

Dental Hygiene Program

Student Manual
Academic Year 2019-2020



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I. Introduction

This manual is designed to provide you with a general knowledge about the policies and procedures of the Dental Hygiene Department. You will receive more detailed information as you progress through the program. Reading through the manual will help to familiarize you with the Dental Hygiene Program and requirements. If you have questions concerning the program or requirements, please schedule a time to talk with a faculty member about your concerns.

1. The philosophy of the Department of Health Sciences is:

Preparing Future Health Care Professionals

The Department of Health Sciences serves the region by educating and preparing competent and responsible healthcare professionals so that they can deliver the best quality health care possible. The Department fosters professionalism, personal growth and development, and self-actualization and is committed to continuing professional development for the health care practitioners in the region.

Shawnee State University Dental Hygiene Program

Mission Statement

The mission of the SSU Dental Hygiene Program is to:

- 1) Educate and prepare competent dental health care professionals, capable of applying knowledge gained in general education, biomedical science, and dental hygiene science when making decisions in the dental hygiene practice setting;
- 2) Provide graduates with the means of making ethical decisions and assuming responsibility for dental hygiene services provided to diverse populations;
- 3) Develop in graduates an appreciation for life-long learning and the ability to critically analyze self, standards of care, and current research practices;
- 4) Provide graduates with the abilities and experience to value community service and contribute to the advancement of the dental hygiene profession.

Goals for Student Outcome

1. The graduate will be knowledgeable in the basic sciences which support dental hygiene.
2. The graduate will be able to provide complete dental hygiene services to include assessment of the patient's physical and oral conditions, and demonstrate preparation for medical/dental emergencies.
3. The graduate will participate in dental hygiene continuing education, community service, and promote optimal health by utilizing appropriate educational methods, strategies and communication skills.
4. The graduate will be well prepared to gain employment and successfully function as an ethical dental hygiene practitioner, and/or successfully pursue advanced study in a related field, and to advance in those chosen specialties.
5. Patients served by the SSU Dental Hygiene Clinic will express overall satisfaction with the clinical services, business operations and student interactions regarding scheduling, and respect for individual needs.
6. The Dental Hygiene treatments provided by the SSU Clinic will meet and/or exceed the expected standard of practice in the geographical region and comply with the Ohio Dental Practice Act (statutes and regulations)
7. The graduate will develop the ability to critically analyze self, standards of care, and current research literature.

COMPETENCIES FOR ENTRY INTO THE PROFESSION OF DENTAL HYGIENE

Introduction

Competence is an acceptable, measurable defined level of special skill and knowledge derived from education, experience, role modeling and overall socialization. To be competent, an entry level dental hygienist must perform at or above the acceptable defined standard.

Domains: Professionalism, Patient Care, Health Promotion and Disease Prevention, and Community Involvement

1. Professionalism: The dental hygienist must be able to discern and manage ethical issues and problems in dental practice, exercise critical thinking and sound clinical judgment and communicate with other professionals. This competency includes the ability to:
 - 1.1 Apply a professional code of ethics in all endeavors.
 - 1.2 Adhere to state and federal laws, recommendations and regulations in the provision of dental hygiene care.
 - 1.3 Provide dental hygiene care to promote patient/client health and wellness using critical thinking and problem solving in the provision of evidenced-based practice.
 - 1.4 Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care.
 - 1.5 Continuously perform self-assessment for life-long learning and professional growth.
 - 1.6 Advance the profession through service activities and affiliations with professional organizations.
 - 1.7 Provide quality assurance mechanisms for health services.
 - 1.8 Communicate effectively with individuals and groups from diverse populations both in writing and verbally.
 - 1.9 Provide accurate, consistent and complete documentation for assessment, diagnosis, planning, implementation and evaluation of dental hygiene services.
 - 1.10 Provide care to all clients using an individualized approach that is humane, empathetic, and caring.
 - 1.11 Pursue continuing education courses and/or higher education that demonstrate a commitment to lifelong learning.

2. Patient Care: The dental hygienist must possess a thorough foundation in the biomedical, clinical, and behavioral sciences and be able to apply those principles in assessment, analysis, planning, implementation and evaluation of treatment.
 - 2.1 Assessment: The dental hygienist will be able to perform an examination that collects biological, psychological, and social information needed to evaluate the medical and oral conditions for patients of all ages. This includes the ability to recognize and manage behavioral factors which affect oral health and to use that information to implement strategies that facilitate the provision of oral health care. This competency includes the ability to:
 - a. Perform a comprehensive examination using clinical, radiographic, periodontal, dental charting, and other data collection procedures to assess the patient's needs.
 - b. Recognize predisposing and etiologic risk factors that require intervention to prevent disease.
 - c. Obtain, review and update a complete medical and dental history.
 - d. Recognize health conditions and medications that impact overall patient care.
 - e. Identify patients at risk for a medical emergency and manage the patient in a manner that prevents an emergency.

- 2.2 Analysis: The dental hygienist will be able to analyze and interpret data to formulate a dental hygiene assessment related to and congruent with the diagnosis of the dentist and other health professionals. This competency includes the ability to:
- a. Use assessment findings, etiologic factors and clinical data in determining a dental hygiene plan of care.
 - b. Identify patient needs and significant findings that impact the delivery of dental hygiene services.
 - c. Obtain the proper consultations as indicated.
- 2.3 Planning: The dental hygienist will be able to collaborate with the patient or other health professionals, to formulate a comprehensive dental hygiene care plan that is patient centered and based on current scientific evidence. This competency includes the ability to:
- a. Establish a planned sequence of care (educational, clinical and evaluation) based on the dental hygiene diagnosis; identified oral conditions; potential problems; etiologic and risk factors; and available treatment modalities.
 - b. Prioritize the care plan based on the health status and actual and potential problems of the individual to facilitate optimal health.
 - c. Establish a collaborative relationship with the patient in the planned care to include the etiology, prognosis, and treatment alternatives.
 - d. Make referrals to other health care professionals.
 - e. Obtain the patient's informed consent.
- 2.4 Implementation: The dental hygienist will be able to provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health. This competency includes the ability to:
- a. Utilize accepted infection control procedures.
 - b. Obtain diagnostic quality radiographs.
 - c. Apply basic and advanced techniques of dental hygiene instrumentation to remove deposits without trauma to hard and soft tissues.
 - d. Select and administer appropriate chemotherapeutic agents and provide pre- and post-treatment instructions.
 - e. Provide adjunct dental hygiene services that are legally permitted.
 - f. Provide oral health education to assist patients in assuming responsibility for their own oral health.
- 2.5 Evaluation: The dental hygienist will be able to evaluate the effectiveness of the employed clinical and educational services and modify as considered necessary. This competency includes the ability to:
- a. Evaluate the effectiveness of the patient's self-care and the dental hygiene treatment in attaining or maintaining oral health.
 - b. Determine the clinical outcomes of dental hygiene interventions.
 - c. Develop a maintenance program that meets the patient's needs.
 - d. Provide referrals for subsequent treatment based on the evaluation findings.

3. Health Promotion and Disease Prevention: The dental hygienist must be competent in the performance and delivery of oral health promotion and disease prevention services in public health, private practice and alternative settings. This competency includes the ability to:
 - 3.1 Evaluate and utilize methods to ensure the health and safety of the patient and the dental hygienist in the delivery of dental hygiene.
 - 3.2 Evaluate factors that can be used to promote patient adherence to disease prevention and/or health maintenance strategies.
 - 3.3 Provide educational methods using appropriate communication skills and educational strategies to promote optimal health.
 - 3.4 Promote preventive health behaviors by personally striving to maintain oral and general health.
 - 3.5 Identify individual and population risk factors and develop strategies that promote health related quality of life.

4. Community Involvement: Dental hygienists must appreciate their role as health professionals at the local, state, and national levels. The dental hygienist must assess, plan, and implement programs and activities to benefit the general population. The dental hygienist must also be prepared to influence others to facilitate access to care and services. This competency includes the ability to:
 - 4.1 Provide community oral health services in a variety of settings.
 - 4.2 Provide screening, referral and education services that facilitate public access to the health care system.
 - 4.3 Respond to patient or community requests for information about contemporary dental problems.
 - 4.4 Promote the dental hygiene profession by actively participating in the membership, leadership and/or service in professional organizations.
 - 4.5 Assess and evaluate community based oral disease prevention strategies that aim to improve the oral health of the public.

ADHA Code of Ethics for Dental Hygienists (Adopted June 13, 2016, pgs. 28-34)

1. Preamble

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

2. Purpose

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

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

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

3. Key Concepts

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

4. Basic Beliefs

We recognize the importance of the following beliefs that guide our practice and provide context for our ethics:

- The services we provide contribute to the health and well being of society.
- Our education and licensure qualify us to serve the public by preventing and treating oral disease and helping individuals achieve and maintain optimal health.
- Individuals have intrinsic worth, are responsible for their own health, and are entitled to make choices regarding their health.
- Dental hygiene care is an essential component of overall healthcare and we function interdependently with other healthcare providers.
- All people should have access to healthcare, including oral healthcare.
- We are individually responsible for our actions and the quality of care we provide.

5. Fundamental Principles

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

Universality

The principle of universality expects that, if one individual judges an action to be right or wrong in a

given situation, other people considering the same action in the same situation would make the same judgement.

Complementarity

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

Ethics

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

Community

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

Responsibility

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

6. Core Values

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

Individual autonomy and respect for human beings

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

Confidentiality

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

Societal Trust

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

Nonmaleficence

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

Beneficence

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

Justice and Fairness

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

Veracity

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

7. Standards of Professional Responsibility

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

To Ourselves as Individuals...

- Avoid self-deception, and continually strive for knowledge and personal growth.
- Establish and maintain a lifestyle that supports optimal health.
- Create a safe work environment.
- Assert our own interests in ways that are fair and equitable.
- Seek the advice and counsel of others when challenged with ethical dilemmas.
- Have realistic expectations of ourselves and recognize our limitations.

To Ourselves as Professionals...

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

To Family and Friends

- Support the efforts of others to establish and maintain healthy lifestyles and respect the rights of friends and family.

To Clients...

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

To Colleagues...

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

- Promote human relationships that are mutually beneficial, including those with other healthcare professionals.

To Employees and Employers...

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

To the Dental Hygiene Profession...

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

To the Community and Society...

- Recognize and uphold the laws and regulations governing our profession.
- Document and report inappropriate, inadequate, or substandard care and/or illegal activities by any healthcare provider, to the responsible authorities.
- Use peer review as a mechanism for identifying inappropriate, inadequate, or substandard care provided by dental hygienists.
- Comply with local, state, and federal statutes that promote public health and safety.
- Develop support systems and quality-assurance programs in the workplace to assist dental hygienists in providing the appropriate standard of care.
- Promote access to dental hygiene services for all, supporting justice and fairness in the distribution of healthcare resources.
- Act consistently with the ethics of the global scientific community of which our profession is a part.
- Create a healthful workplace ecosystem to support a healthy environment.
- Recognize and uphold our obligation to provide pro bono service.

To Scientific Investigation...

We accept responsibility for conducting research according to the fundamental principles underlying our ethical beliefs in compliance with universal codes, governmental standards, and professional guidelines for the care and management of experimental subjects. We acknowledge our ethical obligations to the scientific community:

- Conduct research that contributes knowledge that is valid and useful to our clients and society.
- Use research methods that meet accepted scientific standards.
- Use research resources appropriately.
- Systematically review and justify research in progress to insure the most favorable benefit-to-risk ratio to research subjects.
- Submit all proposals involving human subjects to an appropriate human subject review committee.

