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Memorandum of Understanding - Student

Upon signature of the dental hygiene Program Policy Manual, I confirm that faculty has explained the contents herein and that I have read and understand my duties and responsibilities as a student in the Associate Degree Dental Hygiene Program.

A copy of this acknowledgment will be placed in my student file. Upon revisions, during the 2018-2019 academic year, I understand that a new contract will be automatically in place without requiring a new signature.

_________________________________________  
Student Signature                          Date

_________________________________________  
Printed Name

_________________________________________  
Director’s Signature                       Date

NOTE: Upon submission of this MOU, any reference or implication for lack of policy knowledge on the student’s part during the program is unacceptable.

DUE: June 8, 2018 (submit to program director)
SECTION ONE

New Student Pack
James (Jim) Collins  
Dean, Science and Allied Health  

Dental Hygiene Faculty and Staff  

Dr. Melissa Fellman  
Program Director/Professor/Chair  

Chrisy Jones, RDH, BS  
Assistant Professor  
Senior Clinic – Lead Instructor  

Shanda Wallace, RDH, BSDH  
Assistant Professor  
Junior Clinic – Lead Instructor  

Larisa Figueroa, MPH, RDH  
Assistant Professor  
Perio and Research – Lead Instructor  

Norbert Korp, DMD  
Supervising Dentist  

Dexter Quiggle, DDS  
Supervising Dentist  

Steve Saffold, DDS  
Supervising Dentist  

Barbara Beale  
Administrative Assistant  

Stan Marsant  
Clerk  

Other: Various Adjunct Faculty
Dear Entering Dental Hygiene Student,

I would like to take this opportunity to welcome you to the Dental Hygiene Program at Sacramento City College. This email is to inform you regarding the required CPR course, counselor session, instrument issue kit fee, Pattison Institute fee, malpractice insurance fee, pre-clinic course orientation, and new student Program Orientation.

There will be a program orientation session for your class on **Friday June 8, 2018**. This session is required. You will have an opportunity to meet the staff and your classmates. This orientation session will begin at 9am and should last until about 5:30pm. At 11:30am there will be a welcome luncheon in the dental area, room RS 111. Immediately following the luncheon, you will go into the clinic with the dental hygiene instructors and the second-year class to learn some basics about dental hygiene and the operation of the clinic. During this time, vendors from an eyeglass company will fit you for the required magnification lenses and light. **(You must bring with you your eye Rx if you wear corrective lenses or contacts)**. Dental hygiene schools throughout the country are requiring magnification lenses for all students. You will be given the opportunity to try the lenses on that are available. The money for the required magnification lenses and light is paid directly to the vendor. Checks or Credit Cards are also acceptable. Uniform scrubs and shoe ordering will also be explained at orientation. You will also meet with a counselor during this afternoon session so please be prepared to stay until 5:30pm.

As a reminder, **attendance is required at each class, laboratory and clinic session**. Classes move fast so absences or tardiness will make it difficult to keep up with the information. If doctors or other appointments are needed, they should be scheduled at times that do not conflict with school. Sickness or emergencies, of course, may be unavoidable. Follow the clinic policy guidelines you must email both the program director and the teacher of your course when you are absent. There is also a college-wide policy on absences that sets a maximum at 6%.

School activities and projects will require you to spend **extra time outside the normal school schedule**. Activities requiring outside time include extra clinical time, community projects, outside lectures, clinical observations, conventions and meetings. There will be additional expenses for professional activities. For example, class dues have been collected in the past (about $20/month) to fund professional meetings, examination fees, graduation, class events, etc. I will provide a more detailed list of fees you can expect at the program orientation meeting.

Students are required to be certified in **Adult and Infant Health Care Provider CPR/AED**. The mandatory CPR course is scheduled on Monday June 4, 2018 from 9am-noon. Be prepared to pay $50 for the CRP certification at the end of the certification course.
After CPR you will meet with a counselor in the dental area for your required program entry educational plan. It is estimated that you will be with the counselor until 5:30pm. Regardless of any other degree you may already possess, you must obtain an Associate of Science degree in Dental Hygiene upon graduation. You will be meeting with a counselor at orientation on June 4, 2018 to have an education plan developed to insure that you will have all the appropriate courses for graduation in 2020.

Acceptance into the Dental Hygiene Program does not enroll you into the college. You must apply and enroll through the college's Admissions and Records office. The enrollment fee (formerly called tuition) must be paid at the time of registration by either a check or money order (no cash). Registration will not be completed until the enrollment fee is paid. If you are considering obtaining Financial Aid to help with your expenses, you should apply immediately at the FINANCIAL AID OFFICE on campus. Paperwork takes over 6 weeks to process. In addition, there is a workshop that you must attend before you will be able to have your application processed. These funds are not usually available until after August.

Students MUST purchase malpractice insurance. If you are accepting Malpractice Insurance through Sacramento City College please pay your $15.00 fee at the Business Services Office. If you are purchasing Malpractice Insurance from an outside agency please provide proof of payment and insurance. Cash, cashier’s check, Visa, MC, and Discover Card will be accepted. No personal checks or money orders are accepted. The Malpractice Insurance Due date is Monday, May 14, 2018. Please bring your receipt to the dental office.

The cost for the Dental Hygiene Instrument Kit is $8,714.13. All Dental Hygiene Instrument Kit payments MUST be paid in full at the SCC Campus Bookstore. Ask for two (2) receipts; you will need to turn in a receipt to the dental department by Monday May 14, 2018 for your instrument kit. the other receipt is for your records. The SCC Campus Bookstore will accept Cash, Cashier’s check, Visa, MC, or Discover Card, No personal checks or money orders will be accepted. Payment Due Date is: Monday, May 14, 2018. Once paid, this money is Non-Refundable; there are no exceptions. Please be certain you want to enter the program before submitting your payment. Your payment should be made at:

Sacramento City College
Campus Bookstore
(By West Parking Lot & Hughes Stadium)
3835 Freeport Blvd.
Sacramento, CA 95822

Because of the close personal contact with patients during this program, it is required that students have a complete physical examination before the beginning of the school term. The Medical Examination Form will be explained at the Program Orientation. You will not be allowed into class on Saturday August 18, 2018 without this completed examination form. You should schedule an appointment immediately after orientation since it sometimes takes weeks to get an appointment for a physical exam.
Be prepared to attend a full-day **DHYG 101 course orientation** from 10am-4pm on Saturday August 18, 2018. This session is required and will be held in Rodda South room 110. Your DHYG 101 Pre-Clinic course uses the Pattison Institute instrumentation videos as a required course instructional platform. The cost for **video access is $99.99**. You will need to **turn in a check made out to, Pattison Institute, to the dental department by Saturday May 25, 2018**. **Once paid, this money is Non-Refundable; there are no exceptions.** You will also need earbuds and an extender to use in the clinic cubicle computers, if you do not plan to use your smart phone or iPad. If you have questions about the instructional videos or earbud extenders, they will be answered on Saturday May 25, 2018.

For your protection, all students must receive the Hepatitis B vaccine. The cost for the three-injection series is about $135.00. Please talk to your physician about this vaccine during your physical exam. If you already have the vaccine, ask your physician for the “RU” value, an indication of your level of protection from the vaccine. **Documentation for the Hepatitis B vaccine will be explained at your Program Orientation.**

All students are required to be tested for Tuberculosis. This can be done for a $5.00 charge, per test, at the SCC Health Office in the Rodda North building or at your physician’s office during your physical examination. For dental health students, the two-step process is required. This involves **two cycles** of placing the Tuberculin Skin Test and the interpretation/reading of the test 48 to 72 hours after each test. **The TB test will be explained at your Program Orientation.**

During classroom or clinical experiences, students may be exposed to hazardous or radioactive materials, radiation, or infectious diseases. **Students will be provided information at orientation on associated health risks and appropriate safety precautions** and will be expected to utilize appropriate safety precautions in the classroom and clinical setting. Students will practice skills on each other in a laboratory setting with instructor supervision Additionally, this program may include discussion of issues such as race, religion, sexuality, disability, and gender as related to course content.

**Please hold your questions for the Program Orientation on June 8, 2018.** Should you need immediate assistance, feel free to contact me at, 916-558-2096.

Sincerely,

**Dr. Melissa Fellman**
Dental Hygiene Program Director
Melissa Fellman, EdD, MPH, RDH
**TENTATIVE SCHEDULE FOR THE FIRST SEMESTER**

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## EXPENSES FOR FALL 2017

<table>
<thead>
<tr>
<th>Item</th>
<th>APPROXIMATE COST</th>
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<tbody>
<tr>
<td>1. Clinic Shoes OSHA approved</td>
<td>$50.00-$75</td>
</tr>
<tr>
<td>2. Clinical Instruments and Equipment</td>
<td>$8,714.13</td>
</tr>
<tr>
<td>3. Uniforms</td>
<td>$150.00+</td>
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<tr>
<td>4. SADHA Membership (Student American Dental Hygienists’ Association)</td>
<td>$65.00</td>
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<tr>
<td>5. Hepatitis B Vaccine</td>
<td>$115.00-135.00</td>
</tr>
<tr>
<td>6. Magnification Glasses and Light</td>
<td>$1,600+</td>
</tr>
<tr>
<td>7. Malpractice Insurance (1st Yr, 2nd Yr./ SCC)</td>
<td>$15.00</td>
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<tr>
<td>8. Class Dues (1st Yr., 2nd Yr.)</td>
<td>Usually about $20 / month</td>
</tr>
<tr>
<td>9. CDHA Dues (1st Yr., 2nd Yr.)</td>
<td>$25.00</td>
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<tr>
<td>10. Books</td>
<td>VARIED COSTS</td>
</tr>
<tr>
<td>DENTAL EMBRYOLOGY, HISTOLOGY, &amp; ANATOMY, Bath-Balogh, 4th Ed</td>
<td>$75.00</td>
</tr>
<tr>
<td>CLIN.PRAC.OF DENTAL HYGIENIST, Wilkins, 12th Ed-Required in Spring 2016</td>
<td>$95.00</td>
</tr>
<tr>
<td>FUNDAMENTALS OF PERIO. INSTR., NIELD-Gehrig, 7th Ed</td>
<td>$95.00</td>
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<tr>
<td>DENTAL HYGIENE THEORY AND PRACTICE, Darby and Walsh, 4th Ed</td>
<td>$95.00</td>
</tr>
<tr>
<td>DENTAL HYGIENIST'S GDE.TO NUTRITIONAL..., Stegeman, 3rd - Optional</td>
<td>$60.00</td>
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<tr>
<td>PRIMARY PREVENTIVE DENTISTRY, Harris, 8th Ed</td>
<td>$79.00</td>
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<tr>
<td>CHAIRSIDE PDR, Mosley</td>
<td>$70.00</td>
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<tr>
<td>Books for 109 in your instrument issue</td>
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<tr>
<td>- DHYG 104 Jones, on D2L</td>
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<tr>
<td>- DHYG 101 Wallace</td>
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<tr>
<td>- DHYG 107 Fellman, on D2L</td>
<td></td>
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<tr>
<td>- DHYG 109 Jones</td>
<td></td>
</tr>
<tr>
<td>- DHYG 103 Fellman, on D2L</td>
<td></td>
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<tr>
<td>11. HESI ASSESSMENTS</td>
<td>$170.00 +</td>
</tr>
<tr>
<td>12. PROGRAM CPR</td>
<td>$50.00</td>
</tr>
<tr>
<td>13. ANNA PATTISON VIDEOS</td>
<td>$99.99</td>
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</tbody>
</table>

14. Gloves: Students will be responsible to provide their own gloves. Sample gloves from various vendors will be available for sizing during the orientation. Ten boxes are recommended at a cost of about $7.00/Box. $70.00+

Once Funds are paid for Instruments/Equipment, Uniforms, SADHA, CDHA, and Class Dues, these funds will be Non-Refundable; there are no exceptions
UNIFORMS

During the summer orientation session, uniforms will be available to try-on for your correct size. You will need a minimum of:

Dental Scrubs: 3 sets (tops/pants)

OSHA approved Shoes

The cost is approximately $30.00 each for tops/pants/jacket: ($150+). Shoes approximately $100. Uniforms can be ordered individually from our vendor after orientation.

General items for incoming DH students not included in instrument issue

1. Plastic clipboard  (Needs to be plastic so it can be treated to avoid cross contamination)
2. Small, inexpensive calculator. (Some clipboards have a small calculator on top which is handy)
3. Plastic sheet protectors for 3-ring binders
4. A red/blue pencil (One end red; the other blue)
5. Multi-colored pen (blue/black/green/red)
6. Small tube/jar of non-petroleum based lubricating agent
7. Large hand mirror for patient education
8. Timer
9. Patient Sunglasses (Adult & Child -- for clinic)
SACRAMENTO CITY COLLEGE

CONDITIONS OF RE-ENTRY into the
DENTAL HYGIENE PROGRAM

A. STUDENT CATEGORIES:
Students who leave the program will be classified as:

1. **Leaving “in good standing”** The student leaves the program and has received or is currently receiving at least a “C” in all dental hygiene courses at the time of his/her departure.

2. **Leaving “not in good standing”** Student will be considered “not in good standing” if one or more of the following conditions occur in any SCC dental hygiene course:
   a. The student receives a grade of “C-” or “F” in any didactic or clinical course.
   b. The student is considered, by the dental hygiene faculty, to be deficient in their clinical skills to a point where it is unsafe for them to work on patients.

B. NOT ELIGIBLE FOR RE-ENTRY:
1. Students receiving a grade of “C-” or “F” in a dental hygiene course or is considered deficient in clinical skills will not be eligible for re-entry and may not reapply to the program.
2. Students receiving more than one deficient grade in any semester will not be eligible for re-entry.
3. Students receiving more than one deficient grade in any academic year will not be eligible for re-entry.

C. PRIOR TO RE-ENTRY:
Students leaving the program with the intention of returning must satisfy the following requirements before re-entry:

1. Attend an exit-interview with the Dental Hygiene Program Director within one month of leaving the program.
to discuss barriers that may have hindered success and identify options to help eliminate or reduce these
barriers.

2. Complete appropriate course work, assessments, etc., that may help increase the chances of success in
the future. This can include, but is not limited to:

   A. Critical thinking instruction
   B. Reading Comprehension assessment & remediation
   C. Learning Disability and/or behavioral issue assessment
   D. College Success / Study Strategies Course
   E. ESL courses
   F. Clinical Dexterity exercises

3. Attend an interview with the Program Director to provide evidence of compliance with any
condition of re-entry.

4. Update physical examination, PPD, CPR Certification and malpractice insurance.

D. RE-ENTRY:

A re-entry student will be required to repeat didactic course work sufficient to meet competency and safety standards. The reentry contract will be developed at the exit-interview with the Dental Hygiene Program Director.

E. RE-ENTRY SELECTION PROCESS:

1. Students leaving the program “in good standing” can re-apply to the program utilizing the normal selection
   process available to all dental hygiene applicants if they meet the current program selection criteria. In addition,
   they will be placed at the top of the alternate list for the next selected dental hygiene class. If any of the originally
   selected 24 applicants declines acceptance into the program, the alternates will be selected.
2. If a position does not open, re-entry applicant(s) will not be selected. If they wish to enter the program the following year, they will have the opportunity to reapply along with all other applicants but receive no special consideration in the selection process.

4. Students who gain entry via the re-entry process but again leave the program for any reason will not be eligible for re-entry under any circumstances nor will they be eligible to apply through the normal selection process.

5. Students who leave at the end of the second semester may re-enter the next semester only if an opening occurs in the first-year class prior to the second week of instruction.

PRINT NAME ______________________________________________________

DATE________________________________

SIGNATURE_______________________________________________________
SACRAMENTO CITY COLLEGE

DENTAL HYGIENE PROGRAM

Please complete and return to Dental Health Department during orientation.

Please Type or Print Clearly.

First/Last name: ___________________________________________

(Your first name will appear on a name badge)

Local Address: ____________________________________________

_________________________________________________________________

Local Phone: ____________________________

Work Phone: ____________________________

Cell Phone: ____________________________

Permanent Address: __________________________________________

Permanent Phone: __________________________________________

Emergency Contact: _________________________________________

Emergency Contact Phone: ________________________________

Email address: ____________________________________________

Please notify the Dental Health Department if you change your address or phone number.

I understand that a grade of “C” or better is required in all courses to maintain enrollment in the Dental Hygiene Program. The program abides by the S.C.C. attendance policy. Attendance and tardiness will have an effect on my grades in each class. I have read this statement and the enclosed information.

I have read and understand the enclosed Conditions of Re-entry into the Dental Hygiene Program.

I have read and understand the statements concerning Hazardous Materials, Laboratory practice and discussion of program-related issues.

___________________________________________

Signature
Dear S.C.C. Counselor:

Assuming the above student successfully completes his/her Dental Hygiene classes, he/she will have satisfied all the requirements required by the Commission on Dental Accreditation of the American Dental Association. Please review his/her transcripts to see if the necessary S.C.C. graduation requirements for an A.S. DEGREE in DENTAL HYGIENE have been satisfied. If additional classes are required, please indicate below:

Each graduating student must obtain an A.S. degree in Dental Hygiene.

Dr. Melissa Fellman

Melissa Fellman, EdD, MPH, RDH
Dental Hygiene Program, Director

Classes needed: (G.E. categories)

A. __________________________
B. Sec B1 ____________________
  Sec B2 ________________
C. __________________________
D. Sec D1____________________
D. Sec D2____________________
E. Sec E1____________________
  Sec E2____________________
F. __________________________
G. Competencies required
  Reading____________________
  Writing____________________
  Math ____________________

___The above named student only needs the dental hygiene classes in order to receive an A.S. degree in Dental Hygiene. No additional non-dental hygiene classes are necessary.

___I have indicated which non-dental hygiene classes are needed for graduation with an A.S. degree in Dental Hygiene.

___Comments_________________________________________________________

_____________________________________________________________

____________________________________

Counselor, Sacramento City College

It is the student’s responsibility to turn this completed form into the Dental Health Program Director before the semester begins.
Patient Privacy Policy
Sacramento City College Dental Health Programs

The Dental Health Programs at Sacramento City College respects the rights of privacy for all patients seen at the clinic.

The SCC Dental Health Clinic is an educational facility and is limited to services practiced by dental hygienist and dental assistants. Fees are collected at the time services are provided. A limited number of Medi-Cal and Insurance companies are billed. Some of these bills are sent electronically. No Patient personal data or health information other than that necessary to make appointments and contact individuals are maintained in electronic format.

The following guidelines are followed to insure your privacy is protected and remains confidential:

- Patient charts will not be removed from the clinical facility.
- Patient charts will only be reviewed in the clinic business office, radiology laboratory, instructional classrooms or the dental health clinic.
- Patient information can be used for teaching purposes only after any information that could identify the patient has been removed.
- Patient information, such as photographs, dental records or medical records that would identify the patient, can be sent to 3rd parties only after receiving written permission from the patient.
- No conversations that would identify a patient will occur outside of the educational facility.
- Conversations within the facility will be conducted in an appropriate manner so that only those individuals with the right to know the information will be involved in the discussions.

I have reviewed this information and understand the policy.

Student’s Name_____________________________  DA or DH_______________
Student’s Signature__________________________  Date____________________
LOS RIOS COMMUNITY COLLEGE DISTRICT
AGREEMENT TO PARTICIPATE AND WAIVER/ASSUMPTION OF RISK

NAME: ___________________________ STUDENT ID NUMBER: ___________________________

CLASS/ACTIVITY: ___________________________ INSTRUCTOR’S NAME: ___________________________

This is a release of liability and assumption of risk agreement. Read it carefully and sign below. Completion of this form is necessary in order to participate in this class activity. I understand my decision to take this class or activity is optional and voluntary. This document cannot be altered or modified by any verbal or written statements.

I am aware that participating in this Los Rios Community College District (DISTRICT) class or activity can involve MANY RISKS OF INJURY including, but not limited to, property damage, bodily injury, personal injury and death.

In consideration of the DISTRICT permitting me to participate in the ___________________________, I hereby voluntarily assume all risks associated with my participation and release the DISTRICT, its employees and volunteers, its colleges, campuses and centers, its governing board and the individual members thereof, and all other DISTRICT officers, agents and employees from all liability (whether based on negligence or otherwise) for injuries (including death) and damages arising out of or in any way related to the activity and/or class.

I understand that if this involves an excursion or field trip as defined by California Code of Regulations, Section 55220 that Section states in part:

“All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of minor students taking out-of-state field trips or excursions shall sign a statement waiving such claims.”

By signing this Agreement, I hereby waive all such claims.

I understand and agree to accept all the rules and requirements of the activity and/or class, including safety rules and instructions given by the supervisory personnel. I understand, and agree, and grant to the DISTRICT the right to terminate my participation in the activity and/or class within the DISTRICT’s or DISTRICT’s employee’s sole discretion. If applicable, I understand and agree that any costs associated with my return transportation shall be at my personal expense.

I consent to the DISTRICT providing emergency health assistance if it is determined necessary and further consent to the DISTRICT notifying the emergency contact (listed below) and agree that this liability release and assumption of risk agreement applies to any of the DISTRICT’s actions in this regard.

This agreement shall inure to the benefit of and be binding upon my heirs, executors, successors, assigns, legal representatives, and all family members. The provisions of this agreement including, but not limited to, my waiver of liability and my assumption of risk shall survive this agreement.

The following person should be contacted in case of an emergency: (please print)

Name ___________________________ Address ___________________________ Telephone No. ___________________________

I/WE, THE UNDERSIGNED, HAVE READ THIS AGREEMENT AND UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS AND THAT I/WEE ARE VOLUNTARILY ASSUMING ALL RISKS AND WAIVING ANY AND ALL CLAIMS ARISING OUT OF OR IN ANY WAY RELATED TO THIS ACTIVITY AND/OR CLASS. I/WEE AGREE THAT NO ORAL REPRESENTATIONS, PROMISES, OR INDUCEMENTS, NOT EXPRESSLY CONTAINED HEREIN HAVE BEEN MADE AND THAT THIS DOCUMENT CONSTITUTES THE ENTIRE AGREEMENT PERTAINING TO THE SUBJECT MATTER CONTAINED HEREIN.

If participant is under 18, parent or guardian must sign.

SIGNATURE ___________________________ Date ___________________________

PARENT OR GUARDIAN ___________________________ Date ___________________________

13
GS 89(L) Form – Rev.7-09
Upon acceptance, make payment in the amount of $8,714.13 to Sacramento City College Book Store. Payment forms: Cashier’s Check/Certified Check, Visa, and MC. Payment is due by Monday May 14, 2018. (No Money Orders or Personal Checks for the instrument kit)

Register for Dental Hygiene Classes at the College’s Admissions & Records office before August classes 2018.

“Physical Examination”, submit verification forms online to CertifiedBackground.com due by, Saturday, August 25, 2018.

$15.00 for Malpractice Insurance; pay to Sacramento City College Business Office and make payment payable to Sacramento City College by Monday May 14, 2018. Please put your student ID# on check.

Apply to the Financial Aid Office, if needed, as soon as possible.

You are required to take the C.P.R (AED, adult, and infant), “Health Care Provider” certification course on Monday, June 4, 2018 from 9 AM to 12 PM at SCC Dental Department. The cost is $50.00 and paid on CPR day. Your CPR card MUST be signed and submitted online to CertifiedBackground.com Your CPR card will be mailed to you.

<table>
<thead>
<tr>
<th>Day</th>
<th>Task</th>
<th>Due Date</th>
</tr>
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<tbody>
<tr>
<td>Orientation Day</td>
<td>“SCC Dental Hygiene Program” form to the Dental Health</td>
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<tr>
<td>Orientation Day</td>
<td>Order &quot;scrubs&quot; and REQUIRED OSHA approved shoes.</td>
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<tr>
<td>Orientation Day</td>
<td>Save your money for the magnification glasses.</td>
<td></td>
</tr>
<tr>
<td>Orientation Day</td>
<td>How to arrange for Hepatitis B vaccine and TB test (TB test is a two-step process). Submit verification forms online to CertifiedBackground.com due by, Saturday, August 25, 2018</td>
<td></td>
</tr>
<tr>
<td>Orientation Day</td>
<td>“Allied Health Essential Functions”, Submit verification online to CertifiedBackground.com due by, Saturday, August 25, 2018</td>
<td></td>
</tr>
<tr>
<td>Orientation Day</td>
<td>“Patient Privacy Policy”, Sign and submit verification online to CertifiedBackground.com due by, Saturday, August 25, 2018</td>
<td></td>
</tr>
<tr>
<td>Orientation Day</td>
<td>“Program Re-Entry”, Review, sign, and submit verification online to CertifiedBackground.com due by, Saturday, August 25, 2018</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Purchase Books by first day of instruction.</td>
<td></td>
</tr>
<tr>
<td>Orientation Day</td>
<td>How to complete online HIPAA an OSHA compliance training through CertifiedBackground.com due by, Saturday, August 25, 2018</td>
<td></td>
</tr>
<tr>
<td>Orientation Day</td>
<td>You have an appointment with a SCC counselor to develop an education plan to insure you will have all the graduation requirements for an A.S. degree in Dental Hygiene by the end of the program. Make sure you review your transcripts and the SCC General Education requirements before your visit with the counselor. You should be aware of what you need before this visit. The counselor will confirm that your plan is correct. This will be completed on Monday, June 4, 2018 after CPR.</td>
<td></td>
</tr>
<tr>
<td>Orientation Day</td>
<td>“Agreement to Participate and Waiver/Assumption of Risk”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How to use CertifiedBackground.com for background check.</td>
<td></td>
</tr>
<tr>
<td>Orientation Day</td>
<td>NAHC Volunteer Form: Information form needs to be completed, fingerprints taken, and drug screening results must be verified and submitted online to CertifiedBackground.com due by, Saturday, August 25, 2018</td>
<td></td>
</tr>
</tbody>
</table>
Student's Name__________________________________________ Sex □ M □ F
Social Security # (Last 4 digits) __________ LRCCD Student ID #_______________ Birth Date ___/___/_____
Address___________________________________________ City _______________________ Zip _____________
Home Phone: ___________________ Cell Phone: _____________________ Email: _______________________

TO BE COMPLETED BY HEALTH CARE PROVIDER

1. Current complaints or disabilities pertinent to the student's education in an Allied Health Program:
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

2. Significant medical history including serious illness, injury, or surgery?
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

3. Medication used: (Prescription and OTC)
   NAME | REASON | FREQUENCY
   ---------------------
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________
**MEDICAL EXAMINATION TO BE COMPLETED BY HEALTH CARE PROVIDER**

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>NL</th>
<th>ABN</th>
<th>COMMENTS</th>
<th>M/S EXERCISE ASSESSMENT</th>
<th>LIMB LIMITATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arm Rotation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. General Appearance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Eyes</td>
<td></td>
<td></td>
<td></td>
<td>Neck Extension</td>
<td>x</td>
</tr>
<tr>
<td>3. Ears, Nose, Throat</td>
<td></td>
<td></td>
<td></td>
<td>Neck Flexion</td>
<td>x</td>
</tr>
<tr>
<td>4. Mouth &amp; Teeth</td>
<td></td>
<td></td>
<td></td>
<td>Neck Side to Side</td>
<td>x</td>
</tr>
<tr>
<td>5. Respiratory</td>
<td></td>
<td></td>
<td></td>
<td>Knee Flexion</td>
<td>Rt.</td>
</tr>
<tr>
<td>6. Cardiovascular</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lt.</td>
</tr>
<tr>
<td>7. Abdomen</td>
<td></td>
<td></td>
<td></td>
<td>Knee Extension</td>
<td>Rt.</td>
</tr>
<tr>
<td>9. Skin</td>
<td></td>
<td></td>
<td></td>
<td>Up on toes</td>
<td>x</td>
</tr>
<tr>
<td>10. Neuro</td>
<td></td>
<td></td>
<td></td>
<td>Back on heels</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Body Mechanics Demo</td>
<td>x</td>
</tr>
</tbody>
</table>

He/she is able to perform the physical activities required for the program for which the individual is applying. Specific requirements may vary within the allied health programs.

**Health Care Provider’s Signature**

________________________________________

**Address**

________________________________________

**Phone**

________________________________________

**Health Care Provider’s Stamp**

________________________________________

**Date**

________________________________________
ENTRY REQUIREMENTS CHECK LIST

Check each box to demonstrate inclusion of appropriate screening and vaccine documentation. Please attach documentation in the order that is listed here (as closely as possible) and number the copy pages. Place that number by each check box below in the appropriate place.

☐ Healthcare Provider CPR card: page #

☐ Physical Exam (completed, dated, signed by student; signed & stamped by provider): page #

☐ Tuberculosis Clearance using 2 step method PPD # 1: page# and PPD # 2: page# OR Copy of chest x-ray report (in the event of a positive PPD): page#

☐ Tetanus, diphtheria, pertussis Tdap within the last 10 years: page#

☐ Mumps MMR #1: page# AND MMR #2: page# OR Titer showing immunity: page#

☐ Rubella (German measles) MMR #1: page# AND MMR #2: page# OR Titer showing immunity: page#

☐ Measles (Rubeola) MMR #1: page# AND MMR #2: page# OR Titer showing immunity: page#

☐ Varicella (Chicken Pox) Dose #1: page# AND Dose #2: page# OR Titer showing immunity: page#

☐ Hepatitis B Dose #1: page# AND Dose #2: page# AND Dose #3: page# AND Follow-Up Titer showing immunity: page # OR Titer showing immunity (if no completed series documentation): page #

☐ Influenza Highly recommended or signed declination of vaccine: page #
STUDENT INSTRUCTIONS FOR SACRAMENTO CITY COLLEGE

About CertifiedProfile.com

CertifiedProfile is a secure platform that allows you to order your background check online. Once you have placed your order, you may use your login to access additional features of CertifiedProfile, including document storage, portfolio builders and reference tools. CertifiedProfile also allows you to upload any additional documents required by your school.

Order Summary

- **Required Personal Information** - In addition to entering your full name and date of birth, you will be asked for your Social Security Number, current address, phone number and e-mail address.

- **Drug Test (LabCorp)** - Within 24-48 hours after you place your order, the electronic chain of custody form (echain) will be placed directly into your CertifiedProfile account. This echain will explain where you need to go to complete your drug test.

- **Immunizations** - Document trackers provide secure online storage for all of your important documents. At the end of the online order process you will be prompted to upload specific documents required by your school for immunization, medical or certification records.

- **Payment Information** - At the end of the online order process, you will be prompted to enter your Visa or Mastercard information. Money orders are also accepted but will result in a $10 fee and an additional turn-around-time.

Place Your Order

Go to: [www.CertifiedBackground.com](http://www.CertifiedBackground.com) and click on “Students” then enter package code:

**SK06** – Background Check, Document Tracker, and Drug Test

**SK06bg** – Background Check Only

**SK06dt** – Drug Test Only

**SK06im** – Document Tracker Only

You will then be directed to set up your CertifiedProfile account.

View Your Results

Your results will be posted directly to your CertifiedProfile account. You will be notified if there is any missing information needed in order to process your order. Although 95% of background check results are completed within 3-5 business days, some results may take longer. Your order will show as “In Process” until it has been completed in its entirety. Your school’s administrator can also securely view your results online with their unique username and password.
Immunization Requirements

TB Skin Test (2 Step)
- There must be documentation of one of the following:
  2 step TB
  If the results are positive a clear Chest X-Ray is required

Tetanus, Diphtheria & Pertussis (Tdap)
- There must be documentation of a Tdap booster within the past 10 years.

