provider. Faculty and staff encourage students to critically think, utilize self-assessment methods, and build positive attitudes to graduate highly sought-after members of the dental community.

DEPARTMENT MISSION

1) Prepare graduates to be confident, successful, and ethical members of the dental team.
2) Foster students who value interprofessional collaboration, which focuses on patient-centered care.
3) Assure students are aware of current technologies and practices, which prepares them for the ever-changing dental practice.
4) Promote community service, professional growth, lifelong learning, and engaging in evidence-based practices.

DENTAL HYGIENE PROGRAM LEARNING OUTCOMES/GOALS

GOAL 1. ***The dental hygiene student will demonstrate knowledge in the fundamental components of the Dental Hygiene curriculum.***

1.1 Demonstrate working knowledge of the general education component of the curriculum.

- Display effective interpersonal, written, and communication skills with individuals and groups from diverse cultural populations.
- Demonstrate critical thinking skills.
- Demonstrate technology literacy.
- Demonstrate quantitative reasoning.

1.2 Demonstrate a working knowledge of the biomedical sciences and their relationship to total body health.

1.3 Demonstrate essential knowledge of the dental sciences focusing on oral health and disease to effectively apply the dental hygiene process of care and prevention methodologies to all patients.

GOAL 2. ***The dental hygiene student will demonstrate competency in the clinical and interpersonal skills necessary for the provision of evidenced based comprehensive preventive, educational, and ethical dental hygiene services within a diverse patient population.***

2.1 The student will demonstrate core values in ethics, skills, and knowledge in relationship to the dental hygiene process of care (assessment, diagnosis, planning, implementation, and evaluation).

GOAL 3. ***The dental hygiene student will exhibit attributes of professional growth and development.***

3.1 Continuously perform self-assessment for life-long learning and professional growth.

GOAL 4. ***The dental hygiene student/graduate will participate in community service activities promoting oral health initiatives.***

4.1 Advance dental hygiene and the dental profession through service activities and affiliations with professional organizations.

DENTAL ASSISTING GOALS/PROGRAM LEARNING OUTCOMES

GOAL 1. The dental assisting student will demonstrate an extensive understanding of infection control procedures and practices, to include biomedical sciences.

1. Demonstrate a working knowledge of bloodborne pathogens and hazard communications standards.
2. Display a working knowledge of dental sciences including the development and function of the oral cavity, oral pathology, anatomy, and pharmacology.

GOAL 2. The dental assisting student will demonstrate competency in various aspects of radiation health and safety.

1. Demonstrate working knowledge and competence in the skills required to produce diagnostic image surveys
2. Display adherence to radiation health protection techniques
3. Demonstrate competence in identifying anatomical landmarks and pathologies

GOAL 3. The dental assisting student will exhibit and interpret important concepts of General Chairside Assisting.

1. Demonstrate laboratory/preclinical/clinical knowledge and competence in essential dental assisting skills and functions at the program facility and clinical setting.

2. Demonstrate laboratory/preclinical/clinical knowledge and competence in performing advanced/expanded dental assisting functions.
3. Demonstrate competence in the knowledge of dental practice management to include software systems, ethics, communication, and management of patient information.

DENTAL HYGIENE STUDENT CLINICAL COMPETENCIES

1) Providing dental hygiene care for children, adolescents, adults, geriatric and special needs patients.
2) Be proficient in collecting patient data and utilize critical thinking skills to provide evidence-based patient-centered care.
3) Complete accurate documentation to provide optimal patient care.
4) Be competent in providing dental hygiene care to all levels of periodontal care.
5) Providing patient-centered care based on interprofessional collaboration.
6) Planning oral health education events and programs that targets community-based needs.
7) Apply ethical, professional, and evidence-based research to deliver optimal patient care.
8) Develop strategies to problem solving.
9) Demonstrate clinical competency in the following areas by the completion of DHG 165/175:
   a. Care of Removable Appliances
   b. Calculus detection
   c. Utilizing a Caries Detection Device
   d. Care plan development (child, adolescent, adult)
   e. Debris index
   f. Dental and Periodontal Charting
   g. Taking a Dental and Medical History
   h. Exposing and Evaluating a Panoramic, Full Mouth, Periapical, and Bitewing Radiographs
   i. Oral Health Education.
   j. Intra and Extra Oral examinations
   k. Placing Fluoride Varnish and Fluoride Trays
10) Demonstrate additional clinical competency in the following areas by the completion of DHG 255/265
   a. Periodontal Antimicrobial Therapy (Arestin)
   b. Calculus Detection
   c. Care of Removable Appliances
   d. Care Plan (Child, Adolescent, Adult)
   e. Debris Index
   f. Dental Charting
   g. Hard Tissue Desensitizing
   h. Health History
   i. Intraoral Radiographic Exposures
   j. Local Anesthesia
   k. Oral Health Education
   l. Oral Inspection
   m. Periodontal Charting
   n. Root Planing
   o. Dental Sealants

p. Fluoride Varnish Application
q. Ultrasonic Instrumentation

EXPANDED DUTY DENTAL ASSISTANTS STUDENTS WILL BE COMPETENT IN THE FOLLOWING:

1) Understanding and utilizing dental office software.
2) Managing inventory systems, supply ordering, patient information, and recall systems.
3) Displaying professional and ethical standards for both personal and professional settings.
4) Providing oral health education to improve the oral health of others.
5) Working as a "team player" in the dental office.
6) The following skills:
   a. Taking medical and dental patient histories
   b. Taking and recording vital signs
   c. Assist with Intra/extra oral exams
   d. Perform dental charting, pit and fissure sealant application, polishing coronal tooth surfaces and amalgam restorations, suture removal, pulp vitality test, remove periodontal dressing, and various orthodontic functions.
   e. Managing infection control standards in the dental setting
   f. Prepare the dental operatory for all types of dental procedures
   g. Patient management
   h. Operate oral evacuation devices and air/water syringe
   i. Utilize proper ergonomics while performing instrument transfers and keeping a clear field of vision.
   j. Provide patient pre/post-operative instruction and oral health education.
   k. Maintain clear, accurate patient treatment records.
   l. Identify and respond to medical and dental emergencies.
   m. Assist with or Apply topical anesthetic, desensitizing agents, fluoride agents, bases, liners, and bonding agents.
   n. Assist with and/or place rubber dam, provisional restorations, matrix retainers, matrix bands, gingival retraction cords, wedges, and remove excess cement.
   o. Assist with a direct permanent restoration.
   p. Take a preliminary/final impression and fabricate trays.
   q. Clean removable dental appliances
   r. Take impressions for study models
   s. Place and remove socket dressing
   t. Fabricate and cement temporary crowns and bridges

CLINICAL POLICIES

PROFESSIONAL BEHAVIOR

Professionalism Defined:

"Professionalism is a way of conducting oneself that includes respect for others. Courtesy and respect for others are fundamental elements of professional behavior. A professional also takes responsibility for his or her actions with care for consequences that might evolve and for how their actions will affect others."

Students must conduct themselves in a professional manner during school hours and when representing themselves as an HGTC student during non-school hours. Failure to conduct yourself in a professional manner will result in disciplinary actions.

- First offense: If faculty determine a student's behavior is unprofessional, a verbal warning will be given for the first offense, the student will be marked as absent and the student will be asked to leave lecture, lab, or clinic. The student is required to meet with the Program Director at this time; to ensure open communication between the student and faculty, as well as a means to discuss program expectations.
- Second offense: If the student engages in another unprofessional behavior, they will be given a written warning and must write a 2-page paper on professionalism as it relates to the student's offense.
- Third offense: If the student engages in unprofessional behavior the third time, they will be dismissed from the program.

The seriousness of the offenses will determine which disciplinary actions are required. For example, if multiple unprofessional behaviors are displayed, it may constitute a verbal and written warning at the same time. It may also constitute immediate expulsion depending on the seriousness of the situation as determined by the Office of Student Affairs.

Unprofessional behavior includes but is not limited to: violation of academic honesty policy, use of profanity, speaking disrespectfully to an instructor or classmate, refusing to participate in lab/clinic activities when asked, and leaving lab/clinic without informing an instructor where you are going.

CHAIN OF COMMAND POLICY

The Program Director and all faculty make every effort to keep open lines of communication with students in the dental sciences programs. If a student has a concern of any kind regarding a specific course, and/or program of study, the chain of command should be followed as detailed:

The student is advised to speak with the faculty member teaching the course/lab as a first course of action. If resolution of the student's concern does not occur, the student and faculty member should next meet with the Program Director, as the second course of action. If further discussion is still required after the second meeting, the student, faculty and Program Director will meet with the Chair of the Dental Sciences department, followed by the Dean of Allied Health Programs, if even further resolution is required.

Within each program, once a class president has been selected, that student is encouraged to bring student concerns and opinions to the attention of the Program Director.

Students are strongly encouraged to follow the chain of command for any concerns related to coursework, faculty or fellow classmates. Following this protocol allows for student feedback to be heard and addressed in a professional and timely manner.

ETHICAL BEHAVIOR

Anything less than the highest professional conduct on the part of the student, can only result in the loss of the patient's confidence and trust in the student, the school, and the profession. It is important that students' exhibit proper professional conduct when dealing with patients, classmates, faculty and all HGTC staff.

It is the responsibly of the student to fully understand all aspects of the Health Insurance Portability and Accountability (HIPPA) Act of 1996. Do not discuss patient information with anyone outside the confines of the clinic. Within the clinic, it is important to speak in a tone, which keeps a patient's personal information private. When discussing your patient with a faculty member, please remember to be careful that no other patient can hear your conversation. Even though a patient is a learning environment, it is their right to have all their personal information protected by all those handling their care.

If you encounter a patient outside of clinic, please be mindful of HIPPA. Do not mention anything about you seeing them in clinic. Keep the conversation non-clinical and as brief as possible.

Any HIPPA violation can result in immediate dismissal from the Dental Hygiene Program and possible Federal criminal charges.

Diagnosing is considered illegal and will not be permitted by the student and/or DH faculty. Only a licensed Dentist can diagnose decay or any oral lesions. If a dentist does not complete a comprehensive exam and you feel a patient has a condition that warrants additional diagnosis, please use the word "suspicious." You would say "Mrs. Jones, you have an area that is suspicious and you should be seen by a Dentist who is the expert in diagnosing conditions such as this."

Patients who present with periodontal disease exhibiting pocket depths of 6mm or more are ethically not within a dental hygienist scope of practice. All cases exhibiting this severity of periodontal disease should be referred to the General Dentist for further evaluation and likely a referral to a periodontist. It is not ethical for students and/or faculty to assume they can "cure" a patient who has advanced periodontal disease. If a patient refuses to seek additional evaluation of their periodontal disease, the patient must sign a periodontal understanding which can be found electronically in EagleSoft. In some circumstances a patient will have very limited finances and refuse additional treatment. By signing the periodontal understanding, the patient understands the limitations of treating their periodontal disease.

As a dental professional, it is your ethical responsibility to report any signs of abuse or neglect. If you suspect any abuse of neglect, please report this immediately to a faculty member. A faculty member will determine if this is reportable or not.

CONDUCT

Please address instructors and patients as Ms., Mr., Mrs., or Dr. followed by their last name. When an instructor comes to the operatory to perform a check in or checkout, please introduce the instructor to the patient upon the instructor entering the operatory. Absolutely no nicknames can be used for to address faculty, staff, or classmates.

Tobacco products are not allowed during clinical/laboratory experiences. A uniform that smells of smoke is offensive to patients – remember, you are a dental healthcare professional and should be a setting an example. Students will be asked to change uniforms or leave the clinic with an unexcused absence if tobacco odor is noticed.

Speak in a normal tone of voice at all times. Please do not yell across the clinic floor to classmates or instructors.

There is no congregating of more than 2-3 students in the clinic, patient reception area, front office, or in radiology viewing room of hallway. Students are not permitted to congregate or sit at instructor desks for any reason, unless a student is having radiographs read by the supervising Dentist.

Students must maintain a professional manner while in clinic. There is no singing, dancing, or negative talk once you enter the clinic area. Keep in mind that clinic is a total drama free zone.

Remember that all instructors are there to help student's succeed. When unprofessional behavior is reprimanded, it is only to mold a student into a successful and professional Dental Hygienist.

GENERAL CLINIC REGULATIONS

No student can leave the clinic area without permission from his or her clinical instructor. Students are not allowed to enter the locker rooms after the start of clinic unless they are washing towels, or doing a task approved by their clinical instructor. The only instructor who can approve you leaving clinic is the instructor assigned to your operatory. It is not acceptable to ask anyone but the instructor overseeing your operatory for permission to leave the clinic.

No patient will be seated until his or her instructor has entered the clinic. Absolutely no student may start dental hygiene procedures such as local anesthetic, radiographs, scaling and root planing, or prophy until the Dentist is in the clinic. As a Dental Hygienist, law requires you, to work under the supervision of a Dentist

Only faculty and staff may place a hold/block in your schedule on EagleSoft. Students may request a hold/block in their schedule to maintain room to complete a patent the student will schedule later. All holds/block, must have the initials of the faculty or staff authorizing the block/hold.

Students must have their unit set-up and ready to seat their patients 15 minutes prior to the scheduled appointment time. This includes Radiology Assistants (RA) and Clinical Assistants (CA). All patients must be seated at the start of their appointment time unless the reason for being late is related to faculty or staff. Failure to seat your patient at the assigned time will result in a 15-point deduction for "poor time management." Your patient's time is valuable and you must respect that by seating them at their scheduled time.

It is unacceptable to set-up your operatory sooner than the day of the appointment. Students, who set-up their operatory the day before a scheduled appointment, will be asked to remove all barriers and setup the operatory with all new barriers. It is unhygienic to have disposable and barrier products left on units when others may come in contact with them. There are times when maintenance and/or janitorial staff work in the clinic and may come in contact with these products that are intended to be sanitary.

If a student does not have a patient for the assigned appointment session, the student must first try to find another patient to fill the appointment time. If this cannot be done, the student will be assigned by faculty to either assist a fellow-student, help with CA or RA duties, or stay at the unit sharpening instruments or studying. The students must have permission prior moving on to another task. At no time is the student to be in the break room or conversing with other students.

Absolutely no student may leave the clinic floor until faculty have excused them. If you leave prior to being excused you will be marked absent. Everyone must help each other at the end of clinic, so it is unacceptable to leave without permission.

Remember to take all your personal possessions out of clinic and place them in your locker. The clinic is not responsible for any students items missing or broken. Lockers are provided for the safety of your personal items. It is your responsibility to purchase a lock for your locker.

BLS/IMMUNIZATIONS

Upon offered admission into the dental hygiene program, students receive email correspondence regarding clinical admission requirements, including immunizations. Students are informed that they will not be permitted to begin the program and/or to have clinical patient contact until immunization documentation is complete. These policies are found on the College website and within the Dental Sciences Program Manual.

Per College policy, current training in BLS/AED is mandatory for faculty and students providing patient care.

ATTIRE

Students are expected to follow the guidelines for clinical and pre-clinical dress during all sessions. These regulations have been established to promote maximum infection control and safety for all clinical operations and present the most professional appearance for the dental science student.

Student and faculty/staff adherence are expected. Anyone not adhering to the following guidelines will be asked to leave the clinic area and remedy the problem with deduction points corresponding to the appropriate section on the grade sheet. If the problem cannot be resolved, the student will receive one unexcused absence for the infraction and will count toward the department attendance policy.

1) The designated clinic uniform must be worn at all times during clinical sessions. Uniforms and lab jackets must be clean, neatly pressed, and of proper fit with the appropriate undergarments. If at any time uniforms becomes too tight, you will be asked to purchase new uniforms at the students' expense.

2) Department approved grey long-sleeve shirts may be worn under scrub tops.

3) During professional presentations, students must wear the scrub jacket approved by the department. These jackets are purchased at the start of your professional program and must be kept clean. If at any time they become soiled, stained, or discolored, the student is responsible for purchasing a new jacket.

4) Scrub pants must be hemmed so they do not touch the floor. They cannot be rolled up, they must be hemmed.

5) Clinic shoes must be solid white, with no shoe laces, closed toed and heels must be covered. Shoes must be cleaned and polished including the heels and side of soles. They must be made of a material easily cleaned of blood and infectious materials.

6) Hair must be off the collar and away from the face. Bangs must not fall into the eyes and obscure vision. Long hair must be put up in a neat manner. Ponytails must be secured and not allowed to hang down. Barrettes, headbands or scrunchies matching hair color may be worn. All hair accessories must be no thicker than ¼ inch and made of plastic.

7) Extreme hair colors and hairstyles will not be allowed. Colors that are allowed are blondes, brunettes, reds, and grey colors only. If hair does not meet the regulations, the student must wear a clinical hair covering approved by faculty.

8) Solid white socks are the only color allowed. Socks should be long enough to avoid showing bare legs. Ankle socks are not acceptable as part of the clinic uniform. If you are unsure if your socks meet the qualifications, please consult the clinical coordinator.

9) Nails must be clean, short (when your hand is held up toward the light with palm toward you, the nails should not extend beyond the end of the fingers) and polish free. False nails must not be worn. Even though gloves are being worn, micro-pores do exist in the gloves and bacteria could penetrate and cause a serious infection around the false nails. This can also happen if there are any cuts on the cuticle or hand area.

10) Small single, solid design stud earrings may be worn. Only 1 earring per earlobe is allowed.

11) Absolutely no other piercings of any kind (nose, tongue, eyebrow, etc.) can be worn during clinic sessions, or other school sponsored professional events.

12) Absolutely no ring of any kind may be worn in clinic.

13) Watches can be worn if they are completely covered by gloves and lab jacket sleeves. Waterproof watches are recommended. Smart watches are not allowed in clinic for any reason.

14) Nametags will be worn at all times. If lost, you will be responsible for paying for an additional nametag.

15) If a student needs to enter the clinic during clinic operating hours, a clinical lab jacket must be worn over scrubs and clinic shoes. This rule also applies when taking x-rays during non-clinic times. Students should not enter the clinical setting unless in clinical attire.

16) Perfume, scented lotions and sprays should not be worn during clinic sessions. The fragrance may be pleasant to you but may not be pleasing to the patient. Also, some patients are highly allergic to fragrances.

17) Students with tattoos must have them covered during clinical and school sponsored events.

18) Chewing gum is not permitted during clinical or laboratory sessions.

19) Make-up should be in moderation for clinic sessions.

20) Safety glasses are mandatory in the dental clinic and in the dental lab and should be part of the clinical uniform. They must have side shields for your safety. During patient care, patients should also be wearing safety glasses.

ATTENDANCE POLICY

You are now a student in a professional program and it is important you attend all clinical sessions. Many times when students miss, it affects others negatively. You must make every effort to attend all clinical sessions. Horry-Georgetown Technical College has a mandatory attendance policy. However, the Dental Sciences Program adheres to a much stricter attendance policy to assure students meet accreditation standards.

1) Attendance will be taken at the beginning of each class session. There is a sign in sheet at the instructor station and you must sign in each day. It is not acceptable to have another classmate sign in for you. It is mandatory for you to attend all sessions. The only excused absence is a death of a student's immediate family member or a student's illness, with a doctors' excuse for the day class, lab or clinic was missed. Acceptable excused absences are approved by the Program Director only.

2) Students are expected to be in class/clinic prior to the start of class/clinic. If the student comes to class/clinic late (8:01am for an 8:00 am class is considered late), they will be recorded as tardy. If the tardy occurs on a clinic day when the student is scheduled to see a patient, a 15-point deduction will be given on the patient grade sheet, clinical assistant evaluation, or radiology evaluation. If a student is tardy two (2) times to class/clinic, it will be recorded as an absence. If a student arrives 15 minutes late, they will not be admitted to class and are to be marked absent.

3) If a student leaves class or clinic early, it will be recorded as an absence and will count toward the accumulative absences for the clinic.

4) To meet accreditation standards, all students must attend 100% of clinic even if the absence is considered excused. This includes Radiology Assistant (RA) and Clinical Assistant (CA). If a student misses any scheduled clinical, he/she must make up the time missed. Make-up times will be determined by the Program Director. Students will be required to make up missed days during finals week. As a reminder, if the number of hours of missed clinic time exceeds the available hours during finals week to make up the time, the student will be withdrawn from the program.

5) No absence is excused unless it's to attend the funeral of an immediate family member, jury duty or due to an illness with a doctor's note. The doctor's note must include the amount of time the student will miss due to the illness, with specific dates. For example: If you have a doctor's note dated 9/8/2020 you are only allowed to miss 9/8/2020. Excused absences will be determined by the Program Director. Even if an absence is excused, <u>the student is still required to make up the missed clinic and/or lab time that was missed to meet accreditation standards.</u>

6) If a student is unable to attend clinic or office rotation, <u>it is mandatory that the Program Director or instructor is notified</u> <u>prior to the start of the students scheduled time</u>. If a student fails to notify the Program Director or instructor prior to the start of clinic or office rotation, a 5-point deduction for each session will be deducted from the final grade overall grade. For example: If you have an 80 for your final grade the student will now have a 75 for his/her final grade.

7) Personal, medical, and dental appointments, except emergencies, must not be made during scheduled clinic sessions.

<u>CELL PHONE POLICY</u>

Students are not allowed to have cell phones or smart watches in the HGTC dental clinic during clinic hours. This also includes the radiology viewing room and the radiology area in general. **If a student is using or possessing a cell phone on their person or using a smart watch during clinical time, they will be asked to leave immediately and will be marked as an unexcused absence.** If a student violates the cell phone policy a second time, they will have their overall clinical grade deducted 5 points. For example, If you have an 80% overall clinical grade, you will now have a 75% overall grade. If a student violates the cell phone policy the 3rd time, they may be withdrawn from the program. The missed clinical session from the 1st offense must be made-up the week of finals. Clinical hours and clinical rotation must be made-up at a later date determined by the instructor and Program Director

POLICIES CONCERNING PATIENTS

All patients are to be treated with the utmost respect. Exhibiting a professional appearance and acting in a professional manner is just as important as all other competencies. Faculty have the right to demand a student immediately make the appropriate changes to exhibit a professional appearance.

Absolutely no gossip about patients, faculty, or classmates is allowed in the clinic, locker room, or reception area. If a patient overhears negative conversation, it displays unprofessional behavior on your part. Many patients are embarrassed about their oral condition and if they overhear you talking about other patients they may assume you will gossip about them too.

Clinic is not the place to discuss personal issues with or around your patients. Please do not engage in conversation with patients about any personal issues. Do not give patients your personal number. If a patient wants to contact you for any reason, please give them the clinics main number (843-839-1070). Never share your phone number, address, or any other personal information with patients. This policy is for your safety and the safety of the clinic.

The office coordinator will do his or her best to fill the clinic schedule, but it is also your responsibility to assist with finding your own patients. There are flyers you can distribute to churches, beauty shops, small businesses and to other programs on the Grand Strand HGTC Campus. It is also acceptable to advertise on Facebook pages. These methods of advertising are by no means the only way to find patients. However, please consult with the Program Director prior to advertising in areas beyond listed above.

If a patient refuses to return for treatment, it must be documented in the patient's chart. Please note the date and time you tried to reach the patient. You should try a minimum of 3-times to reach the patient before giving up. If the patient answers the phone and express their reasoning for not wanting to return, please put the reason in the chart with the date and time of the conversation.

If a patient cancels or fails to show-up for an appointment, this must be documented in the patient's chart. Once a patient fails or cancels 2-times, the will be dismissed as a patient. Please notify the Clinic Coordinator of the issue so a formal letter can be sent to the patient notify him/her of their dismissal from the clinic.

Patients refusing recommended treatment is not conducive to a teaching environment. Patients who refuse routine radiographs maybe released as patients. Ultimately, the supervising dentist will determine the frequency of radiographs for the patient in question. If a patient refused recommended treatment relating to their periodontal health, (such as scaling and root planning or frequency of periodontal maintenance) the patient must sign a refusal for treatment and a notation must be made in the patient's chart. This matter must be discussed with the students instructor and supervising dentist to determine if the patient must be dismissed. If the patient is dismissed, a formal letter of dismissal must be sent to the patient explaining the reason for their dismissal.

CLINIC EMERGENCY PROTOCOL

The student whose patient is experiencing a medical emergency should stay with that patient until EMS arrives.

Dental Hygiene Student/Operator

1. Discontinue treatment
2. Verbally summons a classmate by saying "Emergency"

3. Lay the patient in the semi-supine position
4. Take vital signs and document the results to give EMS
5. Stay with the patient until the emergency is over, or EMS has arrived
6. Document the emergency in the patients' chart

Second Student

1. Once you hear the word "Emergency," immediately escort the Supervising Dentist to the location of the emergency
2. Notify the front office, instructor, and CA of the emergency
3. If the Dentist has determined EMS should be summonsed, you will stand at the front entrance waiting to guide EMS to the emergency.

Supervising Dentist

1. Assess the patient for need of EMS
2. If EMS is needed have faculty summons EMS
3. Administer necessary mediations/oxygen/AED
4. Continue basic life support until EMS arrives
5. Complete the Emergency Treatment Form
6. Follow-up with patient status 24 hours after the emergency

Clinical Instructor

1. Immediately go to the sight of the emergency
2. If EMS is needed alert security by hitting the red button on any clinic phone and dialing 911.
   Say the following:
   > "This is Horry-Georgetown Technical College Dental Clinic. We need an ambulance immediately for a medical emergency. Our address is 3501 Pampas Drive Building 1000 and our front entrance faces the east side at Mallard Lak Drive. We will have a student stationed at the front and back door to escort you to the emergency"
3. Summons a CA to stand at the back entrance (north entrance) of the clinic to watch for EMS
4. Notify the front office to contact the family member of the patient and print the patients' health history to give to EMS
5. Return to the emergency to assist the Dentist as needed
6. Help the Dentist complete the Emergency Treatment Form

PATIENT MEDICAL CONDITIONS REQUIRING PRECAUTIONS

Some medical conditions will alter the treatment of your patient. Understanding the various medical conditions that may cause you to alter treatment is your responsibility to understand. Because guidelines change periodically students should consult resources that exhibit science-based evidence. The following are the most current recommendations outlined by the American Dental Association, American Academy of Orthopedic Surgeons, and American Heart Association. A list of guidelines is also displayed in the clinic for quick reference.

All medical conditions will be discussed with the instructor (and Dentist, if required) prior to treatment. Students must be diligent in completing the patients' medical history prior to treatment. Students should obtain the patients signature to reduce the risk of liability on the students' part. Student failure to complete a medical history at each appointment could result in dismissal from the program. Taking a patient's medical history is critically important and should not be taken lightly.

Patient with Prosthetic Joints

The following statements for prophylactic antibiotics for patients who have had a prosthetic joint replacement is quoted from the *ADA Clinical Practice Guidelines*. HGTC Dental Sciences will follow the recommendations of the ADA.

*Please consult with the supervising Dentist for additional recommendations. A medical consult with the patient's surgeon and/or physician may be necessary.

"Compared with previous recommendations, there are currently relatively few patient subpopulations for whom antibiotic prophylaxis may be indicated prior to certain dental procedures.

In patients with prosthetic joint implants, a January 2015 ADA clinical practice guideline, based on a 2014 systematic review states, "In general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection."

****Clinic protocol for new patients stating history of prostehtic joint replacement requires a signed medical consultation release form (from patient's surgeon or GP) stating whether antibiotic premedication is required *prior to the student performing any invasive treatment on the patient*. This protocol is in place for the health and safety if the patient, to prevent a potential bacteremia related to dental procedures.**

****Once a signed medical consult has been received by the dental clinic, that document can be scanned into SmartDocs as a legal document in the patient record**

Patient with Cardiac Disease

The following statements for prophylactic antibiotics for patients who have various heart conditions is quoted from the *American Heart Association and adopted by the American Dental Association*. HGTC Dental Sciences will follow the recommendations of the ADA.

*Please consult with the supervising dentist for additional recommendations. A medical consult may be necessary with the patient's physician.

"The current infective endocarditis/valvular heart disease guidelines state that use of preventive antibiotics before certain dental procedures is reasonable for patients with:

- prosthetic cardiac valves, including transcatheter-implanted prostheses and homografts;
- prosthetic material used for cardiac valve repair, such as annuloplasty rings and chords;
- a history of infective endocarditis;
- a cardiac transplant with valve regurgitation due to a structurally abnormal valve;
- the following congenital (present from birth) heart disease
- unrepaired cyanotic congenital heart disease, including palliative shunts and conduits
- any repaired congenital heart defect with residual shunts or valvular regurgitation at the site of or adjacent to the site of a prosthetic patch or a prosthetic device

[a] *According to limited data, infective endocarditis appears to be more common in heart transplant recipients than in the general population; the risk of infective endocarditis is highest in the first 6 months after transplant because of endothelial disruption, high-intensity immunosuppressive therapy, frequent central venous catheter access, and frequent endomyocardial biopsies.*[9]

[b] *Except for the conditions listed above, antibiotic prophylaxis is no longer recommended for any other form of congenital heart disease.*

Pediatric Patients

Congenital heart disease can indicate that prescription of prophylactic antibiotics may be appropriate for children. It is important to note, however, that when antibiotic prophylaxis is called for due to congenital heart concerns, they should only be considered when the patient has:

- Cyanotic congenital heart disease (birth defects with oxygen levels lower than normal), that has not been fully repaired, including children who have had a surgical shunts and conduits.
- A congenital heart defect that's been completely repaired with prosthetic material or a device for the first six months after the repair procedure.
- Repaired congenital heart disease with residual defects, such as persisting leaks or abnormal flow at or adjacent to a prosthetic patch or prosthetic device.

*Antibiotic prophylaxis is not recommended for any other form of congenital heart disease."

Patient with Congestive Heart Failure:

Place patient in a semi-supine position. Laying this patient completely flat make cause the patient to feel like they are suffocating. If this patient is prescribed nitroglycerin, ask the patient if they have any available in-case of an emergency. Consult with your instructor for additional treatment considerations. Use of the cavitron is not recommended for this patient.

Angina Pectoris

Patients should be questioned concerning frequency of attack and number of nitroglycerin tablets taken daily or during an anginal episode. An increase in either requires a physician's consult. If the patient reports no change in either, place the patient's nitroglycerin on the counter for easy access if needed. Please consult with the supervising dentist for concerns. If this patient exhibits multiple medical conditions in conjunction to Angina, a

medical clearance must be obtained prior to treatment. An example of a medical clearance is at the end of this section. Forms can be found in the instructor's station.

Myocardial Infarction (MI)

Patients who have had a MI less than 6 months ago are not to be treated for routine care. After the 6-month period, a patient must present with a medical clearance from their primary physician. An example of a medical clearance is at the end of this section. Forms can be found in the instructor's station. Remember, this patient may be taking a blood thinner and is prone to hemorrhaging.

Cerebrovascular Accident (Stroke)

Patients who have had a Stroke less than 6 months ago are not to be treated for routine care. After the 6-month period, a patient must present with a medical clearance from their primary physician. An example of a medical clearance is at the end of this section. Forms can be found in the instructor's station. Remember, this patient may be taking a blood thinner and is prone to hemorrhaging.

