



Sacramento City College

Program Manual, 2023-2024

Dental Hygiene Department

Table of Contents

Section 1.....	4
New Student Packet.....	12
Student Application Process Protocol.....	25
Section 2.....	31
Statement of Philosophy/Code of Ethics	32
Academic Dishonesty.....	32
Distance Education (DE)	34
Complaint Policies: CODA and DHBC.....	35
Section 3.....	49
Emergency Procedures	48
Clinic Medical Emergency	51
Section 4.....	65
Student Responsibilities/Clinic Rotations and Objectives	66
Section 5.....	91
Medical Emergency Skill Eval.....	.92
Emergency protocol Skill Eval.....	91
Clinical Skill Evaluations	92-137
Section 6.....	138
Clinic Rubrics	140-150
Explanation of Codes.....	151-164
Evaluation Methods.....	164-209
Section 7.....	212
Program Policies and PEP STEPS (includes emergency needle stick information)	213
Classification charts (ASA, AAP, ADA, Calculus).....	215
Radiographic Decision Making (certified faculty only).....	234
Student Grievance Process.....	237
Program Appeals Process/form.....	238
Quality Assurance Plan	238
Curriculum Management Plan	241
Section 8.....	248
SCC Student Code of Conduct	249
Educational Agreement Plans	250
Section 9.....	258
Critical Errors.....	259
Section 10.....	262
Hazardous Management Plan.....	263
Bloodborne & Infectious Disease Exposure Control Plan.....	264
Emergency Needle Stick.....	265
Infection Control	266
Infection Control Standards Workbook (Turn in question answers at New Student Orientation).....	275

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 2024-2025 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: At the program orientation.

SECTION ONE

New Student Pack

SCHOOL of SCIENCE AND ALLIED HEALTH

Dr. Rose Giordano
Dean, Education and Health Programs

Dental Hygiene Faculty and Staff

Dr. Melissa Fellman
Program Director/Professor/Chair

Chrisy Jones, RDH, BS
Professor
Clinic III & IV— Lead Instructor

Jennine Gates, MEd, RDH
Assistant Professor
Clinic III & IV— Lead Instructor

Rosette Bravo, MSEd, RDH
Assistant Professor
Clinic II- Lead Instructor
Student Professional Association Liaison

Josephine Ganas, MEd, EDH
Professor
Infection Control & Research- Lead Instructor

Brienne Lake, MEd, RDH
Professor
Pre-Clinic & Clinic I - Lead Instructor

Cheryl Steele, RDH, BS
Assistant Professor

Dexter Quiggle, DDS **Steve Saffold, DDS**
Supervising Dentist Supervising Dentist

Maggie Natividad, RDA
Clerk

Other: Various Adjunct Faculty

April 18, 2023

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 of important dates and times like the Dental Hygiene Program Orientation as well as opportunities to complete required training courses and purchase required items.

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.
- To 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.
 - Director Melissa Fellman will provide a more detailed list of fees you can expect at the program orientation meeting.

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 Friday May 26, 2023. Should you need immediate assistance, feel free to email me at, fellmam@scc.losrios.edu.

ENROLLING INTO THE PROGRAM & COLLEGE INFO

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.**
 - **Financial Aid 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.
 - Please be aware, **these funds are not usually available until after August.**

SCHEDULE OF EVENTS FOR INCOMING DHYG COHORT

- **Friday, May 26th, 2023 from 9:00AM–4:00PM: FITTING FOR MAGNIFICATION LENSES & LIGHTS**
You will meet with a vendor from an eyeglass company that will fit you for your required magnification lenses and light.
You must bring 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 able to try the available lenses on.
 - The money for the required magnification lenses and light is paid directly to the vendor. Checks or Credit Cards are also acceptable.
- **Friday, May 26th, 2023 from 9:00AM-4:00PM: EDUCATIONAL PLAN COUNSELOR SESSION**
You will also meet with a counselor this day, so please be prepared to stay the full time. The counselor will provide you with your required program entry **educational plan**.
 - 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 to have an education plan developed to ensure that you will have all the appropriate courses for graduation in 2025.
- **Thursday, May 18th, 2023 from 1:00PM – 4:00PM: CPR/AED CERTIFICATION COURSE – COST: \$50**
Students are required to be certified in **Adult and Infant Health Care Provider CPR/AED**. This is a mandatory CPR course.
Be prepared to pay \$50 for the CPR certification at the end of the certification course.
 - The vendor accepts cash, check, or credit card. (HeartBeat.CPR)
- **Friday, May 26th, 2023 from 9:00AM–4:00PM: DHYG PROGRAM ORIENTATION**
There will be a program orientation session for your class on this day. This session is required. You will have an opportunity to meet the staff and your classmates.
 - At 11:30 AM there will be a welcome luncheon outside the dental area.
 - Uniform scrubs and shoe ordering will also be explained at orientation.
- **Monday, August 21st, 2023 from 1:00PM – 4:00PM: DHYG 101 COURSE ORIENTATION – LOCATION: Rodda Hall South Room 110**
Be prepared to attend the **DHYG 101 course orientation**.
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 use

PayPal and pay directly to the **Pattison Institute** no later than July 28, 2023. We have provided the Pattison Institute with your email and they will be contacting you regarding payment. *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 Monday August 21, 2023.

REQUIRED MEDICAL ITEMS

- **MEDICAL EXAMINATION – DUE DATE: SATURDAY, AUGUST 19th, 2023**
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 Monday August 21, 2023 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.
- **HEPATITIS B VACCINE – COST: \$135.00 (Varies) – DUE DATE: SATURDAY, AUGUST 19th, 2023**
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.
- **TUBERCULOSIS SKIN TEST – COST: \$32 (Varies) - DUE DATE: SATURDAY, AUGUST 19th, 2023**
All students are required to be tested for Tuberculosis. This can be done 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.

DHYG STUDENT FEES

- **DHYG INSTRUMENT KIT – TOTAL COST: \$5,618.64 – DUE DATE: THURSDAY, MAY 4th, 2023**
 - The total cost for the Dental Hygiene Instrument Kit is approximately \$5,618.64. The kit fee is divided among the SCC Campus Bookstore and HuFriedy.
 - Bookstore portion (\$2,491.51) of payment MUST be paid in full at the SCC Campus Bookstore. Ask for two (2) receipts; you will need to turn in a receipt to me by Thursday May 4, 2023 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.
 - Your payment should be made at:
Sacramento City College
Campus Bookstore
(By West Parking Lot & Hughes Stadium)

3835 Freeport Blvd.
Sacramento, CA 95822

- **HuFriedy portion (\$ 3,127.13) of payment MUST be paid in full through PayPal.**
HuFriedy will be sending you payment directions. You will need to **turn in a receipt to me by Thursday May 4, 2023**
 - PayPay payment info will be sent to you by HuFriedy.
- Once paid, this money is Non-Refundable; there are no exceptions. Please be certain you want to enter the program before submitting your payment.
- **MALPRACTICE INSURANCE – COST: \$15 (Varies) – DUE DATE: FRIDAY, MAY 26th, 2023**
 - **Students MUST purchase malpractice insurance.** If you are accepting Malpractice Insurance through Sacramento City College please pay your \$15.00 fee through 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.*
 - Please email your receipt to Director Fellman at fellmam@scc.losrios.edu
- **PATTISON INSTITUTE INSTRUMENTATION VIDEOS – COST: \$99.99 – DUE DATE: FRIDAY, JULY 28st 2023**
 - 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 **pay Pattison Institute** directly via PayPay by **Friday July 28, 2023**. 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 Monday August 21, 2023.

Sincerely,

Dr. Melissa Fellman

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

TENTATIVE SCHEDULE FOR THE FIRST SEMESTER

	8	9	10	11	12	1	2	3	4	5
Mon			104	104		Instrument Issue Monday August 21, 2023				
Tue	101 lec	101 lab	101 lab	101 lab		109 First 4 weeks of semester				
Wed			103 Online							
Thur		107 lec	107 lab	107 lab		101 lec	101 lab	101 lab	101 lab	
Fri		101 lab	101 lab	101 lab		101 lab	101 lab	101 lab		

ESTIMATED EXPENSES <u>COST</u>	<u>APPROXIMATE</u>
1. <u>CLINIC SHOES</u> OSHA approved	\$50.00-\$75
2. <u>CLINICAL INSTRUMENTS AND EQUIPMENT</u>	\$5,618.64
3. <u>UNIFORMS</u>	\$ 150.00+
4. <u>SADHA MEMBERSHIP</u> (Student American Dental Hygienists' Association)	\$ 65.00
5. <u>HEPATITIS B VACCINE</u>	\$115.00-135.00
6. <u>MAGNIFICATION GLASSES AND LIGHT</u>	\$1,600+
7. <u>MALPRACTICE INSURANCE</u> (1 st Yr, 2 nd Yr./ SCC)	\$15.00
8. <u>CLASS DUES</u> (1 st Yr., 2 nd Yr.)	Usually about \$20 / month
9. <u>CDHA DUES</u> (1 ST Yr., 2 nd Yr.)	\$25.00
10. <u>BOOKS</u>	VARIED COSTS
DENTAL EMBRYOLOGY, HISTOLOGY, & ANATOMY, Bath-Balogh 5 th ED	\$75.00
CLINICAL PRACTICE OF DENTAL HYGIENIST, Wilkins, 13 th Ed	\$95.00
FUNDAMENTALS OF PERIO. INSTR., NIELD-Gehrig, 8 th Ed	\$95.00
DENTAL HYGIENE THEORY AND PRACTICE, Darby and Walsh, 5 th Ed	\$95.00
DENTAL HYGIENIST'S GDE TO NUTRITIONAL.., Stegeman, 4th - Optional	\$60.00
PRIMARY PREVENTIVE DENTISTRY, Harris, 8 th Ed	\$79.00
CHAIRSIDE PDR, Mosley	\$70.0
THE ADA PRACTICAL GUIDE TO PATIENTS W/ MEDICAL CONDITIONS 2 nd ED	\$30.00
Books for 109 Infection Control included in your instrument issue	
• DHYG 104 Jones, on CANVAS	• DHYG 101 Lake, on CANVAS
• DHYG 107 Ganas, on CANVAS	• DHYG 109 Ganas, on CANVAS
• DHYG 103 Gates, on CANVAS	
11. <u>HESI ASSESSMENTS</u>	\$170.00
12. <u>PROGRAM CPR</u>	\$50.00
13. <u>ANNA PATTISON VIDEOS</u>	\$99.99
14. H&N Anatomy-digital 3-D learning program	\$100.00
15. <u>GLOVES</u> : Students will be responsible to <u>provide their own gloves</u> . 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 <u>Non-Refundable; there are no exceptions</u>	

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: closed toe, closed heel and wipe-able

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. ESSENTIAL FUNCTIONS

If a health condition is present which impedes or limits the students' ability to provide patient care or limits the students' physical capacity the program director must be notified. Such health conditions include but are not limited to:

1. TB, hepatitis, infectious diseases, physical injuries or disabilities. 2. And others.

The student may be asked to consult his/her physician if health conditions appear to be impeding performance in course work and/or may be asked to withdraw from the program if health conditions warrant such an action.

D. 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

Course

- B. Reading Comprehension assessment & remediation
- C. Learning Disability and/or behavioral issue assessment
- D. College Success / Study Strategies
- 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.

E. 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.

F. 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.
3. 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.
4. 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 _____

SIGNATURE _____

DATE_____

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: _____

Emergency Contact: _____

Emergency contact phone: _____

Email address: _____

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

A horizontal row of 20 empty square boxes, intended for a child to practice writing their name.

Understand that a grade of "C" or better is required in all courses to maintain enrollment in the Dept.

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.

discussion of program-related issues..

Signature

FOR COUNSELOR'S USE ONLY

Sacramento City College

COUNSELING DIVISION

AA/AS General Education Requirements
Check-off List

STUDENT: _____ STUDENT ID #: _____

Major: _____ Catalog Year: _____

GE REQUIREMENTS		List COURSE(s) Completed (if not SCC, also list institution)	REQ	UNITS		
AREAS				COMP	IP	NEED
I	Humanities		3			
II(a)	English Composition		3			
II(b)	Communication & Analytical Thinking		3			
III(a)	Physical Education (activity)		1			
III(b)	Life Development Skills		2			
IV	Natural Sciences		3			
V(a)	American Institutions		3			
V(b)	Other – Social and Behavioral Sciences		3			
VI	Ethnic/Multicultural Studies		0-3			
TOTALS			21-24			

COMPETENCY REQUIREMENTS	COURSE/EXAM	COMP	NEED	IN PROG
Writing				
Reading – (satisfied with AA/AS degree)				
Mathematics				

Counselor Signature: _____ Date: _____

(Print name) _____

08/19/19 RY

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. No Patient personal data or health information other than 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 (including labs and/or activities undertaken at home or off-campus for online courses) 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 _____ class/activity, 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 is/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, decedents, successors, executors, assignees, 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/WE 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/WE 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
--------------------	------

	<p><i>Upon acceptance, make payment in the amount of \$5,618.64 to Sacramento City College Book Store/HuFriedy. Payment forms: <u>Cashier's Check/Certified Check, Visa, and MC/PayPay</u>. Payment is due by Thursday May 4, 2023. (No Money Orders or Personal Checks for the instrument kit)</i></p>
	Register for Dental Hygiene Classes at the College's <u>Admissions & Records office</u> <u>before August classes 2023</u> .
	<p><u>"Physical Examination"</u>, submit verification forms online to <u>CertifiedBackground.com</u> due by, Saturday, August 21, 2023.</p>
	\$15.00 for Malpractice Insurance; pay to <u>Sacramento City College Business Office</u> and make payment payable to <u>Sacramento City College</u> by <u>Friday May 26, 2023</u> . 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), <u>"Health Care Provider"</u> certification course on Thurssday, May 18, 2023 from 1 PM to 4 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.
	COMPLETED ON ORIENTATION DAY; <u>"SCC Dental Hygiene Program"</u> form to the Dental Health
	COMPLETED ON ORIENTATION DAY; Order "scrubs" and REQUIRED OSHA approved shoes.
	COMPLETED ON ORIENTATION DAY; Save your money for the magnification glasses.
	COMPLETED ON ORIENTATION DAY; How to arrange for Hepatitis B vaccine and TB test (TB test is a two-step process). Submit verification forms online to <u>CertifiedBackground.com</u> due by, Saturday, August 21, 2023.
	COMPLETED ON ORIENTATION DAY; <u>"Allied Health Essential Functions"</u> , Submit verification online to <u>CertifiedBackground.com</u> due by, Saturday, August 21, 2023.
	COMPLETED ON ORIENTATION DAY; <u>"Patient Privacy Policy"</u> , Sign and submit verification online to <u>CertifiedBackground.com</u> due by, Saturday, August 21, 2023.
	COMPLETED ON ORIENTATION DAY; <u>"Program Re-Entry"</u> , Review, sign, and submit verification online to <u>CertifiedBackground.com</u> due by, Saturday, August 21, 2023.
	Purchase Books by first day of instruction.
	COMPLETED ON ORIENTATION DAY; How to complete online HIPAA an OSHA compliance training through <u>CertifiedBackground.com</u> due by, Saturday, August 21, 2023.
	COMPLETED ON Orientation DAY; You have an appointment with a SCC counselor to develop an <u>education plan</u> 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 Friday, May 26, 2023 after review of the clinic manual.
	COMPLETED ON ORIENTATION DAY; <u>"Agreement to Participate and Waiver/Assumption of Risk"</u> .
	COMPLETED ON ORIENTATION DAY; How to use <u>CertifiedBackground.com</u> for background check.

SACRAMENTO CITY COLLEGE - ALLIED HEALTH

ESSENTIAL FUNCTIONS

REQUIRED OF ALLIED HEALTH STUDENTS

MOTOR CAPABILITY:

1. Move from room to room and maneuver in small spaces.
2. Transfer patients who may require physical assistance.
3. Guard and assist patients with ambulation.
4. Perform exercise techniques, including applying resistance during exercise.
5. Lift and carry up to 50 pounds, and exert up to 100 pounds force for push/pull.
6. Squat, crawl, bend/stoop, reach above shoulder level, kneel, use standing balance, and climb stairs.
7. Use hands repetitively; use manual dexterity.
8. Adjust, apply, and clean therapeutic equipment.
9. Perform CPR.
10. Travel to and from academic and clinical sites.
11. In the average clinical day students sit 1-2 hours, stand 6-7 hours, travel 1-3 hours.

SENSORY CAPABILITY:

1. Coordinate verbal and manual instruction.
2. Assess a patient 10 feet away to observe patients posture and response to treatment.
3. Respond to a timer, alarm, or cries for help.
4. Monitor vital signs.
5. Auditory, visual, and tactile ability sufficient to assess patient status and perform treatments.
(Example: color changes in skin, hear heart and lung sounds)

COMMUNICATION ABILITY:

1. Communicate effectively in English with patients, families, and other health care providers, both verbally and in writing. (Example: explain treatment procedures; teach patients and families, document in charts)
2. Effectively adapt communication for intended audience.
3. Interact; establish rapport with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds.
4. Assume the role of a health care team member.
5. Function effectively under supervision.

PROBLEM SOLVING ABILITY:

1. Function effectively under stress.
2. Respond appropriately to emergencies.
3. Adhere to infection control procedures.
4. Demonstrate problem-solving skills in patient care. (measure, calculate, reason, prioritize, synthesize data)
5. Use sound judgment and safety precautions.
6. Address problems or questions to the appropriate person at the appropriate time.
7. Organize and prioritize job tasks.
8. Follow policies and procedures required by clinical and academic settings.

I have reviewed the **Essential Functions Required of Allied Health Students** and anticipate that I will be able to perform these functions:

Without accommodation

With accommodations (please explain)

Signature _____



Los Rios Community College
District Allied Health Programs
Report of Medical Examination

SCC DH DA

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
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MEDICAL EXAMINATION TO BE COMPLETED BY HEALTH CARE PROVIDER

Ht _____ Wt _____ Temp _____ Pulse _____ BP _____ Visual Acuity: _____ Glasses _____ Contacts _____

EXAMINATION	NL	ABN	COMMENTS	M/S EXERCISE ASSESSMENT	LIMB LIMITATIONS		
					X	NO	YES
				Arm Rotation	Rt.		
1. General Appearance					Lt.		
2. Eyes				Neck Extension	x		
3. Ears, Nose, Throat				Neck Flexion	x		
4. Mouth & Teeth				Neck Side to Side	x		
5. Respiratory				Knee Flexion	Rt.		
6. Cardiovascular					Lt.		
7. Abdomen				Knee Extension	Rt.		
8. Genitalia-Hernia					Lt.		
9. Skin				Up on toes	x		
10. Neuro				Back on heels	x		
				Body Mechanics Demo	x		

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



Name _____

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 # _____
- Recommendations Regarding Respirator Use:** 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 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 mandating 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** Administrative Assistant speak with him/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 DHBC 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 Board of California (DHBC) 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 DHBC.

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.

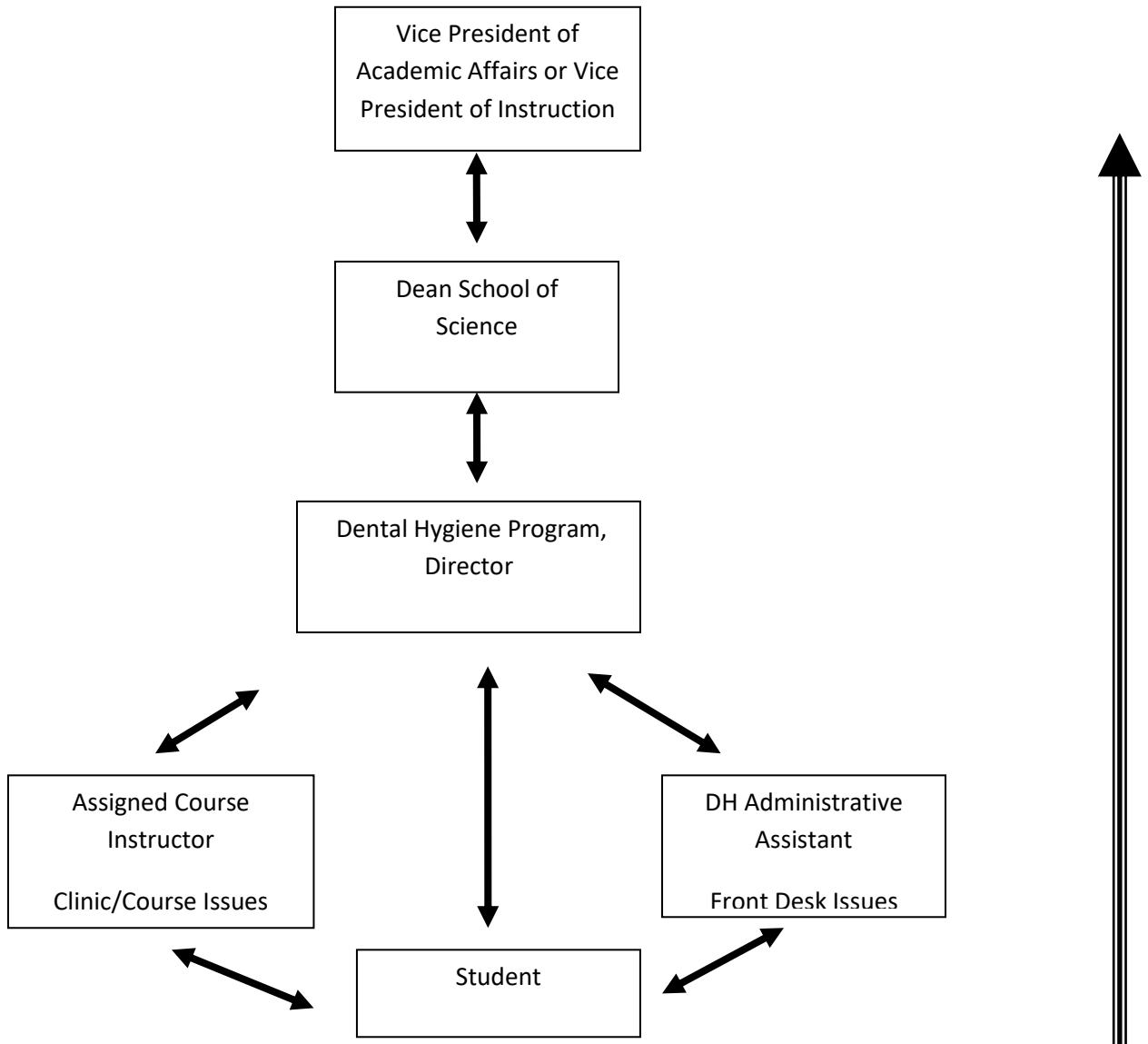
SECTION TWO

Statement of Philosophy

Academic Dishonesty

COMMUNICATION GUIDELINE

Department of Dental Hygiene



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

Academic Dishonesty

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

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

- Plagiarism or any form of cheating may result in a zero for the assigned work, an "F" grade in the course or dismissal from the program leaving, "not in good standing". Examples include but are not limited to: use of another person's radiographs or study models, having someone else complete the assigned work, cheating on a test, or deception of any kind.
- Unethical conduct or behaviors that endanger another human being are grounds for immediate dismissal without the possibility of readmission.

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

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

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

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

Read and understand the Student Code of Conduct on section 8 of this manual and student conduct expectations in the SCC college catalog. Read and understand your rights to due process should you wish to contest an allegation or penalty made by an instructor or other representative of the college. The program has a petition process and the college has a grievance process though the college equity officer.

It can be concluded from these statements that cheating and other forms of unethical course conduct are absolutely forbidden by the SCC dental hygiene program. To be more specific, in the dental hygiene program, any unethical conduct may be a cause for a final grade of "F" regardless of other grades earned to-date in the course. In summary, a student should not risk his or her final grade in a course and any future enrollment privileges in the Dental Hygiene Program as the result of unethical conduct. **This policy will be strictly enforced. Cheating in any form will be viewed as a most serious violation of professional conduct.**

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.

Distance Education (DE)

1. This change is required to protect the health and safety of faculty, staff, students, and the public. Using distance education modalities such as ConferZoom will allow students to persist in the Program with remote learning similar to face to face instruction. Proctorio will allow the Program to test students, in didactic courses, using technology designed to manage Distance Education comparable to face-to-face didactic testing.
2. Identity of each student who registers for the course is verified as the one who participates in, completes, and receives academic credit for the course.
 - a. ConferZoom and Proctorio are video format so the faculty can identify the students who participate in, complete, and receive academic credit for the course. Students registered in these courses are already well-known by faculty and easily identifiable both visually and auditorially.
3. The verification process used includes methods such as secure login and passcode, proctored examinations, and/or other technologies effective in verifying student identity.
 - a. ConferZoom and Proctorio are features of Canvas. The Canvas LMS system requires a secure student login and passcode designed as a verification process. Additionally, the Proctorio feature is used to proctor online examinations. Students are recorded during an exam distributed through Proctorio. Faculty verify the registered student is the one recorded taking the assigned exam.

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.

DHBC Faculty Licensure Notification

Our clinic posts the required Dental Hygiene Board of California (DHBC) 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 Board of California (DHBC) licensees provide notification to their patients that they are licensed by DHBC. 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.DHBC.CA.GOV

DHBC 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.
6. Please sign the [Authorization for Release of Dental/Medical Patient Records](#).
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
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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 committee(s) 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:

<ul style="list-style-type: none">○ Comply with rules, regulations, program policies, and the policies and procedures of SCC.○ Uphold the ethical principles as outlined in the ADHA Code of Ethics by exhibiting high standards, integrity, and honesty.○ Uphold the statutes, rules and regulations governing the practice of dental hygiene as described in the California State Practice Act.○ Comply with the California Revised Statutes which prohibits being under the influence of intoxicants or controlled substances without a valid medical prescription.○ Maintain high standards of health, welfare, and safety for patients, faculty, staff and students.○ Work toward establishing positive rapport with clinical and college personnel.○ Follow the chain of communication for resolution of conflicts that may occur with faculty, staff, students, or patients.	<ul style="list-style-type: none">● Maintain a professional demeanor in the classroom, clinic, and lab setting.● Attend all courses and clinic sessions as outlined in the course syllabi.● Inform course instructors or the program director in the case of illness or unforeseen tardiness.● Provide a medical clearance, upon request, stating no limitations for class or clinic assignments.● Be responsible for the completion of course assignment and requirements.● Comply with the dress code for the classroom, clinic and lab courses. Scrubs are to worn at all times.● Seek assistance or clarification when needed for course assignments, clinic assignments or program policies.
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NOTE: Personal appointments should be scheduled around your program schedule.

Patient Information: Rights, Responsibilities, and Risks

In consideration of the SCC permitting me to participate in the Dental Clinic program, I hereby voluntarily assume all risks associated with my participation and release the SCC, 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.

This agreement shall inure to the benefit of and be binding upon my heirs, decedents, successors, executors, assignees, 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.

- 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.
- There is a small risk that teeth with existing restorations, decay, and/or fracture issues, may become loose in the course of dental hygiene treatment and require a referral for repair at the patient's own expense.
- I understand that teeth with severely compromised health may experience extreme mobility or be lost through the course of treatment.
- 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.

I/We, the undersigned, have read this agreement and understand that it is a release of all claims and that I/we are voluntarily assuming all risks and waiving any and all claims arising out of or in any way related to this activity. I/we 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.

Signature: _____ Date: _____

Patient or Parent/Guardian of Minor Patient

SECTION THREE

Emergency Procedures

EMERGENCY PROCEDURES

A. On Campus Emergency Response

American River College ~ Cosumnes River College ~ Folsom Lake College ~ Sacramento City College
Health Centers



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 | d) Severe bleeding |
| b) No breathing | e) Shock |
| c) Unconscious | 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.



LOS RIOS POLICE DEPARTMENT

LOS RIOS COMMUNITY COLLEGE DISTRICT

"Enhancing Education through Service"

Building Evacuation Procedures

- A. Upon activation of a building fire alarm, activation and direction of the Los Rios Alert System or at the direction of the Los Rios Police Department (LRPD), all occupants (faculty/staff, students, and others) within affected buildings are required to quickly and quietly evacuate those buildings.
- B. Each division Dean or Manager or his/her designee should ensure that all personnel are informed of the proper procedures and precautions to be followed during drills or actual emergency events. It is each employee's responsibility to make sure he/she knows the primary and secondary evacuation routes from his/her office, classroom, building and campus. In general, each employee should plan ahead for possible evacuations.

All college buildings have clearly marked and illuminated emergency exit signs that indicate evacuation routes. In some buildings, these signs remain illuminated at all times; in other buildings, they become illuminated when a fire alarm is activated. The District regularly tests the lighting in these signs to assure that it is adequate day and night. Additionally, buildings have emergency lighting systems which provide illumination for a short period of time, but sufficient to permit evacuation.

- C. Additionally, faculty members and supervisors will take the lead in evacuating their students and employees during drills or actual emergencies. Therefore, as preparation for an emergency, faculty members and supervisors should perform the following:

1. Inform students/employees of primary and alternate building exits and to avoid elevators.
2. Inform students/employees to assemble in a safe area at least 150 ft. away from the building.
3. Upon activation of a building fire alarm, activation and direction of the Los Rios Alert System, or at the direction of LRPD, faculty and supervisors shall perform the following during an evacuation:
 - a. Be prepared to assist with the evacuation of persons with disabilities. Disability Resources Staff will obtain information from students who request services based upon their disabilities as to their preferred method of evacuation (e.g., with or without wheelchairs during an evacuation, etc.). This information will be included on the faculty notification form.
 - b. Note: During an actual emergency, preferred methods of evacuation may not be possible. For classrooms, the instructor should identify a primary and alternate student to assist the disabled student during an emergency. Instructor should designate these primary and alternate students during the first class period of each semester or as soon as possible. Where feasible, faculty should assign students with disabilities to seats nearest to egress doors to expedite the evacuation.

- c. Instruct students/employees to evacuate quickly and take only essential belongings when notified by fire alarm activation, EAS activation, or Public Safety.
- d. Ensure that classroom/office doors are closed and overhead lights turned off after everyone has evacuated.
- e. Instruct students/employees to walk, not run, during evacuations.
- f. Remind students/employees/visitors to use the stairs during evacuation, not elevators.
- g. Direct students/employees to stairs and exits.
- h. Assemble as a group at least 150 ft. away from the building. Ensure not to assemble near fire lanes, fire hydrants, doors, streets, and other areas that could impede the access of emergency responders. Faculty members/supervisors should immediately notify LRPD of the last known location of individuals who refused to evacuate.
- i. Ask that those in your group remain together and await further instructions but do not attempt to stop anyone who chooses to leave. Do not re-enter the building until directed by LRPD or other College officials (e.g., Facilities Management personnel). Silenced or reset fire alarms are not signals to re-enter evacuated buildings.

B. Medical Emergency Procedures for the Sacramento City College Dental Health Clinic

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 2221 or (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 under **Patient Reactions/Alerts**. This information should be written in RED ink if appropriate.

C. Emergency Procedures For Dental Health Laboratory

Emergency Procedures in the 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

One of the top priorities in the Los Rios district is to building a culture of individual ownership for our own safety and that of those around us, particularly the students we serve. As a large organization, we have historically defaulted to systems with defined organizational structures like Action Coordinators for Emergency Survival (ACES) and Campus Community Emergency Response Teams (C-CERT). While these programs have merits, they rely heavily on a small number of individuals. Systems with few points of failure (ie, systems that rely on a person or a small number of people being at their desk or reachable when a crisis strikes) are prone to be ineffective in many situations. They can actually be counterproductive, as others in the campus community begin to rely on the structures and their co-workers to receive training and provide direction in an emergency, as opposed to everyone taking individual responsibility for understanding what he or she should do in the event of an emergency. With this on mind, the District is phasing out the C-CERT and ACES programs with the goal of instilling in all employees and students an understanding of what to do in the case of a crisis and how to access resources to help us all be prepared.

In the Dental Hygiene Program safety training is a key element to student success. Please see below a list of some of the protocols implemented.

1. Students are taught ownership for their safety and the safety of their patients during an emergency.
2. Students are also taught to 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.
3. MOCK emergency scenarios are implements every semester in varied modalities. Emergency drills are practiced with students bi-annually. Additionally, there is an emergency protocol skill eval designed to assess student awareness with the emergencies listed below:
 - Active Shooter
 - Fire/Smoke
 - Earthquake
 - Natural Disaster
 - Child Abduction
 - Clinic medical emergency
 - Hazardous material Spill (Evacuation VS local clean-up)

E. Emergency Plan Protocol from Native American Health Center



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:

Police	(916) 264-5471
Sutter General Hospital	(916) 454-2222
Poison Control Center	(800) 876-4766
Emergency & Disaster Response Service-American Red Cross	(916) 368-3130
National Center for Missing & Exploited Children	1-800-THE-LOST 1-800-843-5678

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.

D. 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
Clinic Rotation Duties/Responsibilities

I. STUDENT RESPONSIBILITIES - Professional Appearance and Expectations

1. During Lectures: Dental scrubs are required. Dress attire shall be in accordance with college dress code and that which dictates good taste in the college environment when allowed by instructor.

