

2023-2024

# **College of DuPage Dental Hygiene Program Policy and Procedures Manual**

**UPDATED June 2023**



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## Dental Hygiene Professional Standards

The profession of Dental Hygiene has ethical and professional obligations to uphold. As a dental hygiene student preparing to enter a health profession, you are mandated to follow the following Professional Policy in all activities associated directly and indirectly with the program. Any disruptive conduct will be grounds for probation or possible dismissal.

1. The student will be committed to the Dental Hygiene Profession and the Dental Hygiene Department (Program).
  - a. Attend and be present and willing to learn in both didactic and clinical sessions. Comply voluntarily with policies, rules and procedures of the Dental Hygiene Department and clinical courses.
  - b. Demonstrate enthusiasm for learning.
  - c. Present and act in a professional manner: neat, clean and prepared.
  - d. Perform within the ethical and legal framework of the practice of Dental Hygiene.
  - e. Complete assignments, charts, and records accurately and within the given timeframe.
2. The student will demonstrate intellectual and personal integrity.
  - a. Display a forthright manner with peers, staff and faculty.
  - b. Observe safe techniques at all times.
  - c. Accept responsibility for errors and strive to take appropriate corrective action.
  - d. Complete your own work; do not represent someone else's work as your own.
  - e. Respect faculty, staff and classmates.
  - f. Realistically complete self-evaluations.
3. The student will demonstrate a cooperative demeanor and be able to:
  - a. Disagree diplomatically.
  - b. Know when to stop arguing.
  - c. Accept the roles of others and work in appropriate capacity in response to others. Inappropriate language, physical contact, i.e. touching, hitting, pushing, are not permitted.
  - d. Manage stress and frustration without taking it out on others.
  - e. Objectively look at both sides of the issue; handle conflicts objectively.
  - f. Refer concerns and issues to involved faculty at the appropriate time.
4. The student will place the welfare of her/his patients first.
  - a. Priority of activities reflects patients' needs and provides quality, comprehensive patient care.
  - b. Always place the patient's welfare and comfort first when planning and implementing patient care.
  - c. Always provide the patient with pertinent, individualized information regarding preventing and managing dental disease.
  - d. Students will display calm, confident behavior, which serves to enhance ability to function and contribute to quality care.
  - e. Respond quickly and pleasantly to patient's requests.
  - f. Always explain treatments and procedures to keep your patients informed.
  - g. Respect patient's rights and always maintain confidentiality.

## Physical and Emotional Ability Performance Standards

The Associates in Applied Science Degree Dental Hygiene student must meet the following physical and emotional ability standards to satisfactorily perform in the dental hygiene program:

1. Have full range of motion of joints, fine motor movements of the hands, ability to perform repetitive tasks and the ability to stoop, bend, twist, and reach.
2. Have the ability to lift and move up to 50 pounds of weight daily.
3. Have the ability to carry objects weighing up to 50 pounds daily.
4. Be able to push or pull a wheelchair.
5. Have adequate hearing which permits the individual to communicate in a rational and coherent manner with others in the English language.
6. Have the ability to examine close images and structures. Must have color vision; must have good visual acuity for patient assessment, medication administration, performing dental hygiene procedures, and for documentation of care.
7. Adapt effectively to environments with high tension to insure patient safety.
8. Respond in an emotionally controlled manner in learning situations.
9. Be able to stand and walk 4 to 8 or more hours per clinical period.

Please contact the Department Chair of the Dental Hygiene Program or your instructor if you have questions regarding your personal situation and these standards.

## Standards For Student Conduct and Attitude

You are preparing to enter a “profession” and you will be expected to conduct yourself appropriately in all activities associated directly or indirectly with the program. Any disruptive conduct will be grounds for probation or possible dismissal.

1. The rules of common courtesy prevail. Courtesy to everyone is essential: instructors, patients, employees, peers, etc.
2. It is essential that one follows instructions effectively and with a positive attitude.
3. Conflict with an instructor should be handled without showing emotion in the classroom or patient care areas.
4. Students will follow the Code of Ethics for the American Dental Hygiene Association.
5. Academic dishonesty is unacceptable, and the student may face immediate dismissal from the program.
6. Dishonesty of any type may be grounds for immediate dismissal.
7. The student should not conduct personal business while in the clinical setting.
8. The student will not leave the classroom or clinic prior to scheduled departure time without receiving permission from the appropriate instructor.
9. **Cell Phone use is prohibited during class or clinic**
10. All policies and procedures are to be followed on the College of DuPage Campus and during all clinic rotations
11. In addition, the student is expected to abide by all College of DuPage policies regarding acceptable behavior or be liable for disciplinary action as outlined in the College of DuPage Course Catalog and College Catalog.

## Attendance and Tardy Policy

Punctuality and attendance is an important characteristic for individuals entering a health career. Habitual tardiness and absenteeism will be evaluated early and if not corrected, a student will risk being terminated from the Dental Hygiene Program. Any absenteeism or tardiness may affect the student's course grade. This will be determined on an individual basis by the program chair.

### Attendance:

The following are standing policies unless specified by the course instructor:

1. If the student must miss a class, it is the responsibility of the student to contact the instructor in advance and to arrange to make up work. Student is also expected to alert the front desk of absence. (630) 942-3250
2. No student will miss class and/or clinic for the following:
  - Participation in taking of the National Board Examination
  - Participation in taking of the CDCA/ADEX Prometric Examination
  - Screening of clinical board patients
  - Participation in other course activities (i.e. Community Outreach Programs)
3. Prolonged absence will result in the student extending their education within the dental hygiene program. Students may be readmitted due to a long illness or absence only if the student is in good standing when the absence occurs, only if there is room to accommodate the returning student and only if the department chair has approved the readmittance of the student.

### Tardy:

1. The student will not be tardy for any didactic or clinical class and will adhere to each individual instructor's policy regarding punctuality. Attendance points will not be given if the student is tardy. (Tardy = Absent in classroom, labs and clinical courses).
2. The student is expected to be in his/her assigned clinical session thirty (30) minutes prior to the patient appointment, rotational assignment, or other assigned responsibility. If the student is late for a CA rotation, that rotation will have to be repeated during another assigned clinic session. The attendance book will not be available for you to sign if you are late.
3. The student will not leave the clinical setting early without prior permission from the clinical coordinator. If the student does not have a patient or is unable to acquire one for a given clinical session, it is expected the student will utilize the first hour for practicing clinical skills on the manikin, the next hour the student will check out resource materials to review didactic courses. The remainder of the time the student will call patients, do lab work and will assist fellow students or instructors as needed.
4. The student will notify the course instructor as far in advance as possible of absenteeism or tardiness. The appropriate faculty member may request verification of absence.
5. It is the student's responsibility to ensure that proper notification is given. **Asking another student or relative to give notification is not considered proper, except under emergency conditions.**

\*Notification can be given by phone or E-mail of the instructor teaching the class or clinic session

## **Written Clinical and Classroom Examination/Quiz Policy**

1. The student is required to take written examinations, quizzes and clinical examinations at the regularly scheduled time. In the event of an illness or emergency, the student shall notify the instructor prior to the assessment of the reason for the absence and of the tentative date of return.
2. Student Must notify faculty of absence and make arrangements to make-up the assessment.
3. Make-up examinations, quizzes and evaluations will be administered on the first day that the student returns to school.
4. All examinations and quizzes will be timed. If you are late for an examination or quiz, you will only be allotted the time remaining to complete the assessment. All assessments will be handed in at the end of the scheduled time. No extra time for completion will be given. The time allotted for the quiz/exam will be written on the top of the paper. For example: If the time allotted for the assessment was 30 minutes and the student arrives 25 minutes late-they only have 5 minutes to complete the assessment. If the time allotted was 30 minutes and the students arrives 35 minutes late-they missed the opportunity to complete the assessment and will receive a zero for that assessment.
5. Honesty is expected during all regularly scheduled and make-up quizzes and examinations. Any student observed cheating during an examination or quiz would receive a "zero" for the assessment. Unauthorized possession, reproduction or disclosure of any examination or quiz materials, including the nature, content of examination/quiz questions before, during or after the assessment is violation of the College of DuPage Student's Rights and Responsibilities Policy. Both parties will be subject to additional disciplinary actions. Students are expected to do the right thing, even when no one is looking.
6. Students with disabilities: Please contact the College of DuPage Health and Special Service Office at (630) 942- 2154 It is the responsibility of the student to present documentation on special accommodations to the instructor. This documentation needs to be in the form of a letter from The Office of Access and Accommodations outlining the accommodation. The Blue Card is no longer accepted.

## **Overdue Assignment Policy**

It is the student's responsibility to turn in all assignments on time to the appropriate instructor. Appointing another student, faculty, staff member or family member to turn-in assignments is not acceptable. Overdue assignments will not be accepted.

## **Procedures for Illnesses Requiring Absence**

All dental hygiene students are responsible for all classroom and clinic work missed due to absence. Prolonged absence may increase the length of education time required to fulfill educational goals. Each student and situation will be handled on a case-by-case basis.

## **Pregnancy Policy**

All personnel, including students and females of child bearing age, are instructed to strictly observe all radiation protection measures so they do not receive unnecessary radiation exposure. Any other areas of concern such as exposure to nitrous oxide should be strictly monitored and all guidelines

enforced.

If the student is pregnant, the following must occur:

1. A letter from the student's obstetrician **must** give clearance to the College to allow the student to participate in clinical practice. The letter **must** be on letterhead and given to the Program Coordinator prior to the student's participation in clinical courses or rotations.
2. While no special "make-up" courses will be offered, it is the responsibility of the student to obtain a written contract with each responsible instructor for goals and timetable for completion of required courses that may be missed, due to the pregnancy. This must be done within a 2 to 4 week period following knowledge of pregnancy.
3. The student's curriculum will exclude clinical action such as nitrous oxide analgesia and other areas of concern.
4. College of DuPage requires pregnant students obtain a body and fetal radiation monitoring badge during clinical practice. A letter or email must be sent to the coordinator with a statement declaring pregnancy and to include:
  - a. Student's birth date
  - b. Student's social security number
  - c. Estimated date of conception

## **Academic Dishonesty**

Cheating, plagiarism, and any other misrepresentation of work (i.e. academic and/or clinical performance) are prohibited. Charges of academic dishonesty will be handled in accordance with procedures outlined in the College of DuPage online catalog Student Services and General Student Information: [https://www.cod.edu/student\\_life/dean-of-students/academic-integrity.aspx](https://www.cod.edu/student_life/dean-of-students/academic-integrity.aspx)

## **Voluntary Termination from The Dental Hygiene Program**

You may elect to terminate from the dental hygiene program for various reasons. Discuss your plan with your faculty and the program coordinator, and then submit a letter of withdrawal to be placed in your file. If the student reapplies to the dental hygiene program and is accepted, a second withdrawal from the program will result in the student not being able to reapply to the DH Program for three years.

## **Withdrawal, Dismissal & Readmittance Policy**

Any first-year student who does not successfully complete a first year dental hygiene course with a grade of "C" or better will NOT be able to retake this course during that academic year.

- Such student(s) receiving a grade of "D" in a first-year course have the option of reapplying for the following year but are not guaranteed readmission to the program. A student being dismissed due to one grade of "D" can only be admitted one more time if they qualify through the application and admissions process. If readmitted and a second grade of "D" or lower is achieved anytime during the program, the student must wait three years to apply to the dental hygiene program again.
- Any student who receives two "D's" or one "F" while enrolled in the dental hygiene

program is dismissed with no opportunity for re-admittance.

Any second-year dental hygiene student who does not successfully complete all second year dental hygiene courses with a grade of “C” or better must retake the course(s) during the next academic year as long as the seat capacity for the course(s) is not exceeded.

- If space is not available, the student must reapply to the program and if admitted, will be enrolled as a first year student. This will delay the student from taking National and Regional Board Examinations, as well as graduation from the program.
- Any second year student who receives two (2) “D’s” or one (1) grade of “F” while enrolled in the dental hygiene program will be dismissed from the program with no opportunity for re-admittance for three years. The student must apply to the dental hygiene program and if admitted, will be enrolled as a first year dental hygiene student.

Students who have withdrawn from the dental hygiene program for any reason must reapply, be reaccepted and then successfully complete the program. If that student withdraws a second time, they will have to wait to reapply to the program for three years. If a student leaves the program two times (withdrawal and/or academic issue) they must wait 3 years until reapplication. If a student is dismissed due to professional conduct violation, readmittance to the program is not probable.

## **Professional Conduct Violations Policy**

If the student commits any act deemed inappropriate as outlined in this manual or the College of DuPage Catalog, the student will be dismissed from this program. Acts deemed inappropriate are but not limited to:

- Falsifying patient records (Ex. entering information into record prior to performing service, falsifying either in writing or verbally information in a patient’s medical history, etc.)
- Academic dishonesty, (plagiarism or cheating in any form)
- Misrepresentation of information in a classroom or clinic setting
- Failure to fulfill any probation or incomplete grade contract will result in dismissal from the program.

Policies and procedures outlined by the College of DuPage Dental Hygiene Program must be followed at all times. Failure to comply with outlined college, program or clinic policies will result in dismissal from the dental hygiene program with no opportunity to be re-admitted. Written Warnings - A *Professional Conduct Violations* Form will be completed and issued when unsafe or unethical behavior is demonstrated by the student. Receipt of a *Professional Conduct Violation Form* will result in additional sanctions including probation or dismissal. If dismissed, the result will be no opportunity for re-admittance.

Students may appeal a dismissal decision to the Dean of Students.

## **Commission on Dental Accreditation (CODA) Policy**

***The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality***

*and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students. A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at [211 East Chicago Avenue, Chicago, IL 60611-2678](#) or by calling 1-800-621-8099 extension 4653.*

## **Student As A “Patient” Policy & Marketing for Patients**

Practice is essential to the development of competence in performing dental hygiene skills. These skills are initially learned in situations and under circumstances that are similar as possible to those that the student will encounter in actual patient care; that is, in the Dental Hygiene Clinic or extended clinical facilities. Dental hygiene faculty have the right and responsibility for evaluating and examining students' performance of dental hygiene skills and knowledge of dental hygiene as they progress through the program and as they reach completion of the program. Students will need to practice dental hygiene skills and be examined in their performance of select dental hygiene skills. As students prepare to satisfy requirements, it is necessary to practice with fellow students and to participate in the role of the patient, either in practice or during an examination. Participation by the student as a “patient” is the practice of skills, or during examinations is **REQUIRED** of all students.

Participation in administration of local anesthetic during local anesthetic lab is **REQUIRED** of students with a student partner. Any student who cannot participate will be required to bring in an outside patient for practice labs.

Marketing: The program does not guarantee that you will be provided patients. It is your responsibility to market for your own patients.

**ALL students are REQUIRED to read and sign the consent form at the end the manual (Student as a Patient Consent Form)**

## **Grading (Didactic and Clinic) Policy**

All dental hygiene didactic, preclinical and clinical courses will follow the following grading scale:

- A** = 92% to 100%
- B** = 84% to 91.99%
- C** = 75% to 83.99%
- D** = 65.99% to 74%
- F** = 64% and below

A grade of “D” or below is **NOT** a passing grade in any dental hygiene course or program required course. **(See Dismissal Policy)**

All grades will be posted or made available to the student within 1 week of the scheduled examination, quiz or skill evaluation unless notified by the faculty member. Minimal passing grades on clinical competence evaluations will **increase** each semester.

**FALL SEMESTER:** Pre-clinic skill evaluations must successfully be passed with a minimum of 75%. If a 75% is **NOT** achieved, the student cannot continue to the next skill until the minimum grade is met.

**SPRING SEMESTER:** Clinical skill evaluations must successfully be passed with a minimum of 82%.

**SUMMER SEMESTER:** Clinical skill evaluations must successfully be passed with a minimum grade of 84%.

**FALL SEMESTER:** Clinical skill evaluations must successfully be passed with a minimum grade of 87%.

**SPRING SEMESTER:** Clinical skill evaluations must successfully be passed with a minimum grade of 90%.

**CRITERIA FOR PATIENT COMPLETION:** Patient completion will vary from semester to semester. Read the course outline carefully for clinic and patient completion requirements for the clinical course that you are currently enrolled in each SEMESTER.

**Clinic "U" (Unsatisfactory Grades: "U" in Professionalism = -100 points and a "U" in any other section on the Daily Feedback Form = -25 points from the final course grade. Three U's in Professionalism = automatic drop in a Letter Grade.**

#### **Didactic/Lab Combo Courses**

Courses with a didactic/lab component will be weighted as follows: Didactic course work will equal 80% of the final course grade. Lab course work will equal 20% of the final course grade.

### **Incomplete Grade Policy**

A final grade of "I" will be issued if the student has not completed an adequate number of skill evaluations in any preclinic or clinic course resulting in a D or F grade due to patient scheduling issues. When a grade of "I" is recorded, the student will receive an Incomplete Grade Contract outlining when the requirements are due and which requirements must be completed. Once the contract is fulfilled, a final grade no higher than a "C" will be recorded. If the contract is not fulfilled by the deadline, the calculated grade prior to the start of the Incomplete Grade Contract will be issued and possible dismissal from the program will occur.

If the student is achieving a grade of C or higher in preclinic or clinic, no Incomplete Grade Contract will be issued as a means to boost the final letter grade of that course.

If the student is earning a D or F due to unsuccessful grades achieved on completed skill evaluations and clinic requirements, the calculated grade will be issued. No Incomplete Grade Contract will be issued due to a students' unsatisfactory performance in preclinic or clinic courses.