- Secure appropriate institutional committee approval for the conduct of research involving animals.
- Obtain informed consent from human subjects participating in research that is based on specifications published in Title 21 Code of Federal Regulations Part 46.
- Respect the confidentiality and privacy of data.
- Seek opportunities to advance dental hygiene knowledge through research by providing financial, human, and technical resources whenever possible.
- Report research results in a timely manner.
- Report research findings completely and honestly, drawing only those conclusions that are supported by the data presented.
- Report the names of investigators fairly and accurately.
- Interpret the research and the research of others accurately and objectively, drawing conclusions that are supported by the data presented and seeking clarity when uncertain.
- Critically evaluate research methods and results before applying new theory and technology in practice.
- Be knowledgeable concerning currently accepted preventive and therapeutic methods, products, and technology and their application to our practice.

II. UNIVERSITY POLICIES/SERVICES

Drug-Free Campus Policy

The Drug-Free Workplace Act of 1988 and the Drug-Free schools and Communities Act Amendments of 1989 require that the University adopt and implement a program to prevent the illicit use of drugs and the abuse of alcohol by students and employees. The University must certify that it is in compliance with this law in order to receive Federal Funds. This policy, #5.06, shall apply to the entire University community of faculty, staff, and students.

Alcohol on Campus: refer to university policies located on Shawnee State University website #3.19

Student Code of Conduct: university website, contains detail explanations of the use, purchasing, and selling of drugs and alcohol on campus and at Shawnee State University affiliated events.

Smoking on Campus: Smoking and smokeless tobacco is prohibited in all University owned buildings and smoking outside of building entrances must be at a distance of 50 feet as stated in the university policy #5.08 for students, visitors and faculty.

Legal Sanctions

Violations of University policy or engagement of illegal actions will result in the involved individual (s) being subject to sanctions and/or enforcement results as referenced and incorporated by University policy and/or applicable local, state, or federal laws.

ALL policies for students and pertaining to student matters can be found on the university website. From the home page, go to the About tab, click and scroll down to University Policies, click and on the University Policy page scroll down to Student.

Tutoring Service:

The tutoring service is offered by the Student Success Center. Tutoring is available for any student at a very nominal fee and has proven most beneficial to the students who have used the tutoring program. If you are having difficulty in any course, ask the instructor to request a tutor for you. The Student Success Center is located on the 1st floor of Massie Hall and the phone number is (740) 351-3594.

Counseling Services:

Counseling is available and free of charge for all SSU students. The Counseling Center offers educational and personal, confidential counseling to help you cope with problems which may affect your personal life or interfere with your academic progress. Campus Counseling Services are located in Hatcher Hall. You may walk-in or call 740-351-3608 to schedule an appointment.

Student Ombudsperson:

The role of student ombudsperson is to help students solve any academic, administrative, or individual issue that they may have while at SSU. You may contact the ombudsperson at phone (740) 351-3448 or through the webpage for the Student Ombudsperson Office, Dr. Linda Hunt, Administration Building, room 140. Dr. Hunt's e-mail is lhunt@shawnee,

Disability Services:

Any student who believes s/he may need an accommodation based on the impact of a documented disability should first contact a Coordinator in the Office of Accessibility Services, Hatcher Hall, 740-351-3106 to schedule a meeting to identify potential reasonable accommodation(s). Students are strongly encouraged to initiate the accommodation process in the early part of the semester or as soon as the need is recognized. After meeting with the Coordinator, students are then required to meet with their instructors to discuss the student's specific needs related to their disability. If a student does not make a timely request for disability accommodations and/or fails to meet with the Coordinator of Accessibility Services and the instructor, a reasonable accommodation might not be able to be provided.

III. ACADEMIC REQUIREMENTS

In order to remain in good academic standing in the dental hygiene program, the student must:

1. Maintain a cumulative GPA of 2.5 in all coursework needed to meet the requirements for an associate of applied science degree in dental hygiene. This applies to all required courses taken before as well as after admission into the dental hygiene program.
2. Maintain a cumulative GPA of 2.5 in all dental hygiene courses.
3. Not receive a failing grade in any of the required courses for the dental hygiene program. In the dental hygiene program, a grade of “C” is considered the minimum passing grade for all required DTHY courses. Courses graded with less than a “C” will result in academic dismissal from the program. Courses with clinical components require the student to receive passing grades in both Didactic & Clinical sections in order to earn a passing grade for the course. Courses taught in sections, such as DTHY 1110, require that the student pass each section designated within the course. Students who fail to achieve any one of the three requirements for good academic standing will be dismissed from the dental hygiene program with the option of reapplying for admission the following academic year. The decision to readmit a student will be made by the dental hygiene faculty after reviewing the student’s progress in completing any conditions for re-admittance as stated in the letter of dismissal and an interview with the student. Students who are academically dismissed from the dental hygiene program for a second time are not eligible for re-admittance.

Students may appeal a dismissal from the dental hygiene program by following the guidelines for appeal as detailed in the University Academic Rights & Responsibilities.

Academic Integrity:

Students at SSU are required to do their own work on all tests and assignments. Any form of cheating may result in the student being withdrawn from a particular course or program, as well as possible dismissal from the University. SSU Student Handbook has complete procedures for dealing with academic misconduct.

Grading Scale:

The following grading scale will be used for all courses in the Dental Hygiene curriculum (DtHy prefix in the University catalog).

100 – 92 = A	81.99 – 80 = B-	69.99 -69 = D+
91.99 – 90 = A-	79.99 – 79 = C+	68.99 – 62 = D
89.99 – 89 = B+	78.99 – 75 = C	61.99 – 60 = D-
88.99 – 82 = B	74.99 – 70 = C-	Below 60 = F

Continuation Policy: Students must earn a minimum of a “C” (75%) in each DTHY course, and/or sections of a course where applicable, to continue in the Dental Hygiene Program. If a student does not maintain a “C” in each course, the student will be dismissed from the Dental Hygiene Program.

Dental Hygiene Clinical Remediation Policy

Preclinical Skills Evaluations

All clinical evaluations must be successfully completed by the percent of accuracy listed on the evaluation form. If the first evaluation attempt is unsuccessful, the student may retake the evaluation after remedial instruction by faculty. If the second attempt is unsuccessful, the student may repeat the evaluation only after meeting with the course control faculty to discuss problems and remediation and a date will then be set for repeating the evaluation the third time. If the evaluation is not successfully completed on this third try, a score of failure will be recorded for this evaluation and for the course.

Clinical Skills Evaluations

With all clinical skills evaluations, if successful evaluation is not attained on the first attempt, the student will not be permitted to continue treating patients until that student has obtained remedial instrumentation instruction from a full-time dental hygiene instructor and has successfully completed the second evaluation. The remedial instruction and second clinical skills evaluation must be completed within one week following the original evaluation. If the student fails the second evaluation, that student will not be permitted to treat patients and will receive a failing grade for the course.

A full-time instructor will conduct both clinical skills evaluations and the remedial instrumentation instruction. The student must notify an instructor when ready to be evaluated.

Dental Hygiene Advising Policy

1. Pre-Dental Hygiene Students are advised by the Pre-Health Science Advisor or Dental Hygiene Program Director
2. Students admitted into the Dental Hygiene program will be assigned a Faculty Advisor.
 - a) They are notified in writing prior to Fall term the name and contact information of their faculty advisor.
 - b) It is recommended that students meet with their faculty advisors at least once/term.
 - c) In addition to advisor notification, a degree audit is provided for each student.
 - d) It is recommended for each student to request a degree audit periodically to evaluate for accuracy and completion of requirements.
 - e) It is the student's responsibility to actively participate in the recognition and resolution of needs and concerns.
3. All dental hygiene full-time faculty have access to ADVISO Advising. Faculty will:
 - a) Review degree audits and discuss with advisee as needed.
 - b) Complete, with student, an Individual Advising Plan to be used along with the degree audit to track student progress.

- c) Advise students in regard to graduation requirements, career options or degree advancement.
 - d) Act as a role model for ethical, professional behavior.
4. The program director or a representative from the dental hygiene program will be available at the orientation sessions for new students.

The Dental Hygiene Advising Policy is contained in the Dental Hygiene Student Manual and is discussed during Freshman orientation the first week of Fall term. This policy is reviewed with the Sophomore Dental Hygiene Students prior to the start of their second year Dental Hygiene curriculum.

5. All Dental Hygiene policies on academic integrity, grading system, and clinical procedures to follow are outlined in the “Student Manual” received by the freshman students. These policies are thoroughly reviewed at the time of distribution of the manual.

Class Attendance:

Clinical and classroom attendance--participation is such an integral part of the dental hygiene program that absences must be at an absolute minimum. At the beginning of each term, the individual instructor will thoroughly explain the attendance policy for his/her course.

Dental Hygiene Attendance Policy:

All dental hygiene students are required to attend all lectures, labs, assigned clinics, and special seminars as scheduled or arranged.

If they will not be attending class, students must phone the instructor **PRIOR** to class. If you cannot reach the instructor, leave your name, phone number, and message on the instructor's voice mail and the instructor will return your call. To leave a message for adjunct faculty, call 740-351-3236. You must speak with the instructor personally prior to class or the absence is considered unexcused.

Excused absences include:

1. Illness with a doctor's excuse
2. Absence approved by the instructor
3. Death in the immediate family
 Immediate family includes: mother, father, sibling, spouse, son, daughter, grandparent, brother-in-law, sister-in-law, mother-in-law, or father-in-law

Students may make-up quizzes, exams, or tests with an excused absence. Make-up exams may be different in format and content from the original. All make-up exams must be taken the first day that the student returns to school or a zero will be recorded for that exam. Students are responsible for making arrangements with the instructor to take the missed exam. No exam is given prior to the scheduled time.

An unexcused absence will be recorded if:

1. The student who misses a dental hygiene class attends any other scheduled DTHY class the same day. As well, if a student misses a morning class (unexcused) they are not permitted to attend the afternoon dthy course.
2. The student misses class for any reason other than those listed under "excused absences."
3. The student sleeps during class or during a guest speaker's presentation.
4. The student is permitted only one excused absence from the lab portion of DTHY 1111.

An unexcused absence will result in:

1. Not being permitted to makeup any missed quiz, exam, or test. A score of zero (0) will be recorded. Some courses have practical exams that may not be made-up even if the absence is excused.
2. Five percentage points deducted from the final course grade for each unexcused absence.

Tardiness or leaving class early will result in the deduction of two percentage points off the final course grade for each violation.

Office phone numbers are listed below. Portsmouth area code is 740.

Georgeann Kamer	351-3296	Mariah Woodward	351-3387
Nancy Bentley	351-3273	Tammy Grigson	351-3236 (Dental Hygiene Secretary)

Cell Phone Policy:

Cell phone use (including text messaging) during lectures, exams, labs, clinics, and guest lectures is **STRICTLY FORBIDDEN**. Students must **turn off and stow** their cell phones prior to class. Cell phones are not to be placed on the desks, tables, or any area in the clinic. Repeated violations of the cell phone policy will result in points deducted from the course grade per instructor's discretion.

Professional Dress Code:

Students are to follow this dress code when attending sessions with guest speakers or attending seminars and off-campus projects/professional meetings, workshops. Business professional dress is defined as: dresses, dress skirts/suits, dress pants w/shirts, sweaters or jackets.

Flip/Flops or distressed clothing is not considered professional attire!!

* Clinical Dress is covered under Clinical Requirements.

Program Requirements:

Prior to enrollment in clinical dental hygiene courses, students are required to have a recent physical examination and current immunizations to include Hepatitis B along with a TB skin test. Upon acceptance into the program, students will receive additional information concerning all requirements.