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 and hats 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 be 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 and hats should be worn during all clinic sessions.

4. Uniform Standards:

All students are expected to observe the following regulations for all classroom/didactic, 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.
*A solid neutral-colored long sleeve shirt may be worn under the scrub top for warmth and/or to cover tattoos.
**No sweatshirts are allowed. A blue lab coat, in the same approved blue color as the SCC scrubs, may be worn for warmth.
***If a coat is needed for warmth, from the student's vehicle to the Rodda South building, it must be placed in the student's locker or on a coat rack in RS 110 for classroom/lab/clinic sessions.
- 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 at all times while in the Rodda South building. If students change out of their OSHA approved shoes when exiting the Rodda South building their OSHA approved shoes are NOT to be stored in their student locker.**
- 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 and small stud earrings. **No** facial or tongue jewelry are permitted. **No** large loops or dangle earrings are permitted. **NO** wedding band &/or ring(s) 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.

FRONT OFFICE PROCEDURES

Scheduling Screening/Appointment
<p><u>SCHEDULING SCREENING/APPOINTMENT</u></p> <ol style="list-style-type: none">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
<u>APPOINTMENT TYPES</u>
<ol style="list-style-type: none"> 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. The first appointment is \$25.00 visit and follow-up appointments will also be three (3) hours, and cost \$10.00 per appointment. 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
<u>SOCIAL SECURITY NUMBERS</u>
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.

Printing Clinical Procedures and Pull Charts
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.
<u>SCREENING PATIENT</u>
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.

Printing chart records for homework assignments

Chart records may only be requested and printed by front office staff. Utilizing unredacted patient records and taking them off site is prohibited.

Re-appointments

RE-APPOINTMENTS ARE MADE WHEN THE STUDENT HAS NOT COMPLETED PATIENT'S TREATMENT.

RE-APPOINTMENTS CAN NOT BE MOVED TO ANOTHER STUDENT BY OFFICE STAFF WITH INSTRUCTOR APPROVAL

- 1. AFTER CLINIC, PATIENT WILL BRING RE-APPOINT SLIP TO FRONT OFFICE**
- 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**

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 Administrative Assistant or Clerk sign 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. **NO OUTSIDE DDS X-RAY RXs (PRESCRIPTIONS) ARE ACCEPTED BY THE SCC DENTAL HYGIENE PROGRAM**
2. **\$25.00 COST FOR FMX (FULL MOUTH)**
3. **\$15.00 COST FOR BMX (BITE WING)**
4. **\$25/\$15 COST WHEN PATIENT'S DR. REQUESTS A COPY OF BWX X-RAY'S TAKEN AT SCC CLINIC BY A STUDENT FOR OUR BENEFIT. RELEASE OF INFORMATION FORM MUST BE SIGNED BY PATIENT.**
8. **SCC STUDENTS WILL PAY FOR COST OF X-RAYS (\$25.00 FMX / \$15.00 BWX)**

X-RAYS REQUESTED BY SCC CLINIC

NO CHARGE TO PATIENT WHEN SCC CLINIC REQUESTS

X-RAYS

MAKING X-RAY APPOINTMENT

IF XRAYS ARE PRESCRIBED BY SCC SUPERVISING DDS DURING A CLINIC APPOINTMENT (SCREENING OR TREATMENT) THE STUDENT CLINICIAN SHOULD CHECK WITH THE FRONT OFFICE TO PLACE PATIENT IN THE XRAY SCHEDULE.

EMAILING X-RAYS

ONLY THE DENTAL DEPARTMENT ADMINISTRATIVE ASSISTANT OR CLERK MAY EMAIL OUT X-RAYS. ENCRYPTION POLICY MUST BE FOLLOWED.

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 DENTAL AREA
5. UNLOCK HALLWAY DOOR ON CLASS ROOM SIDE
6. UNLOCK RECEPTION DOOR / 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
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**
- 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. 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 30 minutes in length. Sessions begin on the hour and end at 10 minutes before the hour. The clinic (RS 125) will be open 30 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 ROTATION STUDENT arrives. The ROTATION STUDENT should arrive 30 minutes prior to the clinic session 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, 1:00)
- E. Check-out time
 - 1. Patient check-out is at 10:30 AM or 3:30 PM.
 - 2. Having a patient ready for check-out means that all your forms are completed and the patient has been rinsed and prepared
 - 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. 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.

Sarah Mendonca

Patterson Dental - Supplies
(916) 780-5115 wk

Ordering supplies for the clinic should first to be brought to the program director's attention or designated faculty doing the ordering in an effort to be fiscally responsible.

III. APPOINTMENT PROCEDURES

A. Patient Categories

- 1. **Screening Patients:** Patients to be screened will be placed in a special area in the computerized appointment schedule. Each patient will be given a 30 minute appointment. **MEDICAL HISTORY CLEARANCE MUST BE OBTAINED FROM FACULTY PRIOR TO GOING SUBGINGIVAL.** They are screened:
 - a. To detect possible High Blood pressure.
 - b. To determine medical problems that need 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. There may be 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 in holder outside of the administrative office door 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 the administrative office cabinet. The day before the appointment request access of the chart. **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 your assigned patient.
- 3. Greet patient
 - a. Call patient by first and last name. If pronunciation is difficult, do your best.
 - 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, case difficulty and TIME SEATED on clinic rubric form.

4. Review patient's CC, HPI (Hx of present illness), 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/Clinic DDS concerning High Blood Pressure or Premedication needs should occur no later than this point. If in doubt, consult with an instructor/Clinic DDS.**
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
 - 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:

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. Arrange your paperwork in the correct order before presenting it to your instructor.
 3. 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.**

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 other supplementary aids (e.g. Perio aid, interdental brush, etc.).
- 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. Use visual education aids created in Patient Education.
- 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's electronic 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 notify instructor you are ready for check out.
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 ask for permission to 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 clinic rubric 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 or accompanying guardian. In the absence of the parent, use of a minor release form is required.
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 WITH THE STUDENT. 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 advise 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 the situation get out of control. ASK FOR HELP.

F. REAPPOINTMENT PROCEDURES

1. Follow procedures listed in Routine Examination a - c (Use 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) & 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-treat those areas before moving on to another area.
 - 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.
 - g. Note your check-in time.

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 Front Office staff. Any trading or moving patients must be done by **the administrative assistant or clinic lead!**

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. RADIOPHOTOGRAPH 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.

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 instructor 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. Instructor 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 cures 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 from.

- 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 WREB 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

(Dental hygiene program list of competencies needed for graduation and how they are measured)



Medical Emergency Calibration with DDS

CLINIC: DHYG 101, 111, 121, 131, 141

Student _____
 Date _____ DDS _____
 Date _____ DDS _____
 Date _____ DDS _____
 Date _____ DDS _____

* Criteria: Medical emergency best practice huddle with DDS at the start of each clinic session. If this is not completed the student will receive a critical error.

CRITERIA	"X" in box below ONLY if this has been completed	Student Notes /Reflection	DDS Feedback
Review location of: 1. AED 2. Emergency oxygen 3. Emergency drug kit			
DDS Directs Emergency: 1. Notify assigned faculty 2. Notify DDS a. Oxygen b. Emergency drug kit c. CPR (clinician chair under patient chair for support during compressions) d. AED e. EMS 3. Call school nurse 4. Call SAH Dean			

Documentation During Emergency for EMS when they arrive and for reference when doing Eaglesoft computer notes:

1. Lexicomp print out
2. Time of emergency _____ AM or PM
3. Time and vitals

Initial Intervention Provided

Time	Vitals	Intervention	"X" if provided to patient
		Oxygen	
		Pocket mask	
		AED	
		CPR	
		Epi Auto-Injector	
		Oxygen	
		Epinephrine	
		Diphenhydramine	
		Glucose Gel	
		Nitroglycerine Tablets	
		Nitrolingual Pumpspray	
		Albuterol Inhaler	
		Oxygen E-cylinder on a Wheel Cart	
		Aspirin Tablet	
		Other	
		Other	

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: _____



WORKING TOGETHER | PURSUING EXCELLENCE | INSPIRING ACHIEVEMENT

Student _____

Date _____

Client/Patient _____

Instructor _____

CLINICAL REQUIREMENT: DHYG 101,111

TREATMENT PLANNING

CLINICAL SKILL EVALUATION: DHYG 121, 131, 141

Competency Criteria: Patient must be an adult and require 2 or more appointments. Instructor approval is required.

Attach a copy of the treatment plan

CE = critical error

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

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: _____



WORKING TOGETHER | PURSUING EXCELLENCE | INSPIRING ACHIEVEMENT

Student _____

Date _____

Client/Patient _____

Instructor _____

CLINICAL REQUIREMENT: DHYG 121, 131, 141

TOBACCO ASSESSMENT

CLINICAL SKILL EVALUATION: DHYG 104

Competency Criteria: Select a patient that currently uses tobacco.

Attach Tobacco Use Assessment Form to this skill evaluation sheet

CE = critical error

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

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

Pass ____ /Fail ____

Passing Requirement: 80%

Instructor: _____



CLINICAL REQUIREMENT: DHYG 101/109

Operatory Turn Over

Course Competency: 101

Competency Criteria: Student shall be able to properly turn over an operatory for patient treatment

THE STUDENT:		INSTRUCTOR EVALUATION
Operatory Turn Over		
1	Follows PPE protocol, wash & dry hands prior to operatory set up	
2	Sets up all disposable items: <ul style="list-style-type: none"> • No gloves (ie: Saliva ejector, high volume suction) 	
2	Barrier Placement: <ul style="list-style-type: none"> • Selects appropriate surface barriers ie; tray, cart switches, handles, suction, air/water, chair, counter 	
AFTER TREATMENT		
3	Wears utility gloves with clean nitrile gloves inside Wears mask and eye wear if using aerosol	
4	Transportation of Instruments and Biohazard items: <ul style="list-style-type: none"> • Safely transports all biohazard and medical waste materials and places in biohazard receptacle. • Safely transports instruments to be placed in sterilizers. If carrying on tray, nitrile gloves ok, Utility gloves if carrying cassette by hand 	
5	Removal of Barriers - with nitrile gloves/utility gloves on: <ul style="list-style-type: none"> • Carefully removes barriers and disposables • Discards safely in regular waste 	
6	Operatory Disinfection - with utility gloves on: <ul style="list-style-type: none"> • Disinfects clinical contact surfaces and housekeeping surfaces with a low to intermediate level disinfectant • Drapes hoses over chair and wipes each one separately, wipe receptacle and put back on unit 	
7	Utility Gloves Sterilization: <ul style="list-style-type: none"> • Wash, remove and dry utility gloves. • Remove from hands and place in sterilization pouch 	
8	Remove PPE and Discard <ul style="list-style-type: none"> • Places all regular and recyclable waste in appropriate waste containers located in the sterilization area • Closes wipes container 	
9	Wash hands or use Alcohol rub as indicated	
10	Operatory Closure: <ul style="list-style-type: none"> • Returns chair, dental light, computer, operator chair to proper positions in the operatory, rheostat in correct position • Turns off fan, unit and master switches • Shuts down cpu. 	

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



WORKING TOGETHER | PURSUING EXCELLENCE | INSPIRING ACHIEVEMENT

CLINICAL REQUIREMENT: DHYG 121, 131, 141

ROOT PLANING/DEBRIDEMENT

CLINICAL SKILL EVALUATION: DHYG 111

Student _____
Date _____
Client/Patient _____
Instructor _____

Competency Criteria: Root planning required; Moderate calculus or higher; Instructor approval required; Instructor check required prior to hand scaling.

CE = critical error

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

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

- 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

Pass ____/Fail ____ Passing Requirement: 80%

Instructor: _____



WORKING TOGETHER | PURSUING EXCELLENCE | INSPIRING ACHIEVEMENT

Student _____
Date _____
Client/Patient _____
Instructor _____

CLINICAL REQUIREMENT: DHYG 101,111

RESTORATIVE CHARTING

CLINICAL SKILL EVALUATION: DHYG 131, 141

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.

Charting to be recorded in the computer

CE = critical error

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

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: _____



WORKING TOGETHER | PURSUING EXCELLENCE | INSPIRING ACHIEVEMENT

Student _____

Date _____

Client/Patient _____

Instructor _____

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 detectable 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 detectable 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 readings 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



Student _____
 Date _____
 Client/Patient _____
 Instructor _____

CLINICAL REQUIREMENT: DHYG 101, 111
PREVENTIVE COUNSELING/OHI
CLINICAL SKILL EVALUATION: 121, 131, 141

Competency Criteria: The patient must have at least one area in need of improvement via OH education; Instructor approval and observation required.

CE = critical error

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

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: _____



WORKING TOGETHER | PURSUING EXCELLENCE | INSPIRING ACHIEVEMENT

Student _____

Date _____

Client/Patient _____

Instructor _____

CLINICAL REQUIREMENT: DHYG 132

PERIO RE-EVALUATION

CLINICAL SKILL EVALUATION: DHYG 131, 141

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

CE = critical error

THE STUDENT:	INSTRUCTOR EVALUATION
1 Selects appropriate client/patient	
2 Completes gingival exam	
3 Completes probing	
4 Completes bleeding index	
5 Completes O'Leary	
6 Adequately compares re-evaluation findings with pre-treatment	
7 Informs client/patient and instructor of recommendations based on findings from re-evaluation	
8 Demonstrates professional conduct	
9 Makes complete and accurate entry in chart	
10 Include Typed summary including the below data: <ul style="list-style-type: none">• Gingival exam• Probing• Bleeding index• O'Leary• Comparison• Conclusion	

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

Pass ____ /Fail ____

Passing Requirement: 80%

Instructor: _____



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EST. 1916

WORKING TOGETHER | PURSUING EXCELLENCE | INSPIRING ACHIEVEMENT

Student _____

Date _____

Client/Patient _____

Instructor _____

PERIODONTAL PROBE

CLINICAL SKILL EVALUATION: DHYG 121, 131, 141

Competency Criteria: Probe one quadrant of 6-7 teeth with multiple 4-5 mm pockets. Two of the teeth must be molars. If needed, teeth from another quadrant may be used.

- Upon instructor approval, probe one quadrant or $\frac{1}{2}$ 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).
- 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.
- 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.
- 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

Instructors	Tooth Numbers								
Instructor	Buccal								
Instructor	Buccal								
Instructor	Buccal								
Instructor	Lingual								
Instructor	Lingual								
Instructor	Lingual								

Circle Quadrant (s): LL LR

Instructors	Tooth Numbers								
Instructor	Lingual								
Instructor	Lingual								
Instructor	Lingual								
Instructor	Buccal								
Instructor	Buccal								
Instructor	Buccal								

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: _____



WORKING TOGETHER | PURSUING EXCELLENCE | INSPIRING ACHIEVEMENT

Student _____

Date _____

Client/Patient _____

Instructor _____

CLINICAL REQUIREMENT

PERIODONTAL ASSESSMENT/CHARTING

CLINICAL SKILL EVALUATION: DHYG 121, 131, 141

Competency Criteria: Completed on Full Mouth. Patient must have one quad with moderate to severe periodontitis. At minimum patient must have BWXs. Requires instructor approval.

Charting to be recorded in the computer

CE = critical error

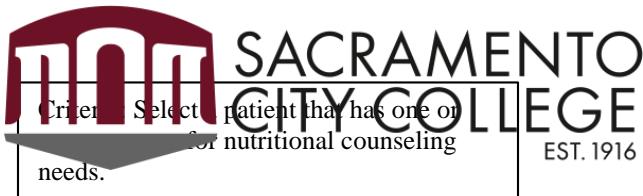
THE STUDENT:		INSTRUCTOR EVALUATION
1	Assembles proper armamentarium	
2	Maintains chain of asepsis	
3	Reviews health history and oral inspection to determine contraindications	
4	Explains rational of procedure to patient as needed	
5	Indicates recession by proper charting	
6	Probing depths are within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

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: _____



Criteri Select patient that has one or
for nutritional counseling
needs.

Student _____
Date _____
Client/Patient _____
Instructor _____

CLINICAL REQUIREMENT: DHYG 111, 121, 131, 132, 141

NUTRITIONAL QUESTIONNAIRE/COUNSELING

CLINICAL SKILL EVALUATION: DHYG 104 Theory/ 101 Practice

Skill Evaluation: DHYG 104

- 1- day Study
 - Attach nutritional questionnaire and 1-day Diet Analysis

Clinical Requirement: DHYG 111, 121, 131, 132, 141

- 1-day Study; Date: _____
 - Attach nutritional questionnaire and 1-day Diet Analysis
 - Type a one page summary of results and counseling needs

Clinical Requirement: DHYG 131, 141

- 3-5-day Study; Date: _____
 - Attach nutritional questionnaire and 3-5-day Diet Analysis
 - Type a one page summary of results and counseling needs

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

CE = critical error

THE STUDENT:		INSTRUCTOR EVALUATION
1	Selects appropriate client/patient <ul style="list-style-type: none">• Assesses patient's background information• Assesses patient's medical/dental findings	
2	Discusses dietary status/findings	
3	Input patient's food log into myfitnesspal.com for analysis	
4	Makes appropriate recommendations based on assessment findings & informs patient	
5	Demonstrates professional conduct	
6	Makes complete and accurate entry in chart	
7-8	Include a brief typed summary (up to one page)	
9-10	Followed write-up rubric, was clear and concise	

Each line item is worth 1 point/ 10 points total

Clinical Inst: _____ / Summary Inst: _____

Pass _____ /Fail _____

Passing Requirement: 80%

Nutritional Counseling Rubric Expectations for Clinical Patients

Please write your one page summary following these guidelines

- I. **Demographics:** Background information about the patient – age, race, overall health status.
- II. **Medical/Dental Findings:** Identify medical conditions and medications being taken, including prescription, otc, herbal, and supplements. Dental health status, periodontal status, overall oral hygiene, O'Leary scores, rate of caries.
- III. **Diet Status/Findings from Nutritional Questionnaire:** Questionnaire information (include who prepares meals, activity level, fluoride intake, eating and drinking habits, tobacco use, etc.).
- IV. **Review of Food Diary:** Findings from food diary, state how many days were included in the food diary. Your overall impressions of patient's diet status and need for nutritional counseling. Why did you choose to conduct nutritional counseling with this patient? Was their diet adequate or inadequate in terms of nutrient value and food choices?
- V. **Significant and Non-significant Findings:** Discuss where the patient may be lacking or over indulging and any reasons that may contribute to the findings. If there is concern that the patient is not meeting Dietary Reference Intakes (DRI's) consult: <https://fnic.nal.usda.gov/fnic/dri-calculator>
for food group inadequacies consult: <https://health.gov/dietaryguidelines/2015/guidelines/executive-summary>
- VI. **Recommendations you made based on findings:** Should include specific food recommendations based on impact on overall health status as well as dental health status of the patient. Consult: <https://www.choosemyplate.gov/> to help with food recommendations.



Student _____

Date _____

Client/Patient _____

Instructor _____

Clinical Requirement: 101

VITALS / BP ASSESSMENT / PULSE / RESPIRATION CLINICAL SKILL EVALUATION: DHYG 101

1. Clinician and patient seated eye-eye. Obtain informed consent. Asks client about recent activities that could alter the client's normal blood pressure.	
2. Explains purpose of the procedure. Explain it is best to avoid talking to client for at least a minute before taking the client's blood pressure.	
3. Ask patient to roll up sleeves or places cuff on bare arm and not over clothing. Position arm with the palm of hand upward. Determines proper cuff size. Be sure patient's legs are not crossed.	
4. Washes hands with antimicrobial soap.	
5. Positions the cuff with the lower edge 1-2" above the elbow with the midline of the bladder centered over the brachial artery. Look for arrows. Wraps cuff smoothly and snugly around arm- fastens securely.	
6. Places the manometer so that the mercury column or aneroid dial is easily visible and tubing from the cuff is unobstructed.	
7. Patient's arm is supported, should remain somewhat bent and completely relaxed. Elbow should be positioned so that the antecubital fossa is level with the patient's mid-sternum area. Arm can sit on the dental chair arm rest.	
8. Palpates the radial pulse with the finger tips. Closes the valve. Inflate the cuff rapidly until the pulse disappears and notes the pressure reading. Opens the valve and deflates cuff rapidly (1 st step of 2 Step). DOES NOT USE THUMB.	
9. Leaving the cuff in place on the arm and waits 60 seconds before re-inflating the cuff for the 2 nd step in combined sequence. (30 second delay if blood pressure only)	
10. PULSE: takes for 30 seconds x 2. (If pulse only- palm of hand may be placed downward) Records: _____ BPM/(2 descriptors)	
11. . RESPIRATION: holds hand on wrist and counts chest rise/fall for another 30 seconds x 2. Records: _____ RPM/(3 descriptors)	
12. Places stethoscope earpieces into ear canals with earpieces angled forward.	
13. Places amplifying device over pulse just above antecubital fossa toward inner aspect of arm. Holds device in place. Contact made with skin around entire circumference. Avoids contact with cuff or clothing.	
14. Closes valve and holds bulb so that it is not too tight and easy to reach and open. Briskly squeezes the bulb to rapidly inflate the bladder to a pressure 20-30 mmHg above palpitory estimate.	
15. Opens the valve so the pressure drops no faster than 2 mmHg per second.	
16. Pays careful attention to sounds heard through the stethoscope. Notes the point at which the sound appears.	
17. Continues releasing pressure slowly at a rate of 2mmHg/second. Notes point at which the sound disappears.	
18. Continues to release the pressure slowly at the rate of 2 mmHg/sec for at least 10 mmHg further. Then allows the remaining air to escape rapidly.	
19. Records the two numbers as a fraction-Systolic/Diastolic and which arm utilized- R or L BLOOD PRESSURE READING _____ / _____ SEATED OR STANDING	
20. Removes cuff carefully.	

Instructor: _____

Number of Errors: _____ Total Score: 20 points – Errors = _____ Percentage: _____

Pass _____ /Fail _____

Passing Requirement: 80% (16/20)

2018-SLW



Clinical Requirement: 101

EO IO EXAMINATION

CLINICAL SKILL EVALUATION: DHYG 101

Student _____

Date _____

Client/Patient _____

Instructor _____

CRITERIA: 30 areas (1 POINT each)

COMMENTS

EXTRAORAL	
1. (Ask patient to remove patient glasses if applicable.)	Unobtrusively inspects the skin and facial symmetry of face and neck
2. Patient in semi- upright position, inspect from behind head at bend of elbow	
3. Washes and dries hands. Don clean gloves	
4. Mentalis – palpates – bi-digital	
5. Border of mandible – walks along the mandible firmly	
6. Submental and submandibular lymph nodes – manual-pushes and rolls tissue with circular compression on both sides of mandible	
7. Temporalis muscle bi-manual-clench	
8. Masseter muscle bi-manual-clench	
9. TMJ, open close – bi-manual near tragus of ear	
10. Nasal region- bi-digital light pressure	
11. Auricular nodes-circular compression with finger tips pre-auricular and post-auricular	
12. SCM muscle-gently hold chin- tilts head down correctly bi-digital walks down muscle	
13. Cervical lymph nodes-bi-digital gentle compression on both sides of SCM medial and posterior. Covers entire length of muscle from ear to clavicle	
14. Thyroid cartilage and gland- bi- manual – gentle movement of trachea	
15. Larynx, hold and ask to swallow, watch movement superiorly. Bi-digital	
16. Occipital-bi-manual circular	
INTRAORAL	
17. Patient is in supine position. Patient dons safety glasses.	
18. Wash and dry hands and puts on clean gloves	
19. Adjusts light so oral cavity is illuminated	
20. Visually inspects UPPER AND LOWER lips, mucocutaneous border and vermillion border. Palpates the upper and lower lips	
21. Visually inspects buccal mucosa on both sides	
22. Inspects the alveolar ridges	
23. Palpates the parotid glands on both sides with finger intraorally and palm on outside of face	
24. Inspects hard and soft palate, palpates hard palate with fingers	
25. Visually inspects oropharynx, tonsils, depresses tongue with mirror	
26. Tongue: Inspects ventral surface of tongue	
27. Inspects lateral surface of tongue using a 2x2 to wrap tongue and pull to side	
28. Inspects dorsal surface using a mirror angled to see foliate papilla	
29. Bi-digital palpates tongue	
30. Examines sub mandibular and sublingual glands bi-digital, bi-manual	

Instructor: _____

Total Score: 30 points – Errors _____ = Total Score Received _____

Percentage: _____ Pass _____ /Fail _____ Passing Requirement: 80% (24/30) 2017-SLW



SACRAMENTO
CITY COLLEGE
EST. 1916

WORKING TOGETHER | PURSUING EXCELLENCE | INSPIRING ACHIEVEMENT

Student_____

Date_____

Client/Patient_____

Instructor_____

Clinical Requirement: 101

TYPODONT-MIRROR / POSITIONING

SKILL EVALUATION

CLINICAL SKILL EVALUATION: DHYG 101

AREAS EVALUATED:

1. Mandibular Right facial/lingual
2. Maxillary Right facial/lingual
3. Maxillary left facial/lingual
4. Mandibular left facial/lingual
5. Maxillary anterior facial/lingual
6. Mandibular anterior facial/lingual

CRITERIA:	AREA	1	2	3	4	5	6	COMMENTS
1. POSITION: Adjusts clinician chair correctly								
2. Positions patient chair correctly								
3. Adjusts patient chair- Ensures that patient head is even with top of headrest. Patient head is at clinician mid-tummy location.								
4. Assumes recommended clock position								
5. Adjusts patient head position								
6. Maintains neutral body position: neck, shoulders, back, arm, wrist								
7. Positions unit light/loupe light correctly on mouth to illuminate treatment area								
8. MOUTH MIRROR: Uses correct grasp								
9. Establishes secure rest with mirror								
10. Maintains patient comfort by not hitting teeth with mirror while retracting								
11. Retracts without pressing into alveolar bone or vestibule								
12. Q-TIP: Holds Q-TIP handle with pads, index and thumb in modified pen grasp								
13. Grasp is relaxed- no blanched fingers								
14. Ring finger is straight. Supports weight of hand								
15. Fulcrum is near tooth being instrumented BUT not on tooth								

(X area only if not done correctly)

Instructor: _____

Number of Errors (x): _____ **x .225 point each =** _____ **Total Score Received: 20 points – Errors** _____ **=** _____

Percentage: _____ Pass _____ /Fail _____ **Passing Requirement: 80% (16/20) 2017-SLW**



WORKING TOGETHER | PURSUING EXCELLENCE | INSPIRING ACHIEVEMENT

Clinical Requirement: 101

GINGIVAL DESCRIPTION SKILL EVALUATION

CLINICAL SKILL EVALUATION: DHYG 101

Student _____
Date _____
Client/Patient _____
Instructor _____

IDENTIFY: (1 POINT EACH- 5 POINTS TOTAL)

	Alveolar Mucosa
	Mucogingival Junction
	Attached Gingiva
	Marginal Gingiva
	Interdental Papilla

EXAMINATION OF THE GINGIVA: Identify normal areas and deviations of normal using the appropriate terminology

Assigned Area: _____

COLOR:
(5 POINTS)

CONTOUR:
(5 POINTS)

Margin-

Papilla-

CONSISTENCY:
(5 POINTS)

TEXTURE
(5 POINTS):

INSTRUCTOR
COMMENTS:

Instructor: _____

Total Score: 25 points – Errors _____ = Total Score Received _____

Percentage: _____ Pass _____ /Fail _____ Passing Requirement: 80% (20/25) 2018-SLW



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CITY COLLEGE

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WORKING TOGETHER | PURSUING EXCELLENCE | INSPIRING ACHIEVEMENT

Clinical Requirement: 101

TYPODONT -PROBING SKILL EVALUATION

CLINICAL SKILL EVALUATION: DHYG 101

Student _____

Date _____

Client/Patient _____

Instructor _____

AREAS EVALUATED:

1. Mand Right facial/lingual
2. Max Right facial/lingual
3. Maxillary left facial/lingual
4. Mand left facial/lingual
5. Maxillary anterior facial/lingual
6. Mand anterior facial/lingual

CRITERIA:		AREA F/L	1	2	3	4	5	6	COMMENTS
1. Clinician in correct clock position and in neutral position.	Correct patient head position for area being evaluated.								
Makes appropriate light adjustments for maxilla & mandible.									
2. Uses modified pen grasp. Fingers placed appropriately on handle.									
3. Correct finger rests (fulcrums) established for area being evaluated. #3 facial and #14 Lingual can be extraoral. Others should be intraoral									
4. Uses relaxed grasp, no death grip									
5. Orient probe working end parallel to the root surface being probed									
6. Keeps probe tip in contact with the root surface at all times- makes small walking (bobbing) strokes covering entire surface of the junctional epithelium (No sliding)									
7. Uses correct sequencing when applying small walking strokes (eg. Begins at D line angle-probes D surface-proceeds to continue to mesial surface) Probes toward fulcrum.									
8. Tilts probe and extend tip beneath contact area to assess interproximal area									
9. Maintains neutral wrist position & utilizes mirror as appropriate for retraction, indirect vision, etc.									
10. Obtains measurement readings that are within 1mm of the instructor's measurements									

(X area only if not done correctly)

Instructor: _____

Number of Errors (x): _____ **x .17 point each =** _____ **Total Score Received: 10 points – Errors =** _____

Percentage: _____ **Pass** _____ / **Fail** _____ **Passing Requirement: 80% (8/10)** **2018-SLW**



Clinical Requirement: 101

TYPODONT-EXPLORING SKILL EVALUATION

CLINICAL SKILL EVALUATION: DHYG 101

AREAS EVALUATED:

1. Mand Right facial/lingual
2. Max Right facial/lingual
3. Maxillary left facial/lingual
4. Mand left facial/lingual
5. Maxillary anterior facial/lingual
6. Mand anterior facial/lingual

CRITERIA:	AREA	1	2	3	4	5	6	COMMENTS
1. Clinician positioned correctly with correct patient head position. Makes appropriate light adjustments.								
2. Uses correct working end								
3. Uses all criteria for finger rests (fulcrums) #3 facial and #14 Lingual can be extraoral. Others should be intraoral								
4. Uses modified pen grasp. Fingers should be on the handle not on the functional shank during extraoral fulcrums.								
5. Uses relaxed grasp, no death grip								
6. Handle and shank parallel to the root surface								
7. Maintains correct adaption of tip. Toe down facial and lingual AS APPROPRIATE especially at distal insertion								
8. Rolls handle when needed for adaption and reaches fully into interproximal contact area (COL).								
9. Uses light overlapping strokes of appropriate length, no sliding or scooping								
10. Uses wrist/arm activation to produce controlled strokes. No fingers or bobbing								
11. Uses correct chair and work sequence of surfaces toward/ away	****	****	****	****				
12. Flips instrument for surfaces toward/away	****	****	****	****				

(X area only if not done correctly)

Instructor: _____

Number of Errors (x): _____ **x .5 point each =** _____ **Total Score Received: 32 points – Errors =** _____

Percentage: _____ **Pass** _____ / **Fail** _____

Total Score Received: 32 points – Errors = _____

Passing Requirement: 80% (26/32)

2018-SLW



WORKING TOGETHER | PURSUING EXCELLENCE | INSPIRING ACHIEVEMENT

Student _____

Date _____

Client/Patient _____

Instructor _____

Clinical Requirement: 101

**CORONAL POLISH SKILL EVALUATION INCLUDING O'LEARY
PLAQUE INDEX
SKILL EVALUATION:101**

GENERAL PROCEDURE	COMMENTS
1. Pre-procedural rinse prior to polishing	
2. Clinician/patient positioned correctly	
3. Maintains INFECTION CONTROL standards	
4. Completes procedure in acceptable length of time (40 minutes)	Start time: Finish time:
5. Performs and Records O'Leary Plaque Index Calculate Accurately GRASP, FULCRUM	Calculation sheet attached: _____
6. Rests hand piece in the V shaped area and established a secure fulcrum. Cup securely attached to angle.	
7. Rotates hand piece with index finger and thumb pad. Pivots to aid adaptation.	
STROKE AND PROCEDURES	(Instructor to observe 3 areas)
8. Uses correct abrasive agent (fine)	
9. Adapts cup to tooth. Flares cup rim slightly into sulcus and interproximal surfaces using light to moderate pressure and appropriate angulation	
10. Uses a short overlapping wiping motion (tapping) to draw cup across tooth	
Moves from cervical 1/3 to incisal edge/occlusal crown	
Maintains constant speed/intermittent pressure Produces no tissue trauma.	
11. Uses evacuation effectively, especially on mandibular teeth	
12. Polishes occlusal surfaces with brush , adapting to each cusp	
13. Polishes several teeth and then rinses	
14. Re-fills cup frequently and wipes off excessive saliva	
15. Removes all plaque, soft debris and extrinsic stain from crowns of teeth	
16. Uses mirror for vision and retraction when needed	
17. Uses systemic sequence	
18. Has illumination on mouth	
19. Flosses effectively & efficiently prior to fluoride application	
20. Evaluates product with disclosing solution	
21. Dries teeth prior to fluoride	
22. General consideration shown for patient/client comfort & overall tolerance level	