Varicella (Chicken Pox)
- There must be documentation of one of the following:
  2 vaccinations
  Positive antibody titer (lab report required)
  Medically documented history of disease

Measles, Mumps & Rubella (MMR)
- There must be documentation of one of the following:
  2 vaccinations
  Positive antibody titers for all 3 components (lab reports required)

Hepatitis B
- There must be documentation of one of the following:
  3 vaccinations
  Positive antibody titer (lab report required)

CPR Certification
- Must be the American Heart Association Healthcare Provider course.

Medical Exam
- Must download, print and complete the 4 page Report of Medical Examination Form.

SCC Patient Privacy
- Must download, print and complete the SCC Patient Privacy Form.

SCC Conditions of Re-Entry
- Must download, print and complete the SCC Conditions of Re-Entry Form.

SCC “C” Grade Form
- Must download, print and complete the SCC “C” Grade Form.

SCC Essential Functions
- Must download, print and complete the Essential Functions Form.

SCC Volunteer and Extern Application
- Must download, print and complete the Volunteer and Extern Application.

I NEED HELP!!!

If you need assistance please contact CertifiedProfile.com at 888-666-7788 or studentservices@certifiedprofile.com and a Student Support Representative will be available Monday-Thursday 8am-8pm, Friday 8am-6pm & Sunday 12pm-8pm EST.
Student Application Process Protocol

PROGRAM POLICIES AND REQUIREMENTS

1. DRUG SCREEN AND LAW ENFORCEMENT BACKGROUND CHECKS

All clinical facilities in the greater Sacramento area require drug screens and law enforcement background checks for all students prior to entering a dental hygiene program. SCC dental programs have contracted with CertifiedBackground.com for these services. Students make payment directly to www.CertifiedBackground.com. Students receive a drug screen chain of custody form and a network of labs that may be used for testing. A urine sample is required.

If there is a break in continuous enrollment in the program, students will need to repeat a drug screen and background check as required by our hospital partners. Some county courts charge additional fees to search records. Students will be contacted for any additional court fees.

Clinical facilities review all student background checks on a rotating basis. Individual agencies determine the acceptance of students based on their own criteria. Results of drug screens and background checks are sent directly to the Program Director. All drug tests are sent to a medical review officer (MRO). Every individual who has a non-negative lab result will have an opportunity to speak with an MRO before reports are made to SCC.

2. EVIDENCE OF PHYSICAL AND MENTAL HEALTH

Students are required to have a complete physical examination utilizing the Los Rios Community College District health form. This must be submitted prior to starting DHYG 101. All students must submit a drug screen prior to beginning the first semester and if a break in continuous enrollment in the dental hygiene program occurs. The requirements are in accord with hospital policy mandate that students are in good physical and mental health and free from communicable disease when caring for patients. When a student has an identified chronic condition, a physician's verification of the condition and of the ability to perform “Essential Functions Required of Allied Health Students” without restrictions is required. This form is part of the application packet.

3. PERSONAL HEALTH AND ACCIDENT INSURANCE

Students are encouraged to carry personal health and accident insurance. The college nurse has resource information regarding available student health insurance.

4. IMMUNIZATIONS

SCC dental hygiene students use the CertifiedBackground.com Immunization Tracker system. (Shot or titer showing immunity required)

- Tuberculosis Clearance (PPD): A two-step initial PPD skin test is required within one month of starting the dental hygiene program, completed 7-21 days apart. Subsequently, annual PPD testing is required for practice.
- Tetanus/diphtheria/pertussis: Tdap within the last 10 years
- Rubella (German Measles), MMR (Measles, mumps, rubella) doses #1 and #2
- Measles (Rubeola): MMR doses #1 and #2
- **Mumps**: MMR doses #1 and #2
- **Varicella zoster (Chicken Pox)**: 2 doses 4 weeks apart (#1 and #2)
- **Hepatitis B**: 3 dose series (#1 now, #2 in one month, #3 approximately five months after #2)
- **Influenza vaccine**: one dose annually

5. **C.P.R. CERTIFICATION WITH AED**

A current category "C" American Heart Association or Professional Rescuer American Red Cross certificate with annual renewal is required for clinical practice. Students must adhere to facility policies regarding current CPR. Expired CPR status will result in student’s inability to attend clinical. Online CPR courses are not acceptable. Students must have hands-on mannequin practice.

6. **Professional Liability Insurance**

The school provides liability insurance coverage for all dental hygiene students while enrolled in the program and covers students during clinical courses and off-site clinical rotations. Additional liability policies are available to students at low cost through the American Dental Hygienists’ Association (www.adha.org).

### IMPORTANT STUDENT INFORMATION AND EXPECTATIONS

1. **LABORATORY PRACTICE**

   Students in this program will practice clinical skills on each other in a laboratory setting with instructor supervision. No skill evaluations are allowed on past or present students. The course may include discussion of issues such as race, religion, sexuality, gender and disabilities related to course content.

2. **EXPOSURE TO HAZARDOUS OR RADIOACTIVE MATERIALS**

   During classroom/clinical experiences, students may be exposed to hazardous or radioactive materials, radiation, or infectious diseases. Students will be provided information on associated health risks and appropriate safety precautions and will be expected to utilize appropriate safety precautions in the classroom and clinical setting.

3. **REPORTING OF ABSENCE FROM THE CLINICAL AREA**

   Continuity of patient care is an important responsibility in dentistry. It is imperative the student call the clinical area before their assigned time on duty to report any delay or illness.

   Promptness and being on time are professional behaviors faculty believes are important in student development. Tardiness will factor into the total clinical and/or theory hours absent.
   - Inform Dr. Fellman the program director through e-mail when you are going to be absent or late to clinic.
   - **Call** Barbara Beale and speak with her directly or leave a message. 916-558-2357.
   - Contact the assigned clinic lead instructor
     - Shanda Wallace: 1st year clinic
     - Chrisy Jones: 2nd year clinic
4. STUDENTS IMPAIRED BY ALCOHOLISM, DRUG ABUSE, EMOTIONAL ILLNESS

A student must be in optimal physical and mental health to ensure safe, effective care of patients. If a student's physical or mental health is symptomatic of substance-abuse, the instructor has the right and responsibility to remove that student from the patient care area. According to SCC Catalog regarding student conduct: “drinking or being in possession of or under the influence of alcoholic beverages on college campuses is prohibited without qualification”. Any student having such problems will be referred to the College Nurse/Counseling for further evaluation.

The SCC Dental Hygiene Faculty has developed the following policy which is consistent with DHCC guidelines, in regard to dental hygiene students impaired by alcoholism, drug abuse or emotional illness. Any student who exhibits symptoms of alcoholism, drug abuse or emotional illness will be removed from the classroom or clinical setting according to the following guidelines:

The student will be removed from the classroom or clinical setting when the student's behavior and/or performance pose a danger to the safety and well-being of self or others. These behaviors may include, but not limited to physical impairment, impaired judgment, mental/emotional impairment, disruptive actions, inconsistent behavior patterns

When a student exhibits above behaviors the following will occur:

a. The student will be removed from the classroom or clinical area immediately then--

b. The instructor will immediately report the incident to the Program Director or Dean of Science and Allied Health then--

c. Within 24 hours the student will make an appointment to see the Program Director. At this time, the student will be referred for further professional assessment.

d. The student will be given a referral form indicating those behaviors that led to the classroom/clinical removal. The student must have this form signed by a licensed chemical dependency/mental health counselor indicating the student is safe to return to dental hygiene. This form must be submitted before the student can be readmitted.

When an instructor identifies a student as being impaired, and is a danger to self or others, and the student refuses to submit to the required assessment, the student may be suspended from the dental hygiene program. If the student completes the required assessment and is diagnosed as being impaired, the student will be suspended from the dental hygiene program for a minimum of one semester and until such time proof of having received professional treatment and a certified release to return to dental hygiene can be provided.

Re-entry Policy Related to Alcoholism, Drug Abuse, or Emotional Illness:

After a minimum of one semester, the student may request readmission to the dental hygiene program, according to the following requirements:

a. The student must submit a written request to the Director for re-admission.
b. The student shall provide proof of active participation in a recognized program on a regular basis, evidence of rehabilitation and/or recovery, along with a release to return to nursing at the time of request.

c. The student will be required to participate in an on-going rehabilitative treatment program as a condition of readmission. The evidence of continued rehabilitation treatment will be provided on a schedule as determined by the Director.

d. Re-entry is on a space available basis. Theory and skills testing for re-entry apply.

e. Failure to submit evidence of on-going treatment will result in program dismissal.

f. A second documented incident of impaired behavior will result in dismissal from the dental hygiene program.

5. IMPORTANT INFORMATION REGARDING LICENSURE

The Dental Hygiene Committee of California (DHCC) may deny a license on the grounds that the applicant has been convicted of a crime and/or felony. (California Business and Professions Code, Section 480). If an arrest/conviction related to drug/substance abuse or driving under the influence has occurred, the Board will request validation of rehabilitation before issuing a license. If you wish further information in relation to these regulations, please contact the DHCC.

STUDENT RIGHTS

1. STUDENT PARTICIPATION/REPRESENTATION

The accreditation of dental hygiene schools requires students have direct input into the formulation of the program's philosophy, course objectives, curriculum changes along with any other matters directly relating to students. Faculty and the administration value student involvement in all aspects of the dental hygiene program.

Students are expected to complete the course/program evaluations distributed in class at the close of each semester. Objective and constructive student evaluation of course/program allows for faculty and administrative consideration of student assessment and suggestions.

Student representatives are encouraged to be part of the Sacramento City College Dental Advisory Committee.

2. GUIDELINES FOR PROBLEM RESOLUTION/STUDENT GRIEVANCE PROCESS

Students believing they have been treated unfairly and their rights have been violated can pursue a remedy or solution to the problem through the college student grievance process. Students seeking specific information related to the grievance process should view the college website.
3. **DENTAL HYGIENE STUDENTS WITH LEARNING DIFFERENCES**

In compliance with the Americans with Disabilities Act (ADA), dental hygiene faculty will provide reasonable accommodations for students with disabilities that may affect their learning ability and test taking performance. Students are required to submit documentation from the medical authority or specialist who rendered the diagnosis. It must include description of disability and limitations or recommended classroom accommodations/modifications. Documentation is submitted to the Disability Resource Center. Students requiring further information should view the college website.

4. **EMERGENCY CALLS**

In the event that a student receives an emergency call, an attempt will be made to reach the student. This does not pose a problem when the student is in Rodda South Building during class time. However, contacting a student in off campus clinical assignment is difficult due to the nature of the setting.

Please provide your childcare provider with an alternate name to call in case of emergency. The office number is 916-558-2357 and should only be used in cases of an emergency. Office hours are 7:30 am- 4:00 pm. Monday through Friday. (Summer: 7:30 am- 5:00 pm Monday through Thursday).

**HANDBOOK REVISION POLICY**

The faculty retains the right to revise the policies and procedures found in this handbook at any time deemed necessary. Any revisions required by rotation partners become effective on the date of the revision and will be made available to students.
SECTION TWO

Statement of Philosophy
Students are encouraged to follow this guideline when seeking assistance with courses or issues that may occur during the program.
**Dental Hygiene Philosophy**

Dental hygiene is interpreted as a service to the community in fulfillment of the basic human needs of oral health, including health education, prevention, and treatment of oral disease. The individual, as a member of the community, is concerned with the preservation and restoration of oral health.

SCC's Dental Hygiene program believes that each individual regardless of age, gender, race, creed, or ethnic background has an inherent right to oral health. To achieve this right, dental hygiene care should be directed toward the patient as an individual, encompassing their unique needs. This holistic approach is implemented through the use of the dental hygiene process of care and an individual's commitment to learn.

We believe dental hygiene education is based on the theory of education and philosophy of dental hygiene and is correlated with the concepts from the humanities, social sciences and life sciences. We believe there are multiple roles and practice levels for beginning practitioners, and identifiable competencies for each. Dental hygiene education has as its primary objective to prepare graduates to function as a professional in these multiple roles and practice levels facilitating the attainment of personal and professional goals.

**Principles of Ethics of the American Dental Hygienists’ Association**

- To provide oral health care utilizing the highest professional knowledge, judgment and ability
- To serve all patients without discrimination
- To hold the professional patient relationship in confidence
- To utilize every opportunity to increase public understanding of oral health practices
- To generate public confidence in members of the healthcare profession
- To cooperate with all health care professionals in meeting the health care needs of the public
- To recognize and uphold the laws and regulations governing dental hygiene
- To participate in the professional association and uphold its purposes
- To maintain professional competence through continuing education
- To exchange professional knowledge with other health professions
- To represent dental hygiene with a standard of ethical conduct as a student and practitioner
Sacramento City College Vision

Sacramento City College seeks to create a learning community that celebrates diversity, nurtures personal growth, and inspires academic and economic leadership.

Sacramento City College Mission

Sacramento City College (SCC) is an open-access, comprehensive community college, serving a diverse student population. We provide a wide range of educational opportunities and support services leading to transfer, career advancement, basic skills development, and personal enrichment. Our commitment to continuous improvement through outcome-guided assessment, planning, and evaluation promotes student learning. Through these efforts, we contribute to the intellectual, cultural, and economic vitality of the community.

Sacramento City College Institutional Goals

Sacramento City College
2016-17 Goals & Strategies
Guiding Principles: During the committee discussions in Fall 2011, the CSPC it became clear that there were important concepts that related to all of the College Goals. The committee pulled these out as “guiding principles”. The CSPC identified five principles that guide our interactions across the College. These principles underlie the implementation of all of the College Goals.

• *The use of qualitative and quantitative data to inform* decision making
• Attention to effective communication both *within the college and between the college and the external community.*
• Provision of professional development *and training for all employees*
• *Active* support for diversity *in all its forms*
• Commitment to building *a sense community across the college*

SCC Goal A: Teaching and Learning
Deliver student-centered programs and services that demonstrate a commitment to teaching and learning effectiveness and support student success in the achievement of basic skills, certificates, degrees, transfer, jobs and other student educational goals.

Strategies:
A1. Promote the engagement and success of all students, with a special emphasis on first-year students who are new to college.
A2. Review courses, programs and services and modify as needed to enhance student achievement.
A3. Provide students with the tools and resources that they need to plan and carry out their education, complete degrees and certificates, and/or transfer.
A4. Improve basic skills competencies in reading, writing, math, and information and technological competency across the curriculum in order to improve student preparedness for degree and certificate courses and for employment.
A5. Deliver services, curriculum, and instruction that result in equivalent student outcomes for all modalities and locations.
A6. Identify and disseminate information about teaching practices and curriculum that are effective for a diverse student body.
A7. Implement practices and activities that reduce achievement gaps in student success.
A8. Assess student learning at the course, program, and institutional levels and use those assessments to make appropriate changes that support student achievement.
A9. Implement a formal college-wide plan to increase the completion of degrees and certificates across the college.
A10. Ensure that students have opportunities to be involved in a range of co-curricular activities.

Sacramento City College Dental Hygiene Program Mission

The mission of the Sacramento City College Dental Hygiene Program is to provide a quality education to prepare students to be successful in their dental hygiene career choice and to be contributing members of the profession and the community.

Sacramento City College Dental Hygiene Program Goals

Upon completion of the dental hygiene program the student should be able to:

- Use evidence based care to assess, plan, implement, and evaluate dental hygiene treatment for a diverse population based on their total needs.
- Incorporate and apply professional, ethical, legal and regulatory concepts to oral health care services, community projects, and professional activities.
- Integrate and apply health literacy and culturally competent communication skills to oral health care services, academic endeavors, community projects, and professional activities.
- Assess, plan, implement, and evaluate community-based oral health projects.
- Successfully complete written and clinical examinations for dental hygiene licensure and certification
- Apply critical thinking and self-assessment skills to enhance learning, research, patient care, professional growth, and continued competency.

Accreditation

The Sacramento City College Dental Hygiene Program is currently a two-year Associates Degree Program. Accreditation has been granted by the American Dental Association Commission on Dental Accreditation (CODA), 211 East Chicago Ave., Chicago, IL 60611, (312) 440-4653. Accreditation occurs every seven years. The next accreditation report and site visit will occur during the 2018-19 academic year.

DHCC Faculty Licensure Notification

Our clinic posts the required Dental Hygiene Committee of California (DHCC) faculty licensure notification in the clinic patient waiting area. The Notification is in 48-point type, Arial font enabling most patients to read the Notification.
Important Notification for Licensees

Business and Professions Code section 138 requires that all Dental Hygiene Committee of California (DHCC) licensees provide notification to their patients that they are licensed by DHCC. The Notification can be as simple as the following language:

NOTIFICATION TO CONSUMERS DENTAL HYGIENISTS ARE LICENSED AND REGULATED BY THE DENTAL HYGIENE COMMITTEE OF CALIFORNIA
(916) 263-1978
WWW.DHCC.CA.GOV

DHCC Complaint Policy

Instructions for Completing the Consumer Complaint Form

1. Please print or type all information.
2. Provide the full name and address of the person your complaint is against. It is important to identify the Hygienist, Hygienist in Alternate Practice (HAP), or Hygienist in Extended Functions (HEF) who provided the treatment you are complaining about. Please obtain the name of the treating hygienist prior to filing this complaint. The complaint cannot be filed against a company or clinic unless it concerns unsafe or unsanitary conditions.
3. Provide the full name and address of all subsequent treating hygienists. This should be provided on the form.
4. Please state your complaint in chronological order, in detail, and include dates of treatment, if known. It is important to be specific regarding allegations of substandard care. Failing to completely describe your complaint or fill out all necessary documents may result in unnecessary delays in our review.
5. Please attach a copy of any supporting documents you may have in your possession pertaining to your specific complaint.
7. Please return the completed forms to the Hygiene Committee.

Note: The Authorization for Release of Dental/Medical Patient Records must be signed in order for the Committee to process your complaint.

For more information, contact Nancy Gaytan by email or by phone at 916-263-1978.

Contact Us

Dental Hygiene Committee of California
2005 Evergreen Street, Suite 2050
Sacramento, CA 95815

Phone: 916-263-1978
Fax: 916-263-2688
Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m.
CODA Complaint Policy

V. COMPLAINTS

A. DEFINITION
A complaint is defined by the Commission on Dental Accreditation as one alleging that a Commission-accredited educational program, a program which has an application for initial accreditation pending, or the Commission may not be in substantial compliance with Commission standards or required accreditation procedures.

B. PROGRAM REQUIREMENTS AND PROCEDURES
NOTICE OF OPPORTUNITY TO FILE COMPLAINTS: In accord with the U.S. Department of Education’s Criteria and Procedures for Recognition of Accrediting Agencies, the Commission requires accredited programs to notify students of an opportunity to file complaints with the Commission. Each program accredited by the Commission on Dental Accreditation must develop and implement a procedure to inform students of the mailing address and telephone number of the Commission on Dental Accreditation. The notice, to be distributed at regular intervals, but at least annually, must include but is not necessarily limited to the following language:

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.

The accredited program must retain in its files information to document compliance with this policy so that it is available for review during the Commission's on-site reviews of the program.

REQUIRED RECORD OF COMPLAINTS: The program must maintain a record of student complaints received since the Commission’s last comprehensive review of the program. At the time of a program’s regularly scheduled on-site evaluation, visiting committees evaluate the program’s compliance with the Commission’s policy on the Required Record of Complaints. The team reviews the areas identified in the program’s record of complaints during the site visit and includes findings in the draft site visit report and note at the final conference.

Reaffirmed: 8/10, 7/09, 7/08, 7/07, 7/04, 7/01, 7/96; Revised: 2/13, 8/02, 1/9; CODA: 01/94:6 4

C. COMMISSION LOG OF COMPLAINTS
A log is maintained of all complaints received by the Commission. A central log related to each complaint is maintained in an electronic data base. Detailed notes of each complaint and its disposition are also maintained in individual program files.

Revised: 8/10, 7/06, 7/02, 7/00, 7/96; CODA: 01/95:5
D. POLICY AND PROCEDURE REGARDING INVESTIGATION OF COMPLAINTS AGAINST EDUCATIONAL PROGRAMS

The following policy and procedures have been developed to handle the investigation of complaints about an accredited program, or a program which has a current application for initial accreditation pending, which may not be in substantial compliance with Commission standards or established accreditation policies.

A “formal” complaint is defined as a complaint filed in written (or electronic) form and signed by the complainant. This complaint should outline the specific policy, procedure or standard in question and rationale for the complaint including specific documentation or examples. Complainants who submit complaints verbally will receive direction to submit a formal complaint to the Commission in written, signed form following guidelines in the EOPP manual guidelines.

An “anonymous comment/complaint” is defined as an unsigned comment/complaint submitted to the Commission. Anonymous comments/complaints may be received at any time and will be added to the respective program’s file for evaluation during the program’s next scheduled accreditation site visit. At the time of the site visit, the program and site visit team will be informed of the anonymous comment/complaint. The program will have an opportunity to respond to the anonymous comment/complaint; the response will be considered during the site visit evaluation. Anonymous comments/complaints will be assessed to determine trends in compliance with Commission standards, policies, and procedures. The assessment of findings related to the anonymous comments/complaint will be documented in the site visit report.

1. Investigative Procedures for Formal Complaints: The Commission will consider only formal, written, signed complaints; unsigned complaints will be considered “anonymous complaints” and addressed as set forth above; oral complaints will not be considered. Students, faculty, constituent dental societies, state boards of dentistry, patients, and other interested parties may submit an appropriate, signed, formal complaint to the Commission on Dental Accreditation regarding any Commission accredited dental, allied dental or advanced dental education program, or a program that has an application for initial accreditation pending. An appropriate complaint is one that directly addresses a program’s compliance with the Commission’s standards, policies and procedures. The Commission is interested in the continued improvement and sustained quality 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.

In accord with its responsibilities to determine compliance with accreditation standards, policies, and procedures, the Commission does not intervene in complaints as a mediator but maintains, at all times, an investigative role. This investigative approach to complaints does not require that the complainant be identified to the program.

The Commission, upon request, will take every reasonable precaution to prevent the identity of the complainant from being revealed to the program; however, the Commission cannot guarantee the confidentiality of the complainant.

Only written, signed complaints will be considered by the Commission; unsigned complaints will be considered “anonymous complaints” and addressed as set forth above; oral complaints will not be considered. The Commission strongly encourages attempts at informal or formal resolution through the program's or sponsoring institution's internal processes prior to initiating a formal complaint with the Commission. The following procedures have been established to manage complaints:
When an inquiry about filing a complaint is received by the Commission office, the inquirer is provided a copy of the Commission’s Evaluation and Operational Policies and Procedures Manual which includes the policies and procedures for filing a complaint and the appropriate accreditation standards document. The initial screening is usually completed within thirty (30) days and is intended to ascertain that the potential complaint relates to a required accreditation policy or procedure (i.e. one contained in the Commission’s Evaluation and Operational Policies and Procedure Manual) or to one or more accreditation standard(s) or portion of a standard which have been or can be specifically identified by the complainant.

Written correspondence clearly outlines the options available to the individual. It is noted that the burden rests on the complainant to keep his/her identity confidential. If the complainant does not wish to reveal his/her identity to the accredited program, he/she must develop the complaint in such a manner as to prevent the identity from being evident. The complaint must be based on the accreditation standards or required accreditation procedures. Submission of documentation which supports the noncompliance is strongly encouraged.

When a complainant submits a written, signed statement describing the program’s noncompliance with specifically identified policy(ies), procedure(s) or standard(s), along with the appropriate documentation, the following procedure is followed:
1. The materials submitted are entered in the Commission’s database and the program’s file and reviewed by Commission staff.
2. Legal counsel, the Chairperson of the appropriate Review Committee, and the applicable Review Committee members may be consulted to assist in determining whether there is sufficient information to proceed.
3. If the complaint provides sufficient evidence of probable cause of noncompliance with the standards or required accreditation procedures, the complainant is so advised and the complaint is investigated using the procedures in the following section, formal complaints.
4. If the complaint does not provide sufficient evidence of probable cause of noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s), the complainant is so advised. The complainant may elect:
a. to revise and submit sufficient information to pursue a formal complaint; or
b. not to pursue the complaint. In that event, the decision will be so noted and no further action will be taken.

Initial investigation of a complaint may reveal that the Commission is already aware of the program’s noncompliance and is monitoring the program’s progress to demonstrate compliance. In this case, the complainant is notified that the Commission is currently addressing the noncompliance issues noted in the complaint. The complainant is informed of the program’s accreditation status and how long the program has been given to demonstrate compliance with the accreditation standards.

Revised: 1/14, 11/11; Reaffirmed: 8/10

2. Formal Complaints: Formal complaints (as defined above) are investigated as follows:
1. The complainant is informed in writing of the anticipated review schedule.
2. The Commission informs the chief administrative officer (CAO) of the institution sponsoring the accredited program that the Commission has received information indicating that the program’s compliance with specific required accreditation policy(ies), procedure(s) or designated standard(s) has been questioned.
3. Program officials are asked to report on the program’s compliance with the required policy(ies), procedure(s) or standard(s) in question by a specific date, usually within thirty (30) days.
a. For standard(s)-related complaints, the Commission uses the questions contained in the appropriate sections of the self-study to provide guidance on the compliance issues to be addressed in the report and on any documentation required to demonstrate compliance.
b. For policy(ies) or procedure(s)-related complaints, the Commission provides the program with the appropriate policy or procedural statement from the Commission’s Evaluation and Operational Policies and Procedures Manual. Additional guidance on how to best demonstrate compliance will be provided to the program. The Chairperson of the appropriate Review Committee and/or legal counsel may assist in developing this guidance.

4. Receipt of the program’s written compliance report, including documentation, is acknowledged.

5. The appropriate Review Committee and the Commission will investigate the issue(s) raised in the complaint and review the program’s written compliance report at the next regularly scheduled meeting. In the event that waiting until the next meeting would preclude a timely review, the appropriate Review Committee(s) will review the compliance report in a telephone conference call(s). The action recommended by the Review Committee(s) will be forwarded to the Commission for mail ballot approval in this later case.

6. The Commission may act on the compliance question(s) raised by the complaint by:
   a. determining that the program continues to comply with the policy(ies), procedure(s) or standard(s) in question and that no further action is required.
   b. determining that the program may not continue to comply with the policy(ies), procedure(s) or standard(s) in question and going on to determine whether the corrective action the program would take to come into full compliance could be documented and reported to the Commission in writing or would require an on-site review.
   i. If by written report: The Commission will describe the scope and nature of the problem and set a compliance deadline and submission date for the report and documentation of corrective action taken by the program.
   ii. If by on-site review: The Commission will describe the scope and nature of the problem and determine, based on the number and seriousness of the identified problem(s), whether the matter can be reviewed at the next regularly scheduled on-site review or whether a special on-site review will be conducted. If a special on-site review is required, the visit will be scheduled and conducted in accord with the Commission’s usual procedures for such site visits.
   c. determining that a program does not comply with the policy(ies), procedure(s) or standards(s) in question and:
   i. changing a fully-operational program’s accreditation status to “approval with reporting requirements”
   ii. going on to determine whether the corrective action the program would take to come into full compliance could be documented and reported to the Commission in writing or would require an on-site review.
   □ If by written report: The Commission will describe the scope and nature of the problem and set a compliance deadline and submission date for the report and documentation of corrective action taken by the program.
   □ If by on-site review: The Commission will describe the scope and nature of the problem and determine, based on the number and seriousness of the identified problem(s), whether the matter can be reviewed at the next regularly scheduled on-site review or whether a special on-site review will be conducted. If a special on-site review is required, the visit will be scheduled and conducted in accord with the Commission’s usual procedures for such site visits.

7. Within two weeks of its action on the results of its investigation, the Commission will also:
   a. notify the program of the results of the investigation.
   b. notify the complainant of the results of the investigation.
   c. record the action.
8. The compliance of programs applying for initial accreditation is assessed through a combination of written reports and on-site reviews.
   a. When the Commission receives a complaint regarding a program which has an application for initial accreditation pending, the Commission will satisfy itself about all issues of compliance addressed in the complaint as part of its process of reviewing the applicant program for initial accreditation.
   b. Complainants will be informed that the Commission does provide developing programs with a reasonable amount of time to come into full compliance with standards that are based on a certain amount of operational experience.

Reaffirmed: 8/10; Revised: 7/07, 7/06, 8/02, 7/00, 7/96; Adopted: 1/95

E. POLICY AND PROCEDURES ON COMPLAINTS DIRECTED AT THE COMMISSION ON DENTAL ACCREDITATION

Interested parties may submit an appropriate, signed complaint to the Commission on Dental Accreditation regarding Commission policy(ies), procedure(s) or the implementation thereof. The Commission will determine whether the information submitted constitutes an appropriate complaint and will follow up according to the established procedures.

Procedures:
1. Within two (2) weeks of receipt, the Commission will acknowledge the received information and provide the complainant with the policy(ies) and procedure(s).
2. The Commission will collect additional information internally, if necessary, and then conduct an initial screening to determine whether the complaint is appropriate. The initial screening is completed within thirty (30) days.
3. The Commission will inform the complainant of the results of the initial screening.
4. If the complaint is determined to be appropriate, the Commission and appropriate committees) will consider the complaint at its next regularly scheduled meeting. The complaint will be considered in closed session if the discussion will involve specific programs or institutions; otherwise, consideration of the complaint will occur in open session. In the event that waiting until the next meeting would preclude a timely review, the appropriate committee(s) will review the complaint in a telephone conference call(s). The action recommended by the committees will be forwarded to the Commission for mail ballot approval in this later case.
5. The Commission will consider changes in its policies and procedures, if indicated.
6. The Commission will inform the complainant of the results of consideration of the complaint within two (2) weeks following the meeting or mail balloting of the Commission.

Reaffirmed: 8/10, 7/09, 7/04; Revised: 1/98; Adopted: 7/96
PROFESSIONALISM
Professional traits or attributes of a successful dental hygienist are those that are found in the basics of professionalism. These traits are nurtured in the dental hygiene student and then carried into clinical practice or other practice settings.

The attributes or qualities are:

- Honesty and Integrity
- Caring and Compassion
- Reliability and Responsibility
- Maturity and Self-analysis
- Loyalty
- Interpersonal Communication
- Tolerance for Others
- Respect for Self

Besides these attributes, ethical and legal requirements for the dental hygienist will be covered throughout the dental hygiene program.

INTER Professional Respect

Each member of the dental hygiene faculty has attained their dental hygiene or dental education at different two-year or four-year programs. The majority of the faculty has gone onto to attain a degree in higher education at the baccalaureate, masters or doctorate level, and continue their dedication through life-long learning.

Faculty members respect the education of their co-workers along with that of students. Each instructor has committed to the education and success of those entering Sacramento City College Dental Hygiene Program. Instructional styles vary which provides students the opportunity to learn in a variety of methods

You will be joining a well-respected profession of skilled and ethical practitioners.
Professionalism in All Dental Education Settings

The American Dental Educators’ Association’s (ADEA) Statement on Professionalism defines the expectations for professional behavior in dental education institutions, including the values and behaviors that should guide students as they enter the dental and allied professions, and faculty and administrators as they continuously improve their educational programs.