CPR must be completed prior to admission into the Dental Hygiene Program, American Heart Association Health Care Provider CPR must be completed no later than September of the year of admission in order for the student to be continuously certified in CPR during the two years of the Dental Hygiene Program

Community Service:

Dental Hygiene students are required to complete 50 hours of community service by graduation. Thirty-five hours are required by the end of Fall Semester of the second year; the additional 15 hours are required by the end of Spring Semester prior to graduation. The student may earn community service hour credit through continuing education seminars, teaching dental health in elementary schools, volunteering time to work for community agencies or projects or other selected projects approved by the faculty.

In order to receive credit from projects which the student schedules on their own, the student must:

1. Have the service and hours approved prior to service.
2. Turn in the slip for credit within two weeks of completing the project, including complete phone number and name of contact person.

Failure to perform a community service project for which the student has signed up will result in the same number of hours added to that student's requirement. For example, if the student signed up to attend a community service project worth 3 hours of credit but fails to attend, 3 hours will be added to the required 50 hours, so the student must now complete 53 hours total.

All dental hygiene students are **required** to attend the “**Shawnee State University Alumni Continuing Education Day**” for six hours of education on a Saturday in October. Community service hours will be earned for this event. An approximate cost is \$30.00.

Bulletin Board:

Students will be assigned to complete bulletin board displays in the clinic and radiology area. Some materials for construction are available in the dental hygiene locker room.

Guidelines to follow for the bulletin board:

1. Must present a dental health topic or message.
2. Have proper contrast with background and items displayed.
3. Neat, attractive, catches attention.
4. Lettering neat and easy to read.
5. Message clear and concise, so that only a glance is needed to get the idea across.

Student Membership in the American Dental Hygienists' Association:

All students are encouraged to join the student organization for the American Dental Hygienists' Association during their 1st year but are **required** to attain membership at the beginning of 2nd year, summer semester to participate in the ODHA Annual Session, Informative Poster Presentations. Class officers will be required to join as student members of the ADHA. There is a fee of 65 dollars for student membership per year. Membership includes receiving the Journal of Dental Hygiene, dental hygiene newsletters and applications for insurance and credit cards.

Class Officers:

Students will elect class officers during Spring semester of their first year: President, V-President, Treasurer. The class officers work together to organize fundraising for the class. Monies collected go towards board examination costs, board reviews, and the class graduation banquet. Class officers are leaders and great mediators to speak on behalf of the entire class and keep cohesion among classmates.

Informative Poster:

All second year dental hygiene students are required to present an informative poster presentation at the Ohio Dental Hygienists' Association Annual Session which is held in November. Students may work in groups up to 4 people.

An Informative Poster Presentation is a presentation using oral communication and a professional poster to inform, clarify, and/or review material on a specific topic. An Informative Poster Presentation is NOT original research. An Informative Poster presents useful and timely information in an original, interesting manner.

This information may be a technique, theory, service, trend or expanded opportunity in the practice of dental hygiene and/or the broader realm of oral and systemic health. Your Informative Poster should be focused, clear and concise to provide information quickly and stimulate attention and interest. An Informative Poster is not an exhibit of materials.

Evaluating and Interpreting Research
Writing Abstracts

The abstract summarizes the major points of an article from a professional journal or publication. It is limited to approximately 150 - 250 words in length and is written without judgment by the reviewer. (A, of, the, and, etc, are not counted as words.) The abstract must be in your own words with footnotes where quotes and/or ideas of others are noted. (Plagiarism of the article: zero points.) The article selected must be from a professional publication with the research conducted within the past five years.

Include the following on the title page:

Bibliography:

Title of Article, Author of Article, Journal (month, year, page numbers); internet source noted if needed

Your Name

Date Submitted

Items to include in the abstract and point value for evaluation (50 points):

1. Purpose or intent of the research that was done: 10 points
 - A. Include all major points. (2.5 points)
 - B. Maintain the order of the article. (2.5 points)
 - C. Present facts accurately. (2.5 points)
 - D. What are the practical implications of the research? (2.5 points)

2. Method or process used in conducting research: 10 points
 - A. How was the research conducted? (control group, sample, numbers of participants) (5 points)
 - B. Is the purpose of the research clear? (5 points)
 - C.

3. Conclusions of research: 15 points
 - A. Summary of research and facts proven (5 points)
 - B. Judgment words withheld (5 points)
 - C. Does the study help resolve the original problem researched? And is future research indicated? (5 points)

4. Mechanics/Style: 10 points (1 error = 2 points, 2 errors = 4 points, more than 3 errors – 0 out of 10 points)
 - A. Correct spelling
 - B. Typographical errors eliminated
 - C. Punctuation correct
 - D. Correct grammar

5. Format: 5 points
 - A. Typed, double-spaced (1.66 points)
 - B. Correct length (1.66 points)
 - C. Citation (1.66 points)

YOU ARE ENCOURAGED TO HAVE YOUR TOPIC APPROVED BY THE INSTRUCTOR.

IV. CLINICAL REQUIREMENTS

Dress Code - Uniforms:

The student will present a professional appearance at all times.

The Clinic Uniform will include:

1. Clean, white or black leather clinic shoes.
2. Above-ankle socks, either same color as scrubs or white.
3. Scrubs — Tops & Pants must be black in color with no design or print; plain white T-Shirts only, can be worn under scrub top if needed.
4. White lab coat to be worn for clinical labs and radiology lab.
5. Name tag, glasses, mask, and gloves.
6. A supply of disposable white fluid resistant lab jackets must be purchased. The fluid resistant jacket is to be worn **ONLY** in the clinic during patient treatment. It is **NEVER** to be worn outside the clinic. Hang it in your locker when not wearing. When your jacket becomes soiled, it must be disposed of and replaced with a clean, fresh jacket.
7. No CLOTH headbands
8. Cleaning Units: When setting up or cleaning up units **NO STREET CLOTHES ALLOWED**

Hair:

1. Clean with a professional appearance: No mess hairstyles, No extreme hair color, ex. Pink, Purple, Blue
2. Can touch collar, but not extend onto back.
3. French braids are acceptable, but no ponytails (long hair must be pinned to the head).
4. No hair falling forward into face; hair must be clipped back from face.
5. Male students may have well-groomed or close-cut mustache and/or beard. (Suggested trimming guard #1)

Jewelry:

No jewelry will be permitted; this includes any facial jewelry, tongue, lip or facial piercing, earrings, rings, chains or watches. Studies have demonstrated that skin underneath rings is more heavily colonized with bacteria than comparable areas of skin on fingers without rings. Rings can make donning gloves more difficult and cause gloves to tear more readily. **All ear and facial piercings must be removed prior to entering the clinic. Covering the jewelry with tape or a Band-Aid is not acceptable. Space holders for the piercing are to be removed. If a student has a new piercing inserted while in the program, please be aware that you will be required to remove the jewelry before the site has healed.**

Cosmetics:

Excessive use of cosmetics is not permitted in the clinical setting. Make-up, if worn, must be applied lightly. Nail polish, including clear polish, is not permitted. Perfume or cologne, if used, must be applied lightly to avoid offending the patient.

Fingernails:

Long fingernails, artificial nails, nail jewelry and nail polish increase the potential for hand contamination of dental health care workers. Microorganisms can colonize on hands in the moist environment underneath gloves. Long nails and hand jewelry can cause gloves to tear. Sharp nail edges or broken short nails are also likely to increase glove failure and the risk of microbial contamination. Keeping fingernails short is important because most microflora on the hand is found under and around the fingernails. Chipped or pitted nail polish can harbor added bacteria. Injury of patient oral tissue is possible with long fingernails.

Therefore, nails must be short, neatly manicured, and not polished. Nails must not extend above the fingertips when the fingers are extended with palm facing you at eye level.

Laboratory Attire:

Worn for laboratory classes and when there is a seminar which will be utilizing clinical facilities: demonstrations, workshops, etc.

1. Neatly pressed white lab coat over appropriate classroom attire.
2. Name tag.
3. Hair, nails and jewelry as described under clinical dress code.

These regulations for clinical dress code will be enforced during clinic sessions and labs. Failure to be properly attired may result in dismissal from the clinic or laboratory class. These regulations extend to all extra-mural activities, such as school visitations or other clinical assignments.

Liability Insurance:

The University will provide liability insurance while in our clinic. Students wishing to take a regional board examination may need to buy additional insurance for these examinations. Forms will be available for students.

Instrument Kits:

Student instrument kits are purchased during the fall term of the freshman year. The kit contains the hand instruments and materials the student will need in the clinical courses of the dental hygiene program. All students must buy the complete instrument kit; the total price is approximately \$1200 - \$1300. Kits are purchased through the University Bookstore. **Anything lost by the student must be repurchased.** All dental hygiene instruments and supplies purchased from the Bookstore are nonreturnable. Students must also purchase the dental handpiece to be used in clinic. The handpiece is approximately \$350 and must be purchased prior to Spring term of the freshman year. Instruments are color-coded for identification purposes.

Costs may vary each school year and new instruments may be added at faculty's discretion. It is **NEVER** advised for a student to purchase a graduates used instruments. However, if a student was to purchase used instruments they any be advised to purchase new individual instruments and will need to purchase any **NEW** instrument selections not present in the used kit.

Use of another student's instruments will be **prohibited**: 2nd year students are **NOT** allowed to use 1st year student's instruments for **ANY** reason.

If a student has a problem regarding their instruments they are to speak to a full-time faculty member to resolve this issue.

Should a student use another student's instruments points will be deducted from the clinical course grade at the instructor's discretion.

Locker Room and Locker Assignments:

The locker room houses student lockers, rest room, student mailboxes, and chairs. The student should maintain neatness and cleanliness in this room at all times. This is the only room in the Dental Hygiene Department where food and beverages are allowed. Any announcements and community service opportunities will be posted on the bulletin board in the locker room. Please check the bulletin boards regularly for posted information. The Dental Hygiene Clinic is not to be used as a short cut to reach the locker room or dental lab room. Both the locker room and the lab have outside hallway doors, which are to be used for entering and exiting.

You will need to purchase a lock with two keys to place on your assigned locker. You will be required to give one locker key to a faculty member to be kept on file. First year students need to purchase a carrying case to contain instrument kit items for clinical use.

At the beginning of Summer term, you will receive a unit cabinet in the clinic. You will be given a key to lock your cabinet, securing your instruments and equipment. This key must be returned upon leaving the program or prior to graduation. If the key is lost or not returned by graduation, the student will pay a fee of \$5 so a replacement key can be made.

Mailboxes:

Individual student mailboxes are located in the locker room and will be assigned during the first week of the first term. Students should check their mailboxes daily and empty them at the end of each week. No student should view or remove the contents of any other student's mailboxes.

Clinic Grading System:

This will vary somewhat depending on the term. At the beginning of each term, your clinical instructor will thoroughly discuss the requirements, evaluation methods, and grading policy for that term's clinical assignment. If at that time you have a question concerning clinical evaluations, please take the time to meet with the faculty member responsible for the course. It is very important to give your patients quality care. Students must maintain a minimum of 75% on the final patient grade average each term in order to remain in the program.

Clinical Hours (Patient Contact):

Students are required to log at least a minimum of 75% of the clinical hours available each term. You will receive credit for clinic hours during any patient treatment (scale and polish, radiographs, sealants . . .) and for any assigned duty such as reception, dispensary, and radiology.

Laundry:

Always launder your scrubs/uniforms separately from other clothing.

