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I. Dental Programs Faculty and Staff

A. PROGRAM DIRECTOR

Tracy M. Gift RDH, MS, EdS

B. FULL-TIME FACULTY

Tracy M. Gift RDH, MS
Kathleen (Robbi) Baleno, RDH, M.Ed.
Tonya Wade, CDA, BS(c)

C. PART-TIME FACULTY

Joe Abdenour, DDS
Holli Barkhurst, RDH
Brent Hawkes, DMD
Dani Keza, RDH, BS
Brooke Phillips, RDH
Jenna Powell, RDH
Heather Sloan, RDH
Steven Smith, RDH, BS

D. CLINIC COORDINATORS

Kathleen (Robbi) Baleno, RDH, M.Ed. –1st Year Coordinator
Tracy M. Gift RDH, MS –Interim 2nd Year Coordinator

E. STAFF MEMBERS

Tess Fike, Operations Specialist
Kathy Johnson, Clerk
II. DENTAL HYGIENE PHILOSOPHY

MCC DENTAL PROGRAMS MISSION STATEMENT

Mohave Community College Dental Programs is dedicated to student success and learning by providing diverse educational opportunities, excellence in teaching and encouragement of lifelong learning and professional development.

MCC DENTAL PROGRAMS VISION STATEMENT

We believe that the educational experience is a life-long process. We vow to treat students with respect and as colleagues from day one. We will approach education in a timely, purposeful way. Further we agree to be attentive to any student who feels this philosophy is not being met. Our primary purpose is to provide the highest quality of education while recognizing and respecting the dignity of each individual. Students, while having the responsibility of their own learning are provided a physical and emotional atmosphere conducive to learning. Mutual respect between faculty, staff and students will be demonstrated in all endeavors. Students will be encouraged to attain their professional goals while realizing their individual potential as learners and newly licensed professionals.

We believe our mission is to work effectively together, and with students, to provide an educational setting where students have the opportunity to become dental professionals who are personally, professionally, and socially effective.

Students will understand that serving the needs of the public who seek treatment in our clinic involves respecting the individuality, dignity, and rights of every person regardless of race, color, creed, national origin, sexual orientation, socioeconomic or medical/dental status.

Graduates of our program will understand that dental hygiene is a multi-faceted health profession. As a member of that profession they are expected to serve humanity competently whether as a clinician, educator, consumer advocate, researcher, or change agent.
III. PERFORMANCE STANDARDS FOR DENTAL HYGIENE

In order to be admitted to or continue in the Dental Hygiene Program, a student must have skills and abilities essential to perform as a dental hygienist. Reasonable accommodations will be made on an individual basis; however, the candidate must be able to perform in an independent manner.

### DENTAL HYGIENE PERFORMANCE STANDARDS

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>EXAMPLES OF ACTIVITIES</th>
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<tr>
<td>Critical Thinking</td>
<td>Critical thinking ability sufficient for clinical judgment.</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication abilities sufficient for effective interaction with patients and other members of the healthcare team in verbal and written form.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities (including standing, walking, bending, range of motion of extremities) to move from room to room and maneuver in small spaces.</td>
</tr>
<tr>
<td>Motor</td>
<td>Gross and fine motor function sufficient to provide safe and effective dental hygiene care.</td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability sufficient to monitor and assess health needs.</td>
</tr>
<tr>
<td>Visual</td>
<td>Visual ability sufficient to provide safe and effective dental hygiene care.</td>
</tr>
<tr>
<td>Tactile</td>
<td>Tactile ability sufficient for physical assessment and scaling skills.</td>
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Adapted by permission from Southern Council on Collegiate Education for Nursing and Medical College of Georgia.
IV. PROGRAM COMPETENCIES

Forward

This document describes the abilities expected of a dental hygienist entering the profession. The competency statements were originally drafted by The American Association of Dental Schools (now named ADEA), Section of Dental Hygiene Education Competency Development Committee, and presented in 1998. MCC has adapted the updated competencies approved in 2010 and implemented in 2011 to encompass the competencies we feel our graduates should possess.

As an integral member of the healthcare team, a major role of the hygienist is to assist patients to achieve and maintain optimal oral health. We feel the competencies listed below describe the desired combination of knowledge, psychomotor skills, communication skills, and attitudes, as well as the standards used to measure the hygienist’s independent performance.

1. Core Competencies ©

   The dental hygienist must possess the ethics, values, skills, and knowledge integral to all aspects of the profession. These competencies are foundational to all of the roles of the dental hygienist.

   C.1 Apply a professional code of ethics in all endeavors.

   C.2 Adhere to state and federal laws, recommendations, and regulations in the provision of oral health care.

   C.3 Use critical thinking skills and comprehensive problem-solving to identify oral health care strategies that promote patient health and wellness.