Patients with a Pacemaker

No antibiotic premedication is recommended for this patient according the ADA guidelines. Ultrasonic instrumentation must be carefully considered based on the following recommendations of the ADA:

"Although evidence is conflicting, consideration should be given to the possible effects ultrasonic or electronic devices could have on patients or staff who have implantable cardiac devices. Some manufacturers offer recommendations on use of their device in the vicinity of such implants, and reports of interference are from a dental device generally within 37.5 cm (~15 inches) to the device or leads. Dentists also may consult with the treating cardiologist to determine if ultrasonic or electronic devices can be safely used. If ultrasonic or electronic dental devices (or other such equipment) are used, it may help reduce the risk to avoid waving the device or its cords over the patient's pectoral region, and turn off this equipment when not in use."

A full report on *Cardiac Implanted Devices and Electronic Dental Instruments,* can be found on the following website https://www.ada.org/en/member-center/oral-health-topics/cardiac-implanted-devices-and-electronic-dental-instruments

Patient with Herpes and Venereal Diseases

If the patient has an active case, it is best to reappoint. Explain to the patient how contagious this is and for the safety of the students and others it is best to reschedule when symptoms are not active.

Pregnant Patient

Only take radiographs if absolutely necessary. If you do need to take radiographs, make sure you place the led apron behind and another one in front of the patient. Sometimes it is difficult for the patient to lay flat on their back during treatment. For a more comfortable appointment, place a rolled-up blanket on the right hip to take the pressure off the spine and superior vena cava.

Tuberculosis

Patients who have a long-standing cough, indicates they have night sweats, and unexplained weight loss should be suspect of active TB. This patient should be dismissed and educated on possible TB and you should

recommend they see their physician immediately. This patient must have medical clearance prior to rescheduling.

If the patient indicates a history of TB, it is important to ask when they were diagnosed. According to the American Lung Association, patient is supposed to take medication 6-12 months after they were diagnosed. If the patient has not completed treatment, they are still considered contagious. If you see TB checked on the medical history, be sure to ask questions and consult with your instructor and/or supervising dentist.

Covid-19

Following the Covid-19 pandemic and for the foreseeable future, all clinic patients will be prescreened via phone prior to appointments, and then screened in person the day of the appointment, to include temperature check. If a patient exhibits any sign of Covid-19 illness, they will be advised to seek medical attention and the appointment will be canceled. It will be the patient's responsibility to provide follow-up documentation about their health before being treated in the future.

SPECIAL NEEDS CATEGORIES

Pregnant

Pediatric

Cleft Lip/Palate

Endocrine-Pituitary, Thyroid, Pancreas, Women's Health (Oral Contraceptives, Puberty, Menopause)

Older Patient

Edentulous

Cancer (Chemotherapy, Radiation)

Disabled

Physical Impairment (MS, Arthritis/type, Scleroderma, Parkinson's, Cerebral Palsy, Stroke, Muscular Dystrophy, Bell's Palsy)

Sensory Impairment (Vision, Hearing)

Neurodevelopmental (Intellectual, Autism, Down Syndrome)

Seizure Disorder (Epilepsy)

Mental Health Disorder (Anxiety, Depression, Bipolar Disorder, Eating Disorder, Schizophrenia)

Substance Abuse (Drugs, Alcohol)

Respiratory Disease (Bronchitis, TB, Bronchitis, Asthma, COPD, Cystic Fibrosis, Sleep Apnea)

Cardiovascular Disease (Endocarditis, Rheumatic Disease, Congenital, Mitral Valve, Hypertension, Angina, Myocardial Infarction, Heart Failure, Heart Surgery)

Blood Disorder (Anemia/type, Sickle Cell Disease, Blood or Platelet Disorder)

Diabetes (Type 1 or Type 2)

ASA Classification Scale

ASA PS Classification	Definition	Examples, including, but not limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A Patient with mild system disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30<BMI<40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (<3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction
ASA VI	A declared brain-dead patient whose organs are begin removed for donor purposes	

American Society of Anesthesiologists (ASA) Score is a global score that assesses the physical status of patients before treatment.

AAP STAGING AND GRADING

STAGING	Periodontitis	Stage I	Stage II	Stage III	Stage IV
Severity	**Interdental CAL (at site of greatest loss)**	1-2 mm	3-4mm	≥5 mm	≥5 mm
	RBL	Coronal third (<15%)	Coronal third (15%-33%)	Extending to middle third of root and beyond	Extending to middle third of root and beyond
	Tooth Loss (due to periodontitis)	No tooth loss		≤4 teeth	≥5 teeth
Complexity	**Local**	• Max probing depth ≤4 mm • Mostly Horizontal bone loss	• Max. probing depth ≤5 mm • Mostly Horizontal bone loss	In addition to Stage II complexity: • Probing depths ≥6mm • Vertical bone loss ≥3mm • Furcation involvement Class II or III • Moderate ridge defects	In addition to Stage III complexity: Need for Complex rehabilitation due to: -Masticatory dysfunction -Secondary occlusal trauma (tooth mobility degree ≥2) -Severe ridge defects -Bite collapse, drifting, flaring -<20 remaining teeth (10 opposing pairs)
Extent and distribution	**Add to stage as descriptor**	For each stage, describe extent as: • Localized (<30% of teeth involved); • Generalized: or • Molar/incisor pattern			

GRADING	Progression		Grade A: Slow rate	Grade B: Moderate rate	Grade C: Rapid rate
Primary Criteria ***Whenever available, direct evidence should be used.***	Direct evidence of progression	Radiographic bone loss or CAL	No loss over 5 years	<2 mm over 5 years	≥2 mm over 5 years
	Indirect evidence of progression	% bone loss/age	<0.25	0.25 to 1.0	>1.0
		Case phenotype	Heavy biofilm deposits with low levels of destruction	Destruction commensurate with biofilm deposits	Destruction exceeds expectations given biofilm deposits; specific clinical patterns suggestive of periods of rapid progression and/or early onset disease
Grade modifiers	Risk factors	Smoking	Non-smoker	<10 cigarettes/day	≥10 cigarettes/day
		Diabetes	Normoglycemic/no diagnosis of diabetes	HbA1c<7.0%in patients with diabetes	HbA1c≥7.0% in patients with diabetes

LOCAL/INFILTRATION ANESTHESIA

The dentist will perform all block anesthesia. Once the dental hygiene student learns infiltration anesthesia, he/she may administer the anesthesia under the direct supervision of the supervising dentist. If a patient requires anesthesia in order to perform dental hygiene treatment, the following protocol will be followed.

1. The dentist on duty in the clinic must be notified in advance.

    a. Notify the dentist prior to patient arrival.

    b. You will be expected to know (and will be asked by the dentist):

    - Special Medical History findings pertinent to the local anesthesia procedure
    - Area of the mouth that you will work on.
    - Nerves that will be anesthetized for each injection.
    - Method of anesthesia (Block or Infiltration).
    - Choice of needle for specific technique.
    - Specific anesthesia to use (plain or with epinephrine) for the patient and the rationale for the choice.
    - Expiration date of anesthetic cartridge.

2. Prepare the equipment and supplies that will be needed to anesthetize the patient. This includes the following:

    a. 2 PIECES OF GAUZE (2X2)

    b. 1 COTTON TIPPED APPLICATOR WITH TOPICAL ANESTHESIA

    c. 1 NEEDLE:

    - 27 GAUGE LONG (YELLOW)

    OR

    - 30 GAUGE SHORT (BLUE)

    d. ASPIRATING SYRINGE

    e. ANESTHETIC CARTRIDGE

    - CARBOCAINE PLAIN

OR

- LIDOCAINE WITH EPINEPHRINE 1:100,000

3. Preparation:
   a. Place the needle and the anesthetic cartridge on the anesthetic syringe.
   b. Be sure to seat harpoon of syringe into the rubber stopper of the cartridge.
   c. Loosen the cap of the needle and place on bracket tray.
   d. Place needle recapping device on the bracket tray. This should be done after the patient arrives but prior to seating the patient.
   e. Cover the prepared syringe with a patient napkin.

4. Seat the patient and prepare for the procedure. Explain to the patient:

   a. Reason for anesthetizing.
   b. Areas that will become numb with the anesthesia.
   c. Expected duration of anesthesia.
   d. Precautions to follow after leaving clinic.

5. Advise the dentist that you are ready.

6. Assist the dentist during the administration of the anesthetic.

   a. Transfer the topical anesthetic, gauze, and anesthetic syringe to the dentist, when required.
   b. Be sure to transfer the anesthetic syringe using rear delivery.
   c. Cap the needle using the scoop technique or the recapping device on the bracket tray. **DO NOT ATTEMPT TO CAP THE NEEDLE BY HOLDING THE CAP IN YOUR HAND.**

7. Monitor the patient while the anesthetic takes effect. This will be done every time local anesthesia is administered. **DO NOT LEAVE THE PATIENT ALONE AT THIS TIME.**

   a. Advise the dentist immediately if any adverse reactions are evident by following the procedures for emergencies in the clinic.

8. If additional anesthesia is required, have all the needed anesthetic cartridges on hand and the syringe ready before calling the dentist.

9. After the appointment is finished, dispose of the used needle and anesthetic cartridge in the red **SHARPS CONTAINER** available at each unit or in the sterilization area. **DO NOT PUT USED NEEDLES WITH THE REST OF THE CLINIC TRASH!**

10. Give the anesthetic syringe to the sterilizing assistant for cleaning, bagging, and

sterilization.

11. Make sure that the anesthesia procedure is recorded properly on the patient's Record of Treatment. The area anesthetized, name and type of topical anesthetic as well as the local anesthetic used (plain or with epinephrine), and the number of anesthetic cartridges required for treatment should be noted. In addition, if any adverse reactions occurred, these should be noted.

INTRA-ORAL PHOTOGRAPHY
(Digital Method)

1. Turn on dental chair.

2. Turn on computer.

3. Obtain intraoral camera and barrier from instructor at the large instructor station. (You will need to check this equipment out by signing your name and time-out on the sign-out sheet. When you return the camera, you will document time of return). Students are not permitted to used the intra-oral camera without an instructor present.

4. Attach camera to the cable.

5. Put barrier on the intraoral camera – lens should be towards the paper side of the barrier.

6. Open Eaglesoft.
   - Go to the operatory screen and click on the intraoral camera that is laying on the bracket tray. This will take you to the intraoral camera set-up.
   - Type in patient's name.

7. Place camera in the patient's mouth focusing on the area that is to be photographed. Swipe finger across ridge on camera to take a photo. This happens quickly, so make sure you are not taking more images than you need.

8. To freeze the picture, press the button on the camera handle and click. If you do not want to freeze this picture, click on the button again and the camera will be ready for another image.

9. Once you have the images you want, click on SAVE and they will be saved to the patient's chart.

10. These images can be used for the following patient education aspects:
    - "Before and After" scaling documentation
    - Abnormalities
    - Caries
    - Stain and debris
    - "Before and After" whitening documentation

CRITERIA FOR THE EVALUATION OF CLINICAL PERFORMANCE (ADPIE)

ASSESSMENT, DIAGNOSIS & PLANNING:

Medical History

1. Records all information correctly; reviews findings with patient and questions any unclear statements.
2. Identifies all problems and correlates those pertinent to dental hygiene care.
3. Notes all contraindications to dental care.
4. Obtains the proper signatures.
5. Records vital signs on all adult patients, younger patients if warranted.
6. Updates all information at subsequent visits.
7. Determines need for physician consult.
8. Looks up all medications to determine adverse reactions to dental care.
9. Determines last dental visit and radiographs.
10. Risk factors regarding dental hygiene treatment are noted and recorded.

Extraoral/Intraoral Examination (EO/IO)

Records normal and abnormal findings both extraorally and intraorally to include:

- Physical appraisal
- Lymph nodes
- Muscles
- Glands
- TMJ
- Skin, Eyes, Lips
- Mucosa
- Vestibule
- Floor of mouth
- Salivary duct openings
- Tongue
- Maxillary tuberosity
- Retromolar area
- Alveolar ridges
- Palate
- Oral pharynx
- Gingiva
- Enamel
- Dentition

2. Verbalization of significance of findings. (cause/relationship)
3. Explanation of significance to patient as indicated.
4. Updating information on recare visits.
5. Risk factors for dental hygiene treatment are noted.

Periodontal Evaluation

1. Records all pocket depths accurately with appropriate technique
2. Recognizes and notes furcation involvement, bleeding, exudate sites, recession and tooth mobility.
3. Assesses total clinical attachment loss, documents the amount of CAL and draws a pictorial view of the CAL in green ink/pencil.
4. Assesses gingival conditions with reference to:

- Color
- Consistency
- Texture
- Shape
- Bleeding
- Attached Gingiva
- Mucogingival defects

5. Re-evaluates recordings on recare visits.
6. Utilizes x-rays to further update periodontal charting and conditions.
7. Risk factors for dental hygiene treatment are noted.

Dental Inspection & Charting

1. Accurately records caries, restorations, missing teeth, unerupted teeth, bridges, crowns, appliances and other significant findings.
2. Accurately records the classification of occlusion, facial profile, and any malrelations.
3. Accurately assesses any developmental and regressive changes.
4. Notes any oral habits leading to regressive changes.
1. Utilizes x-rays to further update dental charting.
2. Risk factors for dental hygiene treatment noted.

Deposit Assessment

1. Accurately assesses amount and location of hard and soft deposits as well as stains.
2. Accurately assigns classification type according to the amount of calculus and degree of difficulty of the patient.

Dental Hygiene Diagnosis

1. AAP Staging/Grading noted
2. Special Needs noted
3. Risk factors noted

Dental Hygiene Care Plan/Appointment Plan

1. Organizes an appropriate and comprehensive care plan (with input from the clinical instructor) to include the following:
    a. Consideration of case difficulty in relation to the amount of time for total treatment.
    b. Recognition of systemic or physical conditions in relation to entire procedure.
    c. Planning for special needs patients.
    d. Anticipated outcomes.

    e. Incorporation of risk factors, clinical goals, therapeutic interventions, and evaluation measures.

CLINICAL IMPLEMENTATION, EVALUATION & DOCUMENTATION:

Patient Education

1. Prescribing a toothbrush, a method of brushing, and demonstrating technique for each patient.
2. Prescribing the use of supplementary oral physiotherapy aids and demonstrating correct techniques for each patient when indicated.
3. Allowing the time for the patient to demonstrate these techniques to the operator.
4. Discussion of oral health topics based on the patient's needs.
5. Consulting instructors, making referrals, and educating parents when indicated.
6. Performing ***Plaque Index*** when indicated.
7. Accurately re-evaluates tissues at subsequent appointments.

Treatment

1. Performed to the *ADHA Standard of Care.*
2. Correct sequence is utilized
3. Modifications for special needs is implemented.
4. Faculty consulted when modifications are necessary.
5. Instruments are sharp.

Evaluation

1. Re-evaluation is performed on previously treated areas
2. Self-evaluation performed prior to check-out

Ergonomics

1. Loupes are utilized during treatment
2. Operator positioning is correct
3. Patient positioning is correct

Management Skills

1. Time is utilized wisely
2. Rapport is established with the patient
3. Maintains effective interpersonal communication with the patient with reference to:
    a. positive verbal/non-verbal gestures
    b. appropriate eye contact
    c. communicates in a professional manner
    d. communicates to the educational level of the patient
    e. places patient's needs as a priority
    f. provides correct information to the patient
    g. maintains confidentiality of all patient information

Records

1. Completed appropriately and accurately on paper and in EagleSoft
2. Thorough and neat
3. Consent/HIPAA forms completed and signed
4. Recare noted in proper format
5. Records are turned in with proper order

6. Grade sheet is completed accurately
7. All records are returned to their appropriate place

PROFESSIONALISM:

Infection Control

1. Appropriate PPE worn by operator
2. Patient protective equipment worn
3. Infection control procedures followed on clinic floor & X-Ray
4. No food or drinks in the clinical area

Teamwork

1. Assists classmates
2. Assists Clinical Assistant & Radiology Assistant
3. Respectful to colleagues, faculty & staff

Ethical Behavior

1. Practices within the scope of the *ADHA Code of Ethics*
2. Maintains confidentiality at all times
3. Practices cultural sensitivity
4. Treats all patients, faculty & peers with respect
5. Does not use unprofessional language
6. Does not exhibit unprofessional behavior: crying, displaying anger, moaning sighing, etc.

Timeliness

1. Does not leave clinic early
2. Arrives at least 30 minutes PRIOR to scheduled AM appointment for huddle
3. Calls Front Office and/or clinical faculty if late or absent

Radiology

1. Follows all stated safety guidelines
2. Consults with instructor PRIOR to taking radiographs

Equipment Usage

1. Respects all equipment
2. If unsure of operating procedure, either asks or looks up directions PRIOR to procedure.
3. Leaves lab/clinic in proper order at end of clinical session.

Instrumentation (Periodontal Debridement/Polishing)

1. Selection of appropriate sharp instruments according to nature and location of deposits.
2. Use of mouth mirror, dental light, and air to see each area to be scaled.
3. Demonstration of correct grasp, fulcrum, blade positioning, and instrument activation with effective direction, length and pressure of strokes.
4. Performs instrumentation that creates no undue trauma and/or tissue laceration.
5. Obtains a surface free of all hard and soft deposits.

6. Removal of all soft deposits and extrinsic stains without damage to tooth and surrounding tissue.
7. Selection of appropriate abrasive.
8. Flossing upon completion.
9. Selects appropriate fluoride agent and utilizes proper technique in application.

NOTE: POINTS FOR EACH CATEGORY MAY CHANGE EACH SEMESTER AS THE STUDENT PROGRESSES TOWARDS MORE CHALLENGING TECHNIQUES. THIS INFORMATION IS DOCUMENTED ON CLINICAL GRADE SHEET AND DENOTED BY CLINICAL COURSE.

PROFESSIONAL BEHAVIOR/CONDUCT AREAS OF FOCUS

I. Ethical Conduct

- Adheres to the *ADHA Principles of Ethics* and *Standards of Care.*
- Maintains complete confidentiality of all patient information.

II. Appearance/Personal Protective Equipment

- Specified uniforms and other over-garments are neat, clean, pressed, etc. when worn in clinic, classroom, and other college-related activities.
- Hair, fingernails, make-up, proper earrings, safety glasses, loupes latex-free examination gloves, face shield, and NO perfumes or scented lotions, etc.

III. Cooperation/Professional Attitude/Decision-Making

- Arrives to class, clinic, lab, and/or program activity on time. Attends all assigned clinic sessions and never leaves clinic, class, lab, and/or program activity without the permission of the course/clinic supervisor.
- Follows verbal and written instruction in the didactic and clinical setting as set forth by the faculty.
- Serves all patients without discrimination in a compassionate, empathetic, caring manner and provides considerate, respectful treatment.
- Records errors during instructor evaluation on the "Patient Assessment" sheet in **red** ink and makes corrections in patient record as designated by instructor.
- Overall attitude and communication demonstrates professional growth and maturity. ***Listens*** with apparent interest to statements of others. ***Communicates*** with faculty in a professional manner at all times. ***Avoids*** emotional outbursts or displays of personal feelings.
- Accepts constructive directives graciously.
  - Uses appropriate professional communication skills with instructor in presence of patient, staff, and other students.
  - Does not argue with instructor when evaluation of clinical performance is being completed.
  - Does not say and/or behave in an inappropriate manner in the presence of the patient (i.e., avoids saying "I've never done that before", "Oh, this is my first time at this…", "You are my first patient …"
  - Acts/talks in a manner that will enable a patient to trust, be confident, wanting to return AND be YOUR patient.
- Demonstrates tact in disagreements with staff, faculty, patients, and peers as demonstrated by NOT:
  - Scowling at persons giving constructive criticism
  - Disagreeing with others in the presence of patients, faculty, or other students
  - Calling others by unkind names
  - Using loud tones of voice, inappropriate or profane language.
- Student selects appropriate conditions for discussing problems

    - Discusses personal concerns outside of clinic/class.
    - Discusses clinical concerns AFTER patient has left clinic and in private with clinical faculty.
- Cooperates with peers and assists other students/faculty when necessary in a positive manner.
- Cooperates with faculty.
    - The student does not harass faculty when they are waiting for an evaluation or progress check, or when the faculty is assisting another student.
    - The student does not go to another faculty member not who is not covering their section without permission of the section faculty member.
- Displays flexibility in unexpected situations and handles stressful situations properly.
- Requests an instructor check-out prior to patient dismissal.
- Displays radiographs ocomputer monitor during treatment.
- Abides by the procedures for the preparation and delivery of local anesthesia to the patient.
- Demonstrates initiative to complete work without being told.
- Recognizes need for additional tasks.
- Completes appointment book in accordance with clinical policies and/or dental software.
- Recognizes professional responsibility to fellow student partner, patient, and/or self. Refers to other policies and procedures in the Program and Clinical Manual as needed.
- Is truthful in relationships with peers.
- Represents the Dental Hygiene profession with high standards of personal conduct, academic excellence, honesty and professionalism.

IV. Asepsis

- Keeps clinical area clean and neat.
- Maintains sterile/aseptic environment.
- Keeps instruments clean, sterile, and sharp.

V. Equipment

- Properly cares for and maintains all equipment.
- Properly reports maintenance/repair needs.

GRADE DETERMINATION CLINICAL COURSES

Students' performance for each semester of clinical courses will be assessed based on the various measures/artifacts are listed below.

- Completion of Clinical Patients
- Completion of Clinical Competencies
- Performance in CA/RA Duties
- Completion of Radiographic Interpretation and Radiology Requirements

GRADING SYSTEM:
A=90-100
B=80-89
C=77-79
D=70-76
F=69 and below
*Student must complete a clinical course with a grade of 77% or higher to pass. If there is a lecture associated with a clinical course (DHG 165, DHG 175), students must complete both the lecture and clinical course with a grade of 77% or higher to pass.

For the specific number and type of evaluations, please refer to the Instructor's Course Information Sheet for each clinical course.

As students progress through clinical courses, the weighted values for graded categories will change accordingly. For example, in DHG 165, when students first begin to see clinical patients from the public, the weighted grade value is higher for assessment of the patient, than for clinical skill level. By the time the student is in their last clinical course, DHG 265, the weighted grade value is highest for clinical skill level, since the expectation is that clinical skills continue to improve as the student progresses through the program.

II. CLINICAL FORMS

Treatment Services/Fees

Adult Cleaning $40
Senior Citizen (55+) Cleaning $30
Veteran Cleaning $30
Student Cleaning (from any college, must have ID)…....$20
Child Cleaning (16 and under) $15
Professional Whitening $80

ALL CLEANINGS INCLUDE X-RAYS AND FLUORIDE

Clinic Flow-for seeing patients

Turn on chair unit first; power on computer. Both computers should show duplicate screens.

Log into Eaglesoft to view and monitor the day's schedule.

Note the **arrival indicator** (**small dot near patient name**); when the dot turns ***yellow***, your patient has arrived and checked in at the front desk. When the dot is ***red***, your patient is late. When the dot is ***green***, your patient has been walked-out in the computer and the appointment is complete.

Patients must be seated on time. Seating a patient late will result in points deducted.

Once your patient has arrived, escort your patient to your operatory unit.

Review your patient's **medical history** (completed either in waiting room or in your operatory), asking follow-up questions about allergies, surgeries and current medications. Have your patient sign the medical history using the signature pad.

Review the **informed consent form** and answer any questions the patient may have; have the patient sign the informed consent form using the signature pad.

*In the event that the signature pads and/or Eaglesoft is not working properly, the patient can sign paper copies of these forms. The student is responsible to scan these paper documents into smartdocs after the visit is complete.

Take patient **vital signs** (BP, pulse, respiration) and record at top of the oral inspection form.

Before proceeding any further, *you are required to do a* ***medical clearance*** with your clinical instructor, presenting the patient's medical history and vital signs. Once your instructor has reviewed and approved this information, you will proceed with your clinical assessments.

Begin performing your **clinical assessments (on paper forms)**:

Oral Inspection

Dental Charting

Periodontal Probing

*Seek instructor guidance at this point about the need for radiographs. If needed, sign patient up

Debris Indices (chart calculus, stain and disclose to chart plaque)

Calculus Detection (quad of the day)

CAMBRA

Once you have completed clinical assessments, you are required to do a **check-in** with your clinical instructor. The student will sit chairside with the clinical instructor as your clinical assessments are reviewed. Any area that the student did not record properly will be noted in red ink by the student on the appropriate form.

The clinical instructor and the student will complete the **Dental Hygiene Care Plan** together on the computer. The student will record assessments, diagnosis and treatment needs, implementation, evaluation and

documentation. The patient, student and the instructor will sign the dental hygiene care plan form using the signature pad.

The student will proceed with the treatment plan for the patient based on the dental hygiene care plan. This may take multiple appointments, depending on the treatment plan.

When the treatment is completed, the student is ready for an **instructor check-out**. The student will sit chairside with the clinical instructor as the removal of calculus, stain and plaque is evaluated. Any area the student did not remove will be noted in red ink by the student on the grade sheet.

The student will enter the walkout codes in Eaglesoft for the treatment completed at the end of the clinic appointment. This facilitates patient check-out at the front desk and provides an accurate description of what treatment was performed at each visit.

If radiographs were taken, the student is required to have the clinic dentist read the radiographs before patient treatment is completed. The dentist will sign the appropriate area on the grade sheet showing radiographs were read. The student will record any findings from radiographs on the **patient referral form**.

The patient is given the **Patient Referral Form** on the last visit of treatment.

The patient should be dismissed 30 minutes prior to the end of clinic.

The student will complete Eaglesoft template notes for each patient visit. This can be done after the patient has been dismissed.

The student will transfer dental charting and periodontal probing information from paper forms into Eaglesoft. This can be done after the patient has been dismissed.

Medical and Dental History

Time 9:33 AM | Horry-Georgetown Technical College | Date 9/26/2018

HGTC DHG Medical History Master NEW 05/23/18 v2.0

Patient Name: (3794) Darlene Bogenpohl | Birth Date: 9/18/1965 | Date Created: 9/26/2018

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

Are you under a physician's care now?	◯ Yes ◯ No	If yes	
Have you ever been hospitalized in the last year?	◯ Yes ◯ No	If yes	
Have you ever had a serious head or neck injury?	◯ Yes ◯ No	If yes	
Are you taking any medications, pills, or drugs?	◯ Yes ◯ No	If yes	
Do you take, or have you taken, Phen-Fen or Redux?	◯ Yes ◯ No	If yes	
Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?	◯ Yes ◯ No	If yes	
Are you on a special diet?	◯ Yes ◯ No		
Do you use tobacco?	◯ Yes ◯ No	If yes	

Women: Are you...

☐ Pregnant/Trying to get pregnant? ☐ Nursing? ☐ Taking oral contraceptives?

Are you allergic to any of the following? (check all that apply)

☐ Aspirin	☐ Acrylic	☐ Codeine	☐ Latex
☐ Penicillin	☐ Sulfa Drugs	☐ Other (indicate below)	☐ Metal

Other Allergies:	◯ Yes ◯ No	If yes	
Do You use controlled substances?	◯ Yes ◯ No	If yes	

Do you have, or have you had, any of the following? (those items designated with an asterisk*, please clarify in Specifics Comments Section Below:)

AIDS/HIV Positive *	◯ Yes ◯ No	Alzheimers Disease	◯ Yes ◯ No	Anemia	◯ Yes ◯ No	Angina	◯ Yes ◯ No
Arthritis/Gout	◯ Yes ◯ No	Artificial Heart Valve/Replacement*	◯ Yes ◯ No	Artificial Joint (knee, hip, etc) *	◯ Yes ◯ No	Asthma	◯ Yes ◯ No
Blood Disease	◯ Yes ◯ No	Bruise Easily	◯ Yes ◯ No	Cancer	◯ Yes ◯ No	Chemotherapy	◯ Yes ◯ No
Chest Pains	◯ Yes ◯ No	Congenital Heart Disorder	◯ Yes ◯ No	Diabetes	◯ Yes ◯ No	Emphysema	◯ Yes ◯ No
Epilepsy or Seizures *	◯ Yes ◯ No	Excessive Bleeding	◯ Yes ◯ No	Excessive Thirst	◯ Yes ◯ No	Fainting Spells/Dizziness	◯ Yes ◯ No
Frequent Coughs	◯ Yes ◯ No	Frequent Headaches	◯ Yes ◯ No	Hay Fever	◯ Yes ◯ No	Heart Attack/Failure	◯ Yes ◯ No
Heart Pacemaker	◯ Yes ◯ No	Heart Murmur	◯ Yes ◯ No	Mitral Valve Prolapse	◯ Yes ◯ No	Heart Trouble/Disease	◯ Yes ◯ No
Hepatitis A, B or C *	◯ Yes ◯ No	High Blood Pressure	◯ Yes ◯ No	Kidney Problems/Dialysis *	◯ Yes ◯ No	Liver Disease	◯ Yes ◯ No
Low Blood Pressure	◯ Yes ◯ No	Lung Disease	◯ Yes ◯ No	Osteoporosis	◯ Yes ◯ No	Recent Weight Loss	◯ Yes ◯ No
Rheumatic Fever	◯ Yes ◯ No	Shingles	◯ Yes ◯ No	Sickle Cell Disease	◯ Yes ◯ No	Sinus Trouble	◯ Yes ◯ No
Acid Reflux	◯ Yes ◯ No	History of a Stroke	◯ Yes ◯ No	Thyroid Disease	◯ Yes ◯ No	Tuberculosis	◯ Yes ◯ No
Ulcers	◯ Yes ◯ No	Radiation Treatments	◯ Yes ◯ No				

Did you answer yes to any illnesses above indicated with an asterisk? If yes, please document specifics here.	◯ Yes ◯ No	If yes	
Have you had any illnesses not indicated above.	◯ Yes ◯ No	If yes	

Dental History

Have you ever been treated for gum disease?	◯ Yes ◯ No		
How many times a day do you brush?			
Do you Floss?	◯ Yes ◯ No		
Do your gums bleed?	◯ Yes ◯ No		
Do you get Cold Sores?	◯ Yes ◯ No		
Do hot, cold or sweet foods or drinks cause discomfort or pain?	◯ Yes ◯ No		
Does anything about dental treatment make you nervous? If so, please indicate.	◯ Yes ◯ No	If yes	

Pre-Medication

If you have been advised that you require antibiotics prior to dental cleaning treatment, please indicate why?	◯ Yes ◯ No	If yes	

Additional Information

Is there any additional medical or dental information you wish to provide?	◯ Yes ◯ No	If yes	

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

Signature of Patient, Parent or Guardian:

X Date:_____

MEDICATION IDENTIFICATION FORM

PATIENT NAME: _____ DATE: _____

(*Update Medications EACH visit)

MEDICATIONS	INDICATIONS	ADVERSE ORAL EFFECTS

The student is to list each medication along with the dose in the MEDICATION column.

In the INDICATIONS column, the student will list what conditions the medication is being taken for.

In the ADVERSE REACTIONS/RISK FACTORS column, the student will indicate any **ADVERSE ORAL EFFECTS ONLY.**

HORRY-GEORGETOWN TECHNICAL COLLEGE DENTAL HYGIENE CLINIC

MEDICAL CONSULTATION FORM- Hypertension

Phone: 843-839-1070 Fax: 843-349-7576

Patient: _____ Date of Birth _____ Date: _____

Dr. Name: _____ Dr. Phone #:_____ Dr. Fax#:_____

I hereby authorize my health care provider to release and discuss any requested information pertaining to my medical care and treatment to Horry-Georgetown Technical College Dental Hygiene Clinic.