### **College of DuPage Academic Integrity Policy**

**Student academic dishonesty includes but is not limited to:**

- Dishonest use of course materials, such as student papers, examinations, reports and material posted on the Internet.

- Knowingly posting course materials of any kind on Internet sites such as (but not limited to) Course Hero and Chegg without the consent of the instructor.
- Knowingly assisting others in the dishonest use of course materials such as student papers, examinations and reports.
- Knowingly providing course materials such as papers, lab data, reports and/or electronic files to be used by another student as that student's own work.
- Plagiarizing, i.e., using language or ideas from materials without acknowledgement and/or copying work from other sources and submitting it as one's own.

Examples of plagiarism include but are not limited to:

- Copying a phrase, a sentence, or a longer passage from a source (including an Internet source) and submitting it as one's own.
- Summarizing or paraphrasing someone else's ideas without acknowledging the source.
- Submitting group assignments individually as one's own independent work.
- Copying or taking pictures of course materials such as videos, exams, quizzes or assignments and posting the copied items and/or pictures on the Internet or sharing these copied items and/or pictures with other students who have not yet completed the assignments.
- Taking pictures or copying course materials that are considered confidential by the instructor such as exams or quizzes.

## Learning Activities Grading Policy

- No late learning activities will be accepted.
- Late, incomplete or poorly done learning activities will result in 10 points deducted from course total points.
- Learning Activities must be turned into the faculty following the faculty's instructions. For example: where, how and when to post; handing in the assignment to the front desk, turning it in at the beginning of class, etc.
- Learning Activities will be graded with a *Satisfactory* grade or an *Unsatisfactory* grade.
- An *Unsatisfactory* grade will result in 10 points deducted in the Grade Book Column for that activity.
- A *Satisfactory* grade will result in no points deducted in the Grade Book Column for that activity.

The structure of *reversed points credited* is to still provide additional learning activities to assist students in mastering course materials and to prepare students for board examinations without creating a false sense of preparedness for the comprehensive, evidence-based, multiple choice formatted board examinations to be completed during semester five of the dental hygiene program.

Learning Activities are different from Course Assignments. Learning Activities include (but are not limited to): Procter & Gamble Courses, crossword puzzles, coloring book pages, reflective paragraphs, comparison tables, bullet point lists, etc.

## Program Document Location Statement

All courses will have a Tool Link on Blackboard labeled PROGRAM DOCUMENTS. Under this link, all current and relevant program documents will be available to students and faculty. Program Documents include but are not limited to:

1. Current Policy & Procedures Manual
2. Any midsemester program policy changes
3. College issued policies

It is the responsibility of each student to review posted Program Documents prior to the start of each semester and to check weekly during the semester.

## Online Testing Policy

As we move forward with online and hybrid course structures, I want to remind all of you that you still need to approach your learning as if we were in the traditional/ on campus format. So in other words, you must complete tests and/or quizzes as if you were taking the assessment face-to-face in a classroom setting. This is important because when you take your National Dental Hygiene Board Examination and your CDCA/ADEX Prometric Board Examination prior to graduation, you will be taking that exam in a traditional format.

It is imperative that you DO NOT:

1. work collaboratively while taking the test or quiz
2. use books, notes, etc. These assessments are not open book.

Online tests and quizzes are:

1. Timed
2. No back tracking
3. Questions will be randomized
4. Answers within the questions will be randomized
5. Once the time expires, forced completion of the assessment will occur
6. No screen shots are to be taken of the questions
7. You are only allowed one attempt. No multiple attempts are allowed.
8. You will be told at the end of the assessment which questions were wrong and what the correct answer is.

Just a reminder:

1. You will need an updated browser and reliable Internet connection. The college may be able to help you with resources if you cannot acquire adequate connection.
2. If you have an issue with Blackboard, you will need to contact the I.T. helpdesk to determine the issue. You will also need to e-mail the instructor.

## Total Patient Completion Requirements for the Dental Hygiene Program

| Patient Type             |    |
|--------------------------|----|
| Pedo                     | 5  |
| Adolescent               | 5  |
| Adult                    | 25 |
| Geriatric                | 15 |
| Gingivitis               | 15 |
| Perio (Slight) Stage I   | 15 |
| Perio(Moderate) Stage II | 10 |

|                               |    |
|-------------------------------|----|
| Perio(Severe) Stages III & IV | 5  |
| Special Needs                 | 5  |
| Medically Compromised         | 15 |

## Dress Code, Personal Attire and Instruments

1. Each student will always be professionally dressed when patients are being treated.
2. Students who are not appropriately dressed will be asked to leave the clinic floor and make necessary adjustments. It is recommended that the student keep the following in the locker: hair pins, **unscented** hairspray, combs, brushes, shoe polish, **unscented** deodorant or antiperspirant, nail polish remover, nail file
3. Hair will be neat, clean, and secured away from the face. Long hair must be arranged so that it will not come across the shoulders during patient treatment, and during unit set-up and breakdown. *i.e.* French braid, etc.
4. Hands are a major source of cross-contamination. Fingernails must be kept clean, short, and well manicured. Acrylic nails are not permitted. Nail polish color must be appropriate. NO Visible jewelry is to be worn in the clinic. All piercings must be removed or covered.
5. Makeup should be of moderate amounts. Perfumes, aftershave, or other scents of any kind **are not permitted**. Many patients, fellow classmates, faculty and staff have allergies.
6. Male students wearing beards or mustaches must keep them neatly trimmed and covered.
7. The official clinic uniform consists of:
  - a. Designated clinic scrubs and cap (College of DuPage issued scrubs only)
  - b. Designated protective outer garment (clinic jacket and fluid resistant).
  - c. The uniform is not to be worn anywhere, except in the clinic while treating patients.
  - d. **May not be worn around campus or classrooms.**
8. Comfortable, leather, professional, closed toe and back clinic shoes in white must be worn.
9. White crew socks or hose, No show socks are unacceptable
10. White Lab coat is to be worn over clinic uniforms when outside of the clinical area.
11. It is recommended that no clinic uniforms are to be worn to and from school. You should change into and out of clinic uniforms when arriving or leaving campus. You may opt to simply cover your clinic uniform up completely vs changing. Please ask the program chair for additional information.
12. Students must wear the following protective equipment whenever treating patients in the clinic: Gloves, Mask (N95 or level 3), Eye protection, protective lenses AND face shields, Clinic jacket, Hair covering (surgical cap). Fluid resistant lab coat is to be worn when ever aerosols are being created.
13. Students will follow mask mandates as designated by the dental hygiene program.
14. Gloves and masks must **NEVER** be worn outside the clinic
15. **Treatment gloves are not to be worn outside of operatory**
16. Utility gloves must be worn when handling contaminated items. Gloves must be disinfected after use.
17. All students are required to wear “College of DuPage Dental Hygiene Program Designated Eye Loupes” and to purchase the COD **Dental Hygiene Instrument Kit**
18. NO instruments will be permitted for use on manikins or patients in the dental hygiene clinic that has not been purchased through the COD Bookstore the year of admittance. No used instrument kits or instruments not originally found in the kit can be used in the College

of DuPage Dental Hygiene Clinic.

### **Dental Hygiene Lab Attire**

1. Conservative, professional street clothes may be worn **covered by a clean and ironed lab coat. No “short” shorts, bare midriff, cut offs, ragged jeans, flip-flops etc.** (Shorts must reach to fingertips when standing.)
2. Depending on the procedure, mask, eye protection and gloves may also be required.
3. Hair must be pulled back to prevent injury from equipment.
4. Only appropriate jewelry should be worn.

### **Smoking and Eating**

1. Smoking is not permitted on the College of DuPage Campus
2. Do NOT store food items in your locker or locker room area.
3. Do NOT eat in locker room or locker area.
4. No food or backpacks are to be stored in the area adjacent to student mailboxes

## **Quality Assurance and Documentation Policy**

Accurate and credible documentation is an essential component of being a competent healthcare provider. Incorrect or inaccurate documentation in legal documents such as patient records can be detrimental to both the healthcare providing team and the patient as well as illegal. To enhance and increase the skill level of students in this endeavor, the use of correct grammar and spelling is an essential component incorporated in all dental hygiene courses and graded course work (homework assignments, quizzes, examinations, research papers, etc.) and clinical paperwork (patient records). **THREE POINTS** will be deducted from each graded course work or clinical paperwork when **five or more grammatical or spelling errors** are present. The **ONLY** time this policy is not applied is at the discretion of the faculty. You will be informed when the policy does not apply.

## **When a Student Needs a Medical Clearance or a Doctor’s Note to Return to School or Clinic**

If a student is required to present the program chair with a doctor’s note to return to school or clinic, the doctor must e-mail or fax the letter directly to the Dental Hygiene Program Front Office. No copies or screenshots of the doctor’s note/letter or electronic chart entry such as from MyChart will be accepted.

## **Access and Accommodations**

College of DuPage is committed to equality of educational opportunities for eligible students with disabilities. If you have the ability to do college-level work and an educational commitment to succeed, we ensure access, provide accommodations and coordinate support services. All students requesting accommodations need to self-identify with the Center for Access and Accommodations and provide appropriate documentation of their disability. Referrals can be made to outside agencies if students do not have documentation but feel that they might have a disability.

Students with disabilities at COD have the right to equal opportunity, reasonable accommodations, appropriate confidentiality and advocacy within the college community. Students with disabilities have the responsibility to identify themselves with the Center for Access and Accommodations, provide current documentation, make specific requests and be an advocate in their education.

College of DuPage has a right to expect students with disabilities to meet qualifications and standards set for all students, require current documentation, and enforce reasonable accommodations. College of DuPage has the responsibility to ensure that all facilities, programs and information are accessible and to provide accommodations.

It is the student's responsibility to provide each faculty member of the courses registered for each semester with a printed copy of the letter from the Center of Access and Accommodations. No e-mail or screenshot versions of the letter will be accepted. The "Blue Card" is no longer issued. A printed letter clearly stating .

## **Scope of Dental Hygiene Practice**

The dental hygienist is a licensed preventive health professional who provides an array of dental professional services. The dental hygienist provides educational, clinical and therapeutic services and promotes total health through the maintenance of optimal oral health. College of DuPage offers students a career path to dental hygiene. The Dental Hygiene Program at the College of DuPage leads to an associate in applied science degree (AAS).

Upon completion of the program, the student will obtain the following skills:

1. Monitor the client's health history, including vital signs.
2. Thorough examination of the teeth and oral structures, including a soft tissue examination.
3. Oral cancer screening
4. Collect assessment data.
5. Examine and chart the oral tissues.
6. Plan for dental hygiene treatment and control of disease.
7. Perform oral debridement (scaling, root debridement and coronal polishing).
8. Apply caries preventive agents such as topical fluoride and sealants.
9. Give plaque control instruction and development of individualized oral hygiene programs for home care.
10. Provide dietary analysis and counseling.
11. Expose, process and interpret dental radiographs.
12. Place temporary fillings and periodontal dressings; remove sutures, and polish and recontouring amalgam fillings (to laboratory proficiency).
13. Educate individual clients, the public and special population groups (i.e., minority groups, geriatric, persons with emotional, cognitive and or physically disabilities) about the importance of good oral hygiene habits.
14. Perform oral health screenings.
15. Design, implement, and assess community dental hygiene programs.
16. Promote health and wellness programs.
17. Provide consumer education regarding dental products and devices.
18. Provide pain management to include the delivery of topical and local anesthetic agents.
19. Place chemotherapeutic agents within the sulcus of periodontal pockets.

Dental Hygienists work in many different clinical and professional settings such as: *(Adopted in part from "Facts... About Dental Hygienists", ADHA)*

## Patient's Bill of Rights

### COLLEGE OF DUPAGE DENTAL HYGIENE PROGRAM PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Your **RIGHTS** as a patient and partner in your dental hygiene care include:

- Considerate and respectful care.
- To be fully informed concerning your diagnosis and treatment from the College of DuPage (COD) Dental Hygiene Student in terms you can understand
- To know the names and training of the dental care team treating you.
- To receive necessary information from the COD Dental Hygiene Student to give informed consent prior to the start of potentially hazardous procedures and operations.
- The opportunity to refuse treatment permitted by law and still be informed of the medical and legal consequences of your decision.
- To receive every consideration of your privacy concerning your own dental hygiene care program.
- To expect that all communications and records pertaining to your care will be treated as confidential information.
- To expect that a reasonable response for services requested may be made to the fullest capabilities of the COD Dental Hygiene Student and COD Dental Hygiene Faculty.
- To be advised and give consent with the facility proposes to engage or perform any treatment that would adversely affect your health.
- To expect continuity of care.
- To expect completion of your dental hygiene care.
- To know the expected cost of treatment in advance.

Your **RESPONSIBILITIES** as a partner in your dental hygiene care include:

- Becoming a patient in the dental hygiene teaching clinic is a privilege and requires patience, cooperation, and a willingness to actively participate in the teaching/learning process. Actions or behavior(s) considered inappropriate in the dental hygiene clinical facility toward students, faculty and/or staff will be cause for exclusion from services in the dental hygiene clinical facility. Treatment is scheduled in 3 -3 1/2 hour appointments and often requires more than one appointment. ***ALL TREATMENT IS DONE BY STUDENTS UNDER THE SUPERVISION of Licensed Dental Hygienist and Dentists.***
- X-rays, slides, charts, models, etc. produced during the course of my treatment are the property of the Dental Hygiene Clinic at COD
- Giving us complete and up to date information about your health
- Giving us complete information regarding any medications that you are taking.
- Giving us complete information regarding past illnesses and/or hospitalizations.
- Asking questions when you do not understand information or instructions.
- Advising us if you cannot follow through with your treatment.
- Knowing that your life style can affect your personal health.
- Keeping your appointments and coming in at scheduled times

- All dental restorations/surgical procedures etc diagnosed by a supervising clinical dentist **MUST** be completed by the patient's first Recare Appointment in order for said patient to remain a patient with College of DuPage Dental Hygiene Clinic

## **Endangerment to Patients Policy**

No dental hygiene student will engage in any patient treatment or patient care activities outside of the COD on-campus Dental Hygiene Clinic or designated dental hygiene program enrichment rotations. Any student who participates in non-approved dental hygiene program patient care activities will be immediately dismissed from the Dental Hygiene Program. No exceptions.

Any dental hygiene student who is deemed an endangerment to their patients within the dental hygiene clinic will receive a written warning with possible immediate dismissal from the dental hygiene program. Endangerment being intentional or unintentional will result in written warning and possible dismissal. Unintentional endangerment can include: failure to communicate with faculty and patients, failure to understand and follow directions, failure to stay on task or be prepared for clinic, etc.

## **Principles of Ethics of the American Dental Hygienists' Association**

Each member of the American Dental Hygienists' association has the ethical obligation to subscribe to the following principles:

1. To provide oral health care utilizing highest professional knowledge, judgment, and ability.
2. To serve all patient's without discrimination.
3. To hold professional patient relationships in confidence.
4. To utilize every opportunity to increase public understanding of oral health practices.
5. To generate public confidence in members of the dental health profession.
6. To cooperate with all health professions in meeting the health needs of the public.
7. To recognize and uphold the laws and regulations governing this profession.
8. To participate responsibly in this professional Association and uphold its purposes.
9. To maintain professional competence through continuing education.
10. To exchange professional knowledge with other health professions.
11. To represent dental hygiene with high standards of personal conduct.



## College of DuPage Bloodborne Pathogens Exposure Plan

It is the policy of the College of DuPage Dental Hygiene Program to protect the privacy and confidentiality of any faculty member, students or staff members who have tested positive for an infectious disease. Dental personnel and students who pose a risk of transmitting an infectious disease **must** consult with appropriate health-care professionals to determine whether continuing to provide professional services represents a material risk to the patient. If a dental hygiene faculty, student, or staff member learns that continuing to provide professional services represents a material risk to patients, the person **must** inform the program coordinator. If so informed, the coordinator will take steps consistent with the advice of appropriate health-care professionals and with current Federal, State and/or Local guidelines to ensure that such individuals not engage in any professional activity that would create a risk of transmission of the infection to others.

COD Student Health Center will facilitate the availability of testing of faculty, staff and students for those infectious diseases presenting a documented risk to dental personnel and patients. Hepatitis vaccine and appropriate vaccine follow-up to faculty and staff will be available in accordance with Occupational Safety and Health Administration (OSHA) regulations. Also, in accordance with Centers for Disease Control and Prevention (CDC) guidelines, all students will **(1)** demonstrate proof of immunity, **(2)** be immunized against the hepatitis B virus as part of their preparation for clinical training or **(3)** formally decline vaccination. Students who decline to be vaccinated will be required to sign a formal declination waiver form, consistent with procedures promulgated by OSHA for employees. Appropriate faculty, staff and students are strongly encouraged to be immunized against not only hepatitis B, but other infectious diseases such as mumps, measles, and rubella, using standard medical practices. The COD Dental Hygiene Program also requires pre-matriculation testing for tuberculosis.

### **Blood Borne Pathogens Policy**

The College of DuPage Dental Hygiene Program supports and follows the College of DuPage's Blood Borne Pathogens Exposure Control Plan.

It is the intent of the College of DuPage to maintain good standards of infectious disease control that protects the health and safety of the college community while not unduly restricting the educational pursuits of individuals with HIV Disease including AIDS.