ADEA developed the following six values-based statements defining professionalism in dental education:

| COMPETENCE | Acquiring and maintaining the high level of special knowledge, technical ability and professional behavior necessary for the practice of dentistry and for effective functioning in the dental education environment. Learning Dental Hygiene is a top priority. Develop the habits and practices of lifelong learning, including self-assessment skills; Accept and respond to fair negative feedback about your performance – recognize when you need to learn; Learn and practice effective communication skills; Know the limits of your knowledge and skills and practice within them; Learn when and how to refer. |
| FAIRNESS | Demonstrating consistency and even-handedness in dealings with others. Follow institutional rules and regulations; Promote equal access to learning materials for all students and equal access to care for the public. |
| INTEGRITY | Being honest and demonstrating congruence between one’s values, words, and actions. Strive for personal excellence. Take examinations honestly. Make entries in patient’s records honestly. |
| RESPONSIBILITY | Being accountable for one’s actions and recognizing and acting upon the special obligations to others that one assumes in joining a profession. Meet commitments. Complete assignments on time. Make your learning in dental school a top priority. Acknowledge and correct errors. Report misconduct and participate in peer review. |
| RESPECT | Honoring the worth of others.

Develop a nuanced understanding of the rights and values of patients; Protect patients from harm; Support patient autonomy; Be mindful of patients’ time and ensure timeliness in the continuity of patient care; Keep confidences; Accept and embrace cultural diversity; Learn cross-cultural communication skills; Accept and embrace differences; Acknowledge and support the contributions of peers and faculty. |
|---------|---|
| SERVICE-MINDEDNESS | Acting for the benefit of others, particularly for the good of those the profession serves, and approaching those served with compassion.

Contribute to and support the learning needs of peers and the dental profession; Recognize and act on the primacy of the well-being and the oral health needs of patients and/or society in all actions; Provide compassionate care; Support the values of the profession; Volunteer to work for the benefit of patients, society, colleagues and the profession to improve the oral health of the public. |

Adapted from: http://www.adea.org/Pages/Professionalism.asp
FACULTY CODE OF ETHICS

It is essential that faculty:

- Act in a manner that best serves the education and professional development of students.

- Interact with student and faculty colleagues in a professional, civil, and collegial manner in accordance with LRCCD policies and relevant laws.

- Role model patient centered care that is ethically based and legally sound.

- Impartially evaluate student performance regardless of the student’s religion, race, sexual orientation, nationality, or other criteria.

- Support academic and department policies.

- Demonstrate respect at all levels of interaction with colleagues, students, staff and patients.

- Prevent personal rivalries with colleagues from interfering with assigned duties and responsibilities

- Familiarize themselves with academic, clinical and college policies and procedures.

- Provide opportunities for students to seek assistance for their grievances without fear of retaliation.

- Respect students’ need to allocate their time among competing demands.

- Maintain appropriate confidentiality in all relationships: student and patient care.

From: P. Zarkowski, UD Mercy
SCCDH STANDARDS FOR STUDENT CONDUCT AND PROFESSIONALISM

“Professional people in health services are set apart from others by virtue of the dignity and responsibility of their work” – Esther Wilkins

Professional conduct is essential as a health care provider. Professional behavior is applicable to the classroom, lab, and clinical settings.

*It is expected that the student will:*

| o Comply with rules, regulations, program policies, and the policies and procedures of SCC. | • Maintain a professional demeanor in the classroom, clinic, and lab setting. |
| o Uphold the ethical principles as outlined in the ADHA Code of Ethics by exhibiting high standards, integrity, and honesty. | • Attend all courses and clinic sessions as outlined in the course syllabi. |
| o Uphold the statutes, rules and regulations governing the practice of dental hygiene as described in the California State Practice Act. | • Inform course instructors or the program director in the case of illness or unforeseen tardiness. |
| o Comply with the California Revised Statues which prohibits being under the influence of intoxicants or controlled substances without a valid medical prescription. | • Provide a medical clearance, upon request, stating no limitations for class or clinic assignments. |
| o Maintain high standards of health, welfare, and safety for patients, faculty, staff and students. | • Be responsible for the completion of course assignment and requirements. |
| o Work toward establishing positive rapport with clinical and college personnel. | • Comply with the dress code for the classroom, clinic and lab courses. Scrubs are to worn at all times. |
| o Follow the chain of communication for resolution of conflicts that may occur with faculty, staff, students, or patients. | • Seek assistance or clarification when needed for course assignments, clinic assignments or program policies. |

**NOTE:** Personal appointments should be scheduled around your program schedule.
Sacramento City College Dental Clinic
Patient Information: Rights, Responsibilities, and Risks

- SCC is a teaching institution with a dual commitment to providing a high standard of care to patients and a quality education for students while adhering to standards of care for accredited dental hygiene schools.

- Dental hygiene treatment is provided by students and supervised by faculty. Treatment in our clinic involves more time than a private office. No restorative, repair or removal/extraction treatment is provided.

- Some cases may have dental conditions that are determined to be too advanced to be an appropriate teaching case for students. These cases will be referred to private dentists or community clinics.

- Plan on 3 hours for most appointments. Depending on your needs, 3-7 appointments may be needed to complete your case. Due to school schedule and limited clinic hours, your appointments may require an extended time to complete. Please note that the college is closed between semesters and for all school holidays.

- All patient records and information are confidential. Copies of your record are not released without your written permission.

- Patients will be treated with respect and dignity regardless of race, age or other cultural considerations.

- The Dental Hygiene Program practices universal precautions and infection control protocols that comply with OSHA, DOSH and the California Dental Practice Act Infection Control Guidelines.

- You will be informed of your dental hygiene treatment plan as well as possible alternatives. You have the right and option to refuse treatment at any time.

- Treatment fees are posted. No insurance forms are processed. Special consideration is given for multiple appointments for patients who; fill cancellations or student proficiency requirements, are SCC students, senior citizens or have financial challenges.

- Patients have a slight risk of exposure to chemicals, ionizing radiation, bloodborne pathogens and other hazardous materials as in any treatment care facility. High standards and protocols are observed to minimize risks and maximize patient safety.

- There is a small risk that existing restorations/teeth with age, decay and fractures issues may become loose in the course of dental hygiene treatment and require referral to a private dentist for repair.

___ I have read and understand the information, rights, responsibilities and risks involved with being treated in the Sacramento City Dental Hygiene Clinic.

Signature__________________________________ Date_________________
SECTION THREE
Emergency Procedures
# EMERGENCY PROCEDURES

## A. On Campus Emergency Response

**EMERGENCY RESPONSE ON CAMPUS**

DIAL 2221 (CAMPUS PHONE) OR (916) 558-2221 (CELL OR PAY PHONE)

PRESS "0" TO BYPASS THE MESSAGE AND BE CONNECTED DIRECTLY TO THE COLLEGE POLICE DISPATCHER

1. This is the Los Rios Community College District Police dispatch number. It is answered 24/7. All emergency calls should go through this number.

**IMPORTANT:** Be prepared to give the following information:

* Type of emergency
* Location of emergency (campus…)
* Victim information, if a medical emergency
* Your name and contact information
* Stay on the line until instructed to hang up

The more information you give to dispatch, the faster appropriate help will arrive on scene.

2. Call 911 only in the event of a life threatening condition, such as:

   a) No pulse  
   b) No breathing  
   c) Unconscious  
   d) Severe bleeding  
   e) Shock  
   f) Poisoning

3. District College Police dispatch will notify the appropriate campus police department, activate emergency medical services (EMS) via 911 if necessary and the Health Center if appropriate for health-related emergencies.

4. In the event that EMS has already been activated by someone other than College Police, please tell dispatch when you call. Dispatch will notify College Police and College Police will direct EMS to the appropriate location.

5. College Police are the 1st responders and will assess any emergency. A college nurse will also respond in a health-related emergency when available.

6. If 911 is not needed:

   a) Encourage able persons to go to the Health Center for assistance.
   b) Encourage able persons to have someone pick them up and take them home or to seek off campus medical care.
   c) College Police or College Nurse may transport the person to the Health Center for further care if appropriate.
MEDICAL EMERGENCY PROCEDURES FOR THE DENTAL HEALTH CLINIC

In the event of a medical emergency in the clinic, the following procedures should be followed:

1. The students need to assess the situation:
   a. Can this situation be handled by the student?
   b. Will the situation require assistance of a staff member?

2. If assistance is needed, the student should **stay with the patient** and say to a fellow near-by classmate: **"I need an instructor immediately"**. The fellow student should quickly excuse themselves and get the nearest instructor. Make it clear that the instructor is needed *immediately*.

3. Upon arrival, the instructor will question the student, question the patient, review the medical history and assess the situation.

4. If needed the instructor will request that the supervising dentist be notified. The messenger should make it clear that the dentist is needed **"immediately"**.

5. Use the emergency skill eval to document vitals and time taken.

6. The patient’s treating student will stay with the patient during this entire procedure. During this time he/she will:
   a. Inform the instructor and/or dentist of any important information known about the patient.
   b. Take and monitor all vital signs.
   c. Assist the instructor and/or dentist as requested.
   d. If emergency drugs, (including oxygen) are needed, another near-by student will obtain them.
   e. If emergency personnel must be summoned, a near-by student will be asked to notify the program administrative assistant to call:
      1. The school nurse and/or Campus Police at Extension 2221or (916)558-2221
      2. 9-1-1.
      (Phone numbers are posted near the clinic telephone.)

7. The student and/or instructor will stay with the patient until the situation is resolved or until emergency personnel arrive and take over the situation.

8. All information should be recorded on the patient’s medical history form on page 4 under **Patient Reactions/Alerts**. This information should be written in RED ink if appropriate.
C. Emergency Procedures For Dental Health Laboratory

Emergency Procedures For Dental Health Laboratory

In the event of an emergency in the dental health lab, the student should follow the following procedures:

1. Give any immediate aid that is required.
2. If available, have a fellow student immediately summon an instructor. If another student is not available, go summon the instructor yourself once the student is stabilized.
3. Stay with the instructor and assist in whatever way necessary. For example: take vital signs, retrieve first aid kit/oxygen, call rescue personnel, etc.
4. Know the location of the laboratory phone if the school nurse or 9-9-1-1 is needed. The numbers are posted by the phone.

D. Emergency Procedures for the Sacramento City College Dental Health Clinic

The campus uses ACES (Action Coordinators for Emergency Survival) for emergency procedures at Sacramento City College. ACES assists law enforcement when evacuation from the dental area is necessary.

1. Students are informed about Action Coordinators for Emergency Survival (ACES) during new student orientation. Students, faculty, and staff are informal annually with the updated clinic manual vetting.
2. The office Administrative assistant is ACES trained.
3. Students communicate with faculty, the supervising dentist, or the office administrative assistant when they feel an emergency presents. Students communicate with whomever is available to them first.
4. MOCK emergency scenarios are implements annually in varied modalities. Emergency drills are practiced with the students bi-annually. Additionally, there is an emergency protocol skill eval designed to assess student awareness with the emergencies listed below:

   o Active Shooter
   o Fire/Smoke
   o Earthquake
   o Natural Disaster
   o Child Abduction
   o Clinic medical emergency
   o Hazardous material Spill (Evacuation VS local clean-up)
Emergency Action Plan

It is the policy of Sacramento Native American Health Center, Inc. to provide all employees with a safe environment in which to work. In addition, the safety of our patients and visitors is of great concern. In keeping with these policies, all employees are required to become familiar with the location of all building exits, fire extinguishers, and the following Emergency Action Plan.

In the event of an emergency, it is important to take the appropriate action immediately. The Emergency Action Plan has been prepared to address potential emergencies and to give employees information on how to protect themselves and others.

Emergency action will be coordinated by the members of the Safety Committee. In the absence of these key staff, emergency action will be coordinated by the Department Directors.

**CODE RED............... FIRE/ EARTHQUAKE**

**CODE BLUE................MEDICAL EMERGENCY**

**CODE PINK................INFANT/CHILD ABDUCTION**

**CODE GREEN............... BOMB THREAT**

**CODE ORANGE..........HAZARDOUS WASTE/ CHEMICAL SPILL**

**CODE BLACK............... VIOLENT PERSON (DR. STRONG)**
A. Emergency Telephone Numbers:

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td>(916) 264-5471</td>
</tr>
<tr>
<td>Sutter General Hospital</td>
<td>(916) 454-2222</td>
</tr>
<tr>
<td>Poison Control Center</td>
<td>(800) 876-4766</td>
</tr>
<tr>
<td>Emergency &amp; Disaster Response Service-American Red Cross</td>
<td>(916) 368-3130</td>
</tr>
<tr>
<td>National Center for Missing &amp; Exploited Children</td>
<td>1-800-THE-LOST</td>
</tr>
<tr>
<td></td>
<td>1-800-843-5678</td>
</tr>
</tbody>
</table>

B. Fire Emergency Procedure:

1. The employee who discovers a fire in any building shall assume the following responsibilities:
   a. Call the fire department immediately by dialing 911 or by pressing the ‘911’ button on the alarm keypad or by pulling the nearest fire alarm. If calling ‘911’ give the following information:
      - Location of fire at SNAHC
      - Type of fire or what is burning (if you know)
   b. Announce the emergency (code red) to all other employees using the intercom (all page) if possible.
   c. Make sure all employees, patients and visitors are clear of the immediate area of the fire.
   d. Members of the Safety Committee are responsible to make sure that all personnel and visitors evacuate the building. In their absence, authority to implement all or a portion of the Emergency Action Plan is delegated to the Department Directors.
   e. As soon as “Fire” is announced or the alarm system is activated, staff will escort all patients and visitors to the nearest exit. Remain calm and proceed to the exit in an orderly manner.
   f. Assist clients, visitors, handicapped individuals, or anyone else needing assistance with exiting the building.
   g. Close, but do not lock, all doors leading to the fire area to contain the fire. Close all fire doors.
   h. If confronted by smoke, keep low to the floor. Whenever you must travel through smoke, keep low to the floor. Smoke and heat rise, thus the air near the floor is cooler and breathable. Always breathe through your nose and take short, shallow breaths.
   i. Feel all doors with your hand before opening. If the door is hot to the touch, do not open it. All of the doors in the building are rated for a specific burning time. A fire could blast through the slightest opening with an explosive force. If the door is cool, open it slowly and stay behind it. If heat or pressure comes through the door, slam it shut.
   j. Do not attempt to salvage items or retrieve coats, purses, etc.
   k. Exit the building and go to and remain in the furthest part of the parking lot.
1. If you cannot exit the area, stuff a coat, shirt, etc. under the door and cover the air vents to prevent the entry of smoke. Stay low or near the floor until help arrives. Do not break windows.
   m. Administer first aid if necessary.
   n. Do not re-enter buildings.
   o. Do not assist fire-fighting personnel or jeopardize your safety to fight the fire.

2. If the fire is very small, for example in a waste basket, you may decide to fight the fire. The procedure is as follows:
   a. Return with as much firefighting equipment as possible, i.e., fire extinguishers.
   b. Always have a partner to fight a fire; never try to fight a fire alone.
   c. Direct the chemical flow to the base of the flames.

3. If you cannot control the fire:
   a. Close all doors leading to the fire area.
   b. Walk to the nearest exit and evacuate the building safely and quietly. Do not run.

4. **Safety Committee members**, upon notification of the emergency shall assume the following responsibilities:
   a. Make sure all doors are closed.
   b. Supervise the evacuation of employees and visitors. The gathering point will be the furthest part of the parking lot of the building complex.
   c. Check rest rooms to assure that all employees, clients and visitors have exited the building.
   d. Shut off gas/electricity, if feasible, to the affected area, and/or designate someone to do so.
   e. Take a head count and notify emergency personnel of missing individuals, if necessary.

C. **Earthquake Procedure:**

1. If employees are inside the building, they need to do the following:
   a. Remain calm. Do not leave the building while an active earthquake is in progress.
   b. Sit down or take cover immediately under a desk, a strong table or in a doorway.
   c. Move away from all glass windows, file cabinets, bookcases, shelving units, and outside doors.
   d. Do not smoke, light a match, or use electrical equipment.
   e. Do not drink any water from a tap as it may be contaminated.
   f. Exit the building immediately to the furthest part of the parking lot after the earthquake subsides. Be alert for fallen glass, electrical wires and other debris.

2. If employees are outside the building, they should do the following:
   a. Move to an open area away from buildings, electrical power lines and large trees.
   b. Gather at the furthest part of the parking lot when the earthquake subsides. Prepare for aftershocks.

3. Safety Committee members will take a head count and notify emergency personnel of injured or missing individuals, if necessary.

4. If employees are in a motor vehicle at the time of the earthquake, they should do the following:
a. Pull over to the side of the roadway in an area away from trees, electrical power lines, bridges, and freeway overpasses.
b. Put the transmission in park or first gear, set the parking brake, and turn off the ignition.
c. Remain in the vehicle until the earthquake subsides.
d. Proceed, if possible, with caution to your destination.

5. Turn on radio to a local station for emergency instructions.

**D. Facility Evacuation:**

If it becomes necessary to evacuate the building for an emergency, designated exit doors must be used. There are designated exit doors for each building. Be familiar with their locations. If they are blocked, use alternative exits and/or remain in place until rescue teams arrive.

1. Don’t panic! Walk to your assigned gathering point in the furthest part of the parking lot.
2. A head count will be conducted by the Safety Committee members.
3. Follow instructions until the emergency situation is resolved.

**E. Rescue and Medical Emergencies:**

Report any emergencies or injuries to your supervisor. Employees have been trained in basic CPR in case CPR is required. First Aid Kits are stored in a designated area in each department. Be familiar with its location.

If emergency medical help or an ambulance is needed:

1. Call 911 immediately and give the following information:
   a. State the immediate medical problem.
   b. Give the address of SNAHC.

2. If needed, begin CPR on the victim and contact a SNAHC provider on duty.

3. Have an employee direct emergency personnel at the entrance, when they arrive, to the victim/patient.

4. Other designated staff will do crowd control and calm patients. Patients should be urged to stay where they are (exam rooms, waiting rooms, etc.) All staff not needed for CPR or direct care should help calm patients and keep hallways and doorways clear.

5. Notify Department Managers and Administration for follow-up.

6. A medical and/or dental emergency drill should take place at least once a year and documented in department meeting minutes.
F. Infant/Child Abduction
If an infant or child is missing or abducted, whether potential or actual occurs, steps will immediately be taken to ensure the safety of the infant/child. Appropriate personnel and outside agencies will be notified and respond according to this procedure.

1. When a staff member has suspicion that an infant or child is missing:
   ▪ Employee will immediately notify department supervisor and designate an employee to watch front entrance for outgoing people.
   ▪ Program staff member will announce “Code Pink” via All-Page followed by a description of the child. The description should include the following information: Age, Gender, Race, Height, Weight, Clothing, and any other descriptive features. The announcement should include location the child was last seen and description of suspected individual.

2. All staff should:
   ▪ Secure/lock the area after being checked for missing child.
   ▪ Close all fire doors and stairwell doors.
   ▪ Monitor all exits, including doors, stairwells and elevators.
   ▪ Stop all suspicious persons from entering or leaving the immediate area.
   ▪ Do not allow individuals to slip through doors with others.
   ▪ In corridors, turn on lights or leave lights on.
   ▪ Search all exam rooms, restrooms, waiting rooms, stairwells and corridors.
   ▪ Tend to the family at all times. Move the family to area away from abduction as able. Care and support, offering, patient relations, other measures as appropriate.
   ▪ Ask suspicious person(s) to stop; if the person refuses to stop, obtain a description, the direction the person is moving in and call 911.
   ▪ Protect the crime scene to preserve subsequent collection of any forensic evidence by law enforcement.
   ▪ Remain in the work area until dismissed.
   ▪ Refrain from discussing the event with anyone other than employees involved.
   ▪ Continue care and support to other patients and families in the area.

3. All available employees are responsible to:
   ▪ Listen to the Code Pink announcement.
   ▪ Close all fire doors and stairwell doors.
   ▪ Monitor all exits, including doors, stairwells and elevators.
   ▪ In corridors, turn on lights or leave lights on.
   ▪ Search all patient care rooms, restrooms, lounges, stairwells and corridors.
   ▪ Observe all persons, both employee and non-employee, for suspicious activity. Be aware of all people carrying items that can hide an infant including, but not limited to:
     ✓ Suitcases
     ✓ Bulk coats
     ✓ Tote bags
     ✓ Boxes
     ✓ Blankets
✓ Gym/Duffle bags
  - Report any suspicious activity or persons by calling security or 911, and obtain description and the direction the person(s) is moving in.
  - If the suspicious person(s) is observed entering a car, obtain a description of the vehicle, license plate number and call security or 911.
  - Refrain discussing the event with anyone other than your Supervisor.
  - Resume normal activities when the "Code Pink All Clear" is announced.

4. Response if you find the child
   - General response
     ✓ Remain calm and gently talk with the child
     ✓ Tell the child it is time to go see their parents
     ✓ Walk the child to the information desk to be reunited with family and to notify staff that code pink is all clear
   - If child refuses to go with you:
     ✓ Call, or instruct someone else to call security
     ✓ Notify them that the child has been found and your location
     ✓ Staff will send parents to location of child
     ✓ Do not leave child unattended at any time
   - If child runs out of the building:
     ✓ Call security or 911, or have someone else call security.
     ✓ Attempt to keep child in view

G. Bomb Threats:

There are usually two types of telephone bomb threats. One may give a target area and a time of detonation; the other may simply say, “There is a bomb in your building!” The person receiving the bomb threat should:

1. Attempt to keep the caller on the telephone and obtain the following information if at all possible:
   a. Where is the bomb?
   b. What time will it go off?
   c. What does it look like?
   d. What type of bomb is it?
   e. Why was it placed in the building?

2. Write down everything you remember about the telephone call:
   a. What was said. (Refer to the questions above.)
   b. Sex and estimated age of caller.
   c. Speech characteristics of caller.
   d. The caller’s emotional condition (excited, calm, intoxicated, belligerent, etc.).
   e. Any background noises.

3. Notify your Department Manager and Administration.
4. Report the threat to the Police Department and inform them what the caller said.

5. SNAHC employees will follow evacuation procedures from the building. Safety Committee members will conduct a brief search before leaving the building. If a bomb is found, report its location to the Police Department. Do not handle or touch the device.

6. Do not re-enter the building until told to do so.

**H. Suspicious Packages**
- Leaking with something unusual
- Ticking
- Exposed wiring or other suspicious hardware
- No return address
- Incorrect address
- Addressed to someone unknown or name misspelled

Note: There may be any combination of the above; simply one may not warrant suspicion.

If a suspicious letter or package is received, handle it as little as possible. Move away from the immediate area and immediately call Security.

**I. Civil Disturbances/Workplace Violence:**

SNAHC employees who encounter belligerent or unruly individuals who pose a threat to personal and client safety will do the following:
1. In a calm manner, inform the individual to leave the premises.
2. If the individual does not comply with your request, notify and ask assistance from a Department Manager or the Clinician of the Day in the Mental Health department.
3. If the situation becomes volatile and the individual threatens bodily harm, call “Dr. Strong” and then report the threat to the City Police Department immediately.

**J. Shelter in Place**

Shelter in place is a public protection tool during hazardous materials accidents to minimize the exposure of the threatened public to dangerous chemical(s). Sheltering in place uses a structure and its indoor atmosphere to temporarily separate people from a hazardous outside atmosphere.

Some exposure will occur, but if properly undertaken, sheltering in place can provide substantial protection from doses high enough to cause injury.

In the event that a shelter in place is advised for the clinic, all persons will be notified by **all-page**.

**How to Shelter in Place – Building**
- Close and lock all doors and windows and other opening to the outside.
- Shut off the buildings ventilation system.
- Building deputies post signs on doors – “Shelter in Place in Effect – NO ENTRY.”
• If possible, move to the 2nd floor hallway which is above ground floor level with fewest windows and vents.
• If possible, use plastic sheeting and duct tape to seal all cracks around doors and any vents in the room.
• DO NOT LEAVE or open the building until an All Clear is given by the Executive Director or Safety Committee members.

**How to Shelter in Place – Vehicle**

• If you are close to home or public building, go there immediately and go inside.
• If you are unable to, pull over to the side of the road. Stop your vehicle in the safest place possible.
• Turn off engine and close windows and vents.
• If possible, seal the heating/AC vents with duct tape.
• Listen to the radio regularly for updated advice and instructions.
• Stay where you are until you are told it is safe to get back on the road.

**K. Hazardous Material/Chemical Spill (Biological Exposure):**

Chemicals can pose physical hazards, health hazards, or both. Hazards which can cause emergencies, such as explosions or fires, are physical hazards. Health hazards can cause acute or chronic damage to your health through inhalation, absorption through the skin or eyes, ingestion or by accidental needle puncture.

**SNAHC will comply with the chemical hazard standard by:**

1. Maintaining and updating Material Safety Data Sheets for all current and new chemicals.
2. Updating and maintaining a list all of chemicals used in each clinic.
3. Ensuring that all hazardous chemicals are labeled appropriately.
4. Making sure the plan is available to all employees, patients, vendors (if appropriate), externs/interns/volunteers.
5. Conducting annual employee training on the policy and procedures.

Call 911 for any spill or release that threatens life safety or environmental damage.

1. Post the national poison control number on or near every office telephone in the building
2. Carbon monoxide monitors should be in each annex of the building
3. Make sure all combustion (fuel burning) appliances are professionally installed and inspected annually. This includes compressor, water heater and major exhaust systems and ductwork.
4. Always store cleaning products and chemicals in their original containers. Do not use any other type of container - such as buckets or bottles - to store chemical products. It's especially important that corrosive or reactant products be kept in the proper containers; many corrosives will eat through metal, and reactants often must be kept in airtight containers
5. Always read the labels before using a potentially poisonous product. Never leave the product unattended while using it, and return the product to a locked cabinet or stockroom when you are finished
6. Turn on a fan and open windows and/or doors when using chemical products.
7. Wear personal protective equipment (gloves, scrubs, face masks and goggles) when using chemicals.
8. Never mix household and chemical products together. A poisonous gas may be created when mixing chemicals
9. Do not burn fuels or charcoal or use gasoline-powered engines in confined spaces such as basements or poorly ventilated rooms. This contributes to the production of carbon monoxide and can lead to symptoms ranging from dizziness and nausea to coma and death from prolonged exposure.

**Poison Emergency Protocol:**
In the event of a medical emergency involving poison ingestion, inhalation or bodily contact, immediately call 911 and the SNAHC provider on duty. If no medical or emergency personnel are present, follow the emergency action for poisoning as follows until help arrives.

1. **Swallowed** poison:
   a. Give water immediately unless patient is unconscious, having convulsions, or cannot swallow.
   b. Follow emergency instructions on labels of containers.
   c. Have someone call the Poison Control Center.

2. **Inhaled** poison:
   a. Immediately get the person to fresh air.
   b. Open the doors and windows.
   c. Have someone call the Poison Control Center.

3. **Poison on the skin**:
   a. Remove contaminated clothing and flood skin with water for ten minutes. Then wash gently with soap and water and rinse.
   b. Have someone call the Poison Control Center.

4. **Poison in the eye**:
   a. Flood the eye with lukewarm (not hot) water poured from a large glass two or three inches from the eye. Repeat for 15 minutes. Have patient blink as much as possible while flooding the eye. Do not force the eyelid open.
   b. Have someone call the Poison Control Center.

5. If you are instructed to go to an emergency room, take the poisonous substance or container with you.

6. Refer to the SNAHC medical department for Syrup of Ipecac. Do not use Syrup of Ipecac until you have contacted the Poison Control Center and/or the SNAHC medical department.

**L. Power Failures:**
Everyone should stay in the office during a power failure, unless instructed to evacuate by your supervisor.

*In all emergencies, remain calm and do not panic*
SECTION 4

Student Responsibilities
Clinical Rotational Duties/Objectives
I. STUDENT RESPONSIBILITIES - Professional Appearance and Expectations

1. **During Lectures:** Dress attire shall be in accordance with college dress code and that which dictates good taste in the college environment.

2. **Laboratories:** Dental scrubs are required with disposable gowns when needed.

   If patients are to be seen in the laboratory (i.e. x-ray patients or when working on partners) then the same attire required for the clinic is to be worn (i.e. clinical gown over scrubs). Safety glasses or loupes should be worn during all laboratory sessions.

3. **Clinics:**
   a. The appropriate **OSHA-Approved** disposable **Clinical Gown** must be worn in all clinical situations.
   b. Dental scrubs are to worn under the clinical gowns. Disposable clinical gowns are not to be worn:
      1. During lunch or during lecture
      2. Outside of the clinical area (remove when using bathrooms)
      3. In the halls of the RS building or on your way to the radiology lab.
   c. When **observing** in clinic, laboratory attire is required.
   d. Safety glasses or loupes should be worn during all clinic sessions.

4. **Uniform Standards:**

   All students are expected to observe the following regulations for all clinic and laboratory sessions.

   a. Students must be in clinical scrubs when working in the clinical area. Only SCC approved uniforms are to be worn. No tank tops are permitted in place of the clinic scrub top during clinic.
   b. Disposable gowns are only to be worn in the clinic.
   c. All uniforms must be clean, odor and wrinkle free, and appropriately hemmed to your length. The correct length prevents students from walking on their pant legs. Good personal hygiene is required. Safety glasses or loupes, gloves, scrub gowns and caps are to be worn during all labs and clinic sessions. Clinic tops must cover you when you are bending over.
   d. **OSHA approved shoes are required**
   e. Socks that **cover the ankle** must be worn with clinic tennis shoes.
   f. Disposable caps are required. Hair must be neat, clean and kept back away from the face and off the neck. Long hair must be tied back and off your shoulder while in the clinic. Hair should never hang down toward the patient and should not get in the way of instruments, trays or anything that will be used on the patient.
   g. In clinic or laboratory sessions, the following pieces of jewelry are permitted: A small watch, wedding band (ring) and small stud. If you have a large diamond, it is not advised to wear as this
could tear the gloves. No facial or tongue jewelry are permitted. No large loops or dangle earrings are permitted.

h. Visual tattoos on the face, neck, arms and hand must be covered during clinic sessions.

i. Finger nails must be kept clean and short. NO FAKE NAILS OR POLISH, OTHER THAN CLEAR IS PERMITTED. If you have polish on over the weekend, remove it before Monday morning, otherwise you will be asked to leave clinic until it is removed, that also goes for artificial nails. NO EXCEPTIONS.

j. Any fragrance - perfume, cologne, deodorant, lotions, hair gels, or spray, which is detectable, is not permitted in clinic. Strong perfumes or colognes can be offensive to patients that may have a sensitivity/allergy to odors

k. If you smoke, No detectable odor of smoke on your person shall be permitted while treating patients in clinic.

l. Make-up may be worn, but you are expected to look professional at all times. Men must be clean shaven or if you have a mustache or beard it must be trimmed so it is not touching the uniform.

m. FOOD POLICY: Chewing gum, candies, mints or any other food items or drinks are not permitted in the clinic area. The clinic area includes the clinic floor, the patient check-in office, and patient reception area.

n. Key chains bungees are not to be worn on your arm during patient treatment. Leave them on the counter or hang on hooks provided.

o. Stethoscopes are not to be worn around the neck after use during patient treatment.

p. FIELD TRIPS- If you are on a school field trip, it is expected that you wear your scrubs and name tag.
SCHEDULING SCREENING/APPOINTMENT

1. A FIRST time patient will be scheduled for a screening appointment prior to regular cleaning appointments.

2. Go to date and time patient will be scheduled.

3. Double Click on top line of schedule template or right click on mouse and then select Schedule Appointment. Go to upper left corner of Patient Appointment Template, click on the Blue Underlined Patient Bar which will bring the student to the Patient List. At the bottom of the Patient List Template select NEW. A NEW Patient Profile will open. Fill out Patient Profile, name, address, phone numbers, gender, birth date, etc.