Instructor: _____

Total Score: 22 points – Errors _____ = Total Score Received _____
Percentage: _____ Pass _____ /Fail _____ **Passing Requirement: 80% (18/22)** **2018-SLW**



Student _____

Date _____

Client/Patient _____

Instructor _____

Clinical Requirement: 101

TYPODONT-SICKLE SCALER SKILL EVALUATION

CLINICAL SKILL EVALUATION: DHYG 101

AREAS EVALUATED:

1. Mandibular right lingual	204S
2. Maxillary right facial	Nevi 4
3. Maxillary left lingual	Nevi 2
4. Maxillary IP facial	Montana Jack
5. Mandibular left facial	204S
6. Mandibular anterior facial	H6/H7
7. Mandibular anterior lingual	H6/H7

CRITERIA:

AREA	1	2	3	4	5	6	7
1. Clinician positioned correctly with correct patient head position							
2. Fulcrums stable for tooth being instrumented extra oral ok on max right facial and max left lingual							
3. Uses correct end and maintains correct face to tooth surface angulation							
4. Demonstrates correct insertion of the tip 1/3 of the blade at the line angle adaptation, rolls handle when needed for adaptation, IP handle is vertical. Inserts IP correctly and goes under the contact. No use on facial or lingual near gingival margin.							
5. Uses a vertical overlapping stroke on the interproximal only adapting the tip 1/3 of the blade.							
6. Uses a controlled stroke (no slipping off of tooth) and stays in sulcus. No sliding or long strokes.							
7. Handle position is toward midline and toward opposite arch.							
8. Uses correct chair and work sequence of surfaces toward / away							

(X area only if not done correctly)

COMMENTS:

Instructor: _____

Number of Errors: _____ x .5 = _____ Total Score Received: 28 points – Errors _____ =

Percentage: _____ Pass _____ /Fail _____ **Passing Requirement: 80% (23/28)** **2018-SLW**

Student _____

Date _____

Client/Patient _____

Instructor _____

CLINICAL REQUIREMENT: DHYG 101
TYPODONT-UNIVERSAL CURET SKILL EVALUATION
SKILL EVALUATION: DHYG 101

Areas Evaluated

1. Mandibular right facial/ lingual
2. Maxillary left facial/lingual
3. Maxillary anterior facial/lingual
4. Mandibular anterior facial/lingual
(Surfaces toward and away)

		Criteria Areas				Instructor Comments
		1	2	3	4	
1	Clinician positioned correctly and patient's head positioned correctly.	.5	.5	.5	.5	
2	Fulcrum stable for tooth being instrumented. (extra oral ok on maxillary left lingual)	.5	.5	.5	.5	
3	Uses lower shank as a visual clue to determine correct end of instrument. Anterior teeth: lower shank is across the tooth surface. Posterior teeth: Lower shank is parallel to the distal surface.	.5	.5	.5	.5	
4	Maintains correct adaptation: Insert toe down, 0° angulation-face hugs tooth surface. Establish handle position. Tilt the instrument, engage and lock toe-third. Rolls handle when needed for adaptation, Inserts IP correctly	.5	.5	.5	.5	
5	Maintains correct face to tooth angulation (70-80°) during instrumentation stroke.	.5	.5	.5	.5	
6	Uses vertical strokes on anterior teeth & M/D of posterior teeth. Thoroughly instruments proximal surface under each contact. Uses oblique strokes on F/L posterior teeth. Uses horizontal strokes at line angles of posterior teeth and midlines of facial or lingual surfaces of anterior teeth	.5	.5	.5	.5	
7	Uses a controlled stroke and stays in sulcus. Correct rotating motion, adaptation, pivot and roll of handle as needed	.5	.5	.5	.5	
8	Applies appropriate lateral pressure throughout stroke while maintaining control of working end. No sliding or long strokes.	.5	.5	.5	.5	
9	Stops to reposition fulcrum, grasp or stroke as needed to keep hand steady and controlled	.5	.5	.5	.5	
10	IP handle is vertical at finish when appropriate.	.5	.5	.5	.5	
	Total Points Possible- 20 points	5	5	5	5	

- 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% (need minimum 16/20) _____

Instructor: _____

2018-SLW



Student_____

Date_____

Client/Patient_____

Instructor_____

Clinical Requirement: 101

TYPODONT-GRACEY CURET SKILL EVALUATION

CLINICAL SKILL EVALUATION: DHYG 101

AREAS EVALUATED:

1. Mandibular right	lingual	M/D
2. Maxillary right	facial	M/D
3. Maxillary left	lingual	M/D
4. Maxillary anterior	lingual	M/D
5. Mandibular left	facial	M/D
6. Mandibular anterior	Direct facial-	M/D and toe down
7. Mandibular anterior	Direct lingual-	M/D and toe down

CRITERIA:

AREA	1	2	3	4	5	6	7
1. Clinician positioned correctly with correct patient head position. Correct lighting adjustments made.							
2. Stable fulcrums utilized							
3. Uses correct end and maintains correct face to tooth surface angulation							
4. Maintains correct adaptation, rolls handle when needed for adaptation, IP handle is vertical. Inserts IP correctly						-----	-----
5. Uses appropriate vertical strokes IP						—	—
Uses appropriate horizontal strokes at distal line angle							
Uses a vertical oblique stroke on the facial and lingual surfaces							
6. Uses a controlled stroke and stays in sulcus.							
7. Applies appropriate stroke pressure, no sliding or long strokes							
8. Handle position is toward midline and toward opposite arch						—	—
9. Demonstrates toe down on anteriors with horizontal handle position	—	—	—	—	—		

(X area only if not done correctly)

COMMENTS:

Instructor: _____

Number of Errors: _____ x .5 = _____ Total Score Received: 26 points – Errors _____ = _____

Percentage: _____ Pass _____ /Fail _____

Passing Requirement: 80% (21/26)

2018-SLW



Clinical Requirement: 101,111,121,131,141
HAND HYGIENE

Clinical Skill Evaluation: DHYG 101

Student: _____

Date: _____

Instructor: _____

Evaluation Criteria: Student shall be able to demonstrate proper hand hygiene techniques to prevent disease transmission.

Student:		Instructor Evaluation
Hand Washing Technique		
1	All armamentarium is available and ready for use (soap, paper towels, clean gloves)	
2	Wet hands	
3	Dispense proper amount of antimicrobial soap	
4	Scrub hands: Vigorously lather soap in between hands making sure to scrub between fingers, backs of hands and underneath fingernails for a minimum of 15 seconds (sing Happy Birthday)	
5	Rinse: Properly rinse hands with cool water to remove all soap	
6	Dry Hands: Completely dry hands with paper towels	
7	Turn off faucet: If necessary, utilize paper towel to turn faucet off	
Alcohol Rub Technique		
1	All armamentarium is collected and ready for use (alcohol rub, clean gloves)	
2	Dispense enough product to keep hands moist for 30 seconds onto palm of one hand and rub both hands together, covering all surfaces of hands and fingers	
3	Continue to rub hands together until the hands are dry approx. 30 seconds to 1 minute.	
4	Allow hands to thoroughly dry before putting on gloves	

Each line item is worth Hand Washing: 1 point Passing Requirement: 80% (5.6/7)

Alcohol Rub: 1 point Passing Requirement: 80% (3.2/4)

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

Pass_____/Fail_____ Instructor: _____

SW 11/18



Student _____

Date _____

Instructor _____

Clinical Requirement: DHYG 101, 111, 121, 131, 141
Instrument Processing
Clinical Skill Evaluation: DHYG 101

Evaluation Criteria: Student shall be able to demonstrate safe instrument processing and sterilization techniques as well as appropriate care of sterilization equipment and supplies.

STUDENT:		INSTRUCTOR EVALUATION
	Opening	
1	PPE: Appropriate PPE for all tasks	
2	Medical Emergency and Sterilization Area: Check in with DDS	
3	Ultrasonic solution: Filling, degassing, loading, running	
4	Instruments: <ul style="list-style-type: none">• Ultrasonic bath procedure and run time• Removal rinsing and draining• Drying• Packaging (indicator(s), labeling)	
5	Sterilizers: <ul style="list-style-type: none">• Checks seals and water levels• Select appropriate sterilizer and setting for each load	
6	Instrument Processing: <ul style="list-style-type: none">• Loading• Asepsis on the outside of sterilizers (loading and emptying)• Sterilizer venting and drying cycle• Package inspection• Packages processing (letter, stamp, storage)	
	Closing	
7	Sterilizers: <ul style="list-style-type: none">• Weekly drain and refill, check monthly flush	
8	Ultrasonic Bath: <ul style="list-style-type: none">• Draining and cleaning	
9	Clinic: <ul style="list-style-type: none">• Cleans hoses of each clinic unit, weekly• Restock units	
10	Area Disinfection and Shut Down: <ul style="list-style-type: none">• Floors and unit shut down	
	<ul style="list-style-type: none">• Automatic fail: Occurs due to several errors in concept or procedure• Critical Error: Patient or Student's Health was placed at risk = Automatic Fail*	

Pass ____ /Fail ____ Passing Requirement 80% (8/10) Instructor:_____



Student _____
Date _____
Instructor _____

Clinical Requirement: 101,111,121,131,141
PERSONAL PROTECTIVE EQUIPMENT
Clinical Skill Evaluation: DHYG 101

STUDENT:	INSTRUCTOR EVALUATION
Personal Protective Equipment	
1 Hand hygiene (follow hand hygiene protocol when entering clinic)	
2 All armamentarium is collected & ready (cap, gown, mask, glasses, gloves)	
3 Cap and gown are put on correctly	
4 Mask is put on correctly, covering all mucous membranes, no gaps	
5 Eyewear is put on face correctly and without cross contaminating	
6 Hand hygiene (follow hand hygiene protocol before donning gloves)	
7 Gloves put on correctly	
8 Gloves are removed correctly and without contaminating hands (Inside out, pinch 1 st glove and place inside of 2 nd glove)	
9 Hand hygiene (follow hand hygiene protocol after removing gloves)	
10 Eyewear is removed correctly to avoid cross contamination	
11 Gown is removed correctly (inside out)	
12 Mask is removed using pinky of one hand/hat removed	
13 All contaminated PPE is disposed of properly	
14 Hand hygiene (follow hand hygiene protocol before leaving clinic)	

Each line item is worth 1 point Passing Requirement: 80% (12/14)

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

Pass ____ /Fail ____ Instructor: _____



**CLINICAL REQUIREMENT
LEXI-COMP DRUG RESEARCH
LAB SKILL EVALUATION: DHYG 111
CE = critical error**

Student _____
Date _____
Client/Patient _____
Instructor _____

Competency Criteria:

Demonstrate proficiency researching prescription drugs, over-the-counter drugs, herbal remedies, etc., their interactions with topical and local anesthetics and their implications to dental treatment utilizing the Lexi-Comp

Criteria	Student can perform step independently	Student needs assistance	Student has no concept	FACULTY COMMENTS
1. Lexi-Comp website located. Login and password in student's resources	2	1	0	Student has info in written form available chairside
2. Once established at HOME screen- demonstrate where to go next in order to prepare for your patient	2	1	0	
3. Demonstrate where and how to enter medications to be researched	2	1	0	
4. Demonstrate how you would determine interactions with anesthetics used at SCC	2	1	0	
5. Explain and demonstrate next steps utilizing the 'alerts' and 'analyze' buttons on website	2	1	0	
6. Explain and demonstrate next steps <u>utilizing the information gained</u> through the 'alerts' and 'analyze' buttons	2	1	0	Present findings to instructor
7. What is the next step should you discover a contraindication through the analysis?	2	1	0	Explain anything outstanding Any necessary modifications to tx plan?
8. Explain and demonstrate here do you go to find printable Patient Education Materials	2	1	0	
9. Explain which patient education materials might be of value to many patients	2	1	0	
10. Where is the information gained from Lexi-Comp placed for storage?	2	1	0	Staple all pgs Patient name on upper right & student name on lower right of first pg

- 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% (minimum 16/20)

Instructor: _____

Comments:



Student _____

Date _____

Client/Patient _____

Instructor _____

CLINICAL REQUIREMENT: DHYG 121, 131, 141

ULTRASONICS

CLINICAL SKILL EVALUATION: DHYG 111

CE = critical error

Competency Criteria:

Area 1 Slimline LL/ F

Area 4 Slimline MAND ANT/ L

Area 2 Slimline UL/L

Area 5 Universal/Triple Bend UR/ L

Area 3 Slimline MAX ANT/ F

Area 6 Universal/Triple Bend LR/F

****DEMO 'BOOST' MECHANISM DURING Triple Bend****

Criteria	1	2	3	4	5	6
1. Applies barriers and flushes lines for 2 minutes		—	—	—	—	—
2. Uses pre-procedural rinse		—	—	—	—	—
3. Fills sleeve with water with each tip and seats insert correctly				—		—
4. Adjusts water and power frequency appropriately for instrument tip-Demo proper 'halo' water spray						
5. Uses evacuation effectively, positions patient's head and High Volume Suction to collect water						
6. Correctly adjusts working end to the tooth surface. R/L Slimline-back to tooth Universal- like a scaler/uses lateral surfaces						
7. Adapts slimline under contacts					—	—
8. Anteriors- adapts tip for facial and lingual	—		—		—	—
9. Keep tip in motion using light overlapping multidirectional strokes						
10. Uses swivel on handle when needed						
11. Universal tip/Triple Bend- demonstrates vertical & horizontal stroke technique	—	—	—		DEMO BOOST	DEMO BOOST

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

Pass ____ /Fail ____ Score: ____

Passing Requirement 80% (35/44)

Update 11/18

Instructor: _____

Comments:



WORKING TOGETHER | PURSUING EXCELLENCE | INSPIRING ACHIEVEMENT

Student _____
Date _____
Client/Patient _____
Instructor _____

CLINICAL REQUIREMENT: DHYG 101, 111

HEALTH HISTORY

CLINICAL SKILL EVALUATION: DHYG 121,131,141

Competency Criteria: New patient with 4 significant "yes" areas – systemic conditions, medications; Return patients must have significant changes in health history and required instructor approval

CE = critical error

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

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: _____

Pre-clinical Experience: _____

Student _____

Clinical Experience: _____

Date _____



CLINICAL REQUIREMENT: 101,111, 139, 131,141

ARESTIN PLACEMENT SKILL EVALUATION

CLINICAL SKILL EVALUATION: 132

ARESTIN PLACEMENT		INSTRUCTOR EVALUATION
1	Discusses proper armamentarium (mirror, explorer, probe, scalers, dispenser, cartridges(s)of product)	
2	Appropriate criteria: Selects appropriate candidate for procedure 5-8 mm pocket(s), recognizes contraindications (IE: sensitivity /allergy to Minocycline/Tetracycline, nursing, child, perio abscess, Hx. of candidias, immunocompromised)	
3	Notes that Arrestin placement is in patient's treatment plan	
4	Clearly explains need and procedure to patient	
5	Probes periodontal pocket to verify depth and placement of Minocycline sphere. Scales pocket with scaler/curet to determine if pocket is free of detectable biofilm or calculus.	
6	Inserts cartridge into handle and listens for "snap" to secure cartridge in place	
7	Gently inserts cartridge tip to base of pocket. Presses thumb ring completely to express powder while gradually withdrawing cartridge from pocket	
8	Reloads and repeats procedure for all sites to be treated	
9	Verbally goes over post-operative instructions with patient Includes: 12 hr. no brushing, 10 days no interprox. cleaning, 1 wk. nothing hard or chewy, maintain oral hygiene, return 4 weeks to check, maintain 3-4 mo. Recare.	
10	Notes documentation of Arrestin placement in patient's record/chart including tooth # and site	

Each line item is worth 1 point/ 10 points

Automatic Fail: Occurs due to several errors in concept or procedure Passing Requirement: 80%
Critical Error: Patient or Student's Health was placed at risk = Automatic Fail

Pass_____ /Fail_____ Pts: _____ Instructor_____

Objective: Critically think what method & type of x-rays are best suited for your patient. Only take one exposure for each x-ray. Use patient's record in Eaglesoft for Digital sets. For Conventional sets use double pack barriered film. When complete have faculty evaluate for re-takes. Tape films to grade sheet, tape re-takes to the back. Print a copy of the digital set before and after re-takes.

Points Value: 5 points

RT Molar BW
_____ & ltr _____
_____ & ltr _____
_____ & ltr _____
Meets Standard

RT Premolar BW
_____ & ltr _____
_____ & ltr _____
_____ & ltr _____
Meets Standard

LT Premolar BW
_____ & ltr _____
_____ & ltr _____
_____ & ltr _____
Meets Standard

LT Molar BW
_____ & ltr _____
_____ & ltr _____
_____ & ltr _____
Meets Standard

Errors	Causes With Points Deductions			Error Causes Without Point Deduction
--------	-------------------------------	--	--	--------------------------------------

1. Elongation	10. Too dark or light	A. PID not cntrd to film	K. F/S in mouth backwards	U. Malaligned teeth
2. Foreshortening	11. Lead foil pattern	B. Too little vertical angltin	L. Bent film	V. Missing teeth
3. F/S plcmnt error	12. Dark crease	c. Too much vertical angltin	M. Bite tab too low	W. Narrow arch
4. Overlapping	13. Double exposure	D. F/S plcd too distally	N. Bite tab too high	X. Tori
5. Crown cut	14. Open Occlusion	E. F/S plcd mesially	O. Teeth not on bitelock	Y. Gag reflex
6. Apical cut	15. Occlusion at Slant	F. F/S plcd at a slant	P. F/S too deep in mouth	Z. Tight lingual frenum
7. Cone cut	16. Artifact	G. Beam too mesial – horztlly	Q. F/S not deep enough in mouth	AA. Unusually long roots
8. Blurred film	17. Mounting error	H. Beam too distal – horztlly	R. Artifact in picture	AB. Dexter issues
9. Processing Error		I. F/S plcd wrong in holder	S. Exposure setting incorrect	Processor issues are not student's fault
		J. Pt/tube/F/S moved	T. Image ↑↓, bkwd, wrong pl	

1. Each x-ray is worth 5 points if it meets the standard.
2. One point is deducted for each error.
3. Up to 2 re-takes allowed, if more needed student will receive a failing

grade and must re-take on another patient.

4. BWX must receive a score of 80% or better.

$$20 - \underline{\quad} = \underline{\quad} / 20 = \underline{\quad} \%$$

$$\underline{\quad} \% \times 5 = \underline{\quad} \text{ pts awarded}$$

Dexter Attempt = 80% = 4 points

Date: _____

Method: _____ Type: _____

Student: _____

Patient Name: _____

Grading Criteria

3 = Student met all of the criteria without assistance

2 = Student met most of the criteria without assistance

(occasionally needed help but then recognized mistake and could achieve stated criteria)

1 = Student required consistent assistance (unable to complete task without assistance)

STEP	PASSING		NOT PASSING	
	3	2	1	0
G Gather appropriate armamentarium & seat patient				
E Explain the procedure to the patient	Thorough explanation of the procedure	Sufficient explanation of the procedure	Minimal explanation provided	No explanation provided
C Complete paperwork and review health history	All paperwork prepared – all signatures present	Most paperwork prepared – signatures present	Paperwork present but not complete or missing signatures	No paperwork prepared
Prepare for etchant placement :Brush teeth – Rinse and aspirate as Dry teeth - check bite - Isolate oral cavity	All preparatory steps completed	Most preparatory steps completed	Needed significant instruction	Forgot all steps/unable to complete steps
Etchant application	Perfect etchant application on all teeth	Sufficient etchant application on most teeth	Needed significant instruction	Unable to successfully place etchant
Time etchant – rinse – aspirate – dry				
S Sealant placement	Perfect sealant placement on all teeth	Sufficient sealant placement on most teeth / minimal repairs needed	Needed significant instruction / repairs	Unable to successfully place sealants
Li Light cure material - C Check sealant application				
B Bite check, occlusal adjustment & floss	No occlusal adjustment required – no sealant interproximally	Minimal occlusal adjustment required – no sealant interproximally	Significant occlusal adjustment required – some sealant present interproximally	All sealants needed adjustment and/or unable to adjust as needed – significant sealant interproximally
F Fulcrum	Always used appropriate fulcrum	Usually used appropriate fulcrum	Needed constant reminder about fulcrum	Did not use fulcrum
M Moisture control	Always able to maintain moisture control	Sufficient moisture control / minimal assistance needed	Had great difficulty with moisture control	Unable to control moisture
P Patient management	Maintained patient comfort at all times - always cognizant of pt needs	Sufficient patient management	Needed consistent direction / guidance to maintain pt comfort	Unable to manage patient
In Infection control	Always maintained proper infection control	Sufficient infection control – corrected breaches w/o instruction	Frequent breaches in infection control – needed constant reminders	Did not maintain proper infection control

Student name: _____

Clinic Competency Tooth #: _____

30 points = possible

24 points minimum competency

SCORE: _____

Patient name: _____

Date: _____

____ Preclinical Experience (2) DHYG 145

____ Clinical Competency (3) DHYG 141

NITROUS OXIDE/OXYGEN ADMINISTRATION



Criteria: Each clinical competency experience shall include the performance of a dental hygiene procedure with administering at least (20) minutes of nitrous oxide-oxygen analgesia.

STUDENT _____ PATIENT _____ DATE _____

Evaluation Components:	P	F	Faculty Assessment	Self/ Peer Assessment
Assessment: Assess medical history and patient for administration of gas Diagnose: DDS Plan: See sequenced and daily plan				
Implement: Use this process evolution form	S	U		
The patient has been properly informed of the procedure (1)				
The machine has been properly prepared (1) <ul style="list-style-type: none">• The gas cylinders have been turned on• A clean mask has been installed• Cylinder pressures have been checked• Barriers have been installed• The hoses and bag has been checked for leaks				
Begin administration of the gases (2) <ul style="list-style-type: none">• The machine has been properly turned on.• The initial amount of oxygen has been adjusted properly• The mask has been properly placed on to the patient• The correct order was followed when placing the mask onto the patient• The total volume has been properly obtained.				
Titration of nitrous oxide (2) <ul style="list-style-type: none">• The correct amount of gases are given at each interval (60-90 sec)• The gases are given in proper order• Adequate time is used between concentration adjustments• The patient has properly arrived at their baseline level• Necessary adjustments have been made as needed (Volume, %, etc)• Proper procedures were applied if the patient received too much nitrous oxide				
At the Baseline (2) <ul style="list-style-type: none">• Evaluation of the patient's status has been continuous throughout the appointment• Concentration of nitrous oxide was reduced after the appropriate length of time• Necessary adjustments have been made as needed (Volume, %, Etc)				
Recovery (1) <ul style="list-style-type: none">• Correct total volume has been maintained with 100% oxygen• Appropriate amount of time was used for the recovery of the patient• Oxygen volume was lowered and the machine was turned off properly• The mask was removed before the oxygen was reduced/turned off• After the recovery oxygen, the patient remained in a semi-sitting position for an appropriate length of time				
Records (1) <ul style="list-style-type: none">• All required information was properly recorded on the patient's chart.				
Evaluate: Evaluate patient post procedure for recovery	P	F		

____ Clinically Acceptable ____ Clinically Unacceptable Points: ____ /10 (8 minimum required to pass)

Total Volume ____ liters Oxygen ____ Nitrous Oxide ____

Amount of time of Nitrous Oxide ____ Recovery Time ____

Instructor: _____



Student _____

Date _____

Client/Patient _____

Instructor _____

**CLINICAL REQUIREMENT
INSTRUMENT SHARPENING**
LAB COMPETENCY: DHYG 111

Competency Criteria: Sharpen a
5/6 Barnhart, 204S Sickle Scaler,
Standard 13/14 and 15/16 Gracey.

CE = critical error

CRITERIA	Possible Points	5/6 Barnhart	204S Sickle Scaler	13/14 Standard Gracey	15/16 Standard Gracey
Lubricates stone Stone was kept wet	.2				
Handle stable while holding instrument and stone Can try different methods if wobbly	.8				
Instrument/Stone Angle placement correct Wrong end/blade -.5	1				
Strokes: Start at heel, activates light strokes, sharpens the middle and the toe/tip 1/3 without stopping, For curet/graceys sharpens toe in step two. No toe/tip -.2 Demonstrates sharpening the back -.1 Only demonstrates middle or back -.2	1				
Ends with a down stroke	.2				
Keeps strokes to 1-2 inches on stone Deduct for too long or too short of a stroke	.6				
Blade placement to floor correct.	.6				
Checks sharpness correctly on saliva ejector	.4				
Uses magnification loupes Looking at face of blade	.2				
Points Total 20					

- 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% on each instrument (16 out of 20 needed)

Instructor: _____ Comments: _____



WORKING TOGETHER | PURSUING EXCELLENCE | INSPIRING ACHIEVEMENT

CLINICAL REQUIREMENT: DHYG 131,141

CARIES RISK ASSESSMENT/CAMBRA

CLINICAL SKILL EVALUATION: DHYG 104

Student _____
Date _____
Client/Patient _____
Instructor _____

Competency Criteria: Select a patient
that has a minimum of one disease
indicators or two risk factors.

Attach Caries Risk Assessment Form to this skill evaluation sheet

CE = critical error

THE STUDENT:		INSTRUCTOR EVALUATION
1	Selects appropriate client/patient	
2	Assesses disease indicators appropriately	
3	Assesses Risk factors appropriately	
4	Informs patient/client and instructor	
5	Totals disease indicators and risk factors accurately	
6	Analyzes risk assessment accurately	
7	Makes appropriate recommendations based on risk assessment findings	
8	Informs client/patient of recommendations	
9	Demonstrates professional conduct	
10	Makes complete and accurate entry in chart	

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 121, 131, 141
ROOT PLANING/DEBRIDEMENT
CLINICAL SKILL EVALUATION: DHYG 111

Competency Criteria: Root planning required; Moderate calculus or higher; Instructor approval required; Instructor check required prior to hand scaling.

CE = critical error

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

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

- Automatic fail: Occurs due to several errors in concept or procedure; Includes a combined 3 or more areas of residual calculus and/or tissue trauma
- 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)

Date _____

Clinical Skill Evaluation: DHYG 121

Student _____

Client/Patient _____

Instructor _____

THE STUDENT:		INSTRUCTOR EVALUATION COMMENTS:	S 5 pts	US 2.5 pts	CE 0 pts
OPERATOR AND OPERATORY					
1	Operator: Personal appearance				
2	Operatory: Disease control procedures, Set-up and break-down				
3	Time Utilization: Check-in time Check-out time		1 hr On time	1 :15 hr 5-14min late	1:30 hr 15+ min late
ASSESSMENT					
4	Accurately obtains and records medical and dental history MHx: format, alerts, signatures, additional information DHx: significant features, recent care, vitals				
5	Clinical Exam: EO/IO, gingival, occlusion; charting teeth, restorations, and sealants <i>Completion of new clinical exam assessments is required</i>				
6	Probing: Child = 4 first molars; Adolescent = As appropriate	# probe errors			
7	Calculus Detection: Child = 4 = first molars and 4 anterior teeth; Adolescent = As appropriate				
DIAGNOSE					
8	ASA and Perio Classification / Human Needs Deficit				
PLAN					
9	Incorporate assessment information into written treatment plan; grid completely and accurately filled in				
10	Indicate procedures and priority of their sequence; Identify and implement plan for sealants/fluoride				
11	Discusses treatment plan with patient and obtains signature				
IMPLEMENTATION					
12	Debridement - calculus removal	# remaining			
13	Instrument sharpness				
14	Polish - plaque removal	# remaining			
15	Perform fluoride application as determined in treatment plan				
(Preventive Education)					
16	Caries/Periodontal etiology and prevention				
17	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				
18	Discuss recare plan; Referral to general DDS/Specialist, if appropriate				
(Documentation)					
19	Makes complete, accurate and dated entries in chart				
EVALUATE					
20	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

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

PROBE

Circle Quadrant (s): UR UL LL LR FM

Readings	Tooth Numbers	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
2 nd Instructor	Buccal																
1 st Instructor	Buccal																
Student	Buccal																
Student	Lingual																
1 st Instructor	Lingual																
2 nd Instructor	Lingual																
2 nd Instructor	Lingual																
1 st Instructor	Lingual																
Student	Lingual																
Student	Buccal																
1 st Instructor	Buccal																
2 nd Instructor	Buccal																
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Probe errors more than 2 mm: 2 points each

1st Instructor: _____

2nd Instructor: _____

RESIDUAL CALCULUS

Student: Pre-Treatment Detection

B



L



B

Instructor: Post-Treatment Removal Residual calculus and plaque = 5 pts each area

B



L



B



Clinical Requirement: DHYG 101, 121, 141

ADULT (18-54 years old)

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

Student _____

Date _____

Client/Patient _____

Instructor _____

THE STUDENT:		INSTRUCTOR EVALUATION COMMENTS:	S 5 pts	US 2.5 pts	CE 0 pts
OPERATOR AND OPERATORY					
1	Operator: Personal appearance; Operatory: Disease control procedures, Set-up and break-down				
ASSESSMENT					
2	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.				
3	Assesses for adequate nutrition/food habits. Conduct Caries Risk Assessment/CAMBRA				
4	Probing	# probe errors			
DIAGNOSE					
5	ASA and Perio Classification / Human Needs Deficit				
PLAN					
6	Incorporates assessment information into written treatment plan				
7	Incorporates considerations for physical abilities or limitation: Systemic conditions or diseases				
8	Incorporates consideration for communication limitations/needs				
9	Prepares client/patient oral health education				
10	Indicates procedures and priority of their sequence				
11	Discusses treatment plan with instructor and client/patient				
IMPLEMENTATION					
12	Debride calculus, plaque and polish/perform fluoride application as determined in treatment plan	# remaining			
13	Provide oral health aids as needed based on caries/perio assessment and risk				
14	Referral: General DDS/Specialist				
(Preventive Education)					
15	Caries/Periodontal etiology and prevention				
16	Nutritional counseling: Diet modifications as needed based on Caries Risk Assessment/CAMBRA				
17	Information on/cessation for smokeless tobacco/smoking/oral cancer				
18	Discuss recare plan				
(Documentation)					
19	Makes complete, accurate and dated entries in chart				
EVALUATE					
20	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

PROBE

Circle Quadrant (s): UR UL LL LR FM

Readings	Tooth Numbers	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
2 nd Instructor	Buccal																
1 st Instructor	Buccal																
Student	Buccal																
Student	Lingual																
1 st Instructor	Lingual																
2 nd Instructor	Lingual																
2 nd Instructor	Lingual																
1 st Instructor	Lingual																
Student	Lingual																
Student	Buccal																
1 st Instructor	Buccal																
2 nd Instructor	Buccal																
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Probe errors more than 2 mm: 2 points each

1st Instructor: _____

2nd Instructor: _____

RESIDUAL CALCULUS

Student: Pre-Treatment Detection

B



L



B

Instructor: Post-Treatment Removal

Residual calculus and plaque = 5 pts each area

B



L



B



Clinical Requirement: DHYG 101, 111, 131, 141

CHILD (5-11 years old)

Clinical Skill Evaluation: DHYG 121

Student _____

Date _____

Client/Patient _____

Instructor _____

THE STUDENT:		INSTRUCTOR EVALUATION COMMENTS:	S 5 pts	US 2.5 pts	CE 0 pts
OPERATOR AND OPERATORY					
1	Operator: Personal appearance				
2	Operatory: Disease control procedures, Set-up and break-down				
3	Time Utilization: Check-in time Check-out time		1 hr On time	1 :15 hr 5-14min late	1:30 hr 15+ min late
ASSESSMENT					
4	Accurately obtains and records medical and dental history MHx: format, alerts, signatures, additional information DHx: significant features, recent care, vitals				
5	Clinical Exam: EO/IO, gingival, occlusion; charting teeth, restorations, and sealants <i>Completion of new clinical exam assessments is required</i>				
6	Probing: Child = 4 first molars	# probe errors			
7	Calculus Detection: Child = 4 = first molars and 4 anterior teeth				
DIAGNOSE					
8	ASA and Perio Classification / Human Needs Deficit				
PLAN					
9	Incorporate assessment information into written treatment plan; grid completely and accurately filled in				
10	Indicate procedures and priority of their sequence; Identify and implement plan for sealants/fluoride				
11	Discusses treatment plan with patient and obtains signature				
IMPLEMENTATION					
12	Debridement - calculus removal	# remaining			
13	Instrument sharpness				
14	Polish - plaque removal	# remaining			
15	Perform fluoride application as determined in treatment plan				
(Preventive Education)					
16	Caries/Periodontal etiology and prevention				
17	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				
18	Discuss recare plan; Referral to general DDS/Specialist, if appropriate				
(Documentation)					
19	Makes complete, accurate and dated entries in chart				
EVALUATE					
20	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

PROBE

Circle Quadrant (s): UR UL LL LR FM

Readings	Tooth Numbers	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
2 nd Instructor	Buccal																
1 st Instructor	Buccal																
Student	Buccal																
Student	Lingual																
1 st Instructor	Lingual																
2 nd Instructor	Lingual																
2 nd Instructor	Lingual																
1 st Instructor	Lingual																
Student	Lingual																
Student	Buccal																
1 st Instructor	Buccal																
2 nd Instructor	Buccal																
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Probe errors more than 2 mm: 2 points each

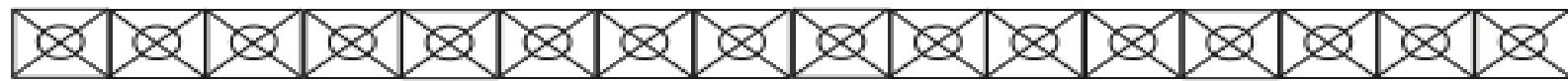
1st Instructor: _____

2nd Instructor: _____

RESIDUAL CALCULUS

Student: Pre-Treatment Detection

B



L

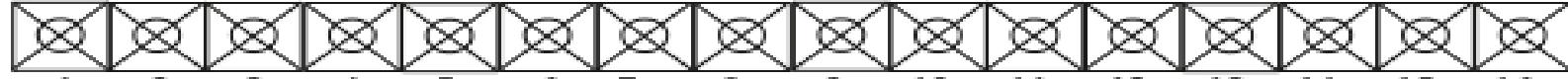


B

Instructor: Post-Treatment Removal

Residual calculus and plaque = 5 pts each area

B



L



B

Theoretical Requirement: DHYG 111,134,139

Clinical Requirement: DHYG 101, 111, 121, 131, 132

SPECIAL NEEDS (Any Age)

CLINICAL skill evaluation: DHYG 141

CLINICAL case presentations: DHYG 111, 132, 135, 145



**SACRAMENTO
CITY COLLEGE**
EST. 1916

Student: _____

Date: _____

Client/Patient: _____

Instructor: _____

THE STUDENT: (See syllabus for categories of special needs)		INSTRUCTOR EVALUATION COMMENTS:	S 5 pts	US 2.5 pts	CE 0 pts
OPERATOR AND OPERATORY					
1	Operator: Personal appearance; Operatory: Disease control procedures, Set-up and break-down				
ASSESSMENT: Adjust as necessary for special need					
2	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.				
3	Assesses for adequate nutrition/food habits. Conduct Caries Risk Assessment/CAMBRA				
4	Probing	# probe errors			
DIAGNOSE: Adjust as necessary for special need					
5	ASA and Perio Classification / Human Needs Deficit				
PLAN: Adjust as necessary for special need					
6	Incorporates assessment information into written treatment plan				
7	Incorporates considerations for physical abilities or limitation: Systemic conditions or diseases				
8	Incorporates consideration for communication limitations/needs				
9	Prepares client/patient oral health education				
10	Indicates procedures and priority of their sequence				
11	Discusses treatment plan with instructor and client/patient				
IMPLEMENTATION: Adjust as necessary for special need					
(Preventive Education)					
12	Caries/Periodontal etiology and prevention				
13	Nutritional counseling: Diet modifications as needed based on Caries Risk Assessment/CAMBRA				
14	Information on/cessation for smokeless tobacco/smoking/oral cancer				
15	Debride calculus, plaque and polish/perform fluoride application as determined in treatment plan	# remaining			
16	Provide oral health aids as needed based on caries/perio assessment and risk				
17	Referral: General DDS/Specialist				
18	Discuss re-care plan				
(Documentation)					
19	Makes complete, accurate and dated entries in chart				
EVALUATE: Adjust as necessary for special need					
20	Evaluate the client's/patient's satisfaction with a Patient Satisfaction Survey; "How did we do?"				