The College of DuPage Dental Hygiene Program will adhere to the following:

- Education is the most effective tool the college has to combat HIV Disease including AIDS. Therefore, a crucial responsibility of the college is to keep its students, faculty, and staff educated on current developments and practices concerning HIV Disease including AIDS.
- Persons involved in reporting and/or evaluating an individual with HIV Disease including AIDS are required to respect the individual's rights to privacy and **must** maintain appropriately strict confidentiality regarding the person's identity and the nature of his or her illness.
  - The Dental Hygiene Program will abide by the infectious disease policies of all outside institutions where our students or staff participate in.
  - It is the ethical and professional responsibility of health care providers (students and faculty) whose blood is the source of a patient exposure to report the exposure and to undergo testing for blood borne pathogens.
  - All dental hygiene faculty students, and staff are expected to comply with COD Dental Hygiene Program Infectious Disease and Blood Borne Pathogens Policies and follow all

guidelines as outlined in the Infection Control section of the Policy and Procedure Manual.

- Dental hygiene faculty, students, and staff who violate COD Dental Hygiene Clinic infection control policies will be subject to restriction of clinical privileges, work reassignment, possible probation or other action which will be determined on a case-by-case basis as deemed appropriate by the Program Coordinator and appropriate faculty and/or College of DuPage Administration.

## **General Information**

### **INTRODUCTION**

Infection control involves taking steps to prevent the spread of infectious agents. Although it is not difficult, developing a good infection control plan requires learning some of the basics about infectious diseases and the ways in which they are spread in the dental environment. This knowledge provides the background necessary for making responsible decisions about infection control issues.

### **EXPOSURE DETERMINATION**

There is a reasonable risk to dental personnel of skin, eye, mucous membrane or parenteral contact with blood or other infectious material when protective attire is not used. This exposure occurs directly through contact with patient's blood and saliva and indirectly by contact with contaminated instruments, equipment, laundry, trash and infectious waste.

1. Job classifications in which all personnel have, or may have, occupational exposure are those which require training in any aspect of dental treatment including equipment repair.
2. Tasks which are performed by dental personnel may include:
  - a. Handling contaminated laundry and infectious waste.
  - b. Cleaning spills of infectious waste.
  - c. Cleaning and disinfecting contaminated work surfaces and equipment within a DTR (Dental Treatment Room), radiology room, sterilization rooms, and the dental lab.

## **Universal Precautions**

### **INTRODUCTION**

Identifying potentially infectious patients by medical history, physical examination or readily available laboratory tests is not always possible. Dental personnel must assume that all body fluids and contaminated instruments and materials are infectious and routinely use Universal Precautions to protect themselves and the patients. In the dental setting, because contamination by blood and saliva may occur, precautions must be taken. Since HBV is presently the standard model for infection control practices and is more infectious than HIV, those established procedures known to prevent the spread of HBV serve as the basis for universal precautions.

### **IMMUNIZATION**

Dental personnel providing direct patient care, including employees, faculty, students and staff who are directly exposed to blood or saliva should receive HBV vaccine.

### **MEDICAL HISTORY REVIEW**

A thorough review of each patient's current medical history is mandatory before initiating any dental examination or treatment procedure. Medical consultation may be in order when a provider elicits or

suspects a history of active infection or systemic disease. Patients with acute infectious diseases or those in the end stages of acquired immune deficiency syndrome (AIDS) require consultation with the appropriate medical specialist before elective treatment. In these situations, well considered judgment must prevail. The supervising dentist **must** be consulted.

### **PROTECTIVE ATTIRE AND BARRIER TECHNIQUES**

- a. Wear gloves for all patient contact activity. Complete all treatment on each patient and wash and re-glove before beginning treatment procedures on another patient. Gloves torn or punctured during patient treatment should be replaced immediately. Since washing increases the porosity of gloves up to 60 percent, repeated use of a single pair of gloves is not permitted.
- b. Wear reusable or disposable clinical apparel such as smocks, scrubs, laboratory coats or other personal protective attire when treating patients or working in areas where contaminated or potentially contaminated materials may be present.

### **Rules to Follow**

- Wear clinic apparel only in the Dental Hygiene Clinic.
- Change clinic apparel daily and/or when visibly soiled.
- Place clinical apparel or soiled linens in a laundry or plastic bag at the end of the work period. Do not leave dirty clinic attire in personal clothing lockers or spaces overnight.
- Wear face masks or full length face shields with face masks during any patient treatment. Wear face masks in the clinic, in lab and during equipment repair procedures. When spray or splatter from infectious material is produced, when sorting laundry, during decontaminating procedures, cleaning spills of infectious waste, etc., face masks are required
- Wear protective eyewear when assisting or providing treatment or other procedures which may cause splash, splatter or airborne particles. Eyewear or goggles must have **solid side** shields to provide maximum protection. Patients must be provided approved protective eyewear. Disinfect patient eyewear after treatment.
- Since aerosol particles can remain airborne long after a procedure is completed, staff and patients must not eat or drink in DTRs.

### **PREPARATION OF THE DTR (Dental Treatment Room)**

- a. At the beginning of each workday, flush each of the unit water lines and hoses for at least 1-2 minutes beginning with the cup filler and cuspidor even if their use is not anticipated. Although most incoming water is chlorinated, chlorine loses its potency as the water lines stagnate in the narrow-bore unit tubing. Under the right circumstances, these bacteria will proliferate and may become pathogenic.
- b. Disposable Barriers
  - i. Disposable barriers provide a vastly superior means of asepsis when compared to spray-wipe-spray disinfection techniques. Items covered by barriers do not require disinfection between patients as long as the integrity of the barrier is maintained. However, if the equipment becomes exposed during treatment due to an ineffective barrier, then disinfect the equipment.
  - ii. Open instrument trays, packs, or cassettes and leave wrapping material underneath as a barrier for the work surface. Use impervious backed paper, aluminum foil, clear plastic wrap, or plastic bag to protect surfaces against contamination by blood and to cover areas that are difficult to disinfect, such as light handles, curing lights, head rests, bracket tables, or x-ray tube heads.

- iii. Plastic tubing, is provided, to cover cords and equipment such as saliva ejectors, air-water syringe, HVE systems, slow speed motors, handpiece tubing, and Cavitron handles.
- iv. Plan this process carefully for efficient use of time and conservative use of barrier material, gloves, and disinfectant. Only high touch areas and those areas contaminated by splash and splatter need to be covered during treatment or disinfected between patients.
- v. Adhere to unit dose guidelines when dispensing disposable items. Preferably, include these items in instrument packs. This will include gauze, and single use items.
- vi. Autoclavable handpieces should be used whenever possible. Lubricate, sterilize, or disinfect handpieces using a lubricant can labeled "After (post-sterilization)" and run for 15 seconds directing the spray into the HVE. Using separate "**Before**" and "**After**" spray cans prevents cross-contamination.

### TREATMENT

- a. Aerosols in the work environment present a potential health hazard for both the dental staff and patient. Dental procedures usually generate aerosol particles that average 1.3 microns in diameter. When inhaled, particles less than 5 microns in diameter can penetrate directly to the terminal bronchioles and alveoli of the lungs. The long-term effect is cumulative and may be harmful. Reducing the volume of aerosols produced, decreasing the level of micro-organisms in the aerosols and protecting-personnel exposed to such aerosols will minimize the potential risk.
- b. Pre-rinsing with a mouthwash before treatment reduces the microbial concentration of their oral flora. Three 10-second rinses will temporarily reduce a patient's microbial count by up to 97 percent. Use of Listerine prior to treatment significantly decreases the infectivity of an aerosol.
- c. Providers must wash their hands before donning and after removal of gloves.
- d. Wear sterile gloves for all invasive dental hygiene procedures. Use of non-sterile gloves for examinations and other nonsurgical dental procedures is acceptable.
- e. Swabbing isolated teeth with antimicrobial mouthwash reduces aerosolization of oral bacteria.
- f. Use HVE during all procedures generating aerosols. Disposable suction, saliva ejector and irrigation tips are mandatory.
- g. Autoclave all instruments that can withstand heat sterilization.
- h. Use of the unit dose concept is mandatory when dispensing supplies for each treatment setup.
  - Use sterilized cassettes, tray sets or packs for instruments. If appropriate, place proper amount of supplies in each setup or cassette before sterilizing. Consider making up separate packages of supplies and store for unit dose dispensing.
  - Store opened packages of supplies in closed drawers or cabinets in the clinic (in a covered container).
  - Never use hands to dispense items from bulk storage containers. Use forceps provided.
- i. Using opened, properly decanted, irrigation solutions is acceptable for up to 1 week for nonsurgical use. When used for surgical procedures, it is considered sterile for only 1 day. Record the expiration date on all opened containers.
- j. Before leaving the DTR, remove and discard gloves and mask worn during patient treatment except when transporting contaminated items to the laboratory.
- k. Notate dental records, view radiographs and take photographs after removing gloves and washing the hands unless over gloves are worn. This prevents transfer of secretions to and contamination of the patient's chart.

## DISINFECTING THE (DTR) DENTAL TREATMENT ROOM BETWEEN PATIENTS

- a. Wear gloves while handling contaminated materials and instruments or cleaning contaminated surfaces.
- b. Place all disposable sharps in sharps container. Rewrap cassettes, packs or trays in original wrap and place individually packaged instruments in a covered container. Then transport from clinic while wearing gloves. This will prevent the possibility of injury during transport to clinic personnel from loose instruments or instruments protruding from cassettes.
- c. Place all contaminated, non-sharp, disposable materials in designated containers lined with plastic bags.
- d. Dispose liquid infectious wastes into the sanitary sewer system through clinical sinks (not hand washing sinks) or unit cuspidors.
- e. Treat used disposable sharps such as needles, anesthetic carpules, disposable syringes, used burs and broken instruments as infectious waste. Handle these items with extreme care to prevent unintentional injury and possible spread of bloodborne disease. Anesthetic carpules are considered to be a disposable sharp since they often contain aspirated blood and have the potential of breaking. Place used disposable sharps in puncture resistant containers specifically designed for needles and other sharp items. The universal symbol for biohazard must appear on these containers. Locate the containers in the clinic, lab, and sterilization room. Do not recap, bend, break or otherwise manipulate needles by hand. In the dental setting, because a patient may require a second injection of local anesthetic and most syringes are not disposable, recapping is sometimes necessary. **NEVER RECAP A NEEDLE USING A TWO-HANDED TECHNIQUE.** Never allow uncovered needles to remain on the instrument tray. Always use the "Scoop" technique for recapping instruments.
- f. Disposable syringe tips are required. For non-sterilizable tips, flush water syringe for 30 seconds. Disinfect by wiping with a high-level disinfectant to clean, then wrap with disinfectant saturated gauze for 10 minutes.
- g. After each patient, remove handpiece, lubricate with a spray lubricant can labeled "Before (pre-sterilization)" and run for 30 seconds. This will also serve to purge the tubing. Use only Midwest brand "Spray-a-day" lubricant for pre-sterilization and lubrication. Generic spray lubricant breaks down during sterilization and voids the warranty on Midwest handpieces. Then disinfect the handpiece and transport to the sterilization room. This procedure will remove any potentially infectious material from retraction of coolant water during previous treatment. Do not purge the tubing after you have connected a sterilized handpiece; this would contaminate the handpiece.
- h. Remove all disposable coverings.
- i. Using the spray-wipe-spray technique, clean and disinfect all contaminated unprotected "high touch" areas with an intermediate-level, EPA-registered disinfectant for the time specified by the manufacturer. Remove all debris and particulate matter before disinfection. Do not use two percent glutaraldehyde as a surface disinfectant because of caustic vapors.
- j. Remove gloves and wash hands and other exposed skin surfaces with an antimicrobial soap.
- k. When discarding a face mask after removing gloves and washing hands, handle it only by the elastic or cloth tie strings. Never touch the mask itself.

## EXPOSURE INCIDENT

Dental hygiene personnel who sustain percutaneous inoculation of serum or saliva by accidental puncture while handling instruments must receive immediate medical evaluation to comply with the exposure protocol. Report the incident to a faculty member or supervising dentist. An accident and injury report must be completed. (See Forms)

### **SECURING THE DTR (Dental Treatment Room) AT THE END OF THE DAY**

- a. Follow steps 7a through 8m under Disinfecting of dental treatment rooms.
- b. Flush the high volume evacuator system with at least one quart of water. Clean the system with an HVE system cleaner at least once each week. Use more often if indicated by problems.
- c. Spray-wipe-spray the countertops, dental unit, chair and light.
- d. Flush each unit water line and hose for 30 seconds.

### **HOUSEKEEPING**

- a. Properly clean and disinfect with a detergent and an EPA-registered disinfectant all working surfaces and equipment that come into contact with blood and other potentially infectious materials.
- b. Clean uncarpeted floors and other horizontal surfaces regularly and when spills occur. Use launderable mops with a detergent and an EPA-registered disinfectant or a detergent with sodium hypochlorite 1:100 dilution.
- c. Clean walls and blinds only if they are visibly soiled.
- d. Inspect, clean and disinfect, on a regular basis, all bins, pails, cans and similar receptacles intended for reuse and having the potential for contamination with blood or other potentially infectious materials. Clean and disinfect these containers immediately or as soon as possible upon visible contamination.
- e. Noninfectious waste refuse containers do not appear to be overt infection control hazards. Line them with a plastic liner bag, leave them uncovered and do not allow them to overflow.
- f. Do not pick up broken glassware directly with the hands. Instead, use mechanical means, such as a brush and dust pan, vacuum cleaner, tongs, cotton swabs or forceps. Call Plant Maintenance IC 0018e/Extension 2049 for assistance.

### **PPE – PERSONAL PROTECTIVE EQUIPMENT**

Smocks, lab coats, scrubs, and other protective attire are considered ordinary laundry unless they are visibly soiled by blood or other potentially infectious material. Students' laundry must be transported home in a plastic bag (student's responsibility). Wash soiled laundry **separately** in hot water and soap.

### **INFECTIOUS WASTE DISPOSAL**

- a. Examples of infectious waste produced in the practice of dentistry are needles, disposable syringes, used carpules, teeth and other human tissue, scalpel blades and other sharps with are to be discarded. Gauze or other disposable items which are saturated with blood or other potentially infectious material are also infectious waste. Place in closable, leak-proof containers or bags that are labeled as biohazards. Proper record keeping is required for documentation. All hazardous materials will be managed by the College of DuPage Hazardous Materials Management, extension 2589.
- b. On-site decontamination will be performed on all contaminated equipment before servicing or shipping. A readily observable biohazard label must be attached to shipped equipment where decontamination procedures are not feasible. The label should state which portions of the equipment remain contaminated.

## HANDWASHING

### INTRODUCTION

Hand washing is one of the most important procedures in preventing the transfer of micro-organisms from one person to another. The purpose of hand washing is to remove these micro-organisms from the folds and grooves of the skin by lifting and rinsing them from the skin surface. Proper hand washing technique and use of gloves are essential before anticipated exposure to patients' blood or body fluids.

### HANDWASHING EQUIPMENT AND SOAP DISPENSERS

- Sink faucets are knee action operated for asepsis and ease of function.
- Clean weekly all refillable hand cleansing agent dispensers.
- Soap dispensers are provided at all sink areas.

### HANDWASHING GUIDELINES

All personnel involved in patient care must wash their hands, and wrists with disinfectant soap and water:

- At the beginning of each day.
- Between patients, before and after going to lunch, taking a break, before and after using the bathroom and anytime they become contaminated.
- Before gloving, after de-gloving, and before re-gloving.
- At the end of the day.

### HANDWASHING TECHNIQUES

Dental hygiene personnel involved in patient care must follow a rigid hand-washing protocol by:

- Removing all jewelry and other ornaments from the hands and wrists. It is highly suggested that jewelry be left at home on patient treatment days. ***The College of DuPage is NOT responsible for lost or stolen items.***
- Trimming the fingernails and cuticles. Nails should be no longer than the finger tips to avoid puncturing gloves. Do not use false fingernails since contamination may occur from fungal growth between the false and natural nails. Also do not wear nail polish since micro-organisms can hide in small cracks in the finish.
- Wetting the hands under warm, running water and applying the amount of antimicrobial soap required to work up a lather. Vigorously rub the hands together, fingers entwined. This creates friction and loosens dirt and micro-organisms. Clean under the fingernails using the fingernails on the opposite hand. Continue scrubbing the wrists and lower forearms. Visibly soiled hands may require more time.
- Rinsing soap off by placing hands under warm, running water. If the sides of the sink are touched repeat hand washing.
- Drying hands with paper towels.

## Sterilization

### INTRODUCTION

Concerns about transmitting infectious agents such as HBV and HIV have caused us all to become more aware of the need to sterilize and disinfect instruments, materials and other equipment to protect providers and patients. A variety of sterilization methods and many types of liquid chemical disinfecting agents are available. Heat sterilization is preferable for all equipment and materials that can withstand

high temperatures. Heat sterilization is effective, relatively easy to use, comparatively inexpensive and readily monitored for effectiveness. Sterilization and the availability of sterile products for use in dental health care delivery depend on many factors. The most critical are:

- Proper and efficient sterilization facility design
- Sound infection control practices before, during and after sterilization.
- The efficacy of the actual sterilization process.