4. On the left side of the Patient Profile a selection of icons will be available. Select Label/Env. This option will allow an envelope addressed to the patient to be printed. Enclose envelope, all medical documents that need to be filled out prior to the visit, clinic information, SCC map, and Parking Permit.

5. Once the Patient Online Profile has been completed and the envelope printed, go to the top right side of the profile and click OK. This will save the patient information and automatically enter the patient into the patient list and the patient name will now be highlighted.

6. Now select USE at the bottom of the patient list so that you will be able to enter the patient into the daily schedule that you had previously selected for the visit: Screening, X-Ray, Sealant, or Cleaning portion of the daily schedule.

7. Once you click on the USE icon, the Patient Appointment Template will appear on the monitor and it is at this time selections will be made as to what type of appointment is being scheduled, the length of time (1:00 or 4 bars of time), and in the note section the type of visit will be rewritten to let the student know more about the patient visit. (RA, REC, SC, FMX, BWX, Sealants, etc). The cost will be noted in the Note section, class difficulty will be noted Hvy = Heavy, Mod = Moderate, L = Light, combinations can be used to note case difficulty.

8. Now that the appointment has been made it must be SAVED. To SAVE the appointment go to the lower right of the schedule template and the SAVE icon will be selected. There is a warning icon; this will be highlighted if the time of the appointment will not fit into the time bars allowed for each type of appointment. In order to save the appointment, the time of the appointment must be changed.

9. CAUTION, be careful not to select the delete icon, you will lose the appointment you worked so hard to make.

10. To EDIT any made appointment click the right side of the MOUSE and select EDIT. Information may be changed, added, or deleted.
APPOINTMENT TYPES

1. SC = SCREENING: First appointment for screening will be 30-40 minute evaluation of their oral health. No fee for this appointment. Regular cleaning appointments will be scheduled after the assessment.

2. The first cleaning appointment is $25.00, three (3) hour visit and follow-up appointments will also be three (3) hours, and cost $10.00 per appointment.

3. New SC/Cl: Patients living outside the 916 area code or the Greater Sacramento Area will be scheduled for a regular cleaning appointment and not asked to travel far distances for just an assessment.

4. RA = REAPPOINTMENT: This type of appointment is for patients returning for continued cleaning, $10.00 visit.

5. REC = RECALL: Patient is being seen for their yearly revisit. This patient does not need to be screened and will be scheduled for a regular $25.00, three (3) hour appointment.

SOCIAL SECURITY NUMBERS

1. Do not put Social Security # on medical record forms (even if there is a space for it). You may use the employee ID# or the student ID# if applicable.

2. If the patient has a medical record number from Kaisier, Blue Cross, Blue Shield, or another medical facility, have the patient enter their medical record number in the place provided for it on the medical record forms.
UPDATING PATIENT INFORMATION / CHARTS / COMPUTER

CHARTS WILL NEED TO BE UPDATED AFTER CLINIC DAYS.

1. PULL CHARTS FROM ON TOP OF CABINET OUTSIDE OFFICE DOOR.
2. PULL PATIENT CHART FROM FOLDER AND LOOK ON BACK FOR COMPLETE OR INCOMPLETE.
3. IF INCOMPLETE / FIND RA SLIP / PLACE IN FRONT OF CHART / FILE IN RE-APPOINT SECTION OF MAIN FILE CABINET.
4. IF COMPLETE PULL UP PATIENT’S NAME IN COMPUTER / CHECK ADDRESS / PH.# / MARTIAL STATUS / D.O.B. FOR ACCURACY IN CHART.
5. IN EMAIL SECTION AND RECALL SECTION / WRITE IN PATIENT’S CLASSIFICATION AND DEPOSIT / (FROM MOST RECENT PAPER FILLED OUT BY STUDENT YELLOW OR GREEN PAGE).
6. FILE CHART IN RECALL SECTION OF MAIN FILE CABINET.
Printing Clinical Procedures and Pull Charts

PRINTING CLINIC SCHEDULES - To be done the day before the scheduled clinic date.

1. Go to date of schedule that needs to be printed.
2. Click on the printer icon at the top of the program.
3. Select the time/s you want to be scheduled.
4. Make sure to select Landscape.
5. Click print.
6. Make three (3) copies of schedule, one for front desk, one to hang for students.
7. All schedules will be shredded at the end of each clinic day, the schedules have confidential patient information that must be protected.

STUDENTS MUST CONFIRM THEIR SCHEDULED PATIENTS. THE OFFICE IS NOT RESPONSIBLE TO FIND PATIENTS FOR STUDENTS; THE FRONT DESK WILL ASSIST, MOTIVATE, AND PROVIDE LISTS OF PATIENT NAMES.

PULLING CHARTS

1. RA – Reappoint patient and is located in the returning chart files.
2. REC – Recall patient, returning after one year, and will be in archive files if the last visit has been two (2) years or more, otherwise, chart will be in office on file shelf.
3. SC – Patient has come for the screening visit and is now coming for the first cleaning visit. The chart will be filed in the returning patient files.
4. Once the charts are pulled, pencil the name of the student on the upper right corner of the chart on the white label. Be sure to change the name of the student if the patient will be seeing another student.
5. Student name is to be penciled in for X-Ray and Sealant patients.

SCREENING PATIENT

This patient has not been seen in the clinic prior to this assessment visit. After the assessment visit the patient will be scheduled for reappoint visits until completed. A screening patient will need to fill out three (3) medical documents: the medical history, the patient rights, and the screening card.
RE-APPOINTMENTS ARE MADE WHEN THE STUDENT HAS NOT COMPLETED PATIENTS CLEANING.

RE-APPOINTS CANNOT BE MOVED TO ANOTHER STUDENT / STUDENT MUST COMPLETE PATIENT

1. AFTER CLINIC, PATIENT WILL BRING RE-APPOINT SLIP
2. LET PATIENT KNOW SCHEDULE OF CLINIC AND NEXT AVAILABLE APPOINTMENT WITH THEIR STUDENT TO COMPLETE PROCEDURES
3. IF A PATIENT NEEDS TO CHECK THEIR SCHEDULE ASK THEM TO RETURN A CALL AS SOON AS POSSIBLE TO SET AN APPOINTMENT WITH THEIR STUDENT

CLINIC RE-APPOINTMENTS

1. HIGHLIGHT DATE AND TIME ON SCHEDULE THAT AGREES WITH PATIENT.
2.  
3. BRING UP PATIENT NAME IN COMPUTER / SELECT CORRECT PATIENT.
4. HIGHLIGHT “USE” AT BOTTOM OF PATIENT LIST
5. SELECT APPOINTMENT TYPE
6. IN NOTES TYPE APPOINTMENT TYPE AND CLASSIFICATION AND DEPOSIT
7. CLICK ON OK IN UPPER RIGHT CORNER / CLICK YES 3 TIMES TO EXIT APPOINTMENT
8. ASK PATIENT IF THEY WILL NEED PARKING PERMIT
9. IF PATIENT REQUIRES PERMIT FILL OUT WITH DATE, LAST NAME, VALID UNTIL TIME, ON BACK SIDE APPOINTMENT DATE AND TIME. HAND TO PATIENT AT WINDOW AND REMIND PATIENT IT WILL BE $10.00 FOR THE NEXT VISIT
## PHONE RE-APPOINTMENTS:

1. FOLLOW ABOVE PROCEDURES  
2. BEFORE CLICKING OK TO START EXIT ASK PATIENT IF THEY NEED PARKING PERMIT  
3. CLICK ON PATIENT ON RIGHT SIDE OF PATIENT INFO AND SELECT LABEL ENVELOPE  
4. HIGHLIGHT PRINT ENVELOPE  
5. CLICK YES  
6. CLICK PRINT  
7. CLICK CANCEL WHEN FINISHED PRINT JOB  
8. COMPUTER WILL GO BACK TO PATIENT INFO PAGE / CLICK YES 3 TIMES TO EXIT APPOINTMENT  
9. MAIL PARKING PERMIT WITH FRONT FILLED OUT WITH DATE OF APPOINTMENT, PATIENT’S LAST NAME, AND VALID UNTIL TIME  
10. WRITE PATIENT’S APPOINTMENT DATE AND TIME ON BACK OF PARKING PERMIT  
11. PUT PERMIT IN PRINTED ENVELOPE WITH APPOINTMENT TIME FACING ENVELOPE SEAL  
12. MAIL MAP IF PATIENT CAN NOT REMEMBER WHERE CLINIC IS OR WHERE PARKING IS LOCATED  
13. PATIENT MAY ALSO PICK UP PERMIT AT RECEPTION WINDOW

## Parking Permits

### PARKING PERMITS

1. The Parking Permit must have no cross outs. A new Parking Permit MUST be used if a mistake has been made. Put in the date of the appointment, patients first and last name, and have Barbara or Ruben signs the permit. The permit must have the length of time allowed entered in the space provided on the lower right hand corner of the permit. Rewrite the date and time of the appointment on the back of the permit with the cost of the visit and length of time the visit will take, three (3) hours per visit.

2. Parking Permits are for PATIENTS ONLY, NOT STUDENTS. Please DO NOT ask for a parking permit if you are a student. SCC students are not allowed to park in the staff/faculty lots: they must use SCC student parking. Our Dental Department will lose parking privileges for our patients if the Parking Permits are abused.
X-Rays

PATIENT X-RAYS

1. PATIENT WHO REQUESTS X-RAYS DONE AT CLINIC MUST HAVE A RX (PRESCRIPTION) FROM AN SCC DENTIST OR FACULTY -RDM.

2. $25.00 COST FOR FMX (FULL MOUTH)

3. $15.00 COST FOR BMX (BITE WING)

4. $15.00 COST WHEN PATIENT’S DR. REQUESTS A COPY OF FMX X-RAY’S TAKEN AT SCC CLINIC BY A STUDENT FOR OUR BENEFIT

5. $10.00 COST WHEN PATIENT’S DR. REQUESTS A COPY OF BWX X-RAY’S TAKEN AT SCC CLINIC BY A STUDENT FOR OUR BENEFIT

8. SCC STUDENTS WILL PAY FOR COST OF X-RAYS ($25.00 FMX / $15.00 BWX)

X-RAYS REQUESTED BY SCC CLINIC

1. NO CHARGE TO PATIENT WHEN SCC CLINIC REQUESTS X-RAYS

MAKING X-RAY APPOINTMENT

1. EACH X-RAY APPOINTMENT REQUIRES
   FM X-RAYS = 6 TIME UNITS ON SCHEDULE
   BW X-RAYS = 4 TIME UNITS ON SCHEDULE

EMAILING X-RAYS

1. ONLY THE DENTAL DEPARTMENT ADMINISTRATIVE ASSISTANT OR CLERK MAY EMAIL OUT X-RAYS. ENCRYPTION POLICY MUST BE FOLLOWED.
1. Make label for chart. Use postage label, four (4 per sheet) insert label sheet into typewriter. Line up top of label with the thick red guide line on the typewriter guide. Using all capital letters, type the last name of patient, then insert a comma, insert five (5) spaces, type patient’s first name. If the patient has a middle initial, insert three (3) spaces and type middle initial, insert period after middle initial. At the end of the first row of typing, hit return button three (3) times and redo the patient’s name again for the second line of the label that will be turned under so that the patient’s name can be read from front and back of folder in the file cabinet.

2. To make the actual chart for the patient’s records use a plain manila or purple folder, place name patient’s name label on right side of folder approximately 2” from bottom of folder, (bend the label in half so that only one row of lettering shows on the top of the folder), place a clear label protector over the name label to protect from wear and tear. Place a large colored alpha letter of the patient’s last name approximately 1” from right bottom of folder and bend the letter over the edge of folder so it can be read from front and back on the filing shelf. Place a white 1”x3” label on inside of folder about even with the patient’s name label. This label will be used to pencil whether or not the patient has been completed or is incomplete, the date and initials of the student who saw the patient will also be penciled on the label. Place another white 1”x3” label at the inside of the folder approximately 2” from right edge. Lastly, place the purple “P”, noting a paperless chart, next to the student name label that has been placed inside 2” from the right edge.
STUDENT SIDE OF DAILY RECONCILIATION FORM

USE DAILY CLINIC RECEIPTS SLIP

STUDENT WILL FILL OUT REQUESTED INFORMATION

ADMINISTRATIVE ASSISTANT WILL RECONCILI DAILY AND WEEKLY RECEIPTS

$30.00 IS CLINIC CASH DRAWER / PICKED UP MONDAY MORNINGS AT THE BUSINESS OFFICE / RETURN CASH DRAWER TO BUSINESS OFFICE THURSDAY OR FRIDAY WITH WEEKLY DEPOSIT SLIP FILLED OUT.

CLINIC RECEIPTS SLIP: COMPLETE PRIOR TO START OF CLINIC TIME

1. DATE

2. AM OR PM CLINIC (MUST MARK WHAT CLINIC TIME MORNING OR AFTERNOON).

3. STUDENT NAME (STUDENT ASSIGNED TO WORK IN OFFICE).

4. CHANGE $30.00 (THIS IS THE STARTING AMOUNT DAILY).

5. RECEIPT BOOK DATE (THIS IS THE DATE OF THE RECEIPT BOOK).

6. RECEIPT NUMBERS (STARTING AND ENDING NUMBERS ON EACH CLINIC DAY).

7. CHANGE (COUNT OUT $30.00 AGAIN / DO NOT TO COUNT IN DAILY RECEIPTS).

8. CASH RECEIVED (THIS IS AMOUNT RECEIVED AFTER $30.00 HAS BEEN REMOVED).

9. CHECKS RECEIVED # (THIS IS HOW MANY CHECKS HAVE BEEN WRITTEN & RECEIVED AT CLINIC).

10. CHECKS TOTAL AMOUNT (THIS IS TOTAL $ AMOUNT OF ALL CHECKS RECEIVED).

11. # OF PATIENTS N.C. (THIS IS THE NUMBER OF PATIENTS NOT CHARGED).

12. TOTAL RECEIVED (TOTAL AMOUNT OF CASH AND CHECKS RECEIVED AT AM OR PM CLINIC).

NOTE:
WRAP MONEY, CHECKS, AND RECONCILIATION SLIP / PUT IN FILE CABINET TO BE LOCKED UP.
# MORNING PROCEDURES

1. **ARRIVE AT CLINIC 7:30 A.M.**

2. **OUTSIDE DOUBLE GLASS DOORS SHOULD ALREADY BE OPEN**

3. **TURN OFF ALARM**

4. **UNLOCK LARGE DOUBLE ORANGE DOORS TO CLINIC / PROP OPEN DOORS (USE A CHAIR IF NEEDED)**

5. **UNLOCK HALLWAY DOUBLE DOOR ON CLASS ROOM SIDE**

6. **UNLOCK RECEPTION DOOR / PROP OPEN / TURN ON LIGHTS**

7. **OPEN ADMINISTRATION OFFICE DOOR / TURN ON LIGHTS**

8. **TURN ON CLINIC LIGHTS**

9. **TURN ON MASTER SWITCH (LOCATED INSIDE CLINIC OFFICE IMMEDIATELY TO THE RIGHT ON WALL) OPERATES THE SUCTION IN CLINIC AND CUPBOARD DOORS IN STERILIZATION ROOM 101.**

10. **MONDAYS – 12 HRS @ 7:30 A.M.**

11. **TUESDAYS – 4 ½ HRS @ 7:30 A.M.**

12. **WEDNESDAYS – 12 HRS @ 7:30 A.M.**

13. **TURN ON STUDENT COMPUTER ON ALL DAYS WHEN STUDENTS ARE PRESENT**

14. **TURN ON OFFICE COMPUTER**

15. **TURN ON PRINTER IN OFFICE**

16. **CHECK ALL FOUR (4) VOICE MAIL LINES FOR MESSAGES (2356 / 2303 / 2357, 13075)**

17. **CHECK EMAIL**
CLOSING CLINIC

1. CHECK CLINIC FOR INSTRUCTORS AND ASK IF THEY WILL BE STAYING PAST OFFICE HOURS

2. ADMINISTRATIVE OFFICE CLOSING: LOG OFF COMPUTER

3. TURN OFF PRINTER

4. LOG OFF STUDENT COMPUTER

5. MAKE SURE FILE CABINET IS LOCKED AND RECEIPTS ARE PUT AWAY

6. TURN OFF CLINIC LIGHTS

7. CHECK HALLWAY (CLASS ROOM SIDE) DOOR AND LOCK

8. STRAIGHTEN CLINIC RECEPTION ROOM

9. LOCK ADMINISTRATION DOOR / LEAVE DR. LO’S DOOR UNLOCKED

10. EXIT RECEPTION ROOM / TURN OFF LIGHTS / LOCK DOOR

11. EXIT DOUBLE ORANGE DOORS / LOCK / SET ALARM FOR AWAY
CLINICAL PROCEDURES

I. CLINIC HOURS

II. INSTRUMENTS AND MATERIALS

III. APPOINTMENT PROCEDURES
   A. PATIENT CATEGORIES
   B. ROUTINE EXAMINATION PROCEDURES
   C. PREVENTIVE EDUCATION
   D. CHECKOUT AND DISMISSAL PROCEDURES
   E. CHILD PATIENT APPOINTMENT PROCEDURES
   F. REAPPOINTMENT PROCEDURES
   G. GENERAL INFORMATION

IV. RADIOLOGY PROCEDURES

V. SUPPLEMENTAL PROCEDURES
   A. OCCLUSAL SEALANTS
   B. ULTRASONICS
     C. MARGINATION
   D. AMALGAM POLISHING
   E. ROOT PLANING

VI. EXPANDED DUTIES
   A. LOCAL ANESTHESIA
   B. NITROUS OXIDE
   C. SOFT TISSUE CURETTAGE

VII. SPECIAL 1 and 1/2-HOUR PATIENT PROCEDURES

VIII. STUDENT INFORMATION
I. Clinic Hours

A. Clinic sessions are two hours and 50 minutes in length. Sessions begin on the hour and end at 10 minutes before the hour. The clinic (RS 125) will be open 25 minutes before the hour to allow students to set-up their units. (Summer clinical hours will vary slightly)

B. The Clinic supply room will be open whenever the supply room assistant arrives. The assistant should be one of the first students in the clinic to facilitate set-up procedures for their classmates.

C. Patients are scheduled to arrive 15 minutes before the beginning of the clinic session. This will give them time to fill out the forms, obtain a parking permit, and get through the bottleneck that occurs in the front office. It is also a cushion for those patients that are late.

D. Each student is to be completely set-up to see their patient on the hour. (8:00, 9:00, 1:00, etc)

E. Check-out time
   1. Patient check-out is at 10:30-11 or 3:30-4:00.
   2. Having a patient ready for check-out means that all your forms are completed and the patient has been rinsed and prepared, and your instructor-call light is ON.
   3. Students that need extra time to complete a patient should ask their instructor if they can keep the patient longer. Do not wait until check-out time to ask.
   4. To facilitate a smooth operation, you should always note your check out time on your daily GOLDEN-ROD sheet. If this is not indicated, the instructor will go to the other students that have times indicated.
   5. In Clinic IV (spring), the last three weeks of the semester, students will have an opportunity to schedule two patients on designated days (2 patients for 2 hours each). The second patient should be out of the clinic at the appropriate time. Instructors will give the students maximum flexibility during the beginning of the semester to help with this procedure.
   6. No patient is to be in a chair past the scheduled end of clinic (10 minutes to the hour)

II. INSTRUMENTS AND MATERIALS

Sara Mendoca is available to assist you with ordering supplies and instruments needed in addition to your standard kit. You are expected to handle such needs on your own without the assistance of the faculty and staff.

<table>
<thead>
<tr>
<th>Sarah Mendonca</th>
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</thead>
<tbody>
<tr>
<td>Patterson Dental - Supplies</td>
</tr>
<tr>
<td>(916) 780-5115 wk</td>
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Ordering supplies for the clinic should first to be brought to the program director’s attention in an effort to be fiscally responsible.
III. APPOINTMENT PROCEDURES

A. Patient Categories

1. **Screening Patients** Patients to be screened. They will be placed in a special area in the computerized appointment schedule. Each patient will be given a 20 minute appointment. MEDICAL HISTORY CLEARANCE MUST BE OBTAINED FROM THE DDS OR FACULTY PRIOR TO GOING SUBGINGIVAL. They are screened:
   a. To detect possible High Blood pressure.
   b. To determine medical problems that needs care before treatment.
   c. To determine the type of gingival class and deposits
   d. To determine which class (1st year or 2nd year) needs to see the patient.
   e. To see that the appropriate student (one who needs this type of patient) can receive this patient.
   f. To determine if radiographs are indicated.

2. **New Patient (SC)** These are patients who have been SCreened. These patients have not had their teeth cleaned at the clinic before. They will need to fill out our medical history, pay the appropriate fees, etc.

3. **Recall patients (REC)** These patients are former patients, who have had their treatment completed months before and now seeking a recall cleaning. The patients RECords will be on file. The patient should be appointed with the same student whom they last saw before, if still in the program. There is the normal fee for these patients.

4. **Reappointment patients (RA)** A patient who has just recently been seen and whose treatment was not completed during the last visit. They are assigned to the same student. Fees are less than a new or recall patient appointment.

5. **Special Request** If a patient makes a request for a particular student (friends, relatives, etc.) then it is marked or so noted in the computer and on the reappoint form.

6. **Occlusal Sealants (OS)** A patient who is coming in JUST for occlusal sealants. There is a charge for each sealant.

7. **X-ray patients (X)** A patient who is coming in JUST for radiographs requested by a DDS. There is a charge for such radiographs.
B. ROUTINE EXAMINATION PROCEDURES

1. Prepare work area according to guidelines in Section I

2. Obtain and review patient records.
   a. The patient chart is placed on clinic office door ledge when the patient has checked in. Your name is written in pencil on the outside of the chart.
   b. Briefly review questionnaire and screening card.
   c. Please note: All recall/reappointment charts are filed in cabinet outside of office the day before the appointment for your access. **Do not remove these charts from the clinic.** Return charts immediately after review to insure privacy of records. You are only allowed to review the records on you assigned patient.

3. Greet patient
   a. Call patient by first and last name. If pronunciation is difficult, do your best, than spell the surname out loud.
   b. Introduce yourself by first and last name. Explain that you are the student who will be treating him/her that day.
   c. Escort the patient to your unit; assist them with belongings.
   d. Seat patient, offer assistance if needed
   e. Note patient's name, age and TIME SEATED on goldenrod evaluation form.

4. Review patient's CC, HPI, DHx

5. With patient, review questionnaire
   a. Complete MHX and ROS
   b. Obtain vital signs and note findings in appropriate area on chart
   c. Recall appointment patients: obtain update information and note changes (state "No change" if none)
   d. **Consultation with an instructor concerning High Blood Pressure or Premedication needs should occur no later than this point. If in doubt, consult with an instructor.**

6. Perform dental examination on patient
   a. Extraoral, intraoral examination, occlusal classification
   b. Dentition: follow charting instructions for restorations/caries
   c. Sealants: List all teeth with sealants on the left side of dental charting in appropriate area.
   d. Periodontal charting: follow charting instructions

7. Perform gingival examination
8. Periodontal probing
   a. A Six point probe should be performed and recorded for all new and all recall patients.
   b. Record "Response" to probing and calculate Bleeding Index and record in appropriate space provided.

9. Examine patient to detect and record location and amount of calculus deposits in the appropriated section of the treatment plan and goldenrod evaluation form.

10. Evaluate and record a Gingival/Periodontal classification for the patient.

11. CHECK-IN:

   a. Decide on an Overall Treatment Plan and a Plan for Today and record by checking appropriate procedures listed. If a full mouth is not going to be completed in one visit, then areas to be treated should be noted by tooth numbers.
   b. Record time ready to check-in on goldenrod evaluation form and turn on instructor call-light
      1. Do not disclose before check-in
      2. Introduce your instructor to your patient as Dr. (name), Ms/Mrs. (name) or Professor using instructor's first and last name.
      3. Give the instructor a brief narrative summary of your findings.
      4. Arrange your paperwork in the correct order before presenting it to your instructor.

C. PREVENTIVE EDUCATION

To maximize patient learning, plaque control instructions must INVOLVE the patient and must be individualized.

1. ASSESSMENT
   a. During examination procedures, help the patient to become aware of the status of his/her mouth. Note patient symptoms and questions which reflect attitude, dental I.Q., etc.
   b. Allow the patient to observe your examination to increase awareness of his/her own mouth and to look for possible clues that plaque is being retained or not removed.
   c. All patients are to be disclosed PRIOR to any scaling procedures unless special arrangements have been made with the instructor. Your role as a dental health educator makes it possible for you to show the patient his/her own areas of plaque retention, but this is valid ONLY before any scaling and/or polishing has been performed.
d. Be sure patient is seated upright for most aspects of plaque control education.

e. After pointing out areas of plaque retention WITH patient, record a plaque index. (O'Leary)

f. Patient demonstration in his/her own mouth is a necessary part of assessment of current practices and allows you to practice hands on learning.

2. TREATMENT PLANNING

a. Pay particular attention to areas of abnormality/disease picked up in the examination and be sure to plan a means to control that problem.

b. Plan brushing method and adaptation for individual patient, if changes are necessary. (Or reinforce correct efforts)

c. Perform flossing with or without floss holder. Determine the type of floss the patient needs according to their interests and skills.

d. Determine need for a Perio-aid and other supplementary aids.

e. Select appropriate products to help patient's oral condition.

3. IMPLEMENTATION

a. Patient should practice ALL procedures in their mouth before leaving clinic.

b. Demonstration on typodonts may supplement practice.

c. Record techniques taught, demonstrated, practiced, specific products to be implemented, etc. on back of chart under plaque control

d. Record patient's ability, attitude, etc. and your expectations under comments.

D. CHECKOUT AND DISMISSAL

Under "services rendered" in patient chart:

1. Record date, procedures performed and your signature (first initial and last name). Do NOT complete this portion of the form until treatment for the day has been rendered. As your last entry for the day, mark "complete (comp)" or "incomplete (incomp)".

2. Record plan for next visit. Include procedures not completed today and other necessary procedures.

3. Note completion time on evaluation sheet and turn on instructor call light (see e, below).

4. While waiting for instructor:

   a. Be sure patient's questions have been answered.

   b. Review plaque control as necessary.
c. If instructor is delayed and if patient agrees continue treatment in the next area.

5. Be sure instructor understands clearly which procedures were performed, which areas are "complete" and any problem areas before examining the patient. Make written comments in the self-evaluation area of your evaluation form.

6. It is your responsibility to note ALL remaining deposits, plaque, etc., as well as areas of trauma and residual calculus as they are called out by the instructor during the checkout exam. Record these findings on the appropriate area of form.

7. When the checkout exam is complete, excuse your patient, arrange a reappointment, or complete areas as requested by your instructor. The instructor will inform you if the patient is to be rechecked that day. If the patient is to be rechecked on a subsequent appointment, note the area both under plan for next visit and on the evaluation form.

8. During a preliminary checkout (when patient will return for reappointment) the instructor will not always be able to check every surface for thorough removal. It is the student's responsibility to recheck all areas and to be certain they are complete before final checkout.

9. It is courteous to compliment all patients on their patience, and to thank them for what you learned by treating them. Without our patients and their generous contribution of their time, it is impossible for students to learn clinical procedures.

E. CHILD PATIENT PROCEDURES

1. A parental signature is necessary BEFORE the child can be examined or treated in the SCC clinic.

2. Review the patient history with the parent. Use a minor release from as approved by the clinic lead.

3. The complete examination and routine treatment procedures are performed for all children with the exception of probing. Do a six point probe on all permanent central incisors and first molars. If gingival inflammation, etc. exists and you are suspicious of a problem, probe and record pocket depths of areas in question.

4. A fluoride treatment is considered routine for all children unless the parent requests otherwise.

5. Occlusal sealants are available and should be included in your overall treatment plan for a patient, whether or not there may be time that day. The patient may be reappointed for this optional service, after it has been explained to the parent.

6. If procedures are completed before the child's parent returns, the child should wait in the reception area. In most cases, you should speak to the parent at the end of the appointment to explain what you have found and to compliment the child. Ask the office assistant to call you when the parent returns.

7. Parents and siblings are DISCOURAGED from waiting with the patient in the treatment area. Most children will be more receptive to you without these distractions.

8. In case of a problem, do not let it get out of control. CALL FOR HELP.

F. REAPPOINTMENT PROCEDURES

1. Follow procedures listed in Routine Examination a - c (Use green reappoint form). Be sure to review your narrative description of patient to remind yourself of any abnormalities which
need to be checked.

2. Determine briefly if there has been any change in the patient's CC or current DHx (e.g. has patient had any dental problems or seen a dentist since last visit at SCC). Date and note "no change" or changes in each area.

3. Update MHx at EVERY visit. Ask at least the following:
   
   Since the patient's last visit here
   
   a. Has he/she seen a physician?
   b. Has he/she taken any medications?
   c. Have there been any changes in existing conditions?
   d. Has he/she noticed any changes in soft tissue, gums, or teeth?
   e. Females: could you be pregnant? (unless age or MHx contraindicates.)

4. Perform your examination.
   
   a. Take vital signs (pulse, breathing) if abnormal or borderline at last visit & B.P. at each visit.
   b. Perform extraoral and intraoral examination. Note any new pathology and check for changes in existing pathology.
   c. Examine gingiva, noting any changes in areas last treated first, then other areas. Pay particular attention to areas recently treated and record findings.
   d. Review treatment plan for this day. As necessary, probe and/or explore areas previously treated to confirm remaining deposits. As needed, re-examine those areas to be treated this day.
   e. Complete records as necessary. It is not necessary to reclassify a patient on whom you began treatment, but any improvements or other changes should be pointed out to the instructor. Also, areas expected to improve, but which have not, should be carefully examined. (Note those areas and define possible causes.)
   f. Remember, following check-in, the patient will be disclosed to help him/her gauge progress in plaque control and to allow you to compute the OHI. While waiting for check-in, you may begin plaque control review but do not disclose.
   g. Note your check-in time. Turn on light for instructor check-in.

G. GENERAL INFORMATION

1. Patients are here for the benefit of the students. Any case that does not benefit the students will be referred elsewhere. If a problem develops, consult with your instructor. You do not have to see abusive patients.

2. Patients are scheduled to arrive at 15 minutes before the hour. If they do not show up for their appointment by 10 minutes past the hour (25 minutes late) then we do not have an obligation to
see them that day.

3. If a patient does not show up for an appointment twice, then we are not obligated to see them again. Each no-show should be documented on chart under “Services Rendered.”