_____

PATIENT SIGNATURE ***(required for release of medical information)***

As a dental care provider, we have a professional obligation to notify this patient's primary care provider that we recorded the following blood pressure reading(s) for this patient:

The above named patient is seeking dental care in our clinic and will be treated by a dental hygiene student under the supervision of licensed dental professionals. The patient indicates a history of:

_____

Treatment and Considerations:

_____ oral prophylaxis with possible deep scaling

_____ gingival bleeding with transient bacteremia

_____ local anesthetics (topical and injectible)

_____ multiple appointments may be required

_____ dental fillings

_____ dental extractions

We are requesting a Medical Consultation for this patient. As this patient's physician, PLEASE INDICATE APPROPRIATE RESPONSE BELOW AND FAX TO 843-349-7576.

1. This patient's current medications include (attach additional sheet as necessary):_____

_____

_____

2. _____This patient is now being treated for hypertension and MAY PROCEED with a dental cleaning

at your clinic, provided that blood pressure readings are within normal ranges.

Please notify me (the primary physician) if this patient's blood pressure is recorded above ___/___.

_____This patient is NOT being treated for hypertension.

_____Reading at my office was recorded at _____/_____. A treatment or prescription plan was NOT recommended at this time. Please proceed with dental cleaning provided this patient's blood pressure is within normal ranges at your dental clinic.

_____This Patient refused treatment for Hypertension. No dental cleanings should be performed until the patient brings their blood pressure under control and maintains normal readings.

Please indicate any other recommendations or comments on additional sheet of paper:

Date_____ Physician's Signature_____

HORRY-GEORGETOWN TECHNICAL COLLEGE DENTAL CLINIC
MEDICAL CONSULTATION FORM ~ Phone: 843-839-1070 Fax: 843-349-7576

Patient: _____Date of Birth: _____ Date: _____
Dr. Dr. Phone #:_____ Dr. Fax: _____
I hereby authorize my health care provider to release and discuss any requested information pertaining to my medical care and treatment to Horry-Georgetown Technical College Dental Clinic.
_____
PATIENT SIGNATURE ***(required for release of medical information)***
The above named patient is seeking dental care in our clinic and will be treated by a Dental Hygiene Student and/or MUSC Dental Student under the supervision of licensed dental professionals.
_____ mitral valve prolapse _____ hypertension _____ diabetes
_____ rheumatic heart disease _____ renal dialysis with shunts _____ heart murmur
_____ anticoagulant therapy _____ leukemia _____ chemo/radiation therapy
_____ prosthetic joint (_____/___) _____ pulmonary disease _____ renal disease/dialysis
_____ prosthetic heart valve _____ artery shunt addl medical consult may be needed.
_____ endocarditis _____ liver disease
OTHER: circle or document as needed
_____
_____
(include: recent surgery, cardiovascular accident, prescription diet drug, lupus, radiation therapy to head/neck, adrenal insufficiency, steroid therapy, HIV, anemia, etc.)
Treatment and Considerations:
x oral prophylaxis w/ possible deep scaling x gingival bleeding w/ transient bacteremia x local anesthetics (topical & injectable)
x multiple appointments may be required
x fillings
x extractions

We are requesting a Medical Consultation for this patient. As this patient's physician, PLEASE INDICATE APPROPRIATE RESPONSES BELOW AND FAX TO 843-349-7576.
Patient:_____
1. Current medications include (attach additional sheet as necessary):_____
2. _____ May proceed with dental treatment
_____ May NOT receive dental treatment at this time because:_____
3. _____DOES NOT require Prophylactic Antibiotic coverage for the prescribed dental procedures and may proceed with
_____ dental cleaning _____fillings ____extractions
_____REQUIRES Prophylactic Antibiotic coverage for the prescribed dental procedures checked below:
____ dental cleaning _____fillings ____ extractions
NOTE: HGTC Dental Clinic generally does not prescribe or administer oral medications. Please provide your patient with a prescription for recommended antibiotic coverage. Please prescribe multiple doses to allow for multiple appointments.
PLEASE INDICATE REGIMEN IF OTHER THAN 2015 STANDARD AMERICAN HEART ASSOCIATION RECOMMENDATION
4. _____ Does NOT require adjustment of Anticoagulant Therapy prior to dental treatment.
_____ REQUIRES adjustment of Anticoagulant Therapy prior to the prescribed procedures checked below:

____ dental cleaning ____fillings ____ extractions
Patient is to stop _____, _____ days prior and resume Rx
_____.
Rx Name
Please indicate any other recommendations or comments on additional sheet of paper:
Physician's Signature/Date: _____

HORRY-GEORGETOWN TECHNICAL COLLEGE DENTAL CLINIC MEDICAL CONSULTATION FORMS

The patient **MUST FIRST** sign authorization for their health care provider to release any of their information to the Horry-Georgetown Technical College Dental Clinic.

The student will check off what condition in the patient's medical history we are inquiring about.

The student will check off what Treatment and Considerations will be performed on the patient during visit(s).

THE PATIENT'S PHYSICIAN WILL FILL OUT THE INFORMATION IN THE BOX AND FAX FORM BACK TO CLINIC.

Physician must fill out this form completely prior to continued care by student. The only exception is verbal confirmation via phone with physician/physician's nurse regarding the medical condition in question, should the patient be in the dental chair.

The physician's office is still required to subsequently fax the signed medical consultation form to the dental clinic, so it may be scanned into the patient's smart doc folder.

HGTC Dental Sciences Informed Consent

I (or my child) am aware I will receive services at the HGTC Dental Hygiene Clinic primarily in the interest of education and training dental hygiene students. I am aware this is an educational environment and my medical history, dental history, photos, and radiographs will be part of the students' education.

A dental hygiene treatment plan of services will be developed and discussed with me based upon my dental needs.

I understand that this is an educational institution and appointments may take 3-4 hours and may take more than one appointment to complete my treatment.

I understand services will be provided by a dental hygiene student working under the supervision of a licensed dentist and dental hygienist I will have the option to refuse any portion of the treatment and will be informed as to the risks of refusal.

The evaluation performed in the Dental Hygiene Clinic is for educational purposes and does not constitute a complete examination; I understand that this must be done by my personal dentist.

I understand that sound existing restorations (fillings, crowns or bridges) will not be removed from the teeth during a cleaning, dental impression or other treatment rendered at this facility. However, should this happen, I realize that the restoration (filling, crown or bridge) was faulty and was lost because of existing conditions prior to todays dental work. I further waive any claims for liability against HGTC, or its agents, in connection with this dental care.

In the event that my personal dentist requests records and/or dental radiographs for further treatment, I give permission for my records to be sent from this clinic.

\

_____

Patient Signature Date

Acknowledgement of HIPAA Notice of Privacy Act

I have been provided access to the HGTC Dental Clinic's HIPAA Notice of Privacy Practices and offered a copy at my request.

Patient or Guardians Signature: _____ Date: _____

Please Note: It is your right to refuse to sign this acknowledgement.

Oral Inspection

Student_____

Patient_____ **Date**_____

BP_____ **Pulse**_____ **Resp**_____ Mark significant findings and location. Check the WNL box if no significant findings.

Extraoral	WNL	Significant Findings-specify location
Face & Neck		☐ Asymmetry ☐ Scars ☐ Swelling ☐ Enlargement ☐ Lesions ☐ Nodules
Lymph Nodes		☐ Tenderness ☐ Swelling ☐ Nodules
TMJ		☐ Deviation upon Opening/Closing ☐ Crepitus ☐ Popping ☐ Jaw Discomfort
Intraoral		
Oral Mucosa/Lips		☐ Lesions ☐ Nodules ☐ Petechiae ☐ Amalgam Tattoo ☐ Swelling
Hard and Soft Palate, Pharyngeal Area		☐ Torus ☐ Nicotine Stomatitis ☐ Lesions ☐ Hyperkeratosis ☐ Cleft Palate
Tongue		☐ Fissured ☐ Coated ☐ Palpable Nodule ☐ Piercing
Floor of the Mouth		☐ Ankyloglossia ☐ Lesions ☐ Mandibular Tori ☐ Significant Varicosities
Alveolar Ridges		☐ Amalgam Tattoo ☐ Nodules ☐ Lesions ☐ Exostosis
Gingiva		**Color:** ☐ Erythematous ☐ Cyanotic ☐ Pigmented **Consistency:** ☐ Fibrotic ☐ Edematous ☐ Retractable **Contour:** ☐ Blunted ☐ Bulbous ☐ Rolled Is gingival appearance: ☐ Generalized or ☐ Localized
Dentition		
Teeth		☐ Abrasion ☐ Abfraction ☐ Attrition ☐ Demineralization ☐ Dental Anomalies ☐ Intrinsic Stain

		☐ Erosion ☐ Fluorosis
Occlusion		☐ Class I ☐ Class II ☐ Class III Crossbite ☐ Class II, Div. I Class II, Div. II ☐ Midline Shift ☐ Moderate or severe overbite ☐ Open Bite ☐ Overjet > 3mm
Unique Identifier		☐ Cusp of Carabelli ☐ Diastema Scars ☐ Root Dilacerations Enamel Pearls
Additional Findings		
Appliances & Prostheses		☐ Full Denture ☐ Partial Denture Orthodontics ☐ Fixed Retainer
Oral Habits		☐ Tobacco Use ☐ Nail Biting Cheek Biting ☐ Clenching ☐ Grinding

Debris Indices

Tooth	**#3 Buc**	**#8 Buc**	**#14 Buc**	**#19 Li**	**#24 Li**	**#30 Li**	**Index**	
Plaque							**L M H**	**Light= < 7** **Moderate= 7-11** **Heavy= 12 or >**
Calculus							**L M H**	
Stain							**L M H**	

Calculus Detection: Mark areas of explorer detectable calculus. At check-in, mark red X for missed or incorrect areas.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

ORAL INSPECTION

Extra-oral, Intra-oral, Dentition, Additional Findings:

The Student will place a check for each section of the extra-oral, intra-oral, dentition, and additional findings. If there are no significant findings, the student will check off in the WNL, (within normal limits), column. Any significant findings will be noted with a check in the corresponding box and/or added in by being written in the same box.

Debris Indices:

The student will place either a 0, 1, 2, or 3 in each box that corresponds the tooth number and surface with the type of debris (Plaque, Calculus, Stain)

Calculus Detection:

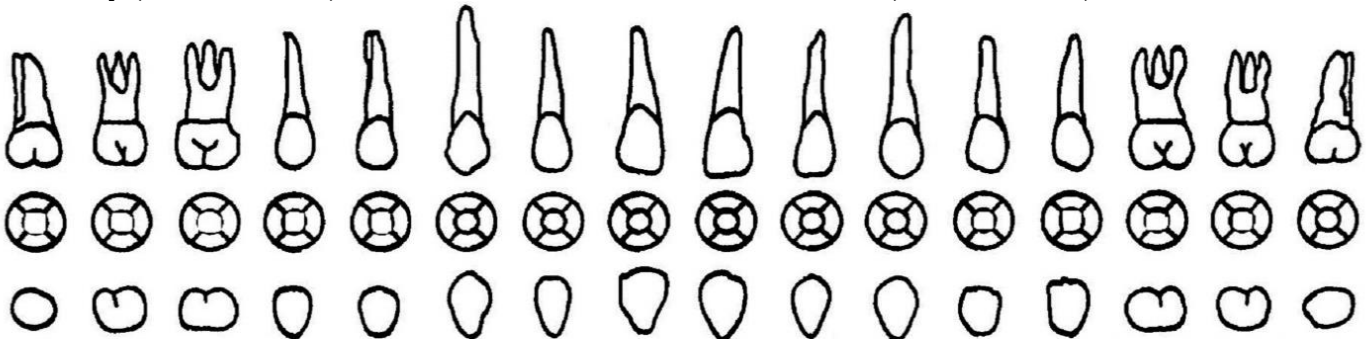
The student will place a mark on the chart that corresponds with any board quality calculus detected with the explorer on the tooth.

ANY AREAS FOUND DURING THE EXTRA-ORAL AND INTRA-ORAL INSPECTION BY THE FACULTY MEMBER SHOULD BE MARKED IN RED BY THE STUDENT DENOTING THE ERROR.

Student _____ **Patient** _____
Date_____

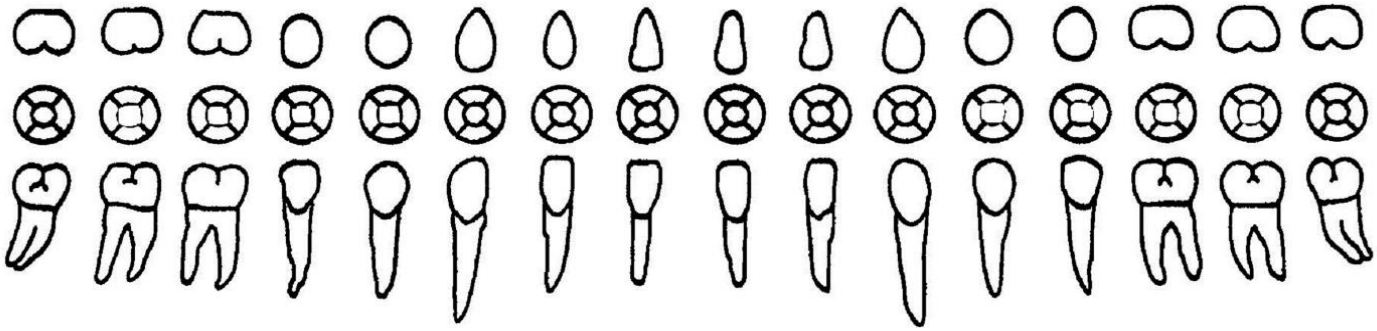
Buccal △ ▲																
Tooth	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
REC																
PD																

Mobility (note in red ink) Class I, II, II Furcation (note in red ink) ^



Lingual																
Tooth	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
PD																
REC																

Lingual																
Tooth	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
REC																
PD																



Buccal																
Tooth	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
PD																
REC																

Charting

Hard Tissue Charting:

Student will chart any existing hard tissue conditions. EX. Missing teeth, partially erupted, unerupted teeth, restorations, root canals, implants, sealants etc….

Student will chart dental conditions to be addressed in red. Ex. Decay, broken or missing restorations, abscess, fractures, etc….

Periodontal Charting:

Periodontal charting is done as an early detection system as part of the periodontal examination. Probing depths of the clinical pocket, along with any bleeding on probing are documented in the corresponding boxes**(PD**). Any recession of the gingival tissues is also noted in the boxes marked **REC**.

Student will document any mobility (Class I, Class II, Class III), and any Furcation involvement on the corresponding teeth.

Hard Tissue Charting Symbols

Missing Teeth (extracted or congenitally missing)- are recorded by crossing out the tooth with a **Blue X**.

Congenitally Missing Teeth that were never present, were not extracted, labeled "**CM"** in **Blue** and marked with an **X.**

Unerupted Teeth write "**UE**" in **Blue.** An unerupted tooth will be marked only if it is past the approximate eruption date.

Partially Erupted Teeth write "**PE**" above the tooth with **Blue**

Restorations all types will be recorded as **anatomically as possible in Blue**

Crowns all types will be shaded in solid blue along with a notation of what type (G,SSC, P,PFM)

Fixed Bridges shade in all restored surfaces (abutment teeth) in solid Blue and mark the missing teeth with an X. Place a bracket both above and below the bridged teeth.

Defective Restorations-These are restorations that are fractured, leaky, missing, lose or temporary. **Record the restoration in Blue** and then **outline the entire restoration in Red.**

Sealants-are recorded by writing a **Blue "S"** on the occlusal surface of the tooth that is sealed. If the sealant needs to be done, mark the tooth with a **Red "S."**

Significant Attrition/Abrasion/Abfraction-**Mark this wear in Blue** by drawing an outline representing the anatomic configuration of the defect. If the condition is generalized, the condition should be documented in the dental chart under the tooth chart.

Supernumerary Teeth-are indicated by writing **"SU" in Blue** above the area where the tooth is located

Root Canal Fillings-are recoded by putting a **Blue line** through the root(s) of the teeth

Caries-are identified in "**Red**" and accurately drawn in the specific location.

Fractured Teeth-are recorded by drawing a zigzag line in Red in the exact location of the fracture

Retained Root Tips-are recorded by crossing out the crown of the tooth in Red with an X, and drawing Red outline of the root(s) remaining.

Retained Deciduous Teeth-are **circled entirely in Blue**. When a child still has mixed dentition do not chart the remaining teeth as retained deciduous teeth.

Implants-are charted by filling in the **entire crown and root with Blue** and writing "**IMP**" at the top of the tooth.

Abscess-put a **Red circle** at the root(s) of the tooth and fill in the red circle

Types of Restorations
Amalgam "A"
Composite "R"
Porcelain Fused to Metal Crown "PFM"
Gold filling or Crown "G"
Stainless Steel Crown "SSC"

CAMBRA
Caries Management by Risk Assessment Form

Student_____ **Patient**_____
Date _____

Indicate 0, 1 or 10 in the last column for each risk factor. Total the factor values and record a score at the bottom of the form.
Low Risk=A score of 0 indicates a patient has a low risk for developing caries.
Medium Risk=Scores between 1 and 9 indicates a patient has a moderate risk for developing caries.
High Risk=A single high risk factor, or a score of 10 or above, indicates a patient has a high risk for developing caries.

	Low Risk (0)	**Moderate Risk (1)**	**High Risk (2)**	**Patient Risk**
Contributing Conditions	**Circle conditions that apply**			
1. Fluoride Exposure (through drinking water, supplements, professional application, toothpaste	Yes	Minimal	No	
2. Sugary/Starchy Foods (juice, carbonate drinks, energy drinks)	Primarily at meals	Occasionally to frequently during day	Frequent or prolonged exposure during the day	
3. Caries Experience of Mother, Caregiver and/or Siblings (if pt is <6 yrs old)	None in the last 24 months	Caries in the last 7-23 months	Caries in the last 6 months	
4. Dental Home: established patient of record, receiving regular dental care in a dental office	Yes	No		
General Health Conditions				
1. Special Care Needs (developmental, physical, medical, mental disabilities that limit oral health care by pt or caregiver)	No	Yes (> age 14)	Yes (< age14)	
2. Chemo/Radiation Therapy	No		Yes	
3. Eating Disorders	No	Yes		
4. Tobacco Use	No		Yes	
5. Medications that Reduce Salivary Flow	No	Yes (1 medication)	Yes (2+ medications)	
6. Drug/Alcohol Use	No	Yes		
Clinical Conditions				
1. Cavitated or Non-Cavitated (incipient) Carious Lesions or Restorations Present	No new carious lesions or restorations in last 3 years	1 or 2 new carious lesions or restorations in last 3 years	3 or more carious lesions or restorations in last 3 years	
2. Teeth Missing Due to Caries in past 3 years	No		Yes	
3. Visible Plaque	No	Yes		
4. Unusual Tooth Morphology(that compromises oral hygiene)	No	Yes		
5. Interproximal Restorations (1 or more)	No	Yes		

6. Exposed Root Surfaces	No	Yes		
7. Restorations with Overhangs and/or Open Margins/Open Contacts	No	Yes		
8. Dental/Orthodontic Appliances (fixed or removable)	No	Yes		
9. Severe Dry Mouth (xerostomia) Does patient complain of dry mouth?	No		Yes	
SCORE TOTAL:				
OVERALL RISK (circle one):				**Low Med High**

CAMBRA

CARIES MANAGEMENT BY RISK ASSESSMENT FORM

The information for this form is obtained by reviewing each **Risk Factor** with the patient as written on the form.

The student will then circle the **risk value** in each column associated with each **Condition (LOW, MODERATE, HIGH),** then the number associated with the risk value will be carried to the **Patient Risk** Column.

A tally will be done in the Patient Risk Column and totaled at the bottom under SCORE TOTAL.

The overall risk will be circled based on the number of the **risk value total.**

If the patient responds to ANY risk factor with a *HIGH-RISK VALUE*, the patient automatically is considered to have a *HIGH-RISK VALUE*.

Dental Hygiene Care Plan

Student _____ **Patient**_____ **Date** _____

Assessment

The following assessments were completed:

____**Dental Hygiene Evaluation** (Medical History/Vitals, Oral Inspection, Dental Charting, Periodontal Charting, Radiographs)

____**Debris Indices** (Circle risk)

Plaque	L M H
Calculus	L M H
Stain	L M H

____ **Risk Assessment (based on CAMBRA Form)**

	(Circle risk)
____ Contributing Conditions	L M H
____ General Health Conditions	L M H
____ Clinical Conditions	L M H

Chief Complaint:

_____

DH Diagnosis and Planning of Treatment Needs

ASA: I II III IV **AAP Stage: I II III IV** **Instructor Initials:** _____

AAP Grade: A B C

Condition(s) to be addressed:

_____

Treatment Plan

The following recommendations are based on visual examination, probing and charting, radiographs, diagnostic tests and photos, and on my provider's knowledge of my medical and dental history (check all that apply)

___Prophylaxis D1110 or D1120 ___Full Mouth Debridement D4355 ___ Radiographs: 4bw 0274, FMX 0210, PAN 0330

___Ultrasonic Scaling ___Care of Removable Prosthesis ___ Pit & Fissure Sealants D1351: _____

___Root Planing D4341(note quads) ____ ___ Tobacco Cessation Counseling ___Whitening Tray

___Fluoride D1206 ___Adj. Antimicrobial (Arestin) (Teeth #) ___ ___Oral Health Instruction D1330

___Nutritional Counseling D1310 ___Periodontal Maintenance D4910 ___Impressions and Study Models

___Pain Management-Local, Topical, HT Desensitizing D9910

___Other_____

The benefit of the proposed treatment is to improve the oral health of the teeth and gums as to retain the natural teeth as long as possible.

Consequences of not agreeing to the proposed treatment may include: complications to the teeth, mouth, and/or general health, such as pain, bleeding, swelling, bad breath, tooth mobility, tooth loss, infection, and further complication of other health conditions such as diabetes, heart disease and stroke.

Implementation

Oral Health Education:

_____

**Insurance Limitations: It has been explained to me that the HGTC Dental Hygiene Clinic does not accept dental insurance and I am responsible for paying for care rendered at this clinic. _____ (Patient Initials).
Approximate cost: _____

Appointment 1: _____
Appointment 2: _____
Appointment 3: _____
Appointment 4: _____

Evaluation

Continuing Care Schedule: ____3 Months ____ 6 Months ____ Other:
_____

Referral provided to: ____ general dentist ____ specialist (specify type): _____ for treatment of_____ (concerns).

Documentation

As stated above, the recommendations for my treatment are intended to improve oral health and help retain my natural teeth as long as possible.

Alternative Treatment

The treatment plan recommended above was created based on my individual oral health needs and falls within the scope of practice of HGTC Dental Hygiene Clinic. I understand that no other treatment options exist for me at this clinic and that there may be other options available at my dentist's office and/or the office of a specialist. I have had the opportunity to ask questions about the alternatives.

Risks of Recommended Treatment

I understand that no dental treatment is completely risk free and that this clinic takes reasonable steps to limit any complications that could arise. I understand that some after-treatment effects may occur with regularity and may include tooth sensitivity, pain, infection, or swelling. I have been informed of the complications and have had the opportunity to ask questions about risks.

Risks of NOT Having Recommended Treatment

I understand that complications to my teeth, mouth, and/or general health such as pain, bleeding, swelling, bad breath, tooth mobility, tooth loss, infection, and further complication of other health conditions such as diabetes, heart disease and stroke, may occur if I do NOT proceed with the recommended treatment. I have been informed of the complications and have had the opportunity to ask questions.

Acknowledgement
I have been informed of my oral health status and have signed the Informed Consent Policy. I have had the opportunity to discuss the proposed treatment with the HGTC dental hygiene student, clinical faculty member and the dentist on staff.

I acknowledge that my care in the HGTC Dental Hygiene Clinic does not include or substitute for a complete dental examination and I have been advised to seek the care of my dentist and/or specialist on a regular basis.

☐ **I wish to proceed with the recommended treatment:**

Patient Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

☐ **I do NOT wish to proceed with the recommended treatment:**

Patient Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

DENTAL HYGIENE CARE PLAN

Assessment:

The Dental Hygiene Evaluation includes the Medical History/Vitals, Oral Inspection, Dental Charting, Periodontal Charting, Radiographs

The Debris Indices is based on information on the front page of Oral Inspection form. Circle appropriate Risk that correlates with the information on the Oral Inspection form.

The Risk Assessment is based on information retrieved from the CAMBRA form. Circle the appropriate risk that correlates with the information on the CAMBRA form.

Chief Complaint is what the patient's main reason for being seen, what issues they are having.

DH Diagnosis and Planning of Treatment Needs:

ASA and **AAP** are decided after a discussion between the faculty and the student.

The **ASA** is based on the patient's medical history and chosen from the **ASA Classification Scale**.

The **AAP Stage/Grade** is based patient's gingival/periodontal health and is taken directly from the AAP Classification of Periodontal and Peri-Implant Diseases.

Condition(s) to be addressed refers to what, if any dental disease is present in the patient's oral cavity.

Treatment Plan is where the student checks all procedures done or to be done during the current visit(s).

Implementation:

Oral Health Education should include all the different techniques and dental aids necessary for the patient to improve their oral health based on clinical findings.

The student will write the approximate financial responsibility of the patient then have the patient initial that they understand their financial responsibility.

The student will write down on each appointment line what billable service they plan to perform.

Evaluation:

The student will check off which continuing care schedule is recommended to the patient.

The student will check off which referral(s) were provided to the patient and what the referral was for.

Documentation:

After reviewing all the information on the care plan with the patient, the student will have the patient sign and date to either proceed with the recommended treatment or to not proceed with recommended treatment. This is followed by the signature of the student and the faculty.

PATIENT REFERRAL FORM

Patient's Name: _____DOB: _____Date: _____

It is recommended that you schedule an appointment with a dental professional as indicated below. Radiographic films taken at HGTC will be sent to the General Dentist/Specialist of your choice. Please let us know where you would like this information sent.

[ ] General Dentist

[ ] Comprehensive Dental Exam

[ ] Complete Periodontal Evaluation

[ ] Decay (seen radiographically) on teeth #'s_____
or any other areas of decay you deem necessary.

[ ] Other_____

_____

_____

[ ] Oral Surgeon for evaluation of the following:_____

_____

_____

[ ] Pediatric Dentist for the following:_____

_____

_____

[ ] HGTC Community Dental Clinic (CDC) 843-839-1034

_____
Referring HGTC Supervising Dentist

By signing below, you are giving the HGTC Dental Clinic permission to release your radiographic films and/or intraoral images to the dentist of your choice.

_____ _____
Patient's Signature Date

Office use only

Radiographs emailed to: Dr._____Date:

_____

PATIENT REFERRAL FORMS

ALL PATIENTS THAT ARE SEEN IN THE CLINIC WILL RECEIVE A REFERRAL FORM FOR AT LEAST A COMPREHENSIVE EXAM. EXAMS ARE NOT DONE IN THE CLINIC.

The student will put a check next to General Dentist and Comprehensive Exam for every patient.

Based on the patient's oral health they may check off other boxes and be also referred to a specific type of specialty office.

Patient Referral Form will be signed by Dentist on Duty in Clinic or a faculty member.

Patient must sign the referral form and will be given a copy of the referral form to take with them.

Periodontal Statement of Understanding

Patients name: _____ Date:_____

I have been advised that my periodontal condition is outside the scope and ability of our student clinicians at HGTC's Dental Hygiene Clinic.

It is likely residual calculus will still remain after completion of this recent treatment.

I understand I may continue seeking treatment at HGTC Dental Hygiene Clinic for regular Periodontal Maintenance appointment to limit accelerated progress of this disease.

I have been advised that pocket depth greater than 6 mm should be treated by a Licensed Periodontist vs. a Dental Hygiene Student at our facility.

I understand that I have been given the opportunity to ask questions concerning my periodontal condition.

Patient Signature_____

CLINICAL EVALUATION FORM

___ Graded __Non-Graded

Student: _____ Date: _____ DHG 165 DHG 175 DHG 255

DHG 265 (Circle one)

Patient: _____ Check-In Instructor Signature_____ Check-Out Instructor Signature_____

AGE	ASA	AAP Stage	AAP Grade	Plaque/Calculus/Stain (L/M/H)	Radiographs	Dr. Signature	Fluoride (type)	Other (identify)

Pro-A or P
PM
FMD
SRP

CRITICAL THINKING

ORAL INSPECTION **5 PTS**

165/175(2) 255(1) 265(1)

___Face/Neck ___Oral Mucosa
___Gingiva ___Lymph Nodes
___Tongue ___ TMJ
___Teeth ___Floor of Mouth
___Occlusion ___Hard/Soft Palate

DENTAL CHARTING **5 PTS**

# Teeth	<12	12-25	>25
165/175	1	2	3
255	0	1	2
265	0	0	1

PERIODONTAL CHARTING **5 PTS**

Depth Errors:

	PDC 0	PDC I	PDC II	PDC III
165/175	0	1	2	2
255	0	0	1	2
265	0	0	0	1

__Recession __Bleeding
__Mobility __Mucogingival Defects

CALCULUS DETECTION (for 1 quad) **5PTS**

165/175	75%
255	85%
265	95%

DECISION MAKING **5 PTS**

___Risk Assessment ___ASA
___Debris Index ___ AAP Stage

PATIENT MANAGEMENT **15 PTS**

Inadequate or Missing:

__Infection Control
__Clean Operating Field
__Radiographs Visible
__Professionalism
__Time Management
__Tissue Trauma

RECORDKEEPING

OK **1st violation -5pts** **2nd violation-10 pts**

Unsigned, not updated, incomplete, poorly documented:

__Health History __Headers Complete
__Premed __Recall Schedule
__Referral __Walkout Complete
__Care Plan Signed __Paperwork Timely
__Charting/Notes Entered in Computer

ADPIE Score **_____/45pts**

Self-Assessment Notes:

Special Needs:

Calculus Missed (Student marks surfaces in RED)

#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	#
M																	M
B																	B
D																	D
L																	L
M																	M
B																	B
D																	D
L																	L
#	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	#

Light						
PTS	55	45	35	25	15	0
165/175	1	2	3	4-5	6-7	8+
255	0	1	2	3	4-5	6+
265	0	1	2	3	4	5+
Moderate						
PTS	55	45	35	25	15	0
165/175	3	4	5	6-7	8-9	10+
255	2	3	4	5	6-7	8+
265	1	2	3	4	5	6+
Heavy						
PTS	55	45	35	25	15	0
165/175	5	6	7	8-9	10-11	12+
255	4	5	6	7	8-9	10+
265	3	4	5	6	7	8+

Calculus Removal Score **_____/55 PTS**

Comments:

Final PT GRADE: _____

CLINICAL EVALUATION FORM

Student will fill out their name and place the patient's **initials** on the Patient line.

Student will place date on top of form and circle which course they are currently taking.

In the boxes:

AGE: Of Patient

ASA: Information based on patient's medical history using the **ASA CLASSIFICATION SCALE.**

AAP: Information retrieved from patient's gingival/periodontal health, (Probings, Full radiographs), and is chosen from **AAP Staging/Grading Classification.**

Plaque/Calculus/Stain (lt, mod, hvy): Information is retrieved from the patient's debris indices, (Intra-oral inspection).