Each line item is worth 5 points/100 points total; **Residual calculus and plaque** = 5 pts each area; **Probe errors** 2 mm or more: 2 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: 80%

Instructor Signature: _____

Chart all probe readings in the computer, print & attach, note below only the teeth with 2mm or more difference

PROBE

Readings	Tooth Numbers	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
2 nd Instructor	Buccal																
1 st Instructor	Buccal																
Student	Buccal																
Student	Lingual																
1 st Instructor	Lingual																
2 nd Instructor	Lingual																
2 nd Instructor	Lingual																
1 st Instructor	Lingual																
Student	Lingual																
Student	Buccal																
1 st Instructor	Buccal																
2 nd Instructor	Buccal																
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

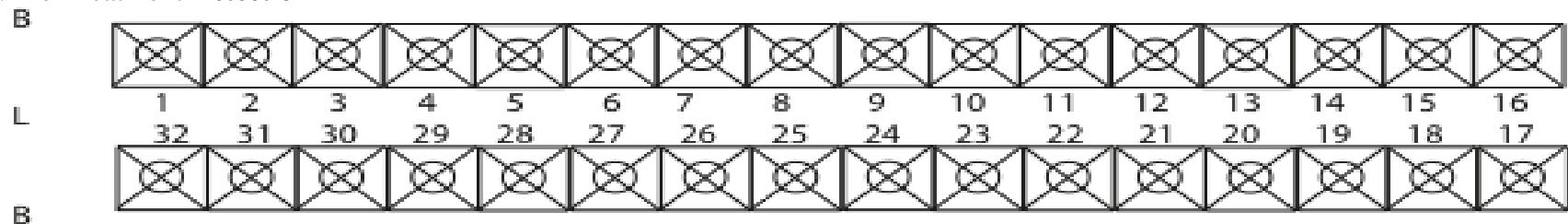
Probe errors 2 mm or more: 2 points each

1st Instructor: _____

2nd Instructor: _____

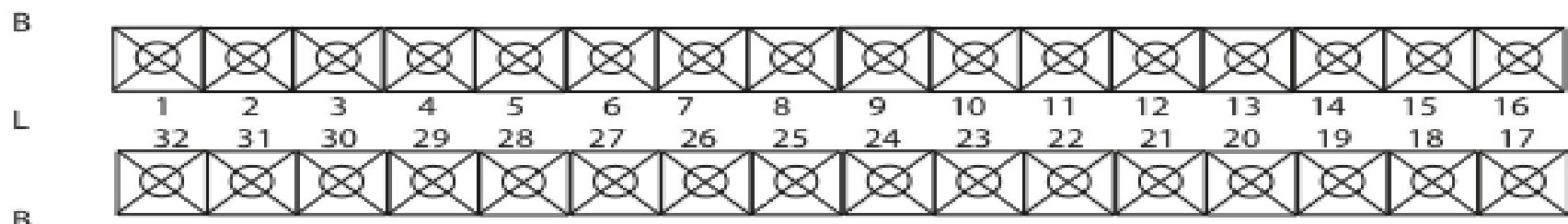
CALCULUS

Student: Pre-Treatment Detection



Instructor: Post-Treatment Removal

Residual calculus and plaque = 5 pts each area



Preclinical Experience (2) DHYG 132

Clinical Competency (12) DHYG 131 & 141

SOFT TISSUE CURETTAGE (includes PERIODONTAL DEBRIFEMENT ASSESSMENT)

Criteria: Removal of ulcerated pocket wall tissue lining through SCT. Full circumference of the tooth is required for a full tooth completion, half credit is allowed.

STUDENT _____

PATIENT

DATE _____

Tooth number:

Tooth number:									
CRITERIA	S	US	S	US	S	US	S	US	Faculty Evaluation
• Tissue appearance at end of STC (2)									
• Firm and smooth									
• No tissue lacerations									
• Minimal tissue tags									
• No active hemorrhage									
• Properly readapted									
End of appointment (1)									
• Completes record									
• Gives post op instructions									
Re-appoints patient for follow-up									
Completes self-assessment (.5)	P	F	P	F	P	F	P	F	
Evaluate: Evaluate patient post procedure									

<input type="checkbox"/> Clinically Acceptable	Instructor _____
<input type="checkbox"/> Clinically Sound, but improvement needed in the following area(s) _____	
<input type="checkbox"/> Clinically Unacceptable	Points: ____/10 (minimum 8 to pass)

Self/ Peer Assessment

SECTION SIX

Clinic Rubrics

(No Skill Evaluations are allowed on student* partners)

Clinic Rotation Assignments

*Student is defined as past or present student.

Patient Name: _____ Age: _____
 Student Name: _____

Sacramento City College
 111 Clinic Rubric

Perio Classification: _____ ADA Classification: _____
 ASA Classification: _____
 Completion Date: _____
 Calculus Classification: Heavy/Moderate/Light/None

Criteria	Above Competency 1pt	Competency .75 Pts	Small Error .50 Pts	Moderate Error .25 Pts	Critical/Large Error 0 Pts	Faculty Comments
Operator & Operatory/Unit Set-Up and Clean-Up	Efficient time utilization for Pt needs Unit set up, paperwork/forms, instruments- All totally prepared for clinic Professional appearance No cross contamination	Hair and uniform not neat during Tx Unit set up: adequate instruments available for tx	Inefficient use of time-rushed Poor time management Unit set up: adequate instruments not available for tx	Not prepared for clinic, late set up and instruments not available Unit and/or computer/monitor left on at the end of clinic	Gross contamination HIPPA violation Operatory left dirty	
MHx, DHx, FHx, SHx, and vitals	MHx, DHx, SHx, accurately assessed at check in Vitals assessed and documented accurately/thoroughly <u>Synthesize assessment findings and adjusted tx appropriately.</u>	MHx, DHx, SHx all assessed. Assessment adequate-recommend increase detail in assessment Vitals assessed. No description for pulse/respiration	Several errors in MHx, DHx, SHx assessment or documentation Did not sign mhx and/or release to provide tx at check in or ck out	Failure to take blood pressure. Did not sign mhx and/or release to provide tx at check in or ck out	Treatment that compromises patient safety Did not get clearance for med condition/premed TX with herpetic lesion	
Clinical and Radiographic Exam	EO, IO, gingival description, dental charting, perio exam/charting, and occlusion assessed and documented accurately <u>Synthesize assessment findings and adjusted tx appropriately</u>	Minor errors in EO, IO, gingival description, dental charting, perio exam/charting, and occlusion assessment and documentation.	Moderate errors in EO, IO, gingival description, dental charting, perio exam/charting, and occlusion Several errors found in documentation, charting assessment	Failure to identify/ document obvious lesions accurately Radiographs taken but not available during tx	Failure to assess patient. Treatment that compromises patient safety.	
Probing	No errors on shallow pockets and/or minimal errors deep pockets Good technique/angles Recorded accurately	Minimal probe errors on shallow or deep pockets Good technique/angles	Minor probe errors on shallow pockets Technique needs improvement	Minor probe errors on deep pockets Inaccurate technique/needs improvement	Failure to probe or assess probing	

Criteria	Above Competency	Competency	Small Error	Moderate Error	Critical/Large Error	Faculty Comments
Detection	Minimal detection errors 1pt	Minor detection/ documentation errors. 75 Pts	Moderate errors- Lt-mod sub supra MISSED on check 50 Pts	Failure to detect multiple areas of lt-moderate and heavy 25 Pts	Failure to consider calculus detecting prior to and/or 0 Pts	
Treatment Planning	Treatment plan/grids completed accurately charting Good technique and accurate Tx plan efficiently presented to Pt and instructor and adjusted tx appropriately	Good technique/angles Treatment plan/grids completed with minor errors Tx plan made with assistance from instructor	Treatment plan completed with moderate errors Inaccurate technique/needs improvement Incomplete tx plan, instructor had to make the plan	Treatment plan incomplete with multiple errors Not using explorer correctly Tx plan not signed	Treatment plan not completed. Failure to discuss treatment plan with instructor.	
Preventive services	OHI, O'Leary, BI completed and assessed accurately before scaling without any errors. Pt OH and auxiliary needs accurately assessed with great detail for pt needs	OHI, O'Leary, BI completed but could be more detailed Efficient recommendations of OH aids for Pt needs	OHI, O'Leary, BI completed or assessed with moderate error Waited to the end of appt for OHI-OH given while Pt lying back	OHI or O'Leary BI completed or assessed with multiple errors. Failure to present reasonable OH aids or Auxiliary service suggestions for Pt needs.	OHI or O'Leary BI not done or assessed for need.	
Scaling/ Debridement	Can ask for and get assistance on any case and then independently performs adequate instrumentation Comp lt case in 1 appt Comp ½ mouth Lt-mod in 1 appt Minimal sub/supra remaining Good instrument selection-instruments kept sharp Coronal Polish completed removing all stains/plaque	Asks for assistance when needed Minimal sub/supra remaining on Lt-mod calculus case Coronal Polish completed leaving minimal stain/plaque.	Needs moderate assistance with lt- moderate case More than 3 areas sub/supra remaining Necessary instruments dull/or not available Poor adaptation, rushing stroke. One area of tissue trauma Multiple areas of plaque/stain remaining. Technique needs better adaptation	Needs great assistance with any case Instruments dull- no stone available Failure to remove multiple areas of sub/supra for case difficulty. Using the wrong end of the instrument Did not ask for help when needed 2+ areas of tissue trauma	Many areas of tissue trauma and/or bruising Failure to remove deposits of any significance	
Records/ Documentation	Paperwork turned in within 20 minutes of dismissing patient No errors found in all areas of documentation- Spelling and grammar without error Organized and thoughtful Self Assessment	Paperwork complete, turned in within 30 minutes of dismissing patient Minimal errors found in all areas of documentation	Paperwork incomplete Turned in > 30 minutes of dismissing patient No treatment plan filled out on checkout Perio class and calc assessment documented	Too many shortcuts on paperwork incomplete turned in > 40 minutes of dismissing patient Failure to document and update perio chart Failure to complete treatment referral	Failure to document or follow through on pre-med, infectious disease, BP, or any other special cases requiring a physician's clearance	
Patient Management/ Professionalism/ Ethics	Efficient time utilization for Pt needs. Maintains professional demeanor and good rapport with patient & instructor Identifies need for pain control	Minor time utilization issues Difficult rapport with Pt during tx but managed through tx appt	Inefficient use of time, rushing, poor time management, or inefficient treatment planning. Visible struggle managing a difficult or special needs Pt	Unprofessional behavior/language Struggle managing a difficult or special needs Pt leading to need to shorten tx appt	Unethical behavior HIPPA violation	

Date: _____ Time Seated: _____ Check-In: _____ Check-Out: _____ Self-Assessment: 6 7 8 9 10 Faculty: _____ Grade: _____
 Student Self-Assessment: _____

Patient Name: _____ Age: _____

Student Name: _____

Perio Classification: _____ ADA Classification: _____

ASA Classification: _____

Completion Date: _____

Calculus Classification: Heavy/Moderate/Light/None

SACRAMENTO CITY COLLEGE
121 CLINIC RUBRIC

Criteria	Above Competency 1pt	Competency .75 Pts	Small Error .50 Pts	Moderate Error .25 Pts	Critical/Large Error 0 Pts	Faculty Comments
Operator & Operatory/Unit Set-Up and Clean-Up	No cross contamination before, during or after treatment. All aspects of unit set-up and clean-up complete.	No cross contamination before, during or after treatment. All aspects of unit set-up and clean-up complete.	No cross contamination before, during or after treatment. All aspects of unit set-up and clean-up complete.	No cross contamination before, during or after treatment. Numerous aspects of unit set-up and clean-up not complete.	Cross contamination, before, during or after treatment. Unit set-up and clean-up not compete.	
MHx, DHx, FHx, SHx, and vitals	MHx, DHx, SHx, all assessed. Vitals assessed and documented correctly. Synthesize assessment findings and adjust treatment recommendations appropriately.	MHx, DHx, SHx all assessed. Vitals assessed.	MHx, DHx, SHx all assessed. Vitals assessed. Small error found in student assessment	Failure to do patient assessment. Failure to take blood pressure.	Treatment that compromises patient safety	
Clinical and Radiographic Exam	EO, IO, gingival description, dental charting, perio exam/charting, and occlusion all assessed. Radiographs assessed. Synthesize assessment findings and adjust patient treatment recommendations appropriately	EO, IO, gingival description, dental charting, perio exam/charting, and occlusion all assessed. Radiographs assessed.	EO, IO, gingival description, dental charting, perio exam/charting, and occlusion all assessed. Radiographs assessed. Small error found in student assessment.	Failure to assess patient accurately.	Failure to assess patient. Treatment that compromises patient safety.	
Probing	Minimal probe errors Recorded accurately	Minor probe errors on shallow pockets Good technique/angles	Minor probe errors on deep pockets Technique/needs improvement	Multiple 2-3 mm probe errors Inaccurate technique	Failure to probe or assess probing.	
Detection	Minor detection errors on a moderate/Heavy case	Minimal detection errors	Moderate detection errors	Failure to detect multiple areas	Failure to consider calculus detection prior to and/or after treatment	

	nthesized detection findings and adjusted treatment recommendations appropriately.					
Criteria	Above Competency 1Pt	Competency .75 Pts	Small Error .50 Pts	Moderate Error .25 Pts	Critical/Large Error 0 Pts	Faculty Comments
Treatment Planning	Treatment plan completed or assessed without any errors. Synthesized findings and adjusted treatment plan appropriately. Identifies need for pain control	Treatment plan completed or assessed without any errors.	Treatment plan completed or assessed with one error.	Treatment plan completed or assessed with multiple errors.	Treatment plan not completed or assessed. Failure to discuss treatment plan with instructor.	
Preventive services	OHI or O'Leary BI completed or assessed without any errors. Synthesize findings and adjust treatment appropriately	OHI or O'Leary BI completed or assessed without any errors.	OHI or O'Leary BI completed or assessed with one error.	OHI or O'Leary BI completed or assessed with multiple errors.	OHI or O'Leary BI not done or assessed for need.	
Scaling/ Debridement	Can ask for and get assistance on a difficult case (Moderate/heavy) and then independently perform adequate instrumentation Minor sub/supra remaining Correct instrument selection	Can manage a light/moderate case with minimal assistance Minimal sub/supra remaining	Needs moderate assistance with light/moderate case One sub/supra remaining One area of tissue trauma Needs better adaptation, lateral pressure	Needs great assistance with light/moderate case Failure to remove multiple areas of sub/supra for case difficulty Instruments dull Poor adaptation, choice of instrument rushing strokes	Many areas of tissue trauma and/or bruising	
Records/ Documentation	Paperwork complete within 20 minutes of dismissing patient No errors found in all areas of documentation Spelling and grammar without error Organized and thoughtful self-assessment	Paperwork complete No errors found in all areas of documentation	Paperwork incomplete No treatment plan filled out on check in Tx plan complete at check in and out Perio class and calc assessment documented at check in	Too many shortcuts on paperwork Failure to document and update perio chart (should be evaluated on every new and recall patient)	Failure to document or follow through on pre-med, infectious disease, BP on special cases requiring a physician's clearance or referral	
Pt. Management/ Professionalism/ Ethics	Check in and check out on time without rushing appointment	Check in and check out on time	Poor time management: late check in or check out Unprofessional behavior	Poor time management: late check in and check out Unprofessional behavior	Unethical behavior HIPPA violation	

Date: _____ /Time Seat: _____ /Check-In: _____ /Check-Out: _____ /Self-Assessment:6,7,8,9,10/Faculty: _____ /Grade: _____

Student Self-Assessment: _____

Patient Name: _____	Age: _____	Perio Classification: _____ ADA Classification: _____
Student Name: _____	Critical Error: Highest grade possible 7.0	ASA Classification: _____ Completion Date: _____
		Calculus Classification: Heavy/Moderate/Light/None

131 Clinic Rubric

Criteria	Above Competency 1pt	Competency .75 Pts	Small Error .50 Pts	Moderate Error .25 Pts	Critical/Large Error 0 Pts	Faculty Comments
Operator & Operatory/Unit Set-Up and Clean-Up	No cross contamination before, during or after treatment. All aspects of unit set-up and clean-up complete.	No cross contamination before, during or after treatment. All aspects of unit set-up and clean-up complete.	No cross contamination before, during or after treatment. All aspects of unit set-up and clean-up complete.	No cross contamination before, during or after treatment. Numerous aspects of unit set-up and clean-up not complete.	Cross contamination, before, during or after treatment. Unit set-up and clean-up not compete.	
MHx, DHx, FHx, SHx, and vitals	MHx, DHx, SHx, all assessed. Vitals assessed. Synthesize assessment findings and adjust treatment recommendations appropriately.	MHx, DHx, SHx all assessed. Vitals assessed.	MHx, DHx, SHx all assessed. Vitals assessed. Small error found in student assessment.	Failure to do patient assessment. Failure to take blood pressure.	Treatment that compromises patient safety	
Clinical and Radiographic Exam	EO, IO, gingival description, dental charting, perio exam/charting, and occlusion all assessed. Radiographs assessed. Synthesize assessment findings and adjust patient treatment recommendations appropriately	EO, IO, gingival description, dental charting, perio exam/charting, and occlusion all assessed. Radiographs assessed.	EO, IO, gingival description, dental charting, perio exam/charting, and occlusion all assessed. Radiographs assessed. Small error found in student assessment.	Failure to assess patient accurately.	Failure to assess patient. Treatment that compromises patient safety.	
Probing	Minimal probe errors Recorded accurately	Minor probe errors Good technique/angles	1-2 2mm probe errors on deep pockets Technique needs improvement	Multiple 2-3 mm probe errors Inaccurate technique	Failure to probe or assess probing.	
Detection	Minor detection errors on a moderate case	Minimal detection errors	Moderate detection errors	Failure to detect multiple areas	Failure to consider calculus detection prior to and/or after treatment	

	Synthesized detection findings and adjusted treatment recommendations appropriately.					
Criteria	Above Competency 1Pt	Competency .75 Pts	Small Error .50 Pts	Moderate Error .25 Pts	Critical/Large Error 0 Pts	Faculty Comments
Treatment Planning	Treatment plan completed or assessed without any errors. Synthesized findings and adjusted treatment plan appropriately. Identified need for pain control	Treatment plan completed or assessed without any errors.	Treatment plan completed or assessed with one error.	Treatment plan completed or assessed with multiple errors.	Treatment plan not completed or assessed. Failure to discuss treatment plan with instructor.	
Preventive services	OHI or O'Leary BI completed or assessed without any errors. Synthesize findings and adjust treatment appropriately.	OHI or O'Leary BI completed or assessed without any errors.	OHI or O'Leary BI completed or assessed with one error.	OHI or O'Leary BI completed or assessed with multiple errors.	OHI or O'Leary BI not done or assessed for need.	
Scaling/ Debridement	Can ask for and get assistance on a difficult case and then independently perform adequate instrumentation Minor sub/supra remaining	Can manage a moderate case with minimal assistance Minimal sub/supra remaining	Needs moderate assistance with moderate case One sub/supra remaining One area of tissue trauma	Needs great assistance with moderate case Failure to remove multiple areas of sub/supra for case difficulty	Many areas of tissue trauma and/or bruising	
Records/ Documentation	Paperwork complete within 20 minutes of dismissing patient No errors found in all areas of documentation Spelling and grammar without error Organized and thoughtful self-assessment	Paperwork complete No errors found in all areas of documentation	Paperwork incomplete No treatment plan filled out on check in Tx plan complete at check in and out Perio class and calc assessment documented at check in	Too many shortcuts on paperwork Failure to document and update perio chart (should be evaluated on every new and recall patient)	Failure to document or follow through on pre-med, infectious disease, BP on special cases requiring a physician's clearance or referral	
Patient Management/ Professionalism/ Ethics/ ANES, STC, N2O2	Check in and check out on time without rushing appointment No errors with ANES, STC, N2O2	Check in and check out on time Minimal errors with ANES, STC, N2O2	Poor time management: late check in or check out Moderate errors with ANES, STC, N2O2	Poor time management: late check in and check out Unprofessional behavior Many errors with ANES, STC, N2O2	Unethical behavior Critical error with ANES, STC, N2O2	

Date: _____ /Time Seat: _____ /Check-In: _____ /Check-Out: _____ /Self-Assessment 6,7,8,9,10 /Faculty: _____ /Grade: _____
 Student Self-Assessment: _____

Patient Name: _____	Age: _____	Perio Classification: _____ ADA Classification: _____
Student Name: _____	Critical Error: Highest grade possible 7.0	ASA Classification: _____ Completion Date: _____ Calculus Classification: Heavy/Moderate/Light/None
141 Clinic Rubric		

Criteria	Above Competency 1pt	Competency .75 Pts	Small Error .50 Pts	Moderate Error .25 Pts	Critical/Large Error 0 Pts	Faculty Comments
Operator & Operatory/Unit Set-Up and Clean-Up	No cross contamination before, during or after treatment. All aspects of unit set-up and clean-up complete.	No cross contamination before, during or after treatment. All aspects of unit set-up and clean-up complete.	No cross contamination before, during or after treatment. All aspects of unit set-up and clean-up complete.	No cross contamination before, during or after treatment. Numerous aspects of unit set-up and clean-up not complete.	Cross contamination, before, during or after treatment. Unit set-up and clean-up not compete.	
MHx, DHx, FHx, SHx, and vitals	MHx, DHx, SHx, all assessed. Vitals assessed. Synthesize assessment findings and adjust treatment recommendations appropriately.	MHx, DHx, SHx all assessed. Vitals assessed.	MHx, DHx, SHx all assessed. Vitals assessed. Small error found in student assessment.	Failure to do patient assessment. Failure to take blood pressure.	Treatment that compromises patient safety	
Clinical and Radiographic Exam	EO, IO, gingival description, dental charting, perio exam/charting, and occlusion all assessed. Radiographs assessed. Synthesize assessment findings and adjust patient treatment recommendations appropriately	EO, IO, gingival description, dental charting, perio exam/charting, and occlusion all assessed. Radiographs assessed.	EO, IO, gingival description, dental charting, perio exam/charting, and occlusion all assessed. Radiographs assessed. Small error found in student assessment.	Failure to assess patient accurately.	Failure to assess patient. Treatment that compromises patient safety.	
Probing	No probe errors	Multiple 1mm probe errors	1-2 2mm probe errors	Multiple 2-3 mm probe errors	Failure to probe or assess probing.	

Detection	Minor detection errors. Synthesized detection findings and adjusted treatment recommendations appropriately.	Minimal detection errors	Moderate detection errors	Failure to detect multiple areas	Failure to consider calculus detecting prior to and/or after treatment.	
Criteria	Above Competency 1pt	Competency .75 Pts	Small Error .50 Pts	Moderate Error .25 Pts	Critical/Large Error 0 Pts	Faculty Comments
Treatment Planning	Treatment plan completed or assessed without any errors. Synthesized findings and adjusted treatment plan appropriately.	Treatment plan completed or assessed without any errors.	Treatment plan completed or assessed with one error.	Treatment plan completed or assessed with multiple errors.	Treatment plan not completed or assessed. Failure to discuss treatment plan with instructor.	
Preventive services	OHI or O'leary BI completed or assessed without any errors. Synthesize findings and adjust treatment appropriately.	OHI or O'leary BI completed or assessed without any errors.	OHI or O'leary BI completed or assessed with one error.	OHI or O'leary BI completed or assessed with multiple errors.	OHI or O'leary BI not done or assessed for need.	
Scaling/ Debridement	Can ask for and get assistance on a difficult case and then independently perform adequate instrumentation Minimal sub/supra remaining	Can manage a moderate case with minimal assistance Minimal sub/supra remaining	Needs moderate assistance with moderate case and can manage a light case with limited assistance One sub/supra remaining One area of tissue trauma	Needs great assistance with light/moderate case Failure to remove multiple areas of sub/supra for case difficulty Instruments dull	Many areas of tissue trauma and/or bruising	
Records /Documentation	Paperwork complete within 20 minutes of dismissing patient No errors found in all areas of documentation Spelling and grammar without error Organized and thoughtful Self- Assessment	Paperwork complete No errors found in all areas of documentation	Paperwork incomplete No treatment plan filled out on check in Tx plan complete at check in and out Perio class and calc assessment documented at check in	Too many shortcuts on paperwork Failure to document and update perio chart (should be evaluated on every new and recall patient)	Failure to document or follow through on pre-med, infectious disease, BP on special cases requiring a physician's clearance or referral	
Patient Management/ Professionalism/	Check in and check out on time without rushing appointment	Check in and check out on time	Poor time management: late check in or check out	Poor time management: late check in and check out	Unethical behavior	

Ethics/ ANES, STC, N2O2	No errors with ANES, STC, N2O2	Minimal errors with ANES, STC, N2O2	Moderate errors with ANES, STC, N2O2	Unprofessional behavior Many errors with ANES, STC, N2O2	Critical error with ANES, STC, N2O2	
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Date: _____ /Time Seat: _____ /Check-In: _____ /Check-Out: _____ /Self-Assessment: 6,7,8,9,10 /Faculty: _____ /Grade: _____

Student Self-Assessment: _____

Critical Error: Highest grade possible 7.0

Program Competencies and Evaluation Methods

Standard 2-6

The dental hygiene program must define and list the competencies needed for graduation. The dental hygiene program must employ student evaluation methods that measure all defined program competencies. These competencies and evaluation methods must be written and communicated to the enrolled students.

Program Competencies

Each student will obtain the required didactic, laboratory and clinical knowledge to be considered competent in each area. Numbers in the boxes indicate the course in which a step toward competency was earned with "C" referring to clinic. Explanations of numbers and letters in each box can be found in *Explanation of Codes*.

The program director confirms completion initials on each course within **all** of the program competencies. Faculty follow the Student Program Competency Summary Sheet Explanation of Codes to verify that the students meet the criteria for their course.

{The required competencies for entry into the profession of dental hygiene are based on the American Dental Education Association (ADEA) competencies approved by the 1003 House of Delegates.

Competencies from all five domains are included below; Core Competencies, Health Promotion/Disease Prevention, Community, Patient/Client Care, and Professional Growth and Development.}

9 Program Competencies

1. Integrate and apply professional, ethical, legal and regulatory concepts and decision-making skills to oral health care services, academic endeavors, community projects and professional activities.
2. Apply critical thinking and self-assessment skills to enhance learning, research, patient care, professional growth and continued competency.
3. Promote professionalism through active participation and affiliation with professional associations and community groups.
4. Survey, plan, implement and evaluate community oral health projects to a diverse range of community groups using health literacy and culturally sensitive communication skills.
5. Access professional resources and social networks to assist in professional growth, development and evaluation of alternative career opportunities.

6. Have general knowledge of wellness, health determinants, and characteristics of various patient/client communities.
 - a. Provide life support measures to manage medical emergencies in the patient/client care environment.

By the end of the program, each student will be able to pass the medical emergency examination.
 - b. Evaluate factors that can be used to promote patient/client adherence to disease prevention and/or health maintenance strategies.
7. Control pain and anxiety during treatment through the use of appropriate clinical and behavioral techniques.
8. Use evidenced-based care to assess, diagnose, plan, implement and evaluate (ADPIE) dental hygiene treatment for a diverse population based on their total needs. This competency includes:
 - a. Assessment: Obtain, review and update a complete medical, family, social and dental history.
 - b. Assessment: Recognize risk factors and health conditions that require intervention to prevent disease or medical emergencies and to promote health.
 - c. Assessment: Perform a comprehensive examination using collection procedures to assess and diagnose the patient's/client's needs.
 - d. Assessment: Assess and document the requirements of patients/ clients with special needs and individuals of diverse populations.
 - e. Diagnose: Use critical decision making skills to reach conclusions about the patient's/client's dental hygiene needs based on all available assessment data.
 - f. Planning (Treatment Plan): Establish a planned sequence of care (educational, clinical, and evaluation) based on the dental hygiene diagnoses; identify oral conditions; potential problems; etiology and risk factors; and available treatment modalities.
 - g. Planning: Make referrals to other healthcare professionals when appropriate.
 - h. Implementation and Evaluation: Implement and self-evaluate dental hygiene services to include periodontal probing, coronal polishing, removal of supragingival and subgingival deposits, root planing, soft tissue curettage, ultrasonic scaling, radiology, chemotherapeutic agents/Arestin, occlusal sealants, preventive counseling/OHI, periodontal re-evaluation, and sterilization procedures.
9. Provide and complete care to a variety of patients/clients using methods consistent with medicolegal principles.

How program competencies are measured

Students demonstrate competency, in each of the nine program competencies, through a compilation of faculty feedback from all coursework throughout the two years of the program. Faculty use the below Explanation of Codes to measure that students successfully passed the specific program competency criteria for their course. Methods that

measure program competences include: Written Exams, Laboratory Evaluation, Clinic Evaluation, Process Skill Evaluations, Class discussion, Written Case Analysis, Case Presentations, Self-assessment, Verification of Attendance, Table Clinic Judging, Active Participation in Activities, Field Trip Report, Oral Case Presentation, and Successful Course Completion.

As a final overall assessment for program competency achievement, the program director confirms successful completion through faculty input from each course listed specific to the nine program competencies.

STUDENT PROGRAM COMPETENCY SUMMARY SHEET

Explanation of codes

1. Integrate and apply professional, ethical, legal, and regulatory concepts and decision-making skills to oral health care services, academic endeavors, community projects and professional activities.