Clinical Duty Rotations:

Every term, students will be assigned clinical rotations. These may include reception, dispensary, and radiology duties. The student is required to participate in these duties on the assigned day. No switching of duties or days is permitted. The student will, at the beginning of each term, be given assigned duties and their dates. The student should be present 30 minutes prior to the beginning of his/her clinic duty. The student will receive credit and be evaluated for each duty. For example, the receptionist on duty for a four-hour clinic session will log four hours for that day. It will be applied to the total hours per week requirement. No studying or personal projects are permitted when the student is assigned a duty. Students must spend the entire clinic session fulfilling duties in order to receive hours. Students will complete a self-assessment at the end of each rotation session.

Specialty Rotations/Clinical Enhancement:

Throughout the student's clinical experience, he/she may be assigned to specialty clinical rotations external to the SSU dental hygiene clinic. The following guidelines must be adhered to during a specialty rotation:

1. Wear clinical attire
2. Arrive at rotation site on time
3. Demonstrate professional demeanor
4. Complete and have site dentist complete evaluation form
5. Students will be required to perform dental hygiene duties as well as other office duties

Clinical Skills Proficiency Evaluations:

A clinical skills proficiency evaluation must be completed Summer and Fall terms. The student will be required to demonstrate proficiency with sickles, curets, probe and explorer on an adult patient. The patient may be any classification of difficulty with anterior and posterior teeth in proximal contact in each quadrant. If successful evaluation is not attained on the first attempt, the student will not be permitted to continue treating patients until he/she has obtained remedial instrumentation instruction from a full-time dental hygiene instructor and has successfully completed the second evaluation. The remedial instruction and second clinical skills evaluation must be completed within one week following the original evaluation. If the student fails the second evaluation, that student will not be permitted to treat patients and will receive a failing grade for the course. Both clinical skills evaluations and the remedial instrumentation instruction will be conducted by a full-time instructor.

During Spring term, a clinical skills evaluation is conducted by Trial Board examiners as a part of the Trial Board exam.

Proficiency Evaluations

The following proficiency evaluations must be successfully completed in the appropriate time frame listed in course outlines.

Infection Control	Blood Pressure Assessment
Fluoride Technique	Caries Detection
Instrument Sharpening	Pain Management
Oxygen Tank	Infection Control for Film Processing
Paralleling Instrument Setup	Pit and fissure sealant
Arestin	Ultrasonic Scaler
Calculus Detection	FMX Proficiency
	Anterior/Posterior Root Debridement

Treatment Record Protocol

Treatment Record notes describe the services rendered for the patient and should provide a complete and comprehensive description of the completed and scheduled dental care. In addition, the notes should include explanations or rationale for treatment where appropriate. Any limitations and/or unexpected outcomes would also be noted. There are certain minimum requirements for the recording of treatment record notes which include:

- Date and particulars of each professional encounter with the patient, in person or by phone
- Radiographs (number and type) along with # of retakes
- Diagnostic study casts
- clinical findings, diagnoses and assessments
- Procedures performed including methods and materials used (e.g. Pit & Fissure Sealants, Fluoride)
- Local and topical anesthetics used including type and quantity
- Medication given to or taken by patient (ex. Antibiotic premedication) to include dosage
- Advice given by or on behalf of dentist/faculty/student including pre- and post-treatment instructions or reference to handout given
- Referrals to other health professionals for examination, tests, consultation or treatment

The date of service must be included along with proper faculty and student signatures.

**Shawnee State University
Dental Hygiene Department
Clinic, Dispensary and Lab Policy
For Unscheduled Use**

The following guidelines must be adhered to regarding the occupation and use of the clinic, lab and dispensary facilities during hours other than when a regularly scheduled class or clinic is in session.

1. All after hour use must be pre-approved by a faculty member.
2. All clinical procedures must be performed during the regularly scheduled clinic session. i.e. taking impressions
3. The completion of any dispensary duties after regularly scheduled clinic sessions, must be completed in a timely manner with a faculty member (or the clinic coordinator) in the building. The student is responsible for notifying the faculty that their duties are extending past clinic hours.
4. If it is impossible for a faculty member to be present, the student must make arrangements with faculty to complete duties at the earliest opportunity.
5. No equipment, i.e. autoclaves, viewboxes, autoprocessor, darkroom lights or personal items, (fans) shall be left turned on in the dental hygiene lab, dispensary, or clinic areas after regular clinic hours.
6. Students are not permitted to use cast grinders after regular clinic hours.
7. The instruments autoclaved must be run by 2:45 (Summer and Fall terms) and 3:45 (Spring term). Any instruments after that time must be autoclaved the next day at 11:00 am (Summer and Fall terms) or 12:00 pm (Spring term).
8. Students are not permitted to take patient files or x-rays from the dental hygiene clinic/lab areas.

After clinic hours includes Friday.

Acceptable uses not requiring permission but requiring responsible use including turning off equipment:

1. Evaluating radiographs
2. Completing bulletin board or dental health education projects
3. Reviewing supplemental study materials left in the lab for didactic courses
i.e. extracted tooth modules, utilizing nutritional counseling materials.

V. CLINICAL PROCEDURES

Scheduling Patient Appointments:

Students are responsible for securing their own patients and checking their patient schedule daily, prior to clinic hours. An active patient recall system will provide each student with a limited number of possible patients.

Patient Scheduling Policy:

Dental Hygiene students are expected to demonstrate professional respect, courtesy, and consideration for all scheduled patients. Patients are not to be canceled or rescheduled in order to schedule a patient who is more suitable to the student's requirement needs or for the convenience of those students who have met their requirements. Patient names are not to be erased from the book. If a patient cancels, the student is to draw one line through the center of the name on the schedule. Students are expected to treat those patients who are scheduled. Only 3 holds per semester are permitted to block off appointment time. Any violation of this policy will result in the loss of 1.0 UDP for each student involved and for each violation.

Incomplete Patient Treatment Policy:

- A. To assure that patients receive complete dental hygiene care in our facility, students shall document a patient's reason for not returning to complete their dental hygiene treatment.

To document the incomplete care, the procedure is:

1. Document the specific reason the patient stated for not returning on the treatment record and in the care plan. Sign both entries and have an instructor sign the entries.
 2. Record the patient's stated reason on the incomplete clinical patient evaluation, sign the entry, and have an instructor sign. The instructor will file the evaluation with the clinic coordinator.
- B. All incomplete patients must be accounted for prior to graduation.
- C. Zeroes will be recorded as grades for:
1. All incomplete patients from the previous term whose treatment is not completed during the current term, unless the reason for not returning is documented under A. above.
 2. Four or more incomplete patients.

Patient Cancellations:

You will not be allowed to cancel any patient appointments. Always check the appointment book daily. Your first obligation is to those patients scheduled in the appointment book. Therefore, you will want to make certain you write in appointments for family or friends before you are scheduled with another patient.

The receptionist will make local phone calls to patients to confirm appointments. Unfortunately, some patients will cancel or not show up for their appointment. Clinic hours cannot be given under these circumstances, so it is advisable to have a back-up patient available who could come in to the clinic on short notice. Last minute patients can often be found on campus.

POLICY FOR PATIENTS WHO REPEATEDLY CANCEL OR FAIL TO SHOW FOR APPOINTMENTS

New patients are given the patient information brochure that outlines the program's and patient's responsibilities. In order for the student to achieve clinical requirements in a timely manner, patients must present for scheduled appointments.

If a patient fails to show for a confirmed appointment or cancels the appointment the day of the appointment two or more times, the student may not be required to reappoint the patient. The patient may not be permitted to schedule future appointments in the dental hygiene clinic.

However, certain guidelines must be followed in order to utilize this policy.

1. The student must be courteous and respectful in all conversations with the patient.
2. Each appointment that the patient cancels at the last minute or fails to show for must be documented on the patient's treatment record and care plan/progress notes and signed by the student and faculty member the same day as the scheduled appointment.
3. After documentation of two or more cancelled/no show appointments, a faculty member will contact the patient by telephone explaining our policy and follow up with a mailed notice to the patient that details our policy and informs them that no further appointments will be scheduled.
4. The faculty member will document the notice mailed to the patient on the treatment record and incomplete grade sheet. The grade sheet will be turned in to the clinic coordinator.
5. Patients may have a valid reason for failure to present for one or more appointments. In these instances, patients may be permitted to reschedule. **It will be the faculty's decision.**
6. Faculty will maintain a listing of patients who are not permitted to schedule appointments for the dental hygiene secretary and at the reception desk for reference.

Patient Assessment:

A thorough health history, dental history, intra-extra oral examination, dental charting and periodontal charting (on patients with an adult dentition) will be completed on all patients treated in the Dental Hygiene Clinic. The health history (including vital signs for 18 years and older) must be approved by faculty before any treatment is started. Patients' health histories and charts are to be kept confidential and are filed in locked cabinets behind the reception desk. Students are not permitted to remove any patient records in the patient folder from the clinic area.

Shawnee State University
Dental Hygiene Department
ASA Classification System for Patient Health Status:

ASA Class	Description	Examples
1	A normal, healthy patient , without organic, physiologic, or psychiatric disturbance	Healthy, non-smoking, no or minimal alcohol use
2	A patient with mild systemic disease; controlled medical conditions, or an ASA 1 with extreme anxiety or fear toward dentistry	Well controlled: prehypertension, non-insulin dependent diabetes, epilepsy, asthma, thyroid conditions. ASA1 w/mild respiratory condition, active allergies, smoker, social use of alcohol, obesity (30<BMI<40), pregnancy
3	A patient having one or more moderate to severe systemic diseases that limits activity but is not incapacitating.	CHF, angina pectoris longer than 3 months, MI, CVA, TIA, coronary artery disease w/stents, slight COPD, poorly controlled hypertension or DM, morbid obesity, active hepatitis, alcohol dependence or abuse, implanted pacemaker, chronic renal failure/regular dialysis, moderate reduction of ejection fraction
4	A patient with severe systemic disease that limits activity and is a constant threat to life.	Unstable angina, MI, CVA, severe CHF, Coronary artery disease w/stents, ongoing ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, disseminated intravascular coagulation, mod-severe COPD, uncontrolled diabetes, hypertension, epilepsy, or thyroid, renal failure with refractory ascites and end-stage renal disease w/out dialysis, severe CHF, No dental hygiene treatment permitted.
5	A patient with a critical medical condition that is associated with little chance of survival with or without the surgical procedure. Not expected to survive more than 24 hours	Ruptured abdominal or thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ or system dysfunction. No dental hygiene treatment permitted.
6	A declared brain-dead patient whose organs are being removed for donor purposes	

Adapted by Margaret J. Fehrenbach, RDH, MS from the American Society of Anesthesiologists and Medical Emergencies in the Dental Office (Malamed, Mosby). 05/01/18

CHF: Congestive Heart Failure, TIA: Transient Ischemic Attack, MI: Myocardial Infarction, DM: Diabetes Mellitus, COPD: Chronic Obstructive Pulmonary Disease, CVA: Cerebrovascular Accident

ASA-E: Emergency operation: used to modify a classification, i.e., ASA III-E

ASA-P: Pregnant patient: used to modify a classification, i.e., ASA III-P

Patient Classification Criteria**Definitions of Terms**

- Localized -** Less than 50% of the total number of teeth present in the dentition are involved.
- Generalized -** More than 50% of total number of teeth present in the dentition are involved.
- Light -** Supragingival calculus covering more than 1/3 of the exposed tooth surface. Stain that can be removed with normal polishing procedures.
- Moderate-** Supragingival calculus covering more than 1/3 but not more than 2/3 of the exposed tooth surface or the presence of individual flecks of subgingival calculus around the cervical portion of the tooth or both. Stain that requires some instrumentation to remove.
- Heavy -** Supragingival calculus covering more than 2/3 of the exposed tooth surface or a continuous heavy band of subgingival calculus around the cervical portion of the tooth or both. Stain that requires thorough instrumentation to remove.