Radiographs: Place what type of radiographs taken during the current visit(s). If radiographs are on file, write "on file" in this box.

Dr. Signature: If radiographs have been reviewed by the Dentist on Staff, he/she must sign form.

Fluoride: If a fluoride or varnish has been applied, must specify which one was applied.

Other: Refers to some other type of service done. (i.e. Sealants, hard tissue desensitization, Arestin)

Self-Assessment Notes: To be completed after Patient has completed all treatment and the student is ready to hand in evaluation form for grading.

****THE REST OF THE FORM IS TO BE FILLED OUT BY THE INSTRUCTOR**

ONLINE TREATMENT NOTE TEMPLATE

Treatment Completed Today: **Any billable Procedures are entered here. Examples** include: 4BWs, FMX, Pan, PA #3, DHOE, Prophy -A, Prophy-C, Gross Debridement, S&RP UR/LR/UL/LL, FL, sealants #3,14,19,30

Pulse: **Taken from health history check-in at each appointment**. **Ex**.80

Respirations: Taken from health history check-in at each appointment. **EX**. 12

BP: Taken from health history check-in at each appointment. Ex. 120/80

ASA: Taken from the Dental Hygiene Care Plan. Ex. II

AAP: Stage/Grade Noted. Taken from the Dental Hygiene Care Plan. **Ex. Stage I, Grade A**

CAMBRA: Taken from the CAMBRA Form. **Ex.** High

Medical History Reviewed: Stating you reviewed medical history prior to treatment. yes

Last Radiographs: State when patient's last radiographs were taken. If they were forwarded to clinic from another office, make note of office name and when they were taken. Ex. Patient states he took x-rays 2 years ago, radiographs taken 2-15-16 and sent from Dr. Smith's office

Medications/Adverse Effects: Information obtained from medical history. Ex. Metformin/dry mouth, Effexor/hypotension

Condition to be addressed: Obtained by asking patient if they are having any specific problems and/or any clinical information retrieved during intra-oral inspection. Ex. Bleeding upon probing generalized/localized (put the area), patient states his gums bleed when he brushes, cold sensitive on the lower right, wants whiter teeth, has a chipped tooth……etc.

OHI: Any instructions or recommended products given to patient as part of their oral health education. Ex. Brushing at a 45-degree angle, floss picks, tongue scrapper, talked to patient about periodontal disease, using a proxy brush in open contacts, water pick, mouth rinse, recommended patient use an electric TB.

Debris Indices P/C/S: Information retrieved from intra-oral exam, debris indices. Ex. L/M/L

Oral Cancer Screening: Information retrieved from intra-oral exam. Type any abnormal pathology found to include color, size and location. Ex. Negative, white lesion on the left lateral boarder of the tongue that Dr. Smith wants him to see the oral surgeon for evaluation. Sore on the roof of his mouth between the midline and tooth #3 that Dr. Smith wants to evaluate in 2-weeks.

Unique Identifier: Taken from the intra-oral inspection. Ex. Missing tooth #3, pan reveled supernumerary tooth above #4, Dr. Smith found a cyst on the pan that needs to be reevaluated at the next 6 month prophy with another pan

Continuing Care: What is the next appointment and when. Ex. 4-Quads of S&RP, reevaluation after S &RP(1month), 6 month prophy, 3-month periodontal maintenance, Patient needs to return in 2 weeks (March 29th) to reevaluate the lesion found during oral cancer screening.

Referral: What type of practice was the patient referred to and what for. Ex. General dentist for--comprehensive exam, periodic exam, oral lesion, periodontal evaluation

Comments: An explanation of what was done during the visit, what the student and/or patient experienced. Discuss the patient's dental history. Ex. He was very sensitive to probing generalized so I did the best I could today, next appointment he will need to have pain management(oraquix) to do accurate probing and a complete prophy. Informed the patient about his probing depths and explained to he has severe periodontal disease and without seeing a periodontist he will eventually lose several teeth. He said "I don't have the money to see a periodontist." The instructor informed the patient that the only person who can effectively clean teeth with severe periodontal pockets that are 6 mm or greater is the Periodontist. However, we can clean those pockets that are less than 6 mm to see if we can improve the pocket depths, but there is no guarantee there will be improvement because home care plays a major role in healing after S & RP.

I used the cavitron today, and the patient tolerated it well. She is a smoker and presents with severe bone loss and pocketing generalized. Heavy stain on the lower lingual anterior teeth. I did talk to the patient about the increased risk of periodontal disease and tooth loose associated with tobacco use. However, the patient got irritated with me during the conversation, so I ended it. She had severe smoker stomatitis on the palate and a white lesion on the lateral boarder of the tongue, so I gave her a mirror and showed her so she can monitor any changes. I recommended

Clinicians Signature: Student will sign upon entering treatment into the computer. Ex. Connie Molar

Instructors Signature: Clinical Instructor will sign after student has entered information during grading. D. Bogenpohl

CLINICAL REQUIREMENTS BY SEMESTER

COMPETENCY	DHG 165/175	DHG 255	DHG 265
Antimicrobial Therapy		**X**	**X**
Calculus Detection	**X**	**X**	**X**
Care of Removable Appliances	**X**	**X**	**X**
Care Plan (Child, Adolescent, Adult, Geriatric)	**X**	**X**	**X**
Debris Index	**X**	**X**	**X**
Dental Charting	**X**	**X**	**X**
Hard Tissue Desensitization		**X**	**X**
Health History	**X**	**X**	**X**
Local Anesthesia		**X**	**X**
Oral Health Education	**X**	**X**	**X**
Extraoral/Intraoral Inspection	**X**	**X**	**X**
Periodontal Charting	**X**	**X**	**X**
Root Planing		**X**	**X**
Sealants		**X**	**X**
Ultrasonic Scaler	**X**	**X**	**X**
Varnish/Fluoride	**X**	**X**	**X**

ADJUNCTIVE ANTIMICROBIAL THERAPY COMPETENCY

STUDENT_____DATE_____

0=Criteria not met +=Criteria met

PROCEDURE	ARESTIN	COMMENTS
PATIENT SIGNATURE		
INSTRUCTOR		
DATE		
CRITERIA	+ or 0	
1. Identifies need for adjunctive antimicrobials		
2. Discusses therapy with instructor and identifies possible allergy, answers questions satisfactorily (benefits, risks, etc.)		
3. Places or dispenses agent appropriately		
4. Gives patient appropriate home care instructions		
5. Properly records procedure in patient record		

***Any criteria that are not met results in competency failure. The competency must be repeated until all criteria are satisfactory.**

CARE OF REMOVABLE PROSTHESES COMPETENCY

STUDENT_____DATE_____

0=Criteria not met +=Criteria met

Patient initials		
Instructor		
Date		
Criteria	**+/0**	**Comments**
Appropriate cleaning solution for appliance selected and placed in double bag		
Appliance placed in solution in double bag and sonicated for 10 minutes in ultrasonic bath		
Appliance rinsed thoroughly with water and remaining debris is gently removed		
Cleanliness of appliance is evaluated by instructor		
Proper aseptic technique followed		

***Any criteria that are not met results in competency failure. The competency must be repeated until all criteria are satisfactory.**

CALCULUS DETECTION COMPETENCY with BOARD QUALITY CALCULUS

STUDENT_____

DATE_____

Student will chart **one quadrant** of a qualifying patient on the chart with minimum of 5 teeth.(2 molars, 2 premolars and **1** anterior}

165/175: 75% (1quad}

255: 85% (2 quads}

265: 95% (3 quads)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
X															
32	31	33	29	28	27	26	25	24	23	22	21	20	19	18	17

COMPREHENSIVE DENTAL HYGIENE CARE COMPETENCY FOR:

CHILD ADOLESCENT ADULT (circle one)

STUDENT NAME_____DATE_____

0=Criteria not met +=Criteria met

PATIENT INITIALS		
INSTRUCTOR		
DATE		
CRITERIA	0/+	COMMENTS
ASSESSMENT		
DIAGNOSIS		
PLANNING		
IMPLEMENTATION		
EVALUATION AND DOCUMENTATION		

***Any criteria that are not met results in competency failure. The competency must be repeated until all criteria are satisfactory.**

DEBRIS INDEX COMPETENCY

STUDENT NAME_____DATE_____

0=Criteria not met +=Criteria met

PATIENT INITIALS			
DATE			
INSTRUCTOR			
CRITERIA	0/+	0/+	0/+
Procedure explained to patient			
Plaque index level is correctly determined for selected areas (L,M,H)			
Calculus index level correctly determined for selected areas(L,M,H)			
Stain index level is correctly determined for selected areas(L,M,H)			
Plaque, calculus, and stain levels are recorded on clinical evaluation form			

COMMENTS:

Any criteria that are not met results in competency failure. The competency must be repeated until all criteria are satisfactory.

Stain/Plaque Levels on Index Teeth

L = debris limited to thin line at gingival margin
M = debris covering gingival third of tooth surface
H = debris covering more than gingival third of tooth surface

Calculus Levels on Index Teeth

L = light supragingival calculus with little or no subgingival calculus (<7pcs.)
M = moderate supragingival calculus with light to moderate subgingival calculus (7-11pcs.)
H = heavy supragingival calculus with moderate to heavy subgingival calculus (>11pcs.)

***Any criteria that are not met results in competency failure. The competency must be repeated until all criteria are satisfactory.**

DENTAL CHARTING COMPETENCY

STUDENT NAME_____DATE_____

0=Criteria not met +=Criteria met

PATIENT INITIALS					
DATE					
AREA SELECTED					
INSTRUCTOR					
CRITERIA	+/0	+/0	+/0	+/0	COMMENTS
ACCURATE CHARTING OF: Present and Missing Teeth Restorations Suspicious areas and defective restorations Supernumerary teeth Implants Sealants Retained deciduous teeth Permanent and removable appliances Fractured teeth and root tips					

DENTAL CHARTING

# TEETH	<12	12-25
DHG 165/175	1	2
DHG 255/265	0	1

***Any criteria that are not met results in competency failure. The competency must be repeated until all criteria are satisfactory.**

HARD TISSUE DESENSITIZING COMPETENCY (Min. 2 Teeth)

STUDENT_____DATE_____

+=Criteria met **0=Criteria not met**

Patient initials			
Date			
Instructor			
Technique used			
Criteria	**+/0**	**+/0**	**Comments**
Patient informed of need, benefits, and procedure			
Treatment area properly isolated and dried			
Desensitizing agent applied properly			
Student properly evaluates results of procedure			
Teeth treated and procedure properly recorded			

***Any criteria that are not met results in competency failure. The competency must be repeated until all criteria are satisfactory.**

HEALTH HISTORY (COMPREHENSIVE) COMPETENCY

STUDENT_____DATE_____

0=Criteria not met +=Criteria met

PATIENT INITIALS					
DATE					
INSTRUCTOR					
CRITERIA	+/0	+/0	+/0	+/0	**COMMENTS**
Health history and consent form signed and explained					
Answers properly recorded legibly					
Answers circled where appropriate					
Antibiotic Premedication, allergies, recorded accurately					
Dental history completed					

***Any criteria that are not met results in competency failure. The competency must be repeated until all criteria are satisfactory.**

INTRAORAL EXPOSURES COMPETENCY

STUDENT_____**DATE**_____

PATIENT_____**INSTRUCTOR**_____

+=Criteria is met **0=Criteria is not met**

CRITERIA	HORIZONTAL BITEWINGS	VERTICAL BITEWINGS	FULLMOUTH SERIES	PANOREX	OCCLUSAL (LAB)	COMMENTS
Explains films to be exposed, patient's role						
Patient is positioned correctly						
Infection control is maintained						
Films are mounted correctly						
Films are evaluated						

SECOND YEAR HYGIENE	FIRST YEAR HYGIENE
HORIZONTAL BW – 6 PATIENTS	HORIZONTAL BW – 2 PATIENTS
VERTICAL BW – 3 PATIENTS	VERTICAL BW – 1 PATIENT
FULL MOUTH – 3 PATIENTS	FULL MOUTH – 2 PATIENTS
PANOREX – 2 PATIENTS	PANOREX – 1 PATIENT
OCCLUSAL FILMS – 1 PATIENT (MAX & MAND)	OCCLUSAL FILMS – 1 PATIENT (MAX & MAND)

***Any criteria that are not met results in competency failure. The competency must be repeated until all criteria are satisfactory.**

LOCAL ANESTHESIA ADMINISTRATION COMPETENCY

MAXILLARY AND MANDIBULAR INJECTIONS

STUDENT_____**DATE**_____

+=Criteria met **0=Criteria not met**

PATIENT INITIAL									
DATE									
INSTRUCTOR									
CRITERIA	**MAXILLARY**				**MANDIBULAR**				**COMMENTS**
Health history reviewed									
Appropriate armamentarium assembled Anesthetic Cartridge Needle Syringe Locking cotton pliers Topical Anesthesia									
Injection site correctly prepared with topical anesthesia									
Appropriate injection technique demonstrated Syringe out of patient view Window toward operator Bevel toward bone Insertion area correct Tissue retracted during insertion Penetration depth correct Aspiration performed Solution injected slowly Needle withdrawn carefully									
Procedure recorded properly in patient record									

***Any criteria that are not met results in competency failure. The competency must be repeated until all criteria are satisfactory.**

ORAL HEALTH EDUCATION

STUDENT_____DATE_____

+=Criteria met 0=Criteria not met

Patient initials		
Date		
Instructor		
Criteria	+/0	Comments
To Instructor: Major dental needs identified: i.e., gingivitis, periodontitis, caries, oral habits		
To Patient: Patient alerted to condition ____What is the condition? ____Where is the condition located? ____Why is it there? ____What can be done about it?		
Oral physiotherapy individualized ___Coronal plaque removal ____disclosing solution ____brushing ___Interproximal plaque removal ___Flossing/floss aids ___Interdental picks ___Interproximal brushes ___Other ___Other ___Tongue cleaner ___Oral irrigator ___Electric brush ___Preventive agents ___Dentifrice ___Mouth rinse ___ Dry Mouth aids		
Appropriate terminology		
Discussion recorded in patient record		

***Any criteria that are not met results in competency failure. The competency must be repeated until all criteria are satisfactory.**

ORAL INSPECTION COMPETENCY

STUDENT_____**DATE**_____

+=Criteria **0=Criteria not met**

Patient initials		
Date		
Instructor		
Criteria	**+/0**	**COMMENTS**
Explain rational for exam to patient		
Intraoral: **Remove unfixed appliances** **Examine and bi-digitally palpate lips, buccal mucosa, vestibules, salivary glands** **Digitally palpate hard palate** **Examine soft palate, pharyngeal area** **Bi-digitally palpate and examine all surfaces of tongue** **Examine and Bi-manually palpate floor of mouth** **Bi-digitally palpate alveolar ridges** **Observe gingiva, recording deviations (color, consistency, contour, bleeding by location)** **Examine teeth for abrasion, abfraction, opacities due to fluorosis or decalcification, anomalies, staining, erosion, hypoplasia** **Examine dentition for occlusion, noting type, crossbite, or openbite, and abnormal overbite and overjet** **Note use of appliances, prosthesis**		
Extraoral: **Inspect skin of face and neck** **Bilaterally and bi-digitally palpate lymph nodes** **Inspect TMJ using bilateral palpation**		
Use correct terminology to explain procedures and findings to patient		
Record significant findings in patient record		

***Any criteria that are not met results in competency failure. The competency must be repeated until all criteria are satisfactory.**

PERIODONTAL CHARTING COMPETENCY

STUDENT_____DATE_____

+=Criteria met 0=Criteria not met

Patient initials		
Date		
Instructor		
Criteria	**+/0**	**Comments**
Rationale for procedure explained and understood		
Pocket depth and bleeding recorded		
Other Findings: **Furcation involvement charted** **Mobility identified** **Recession recorded** **Other mucogingival defects noted (cleft, festoon, fenestration, dehiscence, insufficient width** **Missing teeth identified** **Extrusion or migration noted** **Open contacts recorded (due to perio)** **Occlusal trauma identified** **Iatrogenic factors identified (i.e. Amalgam overhangs, restorative materials, poor margins)**		
Findings communicated to Patient		
Procedure properly documented		

***Any criteria that are not met results in competency failure. The competency must be repeated until all criteria are satisfactory.**

ROOT PLANING COMPETENCY -4 POCKETS/4-6mm Deep w/ BOARD QUALITY CALCULUS

****APPROVED BY CLINICAL INSTRUCTOR**

STUDENT_____DATE_____

+=Criteria met 0=Criteria not met

Patient initials					
Date					
Instructor					
Tooth # treated					
Criteria	+/0	+/0	+/0	+/0	Comments
Patient educated on need/benefit/procedures to be performed					
Pain management provided, as needed					
Root surface is thoroughly instrumented, smoothed appropriately, as needed					
Need for adjunctive antimicrobials is discussed, as needed					
Procedure recorded accurately					

***Any criteria that are not met results in competency failure. The competency must be repeated until all criteria are satisfactory.**

PIT AND FISSURE SEALANTS COMPETENCY (4 Teeth) By End of FALL, 4th Semester

STUDENT_____DATE_____

+=Criteria met 0=Criteria not met

Patient initials					
Patient age					
Date					
Instructor					
Tooth #'s sealed					
Criteria	**+/0**	**+/0**	**+/0**	**+/0**	**Comments**
Sealant set-up complete					
Patient educated of need/benefits of procedure					
Tooth free of plaque, debris and stain Polished, Etched, Applied sealant					
Sealant retention adequate					
Procedure recorded accurately					

***Any criteria that are not met results in competency failure. The competency must be repeated until all criteria are satisfactory.**

ULTRASONIC SCALING COMPETENCY-1 PATIENT

STUDENT
NAME_____

0=Criteria not met +=Criteria met

PATIENT INITIALS		
DATE		
AREA SELECTED		
INSTRUCTOR		
CRITERIA	+/0	
EVALUATION CRITERIA		COMMENTS
Reviews patient medical history to determine contraindications to treatment or factors that will otherwise influence the procedure. Identifies contraindications		
Choose correct tip for area and calculus type		
Uses Aseptic technique. Maintain asepsis.		
Uses correct patient/operator positioning		
Explains the procedure and the rationale to the patient providing individualized patient education.		
Uses correct technique and procedure		
Completes scaling using a system that minimizes trauma		
Bleeds water lines and lubricates o-ring before placement of new inserts.		

Bleeds line upon completion of scaling		
Uses proper evacuation technique		
Check for patient comfort and adjusts accordingly		
Demonstrates professional Conduct		
Makes complete, accurate, dated entry		

VARNISH AND FLUORIDE APPLICATION COMPETENCY

STUDENT_____DATE_____

+=Criteria Met 0=Criteria not met

VARNISH OR FLUORIDE TRAY (circle one)

PATIENT INITIALS						
DATE						
INSTRUCTOR						
CRITERIA	+/0	+/0	+/0	+/0	+/0	**COMMENTS**
Treatment rationale explained to patient						
Uses appropriate amount of fluoride						
Adequately covers all tooth surfaces						
Instructs patient post-treatment						
Records procedure in patient record						

***Any criteria that are not met results in competency failure. The competency must be repeated until all criteria are satisfactory.**

Radiology Assistant Duties

Student: _____ Date: _____ Grade: ___/100

TIMELINESS:
☐ Arrives early to accomplish clinic start-up before patients arrive
☐ Stays until after clinic clean-up is completed or delegated

PRE-CLINIC SET UP:
☐ Stock supplies as needed (soap, paper towels, barriers, digital sleeves, masks, gloves)
☐ Turn on *ScanX* processors and computers in digital radiology rooms
☐ Turn on Panorex machine and computer
☐ Prepare radiology rooms by disinfecting and placing barriers

DURING CLINIC SESSION:
☐ Ensure radiology sign-up log is completed (your name, patient name/unit, type of x-rays)
☐ Discuss any concerns regarding patient with student operator prior to taking radiographs
☐ Escort patient to radiology room in order of sign-up sheet
☐ Expose radiographs, making note on sign-up log number of retakes, if any
☐ Have an instructor view radiographs and sign off on radiology evaluation form BEFORE returning patient to their operatory (automatic 77% for RA session if not adhered to)

STERILIZATION/BEST PRACTICES:
☐ Disinfects and barriers radiology rooms after each patient
☐ Bag and label and all contaminated items for sterilization: radiology holders, rods, rings
☐ ALWAYS place lead apron prior to taking radiograph (automatic 77% for RA session if not placed)

AFTER CLINIC SESSION:
☐ Turn off *ScanX,* Panorex machine and all computers in radiology
☐ Turn off all X-ray units, including the Panorex
☐ Empty trash in radiology areas
☐ Be sure *everything* is put away and that all counter tops are free of clutter.
☐ Self-evaluate the radiographs you took on the appropriate evaluation form (bitewing, panorex, full mouth) and turn in for grading to pod instructor within 1 week

**Document any other activities that were completed during this session

Instructor Signature/Date: _____

NAME_____CLINIC ASSISTANT RESPONSIBILITIES **CLINIC 165 175 255 265 (Circle One)**

Learning Objectives: **FINAL CA GRADE: _____/100**

- Ensure efficient management and maintenance of the clinical facility.
- Uphold the highest infection control standards possible.
- Provide support services as outlined and do so willingly.
- Maintain professional demeanor at all times.

Students will be evaluated on this activity based on performance, attitude and team effort in meeting these objectives. *The role of a Clinic Assistant (CA) is critical to maintaining a safe, sterile environment for the clinical operators and their patients. It cannot be compromised nor should it be taken lightly.*

TIMELINESS: • Arrives early	**DATE**	**DATE**	**DATE**	**DATE**	**DATE**	**DATE**
• Stays until post-clinic clean-up is completed or delegated						
PRE-CLINIC SET UP:						
• Stock units/confirm operators have needed supplies(for patient care and also soap, paper towels, tissues, cups)						
• Replenish supplies from storage room throughout the clinic-get key from instructor						
• Start laundry(if a sufficient amount has accumulated)						
• Prepare sterilization area by disinfecting counter tops						
• Replenish water in small ultrasonic cleaner						
• Ensure instruments are ready for operators						
• Check water levels in all 5 autoclaves						
• Start autoclaves if there are unsterile instruments						
DURING CLINIC SESSION:						
• Chairside Assisting: Assist clinical operators as needed						
• Confirm patients for the next clinic day-see Noelle for guidance						
• Bags disposable supplies from rad lab and prepare for sterilization						
• Change chair traps monthly (provide to operators end of day)-see posted schedule						
• Flush all water lines in CDC (2 minutes) each clinic session						
• Launder & hang up washable lab jackets after each clinic session						

STERILIZATION: • Checks dates for cleaning autoclaves and clean as needed, document in sterilization binder on counter-see posted schedule	**DATE**	**DATE**	**DATE**	**DATE**	**DATE**	**DATE**
• Load and run *Miele* instrument washer (at lunch and end of day)						
• Start autoclaves as needed (DO NOT START AT END OF DAY)						
• Run Biological Indicators in ALL 5 AUTOCLAVES on Tuesdays, check on Thursdays-see posted instructions, document in Sterlization binder on counter						
• Be sure clinic facility is always "Noticeably Clean". Keep sterilization are neat and organized during ALL sessions.						
• Wrap, label and prepare all contaminated items for sterilization						
• Clinicians are responsible for cleaning their own work areas, assistance with cassettes and tray set-ups or other equipment is acceptable.						
• Be sure **everything** is put away and that all counter tops are free of clutter						
• Disinfect all counter top surfaces in sterilization room						
• Get evaluation form signed, keep in your clinic binder. Turn in evaluation form at of the semester.						

Faculty Initials: _____ _____ _____ _____ _____

Point Deductions: _____ _____ _____ _____ _____ _____

***No credit will be earned for infection control infraction or disregard for professionalism*.

Grading Criteria: Up to a 25-point deduction for deficiencies in the following areas:

- Attitude
- Willingness to assist others
- Lack of quality in performing each task
- Disregard for authority
- Failure to assist other students in delivering patient care services

**Point deductions will be tallied throughout the semester with one final grade given for the CA grade.

DENTAL HYGIENE PROGRAM PATIENT QUESTIONNAIRE

Please read the following statements. Check the response that best describes your feelings about the treatment you received in the dental hygiene clinic today. Answers will remain ***confidential.***
This survey is designed to provide us with meaningful feedback for improving dental hygiene treatment at Horry Georgetown Technical College. Thank you for completing this survey.

	Agree	Disagree	No Opinion
1. My appointment was confirmed. The student was polite in speaking with me on the phone and/or in person.			
2. I was given information explaining my responsibilities, rights as a patient, clinic appointment policies, and fees.			
3. The student was organized and prepared for my appointment.			
4. The student explained treatment/procedures that were needed so I was able to understand them and ask questions prior to treatment.			
5. The student was courteous, respectful, and attentive to me during the dental hygiene appointment.			
6. The student showed concern for my oral health status and well-being during treatment, educating me about ways to improve my oral health.			
7. The front desk staff was professional and provided satisfactory service during check-in and check-out procedures.			
8. The student was professional and provided satisfactory care.			
9. Faculty and staff members were professional.			
10. Overall, I was pleased with my treatment.			

If you did not agree with any of the above statements, please explain your concerns or provide recommendations. If you have any other concerns that are not addressed above, please let us know. Should you wish to speak with the Program Director, please write your name and preferred method of contact below.

Patient Name/Method of Contact (optional)

Student Name: Date of Visit:

DH Clinic Survey Guidelines

1. Patient Questionnaire: At the return to complete appointment when the patient signs in, the administrative assistant will give all patients a Patient Questionnaire. The student clinician may also offer the patient the patient questionnaire. Patients should be encouraged to complete the form at the end of their treatment and return it to the secure drop box located in the dental clinic reception area. This questionnaire allows patients to provide feedback concerning the dental hygiene services, clinicians, faculty, etc. in a non-threatening, anonymous manner. The person making the suggestion/comment/concerns may or may not choose to sign the form and provide their contact information. If the person wishes to be contacted by the Program Director, he/she can make that request.

2. **Review of Questionnaire**: Completed patient questionnaires will be reviewed by the Program Director on a regular basis and presented to the faculty/staff at monthly faculty meetings as part of discussion for improvement.

III. INFECTION CONTROL

INTRODUCTION

Dental professionals are exposed to a wide variety of microorganisms in the blood and saliva of patients. These microorganisms may cause infectious diseases such as the common cold, pneumonia, tuberculosis, herpes, Hepatitis B and C, Covid-19, and the human immunodeficiency virus (HIV). The use of effective infection control procedures in the dental office will prevent cross-contamination that may extend to the dental office personnel.

Patients often do not know that they carry life-threatening diseases; therefore, every patient must be treated as a carrier. We owe it to ourselves, our families, and our patients to take every precaution possible to avoid cross-contamination with body fluids. The following section of the clinical manual has been developed for your protection. These guidelines are taken from the most recent recommendations by the ADA, OSHA, and CDC on infection control and **MUST** be stringently practiced at ALL times.

AT RISK
INFECTION IN THE DENTAL HEALTHCARE ENVIRONMENT

What Is Infection?

Infection is the spread of disease-producing organisms — pathogens. Infection also refers to the presence of pathogens in the body.

Pathogens live almost anywhere in the environment: air, dust, surfaces, and within the body in body fluids.

Although most pathogens can be easily killed by the use of disinfection and sterilization, many, including hepatitis B, can live on dry surfaces for a week or longer.

The body has barriers that keep many pathogens out: skin is the primary barrier. Mucous membranes in the mouth, nose, and other body openings also form a protective shield against pathogens.

Pathogens easily pass into the body through cuts or scrapes in the skin or mucous membranes. Once inside the body, most pathogens live in blood and saliva.

When pathogens invade, the body tries to fight them with special cells and fever. Under certain circumstances - if the body is weak or lacks immunity to the invading pathogen, or if the pathogens are too strong or too numerous – infection and disease can occur.

HIV infection,Covid-19, herpes simplex virus 1, hepatitis B, measles, chicken pox, staphylococcal and streptococcal infections, influenza, mumps, pneumonia and tuberculosis are only a few of the pathogens and infectious diseases that are transmissible in the dental healthcare environment. More information on diseases and their routes of transmission is listed in this section.

How Does Infection Occur?

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

commonly through cuts on fingers, direct transfer to mouth, eyes, nose, or aspiration into the lungs.

Pathways Of Transmission

Transmission of pathogens – cross-contamination – is possible in the dental environment. The usual pathway is from patient to staff, but research shows infection can be transmitted from many directions.

One pathway of transmission is from direct spatter of blood, saliva or a mixture of both into the eyes, nose or mouth. Some airborne pathogens in aerosol droplets smaller than 5 microns can transmit diseases into the lungs.

Sprays of infected blood and saliva from patients' mouths often contaminate office surfaces or staff clothing and equipment; pathogens can then be transferred to the hands of dental personnel.

Once pathogens are on the hands, they can pass into the body through body openings or breaks in the skin.

Contaminated staff members can transfer pathogens to any surfaces they touch. These pathogens can then be picked up by other patients and staff members.

Pathogens can be carried home by staff members and patients on clothing and objects.

The Unnoticed Pathogen

There are often unnoticed sites where pathogens live in the dental environment including equipment, such as x-ray units,the dental unit, telephones, patient charts, door handles and bathrooms.

On people, pathogens may hide under wedding bands and any other jewelry, under fingernails, on uniforms and in hair.

Although unlikely, the waiting room – not designed for rigid hygiene procedures – is a place were patients and staff may become cross-contaminated by way of magazines, furniture, and even clothing racks.

Who Is At Risk

Many pathogens live easily on all types of surfaces. Staff, patients, sales representatives, janitorial staff, technicians and other visitors may come into contact with pathogens by touching contaminated items.

Treatment Staff

Dentists, hygienists, and dental assistants are at risk during dental procedures when infected saliva or blood sprays the face or enters a cut or sore.

Hygienists can become contaminated by patients via pathogens transmitted through blood, saliva, and plaque; respiratory illnesses can be transmitted by droplets in the air and any aerosol production.

Dental assistants pick up pathogens when they touch parts of the dental unit, chair, and instruments contaminated by pathogens as well as breathing in any aerosols created in the dental environment.

Laboratory and x-ray technicians can contract disease by touching contaminated items and by direct contact with patients.

NOTE: It is essential that dental healthcare workers keep face masks on during dental procedures AND clean-up after the treatment has been completed.

Non-Treatment Staff

Clerical personnel are at risk from handling the telephone, patient charts, and other surfaces that may be contaminated from contact with the hands or belongings of other staff members and patients.

Persons working after hours in the office are at risk from touching contaminated items.

Janitorial staff may be at risk from touching contaminated items and by improper handling of hazardous wastes.

Patients are at risk through contact with dental workers, clerical staff, and other patients in the office, and by touching contaminated items.

Spreading The Risks Outside The Office

Family members and close friends of anyone who works in a dental environment have a higher risk of infection than does the general population. A dental worker can all too easily carry an infection home to spouse and children.

Laboratory technicians in independent laboratories are at risk of infection from pathogens sent from office to laboratory on dentures, impressions, and other materials. Therefore, any items sent from the dental office to the laboratory which are thought or known to be contaminated should include **"ALERT LABELING"** to help protect laboratory personnel.