4. New patients will be provided for you. These patients will be scheduled by the administrative assistant and confirmed by YOU. New patients are appointed randomly by the secretaries. Any trading or moving patients must be done by the administrative assistant or clinic coordinator!

5. Patients who need reappointments should be accompanied by the student to make the appointment or give the patient a completed reappoint slip. These patients will be placed in the appointment book with a (RA) next to their name. Each student should keep a list of their reappointments so that the administrative assistant is not constantly asked questions about the schedule.

6. It is the student's responsibility to confirm all their patients. It is best to confirm 48 hours in advance so that if a patient cancels, there is time to reschedule another patient.

7. The administrative assistant will post a list of all scheduled patients, the appropriate student, and the patient's phone number. This list will be posted at least two days before the visit. This list will be posted in such a manner as to protect the patient’s privacy.

8. If for any reason you do not have a patient for a particular clinic session, you may use a screening patient as your patient if that patient can stay for the visit. The screening assistant does have priority over the patient if there are special procedures that he/she wishes to do at a later date on that patient (Proficiency, State Board, Root Planing, etc.) so they would get that patient as a reappoint if appropriate.

IV. RADIOLOGY PROCEDURES

A. RADIOGRAPH SELF-EVALUATION PROCEDURES

Each radiograph taken will be self-evaluated. The original radiographs are self-evaluated for diagnostic and technical quality and assigned points. The retakes are self-evaluated for diagnostic quality.

1. Written self-evaluation is completed by the student who exposed the radiograph on the yellow self-evaluation forms. It is advisable that the student expose, process and mount the films to follow-through the entire process from start to finish.

2. Each film is evaluated on the basis of five technical areas:
   a. placement
   b. horizontal angulation
   c. vertical angulation
   d. cone cut or central cone placement
   e. miscellaneous: processing, handling, double exposure etc.

3. Points or percentages are removed for the degree of error and the degree of diagnostic quality it removes from the film. Minus points are indicated under the number in the film box corresponding to the area of error. Each film is worth 5 points and no more than five points may be deducted per film.
For example, a bitewing is exposed with no placement errors and a small horizontal angulation error. The appropriate film box should be filled out as instructed.

This indicates that the total film would be worth 4 out of five points or about 80% quality film. If the horizontal angulation error was moderate more points would be deducted, -2 or more. If the error was large or gross -3 to -5 points would be deducted.

4. With this system no matter how many films you evaluate, a percentage for quality can be obtained. Self-evaluating your films for diagnostic quality is an important process for all radiographic operators.

5. Record significant factors in the patient's oral condition which influence the technical quality of the radiographs in the lower central portion provided on the yellow evaluation forms.

6. In addition to self-evaluation of each film, operators should maintain a quality control record of their technical errors and retakes on the form provided in spring radiography. If an operator makes the same technical error several times on different patients, reassess your technique and seek advice from an instructor.

7. Submit the original films with your self-evaluation to the evaluation box. Include the retakes, clearly labeled in an envelope or mounted in a bitewing mount. An instructor will evaluate them and return the yellow form to your box. If the x-rays are ready to be filed or mailed, the instructor will place them in the box to be mailed or filed.

B. RADIOLOGY PROCEDURE AND EVALUATION

1. Patients report to clinic waiting room and fill out yellow x-ray registration form. Attach prescriptions to yellow form.

2. Prescription and yellow registration forms are presented by student to front office to obtain necessary films and mounts.

3. Before seating patient, operator/student is responsible to:
   - sanitize/barrier x-ray area
   - check machine settings
   - have bagged Snap-a-Ray available but off tray in case of need
   - prepare tray set-up with barrier:
     - paper evaluation/mount organizer
     - XCP or precision holders, cotton rolls

4. Before exposing a patient, the operator should:
   - review medical/x-ray history
   - assess oral conditions for any contraindications for dental x-rays
   - drape patient with lead apron/collar
   - ask patient to remove glasses & earrings
try a few placements to see if any modifications or help is needed
ask patient to remove dental appliances

5. After exposing each film, place in tray on paper barrier in correct position simulating mount/organizer.

6. If film is difficult to seat, try several more times. If it still will not seat, try several alternative placement techniques. If difficulty still persists, GET HELP- a fellow student or an instructor. If help is not available, do NOT expose the film. Proceed with another film and get help later. Additionally, if you are using an alternative technique and want to assure its efficacy, process the one film before proceeding with any more of this alternative technique.

C. PROCESSING

1. Before processing, the operator is responsible to do the following:
   - label film mounts with patients names, date, student's name
   - check processing solution levels and temperature
   - run test film if no films have been processed that day

2. While processing, wear gloves from which excess powder has been removed. Powder comes through micropores in gloves and causes film artifacts. Be sure to handle films on the edges.

3. Old film papers are to remain on your tray and disposed of later in patient trash with other disposable items from tray. Lead may be separated and put in lead recycle box in processing room.

4. Double films are taken when a second set may be needed by the patient’s dentist.

D. EVALUATION

1. Self-evaluate before checking with instructor for retakes. Before retakes are taken, they must be verified with an instructor. Retakes will be supervised by an instructor if indicated. A second retake **must** be supervised by an instructor/supervising dentist.

2. All full mouth sets must be pre-assessed on yellow evaluation sheet at least for indicated retakes before verifying for retakes. Grading is based on the original x-ray films and not on the retakes.

3. All films are self-evaluated on the yellow evaluation sheets and turned in to be reviewed by an instructor. Paper-clip yellow evaluation sheet, screening, Rx, and yellow x-ray registration/history card to film mounts.

4. Place films and forms in x-ray evaluation box.

5. Evaluations will be returned to your folders. Record the x-ray grade in your appropriate semester grade sheet for x-ray as well as your x-ray cumulative goldenrod sheets.

6. Keep your x-ray evaluation sheets and your x-ray cumulative record sheet with your clinic forms. Your cumulative sheet follows you from semester-to-semester.
E. RADIOLOGY PATIENT PROCEDURE CHECKLIST FOR PAPERWORK

1. Prescriptions for radiation surveys on patients are needed before x-rays may be taken. Patients may have prescription from their own dentist or a dental clinic; or, they may have a prescription from the SCC clinic filled out by staff dentists according to ADA guidelines for radiation surveys based on individual need, disease level past and present, and date and type of previous surveys.

2. Yellow x-ray patient registration/medical history form is filled out by the patient on the front side and by the student on the backside.

3. For **SCREENING PATIENTS**, the clinical dentist will review all patients to determine the need for radiographs. The dentist will indicate the type of radiographs and will initial the **SCREENING FORM** in the appropriate area. This initialed screening form will act as the prescription for the screening patient. Fill out the specially-marked "yellow" 5 x 8 x-ray card.

4. Films and mounts are obtained from the front office when the student presents the prescription to the administrative assistant. Remember to place patient's name, date, and student's name on the mounts.

5. Patient's chart should have x-ray survey recorded under services performed, if the patient is an SCC clinic patient.

6. Student's x-ray cumulative record should be filled-in.

7. Self-evaluation forms are to be filled out for all x-ray surveys.

8. For instructor evaluation, the following procedures should be followed:
   
a. For Clinical patients:
   i. The prescription, evaluation form & x-rays. Place into the patient’s folder.
   ii. This folder is then placed in the clinical x-ray box to be reviewed and signed by the instructor.

b. For x-rays to be mailed to the prescribing dentist:
   i. The x-rays, Yellow 5 x 8 card, prescription, and completed Self-Evaluation form should be placed in an addressed **manila envelope** to be mailed to the prescribing dentist.
   ii. This envelop is then placed in the clinical x-ray box to be reviewed and signed by the instructor.
   iii. If a duplicate set of x-rays was exposed, place second set in a coin envelop and place in the patient’s folder.

10. Manila envelopes will be mailed only when all evaluation forms and prescription/yellow registration forms are appropriately filled out and signed by both students and instructors.
V. SUPPLEMENTAL PROCEDURES

A. CARE FOR DENTURES/PARTIALS IN SCC CLINIC

1. Use commercial product
2. Place denture and commercial product in a baggie and let soak while working on patient
3. At the end of the appointment use denture brush to clean denture as patient watches. Demonstrate a thorough brushing of denture or partial. Discuss need for daily cleaning.
4. Rinse denture thoroughly and return to patient
5. Dispense the denture brush with a sample of the cleaner to the patient.

B. OCCLUSAL SEALANTS

1. CRITERIA  Case selection and planning
   a. Child and young adult. For adults, there must be a need for the sealants. Sealants are not usually needed for adults over 30 years old.
   b. Teeth: recently erupted permanent teeth with deep narrow occlusal pits and fissures but no clinically detectable caries.
   c. Should be included only as part of a complete preventive program.
   d. May be provided on written request of child's dentist.
   e. Parents must be informed prior to treatment and must give approval and understand the cost involved.

2. PROCEDURES
   a. Select suitable teeth on appropriate patient. All teeth must be approved by the supervising dentist.
   b. Indicate need for sealant in overall treatment plan by tooth number.
   c. Indicate in writing that the parent has been informed and has approved the procedures. Obtain instructor approval.
   d. Follow the instructions supplied with the method you have selected. Remember to make arrangements to use the sealant unit at the BEGINNING of the clinic session, or be prepared to wait, if necessary.
   e. After application, check for retention. Check margins and occlusion and floss the areas. Turn on light for staff dentist to check.
   f. After check, follow treatment with fluoride treatment or rinse.
   g. Patient education of sealant procedure should be explained to patient or parent.
3. EVALUATION FOR CREDIT
   a. Instructor must initial approval in treatment plan and check-out patient BEFORE sealant is applied.
   b. Supervising dentist will check sealant for retention.
   c. If necessary, remove excess sealant with a finishing bur found in sealant cart.
   d. Do not forget to fill out appropriate records. Any sealant must be re-checked at each recall visit and reapplied when missing.

C. ULTRASONICS
   1. CRITERIA: Case selection and planning
      a. identify if calculus is supragingival or subgingival.
      b. **Supragingival case:**
         i. Calculus bridge or calculus covering 1/3 or more of clinical crown of anterior teeth or molars.
         ii. Moderate to heavy tobacco stain on 1/3 or more of anterior teeth.
         iii. Retained orthodontic cement.
         iv. Use Universal tip. Use vertical strokes wherever possible (horizontal strokes acceptable on buccal or lingual of posteriors).
         v. Complete removal of all calculus amenable to supramarginal removal in ONE appointment if possible, whether or not final submarginal scaling and polishing can be completed.
      c. **Subgingival case:**
         i. Calculus rings or heavy interproximal calculus visible on x-rays.
         ii. Bands of "burnished" calculus which does not respond to curets or files.
         iii. Necrotizing Ulcerative Gingivitis case with or without heavy calculus. Be sure to treat entire mouth in first appointment.
         iv. Systemic conditions with gingival manifestations which require submarginal scaling (e.g. pregnancy gingivitis, nutritional problems, etc.)
         v. NOTE: ANY submarginal area treated with ultrasonic scaler must be hand scaled or planed that appointment.
         vi. Use universal tip if tissue allows and then use “Slim-lines” if appropriate.
2. **PROCEDURES**
   
a. Document need for ultrasonic instrumentation (supra or sub) in Overall and Daily treatment plan. Instructor will indicate approval/disapproval. Indicate whether you will use a universal tip or wish to use slim-line tips.

b. Adjust and drape patient. Take a few moments to explain procedure to the patient. Be sure he/she understands how he/she can control the water removal.

c. Turn on ultrasonic equipment. Bleed handpiece for at least 2 minutes, adjust water flow, insert tip and adjust voltage and water until temperature and water spray pattern are satisfactory.

d. Avoid use of more than six to eight strokes on any tooth surface. Stop and check frequently. If deposit is not being removed efficiently, call for an instructor's help immediately. Do not continue without help or tooth damage may result.

e. It is preferable but not absolutely necessary to scale/polish to completion any supramarginal areas treated that day. For some patients, a week of healing may be preferable. All submarginal areas must be scaled/planed that day. If not, possibility of a periodontal abscess exists.

3. **EVALUATION FOR CREDIT**
   
a. You must treatment plan to use ultrasonics on your patient and be approved by your area instructor PRIOR to usage.

4. **CONTRAINDICATIONS**
   
Although deposits may be satisfactory for requirement/treatment, in some cases patients must not be treated using ultrasonics:

a. Contraindicated in children unless warranted by case difficulty.

b. Patients must be free of contagious disease and have no known history of tuberculosis, or HIV (for your safety).

c. Patient must not have a unshielded pacemaker.

d. Patients who express extreme apprehension or who have breathing or cardiac problems should be treated with caution and only after discussion of the problem with the patient and the instructor.

D. **ROOT PLANING**

1. **CRITERIA: Case selection and planning**
   
a. Area must involve rough root surfaces and be noted as such AFTER deposit removal.

b. Inform the patient of goals of procedure and necessity for plaque control and possible sensitivities before performing procedure or noting in plan.

c. To obtain root planing credit, all deposit must be removed and area checked by instructor.
d. Area must be defined in daily treatment plan.

e. Case difficulty may or may not imply need for root planing in entire area or individual teeth. Note: many moderate to heavy recall cases require some root planing each recall visit. Some moderate to heavy calculus cases require little or no root planing after initial calculus removal.

f. Where pain control will be necessary, using local anesthesia may be necessary. Obtain instructor approval for this separate procedure.

2. PROCEDURES

a. Armamentarium:
   i. Sterile sharpening stone
   ii. Sharp, well contoured instruments, with correct shape of blade.
   iii. Fine explorer

b. Reprobe entire circumference of tooth/teeth involved to be certain of depth, furcations, etc.

c. Each tooth treated must be instrumented to the depth of the sulcus on all surfaces.

d. Student should be aware of normal and abnormal anatomy and use a variety of instruments to adapt to all areas.

e. Student should use a variety of strokes and avoid excess pressure which may cause gouging.

f. Rinse and evacuate frequently, using an assistant as necessary to keep area clean and avoid embedding debris in injured soft tissue.

g. When you stop making progress, CHECK INSTRUMENTS FOR SHARPNESS, assess the area for completion using explorer and/or probe, then proceed on or ask for instructor assistance.

3. EVALUATION FOR CREDIT

a. Tooth/teeth are checked for deposit removal and suitability for root planing. Note: in some recall cases little or no preliminary calculus removal will be necessary.

b. Tooth/teeth have been identified for root planing on the daily treatment plan and checked by instructor at original check-in or at a preliminary check-out.

c. No credit for root planing will be given until area planed is satisfactorily completed.

d. Instructor must approve the area as "complete" and the experience as satisfactory using the following criteria:
   i. Free from excessive trauma in treated area
   ii. Entire depth of sulcus or pocket is free from plaque and rough cementum and
clinically smooth to explorer.

iii. In doubtful areas, the instructor may at his/her discretion, attempt to further smooth the area to judge completion to his/her satisfaction.

iv. Instructor may request a reevaluation of patient's tissue response in two weeks. In this situation, final approval of root planing on the basis of residual inflammation must be made by that instructor unless he/she is not available; in that case, another instructor may approve the case.

VI. EXPANDED DUTIES

1. ANESTHESIA

a. The student must determine the need for anesthesia for their patient. The instructor must approve the use of anesthesia for all patients prior to treatment.

b. The anesthetic solution and the needle should be selected based on established guidelines.

c. ALL information on the top of the anesthesia evaluation card is to be filled out BEFORE your injection. (Estimate the amount of anesthetic needed.)

d. Put your unit light on when you have reviewed patients’ landmarks and anatomy for preparation.

e. Once your instructor has arrived and confirmed treatment, apply topical and begin injection with instructors’ supervision.

f. If more anesthesia is needed during the appointment, contact your instructor.

g. Upon completion of your patient, return all unused needles and cartridges. (Extra supplies should not be kept on patient's tray)

h. Chemiclave/Autoclave your syringe.

i. Keep your evaluation forms in the blue folder for the semester. Refer to them and note the comments. Make sure your instructor has initialed this card.

j. Indicate all anesthesia on the patient's chart under "Services Rendered". Include:
   i. anesthetic % and vasoconstrictor concentration
   ii. amount of solution used
   iii. type of injections (MSA, PSA, IAN, etc)

k. Indicate any adverse reactions on your chart under "Patient Alerts".

l. Place used needles into Sharps Container.
2. **NITROUS OXIDE**
   a. Due to the expense of the gases involved, nitrous oxide psycho sedation will only be used on certain cases.
   b. The indications for nitrous oxide in the clinic will be:
      i. Anesthesia is needed but the patient cannot take a local anesthetic.
      ii. Sedation needed during an injection of local anesthetic.
      iii. Handicapped patients that require sedation.
      iv. An extremely apprehensive patient.
      v. Any unique situation that the student can justify to clinic dentists or instructors.
   c. Nitrous oxide will be used for short periods of time, not indicated for long appointments.
   d. An instructor must be present in the clinic during the administration of nitrous oxide.
   e. Refer to your nitrous oxide syllabus for review.
   f. The nitrous oxide unit is stored in the storage room. You must treatment plan and have permission to use nitrous before obtaining the machine.
   g. Once the unit has been set up, ask your unit instructor to review the set-up. You may begin to establish patient’s volume with oxygen only when a faculty is present.
   h. Fill out the nitrous oxide evaluation rubric form and be sure that your instructor initials the form.
   i. Record on patient chart under "Services Rendered" the appropriate information. (Ratio of oxygen/nitrous oxide; length of time of administration; unusual reactions, etc.)

3. **SOFT TISSUE CURETTAGE** (Obtain a S.T.C. Evaluation Rubric form. Fill out the top of this form.)
   a. Prior to appointment:
      i. Review medical history and obtain all appropriate data.
      ii. Physically and psychologically prepare the patient.
      iii. Establish area to be treated.
      iv. Obtain an instructors approval.
   b. Day of the appointment:
      i. Gingival description of area treated.
      ii. Select and administer anesthesia. (See anesthesia procedure)
      iii. Perform the curettage. (Ask for help if needed)
c. Call the instructor to evaluate technique and procedure.

d. Complete records accurately and completely.

e. Reappoint patient for tissue evaluation 2 weeks following treatment.

VII. SPECIAL 1 and 1/2-HOUR PATIENT PROCEDURES

In the last semester (spring) of the program, designated days will be divided into two 1 and ½ hour appointments. These visits help the student make the transition to the 45-60 minute appointment in the typical hygiene practice. Because of less time, the following procedures can be followed:

A. Probing:
   1. All new patients must receive the normal full-mouth probing, dental charting and perio charting as with all appointments.
   2. Recall & reappoint patients: Probe, but only record readings 4 mm & over if the patient has been seen less than 1 year ago.

   Do a full-mouth probe on all recall patients once a year.

B. Gingival Exam: Record only abnormal conditions.

C. Vital Signs: Blood Pressure and pulse

D. Extraoral, Intraoral, ROS: Record only abnormalities.

E. Bleeding Index: Note areas of bleeding on chart. No need to calculate percent.

F. Oral Hygiene Index: Note areas on appropriate chart for patient instructions. No need to calculate percent.

G. Detection: No detection needed except State Board patients and when credit for subgingival calculus is requested.

H. No need for an official “check-in” if you plan to complete the patient in one visit. HOWEVER:
   1. You must still check in for all special procedures as before.
   3. You must still check in if you do not finish in that visit.

VIII. STUDENT INFORMATION

A. Telephone
   1. Telephones are for SCHOOL business only.
   2. Confirmation of patients may be done on the school phones. Use the phone in the front of the clinic.
   3. When a long distance call is made outside (916) area code: Get approval from the administrative assistant to call from their phone.
B. Patient NO-SHOWS

1. If a patient does not show up for the appointment by 10 minutes past the hour, you must try to obtain another patient.

2. If you are leaving the clinic to obtain a patient, let your instructor and the administrative assistant know where you are going. When possible, recruit for a patient with a classmate.

3. If you cannot obtain a patient, you are still required to be in clinic, assisting wherever needed.

C. Miscellaneous Information

1. No one is allowed in the supply room except the supply room assistant. No one is allowed in the dental health office except the office assistant.

2. The back door to the clinic is not to be propped open at any time. Do not place anything in the door-jam. The student in unit #14 is NOT responsible for opening the door to students or patients. If your patient leaves to use the rest room, either wait for them by the door or tell them to walk around to the front of the clinic.

3. Students’ books, coats and other personal belongings are not to be kept in the clinic. Please use your locker. No food should be brought into the clinic. Patient education books, clinical worksheets, etc., are to be removed at the end of each clinic session.

4. It is your responsibility to inform the administrative assistant whenever you are delayed or will be absent from school. This applies to lecture, lab, or clinic classes.
SECTION 5
Clinical Competencies
Program Orientation, 101, 111, 131, 141

Emergency Protocol Skill Eval

Student Name: __________________   Graduation Year: ______

Medical Emergency Review

Program Orientation  Date: ____________  Program Director Initials: ____________
Fall Semester  Date: ____________  Program Director Initials: ____________
Spring Semester  Date: ____________  Program Director Initials: ____________

Active Shooter  Fire/Smoke  Earthquake
Natural Disaster  Child Abduction  Clinic medical emergency
Hazardous material Spill (Evacuation VS local clean-up)

Program Orientation Drill

Clinic Evacuation

Student Self Reflection:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Date: ____________  Program Director Initials: ____________

Fall Semester Drill

Active Shooter

Student Self Reflection:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Date: ____________  Program Director Initials: ____________

Spring Semester Drill

Fire/Smoke

Earthquake

Natural Disaster

Student Self Reflection:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Date: ____________  Program Director Initials: ____________
**CLINICAL REQUIREMENT: DHYG 101,111**

**TREATMENT PLANNING**

**CLINICAL SKILL EVALUATION: DHYG 121, 131, 141**

*Attach a copy of the treatment plan*

---

**CE = critical error**

<table>
<thead>
<tr>
<th>THE STUDENT:</th>
<th>INSTRUCTOR EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Assesses HHX for contraindications for treatment</td>
</tr>
<tr>
<td>2</td>
<td>Uses asepsis techniques</td>
</tr>
<tr>
<td>3</td>
<td>Completes all patient assessments and diagnosis</td>
</tr>
<tr>
<td>4</td>
<td>Incorporates findings from assessments and diagnosis in treatment plan</td>
</tr>
<tr>
<td>5</td>
<td>Prepares treatment plan to include as appropriate: instrument strategy, anesthesia, patient education, x-rays, sealant, arestin, and any further treatment or referral as indicated. A recare interval is planned and documented</td>
</tr>
<tr>
<td>6</td>
<td>Indicates procedures, their priority and sequence</td>
</tr>
<tr>
<td>7</td>
<td>Discusses treatment plan with client/patient and instructor</td>
</tr>
<tr>
<td>8</td>
<td>Client/patient signs treatment plan prior to implementation of treatment</td>
</tr>
<tr>
<td>9</td>
<td>Makes complete and accurate entries in patients chart</td>
</tr>
<tr>
<td>10</td>
<td>Demonstrates professional conduct</td>
</tr>
</tbody>
</table>

*Each line item is worth 1 points/worth 10 points total*

---

- Automatic fail: Occurs due to several errors in concept or procedure
- Critical Error: Patient’s Health was placed at risk = Automatic Fail

Pass_____/Fail_____       Passing Requirement: 80%

Instructor: ________________
**TOBACCO ASSESSMENT**

**CLINICAL REQUIREMENT:** DHYG 121, 131, 141  
**CLINICAL SKILL EVALUATION:** DHYG 104

*Attach Tobacco Use Assessment Form to this skill evaluation sheet*

CE = critical error

<table>
<thead>
<tr>
<th>THE STUDENT:</th>
<th>INSTRUCTOR EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Selects appropriate client/patient; Does the client/patient currently use tobacco</td>
<td></td>
</tr>
<tr>
<td>2. Assesses the type of tobacco and how much is used</td>
<td></td>
</tr>
<tr>
<td>3. Assesses how many days of the week client/patient uses tobacco</td>
<td></td>
</tr>
<tr>
<td>4. Assesses how soon after waking up tobacco is used</td>
<td></td>
</tr>
<tr>
<td>5. Assesses if a person close to client/patient uses tobacco</td>
<td></td>
</tr>
<tr>
<td>6. Assesses how interested client/patient is un stopping use</td>
<td></td>
</tr>
<tr>
<td>7. Assesses if the client/patient tried to stop before and how long ago it was</td>
<td></td>
</tr>
<tr>
<td>8. Has the client/patient ever discussed stopping with a health care provider</td>
<td></td>
</tr>
<tr>
<td>9. Assesses how confident the client/patient is in stopping use</td>
<td></td>
</tr>
<tr>
<td>10. Obtained client/patient signature</td>
<td></td>
</tr>
</tbody>
</table>

Each line item is worth 1 points/worth 10 points total

Pass_____/Fail_____  
Passing Requirement: 80%

Instructor: ________________
<table>
<thead>
<tr>
<th>THE STUDENT:</th>
<th>INSTRUCTOR EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operatory Turn Over</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Follows PPE protocol, wash &amp; dry hands prior to operatory set up</td>
</tr>
<tr>
<td>2</td>
<td>Sets up all disposable items:</td>
</tr>
<tr>
<td></td>
<td>• No gloves (ie: Saliva ejector, high volume suction)</td>
</tr>
<tr>
<td>2</td>
<td>Barrier Placement:</td>
</tr>
<tr>
<td></td>
<td>• Selects appropriate surface barriers ie; tray, cart switches, handles, suction, air/water, chair, counter</td>
</tr>
<tr>
<td><strong>AFTER TREATMENT</strong></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Wears utility gloves with clean nitrile gloves inside</td>
</tr>
<tr>
<td></td>
<td>Wears mask and eye wear if using aerosol</td>
</tr>
<tr>
<td>4</td>
<td>Transportation of Instruments and Biohazard items:</td>
</tr>
<tr>
<td></td>
<td>• Safely transports all biohazard and medical waste materials and places in biohazard receptacle.</td>
</tr>
<tr>
<td></td>
<td>• Safely transports instruments to be placed in sterilizers. If carrying on tray, nitrile gloves ok, Utility gloves if carrying cassette by hand</td>
</tr>
<tr>
<td>5</td>
<td>Removal of Barriers - with nitrile gloves/utility gloves on:</td>
</tr>
<tr>
<td></td>
<td>• Carefully removes barriers and disposables</td>
</tr>
<tr>
<td></td>
<td>• Discards safely in regular waste</td>
</tr>
<tr>
<td>6</td>
<td>Operatory Disinfection - with utility gloves on:</td>
</tr>
<tr>
<td></td>
<td>• Disinfects clinical contact surfaces and housekeeping surfaces with a low to intermediate level disinfectant</td>
</tr>
<tr>
<td></td>
<td>• Drapes hoses over chair and wipes each one separately, wipe receptacle and put back on unit</td>
</tr>
<tr>
<td>7</td>
<td>Utility Gloves Sterilization:</td>
</tr>
<tr>
<td></td>
<td>• Wash, remove and dry utility gloves.</td>
</tr>
<tr>
<td></td>
<td>• Remove from hands and place in sterilization pouch</td>
</tr>
<tr>
<td>8</td>
<td>Remove PPE and Discard</td>
</tr>
<tr>
<td></td>
<td>• Places all regular and recyclable waste in appropriate waste containers located in the sterilization area</td>
</tr>
<tr>
<td></td>
<td>• Closes wipes container</td>
</tr>
<tr>
<td>9</td>
<td>Wash hands or use Alcohol rub as indicated</td>
</tr>
<tr>
<td>10</td>
<td>Operatory Closure:</td>
</tr>
<tr>
<td></td>
<td>• Returns chair, dental light, computer, operator chair to proper positions in the operatory, rheostat in correct position</td>
</tr>
<tr>
<td></td>
<td>• Turns off fan, unit and master switches</td>
</tr>
<tr>
<td></td>
<td>• Shuts down cpu.</td>
</tr>
</tbody>
</table>

- Automatic fail: Occurs due to several errors in concept or procedure
- Critical Error: Patient or Student’s Health was placed at risk = Automatic Fail
### CLINICAL REQUIREMENT: DHYG 121, 131, 141
**ROOT PLANNING/DEBRIDEMENT**
### CLINICAL SKILL EVALUATION: DHYG 111

**THE STUDENT:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Proper armamentarium assembled</td>
</tr>
<tr>
<td>2</td>
<td>Maintains asepsis</td>
</tr>
<tr>
<td>3</td>
<td>Reviews HHX and determines any contraindications to treatment</td>
</tr>
<tr>
<td>4</td>
<td>Informs client/patient</td>
</tr>
<tr>
<td>5</td>
<td>Informs instructor</td>
</tr>
<tr>
<td>6</td>
<td><strong>Assessment:</strong> The need for root planning was determined through appropriate assessments</td>
</tr>
<tr>
<td>7</td>
<td><strong>Diagnosis:</strong> The client/patient has a dental hygiene diagnosis (ASA classification, and Perio Classification)</td>
</tr>
<tr>
<td>8</td>
<td><strong>Plan:</strong> Root planning is noted in the treatment plan</td>
</tr>
<tr>
<td>9</td>
<td>Instrument(s) tested for sharpness</td>
</tr>
<tr>
<td>10</td>
<td>Uses correct patient operator position for area of instrumentation (ergonomics)</td>
</tr>
<tr>
<td>11</td>
<td>Correctly grasps and inserts instrument to area</td>
</tr>
<tr>
<td>12</td>
<td><strong>Implement:</strong> Uses correct principles of instrumentation to include proper fulcrums, adaptation, and lateral pressure as case indicates</td>
</tr>
<tr>
<td>13</td>
<td>Scales area completely free of calculus</td>
</tr>
<tr>
<td>14</td>
<td>Gingiva is intact – free of avoidable lacerations and bruising</td>
</tr>
<tr>
<td>15</td>
<td>Flushes the oral cavity and removes any particles of cement or calculus</td>
</tr>
<tr>
<td>16</td>
<td>Uses appropriate pain control techniques</td>
</tr>
<tr>
<td>17</td>
<td><strong>Evaluate:</strong> Self-evaluates end product with explorer</td>
</tr>
<tr>
<td>18</td>
<td>Adequate home care / post-operative instructions are given</td>
</tr>
<tr>
<td>19</td>
<td>Demonstrates professional conduct</td>
</tr>
<tr>
<td>20</td>
<td>Makes complete and accurate entries in chart</td>
</tr>
</tbody>
</table>

**CE = critical error**

- Automatic fail: Occurs due to several errors in concept or procedure; Includes a combines 3 or more areas of residual calculus and/or tissue trauma
- Critical Error: Patient’s Health was placed at risk = Automatic Fail

**Each line item** is worth .5 points/worth 10 points total  
**Residual calculus/truma** = 1 pt each area

**Pass_____/Fail_____**  
**Passing Requirement:** 80%

Instructor: _______________
**CLINICAL REQUIREMENT: DHYG 111, 131, 141**  
**RESTORATIVE CHARTING**  
**CLINICAL SKILL EVALUATION: DHYG 101**

*Charting to be recorded in the computer*

<table>
<thead>
<tr>
<th>THE STUDENT:</th>
<th>INSTRUCTOR EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintains chain of asepsis</td>
<td></td>
</tr>
<tr>
<td>2. Visually / clinically examines all teeth</td>
<td></td>
</tr>
<tr>
<td>3. Charts existing restorations using correct symbols</td>
<td></td>
</tr>
<tr>
<td>4. Charts suspicious and/or defective restorations. Identifies potential decay areas.</td>
<td></td>
</tr>
<tr>
<td>5. Accurately records missing teeth</td>
<td></td>
</tr>
<tr>
<td>6. Accurately records implants, pins/posts/root canals</td>
<td></td>
</tr>
<tr>
<td>7. Informs patient of findings</td>
<td></td>
</tr>
<tr>
<td>8. Verbalizes findings to instructor using correct terminology</td>
<td></td>
</tr>
<tr>
<td>9. Makes necessary referrals after consulting with instructor/screening dentist</td>
<td></td>
</tr>
<tr>
<td>10. Demonstrates professional conduct</td>
<td></td>
</tr>
</tbody>
</table>

Each line item is worth 1 points/worth 10 points total

- Automatic fail: Occurs due to several errors in concept or procedure
- Critical Error: Patient’s Health was placed at risk = Automatic Fail

Pass_____/Fail______  
Passing Requirement: 80%

Instructor: ______________

Competency Criteria: Patient must have 8 teeth with caries and/or restorations. Instructor approval is required. Patient must have a pano/BWX or FMX for this assessment.
QUAD SCALE
CLINICAL SILL EVALUATION: DHYG 121, 131

DHYG 121 Selection Criteria: The case must have **light** supragingival deposits with some subgingival deposits in 1-2 quadrants. The case must include 3 posterior teeth with a minimum of 2 molars. **Moderate/heavy Case Difficulty** credit will be given if indicated. At least 4-6 teeth are required with at least 6-10 detectible interproximal deposits.