CLASSIFICATION METHOD

<u>Deposits - Calculus</u>	<u>Absolute Periodontal Pocket or CAL</u> (3 or more teeth)	<u>Stain</u> (6 or more surfaces)
Light Localized = 1		No Stain = 0
Light Generalized = 2	2-3 mm = 0	Light Stain = 1
Moderate Localized = 3	4 mm = 1	Moderate Stain = 2
Moderate Generalized = 4	5 mm = 2	Heavy Stain = 3
Heavy Localized = 5	5-7 mm = 3	
Heavy Generalized = 6	7 mm = 4	

Number of Teeth

10 teeth or less	= 1
11 to 16 teeth	= 2
17 to 32 teeth	= 3

Calculus + Periodontal Pockets + Stains x Number of Teeth = Points

For Example: A patient has moderate generalized calculus (4) with moderate tea and tobacco stain (2), 5 mm absolute periodontal pockets generalized (2): [8 points] and has 15 teeth: [multiply by 2]. The classification points would be 8 x 2 or 16 Points. 16 points would be a Class II patient. UDP = 1.0.

CLASSIFICATION POINTS/UDP CREDIT

Class I	= 1-10 points	Pedo - 0.3 UDP	Adult - 0.5 UDP
Class II	= 11-20 points	1.0 UDP	
Class III	= 21-25 points	1.5 UDP	
Class IV	= 26-30 points	2.0 UDP	
Class V	= 31-35 points	2.5 UDP	
Class VI	= 36-39 points	3.0 UDP	

Clinical Assistance:

If you experience difficulty or have questions at any time during patient treatment, place the flag up at your unit to summon help from faculty.

All patients will be checked by an instructor to determine patient difficulty and to evaluate the student on patient assessment, scaling and polishing or progress check if the patient is not being completed that day. If a student, during scaling procedures, is having difficulty, he/she may request an instructor to spot check the area of difficulty to determine if there is calculus in that area. Spot checks will only be given for a specific tooth causing difficulty. Spot checks are not to be used to determine how well you have scaled an arch.

Patient Education:

Prior to dental hygiene treatment each patient is to receive individualized information concerning the condition of his/her mouth. Patients must also be instructed about cause and prevention of disease, including appropriate biofilm control measures (brushing, flossing . . .)

Equipment, visual aids, and other materials are available at all times. The student is expected to utilize these resources to their fullest potential.

Patient Education Station has the following resources located in the lab:

- Patient education pamphlets on subjects such as oral cancer, smoking, fluoride rinses, brushing and flossing, etc.
- Tooth models
- Typodont and brush
- Oral irrigating device and electric toothbrush
- Monitor and VCR
- Videos for children
- Dental health handout copies for groups
- Pamphlets on periodontal disease and various oral health topics

If the student has any questions on the use of any of these resources, ask an instructor.

It is the dispenserist's duty to make sure that both patient education stations are neat and clean at the end of each clinical session.

Patient Referrals:

- A. Patients with medical conditions requiring consultation with a physician prior to treatment must be given a referral form to be completed by the physician. A copy of this form remains in the patient's folder.
- B. All patient referrals for treatment by a dentist or physician will be made by the clinical faculty or the clinical dentist. A copy of this referral must be placed in the patient's file folder.
- C. Patient referrals may be faxed to physicians.
- D. Patient referrals must be current.

Patient Files:

Clinical patient file folders are color-coded. The first color code is the first letter of the last name. The second color-code is the second letter of the last name. Files are coded by year of patient treatment. The year must be kept up to date. For example, if your patient was here in 2017 and is now returning in 2018, the 17 label must be changed to 18. The files are alphabetized. For several folders that share the same last name, the first names are alphabetized, i.e., John Smith is filed before Karen Smith.

Patient file labels are typed by the receptionist. The receptionist is also responsible for filing patient folders. It is critical to file alphabetically since misfiled folders are difficult to locate.

No part of the patient's chart (health histories and radiographs) is to leave the clinic area. The receptionist will correctly file all folders before leaving the clinic. Confidentiality of patient medical records must be maintained by the student. Refrain from discussing patient records in front of others.

Guidelines for Dental Hygiene Treatments in Conjunction with Local Anesthesia:

Rationale:

Local anesthesia can be a valuable adjunct to help you perform thorough dental hygiene treatment for those patients with hypersensitive oral tissues. Local anesthesia can help your patient tolerate a difficult scaling and/or root planing procedure. Although the patient will have a higher pain threshold for the dental hygiene procedures, the student must use the same, carefully controlled, method of scaling and root planing that is used for non-anesthetized tissues. Just because the patient cannot sense pain or discomfort does not permit the use of excessive force or inappropriate techniques in scaling and root planing. Damage to the hard and soft tissues can be the result of inappropriate scaling and root planing techniques, regardless if the patient's oral tissues are anesthetized or not.

Patient Selection:

Patients with a low pain threshold for dental hygiene procedures or patients requiring extensive root debridement may be candidates for local anesthetic medication. If the dental hygiene treatment cannot be performed due to patient discomfort, the clinic's supervising dentist or a local anesthetic certified dental hygiene faculty may authorize and administer, or supervise the administration by a student, the local anesthetic medication. The student may also choose to apply a topical or non-injectable local anesthetic.

Documentation:

If a local or topical anesthetic is administered after a consultation with the patient and a review of the medical history, such dosage and location of administration will be recorded on the patients' treatment notes and signed by the supervising dentist.

Post-Treatment Information to the Patient:

Students are responsible for informing the patient of precautions following the administration of local anesthetics. Such information will have been presented to the students in a didactic class before any dental hygiene treatments are permitted in conjunction with local anesthetics.

Disposal of Needles and Local Anesthetic Cartridge:

The needle should be recapped with an appropriate one-handed re-capper after the local anesthetic injections are completed. The used syringe must be properly disassembled and disposed of by placing the needle and anesthetic cartridges into the SHARPS CONTAINER which is located in the lower cabinet of your unit and then preparing the metal syringe barrel and handle for autoclaving.

Recall System:

Each month every student will receive a number of cards for recall patients from our recall system. The student will be responsible for completing a card to be mailed to all patients asking them to please call and schedule an appointment.

All patients treated in our clinic will be placed into the recall system. Therefore, it is important that each patient you complete has a recall card updated (if they have been treated here before), or a card filled out (if they are a new patient).

Procedures for returned recall postcards

1. If the postal service has indicated a forwarding address, make out a new postcard and correct the green recall address in pencil. Place both postcards and the recall card at the front patient education station.
2. If no forwarding address is noted, confirm that the postcard address and the patient address on the medical history are the same.
3. If the address is the same, file the returned postcard and green recall card in the patient's folder.
4. If the address on the medical history is different, make out a new postcard with the correct address then erase the old address on the green recall card and write the current address.
5. Returned recall postcards procedures must be completed within 2 - 4 days of receipt. Students may lose points from the final clinic grade for not completing the procedures.
6. Green recall cards are filled out in pencil, blue reminder cards which are mailed are filled out in black in. **ALL** recall cards must be returned in **7 days** after the student receives them.

Radiology:

All equipment, policies and procedures for dental hygiene radiology are outlined in detail in the Radiology Manual, which is given to the student Summer Term.

Dental Hygiene Department

Important Dental Hygiene Patient Information

740.351.3241

SCOPE OF CARE

Shawnee State University's Dental Hygiene Program provides dental hygiene care to all interested individuals and groups. In an educational setting, students perform all dental hygiene services allowed by Ohio law. These services include: scaling and polishing of teeth, administration of appropriate pain control, dental x-rays (full-mouth surveys, individual periapicals, bitewing-surveys, panoragraphs), application of fluoride, application of pit and fissure sealants, patient education, nutritional counseling, and study models

Each patient will be examined by an Ohio licensed dental hygienist or dentist. At that time, the faculty member may refer you for the possible need of additional dental or medical treatment, such as restorations (fillings), orthodontic treatment, periodontal treatment, or medical history concerns. Our clinic only provides dental hygiene services. If you do not have a family dentist, we can provide you with a list of area dentists who are members of the American Dental Association. Please ask your student hygienist or the receptionist for the listing.

Patient cooperation is a valuable and essential part of the treatment regimen. Therefore, we want you to know the following information concerning patient treatment in our Dental Hygiene Clinic.

- 1. It may require more than one appointment to complete your treatment.**
This will depend on the difficulty of your treatment, the condition of your gum tissues, and the type of oral home care you have followed. If you feel you will not be able to return for necessary visits, please inform the student at the beginning of the first appointment or during the telephone contact.
2. Because students are involved in a learning situation, they work more slowly than a graduate dental hygienist. All procedures performed by the student are completely checked and evaluated by an Ohio licensed dental hygienist or dentist who is a member of the University faculty.
3. Students must complete a specific number of patient treatments within a limited time span. Broken or canceled appointments, or patients who cannot return for a second appointment can jeopardize a student's graduation requirements. For this reason, patients who cancel the day of their appointment or do not show up for their appointment two or more times may be asked to seek treatment elsewhere and may not be permitted to schedule any future appointments.
4. Our bloodborne infectious disease policy can be accessed on the university's website: www.shawnee.edu/acad/hs/dh/clinic_info.html or patients may request a paper copy.
5. We feel the minimal fees and high level of care provided will offset the extra time required for patient treatment. We have found that patients who can only stay for one short appointment are better served by private dental care.

6. Payments for treatments are required on the initial appointment. Due to budgetary considerations, we cannot send bills to patients or third party payers. Please make personal checks payable to: Shawnee State University.

Dental Hygiene Fees:

Adult Patients	\$25.00	(regardless of number of visits to complete treatment)
Children (Under 15)	\$10.00	
SSU Students and Alumni.....	\$10.00	
Fluoride treatment.....	no charge	
Pit and Fissure Sealants.....	(1 tooth)... \$10.00	(3 or more teeth)...\$30.00
Bitewing x-rays.....	\$10.00	
Full-mouth x-rays.....	\$15.00	
Panograph x-ray.....	\$15.00	
Duplicate or Referral radiographs	\$10.00	
Selected periapicals.....	\$10.00	

We do not accept credit or debit cards, dental insurance, Medicaid or bill for services.

If you have any comments or would like to speak to a faculty member, please call our secretary at 740- 351-3236, she will direct your call appropriately.

STANDARDS OF PATIENT CARE

1. Patients will be informed of the clinical services provided at the SSU Dental Hygiene Clinic and informed of patients' rights to the same standards of care provided by dental offices in the tri-state area.
2. Faculty and students will hold professional patient relationships confidential.
3. Patients will be provided care utilizing the highest level of infection control procedures to prevent disease transmission and treated in an environment that minimizes the risk of harm.
4. Patients will be provided with information necessary to make informed decisions concerning their oral health and encouraged to participate in their treatment decisions and goals.
5. Patients will be instructed on both the prevention of disease and maintenance of oral health.
6. Patients will be offered recall appointment notifications based on their oral health needs.
7. Patients will be referred to other healthcare providers when their needs are beyond the scope of practice of the Shawnee State University Dental Hygiene Clinic.
8. Individual treatment plans will be based on the assessment of patient needs determined by data gathered from the health history, intra/extra oral exam, dental and periodontal charting, and appropriate radiographs and will be approved by a faculty member prior to implementation.