Risks Of Infection

The dental staff is at high risk for contracting and spreading a wide range of infectious diseases, possibly affecting job performance and job security as well as the health of colleagues and patients.

Dental staff may carry pathogens home with them, putting family and friends at risk for disease.

The common, less serious infectious diseases easily contracted in the dental healthcare environment are colds, influenza, staphylococcal, and streptococcal infections.

Bouts of common diseases may keep dental staff members at home for several days, a week, or more.

Young patients and parents may transmit measles, chicken pox, and mumps. These diseases cause severe long-lasting symptoms in adults. Measles is a potentially serious disease in pregnant women; mumps can cause sterility in men.

The more serious, even life-threatening diseases that can be spread in the dental environment include HIV infection, Covid-19, herpes simplex virus types I and II; hepatitis B, C and D; infectious mononucleosis; sexually transmitted diseases; and tuberculosis.

AIDS is an incurable disease of the immune system that is almost always fatal. Blood and other body fluids are the routes of transmission of the disease. The first case of HIV infection of a dental health care worker, presumably through occupational exposure, was reported in 1987. The infected dentist reported a history of multiple needle stick injuries. The dentist also did not routinely use gloves.

Herpes is a chronic disease that causes outbreaks of painful lesions, fever, malaise, and viral discharge (herpes II). The herpes simplex type I virus has been found to live in saliva even when no lesions are present in the mouth. Herpes simplex II can also be found in the oral cavity and be transmitted via saliva. The risk to dental personnel of contracting herpes simplex type I and II via saliva, perioral, and oral lesions virus may be greater than previously suspected.

Risks Of Hepatitis B

An estimated 800,000–1.4 million persons in the United States have chronic HBV infection. Chronic infection is an even greater problem globally, affecting approximately 350 million persons. An estimated 620,000 persons worldwide die from HBV-related liver disease each year (taken from CDC.gov website 2013).

The most common symptoms of hepatitis B in the initial phases are headaches, gastrointestinal disturbance, body fatigue, and stiffness; all complaints frequently mistaken for signs of flu, cold, or tension.

Chronic carriers often go undiagnosed; up to 80% are unaware of their disease and thus, it does not appear on their dental histories. Chronic carriers are at increased risk for developing cirrhosis and liver cancer; they are also at increased risk of HDV (delta hepatitis), a more virulent, deadly form of the disease.

Dental personnel who treat an average of 20 patients a day are exposed to one chronic carrier every seven working days.

The virus can live for up to seven days on a dry surface and can be easily transmitted via a single, accidental needle stick.

There is no known cure or effective treatment.

Some states require dentists and other dental personnel who are actively infected with hepatitis B, or who are chronic carriers, to restrict or give up their practices.

The control of hepatitis B requires persistent hygiene and barrier techniques to help prevent cross-contamination, and because needle sticks and other accidents do happen, vaccination should be completed to assure personal protection. The clinician should also be tested for success of the vaccine.

Dental personnel who are vaccinated are taking a positive step in infection control and are minimizing risks to their health and careers.

Employers of dental personnel should take responsibility for informing employees of the risks of hepatitis B.

Risks of Hepatitis C

Although only 849 cases of confirmed acute Hepatitis C were reported in the United States in 2007, CDC estimates that approximately 17,000 new HCV infections occurred that year, after adjusting for asymptomatic infection and underreporting. Persons newly infected with HCV are usually asymptomatic, so acute Hepatitis C is rarely identified or reported. (CDC.gov website 2013)

Approximately 3.2 million persons in the United States have chronic HCV infection. Infection is most prevalent among those born during 1945–1965, the majority of whom were likely infected during the 1970s and 1980s when rates were highest. (CDC.gov website 2013)

There is no cure for Hepatitis C.

Risks of HIV/AIDS

About 50,000 people become infected with HIV each year. In 2010, there were around 47,500 new HIV infections in the United States. About 1.1 million people in the United States were living with HIV at the end of 2009, the most recent year this information was available. Of those people, about 18% do not know they are infected.

HIV disease continues to be a serious health issue for parts of the world. Worldwide, there were about 2.5 million new cases of HIV in 2011. About 34.2 million people are living with HIV around the world. In 2010, there were about 1.8 million deaths in persons with AIDS, and nearly 30 million people with AIDS have died worldwide since the epidemic began. Even though Sub-Saharan Africa bears the biggest burden of HIV/AIDS, countries in South and Southeast Asia, Eastern Europe and Central Asia, and those in Latin America are significantly affected by HIV and AIDS (CDC.gov website 2013).

This disease involves destruction of the body's immune system, making the person susceptible to life-threatening infections or cancers. The progression of the disease to the end phase takes, on average, ten years. There is no vaccine or cure for this disease.

High-Risk Patients

High-risk patients are known carriers of infectious diseases, persons in the infectious stage of a disease, or persons in a group with a statistically high rate of infectious disease. Unfortunately, most of these individuals are asymptomatic and unaware that they are carriers.

Patient histories should be updated regularly and include questions about infectious diseases.

A patient history cannot be relied upon as a **totally accurate indicator** of infection risk. High-risk patients are difficult to identify. Many do not know that they have an infectious illness or that they are at special risk; some are unwilling to reveal the presence of an infectious disease.

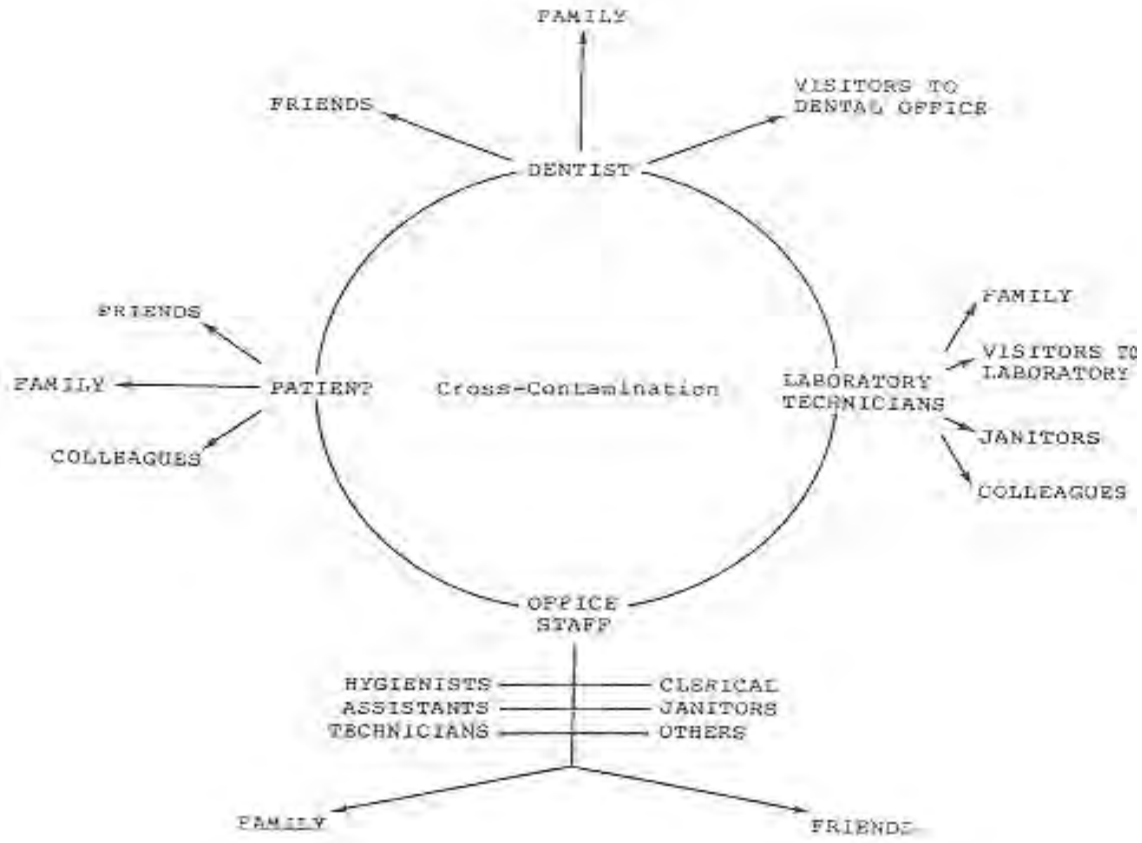
Groups at high-risk for infectious diseases include:

- Patients being treated with immunosuppressive drugs.
- Patients requiring frequent blood transfusions.
- Anyone with multiple sexual partners.
- Drug abusers.
- Institutionalized or recently deinstitutionalized persons.
- Persons who have contact with young children – parents and teachers – are at a higher risk for influenza, common colds, and childhood illnesses.
- Healthcare personnel are a high-risk group for many infections but in particular hepatitis B; dental personnel are among those at highest risk.

****Each patient should be treated as if he or she were possibly infectious!****

The difficulty of identifying high-risk patients underscores the need for **meticulously** following all infection control procedures including Hygiene, Barrier Protection, and Vaccination against hepatitis B.

PATHS OF CROSS-CONTAMINATION



INFECTIOUS DISEASES FOUND IN THE DENTAL ENVIRONMENT
ROUTES OF TRANSMISSION

DISEASE	SALIVA	BLOOD	AEROSOL SPRAY DROPLETS	OTHER	VACCINE
HIV/AIDS	•	•			
Hepatitis A				Oral-Fecal	•
Hepatitis B	•	•	•		•
Hepatitis C		•			
Hepatitis D		•			•
Hepatitis E				Oral-Fecal	
Herpes Type I & II	•		•		
Varicella-zoster	•		•	Direct Contact	
Eptsetin-Barr virus	•			Direct Contact	
Tuberculosis	•		•		
Syphilis				Direct Contact	
Gonorrhea				Direct Contact	
Mumps			•	Direct Contact	•
Polio	•		•	Direct Contact	•
Influenza Virus (A, B, C)			•		•
Measles	•		•	Direct Contact	•
Rubella			•	Direct Contact	•
Streptococcus Infections	•	•	•		
Staphylococcus Infections	•		•		
Candida Albicans				Secretions	
Pneumonia			•		

HGTC DENTAL CLINICS
DENTAL UNIT WATERLINE SYSTEM

Dental Hygiene Clinic and Community Dental Clinic

The Dental Hygiene Clinic and Community Dental Clinic utilize the Sterisil® System G4 for dental unit waterline purification systems. The Sterisil® System G4 merges the best water purification methods available providing the only dental water purification system EPA registered to produce treated dental water and autoclave water.

The 6 unique stages of purification and disinfection include reverse osmosis, deionization, Class B ultraviolet (UV) disinfection, and our proprietary residual silver disinfectant. Treated dental water is nontoxic, non-corrosive, contains no oxidizers, and is safe for patients, staff, and equipment. Treated dental water is EPA registered and carries with it a quantified disinfection claim of ≤10CFU/ml HPC purity. That's 50 times lower than the ADA and CDC guidelines without tablets or daily additives. The G4 comes equipped with a suite of sensors, monitors, and indicators for convenient quality assurance and notification of system maintenance.

When the time comes, both audible and visual alarms notify users of the issue to be addressed. A Sterisil representative provides annual maintenance on-site.

During periods when the clinic is not in regular use, such as winter and summer breaks, water bottle are emptied and left to air dry. Prior to resuming clinical care after a 2+ week period of inactivity, water lines are shocked following waterline maintenance protocols.This procedures is documented in the Quality Assuarance Manual located on the counter behind the Pod 2 desk.

All dental unit waterlines are tested annually using Agenics testing vials. Results of the annual testing are located in the Quality Assurance Manual on counter behind the Pod 2 desk. If a dental unit waterline tests comes back as "fail", the Program Director will contact our local Sterisil Representative for further guidance.

In clinic, there are two small water faucet dispensaries located on the sink in sterilization nearest to instrument cabinets. One water faucet dispensary is labeled "dental" and the other is labeled "autoclave". The "dental" water is ONLY used for filling of dental unit water bottles for use during patient care. The "autoclave" water is ONLY used to fill autoclaves and Statim as indicated prior to running sterilization of instruments. A flexible hose is located underneath the sink, allowing an operator to easily fill autoclaves using the flexible hose. Otherwise, a plastic pitcher located under the sink may be filled with autoclave water and dispensed into autoclaves that manner.

HGTC DENTAL CLINICS
DENTAL UNIT WATERLINE RATIONALE & PROTOCOL

Dental Hygiene Clinic and Community Dental Clinic

Rationale for Waterline Safety & Precautions:

Biofilm—a coating of microorganisms—can develop in dental unit waterlines (the tubes connecting instrumentation such as low and high-speed handpieces, air/water syringes and ultrasonic scalers with a water supply). To deliver water of optimal microbiologic quality, dental unit waterlines must be maintained regularly. Colonization of microorganisms within the waterlines may not pose a concern for healthy individuals, but it may place elderly or immunocompromised patients at unnecessary risk. Although infection associated with microbial contamination of waterlines appears to be rare, dental unit waterlines have been shown to harbor a wide variety of microorganisms including bacteria, fungi, and protozoans in numbers sufficient to cause illness. These microorganisms colonize and replicate on the interior surfaces of the waterline tubing forming biofilms. Biofilms can serve as a reservoir, amplifying the numbers of free-floating microorganisms in the water.

As a result, the CDC recommends flusing water lines at the beginning of the day to temporarily reduce the level of microbes in the water. Additionaly it is recommended to flush handpieces after patient use to help reduce any patient-borne microbes that may have entered the handpiece itself during clinical care.

Daily Waterline Protocol for the HGTC Dental Clinics:

At the beginning of each clinic day, dental unit lines and devices should be flushed with water **for at least two minutes**. The flushing of lines should occur prior to attaching any handpieces, ultrasonic scalers, air water syringe tips or other devices.

The dental unit lines and devices should be flushed after each patient for a minimum of 20 seconds.

HGTC DENTAL CLINICS
SUCTION LINE MAINENANCE PROTOCOL
Dental Hygiene Clinic and Community Dental Clinic

At the end of each clinic session, or following procedures that generate heavy bleeding, the following maintenance should be performed:

1. Filling the suction cleaner container located under operatory cabinet:
   - If suction cleaner container is full, proceed with Step 2. If empty, follow the steps below to fill the container:
     - Remove container from the rear delivery cabinet and disconnect lines. Be careful with this procedure as the computer is housed in this cabinet, as well.
     - Place container on cart and take container to sterilizing center.
     - Place 4 pumps full of *SaniTreet* (located under sink on dirty side of sterilizing center) into container and fill with regular tap water to the marked fill line.
     - Return container to the unit, connect lines and return to the cabinet.

2. Place suction lines (low and high volume) on the system flush, turn on unit and let the system flush. It will turn off automatically.

3. Remember, prophy paste is the main culprit of clogged suction lines. This MUST be done routinely to keep the lines clear.

STEP-BY-STEP INFECTION CONTROL GUIDELINES

THE CLINICIAN

Uniform

1. **UNIFORM LAB COATS MUST MEET THE OSHA REQUIREMENT OF LONG, CUFFED SLEEVES WITH ROUND NECKS. NO V-NECK OR OPEN NECK TOPS ARE ALLOWED**. A clean, pressed uniform must be worn each day.

2. Students may not enter clinic without a long sleeved lab jacket. Students must wear the lab jacket during set up and clean up procedures. Students are required to don a disposable gown once the patient has been seated and clinical contact is about the begin. Students may not enter the waiting area or leave the clinic wearing the disposable gown.

3. Clinic labcoats **MUST NOT** be worn to and from campus. Bring the labcoat with you to school and put on prior to entering clinic. The labcoat should be removed at the clinical facility after use and taken home to be washed and dried. Bacteria can penetrate the uniform, so to practice maximum infection control and prevent cross-contamination of any kind, clinical labcoats will be worn in the clinic area only.

Hair

1. Remember to keep your clean hands out of hair. Your hair harbors your own normal microflora as well as microorganisms collected from aerosols generated during dental procedures; thus your hair becomes a vehicle for cross-contamination.

2. Hair must be up, off collar, and secured when in uniform. Hair bonnets/coverings will be worn to provide further protection to the student clinician. Hair bonnets will be disposed after use; fabric hair coverings are to be taken home by the student and laundered.

Eyes

1. **SAFETY GLASSES/FACE SHIELDS AND LOUPES ARE CONSIDERED TO BE PART OF THE CLINICIAN'S UNIFORM AND MUST BE WORN DURING ALL LABORATORY AND/OR CLINICAL SESSIONS WHILE WORKING ON PATIENTS!!!** Safety glasses must be worn during clinical set up and clean up procedures to protect the eyes from harmful microbes and/or disinfecting materials.

2. If you are the *Clinical Assistant* and you are assisting a student who is working on a patient, you must also wear proper PPE.

3. At the end of the day, unless it is needed sooner, clean glasses to remove all splatter and then spray/wipe with a surface disinfectant. Allow glasses to stay wet for 5-10 minutes, then rinse with water and dry. (This is done to prevent any fumes entering the eye and also to prevent any allergic skin reaction to the disinfectant).

Fingernails

1. Short nails are easier to keep clean; microorganism-laden debris trapped under fingernails may cause cross-infection. Nails may not extend over fingertips.

2. False fingernails MUST NOT be worn. Contamination may occur from fungal growth occurring between the false and natural nail. The false nail can compromise the integrity of the glove.

3. No fingernail polish of any kind is allowed.

Jewelry

1. **NO JEWELRY WHILE WORKING** on patients EXCEPT ONE small, stud earring PER EAR; microorganism-laden debris may become trapped in irregularities of the jewelry, especially in gems, thereby serving as a source of cross-infection. No hoop earrings of any kind are to be worn.

2. **NO OTHER PIERCINGS OF ANY KIND ARE NOT TO BE WORN IN THE CLINICAL AREA. THIS INCLUDES PIERCINGS IN THE NOSE, TONGUE, EYEBROW, etc.**

3. Non-gem rings may be worn. A plain gold band is allowed; however, the practice of wearing the plain gold band is discouraged under gloves.

4. Watches can be worn if they are completely covered by gloves. No smart watches are permitted.

Clinic Shoes

1. Clinic shoes will be white, with closed toe and heel. No perforated clogs such as Crocs are permitted.
2. Clinic shoes should be made of a smooth, sturdy material such as leather or polyurethane that can easily be wiped clean. No laces or canvas shoes are permitted.

3. Clinic shoes must be removed after clinic sessions and stored inside students' lockers. Clinic shoes may not be worn to and from school, to prevent microbe transmission. It is recommended that student wear shoes to and from school and change into/out of clinic shoes at school.

Face Masks

1. Face masks **MUST** be worn at all times when working in the clinic on patients and during pre-disinfection and post-treatment disinfection of the operatory. The face mask should also be kept on AFTER completing aerosol producing procedures. Again, wearing a facemask protects your face from microbes and/or disinfectant materials being used to clean.

2. If you are the *Clinical Assistant* and you are assisting a student who is working on a patient, you must also wear a facemask.

3. Face masks **MUST** be changed frequently if they become moist. A moist facemask will transmit bacteria to the student's respiratory system.

4. Face masks **MUST** be removed by handling the elastic ear strings. DO NOT TOUCH THE MASK AT ANY TIME!

5. When leaving the operatory, remove your face mask. **Never** pull the mask down over your chin and then walk around the clinic.

6. Face masks are not to be worn outside of the clinical area.

Gloves

1. Gloves are worn for the student's protection AS WELL AS the protection of the patient. They must be long enough to fit over the uniform cuff. As the clinic is a latex-free environment, all gloves **are latex-free.**

2. Gloves are to be worn in the **operatory area** only, and only while involved in direct patient care.

3. When the student leaves the operatory for any reason, the gloves will be removed and discarded. If hands are not visibly soiled, an acceptable hand sanitizer can be utilized. Otherwise, hands should be washed.

4. When returning to the operatory, either sanitize or wash, and thoroughly dry hands before putting on gloves again.

5. When gloves are on hands, practice scrupulous aseptic technique. Do not touch anything other than instruments and devices used in treatment.

6. Should gloves become torn or compromised for any reason, immediately stop what you are doing, remove gloves, get a new pair of gloves and follow procedures as noted above in #4.

7. When wearing gloves, **DO NOT**:

    a. Leave the operatory

    b. Shake hands with someone

    c. Adjust Your Glasses

    d. Touch an environmental surface such as door knobs, telephone, mobile cart drawers, etc. that do not have a barrier

    e. Pick up an instrument from the floor

    f. Touch an uncovered light

    g. Touch your face mask

PRE-APPOINTMENT

Handwashing Upon First Entering The Clinic

1. The first hand washing of the day should be an "***ANTISEPTIC HANDWASH***". Conscientious adherence to the following protocol will result in an acceptable level of disinfection.

2. Remove all jewelry.

3. Use cool water. (Hot water causes your pores to open, making disinfection more difficult).

4. Thoroughly wet hands and forearms, then lather using a liquid antimicrobial soap.

4. Thoroughly scrub hands, nails, and forearms.

5. Be sure to scrub both the palmar and dorsal sides of each hand, all four surfaces of each finger, interdigital areas, wrists, and forearms.

6. Clean under fingernails.

7. Rinse well with cool water.

8. Repeat lathering and rinsing two more times. All three washings are for 30 seconds each.

9. Using 2 clean paper towels, dry hands first with each of the paper towels, then forearms, in the same manner.

10. Your hands are now ready for gloving.

Handwashing Between Patients

1. Hands should be washed before and after each patient and at other times during an appointment when necessary to prevent contamination of your operatory or cross-infection of your patient. It is always a good idea to do your hand washing where patients can observe you, thus quelling any doubts as to whether or not you have washed your hands.

2. Hand sanitizers can be used during the appointment, if your hands are free of debris.

PREPLAN your treatment sessions to minimize repeated entry into drawers and cabinets after washing hands.

UNIT SET-UP
Preparing The Operatory

1. Use heavy-duty utility gloves for preparing the operatory for set-up.

2. Flush water lines by running water in air/water and handpiece hoses for 2 minutes.

3. Disinfect the following with surface disinfectant wipes and ***follow manufacturer's directions for contact time.*** For example, after wiping surfaces with SaniCloth AF3 Germicidal wipes, they surface should remain wet for at least 3 minutes before placing any barriers.

   a. All cabinet surfaces (back cabinet and side cabinets) and handles of cabinet

   b. Tray delivery unit

   c. Handpiece hoses and holder

   d. Air/water syringe and oral evacuator bodies and holder

e. Panel controls of on/off switch

f. Foot control rheostat

g. Light handles and arm

h. DO NOT USE DISINFECTANT ON UPHOLSTERY OF DENTAL CHAIR AND OPERATOR/ASSISTING STOOLS. These must be cleaned with warm soap and water on a paper towel and then wiped off with a damp paper towel.

Remove heavy-duty gloves after washing with antibacterial soap. Spray outside of gloves with disinfectant, taking care not to contaminate bare hands (it is appropriate to touch inside of utility gloves only). Cover with paper towels until dry. Once gloves are dry, return to proper storage area in sterilization on the drying rack.

PRIOR TO PLACING BARRIERS, PUT ON EXAM GLOVES, follow steps below:

5. Barriers

a. The dental chair and top of the dental tray unit will be covered with the large chair cover.

b. The following will be covered with a keyboard barrier:
- Computer keyboard
- Monitors (Front and back, if using an aerosol producing agent. If not, only cover the back monitor). Secure with tape on the back of the monitor to make viewing easier.

c. The following will be covered with a blue barrier:
- Light switch
- Light handles (both right and left)
- Operator chair height adjustment levers
- Large touch pad on dental tray delivery unit
- The assisting touch pad
- Computer mouse

d. The following will be covered with plastic wrap:
- Delivery unit handles to include buttons
- Front and back monitor handles
- Pencils and pens utilized during treatment

e. A plastic sleeve is to be placed on:

- High speed evacuation holders
- Saliva ejector holders
- Air water syringe

Discard gloves won for setting up the operatory.

DURING THE APPOINTMENT

1. Escort patient to chair.

2. Review medical history and take vitals. Place patient napkin on patient.

***DON PPE:**

Prior to donning PPE, wash hands thoroughly for 20 seconds with soap and water or use an antimicrobial hand sanitizer.

3. Don a disposable gown and hair covering-
- The gown should fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten gown at back of neck and waist
- Place hair covering over hair

4. Put on mask (or respirator)-
- Secure ear loops around ears
- Fit flexible band to bridge of nose
- Fit mask snug to face and below chin
- Fit-check respirator if using

5. Put on goggles or loupes followed by face shield-
- Place over shield over face and eyes, adjusting to fit

6. **Wash and dry hands thoroughly** before donning treatment gloves.

7. Put on treatment gloves-
- Extend to cover wrist of isolation gown

8. Before any clinical care begins, it is recommended to have the patient perform a pre-procedural rinse with Chlorhexidine Gluconate. Doing so will reduce the risk of contaminated aerosols and provide a cleaner oral environment. Patients who are pregnant, nursing or under age 18 should NOT use Chlorhexidine Gluconate.

Prefill the small plastic disposable cup in sink cabinets with 15ml (use cap to premeasure) of Chlorhexidine Gluconate. The patient should swish and expectorate into the cup after 30 seconds. You may also suction the rinse out of the patient's mouth.

**Rewash hands again during the donning of PPE steps if hands become contaminated.

AT APPOINTMENT COMPLETION

YOU MUST REMOVE ALL PPE before leaving the dental operatory area! **Remember all PPE is contaminated so be careful about how you remove it.** If your hands become contaminated during PPE removal, immediately wash your hands or use an alcohol-based hand sanitizer.
The proper steps for PPE removal are as follows:

Prior to removing PPE, wash hands thoroughly for 20 seconds with soap and water or use an antimicrobial hand sanitizer.

1. Remove gloves-
   - Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
   - Hold removed glove in gloved hand
   - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
   - Discard gloves in a waste container

2. Remove face shield and glasses-
   - Remove goggles or face shield from the back by lifting head band or ear pieces
   - If the shield is reusable, place on counter for disinfection later. Otherwise, discard shield.

3. Remove outer disposable gown-

   - Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
   - Pull gown away from neck and shoulders, touching inside of gown only
   - Turn gown inside out
   - Fold or roll into a bundle and discard in a waste container.

4. Remove mask-
   - Front of mask/respirator is contaminated — DO NOT TOUCH!

- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

5. **WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE.**

**Rewash hands again during the doffing of PPE steps if hands become contaminated.

POST-APPOINTMENT (after patient escorted to waiting area)

1. Put on heavy-duty clean-up gloves.

2. Don a mask, followed by safety goggles.

2. Carry instrument cassette into sterilization on a plastic tray, ensuring the instruments are secure inside the cassette and the cassette is properly fastened shut. Place instrument cassette into the Miele instrument washer.

3. Gather all disposable items from the operatory area:

   a. **REGULAR TRASH:**
      - All items that **ARE NOT** heavily soiled with blood:
        Cups
        Patient Napkin
        Barriers
        Tray covers

   Remove the plastic chair cover and turn inside out; place all items not heavily soiled inside, including all barriers. Carry to sterilization and dispose of in a big trach container.

   b. **BIOHAZARD TRASH: (Pull out cabinet on right of entry door into sterilization)**

      - Place any items that **ARE** heavily soiled with blood in biohazard trash such as:
        - Blood soaked gauze

   c. **SHARPS ITEMS: (Located in each hygiene operatory or on top of counter above Biohazard Trash cabinet in sterilization)**
      - **Place items into the nearesy sharps container such ast**

- Anesthetic carpules
- Needles, irrigation and anesthetic

4. Clean all previously described areas in "preparing the operatory" with a surface disinfectant, ***and follow manufacturer's directions for contact time. For example, after wiping surfaces with SaniCloth AF3 Germicidal wipes, they surface should remain wet for at least 3 minutes. LEAVE SURFACES WET.***

5. Clean goggles with soap and water then clean with disinfectant wipe. Clean loupes with a the lens cleaner packets.

6. Flush all water lines as described earlier in the manual and attach low and high volume evacuation lines to the automated vacuum line cleaning system. The system will run approximately 2 minutes and then shut off automatically.

7. Wash and wipe or spray utility gloves with disinfectant and place on the drying rack in sterilization.

WASH HANDS THOROUGHLY BEFORE LEAVING CLINIC.

INFECTION CONTROL FOR AUXILIARY FUNCTIONS

Impressions

1. After taking impressions, rinse impression with running water in sink.

2. Spray with disinfectant found in cabinet under the operatory sinks.

3. Place wet paper towel over impression and place in zip lock bag. Allow to stand at **least** 10 minutes before pouring.

4. **Rinse,** dry and pour.

5. Bowl and spatula used for impression should be wiped with disinfectant wipe. **NEVER PLACE THESE ITEMS IN THE SINK**.

6. Impression trays that were not used can be placed in the high level chemical disinfectant/sterilant solution in materials lab. After proper contact time the trays can be rinsed well, scrubbed if needed and sterilized.

7. Used impression trays can be placed in the high level chemical disinfectant/sterilant solution in materials lab. After proper contact time the trays can be rinsed well, scrubbed if needed and sterilized. If trays appear distorted in any way, please discard.

8. All metal impression trays will be cleaned and sterilized.

Sealants

1. Remove all the items that needed from the sealant drawer in clinic behind Pod 2 desk; place items on a plastic try with a paper tray liner.

2. Retrieve curing light tip from instructor.

3. Place appropriate barrier on the curing light tip.

4. When finished, remove the barrier from the tip and then wipe down the tip and the ultraviolet shield with a disinfectant wipe.

Cleaning Removable Prosthetic Appliances

1. Place patient's name on outside of zip lock bag.

2. At chairside, the student will obtain a denture brush and instruct the patient on the proper cleaning technique of the denture and/or partial.

3. Following education, the *Clinical Assistant* (wearing proper PPE to include masks, goggles and gloves)will place the appliance inside a Ziploc bag that contains enough tartar/stain remover cleaning solution to cover the appliance.

4. Seal bag and place bag inside another Ziploc bag for extra protection. Place bagged appliance into small ultrasonic cleaner filled with tap water for approximately 10 minutes.

5. Wearing proper PPE as described in Step 3, open bag, empty solution, and rinse well with water.

6. Using a small denture brush (located above sink), brush appliance under running water. Place appliance into interior Ziploc bag, with patient's denture brush, and reseal the bag.

7. Place bagged appliance on a tray and return to the student clinician treating the patient.

NOTE: *Denture cleaning tablets may be given to patients presenting to the clinic with appliances.*

Utilizing The Ultrasonic Scaler And Air Polishing Device

1. Student **MUST** utilize the following barriers:

    a. Glasses/Loupes

    b. Face shield

    c. Hair covering

    d. Facemasks (**MUST** be changed if they become moist)

NOTE: ***A moist face mask transmits microbes through the mask to the respiratory system of the operator. When utilizing the ultrasonic scaler and air polishing device, a water spray is transmitted and therefore the mask becomes moist in a shorter period of time.***

Handling of Sharps

1. Needles utilized for injections and subgingival irrigation **MUST** be handled carefully to prevent injuries.

2. When recapping needles, lay the cap on the bracket tray and guide the needle into the cap. Once the needle is inside the cap, use fingers to place the cap on firmly. Or, a recapping device can be utilized.