### **PHYSICAL DESIGN**

The dental hygiene clinic has a central sterilization area. Centralization of sterilization activity is safer, provides more efficient use of materials and personnel standardizes efficient use of materials and personnel, and standardizes execution and monitoring procedures. The critical elements of the CSR area design are:

- **Dedicated Work Areas**- The design and outfitting of a sterilization area includes work areas for receiving, cleaning, processing, sterilizing, storing and issuing.
- **Functional Flow of the Sterilization Process**- Do not process contaminated instruments, materials or equipment in an area or on a surface common to the handling of sterilized items. Personnel must comply with the functional flow guidance shown in the functional flow chart.
- **Traffic Control** - Controlled access to the pre-sterilization areas minimizes the potential for transfer of micro-organisms between contaminated items, patients and staff. These areas must be off limits to anyone not involved in the sterilization process. **Non-dental hygiene personnel are forbidden from entering the sterilization area.**
- **Processing** - Ample work surface for the volume of materials processed is provided. All inspecting, sorting, wrapping, and packaging of contaminated materials occur in the sterilization area.
- **Sterilization** - Three autoclaves and one “Statim” is provided for sterilizing all contaminated instruments.
- **Sterile Storage and Issue** - To protect and maintain all sterile items, storage and issue areas are provided in cabinets above the sterilizers.

### **THE STERILIZATION PROCESS**

#### **1. Management of Contaminated Instruments**

Following the completion of a patient’s treatment, take the contaminated instruments directly to the receiving section of the sterilization area. Do not rinse, scrub or unnecessarily handle contaminated instruments or materials in the DTRs or other patient treatment areas.

#### **2. Instrument Cleaning**

Wear **heavy, puncture proof utility gloves** while handling all potentially contaminated items. Break down all packs and place disposable items in appropriate containers. All contaminated, reusable items must be decontaminated by immersion in an EPA-registered disinfectant before further handling. This step can be eliminated if these items are cleaned in an ultrasonic cleaner with an EPA-registered disinfectant which also is approved as an ultrasonic cleaner. Process instruments using one of the following methods listed in order of preference:

- a. **Ultrasonic Cleaning** - This process is safer and more effective than manual scrubbing. Always use cassettes in the ultrasonic unit to reduce instrument handling and improve cleaning efficiency. Covers must be in place when using this equipment to reduce aerosol production. Solutions must be capable of removing protein, blood and other organic debris. Change the solutions daily or when visibly soiled.

- b. **Manual Scrubbing** - Although manual scrubbing is time consuming and presents increased potential for contamination injury, this method is effective for cleaning instruments when ultrasonic cleaning is not adequate. While wearing utility rubber gloves, face mask, and eye protection, place instruments in a disinfecting solution, allow them to soak and then scrub.
- c. Avoid aerosol production.

### 3. **Pre-sterilization Processing**

- a. **Inspection and Sorting of Instruments:** Inspect items closely for wear, breakage and cleanliness and sort according to sets or packs.
- b. **Wrapping and Packaging.** Before sterilization, wrap or package all items individually or in sets. The practical use of some items may preclude wrapping or packing. Basic guidance in proper wrapping technique includes:
  1. Using trays or cassettes to reduce the possibility of puncturing the wrapping material and the risk of injury during post treatment handling.
  2. Wrapping loosely to allow steam to circulate freely throughout the pack. Arrange items so that all surfaces receive direct exposure to the sterilizing agent.
  3. Opening all hinged instruments to allow steam to penetrate these areas.
  4. Using proper wrapping material for instrument sets. Follow the appropriate time-temperature profile for the type of wrapping material used.
  5. Using internal and external chemical indicators.
  6. Labeling packs with the identification number of the sterilizer and the dates of sterilization expiration.

## **STERILIZATION METHODS**

### 1. **Steam Heat Sterilization**

Steam under pressure is the most effective means of sterilization for almost all items used in dentistry. To achieve sterility, moist heat under pressure must come into contact with all surfaces of all times for the appropriate length of time. Basic guidance for proper sterilization includes:

- a. Arranging packs loosely in the sterilizer chamber. Avoid overloading to allow steam to circulate freely among the packs.
- b. Use perforated or mesh bottom trays and proper loading techniques to facilitate steam penetration and air and condensate removal.
- c. Following the manufacturer's instructions for sterilizers and sterilizing agents.
- d. Biological monitoring of the sterilization process is performed weekly and monthly.
- e. Maintaining sterilization records (date, time, results, initials) for each cycle and each autoclave in the sterilization log located in the sterilization room.
- f. Following specified directions from the Biological Monitoring systems vendor, perform and submit monthly spore testing to designated vendor.
- g. Allowing sterile instruments and packs to cool before moving to storage areas. Placing warm, wrapped sterilized items on cool surfaces can induce condensate formation and result in contamination. Packs should be handled carefully and as little as possible. Store in well ventilated areas with controlled temperature and humidity. Closed cabinets rather than open shelving are preferable for storage. Student instrument cassettes and sterile instrument packages will be returned to students in their mailboxes.

## **STERILIZATION MONITORING**

Heat sterilization methods are generally reliable and effective. Nevertheless, regular monitoring of sterilization cycles is necessary to detect inadequate process conditions caused by human error or equipment malfunction.

## **OSHA Regulations and Safety Requirements**

FOR STUDENTS USING COD CAMPUS LABORATORIES, OFF CAMPUS LABORATORIES AND EXTENDED CLINICAL FACILITIES

Throughout your learning experience in the College of DuPage Associates in Applied Science Dental Hygiene Program, you will be required to participate in scheduled on- and off-campus laboratory experiences related to your weekly content. During this required laboratory sessions, your instructor will discuss with you specific critical criteria, dental hygiene skills, and equipment relevant to your course of study. You will also be expected to spend individual time practicing specific dental hygiene skills in the lab. As you practice, you should be working only with equipment/materials, which are relevant to the dental hygiene content you have studied or are currently studying. The clinical faculty will be present in the laboratory or clinic to assist you with your practice of dental hygiene skills.

To comply with CDC & OSHA regulations and to promote the safety of yourself and others as you work in the lab or clinic, you will read and adhere to the following list of safety requirements. These safety requirements apply during your scheduled campus and off campus lab and clinic time.

Master a test each year validating your understanding of OSHA and CDC guidelines for universal precautions.

Follow the critical elements and your dental hygiene resources for each dental hygiene skill.

Practice skills and use equipment related to content which you have studied or are studying.

If necessary, use the lab assistant as a resource person as you begin working with equipment or performing skills contained in modules you are just beginning.

Always consult your instructor if you need further clarification of skills in the content assigned.

Read the posted instructions in each lab or clinic directing you where to go and what to do if a tornado or fire should occur while you are in the lab. Exits are clearly marked.

If you are injured in any way while you are in the lab or clinic practicing with equipment or during a scheduled clinic session, you must:

**IMMEDIATELY** report the incident in person to a dental hygiene instructor or supervising dentist.

**IMMEDIATELY** report the incident in person to the College of DuPage Student Health Center nurse. IC 2001 Extension 4262

Never perform any invasive procedure either on yourself or another student.

For specifically identified dental hygiene procedures, use only that equipment which is issued to you by the dental hygiene faculty.

## **COD Dental Hygiene Program Radiology Policy**

### **Introduction**

It is extremely important to pay attention to infection control when taking radiographs. Both the radiographic equipment, film, and sensor can become contaminated and may result in the transmission of infectious agents. To protect themselves and the patients, dental personnel must maintain the same infection control standards in the radiology area as those used in the COD Dental Hygiene Clinic.

### **General Policies Regarding Use of Ionizing Radiation:**

1. Primary goal is to assure safe effective use of ionizing radiation as a diagnostic tool and minimize any potential risk from adverse biological effects to patients, students and faculty.
2. No radiographs or images will be taken or retaken unless authorized and prescribed by the dentist following completion of medical and dental histories and the clinical exam. No Radiographs are to be exposed unless the clinic DDS or RDH Faculty is present in the Radiology area. This may mean that you have to wait until they are present in the Radiology area.
3. Radiographic imaging will be used strictly as an aid for diagnostic purposes. Individuals will not be exposed for teaching or training purposes.
4. All dental hygiene students have had didactic instruction in dental radiography plus laboratory instruction in exposing Complete Mouth Radiographic Series (CMRS) on a mannequin prior to any clinical patient exposure.
5. The dental hygiene student shall not hold film or sensor in place for the patient during the exposure. They will use holding devices, bite tabs or other methods that are appropriate to position properly.
6. Leaded aprons with thyroid collars will be used on all patients as an additional precaution to prevent unnecessary scatter radiation exposure to patient. Thyroid collars are not required for panoramic exposures.
7. All newly admitted patients must have an adequate oral radiographic survey to assist in diagnosis prior to treatment in the COD Dental Hygiene Clinic. Recommendations for prescribing dental radiographic images will be found in the attached ADA Selection Criteria Guidelines.
8. Vertical BW are taken on clinical patients that have a Clinical Attachment Level (CAL) of 5mm or more. Patients with less than 5mm of CAL, vertical BW's are discretionary. Vertical BW's may consist of 4-6 exposures based on the presence of third molars.
9. All dental images and radiographs are reviewed for errors immediately after exposures completed by clinical instructors and dentists. Only the DDS can order retakes.
10. A retake of an exposure will only be assigned by the clinical DDS when an area of diagnostic interest cannot be ascertained on another radiographic image. On all retakes assigned, students must have the clinic DDS or RDH Faculty present in the Radiology Area. The maximum number of permissible retakes performed cannot exceed: 7 for an adult CMRS, 4 for a child CMRS, 3 for an adult BW. 2 for a child BW and Panoramic (child, teen, adult, large adult setting)
11. The DDS or Clinical Faculty will assist during ALL retakes. Retakes are not to be exposed solely by the student. If more than 7 retakes are necessary, a panoramic image will be exposed instead.
12. Digital retakes need to be placed in the retake template and when you have a diagnostic retake, place that image in the original template (CMRS or BW). (See **Managing X-Ray Retakes** for more information).

13. A record of radiation history of every COD Dental Hygiene patient consists of:
  - a. Prescription by DDS requesting diagnostic radiographic images
  - b. Sign up sheet for radiology room #1-6
  - c. Radiation log including patient name, exposures prescribed, radiographer's name, retakes if necessary and DDS signature
  - d. Type of exposures completed with date recorded in patient's chart
14. Appropriate exposure settings are of the control panels within each radiology room.
  - a. Units #1-4: 70kVp, 7mA, 8 impulses film, 4 impulses digital
  - b. Units #5-6: Digital 65kVp, 7mA, 0.064 sec; Film 60kVp, 6mA, 0.125 sec

### **Managing X-ray Retakes:**

It is imperative that you review and follow the A.L.A.R.A. radiology concept. At COD, retakes will be managed in the following manner:

1. You will **ONLY** expose the prescribed x-rays! If the DDS approves 4 BWX. You **ONLY** expose 4 x-rays. If the DDS prescribes 18 x-rays. You will **ONLY** expose 18 x-rays.
2. Once you complete the number of x-rays the DDS has prescribed for your patient, you ask the DDS to look at the x-rays to determine if the x-rays are diagnostic. You do not make that determination. A faculty does not make that determination. **ONLY** the DDS makes that determination.
3. Once the DDS indicates which x-rays are to be retaken, only those x-rays are to be exposed and rechecked by the DDS.
4. All this information must be accurately recorded in the patient's chart **AND** in the Radiology Log. The Radiology Log must be signed by the DDS initially and resigned if retakes are indicated.
5. Having inaccurate records and/or having anyone but the DDS determine how many x-rays to expose goes against the Illinois Dental Practice Act, the Commission on Dental Accreditation Standards, COD Risk Management Policy, COD Dental Hygiene Program Policy, etc.
6. Obtaining these signatures is the responsibility of the student. This is your patient!

It is encouraged to ask for help from the DDS, Faculty or staff if you are having difficulties.

A DDS or RDH Faculty MUST to be present in the Radiology area anytime x-rays are being exposed including retakes. Do not start exposing your x-rays until the DDS is back by the Radiology area with you and your patient. This will unfortunately take them out of the clinic and away from doing dentition charts. So you will have to be patient and wait for them to return to the clinic to make their rounds.

Random Radiology Log audits will be conducted. It is of the utmost importance that our radiology records are accurate and match. The patient chart, the Eaglesoft system and the Radiology Log must match. Unsafe practices in the COD Dental Hygiene Clinic and Radiology areas will not be tolerated.

### **Radiation Protection:**

The principle of **ALARA**, **As Low As Reasonably Achievable** is integrated into all radiographic exposure decisions. Also, considered is the new concept **ALADA**, or **As Low As Diagnostically Acceptable**.

The COD Radiation Safety Officer (RSO) is responsible for monitoring employee occupational dose levels and following guidelines to prevent over exposure.

A radiation dose monitoring device is provided to every student working around x-ray equipment that may exceed an annual dose of 10% of the occupational dose limits as stated by Illinois Emergency

Management Agency (IEMA). The dental hygiene clinic does not reach or exceed this level, thereby monitoring devices are not required.

The current Maximum Permissible Dose (MPD) for occupationally exposed persons (dental radiographers) is 5.0 rem/year (0.05 Sv/year). The MPD for a pregnant person is the same as for a non-occupationally exposed worker with the limit of 0.1 rem/year or 0.001 Sv/year.

It is the dental hygiene students' responsibility to declare pregnancy to the Dental Hygiene Program Chair. A lower dose radiation limit will apply to them (0.1 rem or 1 mSv/year). The student is required to wear dose monitoring badges at all times.

All x-ray producing machines must meet federal, state and local regulations. Inspection, maintenance and calibration is done in accordance with regulatory requirements.

### **Infection Control**

Follow rigid hand washing procedures when treating radiology patients. Wear gloves, mask, face shields and eyewear when placing intraoral films and digital sensors and handling contaminated film packets.

### **Film and Sensor Positioning Devices**

Sterilize all film and sensor positioning devices including Snap-A-Ray and XCP holders.

### **Panoramic Unit Bite Blocks**

Use a disposable panoramic unit bite block cover for each patient or sterilize as suggested by the manufacturer.

### **Intraoral Film Packets**

Cover the countertop outside the exposure room with paper toweling. Place intraoral film packets removed from a patient's mouth directly into a disposable container such as a paper cup. Transfer to the darkroom. While wearing the gloves used to take the radiograph, open the film packets and drop the film onto a clean paper towel without touching the film. Discard film wrappers directly into a lined refuse container to prevent contamination of the darkroom work surfaces. At this point, remove gloves and feed the uncontaminated film into the developer.

**Darkroom-** Disinfect all counter surfaces daily.

### **Automatic Film Processor and Daylight Loader**

When using an automatic film processor and/or a daylight loader, contamination of the fabric light shield is likely to be a problem. Since there is no practical way to disinfect this material, the following guidance will help prevent contamination:

- Cover film packets with disposable plastic.
- Place the exposed film in a paper cup previously set aside for this purpose.
- Remove soiled gloves and put on a pair of clean gloves.
- Place the cup through the top of the processing box and close the lid.
- Place gloved hands through the light shield, unwrap the film packet and drop the film onto the surface inside the loader.
- Place the film wrapping into the cup. Remove the gloves, turn them inside out and place them in the paper cup.
- Drop film in the chute for developing.
- Remove hands from the loader, lift the lid and dispose of paper cup and waste.

- Wash hands thoroughly.

**Digital Imaging**

- Pre-clean, disinfect and cover work surfaces including x-ray head, exposure controls, and computer equipment
- Disinfect sensor (ethanol-based product) and double-cover rigid sensor with sheath barriers
- Gloved, assemble instruments, place covered sensor into holder
- Acquire images necessary for diagnostic purposes
- Remove all contaminated barriers and disinfect sensor

**X-ray Chair**

Cover with barrier protection.

## American Dental Association 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.

| 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   |
| <b>New Patient*</b> 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. |
| <b>Recall Patient*</b> 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  |
| <b>Recall Patient*</b> 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   |
| <b>Recall Patient*</b> 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  |
| <b>Patient (New and Recall)</b> 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. |   |
| <b>Patient</b> 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 – 5 years of age](#) and [over 6 years of age](#)).**

## **Radiology Lab Attire**

- Student's must wear lab coats, closed-toe shoes and scrubs for lab sessions
- Bring protective eyewear, mask and face shield to each Radiology Lab Session (Do Not wear your Loupes)
- Hair will be neat, clean and secured away from face
- No visible jewelry should be worn
- Please bring your XCP-Rings and Snap-a-Ray's to the first lab session per Radiology Lab Schedule
- Skulls, Dexter Radiology Trainer's and view boxes will be utilized during lab.

## College of DuPage Communicable Diseases - Students

**COLLEGE OF DUPAGE**  
**Student Affairs - General**  
*Policy Manual of the Board of Trustees Policy No. 20-10*

The Board of Trustees places a high priority on the need to protect students and employees from the spread of reportable communicable disease on campus. The Board does not intend to exclude students with or who are carriers of a reportable communicable disease if there is no significant risk of transmission to others or danger to the student.

Students are to inform the Dean of Student Services Office if they have or are a carrier of a reportable communicable disease as defined by the Illinois Department of Public Health (IDPH).

A student who has or is a carrier of a reportable communicable disease may attend the College and participate in programs and activities when, through reasonable accommodation, there is no reasonable risk of transmission of the disease to others (pending documented proof).

A student who has or is a carrier of a reportable communicable disease may be denied admission to or may be dismissed from a particular program or course of study if the disease has a direct effect on the student's ability to perform so as to render the student not qualified for the program or course of study.

The College will respect the right to privacy of any student who has or is a carrier of a reportable communicable disease. The student's medical condition will be disclosed only to the extent necessary to minimize the health risks to the student and others. The College will consider appropriate public agency guidelines to determine which personnel will be notified to assure the student is properly cared for and to minimize transmission of the disease to others.

Procedures detailing systematic approaches to prevent and control the risks associated with reportable communicable diseases will be promulgated consistent with this Policy

## College of DuPage Communicable Diseases - Employees

### COLLEGE OF DUPAGE PROCEDURE 4018 COMMUNICABLE DISEASES- EMPLOYEES

#### 1. **Review Procedures**

##### a. **Reporting**

Upon being informed of having a chronic communicable disease or being a carrier of a chronic communicable disease, the affected employee (or other informed party) will inform the Lead Nurse in Health Services of the condition.