9. Patients will be provided with preventive and therapeutic dental hygiene services utilizing appropriate pain control, preventive and chemotherapeutic agents.
10. Patients will be examined by a faculty member at each appointment to ensure that the patient's treatment meets the standard of care.
11. Upon completion of care, patients will be thoroughly evaluated by a faculty member to verify that the treatment plan has been completed and the standards of care have been met.

Bill of Rights for Patients

Shawnee State University does not discriminate in admission, access or treatment in programs and activities or employment practices on the basis of race, creed, sex, color, national or ethnic origin, religion, marital status, age, sexual orientation, Vietnam-era or qualified disabled veteran status, or qualified handicap.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to an explanation of recommended treatment or treatment alternatives concerning his current oral condition in terms the patient can reasonably be expected to understand.
3. The patient has the right to receive information necessary to give informed consent prior to the start of any procedure and /or treatment.
4. The patient has the right to refuse treatment and to be informed of the possible consequences of this action.
5. The patient has the right to every consideration of his privacy concerning his own dental care.
6. The patient has the right to expect that all communications and records pertaining to his care will be treated as confidential.
7. The patient has the right to be advised if Shawnee State University Dental Hygiene Clinic proposes to engage in or perform human experimentation affecting his care of treatment.
8. The patient has the right to expect reasonable continuity and completion of care.
9. The patient has the right to receive an explanation of all fees prior to treatment.
10. The patient has the right to treatment that meets the standard of care in the dental hygiene profession.

SHAWNEE STATE UNIVERSITY DENTAL HYGIENE CLINIC
PRIVACY POLICY NOTICE

This notice describes how the personal and medical information you provide for our dental hygiene records may be used and how you can gain access to this information.

We may use your personal and health care information for the following purposes:

1. **Dental Hygiene Treatment** – We may disclose your health care information to the student dental hygienist who is providing or assisting in providing dental hygiene treatment for you. In addition, the Dental Hygiene faculty members who are supervising the student dental hygienists may have access to your healthcare information. We may disclose you health care information to your physician of record or your dentist of record if required for your care.
2. **Dental Hygiene Business and Academic Operations** - We may disclose your health care information to an agency who is evaluating the Dental Hygiene Clinical program such as the American Dental Association who accredits all Dental Hygiene Programs or the Ohio State Dental Board who inspects dental offices and university programs for compliance with State of Ohio Dental Laws.
3. **Upon Your Authorization** – We may disclose your health care information to members of your family, friend, or person involved in your healthcare ONLY if authorized by you to do so.
4. **Appointment Reminders** - We may access your health care information in order to remind you of your next dental hygiene appointment
5. **Required By Law** -We may disclose your healthcare information when we are required to do so by law.

Patient's Rights:

1. You have a right to look at or obtain a copy of your health care records. If you want copies of your records a nominal charge for photocopying and staff time will be made.
2. You have a right to correct or amend your healthcare records as long as those changes do not cause the records to become inaccurate.
3. You have a right to expect that your healthcare information will be recorded and stored in a confidential manner. If you think this right has been violated and you would like to express a concern or file a complaint, please contact the SSU Clinic Privacy Office listed below.

Privacy Director: James Kadel, D.D.S. (740) 351-3036, email: jkadel@shawnee.edu

PATIENT ACKNOWLEDGEMENT

I, _____, have received, reviewed, and understand the SSU Dental Hygiene Clinic Privacy Policy with respect to protecting my health care information.

Patient's Signature _____ **Date:** _____

In case you do not agree to sign this form, our office must indicate why you declined to do so.
Reason for patient's refusal.

Privacy Director's Signature: _____ Date: _____

PATIENT SATISFACTION SURVEY

In order to assess patient perception of the quality of care received in the dental hygiene clinic, patients will be given the opportunity to complete a survey. One week at mid-term each term, the program leader will place a notice at the front patient education station for faculty to conduct patient surveys. Faculty will ask each patient that they examine to complete the survey and for the patient to place the completed survey in the locked box at the reception desk. The surveys are located in the wall pocket at each dental unit and at the reception desk. Patients are free to complete surveys other than mid-term week.

At the end of the survey week, the program leader will collect the surveys, tally the results, and share the results at a faculty meeting. Comments from patients concerning the care received will be evaluated by the faculty. Survey results are available for student review.

Social Networking Policy:

Freedom of Speech is a right guaranteed by the United States constitution. In regards to patient care, however, our patient information is protected by (HIPPA) Health Insurance Portability and Accountability Act. HIPPA prevents a student from discussing or posting pictures of a patient outside the clinical environment. In addition, the ADHA code of ethics (see pg. 6-10 of this handbook) also addresses confidentiality, professional responsibility and ethics. Students should avoid discussion of problems, issues, or negative experience encountered on the SSU campus and in the Dental Hygiene clinic on ANY social media network. Violations of this Policy will result in removal from the program.

Keep in mind ANY undesirable activity posted to a social media network can be accessible to a future employer!!

Guidelines for the prevention of Infective Endocarditis (IE)
American Heart Association April 2007

Preventive antibiotics prior to a dental procedure are advised for patients with:

1. artificial heart valves
2. a history of infective endocarditis
3. certain specific, serious congenital (present from birth) heart conditions, including
 - 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
4. a cardiac transplant that develops a problem in a heart valve.

Patients with congenital heart disease can have complicated circumstances. They should check with their cardiologist if there is any question at all as to the category that best fits their needs.

Endocarditis prophylaxis NOT recommended for:

- mitral valve prolapse
- rheumatic heart disease
- bicuspid valve disease
- heart murmur
- prior use of the medication phen-phen
- calcified aortic stenosis
- congenital heart conditions such as ventricular septal defect, atrial septal defect and hypertrophic cardiomyopathy.

Dental Procedures for which Endocarditis Prophylaxis is Recommended:

All dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa.

The following procedures or events do not need prophylaxis:

- a. routine anesthetic injections through noninfected tissues
- b. dental radiographs
- c. dental sealants
- d. dental impressions
- e. placement of removable prosthodontic or orthodontic appliances
- f. adjustment of orthodontic appliances
- g. placement of orthodontic brackets
- h. shedding of primary teeth
- i. bleeding from trauma to the lips or oral mucosa

Prophylactic Regimens for Dental Procedures American Heart Association April 2007

Situation	Agent	Regimen – Single Dose 30-60 minutes before procedure	
		Adults	Children
Oral	Amoxicillin	2.0 g	50 mg/kg
Unable to take oral medication	Ampicillin	2.0 g IM or IV	50 mg/kg IM or IV
	OR Cepazolin or ceftriaxone	1.0 g IM or IV	50 mg/kg IM or IV
Allergic to penicillins or ampicillin (Oral)	Cephalexin ♦	2.0 g	50 mg/kg
	OR Clindamycin	600 mg	20 mg/kg
	OR Azithromycin or clarithromycin	500 mg	15 mg/kg
Allergic to penicillins or ampicillin and unable to take oral medication	Cepazolin or ceftriaxone	1.0g IM or IV	50 mg/kg IM or IV
	OR Clindamycin	600 mg IM or IV	50 mg/kg IM or IV

♦ Cephalosporins should not be used in individuals with immediate type hypersensitivity reaction (urticaria, angioedema, or anaphylaxis) to penicillins.

**Antibiotic Prophylaxis for Dental Patients with Total Joint Replacements
American Dental Association and American Academy of Orthopedic Surgeons 2010**

Patients at increased risk of Hematogenous Total Joint Infection who might require pre-medication

1. All patients with prosthetic joint replacement 2 years after the procedure
2. Inflammatory arthropathies: rheumatoid arthritis, systemic lupus erythematosus
3. Disease, drug, or radiation-induced immunosuppression
4. Insulin dependent (Type I) diabetes
5. Malnourishment
6. Hemophilia
7. HIV infection, Malignancy

Dental Hygiene Procedures requiring antibiotic premedication:

1. Periodontal procedures including surgery, subgingival placement of antibiotic fibers/strips, scaling and root planing, probing, recall maintenance
2. Prophylactic cleaning of teeth or implants where bleeding is anticipated

Dental Hygiene Procedures not requiring antibiotic premedication:

1. Exposing oral radiographs
2. Fluoride treatments
3. Oral impressions

Prophylactic Regimens for Dental Procedures

Situation	Agent	Regimen
Not allergic to penicillin	Amoxicillin Cephalexin Cephradine	Adults: 2.0 g orally one hour before procedure
Allergic to penicillin	Clindamycin	Adults: 600 mg orally one hour before procedure

NEW Evidence-Based Clinical Practice Guideline on the Use of Prophylactic Antibiotics in Patients with Prosthetic Joints by the ADA Council on Scientific Affairs:

Clinical Recommendations: In general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedure to prevent prosthetic joint infection who are outside of the high risk and immune compromised categories

Our rule at SSU Dental Hygiene clinic is to contact the patient's physician (Orthopedic Surgeon) to verify the recommend course of treatment with pre-medication for the prosthetic joint patient.

VI. POLICIES AND PROCEDURES FOR EMERGENCIES

Shawnee State University Dental Hygiene Policies and Procedures for Medical Emergencies

Revised 3-12

Prevention and Preparedness:

All faculty and dental hygiene students shall maintain current certification in Healthcare Provider CPR.

1. The medical history should be thoroughly reviewed prior to patient treatment.
2. For ease of access and reference, the patient's medical history shall be placed on the top of all other records during patient treatment.
3. All students and faculty shall be certified in Healthcare Provider CPR and have been instructed in the management of medical emergencies.
4. All emergency telephone numbers are posted on the bulletin board beside the telephone at the reception desk. For EMS dial **9-911**.
5. An emergency medical kit is located in the dispensary by the incubator. The oxygen tank is located on the clinic floor in front of the dispensary. The AED is located outside the main dental hygiene clinic door.
6. The dental hygiene faculty is the medical emergency team.

Procedures:

1. The student must stay with the patient and send another student for a clinical instructor (and the clinical dentist or the Dental Hygiene Director). Remain calm.
2. The instrument tray should be moved out of the way.
3. Directions should be given in a calm, clear voice.
4. Patient comfort and emotional state must be given priority.
5. The student is to observe the patient's behavior and appearance (signs/symptoms). The student shall access that the patient has a patent airway, is breathing and has circulation.
6. The clinical dentist and/or the Dental Hygiene Director shall oversee the emergency situation.
7. One instructor will be responsible for emergency equipment (AED, oxygen tank, blood pressure cuff and stethoscope) and emergency drugs. This team member is responsible for gathering the material, bringing it to the site of the emergency, and preparation of the equipment for use.
8. One instructor will be responsible for summoning medical assistance, should the need arise. He/she will also meet the ambulance and escort EMS personnel to the site.
9. One instructor will remain at the emergency site for monitoring vital signs and basic life support.
10. If the patient is transported to the hospital, an instructor, the clinical dentist, or the Dental Hygiene Director will accompany the patient to the hospital.

Emergency Resuscitation Equipment:

Students must have their pocket masks available for use during patient treatment. Masks should be stored in assigned unit cabinet.

The Dental Hygiene Clinic will have available an emergency mouth-to-mouth resuscitation pocket mask that protects the rescuer from patient saliva. This is located at the front patient education station in the cabinet under the sink.

Disposable, emergency mouthpieces and oxygen will be available in the clinic area. All students will be instructed on their use during Spring Term of the freshman year.

Fire Extinguisher:

The fire extinguisher is located on the wall in the hallway by the main clinic door.

First Aid Kit/Medical Emergency Kit:

The first aid kit is located in the dispensary next to the incubator. The kit contains supplies for managing clinic and laboratory accidents. There is also a medical emergency kit containing emergency drugs and apparatuses. Should an emergency arise, the clinical dentist or a faculty member should be immediately notified. Additional equipment is located in the front cabinet in the clinic.