3. When finished, keeping the cap on, remove the needle from the syringe and place the needle and the anesthetic cartridges in the **RED SHARPS DISPOSAL CONTAINER** located on the middle shelf of the rear delivery cabinet.

4. When **Sharps** containers are full, notify a clinical instructor. These items will be placed in the biohazard area of the Phlebotomy lab for medical waste pick-up.

DO NOT BEND OR CUT NEEDLES!!

STERILIZATION PROCEDURES

Instruments introduced into the oral cavity which comes in contact with blood and saliva must be autoclaved. The autoclave which is steam vapor under pressure at 250 degrees F for 15-30 minutes provides an excellent method of sterilization. Moist heat kills bacteria by causing the denaturation and coagulation of the proteins within the microbial cell. The high temperature of the steam, not the pressure, kills the microorganisms.

Instruments will be cleaned utilizing the Miele instrument washer or the large ultrasonic cleaner. The large ultrasonic cleaner produces high-energy sound waves that creates billions of microscopic bubbles which implode (collapse) on the surface of items, creating the cleaning action. This results in a "scrubbing/cavitation" action that is safer and more efficient than the manual scrubbing method. Solutions **MUST** be changed daily. The ultrasonic cleaner **MUST** be covered with the lid during use to prevent the spread of aerosols. At the end of the day, the ultrasonic is drained, the inside of the cleaner is sprayed with a disinfectant, and the lid is left ajar to allow drying of the inside of the unit.

The Miele instrument washer is similar to a home dishwasher and utilizes special cleaning agents and hot water to break down blood and debris on the instruments. The washer goes through rinse, wash and dry cycles to thoroughly prepare instruments for the autoclave.

Instrument Preparation with the Large Ultrasonic Cleaner

1. Instruments will remain in their cassettes to eliminate handling of sharp instruments.

2. As soon as the patient is dismissed, place the cassette in the ultrasonic.

3. When the ultrasonic is full (DO NOT OVERLOAD OR HAVE TRAYS TOUCHING BOTTOM), run for 10 minutes.

4. With utility gloves on, remove cassettes (REMEMBER THE SOLUTION IS CONTAMINATED), rinse under water and allow to dry.

5. Place into large sterilization pouch.

6. Write student number ("B12") if not a clinic item, date and autoclave number on bagged cassettes and any bagged instruments.

7. Items that should NOT be placed in the ultrasonic cleaner:
    - Handpieces of any type
    - Ultrasonic scaler tips
    - X-ray receptor rods and rings (rinse off and bag)

Instrument Preparation with the Miele Instrument Washer

1. The following items SHOULD NOT be placed in the Miele:
    - Ultrasonic scaler tips
    - X-ray receptor rods and rings
    - Handpieces of any type
    - Instruments made from aluminum, chrome, chrome plated, nickel, carbon or carbide steel
    - Plastic instruments that cannot withstand high temperatures
    - Fiber-optics
    - Burs
    - Drill-bits
    - Grinders
    - Suction/syringe tips

2. Wipe off all instruments with gross debris, cements, composites, etc. directly after treatment.

3. Do not pre-soak, rinse or hand scrub instruments.

4. Place cassettes and/or loose instruments into the Miele.

5. The Miele serves as the "dirty storage area" and will clean and disinfect instruments that have been sitting for up to 6 hours. Do not allow dirty instruments to sit overnight.

6. The recommended cycle is ***Disinfection Vario.***

7. Select the optional 10 minute drying cycle.

8. Press START.

9. Open door immediately after the cycle ends to release hot air and steam, and allow instruments to cool.

10. Proceed with bagging instruments for autoclave sterilization.

Operating the M-11 Autoclave

1. Check the level of distilled H2O and fill if necessary. (DO NOT OVERFILL)

2. Open door and remove the empty instrument trays.

3. Place cassettes on large trays and bagged instruments on the small trays. Make sure to indicate the autoclave number on the bags.

4. Return to autoclave, do not overload.

5. Shut door. Select "**Pouches**" mode and push "Start".

6. When light says "Dry Ready" or "Ready", door may be opened.

Storing Sterile Items

1. Remove instrument/materials from autoclave.

2. Place instrument cassettes in designated bins located inside the tall cabinets.

3. Place miscellaneous items such as XCP's or other items belonging to clinic on the clean side of sterilization inside white counter bins; to be stored later by the Clinical Assistant or faculty.

Shelf Life of Sterile Items

1. Outdated packs or packs suspected of being contaminated must be re-wrapped and resterilized. Rotate packs so that older ones are used first.

Non-Autoclavable Instruments

1. Instruments that cannot be autoclaved (pit and fissure sealant applicator handles, lip/cheek retractors, plastics, etc.) **MUST** undergo high-level disinfection.

2. An essential property of a high level disinfectant is effectiveness against vegetative bacteria, tubercle bacilli, bacterial spores and viruses. The effectiveness of a disinfectant is controlled by many factors. These factors include:

    a. Number of organisms

b. Concentration and type of chemical

c. Length of exposure to the disinfectant

d. Temperature

e. Type of material being disinfected

3. If the contact time and concentration are optimal, this type of solution may be used as a chemical sterilant. It must be emphasized that chemical agents may in one concentration kill bacteria and in another dilution, or under a different set of conditions, merely inhibit or perhaps even stimulate bacterial growth.

4. Place items in basket and place in large ultrasonic cleaner for 10-12 minutes.

5. Remove from ultrasonic and rinse thoroughly with water. DRY THOROUGHLY.

6. Place in high level disinfectant solution/sterilant+ for specified time period.

7. Remove items from disinfectant/sterilant, rinse with water, and dry thoroughly on a towel. These items must be stored in containers, drawers or cabinets to prevent contact with aerosols or dust.

Indications for Sterilization or Disinfection of Dental Instruments

1. As with other medical and surgical instruments, dental instruments are classified into three categories – critical, semicritical, or noncritical – depending on their risk of transmitting infection and the need to sterilize them between uses. Each dental practice should classify all instruments as follows:

   - **Critical:** Surgical and other instruments used to *penetrate soft tissue or bone* are classified as critical and should be sterilized after each use. These devices include forceps, scalpels, bone chisels, scalers and burs.

- **Semi-critical:** Instruments such as mirrors, amalgam condensers and x-ray rods and rings that *do not penetrate soft tissues or bone but contact oral tissues* are classified as semicritical. These devices should be sterilized after each use. If, however, sterilization is not feasible because the instrument will be damaged by heat, the instrument should receive, at a minimum, high-level disinfection/sterilant for the designated period of time.

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

Biological Monitoring for the M-11 Autoclaves

The goal of biological monitoring is to determine whether the sterilization process is achieving the desired result of killing all microorganisms and providing instruments safe for use on patients. The only way to test an autoclave to make sure that it is killing all forms of living microorganisms is to perform biological monitoring or spore testing. To do this, we must use a biological indicator that contains the spores *Geobacillus stearothermophilus* formerly known as *Bacillus stearothermophilus.* When these are run through the autoclave and subsequently incubated for the appropriate time, we can determine through color changes if the autoclave is functioning properly.

Please remember that the use of the indicator strips in each cassette only tests whether the autoclave has reached the appropriate temperature, not if the microorganisms have been killed.

The following steps should be performed on a weekly basis for all three (3) autoclaves:

1. The tests are run on Tuesdays and checked on Thursdays of EACH clinical week during the semester.

2. Obtain 5 Biological Indicator vials from the drawer.

3. On each vial, put the date and the autoclave number: 1, 2, 3, 4 and 5.

4. Put each vial in a separate small autoclave bag. Label the outside of the bag just like each vial, with numbers 1, 2, 3, 4 and 5.

5. Place each bag in the center of a full load and run the autoclave on a normal ***"Pouches"*** cycle.

6. Once the cycle has run, remove the bags with the vials. WAIT 5 MINUTES FOR THE VIALS TO COOL.

7. Open the bags and place the vials in the Biological Indicator *incubator*, located at the end of the "clean" counter in sterilization The vials must be placed at an angle to crush the contents of the vial, and then placed upright in the holder. Remove an additional Biological Indicator from the drawer and label "C" for control. Crush the "C" vial as well and place upright in the incubator holder with the other 5 vials.

8. Record in the log book the date and your initials in the "In-Box".

9. The vials **MUST** be incubated for at least 10 hours. At the beginning of the next clinic day on Thursday, check the vials for a color change. If the color remains purple, this means "no change" or no growth of any microorganisms. If the color turns to yellow, this means a change has occurred and there has been growth of microogranisms, indicating sterilization FAILURE.

   ****Please note:** The 5 vials from the sterilizers should remain purple; the control vial should turn yellow to demonstrate that microorganisms grew because it was never processed through a sterilization cycle.

10. Record in the log book in the "Out Box" the date, your initials and place a (–) for no change and a (+) for a color change for each autoclave number.

11. Immediately notify a clinical instructor of any **positive findings**, which indicates sterilization failure.

Procedure for Positive Findings:

1. The autoclave with the positive finding should immediately be taken out of service. It has been deemed unsafe since microorganisms ARE NOT being killed. Post a large note on the autoclave stating "**DO NOT USE**".

2. Locate all instrument cassettes and bags with the positive autoclave number and re-run them through one of the other fully functioning autoclaves.

3. Another test cycle should be run following the above process to determine if the positive finding may have occurred due to overloading the autoclave or some other reason.

4. Incubate the vial for another 48 hours. If the test is negative, the autoclave is safe to use. If the test is positive, the autoclave will be removed from service and repaired.

INFECTION CONTROL CHECK LIST

PRIOR TO SEATING PATIENT

1. Put on heavy-duty clean-up gloves
2. Flush water lines for two minutes or longer
3. Wipe all surfaces with disinfectant wipe with the exception of upholstery on chairs
4. Remove gloves and wash hands. Place clean gloves on.
5. Begin unit set-up.
5. Place all appropriate barriers, including the saliva ejector and air/water syringe
6. Wash hands well
7. Carry a tray from sterilization containing instrument cassette. Do not bring a handpiece or ultrasonic insert if you are uncertain you will use that clinic session. Try to gather all itmes you anticipate needing for the appointment and place on the tray. This prevents getting up multiple times or having to unglove to get into a cabinet.
9. Follow the "Don PPE" guidelines above.

ONCE PATIENT IS SEATED (after records review)

1. Place patient napkin
2. Give patient protective eyewear
3. Follow the "Don PPE" guidelines above
    - Gown
    - Glasses/Faceshield/Hair Covering
    - Mask
    - Gloves
4. Position patient
5. Position light
6. Unwrap instruments and place syringe tip on holder
7. Instrumentation = Begin appointment procedures.

AFTER DISMISSAL OF PATIENT AND UNIT CLEAN-UP/ DISINFECTION

1. Put on heavy-duty clean-up gloves, goggles and face mask
2. Place instrument cassette in instrument washer.
3. Remove and discard disposables. Place biohazard waste in biohazard pull out cabinet.
4. Wipe surfaces with disinfectant wipes and leave wet.
5. Wipe down handpiece and motor, lubricate, and bag for autoclaving.
6. Flush air/water and handpiece lines for two minutes.
7. Flush suction lines using the automated evacuation system.
8. Remove gloves, wash hands thoroughly and use hand sanitizer before leaving the clinic.

HAZARD CONTROL

Hazard Communication Standard: Safety Data Sheets

The Hazard Communication Standard (HCS) (29 CFR 1910.1200(g)), revised in 2012, requires that the chemical manufacturer, distributor, or importer provide Safety Data Sheets (SDSs) (formerly MSDSs or Material Safety Data Sheets) for each hazardous chemical to downstream users to communicate information on these hazards. The information contained in the SDS is presented in a consistent user-friendly, 16-section format. Keeping an updated SDS Binder allows workers who handle hazardous chemicals to become familiar with the format and understand the contents of the SDSs.

The SDS includes information such as the properties of each chemical; the physical, health, and environmental health hazards; protective measures; and safety precautions for handling, storing, and transporting the chemical. The information contained in the SDS must be in English (although it may be in other languages as well).

Sections 1 through 8 contain general information about the chemical, identification, hazards, composition, safe handling practices, and emergency control measures (e.g., fire fighting). This information should be helpful to those that need to get the information quickly. Sections 9 through 11 and 16 contain other technical and scientific information, such as physical and chemical properties, stability and reactivity information, toxicological information, exposure control information, and other information including the date of preparation or last revision. The SDS must also state that no applicable information was found when the preparer does not find relevant information for any required element.

The SDS must also contain Sections 12 through 15, to be consistent with the UN Globally Harmonized System of Classification and Labeling of Chemicals (GHS), but OSHA will not enforce the content of these sections because they concern matters handled by other agencies.

The Hazard Communication Standard states that employers/facilities must also provide this information to their employees by means of labeling on containers, SDS and training programs. It is intended that under this Standard that employees will be provided with the information they need to protect themselves from hazards.

The Dental Hygiene Program at Horry-Georgetown Technical College has an ***SDS Reference Binder*** located at the front desk which provides information concerning all materials utilized within the program and their hazards. An electronic version of the ***SDS Reference Binder*** is located on the desktop computer at the Pod 2 instructor desk.

The following outline describes the hazards that a dental hygienist could face when using certain chemicals within the dental environment. If used properly, chemicals will not become a hazard.

Routes of Exposure

1. Inhalation – a chemical is taken into the respiratory system and then transmitted into the bloodstream

2. Hazards that can be inhaled

    a. dust particles
    b. smoke
    c. vapors
    d. gases
    e. mists
    f. fumes
    g. chemicals

    Precautions

    - Proper Ventilation

    - Wearing a Face Mask or Respirator type mask

3. Skin contact or eye contact – can cause itching, rashes, burns, loss of eyesight or possibly death

    Precautions

    - Proper protective clothing and safety glasses

    - Flushing after the use of chemicals

4. Ingestion

    Precautions

    - **No Eating or Drinking in Work Areas**
    - **Wash Hands before Eating or Drinking**

➢ GENERAL RULES TO FOLLOW TO PROVIDE A SAFE WORKING ATMOSPHERE

1. Each individual is responsible for his/her own safety.

2. If safety becomes a habit, no hazards will occur.

3. Know the safety features of the area in which you are working.

4. Is there any ventilation?
   - Each station has its own ventilation hood in the Dental Materials laboratory

5. Where are the emergency exits?
   - ***Fire Evacuation Plan*** maps are posted throughout the facility

6. Where is a phone for emergency calls?
   - Office Manager's office (Patient reception area)
   - X-ray viewing room
   - Large Instructor station in clinic
   - Dental Materials lab
   - SIM lab
   - Every classroom
   - ***Emergency Call Box*** in hallway outside of SIM lab

   NOTE: Every phone has a "Campus Safety Alert" button that should be pressed ONLY IN CASE OF AN EMERGENCY. Once pressed, this alerts Campus Safety to immediately come to the location.

7. Where are the fire extinguishers located?
   - Hallway outside of dental materials lab
   - In SIM lab
   - Near stairwell off of clinic
   - Patient reception area

8. Where are the first aid kits located?
   - Large Instructor Station in the clinic next to Emergency Drug Kit
   - In Dental Materials Laboratory on back shelf under cabinets

9. Where are the *Eyewash Stations*?
    - Dental Materials Laboratory
    - Simulation Laboratory
    - Clinic Sinks in the Sterilization Center
        - The faucets in this area are pull-out faucets that can be turned upright and utilized as an "*Eyewash Station*".

10. **ALWAYS WEAR GLASSES, PREFERABLY THOSE WITH SIDE VENTS, AND FACE MASKS WHEN WORKING WITH ALL CHEMICALS AND TREATING PATIENTS.**

11. Do not smoke, eat, or drink in areas where there are hazardous chemicals.

12. Do not store food in the same area as hazardous chemicals.

13. Review all ***SDS*** forms prior to using a hazardous chemical.

13. An example of ***the SDS can be found at the link below*** –so you can familiarize yourself with the format.

https://www.msdsonline.com/wp-content/uploads/2017/10/class_3_acetone_sample_sds_us.pdf

Safety Data Sheet DEFINITION: *A written or printed material containing information known about the chemical.*

- Items to be included on the ***SDS:***
    - Chemical and common names and name of labeled container if different.
    - List of the physical and chemical characteristics and hazards.
    - Health hazards including signs and symptoms of exposure and any applicable exposure limits.
    - The date of preparation of the SDS.
    - Appropriate emergency and first aid procedures.
    - Known control measures.
    - Applicable precautions for safe use and handling, including appropriate personal protective equipment.

- Name of the chemical manufacturer, importer, distributor or other party responsible for preparing or distributing the SDS.

HGTC Dental Sciences Occupational Exposure to Bloodborne Pathogens Policy

Allied Health Students at Horry Georgetown Technical College who receive needle/instrument stick during clinicals will be covered under the *State Accident Fund*. Students and patients in the Dental Hygiene clinical setting where an occupational exposure has occurred will be directed to the College's Human Resources Department. HR will then contact the state agency that will confidentially handle the protocol for blood testing within the OSHA guidelines.

Dental Sciences students injured with contaminated or possibly contaminated needles or instruments should be screened for Hepatitis, HIV/ADIS, and other infectious diseases following the protocol listed in this section.

This document outlines the overall policy for the management of a bloodborne pathogen exposure incident for a student enrolled in a HGTC Dental Science Program; Dental Hygiene and Dental Assisting. This policy is aligned with the college policy on an occupational exposure incident.

I. Definition

An occupational bloodborne pathogen exposure incident shall be defined as eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of a dental hygiene or dental assisting student's duties or assignment.

II. Exposure Incidents Requiring Follow-Up

Exposure incidents requiring follow-up include: a percutaneous (punctured skin) injury with a contaminated sharp/instrument, or exposures to eye, mouth, other mucous membrane, or non-intact skin with blood or body fluids.

If blood or body fluid does not meet the above criteria, no further treatment is necessary.

III. Protocol

1. Decontamination: Follow good **first aid** techniques including thorough wound care; immediately flushing the exposed area with water and cleaning the wound with soap and water, flushing of mucous membranes and eyes if appropriate and using the eyewash station located in the sterilization area.

2. Notification: It is the student's responsibility to report all suspected exposure incidents:

a. Immediately to Faculty Member/Supervisor

b. Immediately to Employee Health/Infection Control Personnel in the clinical site where the exposure occurred. (If off-site and there is no post-exposure evaluation for students, contact your faculty.)

c. The student must call CompEndium Services, HGTC's Worker's Compensation Insurance Carrier, *at 1-*877-709-2667 to report the incident. CompEndium will direct the injured student to the appropriate medical care provider, if needed. In the event that the student does not want to report their injury, please be sure to call CompEndium to let them know - it will be considered a 'report-only' injury. CompEndium will forward all reports to Human Resources.

d. After initial management of the incident, complete and return an Accident/Incident Report Form to the supervising Clinical Faculty Member.

3. Seek Medical Treatment: After notifying the faculty member, make arrangements to see a physician; the student's emergency contact can take the student to the nearest medical facility at the student's request, if needed. See the list of locations that work in conjunction with HGTC's Worker's Compensation. ****Please note: Doctor's Care Clinics are the only clinics affiliated with and that will accept Compendium Claims.**

Convenient for the Grand Strand Campus:

Location	Address	Hours	Phone Number
Doctors Care-Market Common	2761 Agnes Ln, Myrtle Beach, SC 29577	M-F 8am-8pm Sat-Sun 9am-5pm	(843) 492-2710
Doctors Care-Carolina Forest	200 Middleburg Dr. Myrtle Beach, SC 29579	M-F 8am-8pm Sat-Sun 9am59pm	(843) 903-6650
Doctors Care-North Myrtle Beach	1714 Hwy 17 N. Myrtle Beach, SC 29582	M-F 8am-8pm Sat-Sun 9am-5pm	(843) 361-0705
Doctors Care-Strand Medical	1220 21st Ave Myrtle Beach, SC 29577	M-Sun 8am-8pm	(843) 626-9379

Convenient for the Conway Campus:

Doctors Care-Hwy 501	1113 Church St. Conway, SC 29526	M-F 8am-8pm Sat-Sun 9am-5pm	(843) 248-6269

Convenient for the Georgetown Campus:

Doctors Care-Georgetown	1068 North Frazier St. Georgetown, SC 29440	M-F 8am-8pm Sat-Sun 9am-5pm	(843) 545-7200

While the source patient is not required to complete source testing, they should be encouraged to do so. This will be at the expense of the College.

3. Documentation: Per the HGTC Student Handbook, an accident/incident report must be filed on all accidents or injuries occurring on or off-campus that result from a student's performance of school duties. A faculty member will notify the Associate Vice

President for Student Affairs (Melissa Batten-Conway Campus) and provide the name of the medical facility to which the student was taken. An accident/incident report will be completed by the student and faculty member and sent to the Associate Vice President for Student Affairs in Conway. Attached is a copy of the Accident/Incident Report Form. Documentation should include:

a. Type of exposure: puncture, scratch, bite, mucous membrane exposure (eye, nose, mouth)

b. Extent of the exposure

c. PPE (personal protective equipment) worn at the time of the exposure: gloves, gown, mask, protective eyewear, face shield

d. Description of the type/brand of instrument that caused the exposure

e. Decontamination procedures that were taken

f. First aid administered

g. Student's Hepatitis B immunity status and date of last Tetanus booster

h. Source patient: known or unknown

IV. Policy

Students are given instruction in precautionary and infection control measures for blood borne pathogens prior to their first contact with patients and first contact with human tissue, blood, and body fluids. In addition, students will be instructed on what constitutes an exposure and the protocol to follow in the event of an exposure. Follow-up Occupational Safety and Health Administration (OSHA) training will be provided on an annual basis.

The facility providing the student's post-exposure management will be responsible for contacting both the student, source patient, and the Huma Resources Department with the results of the testing as well as the post-exposure evaluation and written opinion of the medical provider within 15 days of the initial evaluation

EXPOSURE INCIDENT OCCURS

Immediately administer appropriate first aid for the wound:
Thoroughly rinse with soap and water
Apply topical skin disinfectant

Student reports incident to faculty member
Faculty member directs student to Program Director
Program Director completes exposure report and submits to Human Resources

Program Director directs student and patient to Human Resources Department of Horry Georgetown Technical College on the Conway Campus.

HR will give student's name and patient's name to appropriate State Agency that will confidentially handle blood testing for both parties.

SAMPLE EXPOSURE REPORT/QUESTIONNAIRE

Exposed Employee/Student Information

Name_____SSN_____

Employer Name_____Address_____

Time injury occurred_____ Time reported_____ Date_____

Has employee received Hepatitis B vaccination? Yes__ No __ Dates: 1._____ 2._____ 3._____

Post-vaccination HBV status, if known: ___Positive ___Titer _____Negative _____Unknown

Date of last Tetanus Vaccination: _____

Exposure Incident Information

Is the injury sharps related? ___Yes ___No

If Yes, type of sharp:_____ Brand:_____

Work area where exposure occurred:_____

Procedure in progress:_____

How incident occurred:_____

Location of exposure (e.g. "right index finger"):_____

Did sharps involved have engineered injury protection? ___Yes ___No

If Yes: Was the protective mechanism activated? ___Yes ___No

The injury occurred (circle one) BEFORE/DURING/AFTER activation of protective mechanism.

If No: In the employee's opinion, could a mechanism have prevented the injury:

If so, how?_____

In the employee's opinion, could any engineering, administrative, or work practice control have prevented the injury?
___Yes ___No

Source Patient Information

Name_____Telephone_____

Consent to release of information to evaluating healthcare professional ___Yes ___No

Patient's Signature:_____

Review of source patient medical history: ___Yes ___No

Verbally questioned regarding:
History of Hepatitis B, Hepatitis C or HIV infection: ___Yes ___No
High-risk history associated with these diseases: ___Yes ___No
Patient consents to be tested for HIV, HCV, HBV: ___Yes ___No

If HIV+, antiretroviral medication history:_____

Report completed by:_____

POST-EXPOSURE PROPHYLAXIS (PEP)

Information for the individual who may have been exposed to the human immunodeficiency virus (HIV)during a needlestick

When you have been exposed to someone's blood or body fluid you are at risk for acquiring HIV, the virus that causes AIDS. There is, however, a preventative therapy, called post-exposure prophylaxis (PEP),that is available should you choose to take it.

PEP (post-exposure prophylaxis) means taking antiretroviral medicines (ART) after being potentially exposed to HIV to prevent becoming infected. PEP must be started within 72 hours after a recent possible exposure to HIV, but the sooner you start PEP, the better. Every hour counts. If you're prescribed PEP, you'll need to take it once or twice daily for 28 days. PEP is effective in preventing HIV when administered correctly, but not 100%.

Occupational transmission of HIV to health care workers is extremely rare, and the proper use of safety devices and barriers can help minimize the risk of exposure while caring for patients with HIV.

Adverse Effects:

As with all medications, the PEP medications may cause side effects. Some of the effects the PEP may cause include the following:

1. Muscle Aches
2. Fatigue
3. Trouble Sleeping
4. Nausea
5. Loss of Appetite
6. Headache
7. Runny Nose, Nasal Stuffiness or Cough
8. Dizziness
9. Sensitivity to Sun Exposure (Rash, Itching, Or Redness)
10. Anemia
11. Changes in Liver and Pancreas Function

Your doctor can decide what is the best way to manage your care, and whether you should continue the PEP protocol, decrease medication doses, or discontinue the PEP protocol. Do not stop taking any medication in the PEP protocol unless you are told to do so by your doctor. It is very important not to skip any scheduled appointments with your doctor. You should call your doctor if you develop any of the following serious adverse effects:

1. Itching, redness and/or rash
2. Fever, chills or sore throat
1. Shortness of breath or chest tightness
2. Extreme muscle pain
3. Very dark brown urine
4. Extreme tiredness or weakness
5. Extreme nausea or vomiting
6. Yellowing of your skin or eyes
7. Severe abdominal pain

Interactions With Other Medications:

PEP may interact with other medications. Always check with your doctor or pharmacist before taking other medication while you are taking the PEP protocol.

POLICY FOR FACULTY, STUDENTS, OR STAFF MEMBERS WHO ARE HIV+ OR HBeAG+

- Faculty, students, and staff members will not be discriminated against on the basis of testing positive for a bloodborne infection.

- The institution will protect the confidentiality of any faculty, student, or staff member who has tested positive for an infectious disease. Limiting the patient care of HIV+ faculty, students, or staff is not justified based on current scientific evidence nor necessary due to the extremely low risk of disease transmission. For HBeAG+, patient care may be limited or eliminated, as the hepatitis virus is extremely contagious.

- The provision of patient care by infected faculty members, students, or staff members should be evaluated by the member's or student's physician and modified only if there is clear evidence that the provider poses a risk of transmitting infection to the patient. Among the factors considered are the provider's ability to meet infection control standards, personal medical condition, evidence of previous transmission of bloodborne diseases, mental and/or physical inability to provide treatment, and others that research may show to be significant.

- Faculty, students, and staff who are unable to provide patient care will be encouraged to seek counseling regarding career changes. The institution will provide assistance in getting students accepted to schools or departments of other related health fields where their condition will not be a risk to patients.

HORRY-GEORGETOWN TECHNICAL COLLEGE

POLICY

Number:	3.7.1
Title:	Contagious Diseases, Infections and Pandemic
Authority:	Title 59, Chapter 53, Sections 810-860 of the 1976 Code of Laws of South Carolina, as Amended
Responsibility:	Vice President, Human Resources and Employee Relations
Original Approval Date:	04-08-1993
Last Cabinet Review:	07-28-2020
Last Revision:	07-28-2020

_____

Chairperson

DISCLAIMER

PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY.

It is the policy of Horry-Georgetown Technical College that employees with contagious diseases and infectious diseases may continue their active employment or enrollment in accordance with the Americans with Disability Act as long as they are able to meet acceptable academic performance standards and/or perform essential functions and pose no potential or actual threat to the safety of themselves or others.

The College (working in concert with the South Carolina Department of Administration's Division of State Human Resources (DHSR), South Carolina Department for Health and Environmental Control (SCDHEC), the Center for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA) reserves the right to exclude a person with a contagious disease from the facilities, programs or functions if it is found that based on a certified medical determination, such restriction is necessary for the welfare of the person who has the disease and/or the welfare of others.

Confidentiality of information and communications relating to contagious diseases and infections will be maintained in accordance with applicable law regarding any aspect of actual or suspected contagious diseases or infectious disease situations.

A contagious disease is an infectious disease that can be transmitted from person to person, animal to person, or insect to person. Infectious disease is a disease caused by a living organism or virus. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.

Contagious and infectious diseases include, but are not limited to, ebola, measles, influenza, viral hepatitis-A (infectious hepatitis), viral hepatitis-B (serum hepatitis), human immunodeficiency virus (HIV infection), Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), leprosy, Coronavirus and tuberculosis. The College may choose to broaden this list at its discretion based on information received through the Centers for Disease Control and Prevention (CDC).

A pandemic is an epidemic of infectious disease that is spread through the human population across a large region; for instance a city, state, continent, or even worldwide. Should a pandemic occur, the College President will work in concert with local fire, rescue and emergency medical services as well as DSHR, DHEC, CDC, AND OSHA, to determine the need to evacuate/close a facility in the interest of personal safety[1] and, if necessary, to establish any quarantine or containment protocols.

The College shall develop a response plan to address critical business needs (staffing needs, pay, leave and closure issues) in the event of a contagious/infectious disease or pandemic emergency.

[1] Reference procedure #3.7.6.1; Hazardous Weather and Emergency Leave

HORRY-GEORGETOWN TECHNICAL COLLEGE

PROCEDURE

Number:	3.7.1.1
Related Policy:	3.7.1
Title:	Communicable Disease & Infection (Faculty/Staff)
Responsibility:	Vice President, Human Resources and Employee Relations
Original Approval Date:	08-01-1994
Last Cabinet Review:	01-06-2016
Last Revision:	01-06-2016

President

DISCLAIMER

PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY.

A. Contagious diseases shall include but not be limited to:

Diseases

AIDS
Tuberculosis
Chicken Pox
German Measles
Measles
Mumps
Whooping Cough
Trachoma, granulated lids, or acute conjunctivitis
Impetigo
Ringworm
Scabies
Lice

B. If any employee has knowledge of having a contagious disease or having been exposed to a contagious disease, it is the responsibility of the employee to notify the Human Resources Office.

C. If any supervisor or any member of his/her staff suspects an employee of having a health condition that could possibly be communicated to others, the Human Resources Office will be notified immediately. The employee may be excluded from the work place until an appropriate assessment of the employee's medical condition can be made.

D. The assessment of an employee with a suspected contagious disease and the determination of an employee's ability to remain at work will be made by the President, after a preliminary consultation with the Human Resources Officer, based upon recommendation from local health authorities and/or physician.

E. If the President feels that the situation poses a real threat to the College or the community at large, he will notify the Public Health Authority of all known details and seek their advice and counsel.

F. Under provision of South Carolina Code 44-29-200, the President will prohibit the attendance of any employee until a satisfactory certificate is obtained from one or more licensed physicians and the Public Health Authority stating that such attendance is no longer a risk to others employed at the College.

G. Under all circumstances, the individual’s right of privacy will be protected. Only those individuals who are directly involved with the employee(s) daily activities will be notified concerning the presence of a contagious disease.