   C.4 Use evidence-based decision making to evaluate emerging technology and treatment modalities to integrate into patient dental hygiene care plans to achieve high-quality, cost-effective care.

   C.5 Assume responsibility for professional actions and care based on accepted scientific theories, research, and the accepted standard of care.

   C.6 Continuously perform self-assessment for lifelong learning and professional growth.

   C.7 Integrate accepted scientific theories and research into educational, preventive, and therapeutic oral health services.
C.8 Promote the values of the dental hygiene profession through service-based activities, positive community affiliations, and active involvement in local organizations.

C.9 Apply quality assurance mechanisms to ensure continuous commitment to accepted standards of care.

C.10 Communicate effectively with diverse individuals and groups, serving all persons without discrimination by acknowledging and appreciating diversity.

C.11 Record accurate, consistent, and complete documentation of oral health services provided.

C.12 Initiate a collaborative approach with all patients when developing individualized care plans that are specialized, comprehensive, culturally sensitive, and acceptable to all parties involved in care planning.

C.13 Initiate consultations and collaborations with all relevant health care providers to facilitate optimal treatments.

C.14 Manage medical emergencies by using professional judgment, providing life support, and utilizing required CPR and any specialized training or knowledge.

2. Health Promotion and Disease Prevention (HP)

Since Health Promotion and Disease Prevention is a key component of health care, changes within the healthcare environment require the dental hygienist to have a general knowledge of wellness, health determinants, and characteristics of various patient communities. The hygienist needs to emphasize both prevention of disease as well as effective health care delivery.

HP.1 Promote the values of overall health and wellness to the public and organizations within and outside the profession.

HP.2 Respect the goals, values, beliefs, and preferences of all patients

HP.3 Refer patients who may have physiological, psychological, or social problems for comprehensive patient evaluation.

HP.4 Identify individual and population risk factors and develop strategies that promote health-related quality of life.
Section I - Policies and Procedures

HP.5 Evaluate factors that can be used to promote patient adherence to disease prevention or health maintenance strategies.

HP.6 Utilize methods to ensure the health and safety of the patient and the oral health professional in the delivery of care.

3. Community Involvement (CM)

The dental hygienist must appreciate his/her role as a health professional at the local, state, and national levels. This role requires the graduate dental hygienist to assess, plan, and implement programs and activities to benefit the general population. In this complex role, the dental hygienist must be prepared to influence others to facilitate access to care and services.

CM.1 Assess the oral health needs of the community to determine action plans and availability of resources to meet the health care needs.

CM.2 Provide screening, referral, and educational services that allow patients to access the resources of the health care system.

CM.3 Provide community oral health services in a variety of settings.

CM.4 Facilitate patient access to oral health services by influencing individuals or organizations for the provision of oral health care.

CM.5 Evaluate reimbursement mechanisms and their impact on the patient’s access to oral health care.

CM.6 Evaluate the outcomes of community-based programs and plan for future activities.

CM.7 Advocate for effective oral health care for underserved populations.

4. Patient Care (PC)

Because the dental hygienists’ role in patient care is ever-changing, yet central to the maintenance of health, dental hygiene graduates must use their skills to assess, diagnose, plan, implement, and evaluate treatment

Assessment

PC.1 Systematically collect, analyze, and record data on the general, oral, and psychosocial health status of a variety of patients using methods consistent with medicolegal principles.
PC.2 Recognize predisposing and etiologic risk factors that require intervention to prevent disease.

PC.3 Recognize the relationships among systemic disease, medications, and oral health that impact overall patient care and treatment outcomes.

PC.4 Identify patients at risk for a medical emergency, and manage the patient care in a manner that prevents an emergency.

Dental Hygiene Diagnosis

PC.5 Use patient assessment data, diagnostic technologies, and critical decision making skills to determine a dental hygiene diagnosis, a component of the dental diagnosis, to reach conclusions about the patient’s dental hygiene care needs.

Planning

PC.6 Utilize reflective judgment in developing a comprehensive patient dental hygiene care plan.

PC.7 Collaborate with the patient and other health professionals as indicated to formulate a comprehensive dental hygiene care plan that is patient-centered and based on the best scientific evidence and professional judgment.

PC.8 Make referrals to professional colleagues and other health care professionals as indicated in the patient care plan.

PC.9 Obtain the patient’s informed consent based on a thorough case presentation.

Implementation

PC.10 Provide specialized treatment that includes educational, preventive and therapeutic services designed to achieve and maintain oral health. Partner with the patient in achieving oral health goals.

Evaluation

PC.11 Evaluate the effectiveness of the provided services, and modify care plans as needed.
Section I - Policies and Procedures

PC.12 Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-reports as specified in patient goals.

PC.13 Compare actual outcomes to expected outcomes, reevaluating goals, diagnoses, and services when expected outcomes are not achieved.