Oxygen: Proper Usage of Oxygen Tank and the Oxygen Mask

The oxygen tank is located in the front of the Dispensary counter.

Steps for using oxygen:

1. Roll the cart to the area needed.
2. To open tank, turn top valve open one quarter turn to the left.
3. Place mask over patient's face, covering nose and mouth.
4. Turn knob by green gauge to 10-15 lpm; at this point oxygen will be flowing.

To turn off oxygen:

1. Turn top valve back to the right one quarter turn.
2. Turn knob by green gauge back to zero once the oxygen stops flowing—this relieves pressure in tank. *must be checked that the pressure is relieved.
3. Dispose of the mask/bag in the Biohazard collection bag.

CAUTION:

Accidental dropping or tipping over of the oxygen tank may result in damage to the valve and immediate release of the oxygen in an explosive manner.

**Shawnee State University
Dental Hygiene Department
Policies and Procedures for Laboratory Emergencies**

Prevention and Preparedness:

1. Students are required to wear appropriate personal protective equipment during lab procedures as instructed.
2. Students are informed of potential lab hazards.
3. A first aid kit is located in the dispensary beside the incubator. The oxygen tank is located on the clinic floor in front of the dispensary. The AED is located outside the main clinic door.

Procedures:

1. The lab instructor(s) shall oversee the emergency, providing first aid and advising the victim to seek further medical attention when deemed necessary.
2. **Treatment of thermal burns:** (1) Redness, swelling, pain: Apply cold water, after cooled apply aloe vera gel or body lotion. (2) Deeper injury, blisters develop: apply cold water, after cooled apply antibiotic ointment, cover burn with non-stick dressing. Do not break blisters.
3. **Treatment of chemical burns to the eyes:** (1) Flood eyes with water for at least 20 minutes (If burning or irritation continues or resumes flush eyes with water for an additional 5 minutes).
4. **Treatment of open wounds:** Shallow wound: (1) Wash with soap/water then flush with clean running water. (2) Apply layer of antibiotic ointment. (3) Cover with a sterile dressing. (4) Control bleeding with direct pressure. Do not remove dressing once placed; apply another dressing over blood-soaked dressing if necessary.
Wounds that require medical care: (1) Wounds that continue to bleed after 15 minutes of direct pressure. (2) Long, deep cuts that require stitches (should be placed within 6-8 hours).
5. **Treatment of shock:** (1) Ensure adequate breathing. Administer a high concentration of oxygen if breathing is adequate. (2) Place victim supine (3) Place blanket over/under the victim to keep warm. (4) Transport victim to the hospital.
6. **Inhalation:** (1) Remove victim from the source and into fresh air. (2) Establish an open airway. (3) Stay alert for vomiting. (4) Administer high concentration oxygen. (5) Transport victim to hospital with containers, bottles, or labels from inhaled substance.
7. If the injured person is transported to the hospital by EMS personnel, an instructor will accompany the victim to the hospital.

Evacuations/Exits:

Emergency evacuation and exit procedures information sheets are located in the Clinic by the dispensary and the door by Unit 10. Listed on these sheets are: an evacuation map for fire, emergency medical telephone numbers, and tornado procedures. Classrooms and labs throughout the campus also have these procedures posted. It is the students' responsibility to familiarize themselves with these procedures to insure safety for themselves and their patients.

Eye Wash Station:

All students are required to wear protective glasses with side shields during patient treatment. An eye wash station is located in the dispensary; the fountain in the sink should be used as eye wash. An eye wash station is also located at the sink located in Dr. Kadel's cubicle at the back of the clinic.

Inclement Weather Policy:

Refer to the University Student Handbook for policy concerning inclement weather and class scheduling. The University rarely closes do to inclement weather, however, you should be aware of the University policy and tune into local radio stations for announcements. It is highly recommended that you register for SSU alert information on My SSU.

VII. INFECTION CONTROL POLICY

The following infection control policy will be followed during all clinical sessions:

References:

Department of Labor, Occupational Safety and Health Administration, 29 CFR Part 1910.1030, Occupational Exposure to Bloodborne Pathogens; Final Rule.

Molinari, John "Infection Control in a Changing World." ADHA Annual Session, June 6, 1992.

Centers for Disease Control and Prevention: Guidelines for Infection Control in Dental Health: Care Settings. MMWR 2003; 52 (No. RR-17)

ASEPSIS AND INFECTION CONTROL POLICY

Handwashing is Mandatory:

1. Before treatment
2. Between patients
3. After glove removal (Remove by grasping glove at cuff and pulling it off inside out)
4. During treatment if gloves are removed
5. Before leaving the operatory and upon return to operatory prior to re-gloving
6. Handwashing may be accomplished by using antibacterial soap and water or an alcohol based hand rub.

Handwashing Protocol:

1. No jewelry is worn on hands or arms during patient treatment
2. Nails must be clean, short, and polish free
3. Wet hands and wrists under cool running water
4. Dispense sufficient antimicrobial soap to lather hands and wrists
5. Lather thoroughly with particular emphasis around nails and between fingers for 15 seconds minimum before rinsing under cool water
6. Repeat steps 4 and 5; then dry thoroughly with paper towels

To Decontaminate Hands with an Antiseptic Hand Rub:

1. Dispense an adequate amount of an alcohol based rub to the palm of one hand
2. Rub hands together and vigorously cover all surfaces of fingers and hands
3. Rub thoroughly until hands are completely dry

Set-up Protocol:

1. Wash hands; wear gloves, mask and glasses
2. Flush all waterlines for at least 3 minutes (spray air/water syringe for 30 seconds)
3. Disinfect all surfaces; allow contact for 10 minutes
 - A. Chair, Tray, Light switch and handles, Stool
 - B. Counter top, Sink, Arm with suction, and air/water hook-up, all lines and knobs
4. Wipe surfaces dry after 10 minutes contact with disinfectant and cover the following with plastic barriers:
 - A. Tray, Light switch and handles
 - B. Soap dispenser, Faucet lever, Unit arm, Air/Water syringe, Holder for suction and on/off knob, Handpiece, Cabinet door handle, Unit control panel

5. Attach small Bio-Hazard bag to an accessible area of counter that will not interfere with patient treatment
 6. With gloved hands attach saliva ejector tip, sterilized handpiece, and sterilized air/water tip
 7. Sterilized instruments are to remain bagged until patient is seated
- *Saliva ejector tip is **NOT** on the suction when the line is being flushed!!

Patient Treatment Protocol:

1. Instruct patients over age 6 to rinse with antimicrobial mouthwash for 1 minute
2. Put on Mask & Protective Eye wear, Wash hands and wrists as described in handwashing protocol
3. Glove up and examine gloves for defects. Gloves must extend over lab jacket cuff. Once gloved, touch only the patient and barrier covered areas.
4. Open bags with sterile instruments and arrange on tray
5. During charting do not touch patient record with contaminated gloves; wear over glove
 - A. Pens must be disinfected and covered with plastic
 - B. Clip board disinfected and covered with plastic barrier
6. An instrument that is dropped will NOT be picked up and reused. If the instrument is essential for the procedure, a sterilized instrument must be obtained.
7. Contaminated disposable items are to be discarded immediately in the Bio-Hazard bag
8. Contaminated sharps are to be discarded immediately in the sharps container.

Clean-up after Patient Treatment Protocol:

1. Remove gloves and wash hands immediately
2. Complete all forms and records relating to treatment and dismiss the patient
3. Put on heavy duty nitrile gloves over clean latex gloves before beginning clean-up; wear mask & glasses
4. Remove contaminated instruments, place in glass dish with metal tray to clean (see #8 below)
5. Remove all plastic barriers and disposables
6. Disinfect all surfaces
7. Flush all waterlines for 3 minutes; air water syringe for 30 seconds
8. Instrument cleaning, disinfecting, sterilization:
 - A. Wear heavy duty nitrile gloves, place instruments in glass dish w/metal tray in the unit sink & spray w/enzymatic foam cleaner to thoroughly cover instruments; wait until foam breaks down (6-8min)
 - B. Rinse thoroughly under running water to remove enzymatic cleaner. **Instruments are still contaminated.**
 - C. Carry instruments in the metal tray to the ultrasonic cleaner; use paper towels under the tray to prevent dripping
 - D. Place instruments in ultrasonic cleaner for 3-4 min to complete cleaning, bio-burden breakdown, & disinfecting
 - E. Lift the basket out of the ultrasonic unit & rinse solution off of instruments in the sink
 - F. When instruments are visibly clean & dry, wrap in paper towel, place in autoclave bags for autoclaving
 - G. All instruments & handpieces are sterilized by autoclaving
 - H. Spray/wipe/spray to disinfect the counter & sink
 - I. Take metal tray back to clinic unit & spray/wipe/spray glass dish & metal tray to disinfect
9. Rinse & disinfect protective eyewear or face shield
10. Empty all trash into large trash bin; bio-hazard bag, seal & place in large bio-hazard box
11. Rinse & spray disinfect heavy nitrile gloves; dry & place in zip-lock bag
12. Wash hands thoroughly before leaving the clinic area

**IF YOU ARE EXPOSED TO HUMAN BLOOD OR OTHER
POTENTIALLY INFECTIOUS MATERIAL THROUGH....**

**Skin Puncture
Skin Contamination
or
Mucosal Contamination**

PERFORM FIRST AID PROCEDURES IMMEDIATELY

For skin puncture or surface skin contamination, encourage bleeding and wash skin site with soap and warm water for 15 minutes. For contamination mucosal or conjunctival sites, wash with large amounts of water for 15 minutes.

REPORT THE ACCIDENT TO THE PERSON IN CHARGE

COMPLETE THE SSU ACCIDENT REPORT FORM

IDENTIFY THE SOURCE INDIVIDUAL

RECEIVE PRETEST COUNSELING

**RECEIVE HIV BASELINE & RECOMMENDED FOLLOW-UP
TESTING**

RECEIVE HBV TESTING

RECEIVE POST-TEST COUNSELING

Hepatitis B Vaccination:

All students are required to complete the protocol recommended for Hepatitis B vaccination before oral treatment can be rendered to the public by the student. Recommended protocol includes a series of three vaccinations to insure immunity.

The student will obtain the Hepatitis B series of three vaccinations prior to Spring Term of the freshman year. Documentation of the administration of the Hepatitis B vaccine by the student's physician must be provided to the Director of Dental Hygiene prior to Spring Term of the freshman year.

Student Health Insurance:

All students are required to have health insurance coverage.

Student health insurance coverage is available to all Shawnee State University students enrolled in at least 6 credit hours.

Standard Precautions:

All students will follow standard precautions while providing any care that involves the possibility of exposure to saliva or blood.

1. Gloves will be worn before touching the oral cavity or any non-intact skin.
2. The gloves will be removed and hands washed prior to leaving the immediate area of care.
3. Upon returning to the immediate area of care, the student will re-wash her/his hands and re-glove.
4. All students are required to wear masks and protective glasses with side shields while providing oral care services.
5. Students should take precautions to avoid sticks and/or injuries by sharp instruments.
6. If a glove is torn or if a glove is punctured by an instrument, the glove must be removed, hands washed, and a new glove used as promptly as possible. The instrument that punctured the glove should be removed from the instrument tray and not be reused until sterilized.
7. Students must wear protective fluid resistant lab coats when providing dental hygiene treatments in the clinic.

Exudate Lesions and Weeping Dermatitis:

Students with exudate lesions or weeping dermatitis on his or her hands will refrain from all direct patient care and from handling patient care equipment until the condition resolves.