HORRY-GEORGETOWN TECHNICAL COLLEGE

POLICY

Number:	3.7.4
Title:	Accidents/Illnesses Occurring on or off Campus
Authority:	Title 59, Chapter 53, Sections 810-860 of the 1976 Code of Laws of South Carolina, as Amended.
Responsibility:	Vice President, Human Resources and Employee Relations
Original Approval Date:	10-06-1994
Last Cabinet Review:	12-01-2017
Last Revision:	12-01-2017

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Chairperson

DISCLAIMER

PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY.

Any accidents involving injury should follow procedures that have been established by the College. Employees of the College, which also includes students at clinical sites, work study students, or students out on a required internship, are covered by worker's compensation and compensable claims are determined by the State Workers' Compensation Fund. Students [in a classroom or campus setting] have limited coverage through the College's student accident insurance (which is included in [their paid] tuition).

As a non-residential college, infirmary facilities are not provided. First Aid kits are available; however, illnesses of a more severe nature shall follow the respective procedure.

HORRY-GEORGETOWN TECHNICAL COLLEGE

PROCEDURE

Number:	3.7.4.1
Related Policy:	3.7.4
Title:	Accidents Occurring On or Off Campus
Responsibility:	Vice President, Human Resources and Employee Relations
Original Approval Date:	10-05-1994
Last Cabinet Review:	12-01-2017
Last Revision:	12-01-2017

President

DISCLAIMER

PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY.

NOTE: If an injury or illness is determined to be of a more serious nature to require more than first aid attention, Public Safety should be contacted immediately. If the injured person requires medical attention, Public Safety will call ‘911’ or a family member’s number provided by the victim or from emergency contact information in the College portal. If the injury requires immediate action before the arrival of Public Safety, one bystander should also dial ‘911’ or dial a family member. Employees of Horry-Georgetown Technical College should not transport an injured person to the hospital or doctor’s office, but should follow the transport in order to assist with information. If Public Safety cannot be reached then ‘911’ should be called immediately and the injured person should not be moved without the supervision of qualified medical personnel.

I. Procedure

If an accident/illness involving faculty, staff, student worker, students or visitors occur, one of, the following procedures should be followed.

A. Faculty/Staff and Student Worker (work-study, clinical student or students on a required internship) Accidents

   An accident/illness involving faculty, staff or student worker must be reported immediately to the Human Resources Department before seeking medical treatment, if possible, so an accident/incident report can be completed and Worker’s Compensation can be notified. In the event someone in Human Resources cannot be notified, the injured party may contact the College’s Worker’s Compensation insurance carrier,

CompEndium Services, to complete an accident/incident report and to receive clearance for treatment at 877.709.2667. If the incident is an emergency, please notify Human Resources as soon as the proper medical attention has been rendered for verification of workers' compensation coverage.

B. Student Accidents

If a student has an accident/illness requiring any medical attention while on campus, the accident/illness should be reported directly to the Vice President for Student Affairs office on the Conway Campus, or to the respective Provost of the Georgetown or Grand Strand Campuses so an accident/incident report may be completed. If the accident/illness occurs in the classroom or a laboratory setting, the instructor may administer first aid, if appropriate. First Aid Kits are strategically located on all campuses. If the accident/illness does not require medical attention, the student, along with any witnesses, should report the accident/illness to one of the appropriate offices above.

If a student who is involved in an accident requires medical attention at the hospital, an accident/incident report should be obtained by the faculty/staff member from the Vice President for Student Affairs on the Conway Campus, or the respective Provosts from the Georgetown or Grand Strand Campuses. If possible, a copy of the form should be taken to the hospital with the student or as soon as possible following the accident. All student accident claims are filed to the College's student accident insurance carrier by the Office of the Vice President for Student Affairs. The claims are paid in accordance with the guidelines of the College's student accident insurance policy.

C. Visitor Accidents

An accident/illness involving a visitor must be reported immediately to Public Safety. A report should be completed and maintained by Public safety. In following, Public Safety will notify the Procurement Office and provide them a copy of the accident report to maintain on file. The Procurement Office will file the claims with the College's insurance carrier.

D. Accident/Incident Reports

In regards to any of the above accidents, proper documentation needs to be completed. An accident/incident report needs to be filled out stating the name of the injured party, the location of the accident, his/her identification number (social or H number), his/her address & phone number, the date & time of the accident, whether there were witnesses, and a brief description of what occurred.

A copy of the report needs to be distributed to the following:

Faculty:	Human Resources, AVP/Dean, Supervisor
Staff/Student Worker:	Human Resources, Supervisor/Faculty
Student:	Public Safety, VP for Student Affairs,
	Dean/Campus Provost, Faculty
Visitor:	Public Safety

Blank accident/incident reports are located in the Public Safety office, Human Resources' Office, Office of Student Affairs, as well as an addendum to the Procedure.

II. Public Safety

Horry-Georgetown Technical College (HGTC) is committed to maintaining a safe and secure environment for students, employees and visitors to Campus. In order to ensure that safe environment, the College is partnered with Coastal Carolina University (CCU) to provide professional police and public safety services 24 hours a day, seven days a week.

If an emergency occurs and Public Safety is required, all campus phones have a 'Campus Safety Alert' button. Pressing this button will dispatch HGTC Public Safety and/or the CCU Police to that specific location. The direct line contacts for HGTC Public Safety are as follows:

Conway Campus:	843.349.7806
Grand Strand Campus:	843.477.2115
Georgetown Campus:	843.446.1869
CCU Dispatch Contact line:	843.347.3161

To inquire about further information regarding our Public Safety Department or Emergency Response, please reference the College's 'Safety & Emergency Response Manual'. Presentations are also available on HGTC's website for Safety & Emergency Training as well as Phone System Training.

III. First Aid Kits

The Superintendent of Buildings and Grounds will inspect the First Aid Kits quarterly and replace any missing items. First Aid Kits are located in various Departmental offices around each campus.

IV. Important Phone Numbers

A. Public Safety:

Conway Campus: 843.349.7806

Grand Strand Campus: 843.477.2115

Georgetown Campus: 843.446.1869

B. CCU Police Dispatch: 843.347.3161

C. Worker's Compensation Insurance Carrier, CompEndium Services: 877.709.2667

(for Faculty, Staff Members, and Student Workers only)

ADDENDUM
HORRY-GEORGETOWN TECHNICAL COLLEGE
ACCIDENT/INCIDENT REPORT

(Please submit to the appropriate departmental office immediately)

CAMPUS:	[ ] Conway	[ ] Grand Strand	[ ] Georgetown

Name of Person Involved in Accident/Incident:

_____

S.S./H Number:_____

Address:_____

Phone Number(s): _____

Date of Accident/Incident Occurred: _____Time:_____

Nature of Accident/Incident:

(1) Injury

(2) Property Damage

(3) Fire/Arson

(4) Theft/Robbery/Motor Vehicle Theft/Burglary

(5) Hate/Prejudice Crime

(6) Crimes (such as drug or liquor law violations, assaults, or weapons possession)

(7) Other:

CHECK ONE:

( ) Faculty

( ) Staff

( ) Student

( ) Visitor

Explain Accident/Incident:-

_____

_____

_____

_____

_____

_____

What Action Has Been Taken?:_____

_____

_____

_____

_____

Reporting Person's Signature:_____

College Representative:_____

Date of Report:_____Time:_____

Copy of Report Distributed to: Human Resources, Public Safety, Student Affairs, Dean/Provost of Campus, &/or Supervisor (whomever applicable)

IV. CLINICAL RADIOLOGY

Radiographs will be taken only for diagnostic purposes following the "*Recommendations for Prescribing Dental Radiographs*" that have been adopted by the American Dental Association with review by the United States Food and Drug Administration.

A documented need for diagnostic radiographs may supersede the recommendations when a supervising dentist or the patient's dentist requests that the radiographs be taken. All documentations of request are to be noted in the patient's record.

The following pages illustrate the recommendations with rationale for each type of encounter, patient age, and dental developmental stages.

RECOMMENDATIONS FOR PRESCRIBING DENTAL RADIOGRAPHS

These recommendations are subject to clinical judgment and may not apply to every patient. They are to be used by dentists only after reviewing the patient's health history and completing a clinical examination. Even though radiation exposure from dental radiographs is low, once a decision to obtain radiographs is made it is the dentist's responsibility to follow the ALARA Principle (As Low as Reasonably Achievable) to minimize the patient's exposure.

Table 1.

TYPE OF ENCOUNTER	PATIENT AGE AND DENTAL DEVELOPMENTAL STAGE				
	Child with Primary Dentition (prior to eruption of first permanent tooth)	**Child with Transitional Dentition** (after eruption of first permanent tooth)	**Adolescent with Permanent Dentition** (prior to eruption of third molars)	**Adult, Dentate or Partially Edentulous**	**Adult, Edentulous**
New Patient* being evaluated for oral diseases	Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic exam at this time.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment.		Individualized radiographic exam, based on clinical signs and symptoms.
Recall Patient* with clinical caries or at increased risk for caries**	Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe			Posterior bitewing exam at 6-18 month intervals	Not applicable
Recall Patient* with no clinical caries and not at increased risk for caries**	Posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe		Posterior bitewing exam at 18-36 month intervals	Posterior bitewing exam at 24-36 month intervals	Not applicable

TYPE OF ENCOUNTER (continued)	**Child with Primary Dentition** (prior to eruption of first permanent tooth)	**Child with Transitional Dentition** (after eruption of first permanent tooth)	**Adolescent with Permanent Dentition** (prior to eruption of third molars)	**Adult, Dentate and Partially Edentulous**	**Adult, Edentulous**
Recall Patient* with periodontal disease	Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically.				Not applicable
Patient (New and Recall) for monitoring of dentofacial growth and development, and/or assessment of dental/skeletal relationships	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development or assessment of dental and skeletal relationships		Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development, or assessment of dental and skeletal relationships. Panoramic or periapical exam to assess developing third molars	Usually not indicated for monitoring of growth and development. Clinical judgment as to the need for and type of radiographic image for evaluation of dental and skeletal relationships.	
Patient with other circumstances including, but not limited to, proposed or existing implants, other dental and craniofacial pathoses, restorative/endodontic needs, treated periodontal disease and caries remineralization	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of these conditions				

***Clinical situations for which radiographs may be indicated include, but are not limited to:**

A. Positive Historical Findings

1. Previous periodontal or endodontic treatment
2. History of pain or trauma
3. Familial history of dental anomalies
4. Postoperative evaluation of healing
5. Remineralization monitoring
6. Presence of implants, previous implant-related pathosis or evaluation for implant placement

B. Positive Clinical Signs/Symptoms

1. Clinical evidence of periodontal disease
2. Large or deep restorations
3. Deep carious lesions
4. Malposed or clinically impacted teeth
5. Swelling
6. Evidence of dental/facial trauma
7. Mobility of teeth
8. Sinus tract ("fistula")
9. Clinically suspected sinus pathosis
10. Growth abnormalities
11. Oral involvement in known or suspected systemic disease
12. Positive neurologic findings in the head and neck
13. Evidence of foreign objects
14. Pain and/or dysfunction of the temporomandibular joint
15. Facial asymmetry
16. Abutment teeth for fixed or removable partial prosthesis
17. Unexplained bleeding
18. Unexplained sensitivity of teeth
19. Unusual eruption, spacing or migration of teeth
20. Unusual tooth morphology, calcification or color
21. Unexplained absence of teeth
22. Clinical tooth erosion
23. Peri-implantitis

****Factors increasing risk for caries may be assessed using the ADA Caries Risk Assessment forms (0 – 6 years of age and over 6 years of age).**

EXPLANATION OF RECOMMENDATIONS FOR PRESCRIBING DENTAL RADIOGRAPHS

The explanation below presents the rationale for each recommendation by type of encounter and patient age and dental developmental stages.

New Patient Being Evaluated for Oral Diseases

Child (Primary Dentition)

Proximal carious lesions may develop after the interproximal spaces between posterior primary teeth close. Open contacts in the primary dentition will allow a dentist to visually inspect the proximal posterior surfaces. Closure of proximal contacts requires radiographic assessment.[16-18] However, evidence suggests that many of these lesions will remain in the enamel for at least 12 months or longer depending on fluoride exposure, allowing sufficient time for implementation and evaluation of preventive interventions.[19-21] A periapical/anterior occlusal examination may be indicated because of the need to evaluate dental development, dentoalveolar trauma, or suspected pathoses. Periapical and bitewing radiographs may be required to evaluate pulp pathosis in primary molars.

Therefore, an individualized radiographic examination consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be examined visually or with a probe is recommended. Patients without evidence of disease and with open proximal contacts may not require radiographic examination at this time.

Child (Transitional Dentition)

Overall dental caries in the primary teeth of children from 2-11 years of age declined from the early 1970s until the mid 1990s.[22-24] From the mid 1990s until the 1999-2004 National Health and Nutrition Examination Survey, there was a small but significant increase in primary decay. This trend reversal was larger for younger children. Tooth decay affects more than one-fourth of U.S. children aged 2–5 years and half of those aged 12-15 years; however, its prevalence is not uniformly distributed. About half of all children and two-thirds of adolescents aged 12–19 years from lower-income families have had decay.[25]

Children and adolescents of some racial and ethnic groups and those from lower-income families have more untreated tooth decay. For example, 40 percent of Mexican American children aged 6–8 years have untreated decay, compared with 25 percent of non-Hispanic whites.[25] It is, therefore, important to consider a child's risk factors for caries before taking radiographs.

Although periodontal disease is uncommon in this age group,[26] when clinical evidence exists (except for nonspecific gingivitis), selected periapical and bitewing radiographs are indicated to determine the extent of aggressive periodontitis, other forms of uncontrolled periodontal disease and the extent of osseous destruction related to metabolic diseases.[27,28]

A periapical or panoramic examination is useful for evaluating dental development. A panoramic radiograph also is useful for the evaluation of craniofacial trauma.[15,29,30] Intraoral radiographs are more accurate than panoramic radiographs for the evaluation of dentoalveolar

trauma, root shape, root resorption[31,32] and pulp pathosis. However, panoramic examinations may have the advantage of reduced radiation dose, cost and imaging of a larger area.

Occlusal radiographs may be used separately or in combination with panoramic radiographs in the following situations: 1. unsatisfactory image in panoramic radiographs due to abnormal incisor relationship, 2. localizations of tooth position, and 3. when clinical grounds provide a reasonable expectation that pathosis exists.[32-34]

Therefore, an individualized radiographic examination consisting of posterior bitewings with panoramic examination or posterior bitewings and selected periapical images is recommended.

Adolescent (Permanent Dentition)

Caries in permanent teeth declined among adolescents, while the prevalence of dental sealants increased significantly.[35] However, increasing independence and socialization, changing dietary patterns, and decreasing attention to daily oral hygiene can characterize this age group. Each of these factors may result in an increased risk of dental caries. Another consideration, although uncommon, is the increased incidence of periodontal disease found in this age group compared to children.[36]

Panoramic radiography is effective in dental diagnosis and treatment planning.[30,37,38] Specifically, the status of dental development can be assessed using panoramic radiography.[39] Occlusal and/or periapical radiographs can be used to detect the position of an unerupted or supernumerary tooth.[40-42] Third molars also should be evaluated in this age group for their presence, position, and stage of development.

Therefore, an individualized radiographic examination consisting of posterior bitewings with panoramic examination or posterior bitewings and selected periapical images is recommended. A full mouth intraoral radiographic examination is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment.

Adult (Dentate or Partially Edentulous)

The overall dental caries experience of the adult population has declined from the early 1970s until the most recent (1999-2004) National Health and Nutrition Examination Survey.[43] However, risk for dental caries exists on a continuum and changes over time as risk factors change.[44] Therefore, it is important to evaluate proximal surfaces in the new adult patient for carious lesions. In addition, it is important to examine patients for recurrent dental caries.

The incidence of root surface caries increases with age.[45] Although bitewing radiographs can assist in detecting root surface caries in proximal areas, the usual method of detecting root surface caries is by clinical examination.[46]

The incidence of periodontal disease increases with age.[47] Although new adult patients may not have symptoms of active periodontal disease, it is important to evaluate previous experience with periodontal disease and/or treatment. Therefore, a high percentage of adults may require selected intraoral radiographs to determine the current status of the disease.

Taking posterior bitewing radiographs of new adult patients was found to reduce the number of radiological findings and the diagnostic yield of panoramic radiography.[48,49] In addition, the following clinical indicators for panoramic radiography were identified as the best predictors for useful diagnostic yield: suspicion of teeth with periapical pathologic conditions, presence of partially erupted teeth, caries lesions, swelling, and suspected unerupted teeth.[50]

Therefore, an individualized radiographic examination, consisting of posterior bitewings with selected periapical images or panoramic examination when indicated is recommended. A full mouth intraoral radiographic examination is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment.

Adult (Edentulous)

The clinical and radiographic examinations of edentulous patients generally occur during an assessment of the need for prostheses. The most common pathological conditions detected are impacted teeth and retained roots with and without associated disease.[51] Other less common conditions also may be detected: bony spicules along the alveolar ridge, residual cysts or infections, developmental abnormalities of the jaws, intraosseous tumors, and systemic conditions affecting bone metabolism.

The original recommendations for this group called for a full-mouth intraoral radiographic examination or a panoramic examination for the new, edentulous adult patient. Firstly, this recommendation was made because examinations of edentulous patients generally occur during an assessment of the need for prostheses. Secondly, the original recommendation considered edentulous patients to be at increased risk for oral disease.

Studies have found that from 30 to 50 percent of edentulous patients exhibited abnormalities in panoramic radiographs.[51-55] In addition, the radiographic examination revealed anatomic considerations that could influence prosthetic treatment, such as the location of the mandibular canal, the position of the mental foramen and maxillary sinus, and relative thickness of the soft tissue covering the edentulous ridge.[51,53,55] However, in studies that considered treatment outcomes, there was little evidence to support screening radiography for new edentulous patients. For example, one study reported that less than 4 percent of such findings resulted in treatment modification before denture fabrication, and another showed no difference in post-denture delivery complaints in patients who did not receive screening pretreatment radiographs.[54,56]

This panel concluded that prescription of radiographs is appropriate as part of the initial assessment of edentulous areas for possible prosthetic treatment. A full mouth series of periapical radiographs or a combination of panoramic, occlusal or other extraoral radiographs may be used to achieve diagnostic and therapeutic goals. Particularly with the option of dental implant therapy for edentulous patients,[57] radiographs can be an important aid in diagnosis, prognosis, and the determination of treatment complexity.

Therefore, an individualized radiographic examination, based on clinical signs, symptoms, and treatment plan is recommended.

Recall Patient with Clinical Caries or Increased Risk for Caries

Child (Primary and Transitional Dentition) and Adolescent (Permanent Dentition)
Clinically detectable dental caries may suggest the presence of proximal carious lesions that can only be detected with a radiographic examination. In addition, patients who are at increased risk for developing dental caries because of such factors as poor oral hygiene, high frequency of exposure to sucrose-containing foods, and deficient fluoride intake (see caries risk assessment forms, 0 – 6 years of age and over 6 years of age) are more likely to have proximal carious lesions.

The bitewing examination is the most efficient method for detecting proximal lesions.[16,18,58] The frequency of radiographic recall should be determined on the basis of caries risk assessment.[15,59,60] It should be noted that a patient's caries risk status may change over time and that an individual's radiographic recall interval may need to be changed accordingly.[61]

Therefore, a posterior bitewing examination is recommended at 6 to 12 month intervals if proximal surfaces cannot be examined visually or with a probe.

Adult (Dentate and Partially Edentulous)
Adults who exhibit clinical dental caries or who have other increased risk factors should be monitored carefully for any new or recurrent lesions that are detectable only by radiographic examination. The frequency of radiographic recall should be determined on the basis of caries risk assessment.[15,59,60] It should be noted that a patient's risk status can change over time and that an individual's radiographic recall interval may need to be changed accordingly.[61]

Therefore, a posterior bitewing examination is recommended at 6 to 18 month intervals.

Recall Patient (Edentulous Adult)

A study that assessed radiographs of edentulous recall patients showed that previously detected incidental findings did not progress and that no intervention was indicated.[62] The data suggest that patients who receive continuous dental care do not exhibit new findings that require treatment.

An examination for occult disease in this group cannot be justified on the basis of prevalence, morbidity, mortality, radiation dose, and cost.[53-55]

Therefore, no radiographic examination is recommended without evidence of disease.

Recall Patient with No Clinical Caries and No Increased Risk for Caries

Child (Primary and Transitional Dentition)
Despite the general decline in dental caries activity, recent data show that subgroups of children have a higher caries experience than the overall population.[63,64] The identification of

patients in these subgroups may be difficult on an individual basis. For children who present for recall examination without evidence of clinical caries and who are not considered at increased risk for the development of caries, it remains important to evaluate proximal surfaces by radiographic examination. In primary teeth the caries process can take approximately one year to progress through the outer half of the enamel and about another year through the inner half.[20,65-68] Considering this rate of progression of carious lesions through primary teeth, a time-based interval of radiographic examinations from one to two years for this group appears appropriate. The prevalence of carious lesions has been shown to increase during the stage of transitional dentition.[25,69] Children under routine professional care would be expected to be at a lower risk for caries. Nevertheless, newly erupted teeth are at risk for the development of dental caries.

Therefore, a radiographic examination consisting of posterior bitewings is recommended at intervals of 12 to 24 months if proximal surfaces cannot be examined visually or with a probe.

Adolescent (Permanent Dentition)
Adolescents with permanent dentition, who are free of clinical dental caries and factors that would place them at increased risk for developing dental caries, should be monitored carefully for development of proximal carious lesions, which may only be detected by radiographic examination. The caries process, on average, takes more than three years to progress through the enamel.[20,65-68] However, evidence suggests that the enamel of permanent teeth undergoes posteruptive maturation and that young permanent teeth are susceptible to faster progression of carious lesions.[70-73]

Therefore, a radiographic examination consisting of posterior bitewings is recommended at intervals of 18 to 36 months.

Adult (Dentate and Partially Edentulous)
Adult dentate patients, who receive regularly scheduled professional care and are free of signs and symptoms of oral disease, are at a low risk for dental caries. Nevertheless, consideration should be given to the fact that caries risk can vary over time as risk factors change. Advancing age and changes in diet, medical history and periodontal status may increase the risk for dental caries.

Therefore, a radiographic examination consisting of posterior bitewings is recommended at intervals of 24 to 36 months.

Recall Patient with Periodontal Disease

Child (Primary and Transitional Dentition), Adolescent (Permanent Dentition), and Adult (Dentate and Partially Edentulous)
The decision to obtain radiographs for patients who have clinical evidence or a history of periodontal disease/treatment should be determined on the basis of the anticipation that important diagnostic and prognostic information will result. Structures or conditions to be assessed should include the level of supporting alveolar bone, condition of the interproximal bony crest, length and shape of roots, bone loss in furcations, and calculus deposits. The

frequency and type of radiographic examinations for these patients should be determined on the basis of a clinical examination of the periodontium and documented signs and symptoms of periodontal disease. The procedure for prescribing radiographs for the follow-up/recall periodontal patient would be to use selected intraoral radiographs to verify clinical findings on a patient-by-patient basis.[28,74]

Therefore, it is recommended that clinical judgment be used in determining the need for, and type of radiographic images necessary for, evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be identified clinically.

Patient (New and Recall) for Monitoring of Dentofacial Growth and Development, and/or Assessment of Dental/Skeletal Relationships

Child (Primary and Transitional Dentition)
For children with primary dentition, before the eruption of the first permanent tooth, radiographic examination to assess growth and development in the absence of clinical signs or symptoms is unlikely to yield productive information. Any abnormality of growth and development suggested by clinical findings should be evaluated radiographically on an individual basis. After eruption of the first permanent tooth, the child may have a radiographic examination to assess growth and development. This examination need not be repeated unless dictated by clinical signs or symptoms. Cephalometric radiographs may be useful for assessing growth, and/or dental and skeletal relationships.

Therefore, it is recommended that clinical judgment be used in determining the need for, and type of radiographic images necessary for, evaluation and/or monitoring of dentofacial growth and development, or assessment of dental and skeletal relationships.

Adolescent (Permanent Dentition)
During adolescence there is often a need to assess the growth status and/or the dental and skeletal relationships of patients in order to diagnose and treat their malocclusion. Appropriate radiographic assessment of the malocclusion should be determined on an individual basis.

An additional concern relating to growth and development for patients in this age group is to determine the presence, position and development of third molars. This determination can best be made by the use of selected periapical images or a panoramic examination, once the patient is in late adolescence (16 to 19 years of age).

Therefore, it is recommended that clinical judgment be used in determining the need for, and type of radiographic images necessary for, evaluation and/or monitoring of dentofacial growth and development, or assessment of dental and skeletal relationships. Panoramic or periapical examination may be used to assess developing third molars.

Adult (Dentate, Partially Edentulous and Edentulous)
In the absence of any clinical signs or symptoms suggesting abnormalities of growth and development in adults, no radiographic examinations are indicated for this purpose.

Therefore, in the absence of clinical signs and symptoms, no radiographic examination is recommended.

Patients with Other Circumstances
(including, but not limited to, proposed or existing implants, other dental and craniofacial pathoses, restorative/endodontic needs, treated periodontal disease and caries remineralization)

All Patient Categories
The use of imaging, as a diagnostic and evaluative tool, has progressed beyond the longstanding need to diagnose caries and evaluate the status of periodontal disease. The expanded technology in imaging is now used to diagnose other orofacial clinical conditions and evaluate treatment options. A few examples of other clinical circumstances are the use of imaging for dental implant treatment planning, placement, or evaluation; the monitoring of dental caries and remineralization; the assessment of restorative and endodontic needs; and the diagnosis of soft and hard tissue pathoses.

Therefore it is recommended that clinical judgment be used in determining the need for, and type of radiographic images necessary for, evaluation and/or monitoring in these circumstances.

PATIENT PROTECTION

- The ALARA concept states that all exposure to radiation must be kept to a minimum, or "as low as reasonable achievable". To provide protection for both patients and operators, every possible method of reducing exposure to radiation should be employed to minimize risk.

- All receptors utilized for radiographs are digital sensors or digital phosphor plates that provide a significant exposure reduction to the patient.

- All receptors will be in barrier sleeve or barrier envelopes when taking radiographs on patients.

- Patients being exposed to radiation will wear a lead apron with a thyroid collar for intraoral images a lead apron without a thyroid collar for all panoramic radiographs. Lead aprons should be stored in a hanging position and never folded when not in use as that will damage the lead lining within the apron. Failure to use a lead apron when exposing patient sin clinic will result in a failure for the radiographic survey.

- Retakes will be kept to a minimum and must be authorized by the supervising dentist or clinical faculty member.

- Only shielded open-end cones or PID's, no more than 2.75 inches in diameter, will be used in order to minimize scattered radiation in compliance with state regulations.

- Patients will not be allowed to hold receptors during exposure.

- kVp and mA are pre-programmed but the exposure times must be appropriately selected.

- Receptors will be processed according to Scanner and dental software instructions to prevent further

retakes.

- All retakes taken by the student will be supervised by a clinical faculty member.

PATIENT RECORDS

- No patient shall have a radiograph made at this clinic without first completing a medical and dental history, a signed consent, a confirmed clinical need and permission from the supervising dentist/clinical faculty member.

- The number, type of radiographs exposed (to include retakes) must be recorded in the patient's file (*Record of Treatment*) as a permanent record.

- If the radiographs are to be sent to the patient's dentist they will be forwarded electronically. The clinic office manager will record the date, number and type of radiographs sent, and the dentist's name in the record of treatment.

- Students are responsible for maintaining proper clinical records.

- Clinical faculty members oversee all entries to patient records and sign-off on all recorded appointment procedures.

PREGNANT PATIENTS:

- Each patient having radiographs taken will complete a medical history that will have questions concerning the possibility of pregnancy. Each patient will also be asked if there is a possibility of pregnancy prior to radiographic exposure.

- Each x-ray room will have a sign posted asking the patient to report the possibility of a pregnancy.

- Radiographs WILL NOT be taken on a pregnant patient unless it is deemed necessary.

- If radiographs are necessary, the pregnant patient, as with all patients, MUST wear a lead apron. Documentation MUST include the number and type of radiographs, and that the patient was pregnant.

LEAD APRONS:

- All patients will wear lead aprons during radiographic exposures.

- A lead apron with a thyroid collar will be used for intraoral exposures.

- A double-sided lead apron without the thyroid collar will be used for extraoral exposures.

- Following exposure, the operator will remove his/her gloves and then remove the lead apron from the

patient. The lead apron should be wiped down with a disinfectant wipe.

- All lead aprons are to be placed on the hooks located on the x-ray room door to prevent folding or bending.
- Lead aprons are not to be folded or crumpled. The students are responsible for the full replacement value of the lead apron if it is damaged.

- Any damage to a lead apron MUST immediately be reported to the Supervising Dentist or Department Chair.

NOTE: If a family member is required to hold a film in the patient's mouth, he/she MUST wear a lead apron with a thyroid collar, as well.

CLINICAL OPERATOR PROTECTION:

- The operator must NEVER hold the receptor in place for the patient during exposure. Receptor holding devices must be utilized at all times. There should be no additional operators, patients or caregivers in the x-ray room during exposures.

- The PID should never be hand-held during exposure. If the tube head housing is drifting or moving, report this to the Department Chair.

- The operator must stand outside of the x-ray room with the door closed during the entire exposure. Each x-ray room door has a safety switch that will not allow the emission of x-rays unless the door is completely closed.

- Only shielded open-end PID's will be used to minimize scattered radiation.

PREGNANT OPERATORS:

The first trimester of pregnancy is the most crucial, and during the entire nine-month period the fetus must not receive any more than 500 millirems of radiation.

- If a pregnancy is suspected and/or confirmed, the *Department Chair* MUST be notified immediately in writing. This information will be kept in strict confidence.

- Written permission MUST be obtained from the physician of record documenting whether the student/faculty member can participate in clinical/laboratory procedures involving exposure of radiographs. The student will be given the option to withdraw from the program and re-apply the following year.

- When exposing radiographs, the pregnant operator MUST wear the double-sided lead apron.

- If a film-monitoring device is provided, it will be worn at waist level, under the lead apron.

- Although this facility practices the highest standard of clinical operator protection, the College will

not be responsible for injury to either the mother or child due to radiation exposure during pregnancy.

EDUCATION OF CLINICAL OPERATORS:

- All x-ray operators are required by the State of South Carolina to be certified or have attended a course of Dental Radiography in an ADA accredited dental hygiene or dental assisting program. Students operating x-ray equipment at this institution MUST have completed the Dental Radiography course with a grade of "C" or higher prior to exposing patients to radiation.

- Those students/faculty with prior certification or successful completion of an accredited course MUST present the appropriate documents to the Department Chair to be kept in their personal file.

- Faculty not possessing the appropriate certification will be required to audit the Dental Radiography course the next time that it is offered. Prior to the course being offered, the required State Radiation Safety Course Exam must be taken and passed as well as reviewing the following materials on file in the Dental Department:

  - *Radiation Safety in Dental Radiography*
  - *Successful Intraoral Radiography*
  - *Successful Panoramic Radiography*
  - *Exposure and Processing for Dental Radiography*
  - *Infection Control in Modern Dental Practice*
  - *Quality Assurance in Dental Radiography*
  - Manufacturers' and technical manuals for the x-ray equipment and processing machines in this clinic

PERSONNEL MONITORING:

Personnel monitoring devices normally are not required in dental offices; and this facility does not utilize film badges. However, if the need should ever arise that a monitoring device is necessary, the following guidelines will be followed:

- The device is to be worn by the operator on the front of the individual at chest level.