- 101a Completion of pre-clinic course which includes beginning level decision-making as it relates to patient treatment.
- 101b Completion of pre-clinic competencies on proper OSHA guidelines as it pertains to operatory set-up and tear-down and duties of the supply room assistant.
- 107 demonstrate an understanding of the need for preventative measures and occlusal sealants for teeth as it relates to pits and fissures.
- 109 Completion of the Infection Control class as it relates to ethical decision-making.
Completion of the Infection Control class OSHA and Cal-OSHA.
- 117 Completion of Dental Radiology which includes ethical dilemmas and decisions related to dental radiology.

Completion of Dental Radiology instruction in federal and state regulations that apply to radiographic equipment and surveys.
- 127 Completion of dental materials instruction in federal and state regulations that apply to treatment of clinical patients.
- 129 Completion of dental Anesthesia instruction in federal and state regulations that apply to treatment of clinical patients.
- 132 Use appropriate assessments, formulate a dental hygiene diagnosis and comprehensive treatment plan for a non-surgical periodontal therapy, and communicate the plan to the patient including the benefits and limitations of Scaling and Root Planing and Soft Tissue Curettage and the patient's role in effective treatment.
- 134 Completion of Community Dental Health didactic information and case analysis on ethical dilemmas in public health.
GERO SLO
- 139 Successful completion of instruction in the use of drugs in a dental office; prescription laws; and the Federal Controlled Substance Act.
- 149a Completion of Ethics and Jurisprudence class with didactic information, class discussions and group solutions to ethical conflicts.
- 149b Completion of Ethics and Jurisprudence individual practice philosophy which includes projected ethical conflicts and individual decision-making.
- 149c Completion of Ethics and Jurisprudence which includes principles of law and the California Practice Act Codes and Regulations.

Clinical experiences in 111, 121, 131 & 141 pertaining to this competency.

2. **Apply critical thinking and self-assessment skills to enhance learning, research, patient care, professional growth and continued competency.**

- 101 Self-evaluation of reports, homework and clinical performance.
- 104 Completion of oral and written self-assessment on projects and reports for Patient Education..
- 107 demonstrate an understanding of the need for preventative measures and occlusal sealants for teeth as it relates to pits and fissures.
- 109 Describe and demonstrate understanding of the concept of disease transmission in the dental environment; how it occurs and how to prevent transmission of disease to self and to patients.
- 111 Self-evaluation of reports, projects, homework and clinical performance of the child and adult patient.
- 112 Completion of oral and written report on a periodontally involved patient.
- 117a Completion of instruction on technical evaluation of radiographic surveys.
Practice self-evaluation of radiographic surveys in lab.
- 117b With instructor assistance, expose and self-evaluate two patient full-mouth surveys.
Without assistance, expose and self-evaluate two patient full-mouth surveys.
- 132 Completion of oral and written report on a comprehensive periodontal patient case.
- 134 Completion of oral and written assessments on community observations, field trips and projects.
- 135 Apply critical thinking skills to case-based studies and treatment planning. (poster session and advanced instrumentation
- 149 Completion of a professional goal self-assessment report.

Clinical experiences in 111, 121, 131 & 141 pertaining to this competency.

3. Promote professionalism through active participation and affiliation with professional associations and community groups.

By the end of the program, the student will have attended a selection of professional meetings or projects. These can include but are not limited to meetings of CDHA, CDA, ADHA, ADA, SADHA, school health projects, community dental screenings, etc.

- 101 Attend SADHA meeting.
 - 104 Attendance at a number of local, state and national professional meetings and community projects.
 - 107 demonstrate an understanding of the need for preventative measures and occlusal sealants for teeth as it relates to pits and fissures.
 - 111 Attend SADHA meeting.
 - 117 Attendance at a number of local, state and national professional meetings and community projects.
 - 134 Attendance at a number of local, state and national professional meetings and community projects.
Liaison and Cooperative participation with Sacramento County Health Agency in school dental health projects and fairs.
 - 145 Liaison and cooperative participation with Sacramento Valley Component of CDHA in the spring dental health fair.
Table Clinic presentations for Sacramento Valley Component meeting.
 - 149 Attendance at a number of local, state and national professional meetings and community projects.
Clinical experiences in 111, 121, 131 & 141 pertaining to this competency.
-

4. Survey, plan, implement and evaluate community oral health projects to a diverse range of community groups using health literacy and culturally sensitive communication skills.

By the end of the program the student will have five such experiences that include 2-4 of the elements described above.

- 134a Completion of didactic instruction in Community Health.
- 134b Completion of in-service and observations pertaining to community project surveying and implementation.
- 134c Survey, plan, implement and evaluate three visits to elementary school dental health projects.
- 134d Survey, plan, Implement and evaluate two dental health fairs for underserved schools.
- 134e Survey, plan, implement and evaluate one Head Start dental health presentation.
- 134f Implement and evaluate one dental health presentation to homeless schools.

145 Participate and survey dental health screenings in underserved elementary school.

5. **Access professional resources and social networks to assist in continued professional growth and development and evaluation of alternative career opportunities.**

- 100 Basic introduction into duties and limitations of all dental professionals, including the California ladder concept of dentistry and obligations of a dental hygienist.
 - 101 Attend SADHA meetings as professional growth requirement.
 - 111 Attend SADHA meetings as professional growth requirement.
 - 145 Attend Sacramento Valley California Dental Hygiene Association meeting as professional growth requirement.
 - 149a Liaison with sales/marketing hygienists utilized as guest speakers.
 - 149b Liaison with alternative careers in employment panel seminar and in alternative roles of guest speakers.
-

6. **Have general knowledge of wellness, health determinants, and characteristics of various patient/client communities.**

a. **Provide life support measures to manage medical emergencies in the patient/client care environment.**

- 101a Present a valid CPR card during the first part of the semester.
- 101b Attend the lecture on Medical Emergencies and the Dental Emergency Drug Kit.
- 107 demonstrate an understanding of the need for preventative measures and occlusal sealants for teeth as it relates to pits and fissures.
- 129 Attend Medical Emergencies lectures and successfully pass the exam on Medical Emergencies.
- 132 Pass dental/medical emergencies exam.
- 139 List the different categories of drugs used in the treatment of heart conditions.

Clinical experiences in 111, 121, 131 & 141 pertaining to this competency.

b. Evaluate factors that can be used to promote patient/client adherence to disease prevention and/or health maintenance strategies.

- 101 Attend lecture and lab related to intraoral and extraoral exams with recognition of oral lesions.
- 104 Complete course assignments for nutritional counseling, tobacco assessment and cessation, and caries risk assessment/CAMBRA.
- 111 Attend the lectures that related nutritional counseling, tobacco assessment and cessation, and caries risk assessment/CAMBRA to patient care in DHYG 111.

- 132 Attend the lecture that relates nutritional counseling to your comprehensive perio patient case.
- 134 Attend the lecture that explains related nutritional counseling, tobacco assessment and cessation, and caries risk assessment/CAMBRA to community health work as a dental hygienist.
- 138 Successful completion of the oral pathology course.

Clinical experiences in 111, 121, 131 & 141 pertaining to this competency.

7. Control pain and anxiety during treatment through the use of appropriate clinical and behavioral techniques.

By the end of the program, each student will have the following successful clinical injections: *6 IAN injections; 4 PSA injections; 6 Palatal injections; 3 mental injections; 8 infiltration injections.* *Complete 2clinical nitrous oxide patients.*

- 113 Successful completion of didactic instruction for head & neck anatomy as related to local anesthesia
- 129 Successful completion of Oraqix and syringe/needle assembly.
- 129a Successful completion of didactic instruction in Local Anesthesia.
- 129b Successful completion of laboratory experiences in the administration of Local Anesthesia.
- 129c Successful completion of local anesthesia laboratory proficiency examination.
- 129d Successful completion of local anesthesia didactic examinations.

- 145a Successful completion of didactic instruction in Nitrous Oxide
- 145b Successful completion of laboratory instruction in Nitrous Oxide.

Clinical experiences in 131 & 141 pertaining to this competency.

8. **Use evidence-based care to assess, diagnose, plan, implement, and evaluate (ADPIE) dental hygiene treatment for a diverse population based on their total needs. This competency includes:**

a. **Assessment: Obtain, review and update a complete medical, family, social and dental history.**

- 101a Successful completion of didactic instruction.
- 101b Successful completion of laboratory proficiencies.
- 104 Successful completion of patient education didactic instruction on patient assessment.
- 111a Successful completion of didactic instruction.
- 111b Successful completion of case studies analysis.
- 112 Successful completion of Periodontics I including complete assessment of risk indicators for development of periodontal disease.
- 129 Successful completion of local anesthesia instruction.
- 132 use appropriate assessments, formulate a dental hygiene diagnosis and comprehensive treatment plan for a non-surgical periodontal therapy, and communicate the plan to the patient including the benefits and limitations of Scaling and Root Planing and Soft Tissue Curettage and the patient's role in effective treatment.
- 134 Successful completion of community dental health instruction.
- 139 Successful completion of didactic instruction in drug histories.
- 145 Successful completion of didactic instruction in caries detection.

Clinical experiences in 111, 121, 131 & 141 pertaining to this competency.

b. **Assessment: Recognize risk factors and health conditions that require intervention to prevent disease or medical emergencies and to promote health.**

- 101 Successful completion of didactic instruction.
- 104 Successful completion of patient assessment risk indicators for caries and periodontal disease.
- 109 Successful completion of the Infection Control course.
- 111 Successful completion of didactic instruction.
- 112 Successful completion of Periodontics I which includes complete assessment of risk indicators for the development of periodontal disease .
- 129 Successful completion of didactic instruction.

- 132 Successful completion of didactic instruction on additional patient indices for assessment and risk indicators for caries, periodontal disease, malocclusion, etc.
- 138 Successful completion of the Oral Pathology course.
- 139 Successful completion of instruction on risk factors for Local Anesthesia.
Successful completion of instruction in Medical Emergencies.
Successful completion of instruction in Antibiotic Premedication.

Clinical experiences in 111, 121, 131 & 141 pertaining to this competency. Including rotations through off-campus clinics such as the V.A. Clinic and the Sacramento County Clinic. Rotation through clinical screening assignment.

c. **Assessment: Perform a comprehensive examination using collection procedures to assess and diagnose the patient's/client's needs**

- 101 Successful completion of didactic instruction.
- 104 Successful completion of didactic instruction.
- 107 Successful completion of didactic instruction in morphology.
 - Successful completion of laboratory experience with pit & fissure placement on extracted teeth and student partners.
 - Successful completion of laboratory experience with occlusal evaluation on study models and student premolars
- 111 Successful completion of didactic instruction.
- 111 lab Successful completion of case study analysis.
- 112 Successful completion of didactic instruction in Periodontics I.
- 117 Successful completion of didactic instruction.
 - Successful completion of fifteen radiographic competencies for lab.
 - Successful completion of self-evaluations of four full-mouth surveys on patients.
- 129 Successful completion of didactic instruction.
- 132 Successful completion of didactic instruction.
- 138 Successful completion of the Oral Pathology course.
- 139 Successful completion of didactic instruction.

Clinical experiences in 111, 121, 131 & 141 pertaining to this competency.

d. **Assessment: Recognize the requirements of patients/ clients with special needs and individuals of diverse populations.**

- 101 Successful completion of the Infection Control compliance.
- 111 Successful completion of the Infection Control compliance.
 - Successful completion of didactic instruction.
 - Successful completion of oral reports given on specific special needs disorders.
- 132 Successful completion of didactic instruction in Periodontics II.
- 134a Successful completion of didactic instruction.
- 134b Participation in community health projects which include underserved and diverse populations.
- 135 Complete special needs gerontology project. Alzheimer's project and discussion.
- 138 Successful completion of the Oral Pathology course, including general pathology.
- 145 Present geriatric clinical patient case.

Clinical experiences in 111, 121, 131 & 141 pertaining to this competency including rotation through the off-campus clinic.

e. **Diagnose: Use critical decision making skills to reach conclusions about the patient's/client's dental health needs based on all available assessment data.**

- 101 Successful completion of the Infection Control compliance.
- 103 Successful completion of didactic instruction in oral histology, especially deviation from normal.
- 104 Successful completion of didactic instruction.
- 107 Successful completion of didactic instruction.
- 111a Successful completion of the Infection Control compliance.
- 111b Successful completion of didactic instruction.
- 111c Successful completion of oral reports given on specific special needs disorders.
- 112 Successful completion of didactic instruction.
- 117a Successful completion of didactic instruction.
- 117b Successful completion of fifteen radiographic competencies for lab.
- 117c Successful completion of self-evaluations of four full-mouth surveys on patients.
- 129 Successful completion of didactic instruction.

- 132 Successful completion of didactic instruction in Periodontics II.
- 138 Successful completion of didactic instruction.
- 139 Successful completion of didactic instruction.

Clinical experiences in 111, 121, 131 & 141 pertaining to this competency.

f. **Planning: (Treatment Plan): Establish a planned sequence of care (educational, clinical, and evaluation) based on the dental hygiene diagnosis; identify oral conditions; potential problems; etiology and risk factors; and available treatment modalities.**

- 101 Successful completion of the Infection Control compliance.
- 103 Successful completion of didactic instruction in oral histology, especially deviation from normal.
- 104 Successful completion of didactic instruction.
- 107 Successful completion of didactic instruction.
- 111a Successful completion of the Infection Control compliance.
- 111b Successful completion of didactic instruction.
- 111c Successful completion of oral reports given on specific special needs disorders.
- 112 Successful completion of didactic instruction.
- 117a Successful completion of didactic instruction.
- 117b Successful completion of fifteen radiographic competencies for lab.
- 117c Successful completion of self-evaluations of four full-mouth surveys on patients.
- 129 Successful completion of didactic instruction.
- 132 Successful completion of didactic instruction in Periodontics II.
- 138 Successful completion of didactic instruction.
- 139 Successful completion of didactic instruction.

Clinical experiences in 111, 121, 131 & 141 pertaining to this competency.

g. **Planning: Make referrals to other healthcare professionals when appropriate.**

- 101 Utilize appropriate communication and patient management skills to provide the patient with individualized information regarding dental hygiene treatment procedures.
- 111a Successful completion of didactic instruction.
- 111b Successful completion of the Oral Pathology course; especially in the areas of HIV, Hepatitis, Tuberculosis, Rheumatic Fever and Intraoral Lesions.
- 129 demonstrate patient documentation that meets the standard of care.
- 132 use appropriate assessments, formulate a dental hygiene diagnosis and comprehensive treatment plan for a non-surgical periodontal therapy, and communicate the plan to the patient including the benefits and limitations of Scaling and Root Planing and Soft Tissue Curettage and the patient's role in effective treatment.
- 138 Explain the difference between a benign tumor and a malignant tumor.
- 149 Successful completion of section on ethics and legalities of patient referrals.

Clinical experiences in 111, 121, 131 & 141 pertaining to this competency.

h. **Implementation and Evaluation: Implement and self-evaluate dental hygiene services to include periodontal probing, coronal polishing, removal of supragingival and subgingival deposits, root planing, soft tissue curettage, ultrasonic scaling, radiology, chemotherapeutic agents, occlusal sealants, preventive counseling/OHI, periodontal re-evaluation, and sterilization procedures.**

- | | | |
|---------------------|---|---|
| Coronal Polishing | 101a | Successful completion of didactic instruction in coronal polishing. |
| | 101b | Successful completion of laboratory exercises in coronal polishing. |
| | 107 | Successful completion of didactic instruction as related to tooth anatomy. |
| | 111 | Successful completion of laboratory proficiencies in coronal polishing. |
| | Successful completion of the appropriate number of clinical clients in 111, 121, 131 & 141. | |
| Periodontal Probing | 101a | Successful completion of didactic instruction in periodontal probing. |
| | 101b | Successful completion of laboratory exercises in periodontal probing. |
| | 107 | Successful completion of didactic instruction as related to tooth anatomy. |
| | 111 | Successful completion of laboratory proficiencies in periodontal probing. |
| | 132 | Successful completion of the periodontal probing assessment on capstone perio case. |
| | Successful completion of the appropriate number of clinical clients in 111, 121, 131 & 141. | |

Removal Supra	101a	Successful completion of didactic instruction in removal of supragingival deposits.
	101b	Successful completion of laboratory exercises in removal of supragingival deposits.
	111	Successful completion of laboratory proficiencies in removal of supragingival deposits.
Successful completion of the appropriate number of clinical clients in 111, 121, 131 & 141.		
Removal Sub	101a	Successful completion of didactic instruction in the removal of subgingival deposits.
	101b	Successful completion of laboratory exercises in the removal of subgingival deposits.
	111	Successful completion of laboratory proficiencies in the removal of subgingival deposits.
	135	Laboratory review of advanced instrumentation techniques.
Successful completion of the appropriate number of clinical clients in 111, 121, 131 & 141.		
Root Planing	107	Successful completion of didactic instruction related to root morphology.
	111a	Successful completion of didactic instruction on root planing.
	111b	Successful completion of the laboratory proficiency in root planing.
	135	Laboratory review of advanced instrumentation techniques. Alternative techniques of hand instruments with curettes and sickles.
Successful completion of the appropriate number of clinical clients in 121, 131 & 141.		
Subgingival Ultrasonics		
	107	Successful completion of didactic instruction as related to tooth anatomy.
	111a	Successful completion of didactic instruction in the use of ultrasonics.
	111b	Successful completion of laboratory proficiencies in the use of ultrasonics.
	135	Laboratory review of ultrasonic techniques for advanced instrumentation.
Successful completion of the appropriate number of clinical clients in 121, 131 & 141.		

Radiology	113	Successful completion of didactic instruction in anatomical considerations required for radiology.
	117a	Successful completion of radiographic competencies in lab.
	117b	Successful completion and self-evaluation of full-mouth surveys on patients including pano and pedo.
Successful completion of the appropriate number of clinical clients in 121, 131 & 141.		
Chemotherapeutics	101a	Successful completion of didactic instruction in chemotherapeutics in dentistry.
	101b	Successful completion of laboratory exercises in the use of chemotherapeutics in dentistry.
	111	Successful completion of laboratory proficiencies in the use of chemotherapeutics in dentistry.
	132	Successful completion of preclinical Arrestin experience
	132	Successful completion of Arrestin placement on capstone perio case.
	139	Successful completion of didactic instruction.
Successful completion of the appropriate number of clinical clients in 111, 121, 131 & 141.		
STC	103	Successful completion of didactic instruction of oral histology as it relates to STC.
	112	Successful completion of didactic instruction in Soft Tissue Curettage.
	132a	Successful completion of didactic instruction in Soft Tissue Curettage.
	132b	Successful completion of preclinical and clinical procedures in Soft Tissue Curettage.
Successful completion of the appropriate number of clinical clients in DHYG 141.		
Occlusal Sealants	107a	Successful completion of didactic instruction in occlusal anatomy and occlusal sealants.
	107b	Successful completion in laboratory instruction in occlusal sealants.
Successful completion of the appropriate number of clinical clients in 111, 121, 131 & 141.		

OHI/Preventive Counseling

- 101 Successful completion of the Infection Control compliance.
 - 104 Successful completion of didactic instruction.
 - 107 Successful completion of didactic instruction.
- Successful completion of the appropriate number of clinical clients in 111, 121, 131 & 141.

Perio Re-eval

- 112 Successful completion of didactic instruction.
- 132 Successful completion of didactic instruction.
- 132 Successful completion of didactic instruction and perio re-eval procedure on perio patient capstone case.

Successful completion of the appropriate number of clinical clients in DHYG 131 & 141.

Sterilization/PPE/Handwashing:

- 101 Successful completion of supply room duties.
 - 109 Successful completion of Infection Control course.
 - 111 Successful completion of didactic instruction in sterilization and disinfecting.
 - 139 Successful completion of didactic instruction on sterilization and disinfecting.
- Successful completion of the appropriate number of clinical sessions in 111, 121, 131 & 141 utilizing knowledge on individual clients and during rotations into the clinical sterilization facility.

Continuing Care Patients

- 101 Utilize appropriate communication and patient management skills to provide the patient with individualized information regarding dental hygiene treatment procedures.
- 103 Successful completion of didactic instruction in oral histology, especially deviation from normal.
- 111 demonstrate beginning level proficiency in the selection, development, and implementation of the treatment plan for the child and healthy adult patient.
- 132 Prepare and deliver a presentation to an audience. (This includes clinical considerations)

138 Successful completion of the oral pathology course.

141 Demonstrate increased proficiency in efficient handling and evaluation of the prophylaxis patient using skills listed previously in clinical courses.

Successful recognition of lesions on the appropriate number of clinical clients in 111, 121, 131 & 141.

Methods of Evaluation

1. Integrate and apply professional, ethical, legal and regulatory concepts and decision-making skills to oral health care services, academic endeavors, community projects and professional activities.

Semester	Subject	Material leading to Competency	Method of Evaluation
1 st	Intro to D.H.	The obligations of a dental hygienist concerning who they can/cannot treat and how to maintain a safe environment. Explain the duties, responsibilities and limitations of the dental hygienist. Legal duties of the dental hygienist, legal responsibilities of treating all patients, OSHA guidelines are introduced.	Written Exams
	Intro to Clinic	Evaluations and preparations for child and adult patient exercises. Discussion of patient confidentiality regarding medical history review. Students learn OSHA requirement of infection control and cross-contamination: use of barriers, methods of sterilization. Legal requirements for medical/dental history reviews; legal charts/documents; patient confidentiality; signatures, etc.	Written exams Laboratory practicals and clinical performance.
	Morphology	Ethical approach for occlusal sealants. Infection control during occlusal sealant application. Legal concerns on use of extracted teeth for classroom practice. Legal concerns for the use of occlusal sealants.	Written exams and laboratory evaluation
	Patient Ed.	Ethical obligation to educate and inform clients of health promotion and prevention. Educating, informing and documenting information given to patients. Importance of not omitting information.	Written exams, case study, and group discussion
	Oral Histology		

	Infection Control	Ethics of infection control. Legalities of infection control and handling hazardous materials.	Written Exam
2nd	Radiology	Ethical dilemmas in exposing quality x-rays, reducing radiation exposure, and practicing optimal infection control. State and federal laws on dental radiation. Informing, educating and documenting information.	Written exams, quizzes. Laboratory & clinical practice on Dexter manikins and patients.
	Clinic I	Clinical discussion continued from DHYG 101 on patient confidentiality. Case studies. Practical application of items learned in DHYG 101 on child and adult patients. Legalities on the new skills learned including root planing, supra/sub-gingival ultrasonics, etc.	Case studies, exams, laboratory practicals, and clinical performance.
	Periodontics I	Case study project. The student will learn to recognize normal periodontal structures and understand deviations from normal so that they can evaluate a patient's periodontal status and then inform the patient of their findings. Class discussion and guest lectures by a periodontist to correlate the role of the dental hygienist in periodontal therapy including state and federal laws regarding dental hygiene function and the placement of subgingival chemical agents.	Written Examinations
	Anatomy		
Summer	Clinic II	Further evaluation of clinical ethical processes learned in DHYG 101 and DHYG 111. Further practical application : i.e. sterilization, referrals, etc. Practical application of items learned in DHYG 101 and DHYG 111 on adult patients. Legalities on the new skills learned including, marginations, amalgam polishing, etc.	Clinical evaluation
	Dental Materials		
	Anesthesia		

3rd	Comm. Health	Ethical dilemmas in public health – Written analysis and class discussion of sample cases. Title V, XVIII and XIX are discussed as well as additional state and federal programs providing access to care and health promotion.	Written exams Class discussion Written case Analysis
	pharmacology	Instruction on the legal requirements for writing prescriptions: Who can write them and how to write them. Instruction in the legal obligations to prevent and treat clients in the case of a medical emergency. Instruction in the legal use of drugs in the dental environment. Instruction in proper methods of cross-contamination and sterilization according to Cal-OSHA and Federal OSHA guidelines	written exams
	Clinic III	Further evaluation of clinical ethical processes learned in DHYG 101, DHYG 111 & DHYG 121. Further practical application: i.e. subgingival ultrasonics, root planing, etc. Practical application of items learned in DHYG 101 , DHYG 111 & DHYG 121 on adult patients. Legalities on the new skills learned including local anesthesia.	Clinical evaluation
	Periodontics II	Informed consent, treatment plan documentation, post-surgical responsibility. Ethics of Anesthesia and Soft Tissue Curettage. Legalities of administration of local anesthesia and performance of Soft Tissue Curettage are reviewed. A <i>periodontally-involved</i> patient is treated. Informed consent and documentation protocol.	Exams, case applications, Laboratory & Clinical Practice. Clinical evaluations
Semester	Subject	Material leading to Competency	Methods of Evaluation
	Oral Pathology	The ethical requirements to inform and treat clients exhibiting general pathology or oral pathology. The proper detection/diagnosis techniques needed to properly identify lesions or pathological conditions and inform the client of the findings. Includes techniques for biopsy, cytology and vital staining. The ethical treatment of patients with infectious, systemic diseases such as HIV, Diabetes, Tuberculosis and Hepatitis. Laws relevant to identifying oral lesions including biopsy, cytology and vital staining; informing the patient of your findings and proper follow-up treatment. Legalities involved in treating patients with infectious diseases such as HIV, Tuberculosis Herpes and Hepatitis.	Written Exams Oral Reports

	Seminar	Ethical dilemmas are discussed. Role-playing occurs. Discussion of the legal concerns of clinical situations occurring in clinic. Hypothetical clinical situations are included for discussion.	Written Examinations Class discussions
4th	Ethics	Case applications, group discussion activities, written personal philosophy paper to include ethical values and decision-making element. Discussion and instruction on the California State Dental Practice Act and California Rules and Regulations affecting dental hygiene practice.	Exams, quizzes, worksheets, papers.
	Seminar II	The ethical use of Nitrous oxide. The difference between diagnosis and detection of dental caries. Case presentations on ethical matters presented for class discussion. Legal responsibilities of treating patients with nitrous oxide analgesia. Legalities of detecting dental caries. Case presentations on legal issues.	Written Examinations, laboratory practice of Nitrous oxide. Case presentations.
	Clinic IV	Further evaluation of clinical ethical processes learned in DHYG 101, DHYG 111, DHYG 121 & DHYG 131. Further practical application: i.e. local anesthesia, nitrous oxide, etc. Practical application of items learned in DHYG 101, DHYG 111, DHYG 121 & DHYG 131 on adult patients. Legalities on the new skills learned including nitrous oxide. Ethical dilemmas facing the healthcare professional in regards to the aging population. Rules and regulations in regards to treating the elderly population.	Clinical Evaluation Written exams

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2. Apply critical thinking and self-assessment skills to enhance learning, research, patient care, professional growth and continued competency.

Semester	Subject	Material leading to Competency	Method of Evaluation
1 st	Intro to D.H.		
	Intro to Clinic	Evaluation of clinic worksheets. Written self-assessment included on all major projects.	Self-assessment evaluation forms
	Morphology	Self-assessment and peer evaluation of extracted teeth, sealants, occlusal laboratories and Visual Aid project. All quizzes and exams are corrected by the students after they are graded.	Written exams & quizzes.
	Patient Ed.	Written self-assessment forms are included on all major projects. Oral self-assessment is encouraged on group discussions of test answers and case application priorities.	Written exams and discussions
	Oral Histology	All quizzes and exams are corrected by the students after they have been graded	Written exams
	Infection Control		
2 nd	Radiology	All radiographs include a self-assessment component. Incremental activities offer opportunities through faculty mentoring to produce self-assessment.	Written exams & radiograph evaluations.
	Clinic I	Self-assessment on Daily Clinic Evaluation forms. Written self-assessment on all major projects including Visual Aids and special-needs projects.	Clinical evaluation forms
	Periodontics I		
	Anatomy		
Summer	Clinic II		Clinical evaluation form

		Self assessment occurs on all clients. Self assessment includes: a number grade; a supportive narrative to the instructor and any additional comments.	
	Dental Materials		
	Anesthesia		
3 rd	Comm. Health	Written self-assessment forms included on all projects. Written oral reports and class discussion is facilitated on projects and field trips.	Written exams and project/field-trip participation.
	Pharmacology		
	Clinic III	Self-assessment occurs on all clinical patients, including daily performance on local anesthesia	Clinical evaluation forms
	Periodontics II	Students complete self assessment forms in sutures, study models, anesthesia, x-rays, periodontic dressings and Soft Tissue Curettage. Written case presentation includes self-evaluation.	Written exams, patient work-up and treatment.
	Oral Pathology		
Semester	Subject	Material leading to Competency	Method of Evaluation
	Seminar	Class discussion of self-assessment on realistic clinical performance.	Written exams

4th	Ethics	Written self-assessment forms included on all projects. Oral self-assessment is encouraged on projects and field trips. A written personal philosophy with personal and professional goals is required.	Written exams and paper evaluation.
	Seminar II	As operator and patients, students assess their laboratory experiences while under the influence of nitrous oxide and while administrating the gases to fellow students.	Laboratory evaluation
	Clinic IV	Self-assessment of daily clinical performance including nitrous oxide and continued assessment with local anesthesia. Peer review rotations are utilized as a self-assessment tool.	Clinical evaluation forms

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3. Promote professionalism through active participation and affiliation with professional associations and community groups.

Semester	Subject	Material leading to Competency	Method of Evaluation
1 st	Intro to D.H.		
	Intro to Clinic		
	Morphology		
	Patient Ed.	Students are encouraged to attend state SADHA meetings and local component meetings. Points can be earned to make up for absences.	Verification of attendance
	Oral Histology	Students are required to attend one professional meeting as part of their grade in this class.	
	Infection Control		
2 nd	Radiology	Students are encouraged to attend state SADHA meetings and local component meetings. Points can be earned to make up for absences.	Verification of attendance
	Clinic I	Students are encouraged to participate in local Dental Hygiene meetings (local component of CDHA).	
	Periodontics I		
	Anatomy	Students are required to attend one professional meeting as part of their grade in this class.	Verification of attendance
Summer	Clinic II		

	Dental Materials		
	Anesthesia		
3rd	Comm. Health	Attendance and active participation in various professional activities are required in this class. Students are actively involved with the Sacramento County Dental Health agency and perform community projects for this organization. Developing and presenting dental health projects to various County grade-schools are part of the grading structure of this class.	Written notebook
	Pharmacology		
	Clinic III		
	Periodontics II		
	Oral Pathology		
	Seminar		
4 th	Ethics	Attendance and active participation in various professional activities are required in this class. Example: SDDS Midwinter Convention.	Verification of attendance
	Seminar II	Participation in the local Dental Health Faire (part of Dental Hygiene Month) is required of all students. Present Table Clinics to CDHA local component.	Table clinic judging
	Clinic IV		

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4. Survey, plan, implement and evaluate community oral health projects to a diverse range of community groups using health literacy and culturally sensitive communication skills.

Semester	Subject	Material leading to Competency	Method of Evaluation
1 st	Intro to D.H.		
	Intro to Clinic		
	Morphology		
	Patient Ed.	Introduction of basic indicies for clinical use that are applied to community use as well as individual research situations.	Written exam
	Oral Histology		
	Infection Control	Basic Infection control for all clinical procedures such as group screenings, oral health instructions, fluorides, etc.	Written exam
2nd	Radiology	Onsite radiographs of National Guard personnel on weekends	X-ray evaluation form
	Clinic I	Special-needs panel research and presentations. Students each follow a special needs client through clinic.	Clinical evaluation
	Periodontics I		
	Anatomy		
Summer	Clinic II		
	Dental Materials		

	Anesthesia		
3 rd	Comm. Health	School dental health projects including lesson plans, implementation and evaluation. Field trips to homeless shelters, geriatric centers, children=s hospitals and community agencies. Work in sealant clinics. Introduction to the developmentally disabled population	Written Exams Evaluation of notebook
	Pharmacology	Medical emergencies occurring in all settings. Instruction in sterilization and cross-contamination during projects. Need for premedication during projects.	
	Clinic III	Offsite clinical rotations to facilities with diverse populations for implementation of care.	Reflection
	Periodontics II		
	Oral Pathology	Instruction on chronic conditions confronted in community settings: tuberculosis, hepatitis, HIV, rheumatic fever, diabetes. Recognition of oral lesions seen in projects.	Written exams
	Seminar		
4 th	Ethics		
	Seminar II	Participate in community Health Faire. Develop Table Clinics for community and professional presentations. Guest lecturers from community health groups. Responsibility of profession to treat elderly. Understanding the needs and issues of the elderly.	Active participation at activities Written Examination
	Clinic IV	Offsite and onsite treatment and evaluation of developmentally disabled patients. Offsite visits to facilities with diverse populations.	Clinical evaluation forms

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5. Access professional resources and social networks to assist in continued professional growth, development and evaluation of alternative career opportunities.