##### b. **Initial Evaluation**

The Nurse will evaluate the employee's condition for risk of transmission to others. The Nurse may consult with physicians if needed. The Nurse will make a written report and submit a copy to the Director of Human Resources. Due to medical necessity or public health and safety concerns, an employee with a chronic communicable disease may at any time be temporarily excluded from work or transferred to another position by the Director of Human Resources based upon a review of the case and the input of

the Nurse. During any period of temporary exclusion or transfer, the employee will be entitled to be paid at the employee's regular rate of pay. Each employee with a chronic communicable disease and every employee reasonably suspected of having a chronic communicable disease will submit, if requested by the College, to a physical examination provided at the College's expense.

c. **Ongoing Evaluation**

The Nurse will review the employee's condition at least once each term. A written report will be sent to the Director of Human Resources with a recommendation to do one of the following: maintain the employee in the regular position, transfer the employee, or exclude the employee from work.

d. **Transfer or Exclusion**

Upon recommendation by the Nurse for transfer or exclusion, and approval by the Director of Human Resources, the employee will be contacted in writing regarding the recommendation.

e. **Dismissal and Appeal Process**

Dismissal and appeal will follow the normal institutional procedures for the applicable employee group.

2. **Confidentiality**

Adhering to the provisions of the HIPAA regulations, regarding PHI (Protected Health Information), the employee's medical condition will be disclosed only to the extent necessary to minimize health risks to the employee and others.

The Nurse will report, by mail or telephone, each suspected or diagnosed case of a Class I or Class II communicable disease to the County Public Health authority.

## Clinic Grading Percentages

As the student continues through the clinical portion of the curriculum, increased competency levels must be achieved. (Percentages may be altered due to unforeseen circumstances. Please refer to your current course outline)

|                       |                           |
|-----------------------|---------------------------|
| <b>Semester One</b>   | Minimum competency is 75% |
| <b>Semester Two</b>   | Minimum competency is 82% |
| <b>Semester Three</b> | Minimum competency is 84% |
| <b>Semester Four</b>  | Minimum competency is 87% |
| <b>Semester Five</b>  | Minimum competency is 90% |

## Appointment Management

### Scheduling of Appointments

The scheduling of multiple appointments for many student clinicians is very challenging and requires student cooperation and attention to details. The program administrative assistant may assist in scheduling appointments from the front desk. It is the students' responsibility to check their schedule. Students are expected to schedule reappointments (for multiple-appointment patients) and recalls, using the computer software program, Eagle-soft. Training on the use of the software will occur throughout the pre-clinical and clinical curriculum.

**Personal Appointment Book:** Students are expected to obtain and accurately maintain a personal appointment book. Students are to maintain a computer-generated listing of all patients assigned them and patient's students refer to the clinic. This document must always be available to full-time faculty.

**Patient Lists:** Students will be provided a list of patients of record. It is the students' responsibility to call the patients to schedule appointments and to inform the Front Office if patient's need to be inactivated.

**Double Booking:** If you fail to put a patient in your schedule, and the front office schedules a patient for you, you will treat the patient the front office scheduled for you and you will receive a "U" in appointment management on your Daily Feedback Form.

**Minor (under age patients):** All patients under the age of 18 years old must be brought to the clinic by their parent or legal guardian so the appropriate forms and consents can be signed. NO patient under 5 years of age can be treated in the Dental Hygiene Clinic.

**Confirming Appointments.**

- a. If the front desk confirms your patients' please notify the front desk if your patient contacts you to change or cancel an appointment. Ultimately it is the students' responsibility to make sure the patient is confirmed.
- b. Students may use the clinic phones to call patients. Students may not use phones in the patient reception area. **If a student wishes to call a patient from his/her home, it is highly advisable to use "Caller ID Block" to prevent the patients from gaining access to your home phone number. Dial \*67, wait for a dial tone, then dial the seven-digit number. Do not** give patients your home phone numbers or your last name. Use discretion in providing other personal information to your patients.
- c. Patients may contact the front office to confirm, cancel, or change appointments by calling 630-942-3250.
- d. Remind patients that payment is due at time treatment is begun. A \$30 Clinic fee will be charged for each patient regardless of his or her periodontal classification. Radiographs range from \$30 for Full Mouth Series and Panorex to \$ 15 for bitewings. Additional charge may be incurred for individual periapical radiographs. Payment may be made using cash, credit card, or personal checks. See discounts for certain population groups.
- e. Remind **parents or guardians of minor children they must stay in the proximity of the clinic to sign consent, health history or health history update, and treatment plan forms and remain at the facility until treatment is completed for that session. TREATMENT WILL NOT BEGIN UNTIL CONSENT IS RECEIVED, AND MEDICAL HISTORY IS VERIFIED WITH THE PARENT OR GUARDIAN.**

If you are treating a minor patient who is a friend or extended family member, that child's parent or guardian must bring the child to the clinic, sign all forms in the clinic and remain in the clinic until the DDS and Faculty are finished verbalizing consents. No exceptions

### Cancellations, Failed Appointments

- a. Patients occasionally cancel or fail to honor their appointments.
- b. It is the student's responsibility to find patients for cancellations, as well as regular appointments. Refer to your recall system
- c. Be aware that if a patient does cancel the front desk may schedule you with another patient, it the students job to check their schedule.
- d. All failed or canceled appointments **must be documented in the patient's paper chart and in Eaglesoft and signed by a faculty member. If patient does not have a paper chart information of missed or cancelled appointment should be entered into eagle-soft.**
- e. Any patient who "**Fails**" to show up for an appointment **OR "Cancels"** two appointments in a row will **NOT** be allowed to return to COD Dental Hygiene Clinic for Treatment. A letter will be sent to the patient from the front desk alerting the patient that they will be unable to return to COD Dental Hygiene Clinic for treatment.

### Responsibilities for Appointments

An appointment is a contract between the patient and the deliverer of health services. **Just as the health professional expects the patient to be prompt, the patient should expect the same courtesy.**

### Student Responsibilities

Once an appointment is made with a patient, the student may **NOT** cancel it unless the **program coordinator's written permission** is obtained. If a student with permission cancels the appointment, it must be so documented and signed by student and instructor. The student is under obligation to complete treatment at another time.

If a patient fails to appear for an appointment, the student should attempt to reach the patient by telephone ***immediately. This must be documented in the chart.***

Students should wait **20 minutes for late patients** and then attempt to get another patient.

Clinic instructor may assign another patient to you if warranted.

### Process for Scheduling Appointments:

Please follow the described process for scheduling appointments:

Front desk or student will schedule appointments

Front desk confirms sends out E-reminders to patients seven days prior to the appointment and again, three days prior to the appointment if no confirmation has been received from the patient. An appointment reminder is sent out 24 hours prior to the appointment. It is the student's responsibility to make sure the appointment has indeed been confirmed.

Students are also required to confirm patients

If a student is requesting to schedule more than one appointment for the same patient said student must obtain a signature from a ***full-time faculty member.***

Due to cancellation and failed appointment concerns front desk nor students can schedule more than two (2) people from the same family on the same day at the same time unless approved by full-time faculty.

**Students contacting patients via telephone that requires leaving a message the student MUST state "College of DuPage Dental Hygiene Clinic along with student's first name ONLY and the front desk telephone number.**

Once a student has received a patient from the Clinic Manager said student has **forty-eight (48)** hours in which to change the name of *provider* in *Eaglesoft* to their name.

Students are expected to check the *Eaglesoft Schedule* daily. If the front desk does not hear from a student who has had a change in their schedule the front desk can schedule a patient in that time slot.

### **Patient Chart Management**

- a. A patient record is a legal document of treatment planned and treatment rendered.
- b. Entries must be complete, accurate, objective, written ***legibly*** in ***black ink***.
- c. Record patient name on all documents.
- d. Record date of all entries on all documents.
- e. Sign all entries on all patient charts (***first initial and last name***)
- f. ***Sign first name and last initial*** on **ALL** documents given to patient to include: Referrals, Medical Consults, Post-Treatment Care Plan, Duplicate Radiographs, FMX, and Duplicate Panoramic X-rays.
- g. ***Be sure to have Clinical Dentist*** complete all Medical Consults and DDS will explain content of medical/dental consults with patient.
- h. Copies of "School Dental Examination Forms" are located at the front desk. The Clinical Dentist is responsible for completing and signing the form. Front desk will stamp school name and address once completed by Clinical Dentist.
- i. It is the student's responsibility to obtain the necessary instructor signatures on all documents.
- j. Never alter documents "***after the fact.***"
- k. When honest mistakes have been made in documentation, place a single line through the mistake and record the correction. Never erase, blank out, or whiteout. The original entry must remain readable.
- l. Date and sign any corrections in documentation.
- m. Use ***black ink*** on all documents.
- n. Patient physical records are the property of College of DuPage Dental Hygiene Program and are **NOT** to be removed from the clinical area.
- o. Radiographs must be maintained in the chart and a copy can be sent to the patient's dentist upon request of the patient. There is a fee for duplicate radiographs see fee list for amount.
- p. **At no time will records be removed from the immediate area of the dental hygiene clinic or front office. Patient records will not be stored in clinic cabinets' student mailboxes or student lockers.**
- q. Following each clinic session, students must return patient records to the front desk.
- r. The receptionist will keep a record of students who consistently return charts late. This will

- be reported to the clinic lead instructor.
- s. The small size of the patient record area prevents routine access by students. Students are allowed in the records storage area only by invitation and under supervision.
  - t. Charts will be pulled by the receptionist or student if permission is given by full-time faculty.
  - u. When students pull charts for special purposes, students MUST complete a place holdercards that will be inserted where records are removed.
  - v. **The information contained in a patient record is confidential and will not be shared with anyone outside the program. (SEE HIPAA GUIDELINES)**
  - w. Patients have the legal right to read the contents of their clinic records. Students must take care in making accurate and objective entries in records. Emotional or subjective entries MUST BE AVOIDED.
  - x. Patient charts must be kept locked in the file room.

## Front Office Responsibilities to Students

The Front Office Staff will:

- Assist students with scheduling appointments and other Eaglesoft questions.
- Assist with confirmations, labeling charts and pulling & filing charts

The Front Office Staff will not:

- Make copies of personal or school related items unless directed by Program Chair.
- Open personal or school e-mails to print-up documents contained within those e-mails.

## Dental Hygiene Process of Care /Appointment Sequence

### Clinic Patient Care Sequence First Year Students & Summer

1. Sequence of care may be modified from time-to-time due to time commitments of faculty and students within the clinic during the course of treatment. However, the sequence can ONLY be modified with faculty approval.

#### First Appointment Treatment Sequence

1. Obtain patient chart if they are a patient of record or create a new patient chart if they are a new patient.
2. Greet patient and seat them in your cubicle.
3. Review the completed medical history form
  - Obtain patient, parent of guardian signature and date.
4. Complete HIPAA and Informed Consent Forms
  - Obtain patient, parent of guardian signature and date
5. Complete Medication Record Form
  - Obtain patient, parent of guardian signature and date
  - Initial your entries on this form
6. Take and record vital signs on treatment notes
  - Sign your entry on the Treatment notes
7. **DDS AND FACULTY APPROVAL**
  - Show the following completed forms to both DDS & Faculty
    - a) Medical History

- b) HIPAA
  - c) Informed Consent Form
  - d) Medication Form
  - e) Treatment Notes with recorded vital signs
8. Determine if Radiographs are Necessary with DDS
    - Complete Radiography Prescription Form
    - Obtain DDS signature
    - Complete Radiation History Form in Patient's Chart
    - Preprocedural rinse and complete a cursory EOIO Examination
    - Expose radiographs (or Radiology student will expose)
    - Escort patient back to your cubicle
  9. Complete Oral Inspection (Give preprocedural rinse if you have not done so already)
    - Extraoral examination (Use descriptors for all areas)
    - Intraoral examination (Use descriptors for all areas)
    - Occlusal Screening
    - Examine oral habits and occlusal discrepancies
    - Complete Periodontal Exam (i.e. Gingival Description (Document localized areas using descriptors))
  10. Complete Dentition Chart
    - Use radiographs if applicable
    - Chart existing restorations
    - Chart dental anomalies
    - Chart suspicious areas
  11. **DDS APPROVAL**
    - Oral inspection
    - Dentition chart
    - Dental caries examination
    - Obtain DDS signature in treatment record
  12. **FACULTY APPROVAL**
    - Oral inspection
    - Dentition chart
  13. Periodontal Assessment (See Gathering Periodontal Assessment Data and Patient Classification Information in Section Three)
    - Bleeding Index (PBI: Sweep or SBI: Bleeding upon probing)
    - Probe / Pocket Depth
    - Determine and chart *Clinical Attachment Level* and *Marginal Gingiva Level*
    - Determine and chart *Band of Attachment*
    - Determine and chart mobility and furcation involvement
    - Locate, identify and chart calculus
    - Type patient: calculus, periodontal, bleeding total & type.
  14. Plaque Index (Faculty should check patient prior to applying the disclosant.)
    - Chart and total
    - Determine oral hygiene instructions to be given and which aids will be given to the patient (this includes home fluoride)
  15. **FACULTY APPROVAL**

16. Complete *Routing Sheet* and Collect Fee (Remember to collect additional fees for additional oral hygiene aids and home fluoride – attach Home Fluoride Prescription Form)
17. Determine if subsequent appointments will be needed, complete *Patient Appointment Slip*.
18. Send Routing Sheet, fee and appointment slip up to Front Office with the Clinic Assistant. (If CA is not available – you are responsible for taking the documents and fee to the Front Office).
19. Oral Hygiene Instructions (There is NO time penalty for this unless inadequate time is spent on this)
20. Treatment Plan Form Complete
21. **FACULTY APPROVAL OF TREATMENT PLAN**
  - Give details and RATIONALES
  - Base your plan on evidence
22. BEGIN TREATMENT FOLLOWING YOUR APPROVED TREATMENT PLAN
23. **FACULTY APPROVAL PRIOR TO DISMISSAL**
24. Fluoride Treatment (Rinse if patient is incomplete; Tray if patient is complete)
25. Complete Post-Treatment Care Form
  - Obtain Faculty Signature
26. Have patient complete Patient Satisfaction Survey (If treatment is complete)
27. Dismiss Patient
28. Complete documentation and give patient chart to faculty PRIOR to cleaning your cubicle!

#### **Clinic Patient Care Sequence Second Year Students**

Sequence of care may be modified from time-to-time due to time commitments of faculty and students within the clinic during the course of treatment. However, the sequence can ONLY be modified with faculty approval.

#### **First Appointment Treatment Sequence**

1. Obtain patient chart if they are a patient of record or create a new patient chart if they are a new patient.
2. Greet patient and seat them in your cubicle.
3. Review the completed medical history form
  - Obtain patient, parent of guardian signature and date.
4. Complete HIPAA and Informed Consent Forms
  - Obtain patient, parent of guardian signature and date
5. Complete Medication Record Form
  - Obtain patient, parent of guardian signature and date
  - Initial your entries on this form
6. Take and record vital signs on treatment notes
  - Sign your entry on the Treatment notes
7. **DDS AND FACULTY APPROVAL**
  - Show the following completed forms to both DDS & Faculty
    - I. Medical History
    - II. HIPAA
    - III. Informed Consent Form
    - IV. Medication Form
    - V. Treatment Notes with recorded vital signs
8. Determine if Radiographs are Necessary with DDS
  - Complete Radiography Prescription Form

- Obtain DDS signature
  - Complete Radiation History Form in Patient's Chart
  - Preprocedural rinse and complete a cursory EOIO Examination
  - Expose radiographs (or Radiology student will expose)
  - Escort patient back to your cubicle
9. Complete Oral Inspection (Give preprocedural rinse if you have not done so already)
    - Extraoral examination (Use descriptors for all areas)
    - Intraoral examination (Use descriptors for all areas)
    - Occlusal Screening
    - Examine oral habits and occlusal discrepancies
    - Complete Periodontal Exam (i.e. Gingival Description (Document localized areas using descriptors))
  10. Complete Dentition Chart
    - Use radiographs if applicable
    - Chart existing restorations
    - Chart dental anomalies
    - Chart suspicious areas
  11. **DDS APPROVAL (Sign-up on the board but do not wait)**
    - Oral inspection
    - Dentition chart
    - Dental caries examination
    - Obtain DDS signature in treatment record
    - Oral inspection
  12. Periodontal Assessment (See Gathering Periodontal Assessment Data and Patient Classification Information in Section Three)
    - Bleeding Index (PBI: Sweep or SBI: Bleeding upon probing)
    - Probe / Pocket Depth
    - Determine and chart *Clinical Attachment Level* and *Marginal Gingiva Level*
    - Determine and chart *Band of Attachment*
    - Determine and chart mobility and furcation involvement
    - Locate, identify and chart calculus
    - Type patient: calculus, periodontal, bleeding total & type.
  13. Treatment Plan Form Complete
  14. **FACULTY APPROVAL OF TREATMENT PLAN**
    - a) Give details and RATIONALES
    - b) Base your plan on evidence
  15. Complete *Routing Sheet* and Collect Fee (Remember to collect additional fees for additional oral hygiene aids and home fluoride – attach Home Fluoride Prescription Form)
  16. Determine if subsequent appointments will be needed, complete *Patient Appointment Slip*.
  17. Send Routing Sheet, fee and appointment slip up to Front Office with the Clinic Assistant. (If CA is not available – you are responsible for taking the documents and fee to the Front Office).
  18. Plaque Index
    - Chart and total
    - Determine oral hygiene instructions to be given and which aids will be given to the patient (this includes home fluoride)
  19. Oral Hygiene Instructions (There is NO time penalty for this unless inadequate time is spent on this)

20. BEGIN TREATMENT FOLLOWING YOUR APPROVED TREATMENT PLAN
21. **FACULTY APPROVAL PRIOR TO DISMISSAL**
22. Fluoride Treatment (Rinse if patient is incomplete; Tray if patient is complete)
23. Complete Post-Treatment Care Form
  - Obtain Faculty Signature
24. Have patient complete Patient Satisfaction Survey (If treatment is complete)
25. Dismiss Patient
26. Complete documentation and give patient chart to faculty PRIOR to cleaning your cubicle!