- If the operator wears a lead apron, the device is to be worn on the collar outside the lead apron.

- Pregnant operators will be provided a device, if requested, and it should be worn at waist level under the lead apron.

- The film badge is to be worn when in the dental clinic only. Upon leaving, the film badge MUST be removed and left at the operatory/office. Taking the badge out of the facility may affect the quality of the monitoring report. EX: leaving the badge in a hot car, laundering the device, or leaving the badge on a lab coat or apron in the radiation area. Should this occur, the *Department Chair* MUST be immediately notified.

- Exposure of a film badge to unnecessary radiation to alter the exposure level is prohibited.

- Radiation monitoring reports will be shown to each student/faculty member, who will then sign the face of the report that will be kept in their permanent file.

PRIOR OCCUPATIONAL EXPOSURE OF OPERATORS:

Each student/faculty member MUST disclose any previous occupational exposure to radiation when entering the program or being hired. The written, signed form will denote the nature and amount of the exposure, if any. The form will be kept in the personal permanent record.

RECEPTOR PROCESSING AND STORAGE:

Phosphor plate Receptor processing:

All phosphor plate receptors at this facility will be digitally processed utilizing the *ScanX* processor.

The following is required for digital processing:

- Computers must be on with the appropriate *Eaglesoft* program selected.
- *ScanX* machines must be turned on (the green light will be illuminated).
- Phosphor plates must be placed in the corresponding receptor guides. Ex: Size 2 receptors will go into the plate guide labeled 2.
- Once receptors have been processed, they are to be placed BLUE side down in a transfer box.
- All exposed radiographs are logged indicating the following:
    - Date radiographs were taken
    - Student clinician's name
    - Number of receptors plus number of retakes

QUALITY ASSURANCE:

Quality assurance refers to special procedures that are used to assure the production of consistent high-quality diagnostic radiographs.

The following are quality controls that this clinic will practice:

- Regular x-ray unit calibration by registered dental vendors. DHEC will perform the test every 4 years and the dental vendor will perform the interim inspection. All records will be kept in the *Radiology department in the Radiology Binder*
- The following quality assurance checks will be performed by faculty or students under the guidance of faculty. All results will be recorded on the log sheet that will be kept in the ***Quality Assurance Book*** located behind the large Instructor Station on the clinic floor.

- Lead apron check – every semester visually. Radiographically every other year or as deemed needed.
    - If damaged, and a true lead based apron, the lead apron should be disposed of following manufacturer's direction as the lead lining is considered a "dangerous waste".

GRADING OF RADIOGRAPHS

STATEMENT:

Both the student and the instructor will perform grading of radiographs. Students will be given the opportunity to self-evaluate each set of radiographs which will assist them in critiquing technique and analyzing anatomical landmarks/pathology. Students will immediately recognize errors and be able to correct these in the future.

PHILOSOPHY:

Bite Wing Radiographs:

- On each set of Bite Wing radiographs there should be a CLEAR image of the following:
    - Each interproximal space to include adequate bone level
    - Crowns on both maxillary and mandibular
    - Distal of canine on premolar views
    - Ascending ramus on molar views

Full Mouth Surveys

- On each set of Full Mouth radiographs there should be a CLEAR image of the following:
    - Each interproximal space
    - Each apex of each tooth
    - 3-4 mm of supporting tissue around the entire tooth structure

CLINICAL ANALYSIS:

- The following Error Codes are used for grading Periapical and Bite Wing radiographs. Additional comments may be made on the back of the form.

***FP** Film placement:* Any error in placing the receptor in the mouth that results in such as not exposing the correct area for a particular radiograph.

***VA**-Vertical Alignment:* Any error in placing the PID that results in elongation or

foreshortening.

***HA** Horizontal Alignment:* Any error in placing the PID that results in overlapping of the proximal contact areas.

***CC** Cone cut:* Any error that produces cone cuts on the radiograph.

***P**rocessing:* Any processing error.

- Technique Errors
  - points off vary based on DHG / DAT course.
    - no apices on FMX
    - no open interproximal areas on BWX

- Mounting Errors:
  - points off for every mis-mounted radiograph which varies depending upon the semester

- Charting Errors:
  - 1 point off for each charting error:
    - caries, abscess, etc.
    - restorations
    - bone level
    - calculus
    - anatomical landmarks
    - crown to root ratio (C:R ratio)

- Documentation Errors:
  - 10 points off if radiograph does not have patient's name and date in the computer program
  - 10 points off if radiograph grade sheet does not have the hygiene instructor initials for retakes
  - 10 points off if radiograph grade sheet does not have supervising dentist's name for review of pathology & diagnosis
  - 10 points off if radiographs are not turned in for grading within 1 week of completion
  - 10 points off if the *X-Ray Clearance Form* is not completed

- Grade Calculation
  - Point Deductions are based on DHG/DAT Course and semester.
  - See attached grade sheets
- Panoramic radiographs
  - Grading is based on the following technique guidelines:
    - Patient preparation
      - Removal of all metallic or radiodense objects
      - Proper lead apron utilized
    - Unit preparation
      - Proper settings are applied

- Patient positioning
  - Patient is positioned properly on the biteblock
  - Lips closed on the biteblock
  - Tongue is in contact with the palate
  - Patient's chin is positioned properly
  - Patient's head is positioned properly
  - Patient is standing upright
- Charting and documentation grading is the same as the FMX

RETAKES:

- Retakes will only be taken when the information is not available on another film. A clinical instructor, **NOT THE STUDENT**, will make authorization and note on the grade sheet how many retakes are needed.

- A film that has been determined unusable may not need to be retaken if the information is available on another film.

- Students will be allowed to take one retake for any projection, only if diagnostically necessary and authorized by the faculty or supervising dentist. Any additional retakes will be taken under the direct supervision or direction of the faculty. No more than 7 retakes can be taken by a student on any one patient. If 7 or more retakes are necessary, a PAN will be taken instead of the additional retakes.

- **RETAKES ARE NEVER TAKEN ON PATIENTS SOLELY FOR THE PURPOSE OF IMPROVING A GRADE!**

X-RAY RETAKE POLICY:

NOTE: RETAKE X-RAYS MUST BE COMPLETED UNDER THE GUIDANCE OF A CLINICAL INSTRUCTOR TO CORRECT THE PROBLEM AND ALLEVIATE FURTHER RETAKES.

Grading of Radiographs:

- The student is allowed 3 retakes per FMX and 1 retake per BWX. When grading the retakes, the instructor will automatically deduct 1 point for the radiograph being a retake. The retake will then be graded accordingly following the point system on the grade sheet. Retakes above the allowed number will carry an automatic 5 point deduction per retake and will only be taken for patient benefit to assure the series is diagnosable should it be sent to a dentist.

- Each student must have a **CLINICAL DENTAL HYGIENE FACULTY MEMBER** sign the grade sheet for retake evaluation. If there is a dentist signature in the space, 10 points will be taken off the X-ray grade for that series, unless the clinic dentist has been assigned to assist in radiology for the day.

CRITERIA OF AN ACCEPTABLE INTRAORAL RADIOGRAPH:

Full Mouth Series:

- The radiograph should be an acceptable representation of the area being radiographed.

- The image of the teeth should neither be foreshortened nor elongated.

- The interproximal spaces should not be overlapped.
- There should be AT LEAST ¼ inch of alveolar bone visible beyond the apex of each tooth.
- There should be a ¼ inch margin between the crowns of the teeth and the edge of the film.
- The density of the radiograph should be acceptable – neither too dark nor too light.
- There should be no cone cuts.
- The apex of each tooth should be visible
- The radiographs should be free of handling errors (scratches, fingerprints, etc.)

Bite Wing Series:

- There should be no overlapping of interproximal spaces.
- There should be an equal distribution of both maxillary and mandibular teeth on the radiograph.
- The interproximal bone at the crest of the alveolar process should be visible without superimposition of the crowns of adjacent teeth.
- The occlusal plane should be straight or slightly curved up in the distal.
- The crowns of the teeth should not be magnified, enlarged, or distorted.
- There should be no cone cuts.

Panoramic Series:

- The image should be centralized in the film from left to right, in the focal trough.
- The patient should be properly positioned.

CLINICAL X-RAY REQUIREMENTS:

TYPE OF X-RAY	DHG 165	DHG 175	DHG 255	DHG 265
	#	#	#	#
FMX	0	1	3	3
BWX	As needed	3	6	6
PAN	0	1	2	2

* Students take DHG 165 and DHG 121 (Dental Radiography) concurrently. Students are only exposing radiographs on live patients under faculty supervision.

RADIOLOGY PROTOCOL

General Guidelines:

1. All regulations concerning conduct, attendance, and dress apply equally to all radiology procedures.

2. Any problem discovered with either the x-ray units, sensors or the ***ScanX*** processors should be brought to the attention of either a clinical instructor or the supervising dentist.
3. The RA " Radiology assistant" will clean and disinfect the x-ray units before and after radiographs are exposed on a patient. The *RA* will also barrier all required surfaces (doorknobs, exposure switch, etc.) to prevent cross-contamination, and will remove and discard the coverings after the patient's radiographs are completed. He/she will also clean, bag, and sterilize all the plate holders used during the clinic session.

4. Each student will evaluate the patient and make a determination of whether radiographs are required based on the *Guidelines for Prescribing Dental Radiographs*. **NO RADIOGRAPHS WILL BE TAKEN FOR OTHER THAN DIAGNOSTIC PURPOSES**. The student will then discuss the patient's needs with an instructor, and together will make the final decision on the number and type of radiographs the patient requires.

5. Radiographs may also be taken if requested by a licensed dentist.

6. CLASS III AND IV PATIENTS MAY REQUIRE VERTICAL BITEWINGS.

7. Each RA is responsible for exposing, processing, and mounting their patient's radiographs in the Eaglesoft system. The RA is also responsible for maintaining asepsis during all radiographic procedures.

8. Procedure for obtaining and exposing radiographs:

   - All receptors/plates will be obtained from a clinical instructor.

   - Complete the radiology "Patient Log" in the processing room with the patient name, date, number of films and type, and the number of retakes, if needed.

   - Expose, process, and mount the radiographs in the Eaglesoft integrated system.

   - Have clinical dental hygiene faculty member AND dentist evaluate the films

   - All information stated by the supervising dentist during the radiograph evaluation. Must be recorded in the patient chart and on the referral form. A *Referral Form* will be given to every patient indicating their need to follow-up with a general dentist/specialist. A copy of this form will also be placed in the patient's chart.

9. **Periapical and Bitewing Radiographs:** Every patient will be protected against radiation exposure by the use of a lead apron. There are two lead aprons in each radiology room: one child size (small) and one adult size (large). They are hung on hooks behind the door of each radiology room. Since they have integrated thyroid collars, the student must make sure that they fit snugly around the patient's neck. **FAILURE TO UTILIZE THE LEAD APRON WILL RESULT IN A GRADE OF ZERO FOR THE RADIOGRAPHS BEING TAKEN.**

10. **Panoramic Radiographs:** Use the lead apron without a cervical collar. Use of a cervical collar will produce an unusable radiograph and a grade of zero.

11. No one but the patient will remain in the radiology room when the exposure is being made. The student will close the door and observe the patient through the window as the exposure is made.

12. After exposing the radiographs and before dismissing the patient, the student will process and mount the radiographs. The student must have the radiographs evaluated by the assigned radiology clinic instructor. The instructor will mark on the blank grade sheet films that are not clinically acceptable and need to be retaken with a red "R". All retakes should be taken at this time. **DO NOT DISMISS THE PATIENT UNTIL AN INSTRUCTOR HAS CHECKED THE RADIOGRAPHS AND ALL NECESSARY RETAKES HAVE BEEN EXPOSED, PROCESSED, AND CHECKED.**
13. When the operator finishes exposing the last periapical or bitewing radiograph, position the tubehead against the wall with the PID pointing down. Remove the lead apron from the patient and allow the patient to exit the chair. The lead apron will be hung on the hooks behind the door. **It should never be folded.**

14. The clinic instructor will date and initial the radiology form after all necessary retakes have been completed.

15. The clinical analysis of the radiographs must be completed within 1 week. Place the grade sheets in the appropriate instructor bin for grading.

16. If a patient comes to the clinic just to have radiographs taken, the patient or the parent (if underage) must fill out and sign the Medical History form and the Consent to Radiographic Examination form. Both forms should be stapled together for filing. These patients must pay the required amount for the radiographs.

17. Make sure the appropriate patient information is entered in the Eaglesoft program. To stay in accordance with HIPPA and protect our patient's privacy, all radiographic grade sheets are labeled with the student clinician and the patient's initials with the date.

18. Radiographs should not be given directly to the patient when the patient requests a copy, especially if the patient has a dentist of record. The clinic will forward a copy of the radiographs electronically to the patient's dentist of record.

<u>Step-By-Step Procedures For Taking Radiographs:</u>

Preparing the Equipment:

1. Make sure that the mobile cart outside of the x-ray room is disinfected. On the top of the cart place the following:

- Transfer box for holding phosphor plates with barriers.(if no sensor is being used)
- Bracket tray cover
- Lay receptors on the tray cover in the proper placement as they would be in the x-ray mount. This way the operator will keep track of the films being taken.
- 1 cup for contaminated barrier wraps
- Receptor holders

2. Make sure all barriers are in place:
   - Door and door handles
   - Keypad with exposure button
   - Headrest cover
3. Make sure unit is turned on.

Exposing Intraoral Receptors:

1. Seat the patient and position the lead apron with the thyroid collar over the patient. The **contaminated** patient napkin should be left at the clinical unit.
2. Wash hands before putting on gloves.
3. Make sure the object selection button is properly selected for the area being radiographed.
   - Select patient symbol (Adult or Child)
4. Once the receptor is placed in the mouth, leave the room, shut the door **using the covered handle,** and press the exposure button.
   - Hold button down until beep is no longer heard
   - If the exposure button is released before the set exposure is over, the exposure is terminated and the radiograph will be blank.
5. After each radiograph is exposed, open the barrier packet and let the receptor fall onto the transfer box **without touching the receptor** with contaminated gloves. Place contaminated barriers in the appropriate cup.
6. Once all radiographs are exposed, remove gloves and throw away in wastebasket in the x-ray room. Wash hands in x-ray room and then take receptors to be processed.

7. The patient should stay in the x-ray chair until the need for retakes is determined by the clinical instructor.

8. Once the radiographic session is completed, remove the lead apron from the patient and dismiss the patient.

9. As you leave the room, turn the indicator note (hanging outside the x-ray room under the room sign) to the RED side. This alerts other RA's that the room is not clean and needs to be disinfected before using.

10. Once the room is clean, the indicator note is turned to the GREEN side indicating to RAs ~~clinical operators~~ that the room is ready.

Exposing Extraoral Radiographs:

PANORAMIC

1. Turn computer on.

2. Be certain Eaglesoft has the correct patient loaded, to receive the digital image

3. Turn Panoramic Unit on

4. Place barriers on the following:
   - bite block (blue barrier)
   - chin rest (blue barrier)
   - patient support handles (blue barrier)
   - temple support (syringe covers)
   - exposure button

5. Press mode selection key until pan shows.

6. Select the appropriate patient symbol.

7. Select the appropriate jaw width using the jaw width selection key.

8. The kVp and mA may have to be adjusted according to patient size.

8. Preparing the patient:

   - Ask the patient to remove any glasses, hearing aids, dentures/partials, hairpins and personal jewelry such as necklaces, earrings, tongue studs and/or rings, nose and eyebrow studs and/or rings, etc.

   - Place double-sided lead apron WITHOUT the thyroid collar on the patient.

   - Have patient step towards the chin rest.

   - Lower unit by pressing up or down arrows on tower. Anterior teeth and biteblock should match.

- Have patient grip the handles.
- Have patient bite the bite block at the indentation. The upper anterior teeth should be directly in the indentation, and the lower anterior teeth should be moved forward up to the stop.
- Press the temple support key to close the temple supports.
- Press the focal trough positioning key to display the positioning lights
- Ensure the mid-sagittal plane is perpendicular to the floor and the Frankfort plane is parallel to the floor.
- Make sure the cervical vertebrae are slightly stretched out
- Once patient is positioned, press the ready key.
- Have patient swallow, place tongue in roof of mouth, and close eyes.

7. Step outside of room, close door, and press button on control panel. **This button must be depressed throughout the entire procedure.**
8. Once a clinical instructor has approved the radiograph, the patient can be dismissed.

INFECTION CONTROL FOR DENTAL RADIOLOGY

Infection control standards similar to those followed in the clinic must be followed in the radiology area for the protection of both the patient and the student.

Sterilization of Receptor Holders for Intraoral Radiography

1. All holders (other than disposable holders such as the Stabe) will be autoclaved after use. Disposable items will be discarded with the regular clinic waste.

Radiology Chairs and Mobile Carts

1. The entire chair and mobile cart will be wiped with a disinfectant wipe before clinic starts, after each

patient and at the end of the clinic session.

2. Items to be placed on top of mobile cart following disinfection (for PSP plates only)
    - Paper bracket tray cover
    - Cup for contaminated plate barriers
    - Transfer box with barriered plates
    - Bagged sterile film holders

Additional Areas of Concern

1. Barriers are to be placed on the following:
    - Door handle
    - Keypad and exposure button
    - Computer Mouse
    - Computer keyboard
    - Computer Monitor
    - sensors

Processing PSP Receptors With Barrier Envelopes:

1. After exposing radiographs, wipe with a paper towel and open each barrier envelope over the transfer box letting the plate drop onto the transfer box. Be certain the "blue" exposed side is down in the box and not exposed to the light. **MAKE SURE THAT YOU NEVER TOUCH THE PLATE WITH THE CONTAMINATED GLOVES.**

2. Place contaminated barriers in appropriate cup.

3. Following all exposures, remove gloves, place in x-ray room wastebasket, wash hands, and take plates to processing room.

4. After dismissing patient, (after all radiographs have been approved by an instructor) turn sign outside of x-ray room to the red side, indicating that the room needs to be disinfected.

    Note: Make sure to utilize the appropriate size barrier for the phosphor plate. The numbers are the same as for the plate size.

Processing and disinfecting Sensor Receptors

1. After exposing radiographs gently lay sensor on the table, until all radiographs have been approved by your instructor

2. Once you dismiss your patient, turn the outside of the x-ray room to the red side, indicating the room needs to be disinfected.

3. When removing barriers from the sensors, carefully hold the cord near the active portion of the sensor, gently remove the barrier without touching the active portion of the sensor. Avoid touching the active portion of the sensor when disinfecting and removing disposables the room. Then slide the active portion of the sensor in the wall holder.

Unit Clean-up:

1. Put on personal protective equipment (Gloves, glasses and face mask)

2. All of the following surfaces will be disinfected utilizing an approved surface disinfectant wipe.
    - Chair
    - Tubehead
    - Extension arm
    - Keypad and exposure button
    - Door handle
    - Sensors
    - Rolling cart

3. Place barriers on all required surfaces
    - Chair headrest
    - Keypad
    - Door handles
    - sensors

4. Turn sign outside of x-ray room to green indicating the room is clean.

Horizontal Bitewing Evaluation

Student _____ **Grade**_____

Date Exposed_____ **Instructor Initials**_____

Student Evaluation of Films

1	2	3	4

Student clinician Name: _____ Patient Initials: _____

Patient Age: _____ **Dentition**: _____

Patient notes: _____

_____

Instructor section only:						
Film Evaluation:	**Film 1**	**Film 2**	**Film 3**	**Film 4**	**Comments**	**Points Deducted**
A. Mounting **DHG 165/175- 5 pts per film** **DHG255/265- 10 pts per film**						
B. Cone Cut **DHG 165/175 0 pts per film** **DHG255/265 5 pts per film**						
C. Film Placement **DHG 165/175 0 pts per film** **DHG255/265 5 pts per film**						
D. Vertical Angulation **DHG 165/175 0 pts per film** **DHG255/265 5 pts per film**						
E. Horizontal Angulation **DHG 165/175 0 pts per film** **DHG255/265 5 pts per film**						
F. Student Evaluation **DHG 165 2 pts per error missed** **DHG 175 2 pts per error missed** **DHG 255 3 pts per error missed** **DHG 265 4 pts per error missed**						
Clinical Management: Failure to complete procedures below results in loss of 10pts per item:						
Student will note number of retakes in sign-up binder and have instructor sign off						
Preparation of unit, operatory, patient (before and after radiographs)						
Professionalism (attire, etc)						
Radiation safety followed						
Bitewing evaluation form turned in within 1 week to instructor						

Landmark Interpretation:

# of Errors	Points/ Error	RADIOGRAPHIC LANDMARK IDENTIFICATION: Place the # of the landmark on the diagram in Blue and then draw in the anatomy to the best of your ability.
	1/Error	**Maxillary:** 1. Incisive Foramen 6. Nasal Concha 11. Maxillary Tuberosity 2. Median Palatine Suture 7. Nasolabial Fold 12. Hamulus 3. Lateral Fossa 8. Anterior Nasal Spine 13. Soft Tissue Lip-line 16. Zygoma 4. Floor of Nasal Cavity 9. Nasal Septum 14. Maxillary Sinus 17. Nutrient Canals (Location:_____) 5. Soft Tissue of the Nose 10. Nasal Fossa 15. Inverted "Y" **Mandibular:** 18. Genial tubercles 21. Mental Foramen 24. External Oblique Ridge 27. Nutrient Canals Location:_____ 19. Lingual Foramen 22. Mylohyoid Ridge 25. Mandibular Canal 28. Tori 20. Mental Ridge 23. Internal Oblique Ridge 26. Submandibular Fossa
	1/Error	**ALVEOLAR BONE LEVEL EVALUATION:** **Crestal Density: Mark areas of thinning in GREEN.** **Bone Level: Mark in BLUE. Descriptive Analysis:** **Crown to Root Ratio: List all tooth #'s that have a 1:1 or greater ratio in this space.**
	1/Error	**DENTAL EVALUATION: Note in Black** a. caries e. periapical radiopacity i. vertical bone loss b. endodontic treatment f. missing permanent teeth j. unerupted tooth c. calculus g. deciduous teeth k. tori d. periapical radiolucency h. horizontal bone loss

Vertical Bitewing Evaluation

Student _____ **Grade**_____

Date Exposed_____ **Instructor Initials**_____

Student Evaluation of Films

1	2	3	4	5	6

Student clinician Name: _____ Patient Initials: _____
Patient Age: _____ **Dentition**: _____
Patient notes: _____
_____

Instructor section only:							
Film Evaluation:	**Film 1**	**Film 2**	**Film 3**	**Film 4**	**Film 5**	**Film 6**	**Points Deducted**
A. Mounting **DHG 165/175- 5 pts per film** **DHG255/265- 10 pts per film**							
B. Cone Cut **DHG 165/175 0 pts per film** **DHG255/265 5 pts per film**							
C. Film Placement **DHG 165/175 0 pts per film** **DHG255/265 5 pts per film**							
D. Vertical Angulation **DHG 165/175 0 pts per film** **DHG255/265 5 pts per film**							
E. Horizontal Angulation **DHG 165/175 0 pts per film** **DHG255/265 5 pts per film**							
F. Student Evaluation **DHG 165 2 pts per error missed** **DHG 175 2 pts per error missed** **DHG 255 3 pts per error missed** **DHG 265 4 pts per error missed**							

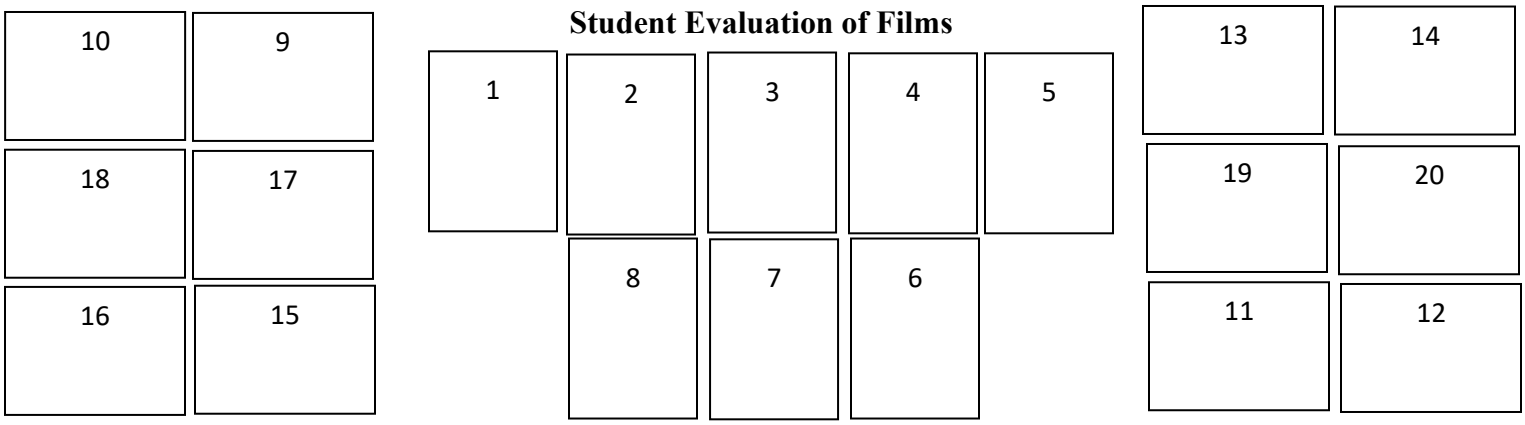
Clinical Management: Failure to complete procedures below results in loss of 10pts per item:
Student will note number of retakes in sign-up binder and have instructor sign off
Preparation of unit, operatory, patient (before and after radiographs)
Professionalism (attire, etc)
Radiation safety followed
Bitewing evaluation form turned in within 1 week to instructor

Full Mouth Series Evaluation

Student _____ **Grade**_____

Date Exposed_____ **Instructor Initials**_____

Student Evaluation of Films



Student clinician Name: _____ Patient Initials: _____

Patient Age: _____ **Dentition**: _____

Patient notes: _____

Instructor section only:			
Film Evaluation:	**Film numbers affected**	**Comments**	**Points Deducted**
A. Mounting **DHG 165/175- 5 pts per film** **DHG255/265- 10 pts per film**			
B. Cone Cut **DHG 165/175 0 pts per film** **DHG255/265 5 pts per film**			
C. Film Placement **DHG 165/175 0 pts per film** **DHG255/265 5 pts per film**			
D. Vertical Angulation **DHG 165/175 0 pts per film** **DHG255/265 5 pts per film**			
E. Horizontal Angulation **DHG 165/175 0 pts per film** **DHG255/265 5 pts per film**			
F. Student Evaluation **DHG 165/175 2 pts per error missed** **DHG 255 3 pts per error missed** **DHG 265 4 pts per error missed**			

Clinical Management: Failure to complete procedures below results in loss of 10pts per item:
Student will note number of retakes in sign-up binder and have instructor sign off
Preparation of unit, operatory, patient (before and after radiographs)
Professionalism (attire, etc)
Radiation safety followed
Bitewing evaluation form turned in within 1 week to instructor

Occlusal Evaluation

Student _____ **Grade**_____

Date Exposed_____ **Instructor Initials**_____

Student Evaluation of Films

1	2

Student clinician Name: _____ Patient Initials: _____
Patient Age: _____ **Dentition**: _____
Patient notes: _____
_____

Instructor section only:				
Film Evaluation:	**Film 1**	**Film 2**	**Comments**	**Points Deducted**
A. Mounting **DHG 165/175- 5 pts per film** **DHG255/265- 10 pts per film**				
B. Cone Cut **DHG 165/175 0 pts per film** **DHG255/265 5 pts per film**				
C. Film Placement **DHG 165/175 0 pts per film** **DHG255/265 5 pts per film**				
D. Vertical Angulation **DHG 165/175 0 pts per film** **DHG255/265 5 pts per film**				
E. Horizontal Angulation **DHG 165/175 0 pts per film** **DHG255/265 5 pts per film**				
F. Student Evaluation **DHG 165 2 pts per error missed** **DHG 175 2 pts per error missed** **DHG 255 3 pts per error missed** **DHG 265 4 pts per error missed**				

Panoramic Evaluation

Student _____ **Grade** _____

Date Exposed_____ **Instructor Initials**_____

Student clinician Name: _____ **Patient Initials:** _____
Patient Age: _____ **Dentition:** _____
Patient notes: _____

Grading Criteria: 7 pts off per item
*Student is required to complete radiographic recognition & errors sections below

Film Errors* **(circle any applicable errors)**	**Due to:**	**Correction:**
Dark band from palate down		
Molars and density unequal from right to left		
Anterior teeth shorter, fat		
Anterior teeth long, skinny; spine on ramus		
Radiopaque band covers max apices; jaw long; max anterior blurred, magnified		
Exaggerated smile line, jaw short, no TMJ, lower anterior blurred		
Light or dark image		
Ghost Images		
Images not centered, partial capture of dentition		

Clinic Management: Failure to complete any item below results in loss of 10 pts/item:

Instructor section only:
Student will note number of retakes in sign-up binder and have instructor sign off
Preparation of unit, operatory, patient (before and after radiographs)
Professionalism (attire, etc)
Radiation safety followed
Panoramic evaluation form turned in within 1 week to instructor

Landmark Interpretation:

# of Errors	Points/ Error	RADIOGRAPHIC LANDMARK IDENTIFICATION: Place the # of the landmark on the diagram in Blue and then draw in the anatomy to the best of your ability.
	1/Error	**Maxillary:** 1. Incisive Foramen 6. Nasal Concha 11. Maxillary Tuberosity 2. Median Palatine Suture 7. Nasolabial Fold 12. Hamulus 3. Lateral Fossa 8. Anterior Nasal Spine 13. Soft Tissue Lip-line 16. Zygoma 4. Floor of Nasal Cavity 9. Nasal Septum 14. Maxillary Sinus 17. Nutrient Canals (Location:_____) 5. Soft Tissue of the Nose 10. Nasal Fossa 15. Inverted "Y" **Mandibular:** 18. Genial tubercles 21. Mental Foramen 24. External Oblique Ridge 27. Nutrient Canals Location:_____ 19. Lingual Foramen 22. Mylohyoid Ridge 25. Mandibular Canal 28. Tori 20. Mental Ridge 23. Internal Oblique Ridge 26. Submandibular Fossa
	1/Error	**ALVEOLAR BONE LEVEL EVALUATION:** **Crestal Density: Mark areas of thinning in GREEN.** / **Bone Level: Mark in BLUE. Descriptive Analysis:** / **Crown to Root Ratio: List all tooth #'s that have a 1:1 or greater ratio in this space.**
	1/Error	**DENTAL EVALUATION: Note in Black** a. caries e. periapical radiopacity i. vertical bone loss b. endodontic treatment f. missing permanent teeth j. unerupted tooth c. calculus g. deciduous teeth k. tori d. periapical radiolucency h. horizontal bone loss