Semester	Subject	Material leading to Competency	Method of Evaluation
1 st	Intro to D.H.	Introduction to career opportunities in the dental field.	Written exam
	Intro to Clinic		
	Morphology	Attendance at SADHA and CDHA component meetings.	Attendance taken
	Patient Ed.	Encourage use of ADHA website. Attend professional meetings. Oral interviews of professionals as resource projects. Guest speakers on career histories and opportunities.	Evaluation forms
	Oral Histology	Required to attend the SADHA and CDHA component meetings.	Attendance taken
	Infection Control		
2 nd	Radiology	Field trips to area radiographic facilities.	Field trip report
	Clinic I	Attendance at State and Local professional meetings. Observation of an RDH in a private dental office.	Attendance taken
	Periodontics I	Access professional resources in topics related to periodontics.	Eval of resource docum.
	Anatomy	Required to attend the SADHA and CDHA component meetings.	Attendance taken
Summer	Clinic II		
	Dental Materials		

	Anesthesia		
3 rd	Comm. Health	Guest lecturers. Field trips to sites of community projects. Internet program for working on the Developmentally Disabled population.	Off-site evaluation form
	Pharmacology		
	Clinic III	Clinical rotations to off-site clinical facilities with diverse populations.	Off-site evaluation form
	Periodontics II	Clinical evaluation with periodontists for case presentation, evaluation and clinical assessment.	Clinical evaluation form
	Oral Pathology		
	Seminar	Research of professional articles in Learning Center and on the internet.	
4th	Ethics	Multiple guest lecturers. Panel discussion with hygienists in alternative careers such as Public Health, State and County positions, and education. Written report on RDH in private practice. Class discussion with panel of local hygienists. Use of interviews for reference for group projects.	
	Seminar II	Guest lecturers from dental instrument supplies: (Hartzell, Hu-friedy). Dental manufacturers (Colgate, Procter & Gamble, Sonicare). Employment agencies (TLC, Dental Temps). Presentation of Table Clinic research project at CDHA component meeting.	Attendance taken
	Clinic IV	Continuation of off-campus clinical visits to treat the Developmentally Disabled population.	Evaluation forms

6. Have general knowledge of wellness, health determinants, and characteristics of various patient/client communities.

a. Provide life support measures to manage medical emergencies in patient/client care environments.

Semester	Subject	Material leading to Competency	Method of Evaluation
1 st	Intro to D.H.		
	Intro to Clinic	Beginning lecture on treatment of medical emergencies with role playing.. Discussion of emergency drug kit and use of oxygen. Medical History review. Vital signs.	Exams, worksheets.
	Morphology		
	Patient Ed.		
	Oral Histology		
	Infection Control		
2nd	Radiology		
	Clinic I	Review continuing skill development in medical emergencies and case application.	Daily evaluation, exams and proficiencies.
	Periodontics I		
	Anatomy		
Summer	Clinic II	Continuing skill development in medical emergencies and case application. Seminar on emergencies.	Clinical observation
	Dental Materials		

	Anesthesia	Lecture on dental emergencies.	Written exam
3rd	Comm. Health		
	Pharmacology	Lecture on medical emergencies. Treatment of emergencies occurring from the administration of local anesthesia. Drugs used to treat and prevent emergencies.	Written exams
	Clinic III	Continuing skill development in medical emergencies and case application.	Clinical evaluation
	Periodontics II	Post-operative care for potential medical problems with periodontally-involved patient: bleeding, pain, etc.	Clinical evaluation
	Oral Pathology	Treatment of patients with systemic pathology and prevention of medical problems with these patients.	Written Exams
	Seminar	Discussion of medical situations occurring in the clinic.	Case study exam
4th	Ethics	Legal ramifications of medical problems in the dental office	Written exam
	Seminar II	Nitrous Oxide emergencies Medical situations common to the elderly client.	Written exam
	Clinic IV	Continuing skill development in medical emergencies and case application with local anesthesia and nitrous oxide	Clinical evaluation form

6. Have general knowledge of wellness, health determinants, and characteristics of various patient/client communities.

b. Evaluate factors that can be used to promote patient/client adherence to disease prevention and/or health maintenance strategies.

Semester	Subject	Material leading to Competency	Method of Evaluation
1 st	Intro to D.H.	Introduction to career opportunities in the dental field.	Written exam
	Intro to Clinic	Introduce oral cancer risk assessment and the recognition of oral lesions.	Clinical evaluations and written exams
	Morphology		
	Patient Ed.	Introduce nutritional counseling, tobacco assessment & cessation, and caries risk assessment.	Written exams and homework assignments. Clinical application.
	Oral Histology		
	Infection Control		
2 nd	Radiology		
	Clinic I	Review continued skill development in nutritional counseling, tobacco assessment & cessation, and caries risk assessment.	Clinical application
	Periodontics I		
	Anatomy		

Summer	Clinic II	Review continued skill development in nutritional counseling, tobacco assessment & cessation, and caries risk assessment.	Clinical application
	Dental Materials		
	Anesthesia		
3 rd	Comm. Health		
	Pharmacology		
	Clinic III	Review continued skill development in nutritional counseling, tobacco assessment & cessation, and caries risk assessment.	Clinical application
	Periodontics II	Review continued skill development on an advanced perio patient in nutritional counseling, tobacco assessment & cessation, and caries risk assessment.	Clinical application
	Oral Pathology		
	Seminar		
4th	Ethics		
	Seminar II		
	Clinic IV	Review continued skill development in nutritional counseling, tobacco assessment & cessation, and caries risk assessment.	Clinical application

7. Control pain and anxiety during treatment through the use of appropriate clinical and behavioral techniques.

Semester	Subject	Material leading to Competency	Method of Evaluation
1 st	Intro to D.H.		
	Intro to Clinic	Communication techniques to minimize anxiety and fear.	Written exams
	Morphology		
	Patient Ed.	Communication techniques to minimize anxiety and fear.	Written exams
	Oral Histology		
	Infection Control	Proper infection control with local anesthesia.	
2nd	Radiology	Film placement techniques to minimize client discomfort.	Placement proficiency
	Clinic I	Dentin hypersensitivity: indications, techniques, products available and visual aids available.	Proficiency exam
	Periodontics I		
	Anatomy	Anatomical landmarks necessary for administration of local anesthetics.	Written exam
Summer	Clinic II	Awareness and observation of local anesthesia.	Clinical observation

	Dental Materials		
	Anesthesia	Local anesthesia lecture and preclinical experience.	Written exam and clinic application
3rd	Comm. Health		
	Pharmacology	Instruction in the administration of local anesthesia. Instruction in the use of analgesics and sedative drugs.	Written examination
	Clinic III	Clinical instruction in the use of local anesthetics.	Clinical Evaluation form
	Periodontics II	Clinical and laboratory instruction. The use of local anesthetics for the periodontally-involved client.	Practical exam
	Oral Pathology	Pain control with the acute periodontally-involved HIV+ patient.	Written exam
	Seminar	Indications and problem solving for the use of anesthetics. Selection and treatment planning when considering pain control. Nitrous oxide lecture and preclinical experiences.	Case-based exams and preclinical nitrous oxide application
4 th	Ethics	Case studies in potential ethical and legal issues in the use and documentation of pain control methods.	Written exam
	Seminar II	Instruction in the administration of nitrous oxide analgesia	Written exam
	Clinic IV	Continued use of local anesthetics. Administration of nitrous oxide.	Clinical evaluation form

8. Use evidence-based care to process, diagnose, plan, implement and evaluate (ADPIE) dental hygiene treatment for a diverse population based on their total needs. This competency includes:

a Assessment: Obtain, review and update a complete medical, family, social and dental history.

Semester	Subject	Material leading to Competency	Method of Evaluation
1 st	Intro to D.H.	Introduction to dental vocabulary and anatomy. Introduction to OSHA requirements.	Written exam
	Intro to Clinic	Basic instruction on collecting, analyzing, and recording data. Beginning instruction on critical thinking utilizing this data. Beginning development in treatment planning.	Exams, worksheets, clinical practical
	Morphology		
	Patient Ed.	Assessment data including indicies, nutrition status. Case application and decision-making skills demonstrated on exams and plaque control research projects.	Written exams
	Oral Histology		
	Infection Control		
2 nd	Radiology	Evaluate and review dental x-ray history as part of dental history.	Process evaluation
	Clinic I		

		Clinical experience in collecting, analyzing and recording data on clients. Further development in treatment planning.	Clinical evaluation, written exams
	Periodontics I		
	Anatomy		
Summer	Clinic II	Clinical practice of reviewing and collecting necessary data	Daily clinical evaluation
	Dental Materials		
	Anesthesia		
3 rd	Comm. Health	Further information on use of indices. Review demographic information to assess individuals and communities. Assessment data on community projects.	Written exams & reports
	Pharmacology	Collect data on client medications and determine how these medications effect the clients dental hygiene treatment. Collect data and information need for the use of local anesthesia.	Written exams
	Clinic III	Continued clinical practice of reviewing and collecting necessary data.	Daily clinical evaluation
	Periodontics II	Collect, review and update medical, family, social, and dental information on a periodontically-involved patient.	Case study reports
	Oral Pathology	Detect and analyze oral pathology in clients and how it effects the patient and their treatment. Collect information on systemic problems and determine the effect of these conditions on the client treatment: i.e. Tuberculosis, HIV, Diabetes, etc.	Written exams, Systemic disease oral report
	Seminar	Discussion and sharing of experiences of clinical clients. Oral case presentation	Case presentation

4 th	Ethics	Emphasis on adequate documentation of records. Legal concerns of documentation, referrals, etc.	Case presentations, Written exams
	Seminar II	Collect analyze, and record data on the administration of nitrous oxide and dental caries. Through class discussions during their Case Presentation, demonstrate their decision-making skills for unique situations. Develop and implement group Table Clinics.	
	Clinic IV	Continued clinical practice	Daily evaluation, mock Board Exam, proficiency exams.

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8. Use evidence-based care to process, diagnose, plan, implement and evaluate (ADPIE) dental hygiene treatment for a diverse population based on their total needs. This competency includes:

b. Assessment: Recognize risk factors and health conditions that require intervention to prevent disease or medical emergencies & to promote health.

Semester	Subject	Material leading to Competency	Method of Evaluation
1 st	Intro to D.H.	Introduction into risk factors such as Tuberculosis, Hepatitis, HIV, etc.	Written exam
	Intro to Clinic	Introduction to Medical History Exam. Basic Medical Emergency instruction. Develop worksheets.	Exams, emergency skits, clinic proficiency exams
	Morphology		
	Patient Ed.	Nutritional questionnaires, diet analysis.	Exams. Completion of questionnaires/analysis.
	Oral Histology		
	Infection Control	Recognize risk factors to yourself and to the clients. Instruction on how to safely deal with these situations.	Written exams
2nd	Radiology	Radiological health, safety and protocols .	
	Clinic I	Review Medical History exam procedures. Clinical application of MHX.	Clinical proficiencies. Daily evaluation of client risks. Exams
	Periodontics I	Review and understand systemic disease factors that influence the development of periodontal disease.	Written exams

	Anatomy	Trace route (vascular/lymphatics) for possible fatal conditions for injections.	Written exams
Summer	Clinic II	Continued clinic practice in evaluation of risk factors and health conditions.	Daily clinical evaluation
	Dental Materials		
	Anesthesia		
3rd	Comm. Health	Identify public health risk factors and health conditions pertinent to public health issues and oral health.	Written exams
	Pharmacology	Medical emergencies in the dental office. Medical emergencies with local anesthesia. The safe use of drugs in the dental office. The identification of drugs systemically taken by the clients and their effect on the health, safety and treatment of clients. Properly written prescriptions to insure client safety.	
	Clinic III	Continued clinic practice in evaluation of risk factors and health conditions.	Daily clinical evaluation
	Periodontics II	Managing medical emergencies with anesthesia. Proper homecare instructions following soft tissue curettage.	
	Oral Pathology	Identify oral lesions for their effects on treatment and possible treatment of the lesion. Effects of systemic diseases on the clients general health and their effects on dental hygiene treatment.	
	Seminar	Case presentations recognizing risk factors.	Case presentations, exams
4 th	Ethics	Discussion of the State=s Dental Practice Act, OSHA and Cal-OSHA guidelines and requirements. A written philosophy and dental hygiene interview on health & safety issues.	Evaluation of written assignments.
	Seminar II	Class discussions on patient safety issues. Risk factors with nitrous oxide.	Written exam. Laboratory practice.
	Clinic IV	Continued clinic practice in evaluation of risk factors and health conditions.	

8. Use evidence-based care to process, diagnose, plan, implement and evaluate (ADPIE) dental hygiene treatment for a diverse population based on their total needs. This competency includes:

c. Assessment: Perform a comprehensive examination using collection procedures to assess and diagnose the patient's/client's needs.

Semester	Subject	Material leading to Competency	Method of Evaluation
1 st	Intro to D.H.	Introduction to the vocabulary of dentistry and of dental structures.	Written exam
	Intro to Clinic	Instruction for comprehensive exam, data collection and review sheets.	Clinical proficiencies
	Morphology		
	Patient Ed.	Beginning instruction on data collection, assessment and diagnosis of patient needs.	
	Oral Histology		
	Infection Control	Infection control procedures needed to safely perform a medical/dental examination.	Written exams
2nd	Radiology	Utilization of radiographs integrated into assessment and interpretation.	Process & product exams
	Clinic I	Class discussions on clinical situations involving examination and diagnosis of conditions of client needs. Research presentation of patient needs.	Written exams
	Periodontics I	Basic instruction on the periodontium for an understanding of exam findings.	Written exams

	Anatomy	Basic anatomical landmarks necessary for a comprehensive intraoral and extraoral examination.	Written quizzes and exams
Summer	Clinic II		
	Dental Materials		
	Anesthesia		
3 rd	Comm. Health	Utilization of data collection on communities as a prerequisite to planning for public health.	Written exams
	Pharmacology	Instruction on drugs affecting dental hygiene treatment. Be able to assess the client=s needs for premedication, anesthesia, nitrous oxide and dental referrals.	Clinical evaluation
	Clinic III		
	Periodontics II	Follow through with one periodontically-involved patient with complete data collection, assessment, diagnosis of needs and then perform dental hygiene treatment including local anesthesia and soft tissue curettage.	Written case study, oral case presentation
	Oral Pathology	Instruction on proper description and recording of oral lesions in the clients treatment plan. Instruction on recognition and diagnosis of obvious oral lesions, screening of lesions with vital staining, oral cytology and biopsy.	Written exams
	Seminar	Class discussion on clinical situations involving exam and treatment of conditions and client needs. A review and update of clinic procedures.	Written exams. Oral case presentations
4th	Ethics		

	Seminar II	Class discussions on clinical situations involving examination and treatment of conditions and client needs.	Oral & written case presentation
	Clinic IV		

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8. Use evidence-based care to process, diagnose, plan, implement and evaluate (ADPIE) dental hygiene treatment for a diverse population based on their total needs. This competency includes:

d. Assessment: Recognize the requirements of patients/ clients with special needs and individuals of diverse populations.

Semester	Subject	Material leading to Competency	Method of Evaluation
1 st	Intro to D.H.	Discussion of patients with systemic diseases effecting treatment. Discussion on legalities of treating all patients equally.	Written Exam
	Intro to Clinic		
	Morphology		
	Patient Ed.	Beginning instruction on decision-making process in planning and implementing preventive education strategies for selected special needs clients of diverse population.	Nutritional needs report. Role playing.
	Oral Histology		
	Infection Control	Infection control for patient with special needs including patients with systemic diseases.	Written exam
2nd	Radiology		
	Clinic I	Research on patients with special needs. Includes oral presentations and group discussions.	Tests, group discussions
	Periodontics I	Instruction on the gingival conditions found with clients suffering from conditions such as immunosuppression.	Written exam

	Anatomy		
Summer	Clinic II	Students assigned to provide clinical care for all patients including patients of diverse backgrounds.	Daily clinical evaluation
	Dental Materials		
	Anesthesia		
3rd	Comm. Health	Survey, analyze, plan and implement projects for community-based special needs and diverse populations.	Field trip reports. Lesson plans, exams
	Pharmacology	Medication requirements of clients with special needs and clients of diverse backgrounds: i.e. sensitivity of certain ethnic groups to drug treatment.	Written exams
	Clinic III	Students rotate into assignments to treat developmentally disabled clients after formal instruction.	Daily clinical evaluation
	Periodontics II		
	Oral Pathology	Instruction on pathology associated with clients with special needs including clients with a history of HIV, tuberculosis, hepatitis, rheumatic fever, heart disease, etc.	Written exam
	Seminar	Students and Staff receive training from UOP School of Dentistry on how to treat the developmentally disabled client. Case presentations on clients with special needs and patients of diverse populations.	Group discussions, case-based final.
4 th	Ethics	Ethical and legal responsibility of treating clients with special needs and from diverse populations	Group discussions
	Seminar II	Special needs of diverse clients when utilizing nitrous oxide. Instruction on the special needs and issues of the geriatric client.	Written exams

	Clinic IV	Clinical rotation to treat developmentally disabled clients after formal instruction.	Clinical evaluation
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8. Use evidence-based care to process, diagnose, plan, implement and evaluate (ADPIE) dental hygiene treatment for a diverse population based on their total needs. This competency includes:

e. Diagnosis: Use critical decision making skills to reach conclusions about the patient's/client's dental hygiene needs based on all available assessment data.

Semester	Subject	Material leading to Competency	Method of Evaluation
1 st	Intro to D.H.	Discussion of patients with systemic diseases effecting treatment. Discussion on legalities of treating all patients equally.	Written Exam
	Intro to Clinic		
	Morphology		
	Patient Ed.	Beginning instruction on decision-making process in planning and implementing preventive education strategies for selected special needs clients of diverse population.	Nutritional needs report. Role playing.
	Oral Histology		
	Infection Control	Infection control for patient with special needs including patients with systemic diseases.	Written exam
2nd	Radiology		
	Clinic I	Research on patients with special needs. Includes oral presentations and group discussions.	Tests, group discussions

	Periodontics I	Instruction on the gingival conditions found with clients suffering from conditions such as immunosuppression.	Written exam
	Anatomy		
Summer	Clinic II	Students assigned to provide clinical care for all patients including patients of diverse backgrounds.	Daily clinical evaluation
	Dental Materials		
	Anesthesia		
3rd	Comm. Health	Survey, analyze, plan and implement projects for community-based special needs and diverse populations.	Field trip reports. Lesson plans, exams
	Pharmacology	Medication requirements of clients with special needs and clients of diverse backgrounds: i.e. sensitivity of certain ethnic groups to drug treatment.	Written exams
	Clinic III	Students rotate into assignments to treat developmentally disabled clients after formal instruction.	Daily clinical evaluation
	Periodontics II		
	Oral Pathology	Instruction on pathology associated with clients with special needs including clients with a history of HIV, tuberculosis, hepatitis, rheumatic fever, heart disease, etc.	Written exam
	Seminar	Students and Staff receive training from UOP School of Dentistry on how to treat the developmentally disabled client. Case presentations on clients with special needs and patients of diverse populations.	Group discussions, case-based final.
4 th	Ethics	Ethical and legal responsibility of treating clients with special needs and from diverse populations	Group discussions

	Seminar II	Special needs of diverse clients when utilizing nitrous oxide. Instruction on the special needs and issues of the geriatric client.	Written exams
	Clinic IV	Clinical rotation to treat developmentally disabled clients after formal instruction.	Clinical evaluation

8. Use evidence-based care to process, diagnose, plan, implement and evaluate (ADPIE) dental hygiene treatment for a diverse population based on their total needs. This competency includes:

f. Planning (Treatment Plan): Establish a planning sequence of care (educational, clinical, and evaluation) based on the dental hygiene diagnosis; identify oral conditions; potential problems; etiology and risk factors; and available treatment modalities.

Semester	Subject	Material leading to Competency	Method of Evaluation
1 st	Intro to D.H.	Discussion of patients with systemic diseases effecting treatment. Discussion on legalities of treating all patients equally.	Written Exam
	Intro to Clinic		
	Morphology		
	Patient Ed.	Beginning instruction on decision-making process in planning and implementing preventive education strategies for selected special needs clients of diverse population.	Nutritional needs report. Role playing.
	Oral Histology		
	Infection Control	Infection control for patient with special needs including patients with systemic diseases.	Written exam
2nd	Radiology		
	Clinic I	Research on patients with special needs. Includes oral presentations and group discussions.	Tests, group discussions
	Periodontics I	Instruction on the gingival conditions found with clients suffering from conditions such as immunosuppression.	Written exam

	Anatomy		
Summer	Clinic II	Students assigned to provide clinical care for all patients including patients of diverse backgrounds.	Daily clinical evaluation
	Dental Materials		
	Anesthesia		
3rd	Comm. Health	Survey, analyze, plan and implement projects for community-based special needs and diverse populations.	Field trip reports. Lesson plans, exams
	Pharmacology	Medication requirements of clients with special needs and clients of diverse backgrounds: i.e. sensitivity of certain ethnic groups to drug treatment.	Written exams
	Clinic III	Students rotate into assignments to treat developmentally disabled clients after formal instruction.	Daily clinical evaluation
	Periodontics II		
	Oral Pathology	Instruction on pathology associated with clients with special needs including clients with a history of HIV, tuberculosis, hepatitis, rheumatic fever, heart disease, etc.	Written exam
	Seminar	Students and Staff receive training from UOP School of Dentistry on how to treat the developmentally disabled client. Case presentations on clients with special needs and patients of diverse populations.	Group discussions, case-based final.
4 th	Ethics	Ethical and legal responsibility of treating clients with special needs and from diverse populations	Group discussions
	Seminar II	Special needs of diverse clients when utilizing nitrous oxide.	Written exams

		Instruction on the special needs and issues of the geriatric client.	
	Clinic IV	Clinical rotation to treat developmentally disabled clients after formal instruction.	Clinical evaluation

8. Use evidence-based care to process, diagnose, plan, implement and evaluate (ADPIE) dental hygiene treatment for a diverse population based on their total needs. This competency includes:

g. Planning: Make referrals to other healthcare professionals when appropriate.

Semester	Subject	Material leading to Competency	Method of Evaluation
1 st	Intro to D.H.		
	Intro to Clinic	Beginning instruction in medical history review, dental history review, review of symptoms and relate this information to the need for appropriate outside referrals.	Written exam
	Morphology		
	Patient Ed.		
	Oral Histology		
	Infection Control		
2nd	Radiology	Referral of clients for treatment of significant lesions found radiographically.	Referral form
	Clinic I	Ongoing instruction on possible medical conditions needing referral. Students introduced to the clinic referral form.	Clinical evaluation
	Periodontics I	Instruction on reasons for follow-up treatment of periodontally-involved clients for definitive treatment following dental hygiene care.	Written exams
	Anatomy		
Summer	Clinic II	Continued use of Clinic referral form for medical and dental complications.	Referral form

	Dental Materials		
	Anesthesia		
3rd	Comm. Health		
	Pharmacology	Instruction on drug-related concerns and the reasons for referrals on clients.	Written exam
	Clinic III	Continued use of Clinic referral form for medical and dental complications.	Clinical evaluation
	Periodontics II	Referral of the periodonally-involved client for more definitive treatment following dental hygiene care.	Case present with periodontist
	Oral Pathology	Proper written descriptions of oral lesions for referrals to appropriate personal. Instruction on referral of clients with oral lesions for proper diagnosis and treatment. Instruction on referral of clients for proper diagnosis of oral lesions. Instruction in vital staining, cytology and biopsy.	Written exams
	Seminar	Possible case presentations of clients where referral is part of the over-all treatment. Importance of documentation and record-keeping.	Written exam
4th	Ethics	Importance of documentation and record-keeping for referrals and legal consequences of omissions for referrals.	Written exam
	Seminar II	Instruction on caries detection which then leads to referrals to dentists for treatment.	Written exam
	Clinic IV	Continued use of Clinic Referral Form with more emphasis on caries referrals.	Clinical evaluation

8. Use evidence-based care to process, diagnose, plan, implement and evaluate (ADPIE) dental hygiene treatment for a diverse population based on their total needs. This competency includes:
- h. Implement and self-evaluate dental hygiene services to include periodontal probing, coronal polishing, removal of supragingival & subgingival deposits, root planing, soft tissue curettage, ultrasonic scaling, radiology, chemotherapeutic agents/Arestin, occlusal sealants, preventive counseling/OHI, periodontal re-evaluation, and sterilization procedures.**

Semester	Subject	Material leading to Competency	Method of Evaluation
1 st	Intro to D.H.		
	Intro to Clinic	Beginning treatment on a child and an adult client. Includes data collection, treatment planning, removal of supragingival deposits, coronal polishing, and application of fluoride.	Clinical proficiency
	Morphology	Instruction on tooth and root anatomy necessary for proper dental hygiene instrumentation. Beginning instruction in occlusal sealants on extracted teeth and student partners.	Laboratory evaluation
	Patient Ed.	Decision-making on selection of appropriate chemotherapeutic agents for targeted cases.	Exams, class discussions
	Oral Histology	Basic histology of dental tissues as related to scaling, root planing and soft tissue curettage.	Written exam
	Infection Control	Instruction in proper infection control and cross-contamination techniques while performing dental hygiene services..	Written exam
2nd	Radiology	Laboratory and clinical instruction in exposing, developing and evaluating full-mouth and bite-wing radiographs.	Laboratory evaluation
	Clinic I	Continuing instruction on child clients. Beginning instruction on Class I-III clients. Includes duties learned in DHYG 101 such as periodontal probing and removal of supragingival deposits. Beginning instruction in the ultrasonic scaler, occlusal sealants, root planing, and subgingival calculus removal.	Clinical evaluation of Coronal Polishing and MHX / DHX.

	Periodontics I	Basic periodontal instruction necessary to properly treat gingival tissues.	Written exams
	Anatomy		
Summer	Clinic II	Continued clinical experience in performing oral prophylaxis with a wider variety of clinical cases, as well as case studies with the use of oral roentgenograms. Assignment in clinical x-ray will be provided in the course. Continued development of skills for root planing and removal of supragingival and subgingival deposits.	Clinical evaluation of Chemotherapeutic agents Sealants and Supra removal
	Dental Materials	Instruction in margination of amalgam overhangs and polishing of amalgam restorations.	Laboratory evaluation
	Anesthesia		
3rd	Comm. Health		
	Pharmacology	Instruction in antibiotic therapy necessary to safely treat clients. Interactions of drug with chemotherapeutic agents	Written exams
	Clinic III	Continued clinical experience in performing oral prophylaxis with wider variety of oral roentgenograms, dietary analysis, submarginal ultrasonics, and other supplementary procedures including the administration of local anesthesia.	Clinical evaluation of Probing
	Periodontics II	Beginning clinical skills for administration of local anesthesia, soft tissue curettage and radiographs on the periodontal client.	Case presentations. Exam.
	Oral Pathology		
	Seminar	Instruction in critical thinking and decision-making skills. Discussions regarding clinical techniques and problem solving.	Written exams
4th	Ethics		

	Seminar II	Caries detection instruction. The role of occlusal sealants in tooth decay.	Written exam
	Clinic IV	The student will be able to plan, perform, and evaluate oral health services for normal adults to moderate periodontal patients. Includes further clinical evaluation of soft tissue curettage, administration of local anesthesia, root planing and administration of nitrous oxide	Clinical evaluation of Root planing Soft Tissue Curettage Local Anesthesia Nitrous oxide Subgingival removal Radiology

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9. Provide and complete care to a variety of patients/clients using methods consistent with medicolegal principles

Semester	Subject	Material leading to Competency	Method of Evaluation
1 st	Intro to D.H.		
	Intro to Clinic	Beginning treatment on a child and an adult client. Includes data collection, treatment planning, removal of supragingival deposits, coronal polishing, and application of fluoride.	Clinical proficiency
	Morphology	Instruction on tooth and root anatomy necessary for proper dental hygiene instrumentation. Beginning instruction in occlusal sealants on extracted teeth and student partners.	Laboratory evaluation
	Patient Ed.	Decision-making on selection of appropriate chemotherapeutic agents for targeted cases.	Exams, class discussions
	Oral Histology	Basic histology of dental tissues as related to scaling, root planing and soft tissue curettage.	Written exam
	Infection Control	Instruction in proper infection control and cross-contamination techniques while performing dental hygiene services..	Written exam
2nd	Radiology	Laboratory and clinical instruction in exposing, developing and evaluating full-mouth and bite-wing radiographs.	Laboratory evaluation
	Clinic I	Continuing instruction on child clients. Beginning instruction on Class I-III clients. Includes duties learned in DHYG 101 such as periodontal probing and removal of supragingival deposits. Beginning instruction in the ultrasonic scaler, occlusal sealants, root planing, and subgingival calculus removal.	Clinical evaluation of Coronal Polishing and MHX / DHX.
	Periodontics I	Basic periodontal instruction necessary to properly treat gingival tissues.	Written exams
	Anatomy		

Summer	Clinic II	Continued clinical experience in performing oral prophylaxis with a wider variety of clinical cases, as well as case studies with the use of oral roentgenograms. Assignment in clinical x-ray will be provided in the course. Continued development of skills for root planing and removal of supragingival and subgingival deposits.	Clinical evaluation of Chemotherapeutic agents Sealants and Supra removal
	Dental Materials	Instruction in margination of amalgam overhangs and polishing of amalgam restorations.	Laboratory evaluation
	Anesthesia		
3rd	Comm. Health		
	Pharmacology	Instruction in antibiotic therapy necessary to safely treat clients. Interactions of drug with chemotherapeutic agents	Written exams
	Clinic III	Continued clinical experience in performing oral prophylaxis with wider variety of oral roentgenograms, dietary analysis, submarginal ultrasonics, and other supplementary procedures including the administration of local anesthesia.	Clinical evaluation of Probing
	Periodontics II	Beginning clinical skills for administration of local anesthesia, soft tissue curettage and radiographs on the periodontal client.	Case presentations. Exam.
	Oral Pathology		
	Seminar	Instruction in critical thinking and decision-making skills. Discussions regarding clinical techniques and problem solving.	Written exams
4th	Ethics		
	Seminar II	Caries detection instruction. The role of occlusal sealants in tooth decay.	Written exam
	Clinic IV	The student will be able to plan, perform, and evaluate oral health services for normal adults to moderate periodontal patients. Includes further clinical evaluation of soft tissue curettage, administration of local anesthesia, root planing and administration of nitrous oxide	Clinical evaluation of Root planing

			Soft Tissue Curettage
			Local Anesthesia
			Nitrous oxide
			Subgingival removal
			Radiology

SECTION SEVEN

Program Policies

PEP STEPS

(Includes emergency needle stick information)

Quality Assurance Plan

Curriculum Management Plan

PEP STEPS

- **A Quick Guide to Postexposure Prophylaxis in the Health Care Setting**
- **Bloodborn 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
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:

COURSE	UNITS	HOURS LECTURE	HOURS LAB
DHYG 101	6	36	216
DHYG 103	1	18	
DHYG 104	2	36	
DHYG 107	1.5	18	27
DHYG 109	0.5	9	
DHYG 111	4	36	117
DHYG 112	2	36	
DHYG 113	2	36	
DHYG 117	3	36	54
DHYG 121	2	36	110
DHYG 127	2	18	54
DHYG 129	2	27	27
DHYG 131	4		252
DHYG 132	1		54
DHYG 134	2	18	54
DHYG 135	1.5	27	
DHYG 138	2	36	
DHYG 139	2	36	
DHYG 141	4		252
DHYG 145	1		54
DHYG 149	2	36	

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.

LATE POLICY

Students that are more than 15 minutes late to class or leave class early will be counted as absent. This policy goes for both Distance Education (virtual learning) and in-person learning.

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.

ASA Classification Chart (2020)

ASA PS Classification	Definition	Adult Examples, Including, but not Limited to:	Pediatric Examples, Including but not Limited to:	Obstetric Examples, Including but not Limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use	Healthy (no acute or chronic disease), normal BMI percentile for age	
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Current smoker, social alcohol drinker, pregnancy, obesity ($30 < \text{BMI} < 40$), well-controlled DM/HTN, mild lung disease	Asymptomatic congenital cardiac disease, well controlled dysrhythmias, asthma without exacerbation, well controlled epilepsy, non-insulin dependent diabetes mellitus, abnormal BMI percentile for age, mild/moderate OSA, oncologic state in remission, autism with mild limitations	Normal pregnancy*, well controlled gestational HTN, controlled preeclampsia without severe features, diet-controlled gestational DM.
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Poorly controlled DM or HTN, COPD, morbid obesity ($\text{BMI} \geq 40$), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, history (>3 months) of MI, CVA, TIA, or CAD/stents.	Uncorrected stable congenital cardiac abnormality, asthma with exacerbation, poorly controlled epilepsy, insulin dependent diabetes mellitus, morbid obesity, malnutrition, severe OSA, oncologic state, renal failure, muscular dystrophy, cystic fibrosis, history of organ transplantation, brain/spinal cord malformation, symptomatic hydrocephalus, premature infant PCA <60 weeks, autism with severe limitations, metabolic disease, difficult airway, long term parenteral nutrition. Full term infants <6 weeks of age.	Preeclampsia with severe features, gestational DM with complications or high insulin requirements, a thrombophilic disease requiring anticoagulation.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Recent (<3 months) MI, CVA, TIA or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, shock, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis	Symptomatic congenital cardiac abnormality, congestive heart failure, active sequelae of prematurity, acute hypoxic-ischemic encephalopathy, shock, sepsis, disseminated intravascular coagulation, automatic implantable cardioverter-defibrillator, ventilator dependence, endocrinopathy, severe trauma, severe respiratory distress, advanced oncologic state.	Preeclampsia with severe features complicated by HELLP or other adverse event, peripartum cardiomyopathy with EF <40 , uncorrected/decompensated heart disease, acquired or congenital.
ASA V	A moribund patient who is not expected to survive without the operation	Ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction	Massive trauma, intracranial hemorrhage with mass effect, patient requiring ECMO, respiratory failure or arrest, malignant hypertension, decompensated congestive heart failure, hepatic	Uterine rupture.

encephalopathy, ischemic bowel or multiple organ/system dysfunction.