The student will inform a dental hygiene instructor of any skin lesions on his/her hands. The student will inform the patient of his/her inability to provide care and make arrangements to provide care on another date or allow another student to provide care for the patient if appropriate. The student will not be penalized for lost clinic hours in the event of this occurrence.

Instruction in Standard Precautions:

All students will be instructed concerning standard precautions prior to providing oral care.

Freshman students will be instructed concerning all standard precautions to be followed in the Dental Hygiene Clinic. This instruction will occur in DTHY 1102 (Dental Hygiene Theory & Technique I). Standard precautions procedures are listed in this manual.

All Health Science students are required to complete OSHA Blood-Borne Pathogens training seminar Fall term of each year.

Dental Hygiene students will receive training on the handling of products containing hazardous chemicals.

Information on Hepatitis B and AIDS Pathology:

All students will be instructed regarding Hepatitis B and AIDS pathology, modes of transmission and risks associated with the disease. This instruction will occur in DTHY 1103 (Dental Hygiene Theory & Technique II), DTHY 1115 (Oral Microbiology), and DTHY 2215 (Oral Pathology).

1. All students will be given a copy of the infection control policy and procedures in the Dental Hygiene Student Manual.
2. A general explanation of the epidemiology, symptoms, and modes of transmission of bloodborne diseases shall be given to the student during Spring Term of the Freshman year. This will occur in DTHY 1103 (Dental Hygiene Theory & Technique II) and DTHY 1115 (Oral Microbiology).
3. Explanation of the protocol for handwashing, glove changing, masks, protective clothing and eyewear, decontamination of unit, universal precautions, sharp disposal, and means of avoiding unnecessary exposure shall be provided to the student.
4. Information on how to handle exposure incidents such as exposure to contaminated sharps shall be provided to the student.
5. An explanation of the biohazard label shall be provided to the student.

Decontamination of Alginate Impressions:

Following an alginate impression, the student with gloved hands will spray the impression with decontaminate.

1. Immediately upon removal of the impression, the student will hold the impression over the sink bowl, rinse the impression under running water, and spray until saturated with disinfectant.
2. The impression will then be wrapped in damp paper towels for 10 minutes prior to pouring the models.
3. After disinfection is complete, the students will hold the impression over the sink bowl and rinse off the disinfectant under running water.

Intra-oral Film Processing:

The film packet is a source of cross-contamination.

Pre-processing procedures

1. Wash hands and put on gloves, carry film to the darkroom in the plastic cup removed from the leaded film receptacle. Do not touch the film packets.
2. Automatic processing: Place two separate paper towels on processor table. Attach biohazard bag to side of table. Place plastic cup on back paper towel.
3. Turn on safelight. Turn off white light.

Handling contaminated film packets

4. Remove one film packet from plastic cup.
5. The film is allowed to drop on the front paper towel. The empty film packet is immediately dropped into the biohazard bag.
 - A. With right hand, pull back on the tab of outer wrap. Keep hold of the tab.
 - B. With left hand, hold the edge of the black paper flap inside the packet. Keep hold of the edge.
 - C. Hold the longest dimension of the film packet edge parallel to the paper towel about 3 inches above paper towel.
 - D. Pull the edge of the black paper flap and the outer wrap in opposite directions allowing the film to fall onto the paper towel.
 - E. If the lead foil falls onto the paper towel do not touch it! The paper towel must not be contaminated by gloved hands.
 - F. After the films packets have all been opened and discarded into the biohazard bag, discard the empty cup and contaminated gloves into the biohazard bag.
 - G. Wash and dry hands. Use of hand sanitizer is not permitted.
 - H. If lead foil has fallen onto the paper towel, remove it and discard into biohazard bag.
 - I. Process the film.
 - J. If a film packet was dropped onto the floor or counter, clean and disinfect the surface.
6. Carefully following these guidelines will eliminate any contamination of the processing solutions, racks, light switches or surfaces in the darkroom. Touch the film packet with gloved hands only. After all opened film packets and gloves are discarded and hands washed, all other darkroom tasks are completed with bare hands.
7. This procedure is followed for each patient. Never process more than one patient's film at a time.

Autoclave Procedures:

All instruments and radiologic intra-oral devices will be sterilized before use on patients.

1. All instruments will be properly decontaminated, properly bagged and placed in autoclave tray.
2. Student on dispensary duty will load instruments and insure that instruments have been properly autoclaved.
3. The autoclaves will be tested weekly with spore ampules to insure efficiency of autoclave system. The student will document running the ampules and place the ampules in the incubator after the steam cycle is complete.
4. The ampules will be checked again 48 hours later by another student. The results will be recorded on a sheet posted in the dispensary area.
5. The clinic coordinator instructor will be notified immediately of spore ampules that reflect inadequate sterilization procedures.

Disposal of Contaminated Waste:

All contaminated waste generated during the course of treatment will be properly disposed.

The student will place all contaminated, disposable materials in a small plastic collector bag at the immediate area of care. The bag will be sealed and then disposed into a red BIOWASTE Bag. The BIOWASTE bag will be placed into the large plastic box with BIOWASTE clearly printed on the outside. The box will be picked up by the appropriate personnel.

Subcutaneous Puncture Wounds:

The student that is exposed to a subcutaneous puncture will follow the procedure for possible exposure to HIV or Hepatitis B.

1. The student should immediately squeeze the puncture site and attempt to expel blood.
2. The area will be washed with warm soapy water and iodophor applied.
3. A dental hygiene instructor will be notified immediately. The instructor will initiate a puncture report.
4. The source individual should be informed of the incident by a DtHy instructor and, if possible, tested for serologic evidence of HIV and HBV infection.
5. Results of source individual's tests will be made available to the student. At that time, the student will be made aware of any applicable laws and regulations concerning disclosure of the identity of and infectious status of source individual.

If the source individual has AIDS, is positive for HIV or HBV antibody, or refuses the test, the student should be counseled regarding the risk of infection and evaluated clinically and serologically for evidence of HIV infection as soon as possible after the exposure.

6. The student should be advised to report and seek medical evaluation for any acute febrile illness that occurs within 12 weeks after exposure. Seronegative students should be retested six weeks post-exposure and on a periodic basis thereafter (e.g., 12 weeks and 6 months after exposure) to determine whether transmission has occurred.
7. Most infected persons are expected to seroconvert within 6-12 weeks following exposure. If after 12 weeks the student is negative, no further testing is necessary if the patient is seronegative. If the source patient is at high risk for HIV, a subsequent test may be advisable.

Infection Control Review:

Infection control standards shall be reviewed and revised at least annually, or more often if necessary.

During each Summer term the dental hygiene faculty shall review and revise, if necessary, the infection control standards.

Contaminated Sharps Disposal:

All contaminated disposable sharps shall be placed in a closable, puncture-resistant container that is leak proof on the sides and bottom. The container will be red and will be marked with the Universal Biohazard symbol.

Every dental unit, (as well as the dispensary) will have a sharps container. Containers will be closed prior to moving them and will not be overfilled.

Students will place all contaminated, disposable sharps items in the appropriate containers.

Eating and Drinking in the Clinic Area:

Eating, drinking, and personal grooming are prohibited in clinical and dispensary areas.

Food and drink shall not be kept in the refrigerator, freezer, shelves, or cabinets of the clinical or dispensary areas.

When students are trimming models no food or drink should be out in the dental hygiene lab do to dust particles being placed into the air. (More instructions will be given during DTHY 2212)

VIII. Chemical Hazard Communication Policy:

The Shawnee State University Hazard Communication Policy will be followed during all lab and clinical sessions that involve the exposure, or potential exposure, to hazardous chemicals and substances. Policy #5.22

References: Federal Occupational Safety and Health Administration, Hazard Communication Standard 29 CFR 1910.1200.

Material Safety Data Sheets:

An indexed copy of all available material safety data sheets for hazardous chemicals used in the dental hygiene lab and clinic is located in the dispensary.

Required Training for Students:

Students shall receive training and information concerning all potentially hazardous materials and chemicals that they will come in contact with while involved in laboratory and clinical procedures. This training will be accomplished each year and as new materials are introduced to the students.

A designated instructor will inform the student as to the location and availability of the written communication program. An explanation of what a MSDS is and how the student can utilize this information will be supplied. Information concerning the use of work practice controls designed to prevent exposure to hazardous chemicals, as well as, the handling of chemical spills will also be discussed.

**Shawnee State University
Dental Hygiene Program
Bloodborne/Infectious Disease Policy**

The Shawnee State University Dental Hygiene Program is committed to providing a safe environment and to protecting patients, students, faculty, and staff from exposure to bloodborne and infectious diseases. The program is committed to protecting the rights of individuals who may have a bloodborne or infectious disease.

Prevention

Utilizing the guidelines developed by the Centers for Disease Control (CDC), the intent of this prevention policy is to protect students, faculty, and staff who are at risk for potential contact with bloodborne pathogens (HIV, HBV) and infectious diseases.

The CDC strongly recommends the following immunizations for Health-Care Personnel (HCP):

Hepatitis B recombinant vaccine (3 dose schedule)	Mumps live-virus vaccine (MMR)
Measles live virus vaccine (MMR)	Rubella live virus vaccine (MMR)

The full text of the CDC recommendations can be found on their website: cdc.gov/mmwr

Applicants accepted into the dental hygiene program are required to complete or show proof of completion of the recommended immunizations and tuberculosis testing. Documentation shall be provided by the student's physician prior to spring term of the freshman year. Many applicants may have already received these immunizations as infants/children.

*Students may decline to be immunized by signing the department's declination form and an annual waiver form from the Ohio State Dental Board.

Training

All dental hygiene students and clinical faculty are required to attend an annual bloodborne pathogen training session. Students must also successfully complete a standard precautions/infection control competency the first semester. In addition, clinical faculty and students are informed of the risk of bloodborne infectious diseases through the university's Bloodborne Pathogens Policy 5.21 and Exposure Control Plan 5.21:1, documents in the Dental Hygiene Program Student Manual, Adjunct Faculty Manual, and didactic course lectures.

Patients

The dental hygiene department does not discriminate against patients with a bloodborne infectious disease. Strict adherence to standard precautions is followed by all students, faculty and support staff during all phases of patient treatment. Patients are informed of their rights and responsibilities at the initial and re-care appointments in the dental hygiene clinic. Patients are asked to read the "Dental Hygiene Patient Information" brochure which includes a bill of rights, standards of patient care, and patient responsibilities outlined in the scope of care. Patients are required to sign the consent for treatment form indicating they have received and read the above referenced documents.

Infectious students or faculty and Confidentiality

Students or clinical faculty infected with a bloodborne pathogen such as HIV or HBV and who are directly involved in patient care should be under the care of a qualified physician. The physician should provide guidance on preventing the spread of infection. Individuals must be accountable and act responsibly in the provision of patient care.

Shawnee State University and the dental hygiene department respect the right of confidentiality and will make every effort to maintain an individual's rights. A student will be allowed to continue his/her education provided their medical condition permits and patient care or other individual's health are not jeopardized or at risk. In the event that an individual poses a risk to others, the Dental Hygiene Program Leader and the Dean of the College of Professional Studies will assist the individual in obtaining counseling and advisement regarding their health and education.

Commission on Dental Accreditation Complaint Policy

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

Required Notice of Opportunity and Procedure to File Complaints with the Commission on Dental Accreditation

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 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 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.

Name: _____ Date: _____

Acknowledgement of Student Manual Review:

I have reviewed, understand and agree to abide to the policies and requirements outlined in the Student Manual for the Dental Hygiene Program.

Student Signature _____ Date _____