#### Subsequent Appointment Treatment Sequence

1. Obtain patient chart.
2. Greet patient and seat them in your cubicle.
3. Review the medical history; complete *Medical History Update Form*
  - Obtain patient, parent of guardian signature and date.
4. Update *Medication Record Form*
  - Obtain patient, parent of guardian signature and date
  - Initial your entries on this form
5. Take and record vital signs on treatment notes
  - Sign your entry on the Treatment notes
6. **DDS AND FACULTY APPROVAL**
  - a) Show the following completed forms to both DDS & Faculty
  - b) Medical History & Update Medical History Form
  - c) HIPAA
  - d) Informed Consent Form
  - e) Updated Medication Form
  - f) Treatment Notes with recorded vital signs
7. Update Oral Inspection
  - Document and date any changes. (If no changes, write “no changes” and date)
8. Redo Bleeding Index in previously treated areas
  - Record and total the area(s)
  - Compare to previous Bleeding Index score.
9. Redo Plaque Index
  - Record and total
  - Compare to previous Plaque Index
  - Review Oral Hygiene Instructions (Document progress based on evidence and any modifications made).
10. Re explore previously treated areas for calculus
  - Chart and reassess
11. Update Treatment Plan
12. **FACULTY APPROVAL**
13. Continue treatment following approved treatment plan
14. **FACULTY APPROVAL PRIOR TO DISMISSAL**
15. Fluoride Treatment (Rinse if patient is incomplete; Tray if patient is complete)
16. Complete Post-Treatment Care Form
  - Obtain Faculty Signature

17. Have patient complete Patient Satisfaction Survey (If treatment is complete)
18. Dismiss Patient
19. Complete documentation and give patient chart to faculty PRIOR to cleaning your cubicle!

## ASA Classifications

### ASA I

Patients are considered to be healthy, non-smoking, with no or minimal alcohol use. All major organs and organ systems appear in good health. Patients are able to walk up one flight of stairs or two level city blocks without distress. Little or no anxiety. Little or no risk during dental treatment. This classification represents a "green flag" for all dental treatment, usually not needing a medical consult unless other flags go up about patient hiding medical concerns when presented with an unhealthy general physical assessment.

### ASA II

Patients have mild to moderate systemic disease or are healthy ASA I patients who demonstrate a more extreme anxiety and fear toward dentistry. Patients are able to walk up one flight of stairs or two level city blocks, but will have to stop after completion of the exercise because of distress since they do not have substantive functional limitations. Minimal risk during dental treatment. This classification represents

a "yellow flag" for treatment, with a slight warning flag indicating to proceed with caution with all dental care. Examples: History of well-controlled disease states including non-insulin dependent diabetes, prehypertension, epilepsy, asthma, or thyroid conditions; ASA I with a mild respiratory condition, pregnancy, and/or active allergies as well as current smoker and/or social alcohol drinker including obesity ( $30 < \text{BMI} < 40$ ). May need medical consultation before all dental care.

**Note:** Patients who demonstrate a more extreme anxiety and fear toward dentistry have a baseline of ASA II even before their medical history is considered; that situation can raise the classification system for that patient.

### ASA III

Patients have one or more moderate to severe systemic diseases that limits activity, but is not incapacitating. Patients are able to walk up one flight of stairs or two level city blocks, but will have to stop enroute because of distress and thus have substantive functional limitations. If dental care is indicated, stress reduction protocol and other treatment modifications are indicated. This classification represents a "yellow flag" for treatment, with a slight to strong warning flag indicating to proceed with extreme caution during dental treatment. Examples: History of more than three months of angina pectoris, transient ischemic attack, myocardial infarction, cerebrovascular accident, congestive heart failure, coronary artery disease with stents, slight chronic obstructive pulmonary disease, and poorly controlled insulin dependent diabetes or hypertension as well as morbid obesity ( $\text{BMI} \geq 40$ ), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, end-stage renal disease undergoing regularly scheduled dialysis. Will need medical consultation before all dental care.

#### **ASA IV**

Patients have severe systemic disease that limits activity and is a constant threat to life. Patients are unable to walk up one flight of stairs or two level city blocks. Distress is present even at rest. Patients pose significant risk since patients in this category have a severe medical problem of greater importance to the patient than the planned dental treatment. Whenever possible, planned dental treatment should be postponed until such time as the patient's medical condition has improved to at least an ASA III

classification. This classification represents a "red flag", with a strong warning flag indicating that the risk involved in treating the patient is too great to allow planned dental care to proceed. Examples: History of less than three months of unstable angina pectoris, myocardial infarction, cerebrovascular accident, severe congestive heart failure, coronary artery disease with stents, ongoing ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, disseminated intravascular coagulation, moderate to severe chronic obstructive pulmonary disease, including uncontrolled diabetes, hypertension, epilepsy, or thyroid condition as well as renal failure with refractory ascites and end-stage renal disease not undergoing regularly scheduled dialysis. If emergency treatment is needed, medical consultation is still indicated.

#### **ASA V**

Patients are moribund and are not expected to survive more than 24 hours with or without an operation. These patients are almost always hospitalized, terminally ill patients. Elective dental treatment is definitely contraindicated; however, emergency care, in the realm of palliative treatment may be necessary. This classification represents a "red flag" for dental care and any care is done in a hospital situation. Examples: History of ruptured abdominal or thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ or system dysfunction.

#### **ASA VI**

Clinically dead patients being maintained for harvesting of organs.

#### **EMERGENCY CARE AND PREGNANCY CONCERNS**

ASA-E: Emergency operation of any variety; used to modify one of the above classifications, i.e., ASA III-E.

ASA-P: Pregnant patient; used to modify one of the above classifications, i.e., ASA III-P.

### **Protocol For Treatment of Medically Compromised Patients In The Dental Hygiene Clinic**

ALL CONSULTS MUST BE FAXED TO THE PATIENT'S M.D.

IF THE PATIENT HAS NO PHYSICIAN THEN THEY MUST MAKE AN APPOINTMENT WITH AN M.D. or CLINIC AND WE WILL FAX ONCE PATIENT PROVIDES CONTACT INFORMATION. MEDICAL CONSULTS MUST BE RETURNED PRIOR TO TREATING THE PATIENT.

The following considerations are meant to serve as a guideline for initiating a medical consult or further discussion with a patient's healthcare provider. They are examples of when a medical

clearance may be required but by no means limited to the following situations.

- **Asthma** - If a patient uses a rescue inhaler then they should bring an unexpired inhaler to every appointment and keep it available on the tray. If they fail to do so after being informed then the patient should be dismissed.
- **Coumadin** . For ALL NEW PATIENTS . Ask patient's M.D. to provide a current INR reading. This should be between 2.0 to 3.5. Also ask patient's M.D. if they should discontinue Warfarin prior to initiating hygiene therapy and the suggested length of time between scheduled appointments.

**At every recall appointment the reading should be within 3 months.** May be a verbal from the M.D. The verbal MUST BE NOTED in the daily notes with the contact name, date of INR. If patient has "My Chart" access this is also acceptable.

**NOTE:** New drugs Xarelto and Eloquis do not require INR but physician may want patient to discontinue prior to hygiene therapy therefore a medical consult is necessary.

- **Plavix**- (clopidogrel)- Generally patients do not need to discontinue prior to dental hygiene therapy and no INR needed. A medical consult is still necessary .
- **Heart Attack or Stroke**- Although the AHA has no strict set of guidelines for treatment delays after heart procedures, in the hygiene clinic we will not see a patient who has had a heart procedure or a heart attack before 6 months. Examples include: Heart bypass surgery, Pacemaker, Stent, Angioplasty, Catheterization, Artificial valve placement.
- **Pacemaker**- Although modern pacemakers have built in features to protect them from most types of interference produced by electrical devices in the hygiene clinic, confirm with the patient's physician that the device is shielded.
- **Blood Pressure**- Any patient presenting to clinic with a blood pressure of 159/99 or higher will not be treated and a medical consult will be faxed to the patient's physician. IF PATIENT HAS NO PHYSICIAN THEN THEY MUST MAKE AN APPOINTMENT WITH A PHYSICIAN OR CLINIC AND WE WILL FAX OVER THE CONSULT ONCE THE PATIENT PROVIDES CONTACT INFORMATION. Blood pressure that is elevated but below the 159/99 will be marked on the post treatment care form.
- **Cardiac Arrhythmias**- Identify the type of arrhythmia and how it is being treated. Identify the presence of a pacemaker
- **Active Chemotherapy or Radiation Therapy**- If the patient is in the process of chemotherapy and/ or radiation therapy then a medical consult with the patient's physician is necessary prior to dental hygiene treatment.
  - **Joint Replacement**- As the recommendation of the AAOS and the ADA is constantly changing, a medical consult from the patient's physician or surgeon should be done to determine if the patient with joint replacements is in need of premedication.
- **Murmur**- If the murmur is due to specific cardiac condition (eg-previous endocarditis, prosthetic heart valve, complex congenital cyanotic heart disease) then a medical consult should be done.
- **TB**- If the patient has a history of a positive skin test then proof of a negative chest X-ray is necessary.
- **Kidney Failure with or without Dialysis**- Identify and get medical consultation with the physician regarding the status and level of control. Consult should include asking the physician for the best time for the appointment (ie. Day after dialysis?), is premedication necessary? And can patient tolerate local anesthetic.

- **Congestive Heart Failure-** Medical Consult to determine the status and dental considerations.
- **HIV-** Medical Consult to determine the current CD4 lymphocyte count and the level of immunosuppression. See if antibiotic prophylaxis is necessary.
- **Hepatitis B or C Carriers-** Physician consultation and laboratory screening for determination of current status .
- **Drug or Alcohol Dependency-** If patient appears to be under the influence of any substance then appointment should be rescheduled.
- **Unfamiliar Drug Combination-** Phone pharmacy or physician to verify.
- **Autoimmune diseases-** Any patient presenting with autoimmune diseases such as LUPUS, should be sent for a medical consult to determine if premedication is necessary.
- **Long Term Steroid use-** Any patient on long term corticosteroids should be given a medical consult to determine if premedication is necessary or if steroid dosage should be altered.
- **HPV-** Patient should be screened intraorally for any manifestations of HPV. Write a referral for potentially malignant lesions if the patient presents with a suspicious area. If no intraoral lesions are present, no medical consult is needed.
- **DIABETES:**  
**A1C Test-** Any patient who presents with diabetes must have an A1C reading within 6 months of dental hygiene treatment and a blood glucose reading of 200 or below taken before breakfast on the morning of the appointment. The patient should also eat before the appointment. The A1C may be a verbal from the physician's office. The verbal MUST BE NOTED in the daily notes with the contact name, date of A1C. If patient has "My Chart" access this is also acceptable.

In the dental hygiene clinic, a patient should not be treated and med consult written if blood glucose is higher than 200 (preprandial) and/or A1C higher than 8. An A1C higher than 8% coincides with daily plasma blood sugar of 205.

- **Antibiotic Prophylaxis for patients with cardiac conditions-**
- Prosthetic cardiac valves, including transcatheter-implanted prosthesis and homografts.
- Prosthetic material used for cardiac valve repair, such as annuloplasty rings and chords.
- Previous endocarditis
- Congenital heart disease (CHD) in cases of unrepaired cyanotic CHD, including those with palliative shunts and conduits and completely repaired congenital heart defects with prosthetic material.
- Cardiac transplantation recipients with valve regurgitation due to a structurally abnormal valve.

ALL MEDICAL CONSULT FORMS MUST BE RETURNED TO THE COD DENTAL HYGIENE CLINIC VIA FAX DIRECTLY FROM THE PHYSICIAN'S OFFICE.

TEST RESULTS (example: A1C, etc.) must be received directly from the physician's office. A copy of the electronic medical record (example: MyChart) can be accessed by the patient and printed in our clinic.

## Medical Emergency Protocol for the Dental Hygiene Clinic

### If an emergency occurs while a patient is in your care:

- a. You must initiate the call for help without leaving the patient.  
Inform the student closest to you that you have an emergency.  
The student will notify an instructor and/or the supervising dentist as well as bring the emergency cart and oxygen tank to the area.
- b. COD Campus Police must be notified (**ext. 2000**) IMMEDIATELY
- c. Be prepared to take the vital signs if necessary and be prepared to state the blood pressure recordings taken at the beginning of the session.
- d. Instructor or supervising dentist will indicate the need to call paramedics.
- e. Emergency telephone numbers and fire instructions are posted near the exits in the clinic, in all classrooms and above or near each phone.
- f. The supervising dentist will be in complete charge of the management of the patient.
- g. Stand by in case your assistance is needed.
- h. It is necessary to document the procedures in the patient's chart.

### When the Clinic Dentist is called for consultation:

- a. Notify a clinical instructor before requesting the supervising dentist.
- b. When the supervising dentist arrives, present all pertinent data and introduce the patient.
- c. The supervising dentist will question the patient regarding the questionable situation.
- d. After questioning, the supervising dentist will make a referral if necessary.
- e. DDS, RDH and Student must sign form

## Basic Life Support (CPR) Policy

### Dental Hygiene Students:

All students entering the College of DuPage Dental Hygiene Program **must** have a current CPR Health Care Provider Card prior to treating patients. This card can be obtained through a class which is arranged through the dental hygiene program. All students will take the designated CPR course with their cohort. Prior to the dental hygiene regional clinical board examination, all second year students must show proof of having a current Health Care Provider Card.

### Faculty and Staff:

All full-time and part-time faculty are mandated by Illinois licensure to present a current CPR Health Care Provider Card every two years. All staff employed in the Dental Hygiene Clinic are required to take Basic Life Support training classes.

### Medically or Physically Handicapped Policy:

Those students, faculty, and staff who are medically or physically unable to perform Basic Life Support services must attend a class and will be issued by the American Heart Association a card stating what portions of the Basic Skills they are able or unable to perform.

### Health Requirements

All students will comply with the Nursing and Health Sciences Division Health Requirements. All health requirement information will be provided to students from the division office prior to the

start of the program. Once in the program, all health requirements, proof of insurance and current CPR must be uploaded to CastleBranch by the first day of every semester. If a student is not in compliance with health requirements, proof of insurance or CPR, they will not be permitted to engage in preclinic or clinic activities. No exceptions. CastleBranch will send an e-mail to you one month before expiration of requirements. It is the student's responsibility to check their CastleBranch account and manage their health requirements. It is not the responsibility of the program or college to notify you of expiration dates.

## **Meeting with Faculty and Office Hours**

When needing to talk to or meet with faculty (both fulltime and part-time) please follow the following protocol:

1. E-mail the faculty requesting a meeting
2. Please give the faculty member your topic or reason for meeting.
3. Give the faculty ample notice.
4. The faculty will e-mail you regarding the day, time and meeting place.

Fulltime faculty have designated office hours. Most meetings with fulltime faculty will take place during those hours.

## **College of DuPage Dental Hygiene Program - Competencies for the Dental Hygienist**

### **Introduction:**

**Competencies for the Dental Hygienist identifies and organizes the knowledge and skills our graduates must acquire to become competent and caring practitioners in the delivery of dental hygiene services in public and practice settings. The competencies found in this document outline several characteristics. These characteristics include a combination of knowledge, psychomotor skill, communication skill, and/or attitude.**

**The value and usefulness of these competencies are directly related to the core content of the curriculum and the outcomes assessment. Competencies are the umbrella that encompasses all of the educational domains. These competencies are significant to all aspects of the dental hygiene profession. Competencies are basic skills for patient care, community involvement, health promotion and disease prevention and the healthcare marketplace.**

### **COMPETENCIES**

**The concept of competencies is intended to encourage a structure and process in an interdisciplinary based curriculum. Within each major competency more specific abilities required to support the accomplishment are outlined. Included in these competencies are combinations of knowledge, psychomotor skills, communication skills, and/or attitude.**

**THE COMPETENCIES ARE AS FOLLOWS:**

1. **Core competencies (CC):** The ethics, values, skills and knowledge integral to all aspects of the dental hygiene profession.
2. **Cognitive (C):** The dental hygiene student will demonstrate knowledge of biomedical, dental and dental hygiene clinical sciences.
3. **Critical Thinking (CT):** The dental hygiene student will use critical thinking and decision-making skills to analyze current oral health literature and case-based studies, and apply this information to the practice of dental hygiene.
4. **Health Promotion and Disease Prevention (HP):** The defined role of the dental hygienist. The focus is only the delivery of healthcare and changes needed within the healthcare environment. The dental hygienist must have knowledge of wellness, health determinants, and concepts relating to the various communities in need. The focus on this expanded knowledge is on disease prevention and effective health care delivery.
5. **Community Involvement (CI):** The dental hygienist must appreciate their role within the community and at the local, state and national level. The dental hygienist must assess, decide, plan, implement and evaluate a variety of programs and activities that will benefit the general population.
6. **Patient Care (PC):** The dental hygienist provides educational and clinical services in the support of optimal health. The dental hygiene process of care applies principles from biomedical, clinical, and social services to diverse groups of people presenting with a variety of physical, medical, psychological conditions and sociological and cultural differences.
7. **HealthCare Alternatives (HA):** In a dynamic society it is critical for a dental hygienist to respond to unique opportunities for the professional. Some opportunities may provide avenues to increase patient access to dental hygiene care and to influence the changing health care environment. The dental hygienist must possess communication, problem solving, and critical thinking skills.
8. **Radiology (R):** The dental hygiene student will identify the need for radiographs, accurately and safely expose and develop films to obtain radiographs of diagnostic quality, and discriminate normal from abnormal anatomic radiographic findings.
9. **Evaluation (E):** The dental hygienist must be able to evaluate the effectiveness of implemented clinical, preventive, and educational services and modify them as necessary.