DHYG 131 Selection Criteria: The case must have **Moderate** supragingival deposits with some subgingival deposits in 1-2 quadrants. The case must include 3 posterior teeth with a minimum of 2 molars. **Heavy Case Difficulty** credit will be given if indicated. At least 4-6 teeth are required with at least 6-10 detectible interproximal deposits.

**Scoring:**

- For each piece of subgingival calculus **DHYG 121:** -6 (light)/ 5 (moderate) pts
- For each piece of subgingival calculus **DHYG 131:** -6 (moderate)/ 5 (heavy) pts
- For each piece of supragingival calculus: -3
- For each area of tissue trauma: -5 pts
- For each probing error 2 mm or more: -4 pts

To pass, a score of 75% is needed. If you fail a competency you must pass with a 75% but will receive a grade of 70%. The competency can be taken a maximum of 3 times to pass.

**Time:**

After detection, probing; and check-in, you will have **1 1/2 hours** to complete the scaling and root planing procedures.

**Instructor:**

Two instructors will check 2mm probe differences.

**Other Info:**

1. Make-ups Quad Scale competencies can be done on the same patient if sufficient residual calculus remains.
2. Ultrasonics may be used on competencies.
3. A clinical assistant will assist instructor with probing. These reading will be noted on the competency form.
4. If a student receives a grade below 75%, they must repeat the competency and pass with 75%, but will receive a grade of 70%. Three (3) competencies are the maximum allowed to achieve a passing score of 75%. If this is not achieved, the student will fail the summer course.
5. If it is not possible to complete a 2nd or 3rd Quad Scale competency attempt in the summer semester the student will receive an “incomplete” in the course and be contracted to complete this requirement in DHYG 131.
6. The Quad Scale competency from summer must be performed within **6 weeks** into the Fall semester prior to the DHYG 131 Quad Scale competency.

**Percentage:**_________       Pass_______/Fail_______       **Passing Requirement:** 75%

**Instructor:** _______________

*Record all readings in the computer and on this competency sheet*
**CLINICAL REQUIREMENT:** DHYG 101, 111  
**PREVENTIVE COUNSELING/OHI**  
**CLINICAL SKILL EVALUATION:** 121, 131, 141

<table>
<thead>
<tr>
<th>THE STUDENT:</th>
<th>INSTRUCTOR EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Maintains asepsis</td>
</tr>
<tr>
<td>2</td>
<td>Reviews DX/HHX and determines any contraindications to treatment</td>
</tr>
<tr>
<td>3</td>
<td><strong>Assessment:</strong> The need for individualized OHI was determined through appropriate assessment techniques</td>
</tr>
<tr>
<td>4</td>
<td>Accurately assesses and records plaque indices</td>
</tr>
<tr>
<td>5</td>
<td>Client’s/patients current home care is evaluated</td>
</tr>
<tr>
<td>6</td>
<td><strong>Diagnosis:</strong> The client/patient has a dental hygiene diagnosis (ASA classification and Perio Classification)</td>
</tr>
<tr>
<td>7</td>
<td><strong>Plan:</strong> OHI is noted in the treatment plan</td>
</tr>
<tr>
<td>8</td>
<td>Design individualized OHI plan to meet client/patient needs</td>
</tr>
<tr>
<td>9</td>
<td><strong>Implementation:</strong> Applies lubricant to lips and completely covers all teeth with disclosing</td>
</tr>
<tr>
<td>10</td>
<td>Inform client/patient of their current oral condition (perio/gingivitis) – discuss oral disease etiology</td>
</tr>
<tr>
<td>11</td>
<td>Explains rationale for each OH aid</td>
</tr>
<tr>
<td>12</td>
<td>Demonstrates each OH aid in the mouth</td>
</tr>
<tr>
<td>13</td>
<td>Has the client/patient demonstrate correct use of each OH aid in the mouth</td>
</tr>
<tr>
<td>14</td>
<td>Provides positive motivation and suggestions for compliance – positive reinforcement</td>
</tr>
<tr>
<td>15</td>
<td>Provides patient with enough skills and knowledge to adequately remove plaque on a daily basis</td>
</tr>
<tr>
<td>16</td>
<td>Communicated appropriately both verbally and non-verbally</td>
</tr>
<tr>
<td>17</td>
<td>Uses appropriate terminology</td>
</tr>
<tr>
<td>18</td>
<td>Demonstrates professional conduct</td>
</tr>
<tr>
<td>19</td>
<td>Makes complete and accurate entries in chart</td>
</tr>
<tr>
<td>20</td>
<td><strong>Evaluate:</strong> Determine the outcome of preventive counseling through client/patient self-report at the end of the appointment</td>
</tr>
</tbody>
</table>

Each line item is worth .5 points/worth 10 points total

- Automatic fail: Occurs due to several errors in concept or procedure
- Critical Error: Patient’s Health was placed at risk = Automatic Fail

---

**Pass_____/Fail_____**  
**Passing Requirement:** 80%

Instructor: ________________
**CLINICAL REQUIREMENT: DHYG 132**

**PERIO RE-EVALUATION**

**CLINICAL SKILL EVALUATION: DHYG 131, 141**

---

**THE STUDENT:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Selects appropriate client/patient</td>
</tr>
<tr>
<td>2</td>
<td>Completes gingival exam</td>
</tr>
<tr>
<td>3</td>
<td>Completes probing</td>
</tr>
<tr>
<td>4</td>
<td>Completes bleeding index</td>
</tr>
<tr>
<td>5</td>
<td>Completes O’Leary</td>
</tr>
<tr>
<td>6</td>
<td>Adequately compares re-evaluation findings with pre-treatment</td>
</tr>
<tr>
<td>7</td>
<td>Informs client/patient and instructor of recommendations based on findings from re-evaluation</td>
</tr>
<tr>
<td>8</td>
<td>Demonstrates professional conduct</td>
</tr>
<tr>
<td>9</td>
<td>Makes complete and accurate entry in chart</td>
</tr>
<tr>
<td>10</td>
<td>Include Typed summary including the below data:</td>
</tr>
<tr>
<td></td>
<td>- Gingival exam</td>
</tr>
<tr>
<td></td>
<td>- Probing</td>
</tr>
<tr>
<td></td>
<td>- Bleeding index</td>
</tr>
<tr>
<td></td>
<td>- O’Leary</td>
</tr>
<tr>
<td></td>
<td>- Comparison</td>
</tr>
<tr>
<td></td>
<td>- Conclusion</td>
</tr>
</tbody>
</table>

Each line item is worth 1 points/worth 10 points total

---

**CE = critical error**

---

**Competency Criteria:** Select a patient that has had S/RP or S/RP and STC treatment 4-6 weeks prior. Two options:

- Full mouth comparison
- 1-2 quad comparison to non-treated side

---

**Pass_____/Fail_____  Passing Requirement: 80%**

Instructor: ________________

---

105
PERIODONTAL PROBE
CLINICAL SKILL EVALUATION: DHYG 121, 131, 141

1. Upon instructor approval, probe one quadrant or ½ mouth identified and place the measurements in the “student’s readings” section. List the teeth in the quadrant in the appropriate boxes. Place 3 measurements per box (buccal/lingual).
2. The instructor will probe the same quadrant without looking at the student’s readings and place the measurements in the “instructor’s readings” section. Any areas that are 2 mm or more in difference will require a second instructor measurement.
3. The second instructor will probe only the areas of 2mm or more difference without looking at either the students or the 1st instructor’s readings and place the measurements in the “2nd instructor’s readings” section.
4. Each error is a 2 point deduction. The total error points are subtracted from 20 points possible which results in the students score.

*Record all readings in the computer and on this competency sheet*

Circle Quadrant (s): UR  UL

<table>
<thead>
<tr>
<th>ings</th>
<th>Tooth Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor</td>
<td>Buccal</td>
</tr>
<tr>
<td>Instructor</td>
<td>Buccal</td>
</tr>
<tr>
<td>Student</td>
<td>Buccal</td>
</tr>
<tr>
<td>Student</td>
<td>Buccal</td>
</tr>
<tr>
<td>Student</td>
<td>Lingual</td>
</tr>
<tr>
<td>Instructor</td>
<td>Lingual</td>
</tr>
<tr>
<td>Instructor</td>
<td>Lingual</td>
</tr>
</tbody>
</table>

Circle Quadrant (s): LL  LR

<table>
<thead>
<tr>
<th>ings</th>
<th>Tooth Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor</td>
<td>Lingual</td>
</tr>
<tr>
<td>Instructor</td>
<td>Lingual</td>
</tr>
<tr>
<td>Student</td>
<td>Lingual</td>
</tr>
<tr>
<td>Student</td>
<td>Lingual</td>
</tr>
<tr>
<td>Student</td>
<td>Buccal</td>
</tr>
<tr>
<td>Instructor</td>
<td>Buccal</td>
</tr>
</tbody>
</table>

Each error of 2mm or more is a 2 point deduction.

1st Instructor: ___________________________ 2nd Instructor: ___________________________

Number of Errors: _______ x 2 = _______ Total Score: 20 points – Errors =

Percentage: _______ Pass_____/Fail_____/ Passing Requirement: 80%

Instructor: _______________
**CLINICAL REQUIREMENT**

**PERIODONTAL ASSESSMENT/CHARTING**

**CLINICAL SKILL EVALUATION: DHYG 121, 131, 141**

*Charting to be recorded in the computer*

<table>
<thead>
<tr>
<th>THE STUDENT:</th>
<th>INSTRUCTOR EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Assembles proper armamentarium</td>
<td></td>
</tr>
<tr>
<td>2  Maintains chain of asepsis</td>
<td></td>
</tr>
<tr>
<td>3  Reviews health history and oral inspection to determine contraindications</td>
<td></td>
</tr>
<tr>
<td>4  Explains rationale of procedure to patient as needed</td>
<td></td>
</tr>
<tr>
<td>5  Indicates recession by proper charting</td>
<td></td>
</tr>
<tr>
<td>6  Probing depths are within (+ or -) 2 mm of instructor’s</td>
<td></td>
</tr>
<tr>
<td>7  Records bleeding points</td>
<td></td>
</tr>
<tr>
<td>8  Records exudate if present</td>
<td></td>
</tr>
<tr>
<td>9  Accurately records and classifies mobility</td>
<td></td>
</tr>
<tr>
<td>10 Accurately records and classifies furcations</td>
<td></td>
</tr>
<tr>
<td>11 Uses correct exploring technique</td>
<td></td>
</tr>
<tr>
<td>12 Accurately assesses calculus deposits</td>
<td></td>
</tr>
<tr>
<td>13 Correctly identifies and records mucogingival involvement</td>
<td></td>
</tr>
<tr>
<td>14 Accurately records clinical attachment levels (CAL)</td>
<td></td>
</tr>
<tr>
<td>15 Accurately assesses periodontal condition/type utilizing radiographs</td>
<td></td>
</tr>
<tr>
<td>16 Correctly describes and assesses gingival tissues</td>
<td></td>
</tr>
<tr>
<td>17 Presents assessment findings to client/patient and instructor</td>
<td></td>
</tr>
<tr>
<td>18 Uses language/terminology that the client/patient can understand</td>
<td></td>
</tr>
<tr>
<td>19 Makes complete, accurate and dated entries in the electronic Eaglesoft chart</td>
<td></td>
</tr>
<tr>
<td>20 Demonstrates professional conduct</td>
<td></td>
</tr>
</tbody>
</table>

Each line item is worth .5 points/worth 10 points total

- Automatic fail: Occurs due to several errors in concept or procedure
- Critical Error: Patient’s Health was placed at risk = Automatic Fail

Pass_____/Fail______  Passing Requirement: 80%

Instructor: ________________
CLINICAL REQUIREMENT: DHYG 121, 131, 141

NUTRITIONAL QUESTIONNAIRE/NIZE L ORAL HEALTH DIET SCORE

CLINICAL SKILL EVALUATION: DHYG 104

Skill Evaluation: DHYG 104
- 3-5 day Study
  o Attach nutritional questionnaire and 1-day Nizel Oral Health diet Score evaluation

Clinical Requirement: DHYG 121
- 1-day Study; Date: __________
  o Attach nutritional questionnaire and 1-day Nizel Oral Health diet Score evaluation

Clinical Requirement: DHYG 131
- 1-day Study; Date: __________
  o Attach nutritional questionnaire and 1-day Nizel Oral Health diet Score evaluation
- 3-5-day Study; Date: __________
  o Attach nutritional questionnaire and 3-5-day Nizel Oral Health diet Score evaluations

Clinical Requirement: DHYG 141
- 1-day Study; Date: __________
  o Attach nutritional questionnaire and 1-day Nizel Oral Health diet Score evaluation
- 3-5-day Study; Date: __________
  o Attach nutritional questionnaire and 3-5-day Nizel Oral Health diet Score evaluations

CE = critical error

Competency Criteria: Select a patient that may have nutritional counseling needs.

Rubric to be used for both the 1-day and 3-5 day studies

<table>
<thead>
<tr>
<th>THE STUDENT:</th>
<th>INSTRUCTOR EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Selects appropriate client/patient</td>
</tr>
<tr>
<td>2</td>
<td>Assesses disease indicators appropriately</td>
</tr>
<tr>
<td>3</td>
<td>Assesses Risk factors appropriately</td>
</tr>
<tr>
<td>4</td>
<td>Totals disease indicators and risk factors accurately</td>
</tr>
<tr>
<td>5</td>
<td>Analyzes risk assessment accurately</td>
</tr>
<tr>
<td>6</td>
<td>Makes appropriate recommendations based on risk assessment findings</td>
</tr>
<tr>
<td>7</td>
<td>Informs client/patient of recommendations</td>
</tr>
<tr>
<td>8</td>
<td>Demonstrates professional conduct</td>
</tr>
<tr>
<td>9</td>
<td>Makes complete and accurate entry in chart</td>
</tr>
<tr>
<td>10</td>
<td>Include a brief typed summary (up to one page)</td>
</tr>
</tbody>
</table>

Each line item is worth 1 point/worth 10 points total

Pass_____/Fail_____ Passing Requirement: 80%

Instructor: ____________________
CLINICAL REQUIREMENT: DHYG 101, 111
HEALTH HISTORY
CLINICAL SKILL EVALUATION: DHYG 121,131,141

CE = critical error

<table>
<thead>
<tr>
<th>THE STUDENT:</th>
<th>INSTRUCTOR EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Assembles proper armamentarium</td>
</tr>
<tr>
<td>2</td>
<td>Maintains chain of asepsis</td>
</tr>
<tr>
<td>3</td>
<td>Generally assesses the patient upon seating them</td>
</tr>
<tr>
<td>4</td>
<td>Has patient or parent/guardian sign and date health history form in ink</td>
</tr>
<tr>
<td>5</td>
<td>Explains rational of procedure to patient as needed</td>
</tr>
<tr>
<td>6</td>
<td>Identifies critical conditions / places appropriate alerts in patients chart, Records MD/DDS name and number or indicates “none”</td>
</tr>
<tr>
<td>7</td>
<td>Student completes health history form in ink, as appropriate</td>
</tr>
<tr>
<td>8</td>
<td>Identifies all “yes” answers and medications</td>
</tr>
<tr>
<td>9</td>
<td>Uses the PDR as appropriate</td>
</tr>
<tr>
<td>10</td>
<td>Accurately explains all “yes” answers to instructor/screening dentist</td>
</tr>
<tr>
<td>11</td>
<td>Accurately explains all medications to instructor/screening dentist</td>
</tr>
<tr>
<td>12</td>
<td>Accurately records vital signs / Recognizes abnormalities of vital signs</td>
</tr>
<tr>
<td>13</td>
<td>Recognizes contraindications to treatment based on medical history</td>
</tr>
<tr>
<td>14</td>
<td>Takes appropriate actions and describes modifications in treatment based on medical conditions</td>
</tr>
<tr>
<td>15</td>
<td>Consult with instructor regarding referrals</td>
</tr>
<tr>
<td>16</td>
<td>Recognizes need for pre-medication</td>
</tr>
<tr>
<td>17</td>
<td>Accurately instructs patient of pre-med regime, as appropriate</td>
</tr>
<tr>
<td>18</td>
<td>Maintains patient confidentiality</td>
</tr>
<tr>
<td>19</td>
<td>Makes complete, accurate and dated entries in the electronic Eaglesoft chart</td>
</tr>
<tr>
<td>20</td>
<td>Demonstrates professional conduct</td>
</tr>
</tbody>
</table>

Each line item is worth .5 points/worth 10 points total

- Automatic fail: Occurs due to several errors in concept or procedure
- Critical Error: Patient’s Health was placed at risk = Automatic Fail

Pass_____/Fail_____          Passing Requirement: 80%

Instructor: _______________
Clinical Requirement: DHYG 101,111

**DEFINITIVE SCALE**
Clinical Skill Evaluation: DHYG 121, 131, 141

**Circle the approved area:**
1-3 teeth / Quad / Full Mouth

<table>
<thead>
<tr>
<th>THE STUDENT:</th>
<th>INSTRUCTOR EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Maintains asepsis</td>
</tr>
<tr>
<td>2</td>
<td>Reviews HHX and determines any contraindications to treatment</td>
</tr>
<tr>
<td>3</td>
<td>Informs client/patient</td>
</tr>
<tr>
<td>4</td>
<td>Informs instructor</td>
</tr>
<tr>
<td>5</td>
<td>Assessment: An appropriate area for hand scale only was assessed based on the varied level of difficulty for DHYG 121,13,141</td>
</tr>
<tr>
<td>6</td>
<td>Diagnosis: The client/patient has a dental hygiene diagnosis (ASA/ Perio Classification)</td>
</tr>
<tr>
<td>7</td>
<td>Human Needs Deficit</td>
</tr>
<tr>
<td>8</td>
<td>Plan: Definitive scale was noted in the treatment plan</td>
</tr>
<tr>
<td>9</td>
<td>Implementation: Uses correct patient-operator positioning for area of instrumentation (ergonomics)</td>
</tr>
<tr>
<td>10</td>
<td>Uses correct instrumentation for location of deposit</td>
</tr>
<tr>
<td>11</td>
<td>Instruments are sharp and correctly contoured</td>
</tr>
<tr>
<td>12</td>
<td>Uses basic principles of instrumentation to include proper grasp, fulcrum, lateral pressure</td>
</tr>
<tr>
<td>13</td>
<td>Adapts instruments to teeth correctly</td>
</tr>
<tr>
<td>14</td>
<td>Scale each tooth so that all the surfaces are calculus free</td>
</tr>
<tr>
<td>15</td>
<td>Gingiva is intact – free of avoidable lacerations and bruising</td>
</tr>
<tr>
<td>16</td>
<td>Flushes the oral cavity and removes any particles of cement or calculus</td>
</tr>
<tr>
<td>17</td>
<td>Uses pain control techniques as needed</td>
</tr>
<tr>
<td>18</td>
<td>Demonstrates professional conduct</td>
</tr>
<tr>
<td>19</td>
<td>Makes complete and accurate entries in chart</td>
</tr>
<tr>
<td>20</td>
<td>Evaluate: Self-evaluates end product with explorer</td>
</tr>
</tbody>
</table>

**CE = critical error**

- Automatic fail: Occurs due to several errors in concept or procedure
- Critical Error: Patient’s Health was placed at risk = Automatic Fail

Pass_____/Fail_____  
Passing Requirement: 80%

Instructor: _______________

**Competency Criteria:** Hand scale only
DHYG 121 – light
DHYG 131 – light/moderate
DHYG 141 – moderate/heavy
Instructor approval required.
**CLINICAL REQUIREMENT:** DHYG 131,141  
**CARIES RISK ASSESSMENT/CAMBRA**  
**CLINICAL SKILL EVALUATION:** DHYG 104

*Attach Caries Risk Assessment Form to this skill evaluation sheet*

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>2</td>
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</tr>
<tr>
<td>3</td>
<td>Assesses Risk factors appropriately</td>
</tr>
<tr>
<td>4</td>
<td>Informs patient/client and instructor</td>
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<tr>
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<td>Informs client/patient of recommendations</td>
</tr>
<tr>
<td>9</td>
<td>Demonstrates professional conduct</td>
</tr>
<tr>
<td>10</td>
<td>Makes complete and accurate entry in chart</td>
</tr>
</tbody>
</table>

Each line item is worth 1 points/worth 10 points total

- **Automatic fail:** Occurs due to several errors in concept or procedure  
- **Critical Error:** Patient’s Health was placed at risk = Automatic Fail

Pass_____/Fail_____ Passing Requirement: 80%

Instructor: _______________
**Clinical Requirement:** DHYG 101, 111, 131, 141  
**ADOLESCENT (12-20 years old)**  
Clinical Skill Evaluation: DHYG 121

<table>
<thead>
<tr>
<th>HE STUDENT:</th>
<th>INSTRUCTOR EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COMMENTS:</td>
</tr>
<tr>
<td></td>
<td>$ 5 pts</td>
</tr>
</tbody>
</table>

### OPERATOR AND OPERATORY
- Operator: Personal appearance
- Operatory: Disease control procedures, Set-up and break-down
- Time Utilization: Check-in time  
  Check-out time  
  1 hr  
  1:15 hr  
  1:30 hr

### ASSESSMENT
- Accurately obtains and records medical and dental history  
  MHx: format, alerts, signatures, additional information  
  DHx: significant features, recent care, vitals
- Clinical Exam: EO/IO, gingival, occlusion; charting teeth, restorations, and sealants  
  *Completion of new clinical exam assessments is required*
- Probing: Child = 4 first molars; Adolescent = As appropriate  
  # probe errors
- Calculus Detection:  
  Child = 4 first molars and 4 anterior teeth; Adolescent = As appropriate

### DIAGNOSE
- ASA and Perio Classification / Human Needs Deficit

### PLAN
- Incorporate assessment information into written treatment plan; grid completely and accurately filled in
- Indicate procedures and priority of their sequence; Identify and implement plan for sealants/fluoride
- Discusses treatment plan with patient and obtains signature

### IMPLEMENTATION
- Debride - calculus removal  
  # remaining
- Instrument sharpness
- Polish - plaque removal  
  # remaining
- Perform fluoride application as determined in treatment plan

### Preventive Education
- Caries/Periodontal etiology and prevention
- Provide OH instruction and aids as needed based on caries/perio assessment and risk; Care of orthodontic appliances &/or information on cessation of tobacco, if appropriate
- Discuss recare plan; Referral to general DDS/Specialist, if appropriate

### Documentation
- Makes complete, accurate and dated entries in chart

### EVALUATE
- Evaluate the client’s/patient’s satisfaction with a Patient Satisfaction Survey; “How did we do?”

Each line item is worth 5 points/worth 100 points total; **Residual calculus and plaque** = 5 pts each area; **Probe errors** more than 2 mm: 2.5 points each  
**Automatic fail:** Occurs due to several errors in concept or procedure / **Critical Error:** Patient’s Health was placed at risk = Automatic Fail
Clinical Requirement: DHYG 101, 121, 141

ADULT (18-54 years old)

CLINICAL COMPETENCY: DHYG 111 (1/2 to FM), DHYG 131 (FM)

<table>
<thead>
<tr>
<th>INSTRUCTOR EVALUATION COMMENTS:</th>
<th>S 5 pts</th>
<th>US 2.5 pts</th>
<th>CE 0 pts</th>
</tr>
</thead>
</table>

**HE STUDENT:**

**OPERATOR AND OPERATORY**

Operator: Personal appearance; Operatory: Disease control procedures, Set-up and break-down

**ASSESSMENT**

- Accurately obtains and records medical history to include: Medications taken, affect of drugs on oral environment and systemic considerations, consultations as needed and follow-up recording of physician consultation conversations, premedication as required.
- Assesses for adequate nutrition/food habits. Conduct Caries Risk Assessment/CAMBRA
- Probing # probe errors

**DIAGNOSE**

- ASA and Perio Classification / Human Needs Deficit

**PLAN**

- Incorporates assessment information into written treatment plan
- Incorporates considerations for physical abilities or limitation: Systemic conditions or diseases
- Incorporates consideration for communication limitations/needs
- Prepares client/patient oral health education
- Discusses treatment plan with instructor and client/patient

**IMPLEMENTATION**

- Debride calculus, plaque and polish/perform fluoride application as determined in treatment plan # remaining
- Provide oral health aids as needed based on caries/perio assessment and risk
- Referral: General DDS/Specialist

**Preventive Education**

- Caries/Periodontal etiology and prevention
- Nutritional counseling: Diet modifications as needed based on Caries Risk Assessment/CAMBRA
- Information on/cessation for smokeless tobacco/smoking/oral cancer
- Discuss recare plan

**DOCUMENTATION**

- Makes complete, accurate and dated entries in chart

**EVALUATE**

- Evaluate the client’s/patient’s satisfaction with a Patient Satisfaction Survey; “How did we do?”

Each line item is worth 5 points/worth 100 points total; **Residual calculus and plaque** = 5 pts each area; **Probe errors** more than 2 mm: 2.5 points each

Automatic fail: Occurs due to several errors in concept or procedure / **Critical Error**: Patient’s Health was placed at risk = Automatic Fail

Pass_____/Fail_____

Passing Requirement: 75%  

Instructor Signature: _________________________________

*Chart all probe readings in the computer, note below only the teeth with 2mm or more difference*
**Clinical Requirement: DHYG 121, 131, 141**

**GERIATRIC (65+ years old)**

CLINICAL SKILL EVALUATION: DHYG 141

---

<table>
<thead>
<tr>
<th>HE STUDENT:</th>
<th>INSTRUCTOR EVALUATION COMMENTS:</th>
<th>S 5 pts</th>
<th>US 2.5 pts</th>
<th>CE 0 pts</th>
</tr>
</thead>
</table>

**OPERATOR AND OPERATORY**

- Operator: Personal appearance; Operatory: Disease control procedures, Set-up and break-down

**ASSESSMENT**

- Accurately obtains and records medical history to include: Medications taken, effect of drugs on oral environment and systemic considerations, consultations as needed and follow-up recording of physician consultation conversations, premedication as required.
- Assesses for adequate nutrition/food habits. Conduct Caries Risk Assessment/CAMBRA
- Probing # probe errors

**DIAGNOSE**

- ASA and Perio Classification / Human Needs Deficit

**PLAN**

- Incorporates assessment information into written treatment plan
- Incorporates considerations for physical abilities or limitation: Systemic conditions or diseases
- Incorporates consideration for communication limitations/needs
- Prepares client/patient oral health education
- Indicates procedures and priority of their sequence
- Discusses treatment plan with instructor and client/patient

**IMPLEMENTATION**

- Debride calculus, plaque and polish/perform fluoride application as determined in treatment plan # remaining
- Provide oral health aids as needed based on caries/perio assessment and risk
- Referral: General DDS/Specialist
- Caries/Periodontal etiology and prevention
- Nutritional counseling: Diet modifications as needed based on Caries Risk Assessment/CAMBRA
- Information on/cessation for smokeless tobacco/smoking/oral cancer
- Discuss recare plan. Appropriately communicates with patient and caregiver(if relevant)

**Preventive Education**

- Information on/cessation for smokeless tobacco/smoking/oral cancer
- Discuss recare plan. Appropriately communicates with patient and caregiver(if relevant)

**DOCUMENTATION**

- Makes complete, accurate and dated entries in chart 114

**EVALUATE**

- Evaluate the client’s/patient’s satisfaction with a Patient Satisfaction Survey; “How did we do?”

---

Each line item is worth 5 points/worth 100 points total; **Residual calculus and plaque** = 5 pts each area; **Probe errors** more than 2 mm: 2.5 points each

**Automatic fail:** Occurs due to several errors in concept or procedure / **Critical Error:** Patient’s Health was placed at risk = Automatic Fail

Pass_____/Fail_____ Passing Requirement: 75%  
Instructor Signature: _________________________________

---

*Chart all probe readings in the computer, note below only the teeth with 2mm or more difference*
Clinical Requirement: DHYG 101, 111, 131, 141

CHILD (5-11 years old)

Clinical Skill Evaluation: DHYG 121

<table>
<thead>
<tr>
<th>HE STUDENT:</th>
<th>INSTRUCTOR EVALUATION</th>
<th>$</th>
<th>US</th>
<th>CE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COMMENTS:</td>
<td>5</td>
<td>2.5</td>
<td>0</td>
</tr>
</tbody>
</table>

**OPERATOR AND OPERATORY**
- Operator: Personal appearance
- Operatory: Disease control procedures, Set-up and break-down
- Time Utilization: Check-in time
  - Check-out time
  - 1 hr
  - 1:15 hr
  - 1:30 hr

**ASSESSMENT**
- Accurately obtains and records medical and dental history
  - MHx: format, alerts, signatures, additional information
  - DHx: significant features, recent care, vitals
- Clinical Exam: EO/IO, gingival, occlusion; charting teeth, restorations, and sealants
  - Completion of new clinical exam assessments is required
- Probing: Child = 4 first molars
  - # probe errors
- Calculus Detection:
  - Child = 4 = first molars and 4 anterior teeth

**DIAGNOSE**
- ASA and Perio Classification / Human Needs Deficit

**PLAN**
- Incorporate assessment information into written treatment plan; grid completely and accurately filled in
- Indicate procedures and priority of their sequence; Identify and implement plan for sealants/fluoride
- Discusses treatment plan with patient and obtains signature

**IMPLEMENTATION**
- Debride - calculus removal
  - # remaining
- Instrument sharpness
- Polish - plaque removal
  - # remaining
- Perform fluoride application as determined in treatment plan

**Preventive Education**
- Caries/Periodontal etiology and prevention
- Provide OH instruction and aids as needed based on caries/perio assessment and risk;
  - Care of orthodontic appliances &/or information on cessation of tobacco, if appropriate
- Discuss recare plan; Referral to general DDS/Specialist, if appropriate

**Documentation**
- Makes complete, accurate and dated entries in chart
  - 1.5

**EVALUATE**
- Evaluate the client's/patient’s satisfaction with a Patient Satisfaction Survey; “How did we do?”

Each line item is worth 5 points/worth 100 points total; **Residual calculus and plaque** = 5 pts each area; **Probe errors** more than 2 mm: 2.5 points each

**Automatic fail:** Occurs due to several errors in concept or procedure / **Critical Error:** Patient’s Health was placed at risk = Automatic Fail
SECTION SIX
Clinic Rubrics
(No Skill Evaluations are allowed on student* partners)
Clinic Rotation Assignments

*Student is defined as past or present student.
SECTION SEVEN

Program Policies

and

PEP STEPS (includes emergency needle stick information)
PEP STEPS

- A Quick Guide to Postexposure Prophylaxis in the Health Care Setting
- Bloodborne and infectious disease exposure control plan
EMERGENCY NEEDLE STICK INFORMATION

- Policy and Procedures in Needle Stick Injury Binder
- Located at the DDS desk in clinic

Dental Health Program (s) Needle Stick or Sharps Injury Guidelines

ALL NEEDLE STICKS (clean or contaminated) must be reported within 24 hours. Appropriate paperwork should be copied for the student’s file and the originals sent to the Dean’s office.