ASA VI

A declared brain-dead patient whose organs are being removed for donor purposes

Although pregnancy is not a disease, the parturient's physiologic state is significantly altered from when the woman is not pregnant, hence the assignment of ASA 2 for a woman with uncomplicated pregnancy.

***The addition of "E" denotes surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)*

SOURCE: American Society of Anesthesiologists

AAP Classification Chart (2018)

Staging and Grading Periodontitis

The 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions resulted in a new classification of periodontitis characterized by a multidimensional staging and grading system. The charts below provide an overview. Please visit perio.org/2017wwdc for the complete suite of reviews, case definition papers, and consensus reports.



PERIODONTITIS: STAGING

Staging intends to classify the severity and extent of a patient's disease based on the measurable amount of destroyed and/or damaged tissue as a result of periodontitis and to assess the specific factors that may attribute to the complexity of long-term case management.

Initial stage should be determined using clinical attachment loss (CAL). If CAL is not available, radiographic bone loss (RBL) should be used. Tooth loss due to periodontitis may modify stage definition. One or more complexity factors may shift the stage to a higher level. See perio.org/2017wwdc for additional information.

	Periodontitis	Stage I	Stage II	Stage III	Stage IV
Severity	Interdental CAL (at site of greatest loss)	1 – 2 mm	3 – 4 mm	≥5 mm	≥5 mm
	RBL	Coronal third (<15%)	Coronal third (15% - 33%)	Extending to middle third of root and beyond	Extending to middle third of root and beyond
	Tooth loss (due to periodontitis)	No tooth loss		≤4 teeth	≥5 teeth
Complexity	Local	<ul style="list-style-type: none"> Max. probing depth ≤4 mm Mostly horizontal bone loss 	<ul style="list-style-type: none"> Max. probing depth ≤5 mm Mostly horizontal bone loss 	In addition to Stage II complexity: <ul style="list-style-type: none"> Probing depths ≥6 mm Vertical bone loss ≥3 mm Furcation involvement Class II or III Moderate ridge defects 	In addition to Stage III complexity: <ul style="list-style-type: none"> Need for complex rehabilitation due to: <ul style="list-style-type: none"> Masticatory dysfunction Secondary occlusal trauma (tooth mobility degree ≥2) Severe ridge defects Bite collapse, drifting, flaring < 20 remaining teeth (10 opposing pairs)
Extent and distribution	Add to stage as descriptor	For each stage, describe extent as: <ul style="list-style-type: none"> Localized (<30% of teeth involved); Generalized; or Molar/incisor pattern 			



PERIODONTITIS: GRADING

Grading aims to indicate the rate of periodontitis progression, responsiveness to standard therapy, and potential impact on systemic health.

Clinicians should initially assume grade B disease and seek specific evidence to shift to grade A or C.

See perio.org/2017wwdc for additional information.

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

The 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions was co-presented by the American Academy of Periodontology (AAP) and the European Federation of Periodontology (EFP).

ADA Classification Chart

Case Type	PD (mm)	BOP (Yes/No)	Bone Loss (%)	Mobility (Grade)	Furcations (Grade)	CAL (mm)	Visual Inflammation
0 (Health)	0-3	No	0	None	None	0	No
I (Gingivitis)	0-4	Yes	0	None	None	0	Yes (localized or generalized)*
II (Slight Chronic Periodontitis) [†]	4-5	Yes	10	I	1	1-2	Yes (localized or generalized)*
III (Moderate Chronic Periodontitis) [†]	5-6	Yes	33	I and II	1 and 2	3-4	Yes (localized or generalized)*
IV (Severe Chronic Periodontitis) [†]	≥ 6	Yes	> 33	I, II, or III	1, 2, 3, or 4	≥ 5	Yes (localized or generalized)*
V (Aggressive Periodontitis) [‡] (age is significant factor)	≥ 6	Yes	> 33	I, II, or III	1, 2, 3, or 4	≥ 5	Yes (localized or generalized)*

* Localized disease is defined as ≤ 30% of sites are involved; and generalized disease infers >30% of sites are involved.²⁴

[†] Specialty referral may be indicated for additional treatment beyond initial therapy.

[‡] Specialty referral should be considered.

Calculus Classification

	0 No calculus
	1 TRACE Trace levels of calculus at gingival margin or between teeth
	2 SLIGHT Calculus deposits 1 mm or less
	3 MODERATE Calculus deposits 1 to 2 mm, but covering less than one third of the tooth surface
	4 HEAVY Calculus deposits greater than 2 mm, may extend over soft tissues, or may bridge teeth

BLOOD PRESSURE POLICY

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

Blood Pressure Categories			
BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120-129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130-139	or	80-89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

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heart.org/bplevels



Category- Systolic Reading	Blood Pressure Reading	Action
Normal	Less than 120	Proceed with treatment
Elevated	120-129	Proceed with treatment
High BP (Hypertension) Stage 1	130-139	Proceed with treatment
High BP (Hypertension) Stage 2	140 or higher	Proceed with treatment
Hypertensive Crisis (Consult your doctor immediately)	>210	Do Not Treat , refer for consultation with Physician. NO ASSESSMENTS ALLOWED.

Category- Diastolic Reading	Blood Pressure Reading	Action
Normal	Less than 80	Proceed with treatment

Elevated	Less than 80	Proceed with treatment
High BP (Hypertension) Stage 1	80-89	Proceed with treatment, inform faculty
High BP (Hypertension) Stage 2	90 or higher	Proceed with treatment, inform faculty
Hypertensive Crisis (Consult your doctor immediately)	Higher than 120	Do Not Treat , refer for consultation with Physician. NO ASSESSMENTS ALLOWED.

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/Standard Precautions. 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.

Stage	Description
Stage 1 Prodrome	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.
Stage 2 Inflammation and Swelling	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.
Stage 3 Blisters Form	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.
Stage 4 Ulceration	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.
Stage 5 Crust or Scab	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.
Stage 6 Complete Healing	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.

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.

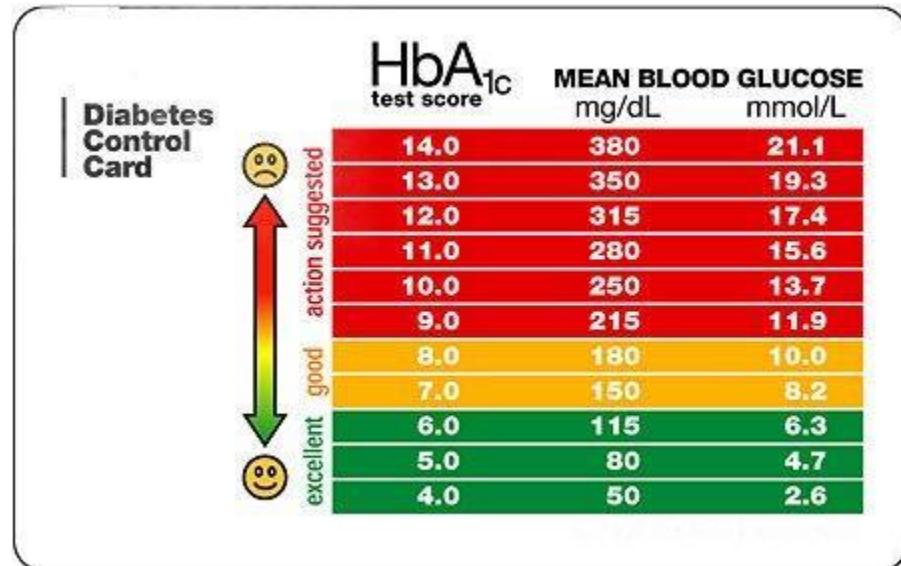
HIPPA/PATIENT PRIVACY POLICY

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**

A1C AND eAG (AVERAGE GLUCOSE) POLICY



Patients that present with an A1C of 9.0 or higher will be released and reappointed until after their average blood glucose control is in a safe range to treat; 4.0 – 8.0.

Patients that monitor blood glucose with a finger prick test and present with 215 mg/dL or higher will be release and reappointed until after their average blood glucose control is in a safe range to treat; 50 -180 mg/dL.

TB POLICY

Patients with a history of active TB within the past 6 to 9 months who have not completed both their initial dose and interval dose of antibiotics will be released and reappointed until after their TB drug therapy is complete. For active TB patients a medical clearance is required indicating both drug therapy protocol was completed and the patient is cleared for dental treatment. After drug therapy and medical clearance ultrasonic instrumentation is allowed.

Patients with a Latent TB Infection are not infectious and can be treated in our clinic. A medical clearance is **not** required and ultrasonic instrumentation is allowed.

STAPH/MRSA POLICY

Any patient that presents with diagnosed **active** MRSA on their medical history is released from the clinic for care until the infection has fully resolved.

If a patient is **currently under the care** of a medical doctor and on medications for MRSA the patient is released from the clinic until the infection has fully resolved. A medical release must be provided confirming MRSA is not present and the patient is cleared for dental treatment.

If a patient presents with a lesion suspected to be MRSA, the patient is provided a medical referral and released from the clinic for care until the infection has fully resolved and a medical release is provided confirming MRSA is not present. If the suspected lesions was MRSA, a medical release must be provided confirming MRSA is not present and the patient is cleared for dental treatment.

A patient that presents with a past MRSA infection history, has completed medical care and the infection is fully resolved, may be treated in our 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:^{*}
 - unrepaired or incompletely repaired cyanotic congenital heart disease, including those with palliative shunts and conduits
 - 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
 - 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)

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 in 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 premedicated 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.

Administering 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.

International Normalizing Ration (INR)

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 above 3.5 requires a medical release from the patient's doctor by FAX confirmation.

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 lead 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

A new patient with generalized disease or high risk	FM series with PAs and BWX Pano based on clinical judgement
A new child patient with generalized disease or high risk	BWX and selected PAs Pano based on clinical judgement
New adult patient generally health and low risk	FM series with PAs and BWX or BWX and selected PAs Pano based on clinical judgement
New child generally health and low risk	BWX Open proximal contacts no radiographs

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

An increased risk of caries or has caries	BWX every 6 – 18 months
At low risk for caries & no caries present	BWX every 24 – 36 months
At increased risk for periodontal disease or with periodontal disease	Based on clinical exam and judgement
An adult patient generally health and low risk	FM series with PAs and BWX or BWX and selected PAs every 3 years

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

An increased risk of caries or has caries	BWX every 6 – 12 months
At low risk for caries & no caries present	<ul style="list-style-type: none">Primary and mixed dentition: BWX every 12 – 24 monthsAdolescent: BWX every 18 – 26 months
At increased risk for periodontal disease or with periodontal disease	Based on clinical exam and judgement

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, when possible, to resolve issues as they arise.
- The Dean's office has a written complaint procedure if needed.
- Students are to follow the DHBC and CODA complaint procedures outlined in section 2.

STUDENT GRIEVANCE PROCESS

Grievance Procedure:

Students shall have the right to file a grievance as outlined in Los Rios Regulation R-2412 (<https://scc.losrios.edu/shared/doc/board/regulations/R-2412.pdf>), in the event of an alleged breach of their rights. Sacramento City College's designated grievance officer will hear grievances of students who believe their academic rights have been denied or violated. Go to Class-Related Concerns (<https://scc.losrios.edu/class-related-concerns>)

Student Grievance and Class-Related Concerns Steps to Resolution:

Students should speak with their professor about the concern. Students who feel as though they are unable to speak with their professor or resolve the situation, should then contact the instructional division area dean. Note: Most complaints, grievances, or disciplinary matters should be resolved at the campus level. This is the quickest and most successful way of resolving issues involving the college. You are encouraged to work through the campus complaint process first. Contact For information on how to file a formal grievance, please contact the Student Grievance Officer: Andre Coleman (Dean, Campus Intervention) Email: colemaa@scc.losrios.edu Phone: (916) 650-2929 Additional Grievance Information Issues that are not resolved at the college or district level may be presented via resources provided by the California Community Colleges Chancellor's Office. Complainants are encouraged to use the official form provided by the Chancellor's office (<https://www.cccco.edu/Complaint-Process-Notice>), however, that form is not required and complaints will not be considered defective or rejected if you do not use the form. A student may file a grievance or grieve an action or decision of the district or one of its colleges when the student's status and/or rights have been adversely affected. Grievances relating to grades are subject to Education Code Section 76224(a), which reads: "When grades are given for any course of instruction taught in a community college district, the grade given to each student shall be the grade determined by the instructor of the course and the determination of the student's grade by the instructor, in the absence of mistake, fraud, bad faith, or incompetence, shall be final." In addition to complaints being filed by students or employees, complaints may be initiated by other individuals or entities, such as a family member, representative, organization, or other third party wishing to file on behalf of an individual or group alleged to have suffered unlawful discrimination or harassment (Los Rios Regulation R-2423 (<https://scc.losrios.edu/shared/doc/board/regulations/R-2423.pdf>)).

PROGRAM APPEALS PROCESS

Students have the option to utilize a program level grievance process if they decide the college level process is not the avenue they want to use. This appeals process may be used for program re-entry. Students will need to submit a “Petition to Repeat Dental Hygiene Course/Return to Program” form with all relevant supportive documents. The submission deadline for this form aligns with the application deadline, April 1st.

The form is submitted to the program director with all required items. Students will meet with a panel to present their case, known as an appeal hearing. The panel will be provided with the submitted petition and all supporting documents ahead of time. The panel will hear your case then make a recommendation to the program director. The program director will make the decision to approve or deny the petition. The decision is generally made at the end of the appeals hearing, but may be extended 1-2 weeks if additional time is needed. Returning in a future semester is dependent on space availability.



WORKING TOGETHER | PURSUING EXCELLENCE | INSPIRING ACHIEVEMENT

PETITION TO REPEAT Dental Hygiene COURSE/RETURN TO PROGRAM

LAST DAY TO SUBMIT: April 1.

Student Name: _____ W#: _____

Date of Submission _____ Email: _____

Phone: _____

Return to Term: _____ Year: _____ Repeat course(s): _____

- Fall
- Spring

Return the completed form with all required items. Students will meet with a panel to present their case. The panel will be provided the submitted petition and all supporting documents ahead of time. The panel will hear your case then make a recommendation to the program director. The program director will make the decision to approve or deny the petition. Returning in a future semester is dependent on space availability.

Alternate Return if Space is Not Available

Return to Term: _____ Year: _____ Repeat course(s): _____

- Fall
- Spring

PLEASE CHECK THE REASON(S) YOU ARE RETAKING THE COURSE (DOCUMENTATION MUST BE INCLUDED/ATTACHED AT BOTTOM OF FORM)*REQUIRED

- Extenuating circumstances are verified cases of accident, illness, or other life changing events beyond the control of the student (describe below).

Extenuating circumstances beyond a student's control could include but are not limited to the list below. Experiencing and documenting an extenuating circumstance is not automatic cause for petition approval.

- Documented death of an immediate family member (spouse, mother, father, guardian, sister, brother, son, or daughter)
- Documented major medical issue experienced by the student or immediate family member (designated above)
- Documented domestic violence
- Documented involuntary call to active military duty
- Documented other extreme circumstances (case by case basis)

The following circumstances are not considered extenuating and beyond the student's control:

- Not knowing the deadline or procedure
- Work conflicts
- Voluntary overtime
- Not needing or wanting a class, not doing well in a class, not knowing you were enrolled in a class
- Having too heavy of a course load
- Wishing to improve your GPA

- The previous grade was the result of not meeting requirements for a passing grade or technical skill level. [Non-passed Course(s)]

Other. (Describe below)

Non-passed Course(s): As a result of not passing the course(s) identified above, please provide information to the following criteria:

- A. Identify areas that contributed to lack of success.

- B. Identify how you will improve in the course(s) and program to ensure success, if reinstated.

By providing this information, I understand that it will be used as part of an education improvement plan, which may include auditing some courses for current subject matter. I also understand that I will be required to repeat all failed courses and pass with a 75% or better to move forward in the program.

Student Signature: _____ DATE: _____

Submit this form and relevant supportive documents to the program director no later than April 1st.

Program Decision

Program Director: _____ Accepted: YES NO

Date of Return: _____ Education Plan: YES NO

Quality Assurance Plan

Standard 6-2

The program must have a formal written patient care quality assurance plan that includes:

- a) Standards of care that are patient-centered, focus on comprehensive care, and written in a format that facilitates assessment with measurable criteria;
- b) An ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity, and quality of the care provided;
- c) Mechanisms to determine the cause of treatment deficiencies;
- d) Patient review policies, procedures, outcomes, and corrective measures.

QAP

SCC dental Hygiene Quality Assurance Plan (QAP) Objectives:

-To monitor all aspects of delivery of care in order to assure the delivery of high quality dental hygiene care.

-To obtain recommendations from patients, students and staff in order to address issues which are identified as needing improvement.

-The quality assurance program provides a framework and a documentation of policies, standards of care, records review, patient complaint forms, patient satisfaction forms, written log of related discussions and issues regarding quality assurance, and administrative staff's comments from patient feedback and daily review missing forms and records. The quality assurance program enhances the efficacy and the accountability of the patient care delivery in the clinic. Ongoing efforts in this area continue to improve and standardize quality of patient care.

The program's **standard of care** is consistent with the standard expected of the average quality of care delivered to patients in this community and within current expectations of the profession. The clinic manual contains policies, procedures and guidelines for standards of care. Standards and policies are discussed at each monthly program meeting. Critical errors which compromise patient safety or quality of care are delineated and discussed at every annual curriculum meeting. Policies and procedures for patient completion and abandonment are included in the Quality Assurance Manual. When patients cancel appointments or fail to show up, efforts are made to follow-up and get patients another appointment by the dental clerk. The dental clerk maintains a Call List Template tracking sheet for needed patient appointments. Additionally, documentation of cancellations and follow-up attempts are recorded in the patient treatment and progress notes. Students who treat patients for clinical board exams register into DHYG 295 Independent Study so they can complete treatment on their board exam patients. If the patient cannot complete treatment at SCC patients are referred for follow-up care in private practice for treatment.

Our patient standard of care follows the ADPIE process of care format and allows for student assessment with the use of skill evaluations. Skill evaluations must be passed at an 80% minimum and provides consistent time-on-task each semester for all clinic skills. Additionally, clinical skill evaluations follow a theory to practice methodology. Students learn about the standards of care in didactic courses

and then apply the theory to clinical practice with the use of a process evaluation skill evaluation that has *line-item measurable criteria*.

To assure that patient care is not abandoned faculty must verify patient completion on the Sequenced Treatment Plan Form. Additionally, faculty verify on the Continuing Care Form the next procedure students communicate to the front desk to assure every effort is made to complete all aspects of the treatment plan.

Bulleted summary of standards of care that are patient-centered, focus on comprehensive care, and written in a format that facilitates assessment with measurable criteria:

- Standard of Care clinic policies established through faculty vetting
- Patient completion and abandonment procedures
 - Faculty initial was added to sequenced treatment plan to verify treatment plan completion
 - Faculty initial was added to the Continuing Care form to verify patient completion of all patient care identified on the sequenced treatment plan.
- Unfinished patient care - appointment tracking
- Skill evaluations are used to measure clinical; standards
- Quality Assurance is an agenda item at each monthly staff meeting

An ongoing review of a **representative sample of patients** and **patient records** is conducted to monitor quality assurance. ALL completed patients have a chart audit conducted by clinical faculty. Additionally, Patient charts are randomly selected for audit by the program director to provide a representative sample. Every month, twenty-five to thirty patient charts are randomly selected by dental clerk. Twenty-five to thirty chart reviews a month provides a representative sample of patients, equating to approximately 10% of the patients seen in the clinic. The following items are reviewed and analyzed: assessment procedures; treatment modalities; documentation and signatures. Corrective recommendations are made if deficiencies are seen in a repeated pattern. Corrections are addressed at the monthly faculty meeting and shared with students during the bi-monthly clinic updates in DHYG 135.

- Chart audit tracking binder

The **mechanism used to determine the cause of treatment deficiencies** includes daily clinic grading and a chart audit form. First, patient treatment deficiencies are identified and corrected via the daily review/grading process between faculty and students. In addition, the Chart Audit Form lists the assessment procedures, treatment modalities, records, signatures, and notes for assessment. A Likert scale is used identifying 1 as complete, 2 as needs improvement, and 3 as could not locate. Once Records Review Form

- Revised Chart Audit Form
- Treatment Plan Form
- Clerks Call List Template
- Patient Satisfaction “How Did We Do” Survey

The **patient review policies, procedures, outcomes, and corrective measures** provide a continued structured process to review our established standards of care. The chart audit review policy consists of the clinic lead assigning Native rotation students to conduct regular chart audits. The clinic lead reviews the student audit prior to it being filed in the tracking binder. The clinic lead reviews the audit form on a

weekly basis. The program coordinator also reviews and presents chart audit findings at the annual curriculum meeting. The proper chart audit procedures include random chart selection and following the Records Review form during the audit. Outcomes are assessed using a Likert scale. Corrective measures are communicated verbally and in writing to both faculty and students. If the program administrator assesses a deficiency that needs to be communicated to students and/or faculty urgently the information is shared immediately rather than waiting for the monthly faculty meeting or student clinic updates in DHYG 135 and 145.

Curriculum Management Plan

Standard 2-24

The dental hygiene program must have a formal, written curriculum management plan, which includes:

- a) An ongoing curriculum review and evaluation process with input from faculty, students, administration, and other appropriate sources;
- b) Evaluation of the effectiveness of all courses as they support the program's goals and competencies;
- c) A defined mechanism for coordinating instruction among dental hygiene program faculty.

CMP

An **ongoing curriculum review** is conducted by holding monthly faculty meetings and an annual overall curriculum meeting. Additionally, the program conducts a Program Review evaluation every 6 years. Input from faculty, students, and administration is part of the standard vetting process. Monthly meetings include course curriculum topics as needed to assure the incorporation of emerging information. Annually meetings are designed to achieve appropriate sequencing, the elimination of unwanted repetition, and the attainment of student competence. The overall curriculum evaluation as part of Program Review every 6 years is designed to achieve appropriate sequencing, the elimination of unwanted repetition, and the attainment of student competence.

- Monthly meetings: See Minutes and meeting schedule
- Annual Meeting: See Minutes
- Program Review: See reports

The **evaluation of the effectiveness** of all courses as they support the program's goals and competencies is achieved by utilizing an Activities Log and Curriculum Changes Grid. The Grid details the curriculum change, date initiated, effective date, and effectiveness on student success with relation to program goals and competencies.

- Activity Log
- Curriculum Changes Grid

Coordinating instruction is appraised by faculty through the use of a Curriculum Map. The Map provides a grid comparing course calendars of instruction. The Map is reviewed and revised by faculty at the annual curriculum meeting. Coordination of instruction is also achieved through faculty calibration is part of our CMP. Faculty are calibrated on grading and methodology every semester. Approved Dental Hygiene Board of California (DHBC) Tracking sheets are used for all direct supervision duties.

- Curriculum Map
- DHBC faculty calibration forms

SECTION EIGHT
SCC Student Code of Conduct
Educational Agreement Plan

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, an “F” grade in the course may be assigned, a written reprimand may go in your student file, or you may be dismissed from the program. Cheating includes, but not limited to, 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.

Artificial Intelligence

Artificial intelligence writing is a form of content writing that uses natural language processing and machine learning algorithms to generate written content.

- We require writing assignments to be comprised primarily of original work.

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/Vaping/Other Tobacco Product Use

Smoking/Vaping/Other Tobacco Product Use is prohibited on the SCC campus at all times.

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.

<p>Cheating</p> <p>Examples:</p> <ul style="list-style-type: none">• Submitting same homework assignments.• Copying, in part, or in whole from another student's work.• Submitting work previously submitted in another course• Altering or interfering with grading• Falsification of records• Using technology for images of test materials, transferring test materials	<p>Plagiarism</p> <p>Examples:</p> <ul style="list-style-type: none">• Incorporating ideas, words, sentences, paragraphs, or parts of another person's writings without appropriate permission or credit (representing as your own)• Submitting a paper purchased or otherwise acquired from the internet or a service
<p>Other:</p> <ul style="list-style-type: none">• Allowing someone to copy from your material• Allowing your work to be submitted by another• Correcting grammar, or typing a paper for another student and making corrections on their behalf and allowing them to submit the corrected version• Using Artificial Intelligence (AI) to replace assignments made up of primarily original work.	<p>Possible Consequences</p> <ul style="list-style-type: none">• Failing the assignment• Lowered final course grade• Receiving a course grade of "F" (results in dismissal from program)• Probation or suspension• Expulsion

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> 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.
-

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/remediation 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 Director'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)/remediation:

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: _____

SECTION Nine

Critical Errors in Dental Hygiene

Critical Errors In Dental Hygiene Clinic

Area of Treatment	Critical Error
INFECTION CONTROL	<p>a. Failure to follow infection control protocol which greatly compromises the safety of the patient, yourself, or other individuals.</p> <p>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.</p>
MEDICAL HISTORY	<p>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.</p> <p>a. Failure to defer treatment with an uncontrolled diabetic patient.</p> <p>c. Failure to recognize conditions requiring a physician's consult or clearance. Example: High blood pressure, heart defect, major health problem.</p> <p>d. Failure to take & record vital signs prior to administration of local anesthesia.</p> <p>e. Failure to review and/or update a patient's medical history.</p> <p>f. Failure to document on chart significant allergies.</p> <p>g. Working on a patient with an active herpetic lesion.</p>

PREMED GUIDELINES	<ul style="list-style-type: none"> a. Failure to follow premed guidelines stated in the policy section of this manual.
EXTRA / INTRAORAL EXAMINATION	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> a. Leaving the patient unattended with fluoride tray or mouth rinse.
PROFESSIONALISM	<ul style="list-style-type: none"> 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. b. Academic Dishonesty
LOCAL ANESTHESIA / NITROUS OXIDE	<ul style="list-style-type: none"> 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

Hazardous Management Plan Bloodborne & Infectious Disease Exposure Control Plan Emergency Needle Stick

Equipment Maintenance & Usage/Operation Instructions

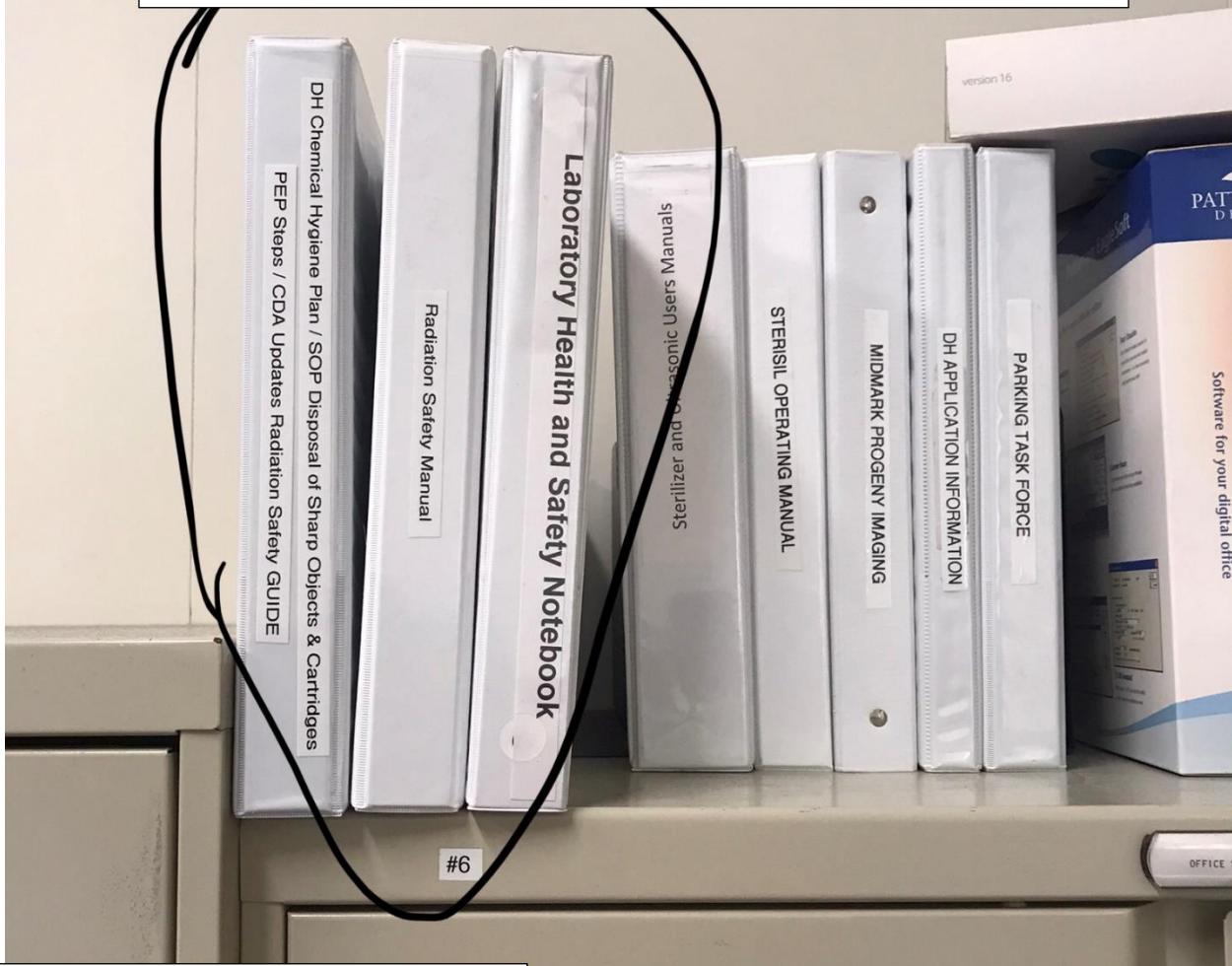
Infection Control

Hazardous Waste Management Plan

(Medical Waste Management)

LOCATION

Front Office Desk



Disposal/Storage of:

1. Medical waste
 - a. Blood
 - b. Potential Hazardous material
2. Storage of nitrous-oxide and oxygen tanks

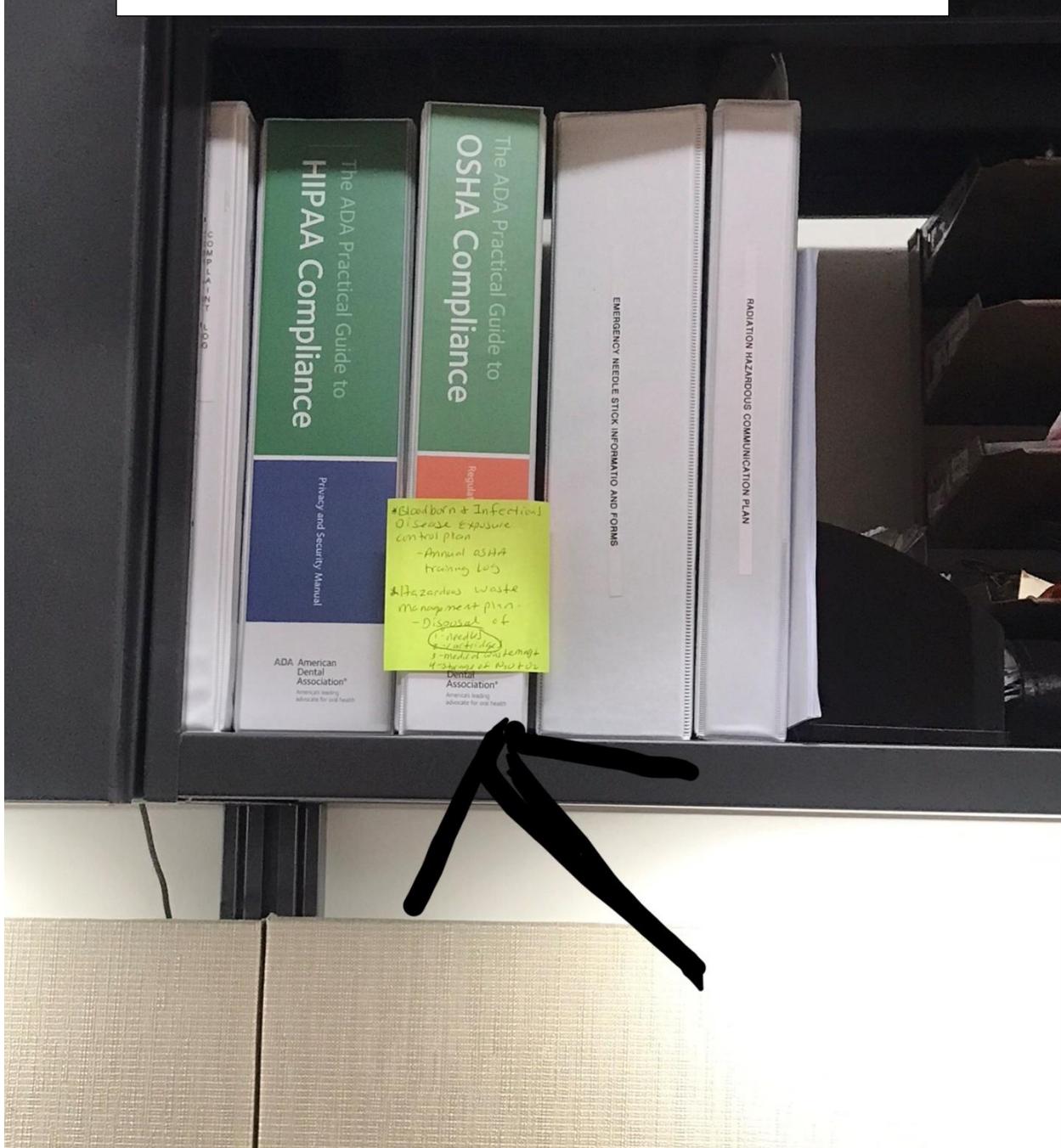
Disposal/Storage of:

1. Cartridges
 - a) Empty cart: regular trash
 - b) Partial cart: medical waste
 - c) + aspiration: medical waste
 - d) Broken cart: sharps container
2. Needles
 - a. Sharps container

Bloodborn & Infectious Disease Exposure Control Plan
(OSHA Training Log)

LOCATION

Melissa's desk



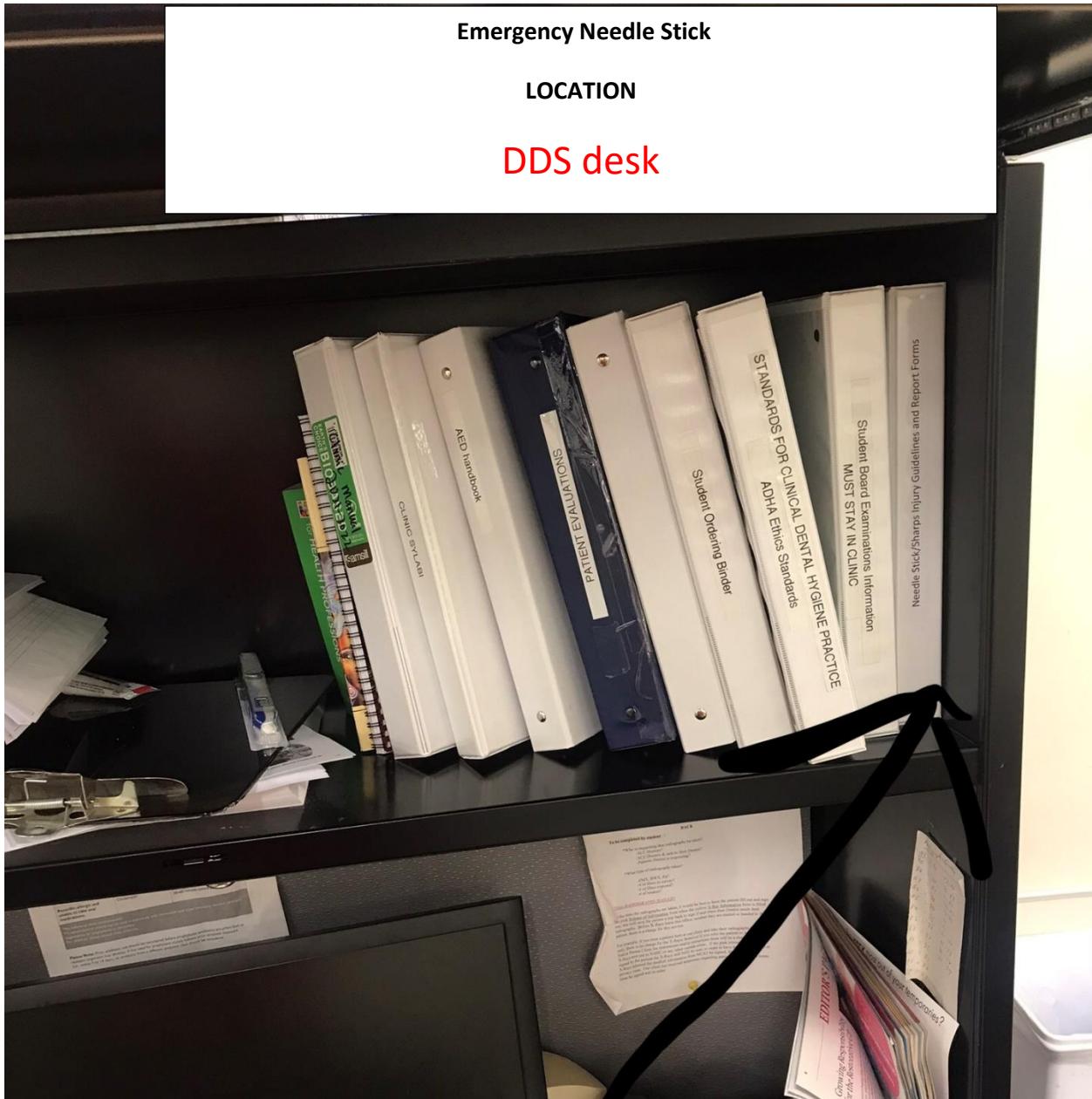
Emergency Needle Stick**LOCATION****DDS desk**

Table of Contents

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
- General Guidelines (there is a separate equipment maintenance manual)

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:

Centers for Disease Control and Prevention *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*, Atlanta, CA, US Department of Health and Human Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention, National Center of Chronic Disease Prevention and Health Promotion, Division of Oral Health, March 2016.

This program operates in compliance with Title 16 of the California Code of Regulations, Division 10, Chapter 1, 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 contaminates.

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.

Gloves and mask are used for one patient only. Change hat and gown each clinic or lab session or during the clinic or lab session should they become visibly soiled.

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 (drape 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 cubical.

Needle protector barrier card will be used

Needles will be capped using the scoop method with needle protector barrier card.

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, ungloved 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. Utility gloves are worn to bag instruments. One treatment glove is used to place instruments in the sterilizer while a clean, ungloved hand 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 monitoring identifier (internal monitoring strip or a piece of specific sterilization

tape.

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

Use clean, bare hands to remove sterilized instruments from sterilizers.

Upon removal from sterilizers (A-F), instruments 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 loupes 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



DENTAL HEALTH CARE PROVIDER

INFECTION CONTROL STANDARDS

Updated August 2017
Includes CDC guidelines 2003

OVERVIEW

One of the primary concerns of the Dental Department at SCC is the education and protection of our students in regards to Infection Control. Though exposure and contraction of a communicable disease through dental treatment is slight, it is imperative that all Allied Dental Health Professionals (ADHP) follow required/recommended guidelines to prevent disease transmission, both from the ADHP to the patient, and from the patient to the ADHP.

There are many agencies and governing bodies whose main objective is safety; safety for the patient and safety for the employees. As we review the following guidelines, notations will be made regarding whether the statement is a "requirement" or a "recommendation", and which agency is making this statement. Please refer to the Glossary at the end of this booklet for descriptions and definitions of **Key Terms**. When a Key Term is used more than once, it will only be highlighted in blue the first time, after that it is assumed that you have learned this term.

EDUCATION AND TRAINING

Dental Board of California Requirement:  All Dental Assisting Schools must provide Infection Control training at the start of their program. That is why we have given you booklet with your enrollment and are reviewing it with first week of school.



this
you during the

OSHA Requirement:

 All dental employers must provide training upon hire, before exposure to blood or Other Potentially Infectious Materials (OPIM), and at least annually thereafter. This training must be provided at no cost to the employee and during working hours. This training should include:

- Bloodborne Pathogens Standard Compliance ○ Hazard Plan ○ Emergency Preparedness Plan ○ Record
- Electrical Hazards
- Other Significant Compliance / Hazard Issues



Communication
Keeping

Guidelines for Infection Control in Dental Health Care Settings 2003 can be found at:

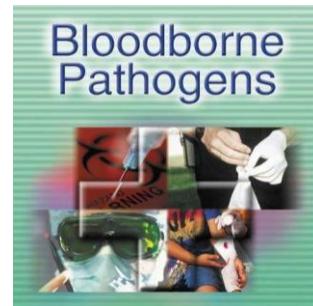
<https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf>.

BLOODBORNE PATHOGENS

A **Pathogen** is a disease causing microorganism. Therefore,

Bloodborne Pathogens (BBP) are disease causing microorganisms

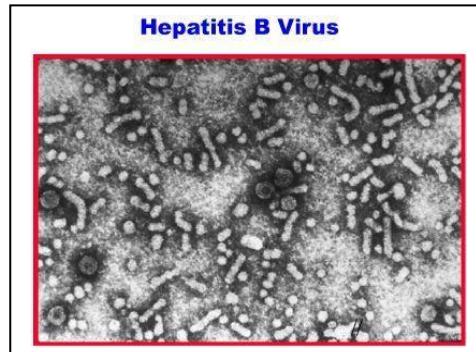
which are present in the blood. Three of the diseases which are of greatest concern for health care workers, are HBV, HCV and HIV.



Hepatitis B Virus (HBV)

Facts:

1. Approximately 1/3 of the world population are infected with HBV
2. Approximately 5% of those infected are in the U.S.
3. A small fatality rate – approximately 100-200 health care workers annually
4. Attacks the liver
5. Most of those who are infected only remain infected for a short time as they produce enough antibodies to get rid of the HBV completely.
6. Approximately 5% of those infected can not produce enough antibodies and remain infectious for life.
7. There IS a vaccine – helps the immune system produce the necessary antibodies so that if the person comes in contact with HBV, the antibodies will kill the virus before it does any damage
8. HBV can live up to one week outside the host



produce
produce
comes in
damage

Modes of Transmission:

1. Direct contact with infected person
2. Indirect contact – contact with contaminated instruments
3. Droplet infection – Through the air from the spray of a sneeze or cough

Transmission Can Occur Through Contact With:

1. Blood
2. OPIM – including saliva and tear fluids

Symptoms:

1. Jaundice (yellowing) of the skin and eyes
2. Loss of appetite
3. Fatigue & fever
4. Nausea / vomiting
5. Stomach or joint pain



OSHA Requirements:

1. Employers must offer HBV vaccine at no cost to employees potentially at risk
 - a. Employers do not have to offer it for:
 - i. Those who have already had the vaccine
 - ii. Those who are already immune
 - iii. Those who can't have the vaccine for other medical reasons
2. Vaccine must be offered within 10 working days of hire or new assignment putting the employee at risk for potential exposure

- Employees can refuse to have the vaccine – must sign declination.

Hepatitis C Virus

Facts:

- Disease of the liver
- Virus lives in the blood
- Can live outside the body up to one week
- It is the most common chronic viral infection spread by blood
- The [Center for Disease Control \(CDC\)](#) states that approximately 2% of the U.S. population are infected with HCV
- This is a serious virus – most human's [immune system](#) can not eliminate this virus
- Most people infected carry the virus for the rest of their life – they can transmit the virus indefinitely
- Causes damage to the liver
- Most people don't feel sick from the disease
- Less than 3% of those infected die from the effects of HCV



Modes of Transmission:

- Direct contact with infected person
- Indirect contact – contact with contaminated instruments
(Can NOT be spread through food/water, casual contact, sneezing or coughing)

Transmission Can Occur Through Contact With:

- Blood
- OPIM

Symptoms:

- Similar to HBV but with pain in the joints
- Approximately 80% of those who are carriers have NO symptoms

HIV (Human Immunodeficiency Virus)



Facts:

- HIV attacks the immune system

2. Can't live long outside the host
3. Chances of acquiring HIV through accidental needle sticks from a contaminated needle is approximately 1 in 300 or .3%
4. An HIV infected person can be a carrier for years without having any symptoms – this is considered Stage 1
 - a. Once beginning signs start, this is considered Stage 2
 - i. Lymph nodes swell
 - ii. Weakness
 - iii. Fever
 - iv. Headaches
 - v. Nausea
 - vi. Loss of weight
 - vii. Diarrhea
 - viii. White patches on the tongue (leukoplakia)
 - b. Stage 3 is when the infected person's immune system can not fight the virus any longer and they are very sick. At this point, the patient is said to have [AIDS](#).

Modes of Transmission:

1. Direct contact with infect person (most likely transmission)
2. Indirect contact – contact with contaminated instruments (very remote)
(Can NOT be spread through food/water, casual contact, sneezing or coughing)

Transmission Can Occur Through Contact With:

1. Blood
2. Semen
3. Vaginal fluid
4. Breast Milk
5. Fluid around the brain and spinal cord
6. Fluid surrounding bone joints
7. Fluid surrounding an unborn baby

Symptoms:

1. Rapid weight loss
2. Dry cough
3. Recurring fever or profuse night sweats
4. Severe unexplained fatigue
5. Swollen lymph glands in the arm pits, groin and neck

Review Questions:

1. Why are we providing this training to you during your first term at school?

2. Who requires that this training be provided in a dental office?
3. What does OSHA stand for and what is their main objective?

Answer the following questions True or False. If false, correct the statement to make it true.

4. Hepatitis B can be fatal.
5. There is a vaccine for Hepatitis B.
6. HBV can not live up to one week outside the host.
7. Hepatitis B can be contracted through the air from the spray of a sneeze or cough.
8. All pathogens are “bloodborne” pathogens.
9. Pathogens are disease causing microorganisms.
10. Dental Board of California requires that employers must offer HBV vaccine to all employees who are potentially at risk for contracting the virus.
11. The vaccine must be offered within 15 days of hire.
12. Employees who refuse to have the vaccine must sign a declination.
13. HIV is the most common chronic viral infection spread by blood.
14. Hepatitis C is more serious than Hepatitis B as most human's immune system can not eliminate this virus.
15. Most carriers of HCV carry the virus for the rest of their lives.
16. Most people don't feel sick from HCV.
17. Contracting HIV through an accidental needle stick if highly unlikely.
18. An HIV infected person will know they are a carrier within one year of contraction of the virus.
19. HIV can be spread through food/water, casual contact, sneezing or coughing.
20. HIV can be contracted through contact with contaminated saliva.
21. HIV attacks a person's immune system. When their immune system is so compromised that they can't fight off simple illnesses, they are said to have AIDS.

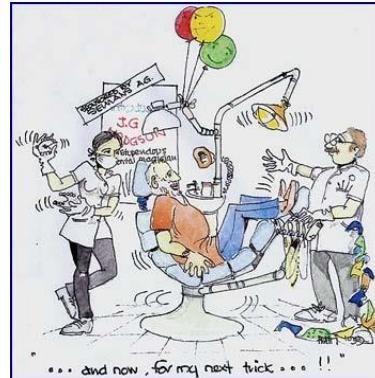
PREVENTING EXPOSURE TO BLOODBORNE PATHOGENS

Exposure Control Plan

This is a written program **required by U.S. Law** (through Federal OSHA) for all businesses where there is potential exposure to bloodborne pathogens to any employee. This written plan ensures that the company has addressed the potential for disease transmission, and has a plan to reduce that potential as low as possible.

There are three main categories:

1. **Engineering controls**
(equipment and facilities use)
2. **Work practice controls** (following safe work
3. **Personal protective equipment**
(PPE)



procedures)

The Exposure Control Plan must cover:

1. How to prevent exposure
2. What to do if exposure occurs
3. Warning labels and color coding to identify areas where there is risk of exposure
4. Types of diseases that may be transmitted and how they are spread
5. Types of PPE available / necessary
6. Personal **hygiene** procedures
7. How to properly sanitize, disinfect and sterilize
8. General safe work practices

OSHA also requires the BBP Standard to contain categories regarding tasks and procedures during which an employee might have an **occupational exposure**.

Category Definition Example

I	Routinely exposed to blood, saliva, or both	assistant, sterilization assistant, dental lab tech
II	May on occasion be exposed to blood, saliva, or both	Receptionist or office manager who may occasionally clean a treatment room or handle instruments or impressions
III	Never exposed to blood or saliva	Financial manager, insurance clerk, or computer operator
	Dentist, dental hygienist, dental	

Engineering Controls

Engineering controls has to do with equipment and facilities use, and includes:

1. Sharps containers
2. Suction equipment
3. Needle protection systems a. Self-sheathing
b. Needle-less systems
4. Splash and splatter control
5. Storage of food items
6. Restricted activities in work areas



needles

On November 6, 2000, **The Needlestick Safety and Prevention Act** was passed. This law added a few things to OSHA's Bloodborne Pathogen Standard.

1. Employers are required to provide the most modern, safest devices for needle handling / disposal
2. The employer must keep a sharps injury log containing:
 - a. Type and brand of device used
 - b. Department or work area where the exposure occurred
 - c. Explanation of how the injury occurred
3. New devices and systems must be considered annually for implementation

These engineering controls for needlestick prevention also include:

1. Do NOT shear or break contaminated needles
2. Do not bend, recap, or remove needle from container unless alternative is available
3. Dental offices must use mechanical devices or a one handed technique when disposing of sharps
4. The sharps container must be puncture resistant
5. The sharps container must be color coded or labeled according to OSHA standards
6. The sharps container must be leakproof



no

Other controls which must be discussed in this “engineering controls” section are:

1. Minimizing splashing, spraying, splattering and droplet transmissions
2. Food can not be stored in the fridge, freezer, cabinet or on countertops designed for blood or OPIM
3. There is no eating, drinking, application of cosmetics or lip balm, smoking or handling of contact lenses in the work areas where potential blood or OPIM may be present

Work Practice Controls

Work practice controls include anything that is done in the office to prevent or minimize exposure to bloodborne pathogens. The most common work practice controls are: hand hygiene, sanitization, disinfection and sterilization.

Hand Hygiene

Hand hygiene (e.g., hand washing, hand antisepsis, or hand [antisepsis](#)) substantially reduces potential on the hands and is considered the single most critical reducing the risk of transmitting organisms to patients. Studies have demonstrated that the prevalence of careassociated infections decreases as adherence of recommended hand hygiene measures improve.

Proper hand hygiene is determined by the procedure to be performed and the degree of contamination.



surgical pathogens measure for and HCP. health-HCP to

For *routine dental examinations* and non-surgical procedures, hand washing and hand antisepsis is achieved by using either a plain or [antimicrobial](#) soap and water. If the hands are not visibly soiled, an alcohol-based hand rub is adequate. For *surgical hand antisepsis*, water and an antimicrobial soap should be used and the hands should be rubbed vigorously for 2-6 minutes, depending on the manufacturer's recommendation.

Hands should be washed before AND after treatment. Washing hands before gloving is necessary as bacteria breed quickly on the enclosed hand, and can spread if the glove is compromised. Washing hands after treatment is necessary, as gloves can be compromised without the HCP's knowledge. For all hand washing procedures, use of liquid soap is recommended as pathogenic organisms have been found on or around bar soap during and after use.



Most dental offices prefer that acrylic/artificial nails are not worn by the ADHP. The majority of flora on the hands are found under and around the fingernails. Fingernails should be short enough to allow DHCP to thoroughly clean underneath them and prevent glove tears. Studies have shown that the prevalence of bacterial and fungal infections are much more prevalent on the hands of those who wear artificial nails than those who do not.

Instrument Processing and Sterilization

Patient-care items are categorized into three classifications: *critical, semi-critical, and non-critical*. The categories are based on the potential risk for infection associated with their intended use. The classifications are used to determine the *minimal* type of posttreatment processing.

Category	Functions and Examples	Intra-oral Use	Risk of Disease	Processing Procedure Transmission
Critical	<u>Function:</u> Touch bone or penetrate soft tissue <u>Examples:</u> surgical instruments such as forceps, scalpels, bone chisels, scalers and burs	Yes	Very high	Sterilization
Semi-Critical	<u>Function:</u> touch mucous membranes but will not touch bone or penetrate soft tissue <u>Examples:</u> Mouth mirrors and amalgam condensers	Yes	Moderate	Sterilization Or High-level Disinfection
Non-Critical	<u>Function:</u> contact only with intact skin <u>Example:</u> External dental x-ray head	No	Very low or none	Intermediate to low-level disinfection or Basic cleaning

Sanitization

The term “**sanitize**” is often misused. It is a fairly generic term that does not note exactly what has been done to the surface that has been sanitized. In general, the term just means, “free from debris”. This would be the first step in preparing dental instruments/surfaces for disinfection and/or sterilization. “Precleaning” is a term more commonly accepted today, and refers to the removal of debris prior to the sterilization process.

Precleaning can be done by two methods:

1. Soaking items/instruments in an Ultrasonic Machine with a general purpose cleaner, and
2. Scrubbing an item/surface with soap and water



Cleaning

OSHA requires that all dental instruments be sanitized in an Ultrasonic Cleaning Machine in order prevent injury. Surfaces such as the dental operatory chair and the operatory countertops can be wiped off to remove debris using moist paper towels.

Disinfection

Disinfection means the removal of SOME microorganisms, not necessarily all. Certainly, it is recommended to remove all microorganisms when possible but it is not always possible. Items such as countertops, major equipment and the outer surfaces of containers can not be sterilized, but they can be disinfected.

Disinfection can be accomplished three ways:

1. Soak item in “**cold sterile**” solution for required time (typically 10 minutes)
2. Spray with a disinfectant and let sit for required time (typically 2-10 minutes)
3. Use disinfectant wipes

Sterilization

Sterilization is “killing all life form”. Any instrument used in the mouth, and any handpiece or handpiece attachment used in the mouth MUST be sterilized prior to re-use. **The Dental Board of California has specific guidelines** for the process of preparing items for re-use in

the dental office. These guidelines will be discussed in greater detail within each SCC Dental Assisting Course.



mouth, and
be sterilized
guidelines

detail within

Sterilization can be accomplished two ways:

1. Soak item in “cold sterile” solution for 10 hours / overnight
2. Heat sterilize in a sterilization machine

REMOVING DEBRIS	KILLING MICROORGANISMS	
	SOME	ALL
Term: Sanitization	Term: Disinfection	Term: Sterilization
Methods: <ol style="list-style-type: none">1. Ultrasonic Cleaner2. Hand scrubbing	Methods: <ol style="list-style-type: none">1. Soak in “cold sterile” solution for required time (typically 10 minutes)2. Wipe with disinfectant wipes or use disinfectant spray	Methods: <ol style="list-style-type: none">1. Soak in “cold sterile” for 10 hours2. Heat sterilize in sterilizing machine

Review Questions:

Answer the following questions True or False. If false, correct the statement to make it true.

22. Every business where there is potential exposure to bloodborne pathogens is required by U.S. Law to have an “Exposure Control Plan”.
23. The three main categories in the Exposure Control Plan are: Engineering controls, working conditions / environment and use of PPE.
24. PPE stands for Personal Property and Equipment.
25. PPE only includes mask and gown.
26. The Needlestick Safety and Prevention Act states that all employers are required to provide the most modern and safest devices for needle handling and that new devices and systems must be considered annually for implementation.
27. It is o.k. to bend, break or shear a contaminated needle prior to disposal in a sharps container.
28. Food can not be stored in the fridge, freezer, cabinet or on countertops designed for blood or OPIM.
29. It is only necessary to wash hands after removing gloves, not prior to donning gloves.
30. Acrylic nails are of no particular concern in the health care field.

31. Liquid soap is preferred over bar soap as it is easier to use.
32. For routine dental examinations and non-surgical procedures, hand washing and hand antisepsis is achieved by using either a plain or antimicrobial soap and water.
33. The term “sanitize” means to kill all life-form.
34. Dental Board of California (DBC) requires that all dental instruments be sanitized in an Ultrasonic Cleaning Machine in order to prevent injury.
35. “Precleaning” and “Sanitizing” generally mean the same thing.
36. Disinfection means the removal of SOME microorganisms, not necessarily all.
37. There are three ways to disinfect: scrubbing, soaking in “cold sterile” for 15 minutes and spraying with disinfectant spray.
38. Sterilization is “killing all life form”.
39. The Dental Board of California has specific guidelines for the process of preparing items for re-use in the dental office.
40. There are two ways to sterilize: in a special machine and in “cold sterile” if left for more than 10 hours.
41. The best way to describe sanitizing is that it is the removal of debris, where disinfecting and sterilizing has to do with killing microorganisms.
42. Employees in the dental office who may on occasion be exposed to blood or saliva are a “Category IV” employee.
43. Instruments which are classified as “critical” must be disposable, so as to ensure that infectious diseases are not transmitted from patient to patient.
44. Instruments which are classified as “non-critical” must be sterilized prior to use on the next patient.
45. A scalpel and a bone chisel are both examples of “critical” instruments.
46. There is very low risk of disease transmission from touching the x-ray head during radiation exposure.

Personal Protective Equipment

Personal protective equipment, commonly referred to as PPE, includes all of which are available for the health care worker to wear, in order to prevent contraction of a communicable disease. These items include:

1. Gloves
2. Mask
3. Eyewear (goggles or face shields)
4. Uniform or lab coat
5. Hair netting (optional and not common)
6. Shoe booties (optional and not common)



the items

Though we don't need the extensive PPE shown in the picture to the right while working on patients in the dental office, it sometimes feels like we are suited up to work in an HIV research lab. It often feels very impersonal to wear the appropriate PPE, but it is CRUTIAL to follow OSHA guidelines. After all, they are only in place to protect you!!

The use of rotary dental and surgical instruments (dental "drill") and the air/water syringe in the dental office during dental treatment creates a visible spray that contains droplets of water, saliva, blood and OPIM. This splatter travels a short distance, and settles quickly on the floor, nearby operatory surfaces, on the dental health care professionals and on the patient themselves. Don't assume since a patient "looks healthy" that they are not carrying an infectious disease. Remember, someone may be a carrier of all kinds of diseases and not be feeling signs or showing symptoms of that illness. We MUST follow "Universal Precautions" in order to protect ourselves and our families!

Universal Precautions: Treating ALL blood or OPIM as if they ARE infectious.



Masks and Protective Eyewear



The surgical mask worn during dental treatment MUST be worn so as to cover both the mouth and the nose. As treatment is performed and splatter is created, infectious microorganisms can be inhaled both through the mouth and the nose. Many assistants find the mask uncomfortable over the mouth and nose until they get used to it. Keep at it! Remember, you are only protecting yourself!

Goggles or face shields must be worn to protect the eyes from splatter or debris generated during dental procedures. A face shield is NOT sufficient alone; it must be worn in conjunction with a mask to ensure protection through the facial orifices.



Gloves



Dental Health Care Personnel wear gloves to prevent contamination of their hands when touching **mucous membranes**, blood, saliva, or OPIM, and also to reduce the likelihood that microorganisms present on the hands of the DHCP will be transmitted to patients during surgical or other patient-care procedures.

Both exam gloves and surgeon's gloves are manufactured as single-use disposable items that should be used for only one patient, then discarded. Gloves should be changed between patients and when torn or punctured.

WEARING GLOVES DOES NOT ELIMINATE THE NEED FOR HANDWASHING!

Gloves can have small, unapparent defects or can be torn during use, and hands can become contaminated during glove removal. Bacteria multiply rapidly in the moist environment underneath gloves, therefore, hands should be dried thoroughly before donning gloves and washed again immediately after glove removal.



Typically, exam gloves, as shown above, are worn during most dental procedures. Sterile Surgical gloves, as shown to the left are worn during invasive procedures, i.e., usually surgical procedures such as maxillofacial surgery, reconstructive surgery and during the placement of dental implants.

Gloves are also made out of many different materials. Though latex exam gloves are still the most popular in a dental office, many people are allergic to latex. And even some who are not allergic to latex when first working in a dental office, develop the allergy as time goes by. This condition has necessitated the development of gloves made out of other materials.

Vinyl gloves were the first popular option when faced with a latex allergy. They have been a good alternative for many years, and have been a solution for latex allergy sufferers. One disadvantage of this type of however,

is that it is not very elastic, therefore are more bulky and less



allergy.
good
glove,

comfortable.



Nitrile gloves are gaining popularity with many latex sensitivity HCP. They fit better than the vinyl, have more flexibility and are very durable. Commonly, when you see blue or green exam gloves, they are nitrile gloves.

Utility gloves are required by the Dental Board of California to be worn “processing instruments” and handling potentially hazardous. These gloves are puncture resistant, as to reduce the chances of puncture of the skin. They are also sterilizable, so as not to become a place for pathogens.



while
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The proper process for the use of utility gloves is:

1. Don gloves prior to operatory break-down
2. Disinfect operatory as directed
3. With utility gloves still in place, take patient procedure tray to the sterilization area
4. Put the instruments in the ultrasonic cleaner
5. When ready, remove instruments from ultrasonic; rinse and dry
6. Place instruments in sterilizing bag or cassette
7. Place bag or cassette into autoclave
8. Remove utility gloves and place in autoclave as well
9. Wash hands

Review Questions:

Answer the following questions True or False. If false, correct the statement to make it true.

47. OSHA's guidelines for infection control and PPE are established to protect the patient.
48. It is only necessary to wear PPE when assisting during a surgical procedure.
49. Your family will not mind if you don't wear your PPE, they are not at risk.
50. The use of rotary dental and surgical instruments (dental "drill") and the air/water syringe in the dental office during dental treatment creates a visible spray that contains droplets of water, saliva, blood and OPIM.
51. Patients are only carriers of infectious diseases if they look sick.
52. "Universal Precautions" means treating ALL blood or OPIM as if they are infectious.
53. It is not necessary to cover the nose with the surgical mask.
54. If a face shield is worn, a mask is not necessary.
55. Both exam gloves and surgeon's gloves are manufactured as single-use disposable items that should be used for only one patient, then discarded.
56. It is not necessary to wash hands if gloves are used. No cross contamination is possible.
57. Sterile surgical gloves are required at all times.
58. Utility gloves are worn during treatment of patients.
59. Utility gloves are puncture resistant and can be sterilized.
60. Utility gloves are optional and need only to be worn if working in a surgical setting.

Summary

This booklet has only "scratched the surface" of infection control protocol. But it is a good starting point for protecting you from contraction of a potentially life-threatening disease in your new dental profession.

Knowing how to protect yourself from various communicable diseases is CRITICAL. Wearing the basic PPE (gloves, mask and goggles) WHENEVER working on a patient, and using Universal Precautions at all times is a good start. Within the various SCC DA courses you will be taking, will be more information regarding all the topics discussed here, and in greater detail.

Please remember: you are not just following a bunch of cumbersome rules, you are protecting yourself and your family!

GLOSSARY

<u>Acquired Immunodeficiency Syndrome (AIDS) –</u>	Fatal illness caused by contraction of the HIV virus which attacks the immune system.
<u>Antibodies –</u>	A protein material which destroys foreign substances introduced into the body; part of the immune system.
<u>Antimicrobial –</u>	A substance that kills or destroys microbes.
<u>Antisepsis –</u>	Use of a disinfectant that helps to inhibit growth of microbes.
<u>Bloodborne pathogens –</u>	A disease causing microorganism found in the blood.
<u>Center for Disease Control (CDC) –</u>	An organization whose main purpose is to help prevent the spread of disease.
<u>Cold Sterile –</u>	Solution used to kill microorganisms. Typically submersion of an item for 10 minutes will disinfect, 10 hours will sterilize.
<u>Critical –</u>	Items used to penetrate soft tissue or bone. They have the greatest risk of transmitting infection and should be sterilized by heat.
<u>DBC –</u>	Dental Board of California – governing body responsible for regulation and licensure of dentistry in California.
<u>DHCP –</u>	Dental Health Care Personnel – anyone who treats patients in a dental health care setting.
<u>Disinfect –</u>	To kill SOME microorganisms.
<u>Hygiene –</u>	Cleanliness.
<u>Immune system –</u>	Part of the body responsible for keeping one healthy.
<u>Mucous Membranes –</u>	The lining of the oral cavity.
<u>Occupational exposure –</u>	Any reasonably anticipated skin, eye, mucous membrane contact, or percutaneous injury with blood or any other potentially infectious materials.

<u>OSHA –</u>	Occupational Safety and Health Administration – governing body responsible for protection of employees.
<u>OSHA Standard 1910.1030 –</u>	The section of OSHA's regulations pertaining to the handling of bloodborne pathogens.
<u>OPIM –</u>	Other Potentially Infectious Materials – any material which has the potential for transmitting a disease.
<u>Non-Critical –</u>	Items that pose the least risk of transmission of infection because they contact only intact skin, which is an effective barrier to microorganisms.
<u>Pathogen –</u>	A disease causing microorganism.
<u>Percutaneous –</u>	Through the skin, such as needle sticks, cuts and human bites.
<u>Personal Protective Equipment (PPE) –</u>	Equipment which helps to prevent contraction of a communicable disease. These include gown, gloves, mask and eye protection.
<u>Sanitize –</u>	To remove debris; also called "pre-cleaning".
<u>Semi-Critical –</u>	Items which touch mucous membranes or non-intact skin and have a lower risk of transmission.
<u>Sterilize –</u>	To kill all life form.
<u>Standard precautions –</u>	Treating all blood or OPIM as if they are infectious.
<u>Vaccine –</u>	An injection of medicine which prevents the contraction of a specific disease.