**Cognitive (C):** The dental hygiene student will demonstrate knowledge of biomedical, dental, and dental hygiene clinical sciences.

- Demonstrate knowledge of biomedical sciences
- Demonstrate knowledge of dental sciences
- Demonstrate knowledge of clinical dental hygiene sciences
- Incorporate biomedical, dental and clinical dental hygiene sciences
- Implement appropriate patient treatment care
- Achieve level of competency for entry-level dental hygiene position.

| <b>LEVEL OF DEVELOPMENT</b>                  | <b>METHOD OF ASSESSMENT</b>  | <b>DEMONSTRATION OF ACHIEVEMENT</b>  | <b>COD CURRICULUM INTERVALS</b>   | <b>PERSON RESPONSIBLE FOR MONITORING</b>   |
|--|--|--|---|--|
| Preparatory Level (First Level)              | Written Exams  | <p>Knowledge of biomedical sciences</p> <p>Knowledge of dental sciences</p> <p>Demonstrate knowledge of Clinical Dental Hygiene Sciences</p> <p>Incorporation of biomedical, dental and clinical dental hygiene sciences</p> | <p>Prerequisite Courses</p> <p>DEHYG 1105, 1112, 1115, 1125, 1135, 1101, 1102, 1145</p> | <p>Course Director Coordinator</p> <p>Course Director(s)</p> <p>Course Director</p> <p>First Level Clinical Supervisor</p> |
| Professional Level (Summer and Second Level) | <p>Written Examination</p> <p>Daily Clinical Feedback Form</p> <p>Test Case, medical, Dental Histories</p> | <p>Incorporate biomedical, dental and clinical dental hygiene sciences</p> <p>Implement appropriate patient treatment care</p> <p>Implement appropriate evaluation(s) treatment planning</p>                                 | DEHYG 2201, 22202, 2222, 2223, 2224   | <p>Course Director</p> <p>Second Level Clinical Supervisor</p>   |
| Competent Level (Graduation)                 | <p>Senior Survey</p> <p>National Board Scores</p>  | <p>Self-Assessment Competency</p> <p>Achieved Level of competency for entry level dental hygiene position</p>  | <p>Prior to Graduation</p> <p>Prior to Graduation</p>                                   | <p>Program Coordinator</p> <p>Program Coordinator</p>  |
| Expert Level (Alumni)                        | <p>Alumni Survey</p> <p>Employer Survey</p>  | <p>Self-assessment of proficiency</p> <p>Employer Assessment of proficiency</p>  | <p>6 mos. after graduation</p> <p>1 year after graduation</p>                           | <p>Program Coordinator</p> <p>Program Coordinator</p>  |

**Core Competency (CC):** The dental hygienists must be able to demonstrate and exercise behaviors paralleling ethics, values, skills and knowledge integral to all aspects of the dental hygiene profession.

Sub Component Practice Statements:

- Demonstrate knowledge of the definition of professionalism and the Code of Ethics
- Understand and uphold legislative policy during problem solving and treatment planning.
- Demonstrate knowledge of the legal ramifications of documentation in patient charts and compliance with HIPPA Standards.
- Apply professional behavior throughout all patient contact and interaction.
- Achieve level of competency for entry-level dental hygiene position.

| <b>LEVEL OF DEVELOPMENT</b>                     | <b>METHOD OF ASSESSMENT</b>   | <b>DEMONSTRATION OF ACHIEVEMENT</b>  | <b>COD CURRICULUM INTERVALS</b>          | <b>PEROSN RESPONSIBLE FOR MONITORING</b>   |
|---|---|--|--|--|
| Preparatory Level<br>(First Level)              | Written Exams<br><br>Daily Clinical Feedback Form   | Knowledge of the definition of professionalism and the Code of Ethics<br><br>Demonstrate professionalism throughout patient treatment  | DEHYG 1101 and DEHYG 1102, 1120, 1121    | Course Director<br><br>First level Clinical Supervisor   |
| Professional Level<br>(Summer and Second Level) | Written Examination<br><br>Daily Clinical Feedback Form<br><br>Test Case Professionalism Grade<br><br>Community Outreach Survey | Knowledge of Code of Ethics and how it applies to various clinical situations<br><br>Demonstrate professional conduct and problem solving throughout the patient treatment<br><br>Demonstrate minimum achievement level throughout comprehensive patient care<br><br>Demonstrate professional conduct and problem solving in | DEHYG 2201, 2202, 2245, 2232, 2233, 2245 | Course Director<br><br>Second Level Clinical Supervisor<br><br>Second Level Clinical Supervisor<br><br>Course Director |

|                              |                       |  |                         |                     |
|------------------------------|-----------------------|--|-------------------------|---------------------|
|                              |                       | an alternate practice setting  |                         |                     |
| Competent Level (Graduation) | Senior Survey         | Self-Assessment Competency   | Prior to Graduation     | Program Coordinator |
|                              | National Board Scores | Achieved Level of competency for entry level dental hygiene position | Prior to Graduation     | Program Coordinator |
| Expert Level (Alumni)        | Alumni Survey         | Self-assessment of proficiency                                       | 6 mos. after graduation | Program Coordinator |
|                              | Employer Survey       | Employer Assessment of proficiency                                   | 1 year after graduation | Program Coordinator |

**Critical Thinking (CT):** The dental hygiene student will use critical thinking and decision-making skills to analyze current oral health literature and case-based studies, and apply this information to the practice of dental hygiene.

- Determine and an effective approach to preventative oral health based on oral health care literature and case-based studies
- Develop a personal philosophy of practice based on current oral health care literature and case-based studies
- Demonstrate knowledge of the dental hygienist’s role in providing dental hygiene care
- Demonstrate oral health care practices relative to a patient’s physical, and functional abilities
- Provide safe and effective oral health care to all patients based on application of knowledge

| LEVEL OF DEVELOPMENT            | METHOD OF ASSESSMENT         | DEMONSTRATION OF ACHIEVEMENT  | COD CURRICULUM INTERVALS           | PEROSN RESPONSIBLE FOR MONITORING |
|---------------------------------|------------------------------|---|------------------------------------|-----------------------------------|
| Preparatory Level (First Level) | Written Exams                | Knowledge of the definition of professionalism and the Code of Ethics                           | DEHYG 1101,1102, `1112, 1120, 1121 | Course Director(s)                |
|                                 | Daily Clinical Feedback Form | Knowledge of philosophy of practice based on oral health care literature and case-based studies |                                    | First level Clinical Supervisor   |

|  |  |   |   |   |
|--|--|---|---|---|
| Professional Level<br>(Summer and<br>Second Level) | Written<br>Examination<br><br>Daily Clinical<br>Feedback Form<br><br>Test Case<br>Professionalism<br>Grade<br><br>Community<br>Outreach Survey | Knowledge of<br>patient as “whole<br>person” physical,<br>social, psychological<br>function<br><br>Demonstrate<br>effective approach<br>to oral health care<br><br>Demonstrate<br>effective treatment<br>plan<br><br>Demonstrate safe<br>and effective oral<br>care treatment | DEHYG 2201,2202,<br>2222, 2223, 2224,<br>2232, 2233 | Course Director(s)<br><br>Second Level<br>Clinical Supervisor<br><br>Second Level<br>Clinical Supervisor<br><br>Second Level<br>Clinical Supervisor |
| Competent Level<br>(Graduation)                    | Senior Survey<br><br>National Board<br>Scores  | Self-Assessment<br>Competency<br><br>Achieved Level of<br>competency for<br>entry level dental<br>hygiene position  | Prior to Graduation<br><br>Prior to Graduation      | Program<br>Coordinator<br><br>Program<br>Coordinator  |
| Expert Level<br>(Alumni)                           | Alumni Survey<br><br>Employer Survey   | Self-assessment of<br>proficiency<br><br>Employer<br>Assessment of<br>proficiency   | 6 mos. after<br>graduation                          | Program<br>Coordinator  |

**Health Promotion and Disease Prevention (HP):** The defined role of the dental hygienist. The focus is on the delivery of health care and changed needed within the healthcare environment. The dental hygienist must have knowledge of wellness, health determinants, and concepts relating to the various communities in need. The focus on this expanded knowledge is on disease prevention and effective health care delivery.

- Develop health promotion skills as a basis of practice
- Identify oral manifestations of disease
- Identify systemic disease processes
- Identify oral health care needs through “Data Gathering Methods”
- Determine obstacles to health promotion
- Determine the dental hygienist’s “responsibilities” in providing dental hygiene care

| <b>LEVEL OF DEVELOPMENT</b>                     | <b>METHOD OF ASSESSMENT</b>     | <b>DEMONSTRATION OF ACHIEVEMENT</b>   | <b>COD CURRICULUM INTERVALS</b>                | <b>PERSON RESPONSIBLE FOR MONITORING</b> |
|---|---------------------------------|---|--|--|
| Preparatory Level<br>(First Level)              | Written Exams                   | Knowledge of the definition of professionalism and the Code of Ethics                           | DEHYG 1101,1102, 1121, 1122, 1112              | Course Director(s)                       |
|   | Daily Clinical Feedback Form    | Knowledge of philosophy of practice based on oral health care literature and case-based studies |  | First level Clinical Supervisor          |
| Professional Level<br>(Summer and Second Level) | Written Examination             | Knowledge of patient as “whole person” physical, social, psychological function                 | DEHYG 2201, 2202, 2222, 2223, 2224, 2232, 2233 | Course Director(s)                       |
|   | Daily Clinical Feedback Form    | Demonstrate effective approach to oral health care  |  | Second Level Clinical Supervisor         |
|   | Test Case Professionalism Grade | Demonstrate effective treatment plan  |  | Second Level Clinical Supervisor         |
|   | Community Outreach Survey       | Demonstrate safe and effective oral care treatment  |  | Second Level Clinical Supervisor         |
| Competent Level<br>(Graduation)                 | Senior Survey                   | Self-Assessment Competency  | Prior to Graduation                            | Program Coordinator                      |
|   | National Board Scores           | Achieved Level of competency for entry level dental hygiene position                            | Prior to Graduation                            | Program Coordinator                      |
| Expert Level<br>(Alumni)                        | Alumni Survey                   | Self-assessment of proficiency  | 6 mos. after graduation                        | Program Coordinator                      |
|   | Employer Survey                 | Employer Assessment of proficiency  |  |  |

**Community Involvement (CI):** The dental hygienist must appreciate their role within the community and at the local, state and national level. The dental hygienist must assess, decide, plan implement, and evaluate a variety of programs and activities that will benefit the general population.

- Identify importance of participation/membership in area dental hygiene component of SADHA/ADHA
- Develop community outreach program based on needs assessment of populations(s)
- Determine and effective approach to preventative oral health based on oral health care literature and case-based studies develop goals and objectives of a community outreach program
- Identify goals of “Tobacco Cessation Program” and Substance Abuse Programs

| <b>LEVEL OF DEVELOPMENT</b>                     | <b>METHOD OF ASSESSMENT</b>     | <b>DEMONSTRATION OF ACHIEVEMENT</b>  | <b>COD CURRICULUM INTERVALS</b>                | <b>PEROSN RESPONSIBLE FOR MONITORING</b>   |
|---|---------------------------------|--|--|--|
| Preparatory Level<br>(First Level)              | Written Exams                   | Knowledge of biomedical sciences   | DEHYG 1201,1202, 1125, 1115                    | Course Director(s)<br>First Level Clinical Supervisor  |
|   | Daily Clinical Feedback Form    | Knowledge of dental sciences   |  | Course Director(s)   |
| Professional Level<br>(Summer and Second Level) | Written Examination             | Demonstrate knowledge of Clinical Dental Hygiene sciences<br>Self-Assessment of Competency | DEHYG 2201, 2202, 2222, 2223, 2224, 2232, 2233 | Course Director(s)   |
|   | Daily Clinical Feedback Form    |  |  | Second Level Clinical Supervisor   |
|   | Test Case Professionalism Grade |  |  | Second Level Clinical Supervisor<br><br>Community Outreach Program Supervisor<br><br>Program Coordinator |
| Competent Level<br>(Graduation)                 | Senior Survey                   | Achieved level of competency for entry level dental hygiene position                       | Prior to Graduation                            | Program Coordinator  |
|   | National Board Scores           |  | Prior to Graduation                            |  |

|                       |                                      |  |                         |                     |
|-----------------------|--------------------------------------|--|-------------------------|---------------------|
|                       |                                      |  |                         | Program Coordinator |
| Expert Level (Alumni) | Alumni Survey<br><br>Employer Survey | Self-assessment of proficiency<br><br>Employer Assessment of proficiency | 6 mos. after graduation | Program Coordinator |

**Patient Care (PC):** The dental hygienist provides educational and clinical services in the support of optimal health. The dental hygiene process of care applies principle from biomedical, clinical and social services to diverse groups of people presenting with a variety of physical, medical, psychological conditions and sociological cultural differences.

- Demonstrate knowledge of obtaining comprehensive health and dental histories
- Demonstrate accurate exposing, processing, evaluation and utilization of Intra-Extra oral radiographs
- Demonstrate accurate intraoral, periodontal and hard tissue examinations
- Develop safe and effective “Instrumentation Skills”
- Apply appropriate skill level for entry level dental hygiene position
- Implementing the key elements of communication: 1. Listening 2. Observing, and 3. Attending
- Develop skills to work with diverse populations (to include multicultural, life changes, physically and emotionally)

| LEVEL OF DEVELOPMENT                         | METHOD OF ASSESSMENT            | DEMONSTRATION OF ACHIEVEMENT  | COD CURRICULUM INTERVALS                      | PERSON RESPONSIBLE FOR MONITORING                     |
|--|---------------------------------|---|---|---|
| Preparatory Level (First Level)              | Written Exams                   | Knowledge of dental sciences  | DEHYG 1101,1102, 1120, 1121, 1105, 1115, 1135 | Course Director(s)<br>First Level Clinical Supervisor |
|  | Daily Clinical Feedback Form    | Knowledge of clinical dental sciences<br><br>Incorporation of biomedical, dental and clinical dental hygiene sciences |   | Course Director(s)                                    |
| Professional Level (Summer and Second Level) | Written Examination             | Implement appropriate patient treatment care  | DEHYG 2201, 2202, 2222, 2223,2224             | Course Director(s)                                    |
|  | Daily Clinical Feedback Form    | Implement appropriate evaluation/treatment planning   |   | Second Level Clinical Supervisor                      |
|  | Test Case Professionalism Grade |   |   | Second Level Clinical Supervisor                      |
| Competent Level (Graduation)                 | Senior Survey                   | Self-Assessment of Competency   | Prior to Graduation                           | Program Coordinator                                   |
|  | National Board Scores           | Achieved level of competency for entry level dental hygiene position  | Prior to Graduation                           | Program Coordinator                                   |
| Expert Level (Alumni)                        | Alumni Survey                   | Self-assessment of proficiency  | 6 mos. after graduation                       | Program Coordinator                                   |
|  | Employer Survey                 | Employer Assessment of proficiency  |   |   |

**Healthcare Alternatives (HA):** In a dynamic society it is critical for a dental hygienist to respond to unique opportunities for the professional. Some opportunities may provide avenues to increase patient access to dental hygiene care and to influence the changing health care environment. The dental hygienist must possess communication, problem solving, and critical thinking skills.