Instructions for students on campus:

1. Immediately clean the wound with soap under running
2. Following cleaning, report the incident immediately to your instructor
3. Fill out the following forms along with your instructor. Make copies and be sure the originals get to the Dean’s Office within 24 hours
   - Standard Non-Employee Accident /Incident Report Form (GS31)
   - Sharps Injury Log Form
   - Sharps and Exposure Incident Report (may be on back of Log Form)
   - Attach a copy of the student’s Agreement to Participate and Waiver/Assumption of Risk
4. If the event happens on-site, it is recommended that a student see the School Nurse
   You can decline
5. The Clinical Director will need to speak with you regarding PEP Procedure
6. In the case of a “dirty” stick, a follow-up blood test from the patient, with their permission, would be an option. If wound occurs from a High Risk individual other precautions may be advised
7. The cost of any treatment for an on-site incident will not be covered by Sacramento City College

Phone Numbers and Locations

School Nurse 916-558-2367
Location Rodda North #125
Instructions for **students** at an **off-site** rotation:

1. Immediately clean the wound with soap under running water
2. Following cleaning, report the incident immediately to your instructor
3. Fill out the following forms along with your instructor asap. Make copies and be sure the originals get to the Dean’s Office within 24 hours
   - Standard Non-Employee Accident /Incident Report Form (GS31)
   - Sharps Injury Log Form
   - Sharps and Exposure Incident Report (may be on back of Log Form)
   - Supervisor’s Report of Employee Injury
   - Attach a copy of the student’s Agreement to Participate and Waiver/Assumption of Risk
4. Students on an off-site rotation should see the Company Nurse who may route the student to the Occupational Clinic. The Company Nurse may complete Workman’s Compensation Insurance paperwork that may cover needed treatment
5. The Clinical Director will need to speak with you regarding PEP Procedure

Instructions for **Employees**

1. Immediately clean the wound with soap under running water
2. Fill out the following forms:
   - Sharps Injury Log Form
   - Sharps and Exposure Incident Report (may be on back of Log Form)
   - Supervisor’s Report of Employee Injury
3. Notify the Program Director who will speak with you regarding the PEP Procedure
4. Call the Company Nurse to be sent to the Occupational Clinic (the nurse will begin Workman’s Compensation forms and e-mail them to Campus and Department)
   (SCC Workman’s Comp contact person is Kristie Michaels)

**Phone Numbers and Locations**

- **School Nurse** 916-558-2367
- **Location** Rodda North #125
- **Company Nurse** 1-888-375-9780
ATTENDANCE POLICY

The faculty is committed to excellence in dental hygiene and to the belief that theory and clinical experience are integral and equal components of this excellence. In keeping with this philosophy, the faculty believes uninterrupted and consistent class/clinical attendance is essential. Also, consistent attendance is necessary for the evaluation process.

According to the SCC catalog, each 16 week semester of the Dental Hygiene program provides a total number of theory (lecture) and clinical (lab) hours that correlate to the unit value of the course:

<table>
<thead>
<tr>
<th>COURSE</th>
<th>UNITS</th>
<th>HOURS LECTURE</th>
<th>HOURS LAB</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHYG 101</td>
<td>4</td>
<td>36</td>
<td>108</td>
</tr>
<tr>
<td>DHYG 103</td>
<td>1</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>DHYG 104</td>
<td>2</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>DHYG 107</td>
<td>1.5</td>
<td>18</td>
<td>27</td>
</tr>
<tr>
<td>DHYG 109</td>
<td>0.5</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>DHYG 111</td>
<td>4</td>
<td>36</td>
<td>117</td>
</tr>
<tr>
<td>DHYG 112</td>
<td>2</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>DHYG 113</td>
<td>2</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>DHYG 117</td>
<td>3</td>
<td>36</td>
<td>54</td>
</tr>
<tr>
<td>DHYG 121</td>
<td>2</td>
<td>36</td>
<td>110</td>
</tr>
<tr>
<td>DHYG 127</td>
<td>2</td>
<td>18</td>
<td>54</td>
</tr>
<tr>
<td>DHYG 129</td>
<td>2</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>DHYG 131</td>
<td>4</td>
<td></td>
<td>252</td>
</tr>
<tr>
<td>DHYG 132</td>
<td>1</td>
<td></td>
<td>54</td>
</tr>
<tr>
<td>DHYG 134</td>
<td>2</td>
<td>18</td>
<td>54</td>
</tr>
<tr>
<td>DHYG 135</td>
<td>1.5</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>DHYG 138</td>
<td>2</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>DHYG 139</td>
<td>2</td>
<td>36</td>
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</tr>
<tr>
<td>DHYG 141</td>
<td>4</td>
<td></td>
<td>252</td>
</tr>
<tr>
<td>DHYG 145</td>
<td>1</td>
<td></td>
<td>54</td>
</tr>
<tr>
<td>DHYG 149</td>
<td>2</td>
<td>36</td>
<td></td>
</tr>
</tbody>
</table>

Based on a 16 week semester, when a student is absent or tardy from class or clinical, the dental hygiene faculty adheres to the following: A maximum absence of 6% of course time is allowed to be in good academic standing. For example DHYG 141 has 252 lab hours. The maximum hours allowed to be absent is, 15.12 or 4 clinic sessions, in the semester.

In order to protect patients, peers and others, students should not report to class or clinical areas if any sign of illness is present. Students must use good judgment and discretion during an illness with regard to coming to class/clinical area. Students may attend class if not contagious. If a student has questions regarding illness, the student should seek clarification from an instructor. Additionally, any student undergoing surgical procedures during a semester must provide a medical release from a physician stating the student can perform the Essential Functions Required of Allied Health Students.
PROCEDURE FOR REPORTING OF ABSENCE FROM THE CLINICAL AREA
Continuity of patient care is an important responsibility in Dental Hygiene. It is imperative the student call and email the clinical area before their assigned time on duty to report any delay or illness. If a student is going to be absent, he/she must email the program director and appropriate clinic lead instructor, in addition the student is also required to call the clinical administrative assistant at (916)558-2357.

Promptness and being on time are professional behaviors faculty believes are important in student development. Tardiness will factor into the total clinical and/or theory hours absent.
BLOOD PRESSURE POLICY

The following parameters will be used as a guideline regarding patients treating in the clinic with high blood pressure. (WREB policy: 160-180/100-110 medical release required).

<table>
<thead>
<tr>
<th>Category- Systolic Reading</th>
<th>Blood Pressure Reading</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>120</td>
<td>Proceed with treatment</td>
</tr>
<tr>
<td>Pre-hypertension</td>
<td>120-139</td>
<td>Proceed with treatment</td>
</tr>
<tr>
<td>Mild Hypertension</td>
<td>140-159</td>
<td>Proceed with treatment</td>
</tr>
<tr>
<td>Moderate Hypertension</td>
<td>160-179</td>
<td>Consult with faculty and supervising Dentist</td>
</tr>
<tr>
<td>Severe Hypertension</td>
<td>180-209</td>
<td><strong>Do Not Treat</strong>, refer for consultation with Physician. <strong>Faculty may approve assessments ONLY, on a case by case basis.</strong></td>
</tr>
<tr>
<td>Very Severe Hypertension</td>
<td>&gt;210</td>
<td><strong>Do Not Treat</strong>, refer for consultation with Physician. NO ASSESSMENTS ALLOWED.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category- Diastolic Reading</th>
<th>Blood Pressure Reading</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>80</td>
<td>Proceed with treatment</td>
</tr>
<tr>
<td>Pre-hypertension</td>
<td>80-89</td>
<td>Proceed with treatment</td>
</tr>
<tr>
<td>Mild Hypertension</td>
<td>90-99</td>
<td>Proceed with treatment, inform faculty</td>
</tr>
<tr>
<td>Moderate Hypertension</td>
<td>100-109</td>
<td><strong>Do Not Treat</strong>, refer for consultation with Physician. <strong>Faculty may approve assessments ONLY, on a case by case basis.</strong></td>
</tr>
<tr>
<td>Severe Hypertension</td>
<td>110-119</td>
<td><strong>Do Not Treat</strong>, refer for consultation with Physician. NO ASSESSMENTS ALLOWED.</td>
</tr>
<tr>
<td>Very Severe Hypertension</td>
<td>&gt;120</td>
<td><strong>Do Not Treat</strong>, refer for consultation with Physician. NO ASSESSMENTS ALLOWED.</td>
</tr>
</tbody>
</table>
ELECTRONIC DEVICES POLICY

In the current climate of instant communication and computer/Internet technology, students must be mindful of appropriate conduct when using laptop computers, cell phones, text-messaging devices with or without a blue-tooth, and audio/video recording devices.

The use of electronic devices may be used in the classroom setting according to guidelines described below.

In the classroom setting, students must obtain permission from the instructor to digitally record lectures and sign a waiver and inform the instructor at the beginning of class that they are recording a lecture. **Cell phones must be turned off in class; no texting allowed in class.**

Students are not allowed to take pictures of their patients in clinical; no reproduction of any patient/chart information is allowed. Students are not allowed to take pictures of exams with cell phones or save exams to personal computers and/or distribute to others. Students are not allowed to put pictures, recordings, or comments of any nature on any social network such as Facebook, Twitter, or U-tube that references SCC Dental Hygiene Program. A faculty member must be added to social media sites for compliance monitoring. Placing slanderous comments on a social network that references SCC Dental Hygiene Program is a violation of professional conduct. Students are not allowed to reproduce any kind of patient-related documentation. Protecting the learning environment and the individual rights of students, instructors, and patients is the intent of these standards and are required by HIPAA compliance.

FEN-PHEN POLICY

*Patients who have taken Fen-Phen or Redux:* Millions of people have taken fen-phen or Redux medications. According to the U.S. FDA, as many as 32% of the diet drug users have developed cardiac valve damage which may place at risk for *Bacteremia-induced infective endocarditis.*

Endocarditis is an inflammation that occurs when procedures can allow the entrance of bacteria in the bloodstream. Simple dental procedures like cleaning, placing orthodontic bands and scaling as more invasive procedures like root canals, tooth extractions and dental implants may require antibiotic premedication prior to dental procedures.

**SCC policy:** Student will advise patients based on the new American Heart Association guidelines no premed is needed for valve damage.

HEART ATTACK/STROKE

Patients who have had a heart attack or stroke within the past 6 months cannot be treated in our clinic. It is contraindicated to deliver dental hygiene services on a patient who has experienced a heart attack or stroke within 6 months.
GIFT POLICY

The Dental Hygiene Faculty is not allowed to accept gifts from students.

HEPATITIS B POLICY

HEPATITIS C POLICY

CDC statement: According to the Center for Disease Control (CDC) the risk for occupational transmission of Hepatitis C (HCV) is rare. HCV is not transmitted efficiently through occupational exposures to blood.

HCV and the Dental hygiene student: Any dental hygiene student enrolled in the program with a positive HCV condition will be required to adhere to strict standards. The clinic faculty will diligently observe OSHA requirements. It is expected that the student will follow their physicians’ recommendation and requirements.

Clinical Treatment Policy: Scaling and root planning procedures performed on identified HCV persons will continue to proceed using the utmost care in universal standards. The use of ultrasonic scaler is not allowed. This is consistent with National Board Exam criteria as well.
**HERPETIC LESION POLICY**

WREB policy states: No oral facial herpes at the vesicle or ulcerated vesicle stages or during the prodrome stage. Faculty discretion if stage 6 must be complete with having fallen off.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 1</strong></td>
<td><strong>Prodrome</strong></td>
</tr>
<tr>
<td></td>
<td>When the virus comes in contact with the skin it will develop a tightening or tingling sensation as the skin starts to redden. After 1-2 days the skin can start to become irritated or itchy, and some develop pain in the affected area.</td>
</tr>
<tr>
<td><strong>Stage 2</strong></td>
<td><strong>Inflammation and Swelling</strong></td>
</tr>
<tr>
<td></td>
<td>The prodrome stage often goes undetected, so many fail to get the infection treated early enough to prevent an outbreak. If the outbreak is not treated the area will begin to become inflamed and swollen, though this is often not visible.</td>
</tr>
<tr>
<td><strong>Stage 3</strong></td>
<td><strong>Blisters Form</strong></td>
</tr>
<tr>
<td></td>
<td>The swollen area will begin to develop small, red bumps that slowly begin to fill with fluid, forming blisters. These blisters can be red, white or clear and may form in clusters or on their own. They will be very sensitive and will usually remain in place for around 2 days.</td>
</tr>
<tr>
<td><strong>Stage 4</strong></td>
<td><strong>Ulceration</strong></td>
</tr>
<tr>
<td></td>
<td>At this point the blisters will burst and begin to ooze, causing wet ulcers to form. These wet blisters are red, often resembling a small cut and will be very sensitive. This is often the most painful part of a herpes outbreak, but it usually only lasts one day.</td>
</tr>
<tr>
<td><strong>Stage 5</strong></td>
<td><strong>Crust or Scab</strong></td>
</tr>
<tr>
<td></td>
<td>The sores will begin to heal with wet blisters developing a crust over the top that will harden into a scab. Underneath this scab new skin will form over 2-3 days, causing pain, itchiness or dryness. As the skin grows in the scab will crack and bleed.</td>
</tr>
<tr>
<td><strong>Stage 6</strong></td>
<td><strong>Complete Healing</strong></td>
</tr>
<tr>
<td></td>
<td>Over the course of a few days the scab on a herpes blister will fall off and leave fresh, virus-free skin underneath. You can develop a scar if you pull the scab off before the wound has had a chance to heal. Ointment can be used to fade this discoloration if this occurs.</td>
</tr>
</tbody>
</table>
TREATMENT OF HIV/ AIDS PATIENT POLICY

**Duty to treat:** As a general rule, health care providers have a legal obligation to treat HIV-infected individuals, including patients of record and other persons seeking treatment. Under the AwDA 1990, a person with HIV is considered as having a “disability”, as are persons who are perceived to have HIV.

**Scope of Duty and referrals:** Health care providers need not treat beyond their area of expertise and referrals to appropriate agencies such as a local AIDS clinic, dental school, or hospital may be required.

**Confidentiality:** Health care providers may discuss a patient’s HIV status or related information with a third party only when authorized by the patient.

Providers may inquire about HIV status during a health history evaluation and on the appropriate medical history form.

**HIV: CD4/T-Cell Parameters** for the Dental Hygiene Clinic and Students rotating into outside clinic facilities.

CD4+ cell count is a key measure of the health of the human immune system. The lower the count, the greater damage HIV has done. Anyone who has less than 200 CD4+ is considered to have AIDS according to the CDC.

**HIV: Neutrophil Parameters** may need to be assessed if an HIV+ individual is not under the care of a physician receiving regular blood work. If the neutrophil level is below 1000 a premedication may be required based on their MDs recommendation.

Students will not treat patients that are below the specified CD4+ &/or neutrophil parameters identified above.

**HIPPA/PATIENT PRIVACY POLICY**

As of Spring of 2004, federal law to maintain the privacy of health information is mandated for all health care providers. All agencies are required to give the patient written notice of how their health information is used.

**NEEDLESTICK OR PUNCTURE POLICY**

- Refer to Needle Stick Policy Binder
- Immediately report to Clinic Lead Instructor
- Inform Program Director within 24 hours
TB

Patients with a history of active TB within the past two years will require a medical release to be treated in the SCC dental hygiene clinic.

PARENT/ GUARDIAN POLICY

A parental signature is necessary BEFORE the child can be examined or treated in the SCC clinic.

Review the patient history with the parent. If the parent has left before you can interview him/her, use the telephone to contact them and note under ALERTS that the parent was not present. The parent MUST approve the treatment plan in writing, or over the phone, prior to delivering dental hygiene services.

The complete examination and routine treatment procedures are performed for all children with the exception of probing. Do a six point probe on all permanent central incisors and first molars. If gingival inflammation, etc. exists and you are suspicious of a problem, probe and record pocket depths of areas in question.

Parents and siblings are DISCOURAGED from waiting with the patient in the treatment area. Most children will be more receptive to you without these distractions.

PATIENT CONFIDENTIALITY

Under no circumstances will patient confidentiality be breached. This includes, but is not limited to, photocopying patient information, discussing patients other than in conference rooms and classrooms, or removing patient information from the hospital.

CHEMOTHERAPY AND RADIATION THERAPY

Patient who have received chemotherapy &/or radiation therapy within 1 year require a medical release. While blood cell counts may be too low to treat safely.
PROPHYLACTIC PREMEDICATION POLICY

- Premedication on AM and PM same day clinics may require a ½ dose in a PM clinic based on BID, TID, QID. This is based on the supervising DDS discretion.
- Existing patients taking antibiotic premed for heart conditions &/or joint replacement need a medical release to transition to the new NO premed American Heart Association guidelines.

HEART

Recommendations for People with Heart Conditions

The AHA recommendations are meant to reduce the risk of infective endocarditis (pronounced end-o-car-die-tiss). Infective endocarditis (IE) is an infection of the lining inside the heart or the heart valves.

In the past, a number of heart conditions were thought to put patients at risk for IE. When writing the new recommendations, the AHA looked at published research and other scientific articles. They found that fewer conditions were associated with IE. As a result, a smaller group of patients needs to premedicate before dental treatments.

Why did the recommendations change?

After looking at the published scientific reports and articles, the AHA concluded that:

- the risks of adverse reactions to antibiotics outweigh the benefits of prophylaxis for most patients. Adverse reactions can range from mild (rashes) to severe (breathing problems that could result in death).
- when all the study results were looked at together, it wasn't clear that premedication prevented IE.
- bacteria from the mouth can enter the bloodstream during daily activities like brushing or cleaning between the teeth. Once in the bloodstream, it can travel to the heart. People at risk of infection might be more likely to develop IE from these activities than after a dental treatment.

Also, bacteria that cause infections can become resistant to antibiotics if those drugs are used too often. Because of this, doctors try to limit the use of antibiotics.

Patient selection

The current recommendations recommend use of preventive antibiotics before certain dental procedures for people with:

- artificial heart valves (AKA heart valve prosthesis)
- a history of infective endocarditis
• a cardiac transplant that develops a heart valve problem
• the following congenital (present from birth) heart conditions:*
  o unrepaired or incompletely repaired cyanotic congenital heart disease, including those with palliative shunts and conduits
  o a completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure
  o any repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or a prosthetic device.

* Check with your cardiologist if you’re not sure whether or not you fall into one of these categories.

People who took prophylactic antibiotics in the past but no longer need them include those with:
• mitral valve prolapse
• rheumatic heart disease
• bicuspid valve disease
• calcified aortic stenosis
• congenital (present from birth) heart conditions such as ventricular septal defect, atrial septal defect and hypertrophic cardiomyopathy: (AKA malformations)

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**Artificial Joint Replacement**

**Recommendations for People with Total Joint Replacements**

**Background.** A panel of experts (the 2014 Panel) convened by the American Dental Association Council on Scientific Affairs developed an evidence-based clinical practice guideline (CPG) on the use of prophylactic antibiotics in patients with prosthetic joints who are undergoing dental procedures. This CPG is intended to clarify the “Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures: Evidence-based Guideline and Evidence Report,” which was developed and published by the American Academy of Orthopaedic Surgeons and the American Dental Association (the 2012 Panel).

**Types of Studies Reviewed.** The 2014 Panel based the current CPG on literature search results and direct evidence contained in the comprehensive systematic review published by the 2012 Panel, as well as the results from an updated literature search. The 2014 Panel identified 4 case-control studies.

**Results.** The 2014 Panel judged that the current best evidence failed to demonstrate an association between dental procedures and prosthetic joint infection (PJI). The 2014 Panel also presented information about antibiotic resistance, adverse drug reactions, and costs associated with prescribing antibiotics for PJI prophylaxis.

**Practical Implications and Conclusions.** The 2014 Panel made the
following clinical recommendation: In general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection. The practitioner and patient should consider possible clinical circumstances that may suggest the presence of a significant medical risk in providing dental care without antibiotic prophylaxis, as well as the known risks of frequent or widespread antibiotic use. As part of the evidence-based approach to care, this clinical recommendation should be integrated with the practitioner’s professional judgment and the patient’s needs and preferences.

Key Words. Antibiotic prophylaxis; evidence-based dentistry; practice guidelines; prostheses; joint replacement. JADA 2015:146(1):11-16

SCC POLICY:
Recommendations from the AAOS are meant to reduce the risk of infections at the site of an artificial joint. This has been shown relevant is some cases when patient present with medical risk factors. Antibiotic resistance and Adverse Drug Reactions contribute to the argument against antibiotic prophylaxis.

When premed is indicated it applies to people who have total joint replacements. Patients who have pins, plates or other orthopedic hardware are not affected.

AAOS recommends that dentists and physicians should consider whether patients who have total joint replacements should take antibiotics before certain types of dental procedures ONLY when they present with medical risk factors. Risk factors include:

- Diabetes mellitus
- Immunocompromised including: rheumatoid arthritis, current use of steroids, current use of immunosuppressive drugs, presence of malignancy, or history of chronic kidney disease.

The SCC Dental Clinic policy is all new patients with total joint replacement do not require premeditated unless they present with the above listed risk factors OR the patient’s physician/orthopedic surgeon provides written documentation that prophylactic antibiotic is not needed. Medical Doctor recommendation may be received by FAX conformation.

Administrating Antibiotics on the clinic floor

Antibiotics are available for patient administration on the clinic floor when diagnosed and dispensed by the supervising dentist. The supervising dentist uses their professional discretion when determining clinic premeditation. Patient will be referred to their physician to obtain a prescription for future dental hygiene appointments. There is a fee of $5.00 for distribution of antibiotics.
Some patients on blood thinners may be at risk to excessive bleeding from periodontal treatment. An INR of 3.0 – 3.5 treatments is at faculty or dentist discretion. An INR of 4.0 and above a medical release from the patient’s doctor by FAX confirmation is required.

**PREGNANCY POLICY**

The choice to declare pregnancy is completely voluntary. However, it is strongly recommended that the student inform the program director. If you, as the student, choose to declare your pregnancy, you must do so in writing and a restriction will be placed on:

1. your receiving local anesthetic
2. your receiving nitrous oxide sedation
3. your receiving radiographs

Protocol for safety will continue along with the following modifications:

b. The student will be allowed to administer local anesthetic.

c. The student will be allowed to administer nitrous oxide sedation (with a physician’s recommendation or release to be kept on file with the program director) and may require the wearing of a fetal monitor purchased by the student.

d. The student will be allowed to expose and develop radiographs in lab and clinic sessions while wearing an x-ray exposure badge.

e. If the student chooses NOT to declare the pregnancy, in writing, the student and the embryo/fetus will continue to be subjected to the same protective and preventive safety protocol that apply to other students in the dental hygiene program.

f. The program director and/or dean will review the student’s clinical schedule to determine if additional alterations are required. Students must complete all laboratory and clinical requirements at 75% or better to pass the course / semester / program.

g. If the status of the student’s pregnancy changes or the student chooses to revoke the declaration of pregnancy, the student must do so in writing and will again be subject to the same limitations as applied to other dental hygiene students in the program.
h. Maternity / Family leave will be **limited to 10 school days.** If leave is required to be longer than 10 days, the probability for success in the program greatly diminishes, and the student may need to consider withdrawal.

**Pregnant Patients:** Patients who are identified as pregnant, are best scheduled in the second trimester. Students are advised to consult with the program director or clinic coordinator should special circumstances be present. If a pregnant patient needs a PANO or FMX, a medical release from the patients MD or medical care provider is necessary. Faculty and dentist discretion can be used with limited PAs.

**RELEASE OF RADIOGRAPHS POLICY**

Radiographs are not given to the patient at any time unless one of the following situations occur:

1. The patient or a dental office/clinic request a copy.
2. The patient may be required to pay a fee.
3. Radiographs must have a clinic faculty approval that they are of diagnostic quality.
4. Students must have the transaction documented in the patient chart. (Dated)
5. Radiographs that are released must have the **radiograph release letter** accompany the series.

Only radiographs that are diagnostic quality will be released from the SCC clinic- those that are not diagnostic may be retaken at the dental office at the patients’ expense. The student/ clinic administrative assistant must have a clinic faculty member review the radiographs prior to release.

Students can refer the patient to Barbara Beale the administrative assistant upon such request.

**REPORTING STUDENT INJURY POLICY**

If a student is injured or falls ill on campus, students must see the campus nurse. It is necessary for the student to report to the Science and Allied Health (SAH) office to complete a non-employee accident form.

If the student is injured while in the clinical area, he/she should report such an injury immediately to the instructor and complete the required clinic injury form. See Also Needlestick/Puncture Policy and follow post exposure procedures.

If a student needs to be seen in the emergency room of the hospital, the cost of such care will be the responsibility of the student or the student’s insurance carrier.
All students must report injuries received in the clinical area to the Program Director within 24 hours. In the event of a student injury either on campus or in the clinical area, the student is advised to follow through with his/her own health care provider.

**UNIFORM STANDARDS POLICY**

Students are required to observe uniform regulations in assigned laboratories and clinic sessions, including off campus clinical rotations.

**FAMILY MEMBER POLICY**

Students are allowed to provide clinical care to 2 friends/family members each academic year at no charge.

**SUPERVISING DENTIST POLICIES**

- Direct supervision guidelines must be followed based on the Business and Professional Codes. These RDH functions include local anesthesia, nitrous oxide sedation, and soft tissue curettage.
- All new patients must be screened by the supervision dentist prior to assessments and treatment provided.
- Returning patients need a screening by the supervision dentist when a new treatment plan is rendered.
- X-ray treatment must be prescribed by a dentist prior to radiographic care. X-rays are authorized based on the below criteria:
  - Are needed to meet the student’s graduation requirements
  - Are needed for Board Patients
  - Are required by other providers in the form of an Rx
  - Are needed as an adjunct to the patient’s care here at the college
  - Are ordered by the supervising dentist for a specific clinical procedure
- No restorative care (other than ITRs) are provided to patients, students and/or faculty by the supervising dentists.
- Supervising DDS decides on temporary treatment and referral.

**RX and COPY POLICIES**

- Photo copy all Rx for chart
- Any document that goes out with a patient must be copied and put into the chart
**Radiographic Decision Making**

The California Business and Professional Codes ARTICLE 9 for Dental Hygienists [1900 - 1966.6] allows for a dental hygienist to determine which radiographs to perform on a **patient who has not received an initial examination** by a supervising dentist. The dental hygienist must have completed the prescribed training in HWPP No. 172. The dental hygienist shall also follow protocols established by the supervising dentist. The radiographic decision making protocols at SCC in the Dental Hygiene Program have been established by the supervising dentists based on the Health Workforce Pilot Projects (HWPP) Program and best practice.

An SCC Dental Hygiene faculty member determining which radiographs to perform on a new patient shall review the patient’s medical history, conduct an oral health screening, and refer any screened patients with possible oral abnormalities to a dentist. Referral can be to the SCC dental clinic for a DDS screening exam or to the patient’s private practice dentist. The oral health screening conducted without supervision is specified in the California Business and Professional Code 1911.

**Radiographic Decision making**

<table>
<thead>
<tr>
<th>Description</th>
<th>Radiographs</th>
</tr>
</thead>
<tbody>
<tr>
<td>A new patient with generalized disease or high risk</td>
<td>FM series with PAs and BWX</td>
</tr>
<tr>
<td></td>
<td>Pano based on clinical judgement</td>
</tr>
<tr>
<td>A new child patient with generalized disease or high risk</td>
<td>BWX and selected PAs</td>
</tr>
<tr>
<td></td>
<td>Pano based on clinical judgement</td>
</tr>
<tr>
<td>New adult patient generally health and low risk</td>
<td>FM series with PAs and BWX or BWX and selected PAs</td>
</tr>
<tr>
<td></td>
<td>Pano based on clinical judgement</td>
</tr>
<tr>
<td>New child generally health and low risk</td>
<td>BWX</td>
</tr>
<tr>
<td></td>
<td>Open proximal contacts no radiographs</td>
</tr>
</tbody>
</table>

**Frequency Adults (Based upon the patient’s disease risk level)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Radiographs</th>
</tr>
</thead>
<tbody>
<tr>
<td>An increased risk of caries or has caries</td>
<td>BWX every 6 – 18 months</td>
</tr>
<tr>
<td>At low risk for caries &amp; no caries present</td>
<td>BWX every 24 – 26 months</td>
</tr>
<tr>
<td>At increased risk for periodontal disease or with periodontal disease</td>
<td>Based on clinical exam and judgement</td>
</tr>
<tr>
<td>An adult patient generally health and low risk</td>
<td>FM series with PAs and BWX or BWX and selected PAs every 3 years</td>
</tr>
</tbody>
</table>

**Frequency Child (Based upon the patient’s disease risk level)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Radiographs</th>
</tr>
</thead>
<tbody>
<tr>
<td>An increased risk of caries or has caries</td>
<td>BWX every 6 – 12 months</td>
</tr>
<tr>
<td>At low risk for caries &amp; no caries present</td>
<td>• Primary and mixed dentition: BWX every 12 – 24 months</td>
</tr>
<tr>
<td></td>
<td>• Adolescent: BWX every 18 – 26 months</td>
</tr>
</tbody>
</table>
Definitions:

Generalized disease: 7 or more generalized teeth suspected of having disease in 3 or more sextants.

Generalized healthy: 6 or less individual teeth suspected of having disease in 3 or less sextants.

California Dental Board Business and Professional Codes ARTICLE 9 for Dental Hygienists [1900 - 1966.6]

1910.5.

(a) In addition to the duties specified in Section 1910, a registered dental hygienist is authorized to perform the following additional duties, as specified:

(1) Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the dental hygienist shall follow protocols established by the supervising dentist. This paragraph shall only apply in the following settings:

(A) In a dental office setting.

(B) In a public health setting, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics.

(2) Place protective restorations, which for this purpose are identified as interim therapeutic restorations, and defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for interim therapeutic restoration placement. Interim therapeutic restorations shall be placed only in accordance with both of the following:

(A) In either of the following settings:

(i) In a dental office setting.

(ii) In a public health setting, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics.
(B) After the diagnosis, treatment plan, and instruction to perform the procedure provided by a dentist.

(b) The functions described in subdivision (a) may be performed by a registered dental hygienist only after completion of a program that includes training in performing those functions, or after providing evidence, satisfactory to the committee, of having completed a committee-approved course in those functions.

(c) (1) No later than January 1, 2018, the committee shall adopt regulations to establish requirements for courses of instruction for the procedures authorized to be performed by a registered dental hygienist and registered dental hygienist in alternative practice pursuant to Sections 1910.5 and 1926.05 using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Health Planning and Development. The committee shall use the curriculum submitted by the dental board, pursuant to Section 1753.55, to adopt regulatory language for approval of courses of instruction for the Interim Therapeutic Restoration. Any subsequent amendments to the regulations for the Interim Therapeutic Restoration curriculum that are promulgated by the committee shall be agreed upon by the board and the committee.

(2) Prior to January 1, 2018, the committee shall use the competency-based training protocols established by HWPP No. 172 through the Office of Statewide Health Planning and Development to approve courses of instruction for the procedures authorized in this section.

(3) A registered dental hygienist who has completed the prescribed training in HWPP No. 172 established by the Office of Statewide Health Planning and Development pursuant to Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 of the Health and Safety Code shall be deemed to have satisfied the requirement for completion of a course of instruction approved by the committee.

(4) In addition to the instructional components described in this subdivision, a program shall contain both of the instructional components described in this paragraph:

(A) The course shall be established at the postsecondary educational level.

(B) All faculty responsible for clinical evaluation shall have completed a one-hour methodology course in clinical evaluation or have a faculty appointment at an accredited dental education program prior to conducting evaluations of students.

(d) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.
(Added by Stats. 2014, Ch. 662, Sec. 4. Effective January 1, 2015. Repealed as of January 1, 2018, by its own provisions. See later operative version added by Sec. 5 of Stats. 2014, Ch. 662.)

1911.

(a) A registered dental hygienist may provide, without supervision, educational services, oral health training programs, and oral health screenings.

(b) A registered dental hygienist shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan.

(c) In any public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity, a registered dental hygienist may provide, without supervision, dental hygiene preventive services in addition to oral screenings, including, but not limited to, the application of fluorides and pit and fissure sealants. A registered dental hygienist employed as described in this subdivision may submit, or allow to be submitted, any insurance or third-party claims for patient services performed as authorized in this article.

STUDENT CONCERN PROCESS

- Students are advised to follow the Communication Guidelines set in section 2 of this manual.
- No student advisor is assigned. The Program Director and Dean will assist students as needed. Students are encouraged to communicate directly with the faculty they have an issue with, what possible, to resolve issues as they arise.
- The Dean’s office has a written complain procedure if needed.
- Students are to follow the DHCC and CODA complaint procedures outlined in section 2.
SECTION EIGHT

SCC Student Code of Conduct
Educational Agreement Plans
SACRAMENTO CITY COLLEGE STUDENT CODE OF CONDUCT

College students have the same rights as other members of the community and are accountable to the same federal and state laws and statutes. In addition, SCC students are accountable to Los Rios Board policies and SCC Rules and Regulations. The following Code of Conduct has been adopted by SCC to protect the rights and privileges of students and to allow the college to function properly: Policy 2000, 2440 Standards of Conduct and Due Process, 2441 Standards of Conduct.

**Misconduct & Discipline**

Misconduct for which students are subject to discipline:

- Obstruction or disruption of the learning process of the college, including teaching, administration, and college activities
- Physical or threatening abuse of any person on college-owned or controlled property, or at any college-sponsored or supervised activity
- Theft of, or damage to, property of any person on college-owned or controlled property, or at a college-sponsored or supervised activity
- Unauthorized entry to or use of college facilities
- Violation of college policies or campus regulations.
- Disorderly, lewd, obscene, or indecent conduct or expression on college-owned or controlled property or at college-sponsored or supervised activities
- Willful disturbance at any college meeting

In addition to the above, to provide quality education for all students, the integrity of the learning process must be maintained. It is important that all students understand exactly what is expected and what is considered inappropriate during the teaching/learning process.

**Cheating**

Cheating is the act of obtaining or attempting to obtain credit for academic work through the use of dishonest, deceptive, or fraudulent means. Zero points may be assigned, a written reprimand may go in your students file, or you may be dismissed from the program. Cheating includes the following:

- Turning in identical homework assignments.
- Copying from someone else's test.
- Submitting work that is not your own.
- Submitting work presented previously in another course, if contrary to the rules of either course.
- Altering or interfering with grading.
- Using material during an exam that is not allowed.
- Consulting with someone, other than the instructor, during an exam.
- Committing other acts which defraud or misrepresent.
**Plagiarism**

Plagiarism is representing the work of someone else as your own and submitting it for any purpose. Plagiarism includes the following:

- Incorporating the ideas, works, sentences, paragraphs, or parts of another person's writings, without giving appropriate credit, and representing the product as your own work.
- Representing another's artistic/scholarly work as your own.
- Submitting a paper purchased from a research or term paper service.

**Other Acts of Dishonesty**

- Purposely allowing another student to copy from you during a test.
- Giving your homework, term paper, or other academic work to another person plagiarize.
- Having another student submit work in your name.
- Lying to an instructor to improve your grade.
- Altering a graded work after it has been returned, then resubmitting the work for grading.
- Removing a test from the classroom.
- Stealing tests.
- Forging signatures.

**Consequences of Dishonesty**

Depending on the seriousness of the infraction, the following may occur as a result of the dishonesty:

- Receive a failing grade on the test or paper.
- Have a course grade lowered.
- Receive an "F" in the course.
- Placed on disciplinary probation or suspension.
- Expelled.

In any conflict related to student discipline, students shall be informed in writing of charges to be brought against them, and they shall have the right to participate in an informal investigative meeting with the Student Discipline Officer. At such informal meetings or even at more formal Discipline Appeal hearings, students may not be represented by an attorney.

**Animals**

Pets and other animals are not allowed in buildings or to be turned loose on campus. They must be contained. Seeing-eye and other medically necessary dogs are excepted.

**Demonstrations**

Students have the right to demonstrate in a responsible manner, under the following conditions:

- Demonstrations will in no manner interfere with any class, community service program, or other approved activity being conducted on campus.
• Demonstrations will neither interfere with free ingress to nor regress from buildings nor block normal traffic flow, pedestrian or vehicular.

• Voice amplification is permitted only during specified time periods (contact Student Leadership and Development for information on time periods). Excessive noise will not be permitted.

• Only persons connected with the college will be permitted to participate in student demonstrations.

• Students will not be granted excused absences from classes to participate in demonstrations.

• No obscenities, nor challenges that might incite physical reactions, will be tolerated.

• Students participating in on-campus demonstrations are not immune from civil regulations and penalties.

**Dress**

Clinic uniforms/scrubs and approved shoes are required in all classrooms, clinic and laboratory sessions.

The dress on campus shall be in accord with the dictates of custom and good taste in the college environment.

**Fundraising & Selling**

Recognized student organizations may raise funds on campus for purposes related to the organization's objectives under the following conditions:

• Authorization by the advisor of the organization
• Approval of the Student Leadership and Development Office
• Funds collected must be deposited to the student organization's account in the Business Office within twenty-four (24) hours of collection
• Use of funds collected must be approved by the organization's advisor and program director.
• All other fundraising, selling, or solicitation for donations or memberships, for any organization not directly under the control of the SCC administration, is prohibited.

**Note:** Final decisions for all fundraising activities will be made by program director.

**Gambling**

Gambling is prohibited on campus.
**Hazing**

No student or other person connected with SCC or in attendance at the college shall participate in hazing, conspire to engage in hazing, or commit any act that injures, degrades, or disgraces any person attending the college.

**Library**

All library property and material must be checked out before being taken from the Library. Library fines must be paid in full before grades or transcripts are released. A hold will be placed on your record until all library obligations are addressed.

**Non-College Persons on Campus**

Any person on college-owned property or at college-sponsored or supervised activities who engages in disruptive behavior is subject to disciplinary and legal actions. Volunteers in the clinic must gain written approval through the program director and sign a waiver.

**Posting Materials**

Student fliers, advertisements, or other student-related activities must be approved by the Student Leadership and Development Office before posting in approved locations. Commercial posting or other non-student oriented materials must be approved by the Facilities Office. Unauthorized material will be removed. Approval is subject to Los Rios Community College Board policies and campus regulations.

**Program Sponsorship**

A recognized student organization presenting programs solely for its members requires only the approval of its faculty advisor. Programs open to the student body must be coordinated through Student Development.

**Smoking**

Smoking is prohibited in all buildings and within 30 feet of all building entrances.

**Weapons**

Possession or use of explosives, dangerous chemicals or deadly weapons on college property or at a college function without prior authorization of the college President or designated representative is grounds for expulsion.

For more information regarding the Code of Conduct, contact the Vice President, Student Services, 558-2141.
Acts of Misconduct

**Dishonesty** is not tolerated in the dental hygiene program.

<table>
<thead>
<tr>
<th>Cheating</th>
<th>Plagiarism</th>
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<tbody>
<tr>
<td>Examples:</td>
<td>Examples:</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>• Submitting same homework assignments.</td>
<td>• Incorporating ideas, words, sentences, paragraphs, or parts of another person’s writings without appropriate permission or credit (representing as your own)</td>
</tr>
<tr>
<td>• Copying, in part, or in whole from another student’s work.</td>
<td>• Submitting a paper purchased or otherwise acquired from the internet or a service</td>
</tr>
<tr>
<td>• Submitting work previously submitted in another course</td>
<td></td>
</tr>
<tr>
<td>• Altering or interfering with grading</td>
<td></td>
</tr>
<tr>
<td>• Falsification of records</td>
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</tr>
<tr>
<td>• Using technology for images of test materials, transferring test materials</td>
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</table>

<table>
<thead>
<tr>
<th>Other:</th>
<th>Possible Consequences</th>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>• Allowing someone to copy from your material Allowing your work to be submitted by another</td>
<td>• Failing the assignment</td>
</tr>
<tr>
<td>• Correcting grammar, or typing a paper for another student and making corrections on their behalf and allowing them to submit the corrected version</td>
<td>• Lowered final course grade</td>
</tr>
<tr>
<td></td>
<td>• Receiving a course grade of “F” (results in dismissal from program)</td>
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<tr>
<td></td>
<td>• Probation or suspension</td>
</tr>
<tr>
<td></td>
<td>• Expulsion</td>
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</table>

Acts of plagiarism, cheating, and dishonesty violate both the Sacramento City College Student Standard of Conduct and the Los Rios Community College District Policies and Regulations (2440 and 2441). The following steps will be taken to address this breach of the academic code:

- You will not receive credit for the assignment (or whatever consequences your instructor outlined in his/her syllabus for plagiarism, cheating, or dishonesty).
- You will be required to complete a workshop on Academic Honesty offered through the Learning Skills & Tutoring Center in the Learning Resource Center. A schedule of these workshops is available at [http://web.scc.losrios.edu/tutoring](http://web.scc.losrios.edu/tutoring) under the link “College Success Workshops.”
- A record of this offense will be kept by the Program Director and the Student Discipline Officer at the SCC.

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GRADING POLICY

1. Dental hygiene didactic courses must be taken in sequence. All dental hygiene courses must be passed at 75% or better to advance into the next semester.

2. Clinic course grading ranges between 75% to 80% to pass and is explained by the course instructor or lead clinical instructors. Clinic / lab courses are competency based, and / or point based systems (see clinic manual).

3. Dental hygiene courses use letter grading or satisfactory / unsatisfactory systems.

4. If more than two deficient clinic grades are earned in any semester an educational contract will be developed. A remediation plan will be developed by the student, faculty and program director. A student may be removed from the program due to more than two deficient clinic grades.

USE and POSSESSION OF TEST MATERIALS

Enrolled students may review graded test / quiz material for each course throughout the 2-year program by contacting the course instructor. Students may not photocopy, highlight, write on, take photos of any kind, discuss answers with other students, compare test content with book content, or make notes from the materials – essentially, you can only read them. Breach of policy may cause a drop in final course grade, a critical error, and/or dismissal from the program.

COPYRIGHT VIOLATIONS –

Copyright infringement (or copyright violation) is the unauthorized or prohibited use of works covered by copy right law in a way that violates one of the copyright owner's exclusive rights, such as the right to reproduce or perform the copyrighted work, or to make derivative works. For electronic and audio-visual med
EDUCATIONAL AGREEMENT PLAN
Dental Hygiene Program

In keeping with the guidelines of the Sacramento City College Dental Hygiene Program, the faculty is establishing the following Educational Agreement with:

(STUDENT NAME)

OBJECTIVES WHICH HAVE NOT BEEN MET or STANDARD OF CARE BREACHED:

OBSERVATIONS OF STUDENT ACTIONS:

(INCLUDE SPECIFIC DAY, DATE, TIME; DESCRIBE STUDENT BEHAVIOR IN OBJECTIVE TERMS)

IMPRESSION OF POTENTIAL HARM:

Since this behavior is not consistent with the standards and requirements of the course objectives, or as outlined in the Dental Hygiene Student Handbook, the following is a statement of expectations.

The Student will:
Demonstrate the following level of achievement by (LAST CLINICAL DAY) unless deemed unsafe to practice by the instructor:

1)  
2)  
3)  
4)  
5)  
6)  

I have been counseled regarding my performance in the Dental Hygiene Program. I understand that failure to achieve and sustain the agreed upon level of performance under stated conditions will result in my termination in the Dental Hygiene Program.

____________________       ______________________
Program Coordinator’s Signature            Student’s Signature

____________________       ______________________
Date                             Date

On __________________ (date) it was determined that student Met / Did Not Meet the terms of this educational agreement satisfactorily.

Instructor’s signature _________________________________

Instructor’s name _________________________________
Needs Improvement / Learning Experience Plan
DENTAL HYGIENE PROGRAM

__________________________  _________________
Student                          Course

Observation(s):

Clinical skills are marginally passing.

The above observation(s) indicate(s) that in order to progress toward meeting the course objectives, the student should seek the following learning experience(s):

1) Student must pass one additional scale proficiency Spring semester 20__ within four weeks.

If student does not meet these objectives or is deemed unsafe by the instructor the student will be placed on an Educational Agreement.

Student: ____________________________  Date___________________

Instructor ___________________________  Date: _________________

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SECTION Nine

Critical Errors in Dental Hygiene
### Area of Treatment | Critical Error
--- | ---
### INFECTION CONTROL | a. Failure to follow infection control protocol which greatly compromises the safety of the patient, yourself, or other individuals.

**Example:** Using the same gloves on more than one patient. Wearing contaminated gloves outside the operatory. Using contaminated instruments or items (Dropped on the floor, etc.) Leaving blood in/on operatory.

### MEDICAL HISTORY | a. Failure to recognize conditions requiring premedication.

**Example:** Probing, detecting or scaling on a patient with a history of a heart defect before obtaining clearance.

b. Failure to recognize conditions requiring a physician’s consult or clearance.

**Example:** High blood pressure, heart defect, major health problem.

c. Failure to take & record vital signs prior to administration of local anesthesia.

d. Failure to review and/or update a patient’s medical history.

e. Failure to document on chart significant allergies.

f. Working on a patient with an active herpetic lesion.
<table>
<thead>
<tr>
<th>Category</th>
<th>Specific Failure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PREMED GUIDELINES</strong></td>
<td>Failure to follow premed guidelines stated in the policy section of this manual.</td>
</tr>
</tbody>
</table>
| **EXTRA / INTRAORAL EXAMINATION**                   | a. Failure to recognize, accurately describe, or record obvious significant atypical findings.  
  
  b. Failure to notify the patient of significant findings.  
  
  **Example:** Periodontal disease, oral pathology lesion. |
| **INSTRUMENTATION**                                 | a. Presence of gross trauma/laceration of tissue.  
  
  b. Failure to notify instructor of broken instrument tips remaining in tissue.  
  
  c. Working with unsafe instruments. |
| **TOPICAL FLUORIDE**                                | a. Leaving the patient unattended with fluoride tray or mouth rinse. |
| **PROFESSIONALISM**                                 | a. Failure to protect the patient’s right to privacy (records).  
  
  **Example:** Not keeping findings on medical history private.  
  
  b. Failure to use discretion in interaction with faculty, patients and fellow classmates.  
  
  **Example:** Discussing a private situation in a way that other individuals can hear the discussion. |
| **LOCAL ANESTHESIA / NITROUS OXIDE**                | a. Failure to aspirate with the ASA, MSA, PSA, Inferior Alveolar, Lingual, or Mental injections.  
  
  b. The general or wide-spread use of topical anesthesia in place of local anesthesia. |
c. Leaving a patient unattended immediately following an injection of local anesthesia.

d. Leaving a patient unattended during the administration of nitrous oxide.

e. Using the wrong local anesthetic.
   **Example:** Using Septocaine on a IAN/Gow-Gates.

f. Unsafe handling of the syringe/needle.
   **Example:** Leaving an uncapped needle on the instrument tray.

g. Giving anesthesia to the wrong area of the mouth.

h. Not placing used needle into the sharps container.

i. Using nitrous oxide or local anesthesia on an inappropriate patient.
   **Example:** Using nitrous oxide on a pregnant patient.
   **Example:** Using an anesthetic with epinephrine on a patient with very high blood pressure.

j. Not using adequate oxygen after a nitrous oxide patient.

This list does not necessarily include every possible Critical error. It is meant to give the student an idea of the type of procedure or error that is considered important enough to cause a significant reduction in a clinical score.
SECTION TEN

Equipment Maintenance & Usage/Operation Instructions

Infection Control
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Purpose and General Policies
  Training and program reassessment intervals
  Responsibility
  Vaccinations

Personal Hygiene
  Hand Washing and Hand Care
  PPE

Operatory/Cubical Set Up and Breakdown
  Set Up and Breakdown
  Sharps Management (see also PEP)

General Clinic Clean-Up
  Daily, Weekly
  Spillages and Surface Contamination

Instrument Processing
  Sterilization area
  Opening and closing of the sterilization area
  Instruments transport
  Ultrasonic
  Instrument packaging
  Sterilization and storage of instruments
  Sterilization breach
  Monitoring, indicators and biologic
  Closing the sterilization area
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X-Ray Processing

Impressions and Lab Processing

Waste Disposal and Management
  PPE
  Blood waste
  Anesthetic Cartridges
  X-ray Developer and Fixer

Secondary Labeling

Staff and Patient Health
  Waterline quality
  Safe injection practices
  First Aid for skin break
  PEP-including reporting directions
  Miscellaneous safety
Purpose and General Policies

Training and program reassessment intervals

This program is aligned with the Centers for Disease Control and Prevention (CDC) Infection Prevention Practices in Dental Settings as summarized in the publication cited:


This program operates in compliance with Title 16 of the California Code of Regulations, Division 10, Chapter1, Section 1005 Minimum Standards for Infection Control and with Title 8 California Code of Regulations, Section 5193 Bloodborne Pathogens Standards.

Its purpose is to assure that Health Care Personnel (HCP) associated with the program is aware of and follow currently recommended safety practices. Because of the ever changing health care environment and practices, it is recommended that this program be review annually.

Responsibility

Due to the fact that this program and its clinic serve as a workplace for a changing cohort of students, it is recommended that each program semester there be at least one person assigned responsibility for oversight of this manual and the performance of the clinical sterilization area.

Vaccination

Per the publication A Quick Guide to Post-Exposure Prophylaxis in the Health Care Setting (March 2014), All HCP (Health Care Personnel) should be vaccinated with the hepatitis B vaccine series and should undergo testing for HBsAB response after completion of the series to document adequate protection.

Personal Hygiene

Hand Washing and Hand Care

Hand hygiene with soap or alcohol rub shall follow the recommendations of the OSAP From Policy to Practice, 2016.

Students and faculty are not allowed to provide patient treatment or handle contaminated items if they have exudative lesions or weeping dermatitis on the hands or exposed skin.
Hand will be washed with soap if hands are visibly dirty or contaminated or soiled with blood or other body fluids. An antimicrobial liquid soap is provided at all sinks in the clinic and classrooms.

Hand hygiene will be performed for at least 15 seconds or singing Happy Birthday
When visibly soiled
When entering the operatory area for the first time
Before donning patient treatment gloves
After removing patient treatment gloves
After touching objects with bare hands that might be contaminated
After using the restroom
Before eating

Hand hygiene will include:
Lathering with the manufacturer’s recommended amount
Drying thoroughly: air dry (shaking not recommended) or with paper towels

Hand care includes:
Short, clean, natural nails
Avoidance of hand or nail jewelry
Use of hand lotions or creams to maintain skin integrity
Avoid lotions containing petroleum or oil based ingredients on clinic days

Personal Protective Equipment (PPE)
PPE will include disposable gowns, surgical caps, patient treatment gloves (medical examination gloves), protective eyewear, appropriate foot ware* and masks with adequate filtration, and utility gloves that are heavy-duty and able to be sterilized.

Appropriate foot ware for clinic is shoes without laces or other decoration that would collect contaminants. They must have full backs and fronts without straps.

Donning and removing PPE will be done in accordance with OSAP protocol. Disposable garments that may be contaminated should be placed the container designated for contaminated items.

PPE is used for one patient only.

**Operatory/Cubical Set Up and Breakdown**

**Set up**

Entry hand washing
Don of PPE
Turn on the wall and unit electricity
Line trash bin
Placement of items/barriers listed (clean bare hands)
  - Headrest
  - Air/water syringe, saliva ejector, HV
  - Tray cover
Table Cover
Pen covers
Place regulated waste trash bag next to the instrument tray
Fill unit water bottle as necessary
Purge of water lines for 2 minutes (flush for 20 seconds between patients)
Instrument packets/cassettes should be opened and “clean spilled” onto the tray once the patient is seated

Breakdown
Remain in full PPE
Remove treatment gloves
Perform hand washing
Don clean treatment gloves covered with utility gloves
Safely transport instruments and biohazard items to processing area
Purge water from ultrasonic tubing
Safely remove and dispose of barriers and disposable items (do not touch surface beneath)
Use wipes for cleaning and disinfection (wipes are designed to cover 3-4 sq. feet)
Clean headrest and drape remaining squares over clean headrest

Cleaning and Disinfection Sequence for disinfecting wipes (hospital grade, intermediate disinfectant)

First wipe - cleaning of headrest and the patient chair
First wipe - cleaning of hoses including ultrasonic tubing (draped over chair)
First wipe - cleaning of tray, operator chair, counter top and touched items
Second wipe - Disinfection of items above, sufficient disinfectant must be used to allow the surface to remain moist for 3 minutes and air dry

Remove utility and treatment gloves
Wash and dry utility gloves and package for sterilization

The dental chair is to be fully raised and the light placed squarely above
The rheostat is to be placed in the depression to the right of the base
Floor, countertops and sinks should be clean
The chair switch and wall power are to be turned off
The top of the disinfectant canisters should be fully closed

Sharps Management (see also PEP and Needle Stick/Sharps Injury Guidelines)

Sharps will be handled as instructed in DHYG 109 & 129
Sharps containers will be located in every cubicle.
Needles will be capped using the scoop method
Needle protectors will be used

General Clinic Clean Up

Daily
Floors will be cleaned according to current guidelines posted in the Storage/Mail Room

Weekly
Cleaning solution designed to decontaminate and maintain the HVE and saliva ejector lines is run through the lines weekly on Wednesday afternoon.
Sterilizers will be emptied and refilled with distilled water weekly on Mondays
Spillages and Surface Contamination
The spillage clean up kit is located in a container above the anesthetic cabinet

Instrument Processing

Sterilization Area* (see photos and postings in the sterilization area)

The sterilization area is divided into two areas; the “dirty” (contaminated) area and the “clean” area. Cabinet and drawers are labeled as to contents and a green dot indicates that this area is to be accessed with clean, un gloved hands. Those designated with red dots may be accessed with lightly contaminated gloves (but not those that have been in contact with blood or saliva).

Full PPE is to be worn in the sterilization area. Utility gloves are worn to place and remove baskets and cassettes from the ultrasonic. Treatment gloves are worn to bag instruments. One treatment glove is used to place instruments in the sterilizer while a clean, un gloved hang touches the exterior of the sterilizer (door, trays, etc.)

Opening and Closing the area (see also, Sterilization Rotation Student Check List and Guide to Sterilization, located in the Sterilization Area)
Check that sterilizers are “at ready”

Instrument transport to sterilization and ultrasonic “cleaning”
Students will bring instruments either on trays using treatment gloves or in baskets/cassettes with utility gloves
Sterilization personnel will retrieve instrument baskets/cassettes with utility gloves and place them in the ultrasonic solution

The ultrasonic solution should never dip below ½ inch from the fill line
- Instruments basket/cassettes will be run from 5-15 minutes depending on the level of contamination
- Instrument basket/cassettes will be removed in the basket insert, drained and rinsed with water in the sink
- Instruments will be removed from the baskets and those loose instruments and cassettes will be placed on trays in front of the fan to dry before bagging

Instrument Packaging
Instruments and cassettes MUST BE DRY before packaging
Sterilization personnel, wearing treatment gloves will:
- Identify the instrument owner by color code and cubby number
- Identify the type of set up (example: child, light, SRP, etc.)
- Write the cubby number and set up type in pencil on the paper side of the sterilization bag or on tape of paper wrap
- Include an internal chemical monitoring strip
- Wrapped cassettes shall have a strip of sterilization tape placed on exterior as a monitor
- Deposit the wrapped/bagged instruments in the counter top holding bins

Sterilization (See Sterilization Area General Instructions and Maintenance Manual for operation)
Sterilization personnel will verify the correct settings of the sterilizer(s)
Sterilization personnel with gloved right or left hand will retrieve the packaged instruments from the holding bin (s) and place them in a single layer (minimal overlapping), paper side up, on the sterilizer trays. Sterilizers must go through the FULL drying cycle. If instrument packages are wet, they should not be handled until they are dry.

**Storage**

Upon removal from sterilizers (A-F) the packages are placed in the “clean” area and marked by Sharpie with the sterilizer identifier and stamped with the day’s date. Packages are CAREFULLY placed in the appropriate cubby with the large, heavier cassettes on the bottom and the bagged instruments on the top – both with the plastic facing up.

**Sterilization Breach**

When a sterilized package has been deemed punctured it will be re-bagged and re-sterilized. If a sterilizer has been found ineffective through use of any one monitor. Instrument packets from that sterilizer will be re-bagged and re-sterilized.

**Monitoring**

Monitoring of sterilization is done by mechanical, chemical and biological methods.
- Mechanical: Gages are checked with each load
- Chemical: Internal monitors are placed in each package
- Biologic: Spore tests are done on site daily and off-site weekly

**Sterilizer and Ultrasonic Maintenance**

**General Guidelines**

**Opening the Sterilization Area**

- Turn on lights
- Set up instrument drying area
- Check inventory of processing bags/wraps
- Check availability of solutions (ultrasonic and distilled waters)
- Check operation of sterilizers (on and up to temp.)
- Check sterilizer water supply
- Fill ultrasonic, add solution, degas
- Empty sterilizers of processed items
- Label processed instruments with date and sterilizer letter and place in appropriate cubby/drawer
- Load and run sterilizers
- Report any issues to the supervisor immediately

**Closing the Sterilization Area**

- Load sterilizers and begin final run
- Empty ultrasonic solution with HVC
- Deconstruct drying area
- Clean processing area
- Fill distilled water jug for next day
- Bundle trash
Clean floor
Turn off lights/fans
Close door (to be locked by staff)

The supervising individual(s)* will
Confirm appropriate protocol for the students
Follow manufactures instructions for equipment maintenance
Keep monitoring records

Waste Disposal and Management

PPE
Any item which is heavily soiled with blood or OPIM should be disposed of in the hazardous waste container located under the counter in the sterilization area.
If not contaminated with blood or OPIM, gowns should be placed in the re-cycle trash to the right of the doorway.

Blood Waste
Bloody Gauze should be placed in the white unit bag and disposed of by packaging in the waste can liner and disposed of in the waste container to the left of the doorway.
(Extremely saturated gauze should be placed in the hazardous waste trash can.)

Anesthetic Cartridges
Intact, non-blood contaminated cartridges can be disposed of by placement in the white unit bag that goes to regular waste. Broken or bloody cartridges should go into the sharps container.

X-Ray Developer and Fixer
X-Ray developer can be disposed of by draining into the sink.
X-ray fixer must be dumped into the fixer waste container in the radiology area for proper disposal

Secondary Labeling

All chemicals and other hazardous materials that are removed from their original container and placed in a secondary container will be labeled in accordance to the most current hazard communication labeling system. In 2017 this is the Globally Harmonized System (GHS)

Staff and Patient Health

PPE

Gloves will be worn by students and faculty during all aspects of treatment except the taking of vitals and the medical history. Hands will be disinfected before donning and after removing gloves. Gloves will be removed before leaving the operatory.
Utility Gloves are worn over patient treatment gloves when disinfecting the operatory and when processing instruments.

Facemasks must fit snugly to the face especially around the mouth and nose. Should the mask become damp or visibly soiled, it must be replaced immediately. Masks must never be pulled beneath the chin when not in use.

Protective eyewear must be worn during all procedures in the sterilization areas and in the dental clinic except for when taking vitals or reviewing medical history. If prescription glasses are worn, either goggles or a face shield must be worn. Face shields and goggles are washed with anti-microbial soap and water and should not be in direct contact with skin even after they are dried. When loops are used for patient treatment, additional eyewear should be used when they are removed.

Protective eyewear must be used by clinic patients during all dental procedures.

Disposable gowns should be worn in the operatory. They must be removed before leaving the clinical area.

Waterline Quality
Sterilizer and Dental Unit water are treated with an in-house system that purifies and disinfects the municipal water supply. Water is treated in an under-the-cabinet system which is then transferred to the sterilizers and to the water receptacle on each dental chair. Water is treated at two levels: one faucet dispenses distilled water for use in the sterilizers while the other dispenses the disinfected water for the operatories. The filter monitors should be checked regularly by supervising staff.

Should additional distilled water be needed for the sterilizers, an AQUASTAT unit is available to produce distilled water. The AQUASTAT water is distilled and not disinfected therefor it should not be used in the dental units.

First Aid
The mobile OXYGEN canister is located in front of the clinic near the door to the administrative office.
The AED is located in a case on the wall to right of the admin office door of the clinic
The EMERGENCY KIT is located on the right wall in the storage room within the admin office.
The FIRST AID KIT is located on the back wall of the clinic near the supply area

Safe Injection Practices
Safe practice is the number one priority of this program. Highest among those practices is the safe handling and depositing of anesthetic. Detailed instruction is given in DHYG 129 and includes but is not limited to:
- The annual assessment of engineered anesthetic delivery safety devices
- Aseptic technique
- Sharps safety

PEP
Post Exposure Prophylaxis (PEP) is described in a separate Guide. Should a bloodborne pathogen exposure occur, the Program Director will go over the PEP steps and assure that the appropriate documentation has been completed and filed.

Miscellaneous
Pre-procedural mouth-rinse is required by clinic patients
Single use treatment items are used whenever possible
Cough etiquette is to be observed at all times
The clinic strives to be latex free due to the possibility of allergic reactions