- Develop a personal philosophy of practice based on current oral health care literature and case-based studies
- Identify alternate dental hygiene settings and/or career opportunities
- Understand and uphold ethical treatment of patients in all career opportunities
- Develop necessary critical thinking skills to be employed in all dental hygiene careers
- Demonstrate communication skills appropriate to any dental hygiene career

| <b>LEVEL OF DEVELOPMENT</b>                     | <b>METHOD OF ASSESSMENT</b>  | <b>DEMONSTRATION OF ACHIEVEMENT</b>  | <b>COD CURRICULUM INTERVALS</b>                      | <b>PEROSN RESPONSIBLE FOR MONITORING</b>   |
|---|--|--|--|--|
| Preparatory Level<br>(First Level)              | Written Exams<br><br>Daily Clinical Feedback Form  | Knowledge of alternate settings and career opportunities within the dental hygiene profession<br><br>Incorporate dental hygiene, communication and/or critical thinking skills in the clinical setting | DEHYG 1101, 1102, 1120, 1121                         | Course Director(s)<br><br>First Level Clinical Supervisor  |
| Professional Level<br>(Summer and Second Level) | Written Examination<br><br>Daily Clinical Feedback Form<br><br>Community Outreach Survey | Identify job opportunities within the dental hygiene profession<br><br>Implement appropriate patient treatment care in all dental hygiene settings   | DEHYG 2201, 2202, 2222, 2223, 2224, 2245, 2232, 2233 | Course Director(s)<br><br>Course Director Second Level Clinical Supervisor<br><br>Second Level Clinical Supervisor |
| Competent Level<br>(Graduation)                 | Senior Survey<br><br>National Board Scores   | Self-Assessment of Competency<br><br>Achieved level of competency for entry level dental hygiene position  | Prior to Graduation<br><br>Prior to Graduation       | Program Coordinator<br><br>Program Coordinator   |
| Expert Level<br>(Alumni)                        | Alumni Survey<br><br>Employer Survey   | Self-assessment of proficiency   | 6 mos. after graduation                              | Program Coordinator  |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  | Employer<br>Assessment of<br>proficiency |  |  |
|--|--|--|--|--|

**Radiology (R):** The dental hygiene student will identify the need for radiographs, accurately and safely expose and develop films to obtain radiographs of diagnostic quality, and discriminate normal from abnormal anatomic radiographic findings:

- Identify and demonstrate radiation safety
- Identify clinical situations for which radiographs may be indicated
- Discuss the use of radiographs in the provision of patient education, treatment, and evaluation of treatment
- Accurately and safely expose and develop film that are of diagnostic quality
- Develop a dental hygiene care plan and contribute information to the dentist for the formulation of a treatment plan
- Analyze radiographs to determine possible pathological processes and disease states to discuss with dentist

| LEVEL OF DEVELOPMENT               | METHOD OF ASSESSMENT             | DEMONSTRATION OF ACHIEVEMENT  | COD CURRICULUM INTERVALS                 | PERSON RESPONSIBLE FOR MONITORING |
|------------------------------------|----------------------------------|---|--|-----------------------------------|
| Preparatory Level<br>(First Level) | Written Exams                    | Knowledge of radiation safety, exposing and processing to obtain diagnostic quality | DEHYG 1112, 2213, 1121, 2222, 2223, 2224 | Course Director(s)                |
|                                    | Lab Setting                      |   |  | Course Director<br>Lab Assistant  |
|                                    | Daily Pre-Clinical Feedback Form | Safe and accurate exposure to all dental patients                                   |  | Clinical Instructors              |
|                                    | Radiographic Interpretation(s)   |   |  | Clinical Dentist                  |
|                                    |                                  | Appropriate handling of radiographs   |  |                                   |
|                                    |                                  | Accurate radiographic interpretations   |  |                                   |

|  |  |   |  |  |
|--|--|---|--|--|
| Professional Level<br>(Summer and<br>Second Level) | Written<br>Examination<br><br><br><br><br><br><br>Lab setting<br><br><br>Daily Clinical<br>Feedback Form<br><br>Radiographic<br>Interpretations(s) | Knowledge of<br>radiation safety,<br>exposing and<br>processing to<br>obtain diagnostic<br>quality<br><br>Safe and accurate<br>exposure to all<br>dental patients<br><br>Appropriate<br>handling of<br>radiographs<br><br>Accurate<br>radiographic<br>interpretations | DEHYG 1112,<br>2213, 1121, 2222,<br>2223, 2224 | Course Director(s)<br><br><br>Course Director<br>Lab Assistant<br><br>Clinical Instructors<br><br>Clinical Dentist |
| Competent Level<br>(Graduation)                    | Senior Survey<br><br>National Board<br>Scores  | Self-Assessment of<br>Competency<br><br>Achieved level of<br>competency for<br>entry level dental<br>hygiene position   | Prior to Graduation<br><br>Prior to Graduation | Program<br>Coordinator<br><br>Program<br>Coordinator   |
| Expert Level<br>(Alumni)                           | Alumni Survey<br><br>Employer Survey   | Self-assessment of<br>proficiency<br><br>Employer<br>Assessment of<br>proficiency   | 6 mos. after<br>graduation                     | Program<br>Coordinator   |

**Evaluation (E):** The dental hygienist must be able to evaluate the effectiveness of implemented clinical, preventive, and educational services and modify them as necessary.

- Recognize symptoms or conditions that indicate a medical consult
- Identify patients whose oral health risks and problems require close re-care intervals for supportive periodontal care or continuation of care for other oral health care problems
- Plan a supportive care program based on the patient’s disease control skills and the risk of disease recurrence
- Identify successful or reasonable outcomes, which may fluctuate from patient to patient
- Accurately document all findings

| <b>LEVEL OF DEVELOPMENT</b>                     | <b>METHOD OF ASSESSMENT</b>   | <b>DEMONSTRATION OF ACHIEVEMENT</b>  | <b>COD CURRICULUM INTERVALS</b>                | <b>PERSON RESPONSIBLE FOR MONITORING</b>                 |
|---|---|--|--|--|
| Preparatory Level<br>(First Level)              | Written Exams<br><br>Daily Pre-Clinical Feedback Form                         | Knowledge of effective evaluation methods<br><br>Knowledge of treatment planning and evaluation methods<br><br>Accurate and complete documentation           | DEHYG 1101, 1102, 1120, 1121                   | Course Director(s)<br><br>First Level Clinic Supervisor  |
| Professional Level<br>(Summer and Second Level) | Written Examination<br><br>Daily Clinical Feedback Form<br><br>Patient Charts | Knowledge of effective evaluation methods<br><br>Knowledge of effective treatment planning and evaluation methods<br><br>Accurate and complete documentation | DEHYG 2201, 2202, 2222, 2223, 2224             | Course Director(s)<br><br>Second Level Clinic Supervisor |
| Competent Level<br>(Graduation)                 | Senior Survey<br><br>National Board Scores                                    | Self-Assessment of Competency<br><br>Achieved level of competency for entry level dental hygiene position  | Prior to Graduation<br><br>Prior to Graduation | Program Coordinator<br><br>Program Coordinator           |
| Expert Level<br>(Alumni)                        | Alumni Survey<br><br>Employer Survey  | Self-assessment of proficiency<br><br>Employer Assessment of proficiency   | 6 mos. after graduation                        | Program Coordinator                                      |

## College of DuPage Dental Hygiene Program Clinic Pandemic Policy

1. Staff and students will start "phone screening" when making appointments asking the patient if they currently have flulike symptoms or fever and if they have seen their Dr. for these symptoms. Additional questions regarding exposure to Covid-19 people and travel will be asked.
2. Patients will be seen questioned about travel plans.
3. Temperatures will be taken routinely on our patients. The DDS will monitor patient temperatures using our Visiofocus temperature equipment. The DDS will take temperatures on all patients shortly after the patient is seated while the student is taking vitals and reviewing H.H. The student will record the temperature in the patient's chart. The Visiofocus is housed in Cindy's office on the file cabinet.
4. The CDC has recommended that any dental hygiene patient with a temperature of 100.4 or greater, have their appointment postponed.
5. We have a hand sanitizer just inside the door of the clinic. Please encourage your patients to use it upon enter and before they leave the clinic.
6. CDC posters are posted throughout clinic regarding hand hygiene and the proper way to cough.
7. Ultrasonic and aerosol procedures will be discontinued until the CDC and/or ADA permit use of those instruments again.
8. All students and faculty will wear full face shields, eye protection and a level 3 or N95 mask for patient treatment procedures.
9. Fluid resistant gowns and surgical caps will be worn in the clinic during patient treatment.

## COD COVID-19 Exposure Info

If you are experiencing symptoms, have been exposed to someone with COVID-19 or have tested positive for COVID-19, do not come to campus. Let your instructor know you will be missing class and report this information to the Dean of Student Affairs office immediately. Report your status by filling out the [Student Concern Form](#).

If you are exposed to COVID-19 while you are on campus, the Dean of Student Affairs Office will contact you. The Dean of Student Affairs Office will need to speak with you to give you valuable information and resources and keep you informed of next steps.

Contact the [Center for Access and Accommodations](#) if you are in need of an accommodation this semester based on COVID-19 impact and continue to check the [COVID-19 website](#) for updates and messages from College of DuPage President Dr. Brian Caputo.

For additional questions, contact the Dean of Students Office at (630) 942-2485 or email [deanofstudents@cod.edu](mailto:deanofstudents@cod.edu). Include your name and student ID number in your message.

## COVID Exposure in Dental Hygiene Clinic Policy

The following procedure has been approved by the college and **ONLY** applies to contact with a COVID-19 positive person in the COD Dental Hygiene Clinic. If you are exposed outside of the clinic (even if you have a mask on) you will continue to report your situation to the program chair and we will follow the policies and procedures of the college.

By definition, a true exposure is defined as: Close contact (within 6 feet) of a confirmed COVID-19 case for more than 15 minutes or direct contact with infectious secretions of a COVID-19 case **without** the use of proper PPE (Procedural mask, N95 mask, face shield PAPR, gown and gloves).

All DEHYG Program participants will continue to wear level 3 or N95 masks, face shields, safety glasses, gowns, bouffant head covers and gloves the during clinic. Also, continue to administer a preprocedural rinse to all patients prior to the beginning of all treatment. All patients will continue to be phone screened prior to coming to campus. All patients will continue to be screened by DEHYG Program staff prior to entering the clinic (temperatures are taken and recorded in the patient chart and screening questions are asked). We will follow the CDC guidelines regarding temperature. No patient will be admitted to the clinic if they have a temperature  $\geq 100.0$  degrees F.

We follow all CDC and American Dental Association dental office treatment / safe practice protocols. Our procedures supersede the recommendations of CDC and ADA. We'll postpone treatment on COVID positive patients or patients we suspect may be COVID positive based on phone screening questions. The CDC and ADA say that COVID-19 patients can be treated. We however, will not treat COVID-19 positive patients. We are also not doing any procedures that create aerosols at this moment.

\*\*This policy may be modified or changed at any time during and after the Pandemic

## **College of DuPage Dental Hygiene COVID-19 Pandemic Dental Treatment Consent Form**

Even after following protocols set by the American Dental Association and our state's dental association, it is still possible to contract COVID-19 while at a dental office. We are following all guidelines to minimize the risk of transmission.

- I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic. I understand that the COVID-19 virus has a long incubation period during which carriers of this virus may not show symptoms and may still be highly contagious. \_\_\_\_\_ (Initial)
- I understand that — due to the frequency of visits of other dental patients, the characteristics of the COVID-19 virus, and the characteristics of dental procedures — I have an elevated risk of contracting the COVID-19 virus simply by being in a dental office. \_\_\_\_\_ (Initial)
- I confirm that I am not presenting any of these COVID-19 symptoms: \_\_\_\_\_ (Initial)
  - o Fever
  - o Shortness of breath
  - o Dry cough
  - o Runny nose
  - o Sore throat
- I confirm that I have not been in contact with a person who has been diagnosed with COVID19 within the past 14 days. \_\_\_\_\_ (Initial)
- I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And the CDC recommends social distancing of at least six feet for a period of 14 days to anyone who has recently traveled, and this is not possible with dentistry. \_\_\_\_\_ (Initial)
- I verify that I have not traveled outside the United States in the past 14 days. \_\_\_\_\_ (Initial)

- I verify that I have not traveled domestically within the United States by commercial airline, bus or train within the past 14 days. \_\_\_\_\_ (Initial)

Patient Name (print): \_\_\_\_\_ DOB: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Patient or legal guardian)

Faculty or DDS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **COD Dental Hygiene Program Virtual Classroom and Meeting Policy**

- All students are required to attend meeting times for the classes and labs they are registered for per the individual course outlines.
- The online classroom should be treated just as the regular classroom environment. This is invaluable time with your faculty and peers. You should be using this time to ask questions and engage with your faculty and peers and participate in activities that are imperative for your learning.
- Your camera/video must be on at all times. If you cannot have your camera or video on during class, please reach out to the Program Chair for further discussion to this matter. Please mute your audio when you are not speaking.
- Virtual Classroom Decorum: Appropriate behavior is expected from all participants when a virtual meeting/class is in session. Behaviors or actions that create a distraction to the other participants in the class or meeting will result in the Host removing the individual from that virtual meeting/class. If you are removed by the Host, you are responsible for getting the information that you missed. Examples of distracting behavior: laying in bed or on a couch and doing something other than participating in class and being engaged in the conversation ( for example: folding laundry, knitting, giving yourself a manicure, sleeping, etc.). The faculty are mindful that there are times family members and or pets might pop onto your screen. We understand that. This policy refers to ongoing, on purpose, actions that you can control. Basically, if you wouldn't do it in a face-to-face class or meeting, don't do it in a virtual class or meeting.
- Cell phone use is prohibited during class meetings.
- No other online activities outside of our classroom should be taking place. No other Blackboard activities should be taking place during class time EX: posting on discussion boards, turning in assignments, reading assignments. Activities on Blackboard are time stamped. If this occurs a zero or U will be given for the assignment.
- Online quiz or test taking: It is imperative that you do not work collaboratively while taking the test or quiz or use books, notes, etc. These assessments are not open book.
- Online tests and quizzes are: Timed, no back tracking allowed, questions will be randomized, answers within the questions will be randomized, once the time expires, forced completion of the assessment will occur, no screen shots are to be taken of the questions, only one attempt is allowed (no multiple attempts are allowed).
- You will need an updated browser and reliable Internet connection. The college may be able to help you with resources if you cannot acquire adequate connection.
- All students experiencing issues with Blackboard need to contact IT so they can get support from the Student Help desk and it's a documented issue.
- If there are technical issues with a test that are immediate (i.e you are unable to finish a test or a test froze) please contact faculty via text.

- If you have an issue with a particular examination question wording, phrasing, answers available or graded response please see the section *Post Quiz and Examination Communication* information in your course outline.
- It is required for all students to have a working Internet connection for this semester. If you are experiencing issues with your Internet provider and access to a class you must contact the faculty directly via email, your Internet provider and IT to resolve the issue.
- If you are unable to attend an online classroom meeting for any reason you are required to give faculty notice (See the Communication Statement found in the course outline).

## **On-Campus Classroom COVID Attendance Information**

Now that we are 100% back on campus, it is imperative that we continue to stay safe and be mindful of current pandemic conditions. Masks must be worn at all times. Students working in small groups must also wear a face shield.

As per the Policy & Procedures Manual (page 81, #9), do not come to school if you are sick with COVID-like symptoms. If you miss class, every effort will be made to have you join a “live” Zoom class. However, this is not a guaranteed accommodation. If a quiz is scheduled, again, every effort will be made to have you join a “live” Zoom class so you can take the quiz at the same time as your classmates. This too is not a guaranteed accommodation.

If any quiz or assignment is not completed due to your absence because of you having COVID-like symptoms, you must provide the program chairperson with paperwork demonstrating that you did indeed have a COVID test that day or when appropriate of the missing quiz/assignment. NO home tests will be accepted. Acceptance of taking the quiz or handing in the late assignment is contingent upon the COVID test documentation. You must provide a paper copy of the documentation. No screen shots or emailed documents will be accepted (page 17 of the Policy & Procedures Manual).

## **Policy for Professional Conduct in Classrooms, Lab, Simulation, and Clinical Sites**

Review the divisions [Policy for Professional Conduct](#)

## **Student Violation of Professional Conduct Form**

Review the divisions [Student Violation of Professional Conduct](#)

## Signature Form

I have received an electronic copy and a paper copy of the 2023-2024 College of DuPage Dental Hygiene Program Policy and Procedures Manual via e-mail and or/ the Program Document tab on Blackboard found within the courses I am registered for during the Academic Year 2022-2023. I am also aware that this document is posted to and can be accessed from the Dental Hygiene Program Page found on the College of DuPage Website.

I have had the opportunity to read this manual. I have had opportunity to review this manual with the Program Chair or other fulltime faculty members. I have had opportunity to ask questions during and after the review.

If I have questions or need further clarification after the review, I know I can contact the Program Department Chair via email at [drummer@cod.edu](mailto:drummer@cod.edu).

I understand that I am responsible for following all the policies and procedures as indicated in this manual and in the College of DuPage Catalog. I also understand that any breach on my part to any of the policies found in this document or in the college catalog may result in immediate dismissal from the Dental Hygiene Program.

I know that it is my responsibility to look under the Program Documents Tab found on Blackboard weekly for additional and new program policies.

If any of the program or college policies are breached, the Program Chair and/or Faculty will complete the College of DuPage Nursing and Health Science Programs Student Violation of Professional Conduct Form found on the Dental Hygiene Program Page and in this document.

Printed Name of Student: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The Signature Form MUST be signed and returned to the COD Dental Hygiene Clinic Front Office Staff by the end of the first week of each semester. Failure to do so will result in the student not being able to participate in the clinical setting (HS1122) or any outside clinical rotations until the signed form is returned and on file in the Dental Hygiene Department.

## Student as a Patient Consent Form

I understand that part of my learning is to sit as a patient for a peer. I understand that it is my responsibility to complete a thorough, detailed medical history form that may reveal personal medical conditions to my faculty and peers.

I understand that I MUST be truthful on my Medical History Form and inform the Dental Hygiene Program Chair and one of the Clinic Dentists if my medical history and/or reported conditions change while I am a student in the Dental Hygiene Program at College of DuPage. I will follow and comply with any recommendations made regarding participating as a patient in the COD Dental Hygiene Clinic.

I also understand if I do not want to participate as a patient for the learning purposes of one of my peers, I will be required to practice on a manikin for my own learning purposes during those preclinic and/or clinic labs including the local anesthetic lab.

However, if I have a medical condition that does not allow me to participate as a patient on a regular basis, other accommodations will be made. I will discuss those accommodations with the program chair. I will have to provide the program chair with a doctor's note that is sent directly to the program chair describing the reason I cannot participate as a patient. No e-mails/letters sent directly to the student or copies of electronic charts such a MyChart will be accepted.

Printed Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_