5. Professional Growth and Development (PGD)

Dental hygienists must be aware of a variety of opportunities for professional growth and development. Some opportunities may increase patient access to dental hygiene; others may offer ways to influence the profession and the changing healthcare environment. A dental hygienist must possess transferable skills, e.g., in communication, problem-solving, and critical thinking, to take advantage of these opportunities.

PGD.1 Pursue career options within health care, industry, education, research, and other roles as they evolve for the dental hygienist.

PGD.2 Develop practice management and marketing strategies to be used in the delivery of oral health care.

PGD.3 Access professional and social networks to pursue professional goals.
V. LICENSURE REQUIREMENTS

Graduation from an accredited dental hygiene school does not automatically grant a graduate the license to practice dental hygiene. The graduate must prove competency in all areas of the dental hygiene curriculum including dental sciences, pre-clinical and clinical sciences, practical skills and state jurisprudence.

The National Board Dental Hygiene Examination is developed and administered by the American Dental Association’s Joint Commission on National Dental Examinations. This examination is a comprehensive written examination designed to show competency in the areas of dental science, pre-clinical and clinical sciences. The minimum acceptable level of competency is 75%.

State Licensure varies from state to state. Each state has its own licensing board that sets the requirements for licensure and governs the practice of dentistry and dental hygiene in that state. Each state requires proof of competency in the dental hygiene curriculum. Most licensing jurisdictions accept the results of the National Board Dental Hygiene Examination in lieu of a local written examination. In addition, clinical board examinations are often required for licensure. Arizona accepts the Western Regional Examining Board (WREB) Dental Hygiene examination results. Arizona also requires satisfactory completion of the WREB Anesthesia exam which consists of a computer-based written exam and a clinical injection exam.

Each state also requires the prospective licensee to pass a written examination on the jurisprudence of that state. Students wishing to take the Arizona State Board examination will be responsible for requesting information from the State Board of Dental Examiners.

Anyone who has been convicted of a felony may not be eligible for licensure.
Any student who fails to abide by the policies and procedures of the Dental Hygiene Program is in jeopardy of being dismissed from the program.

I acknowledge receipt of the Mohave Community College Dental Hygiene Clinic Manual. I agree to abide by all the Policies and Procedures located within the Clinic Manual. I agree to abide by HIPPA regulations and adhere to strict patient confidentiality as outlined within the Clinic Manual.

Student Name______________________________
Student Signature__________________________
Date_______________________________________
VI. DENTAL HYGIENE PROGRAM REMEDIATION / TERMINATION POLICY

We, the dental hygiene faculty and staff, are here to help each student succeed. However, we realize that at times there are barriers that prevent the student from reaching required and expected competencies and goals. The following is the MCC Dental Hygiene department policy regarding remediating the student, and, if necessary, terminating the student's dental hygiene education at MCC.

**Academic:**
- All dental hygiene courses must be passed with a grade of "C" or better; grades of "D" and "F" are not passing grades in this department.
- A "D" or "F" in any DEH didactic course results in the student's termination from the dental hygiene program. With instructor approval, students who receive a "D" may be given the opportunity to retake the course final exam (**re-test**) if an improved score will bring the final grade to a passing level. Maximum course grade possible following a re-test final is a "C".
- The grading scale for the Dental Hygiene Program is as follows:
  - A = 90% - 100%
  - B = 80% - 89%
  - C = 75% - 79%
  - D = 60% - 74%
  - F = <59%
- It is the student's responsibility to meet with the course instructor when any major assignment or exam score is below 75%. No other exams may be taken until this meeting occurs.
- It is the student’s responsibility to prepare written research and literature critique assignments in accordance with APA formatting, including but not limited to properly citing and referencing all research sources. Plagiarism will result in a Critical Incident Report and will become part of the student’s institutional record. The following is an excerpt from the MCC Student Code of Conduct: “Plagiarism is intentionally or knowingly representing the words or ideas of another as one’s own in any academic exercise. Plagiarism includes, but is not limited to, the use of paraphrase or direct quotation of the published or unpublished work of another person without full and clear acknowledgment. It also includes the unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials. Information gathered from the Internet and not properly identified is also considered plagiarism. False citation, incorrect or inadequate citation of sources, and purchasing, downloading, or using papers written by another individual is also included under plagiarism. Self-plagiarism is the intentional submission of a partial or whole assignment in more than one course without explicit written permission from the instructor or the submission of a partial or whole assignment which was previously submitted in a course in which the student dropped, withdrew, failed, or received credit” (2014-2015)
**Behavioral:**
- Violations of stated department policies will result in a Critical Incident Report.
- Receipt of three (3) Critical Incident Reports during the program will result in the student's termination from the dental hygiene program. In addition, in order to reapply to the program the student must present documented improvement to the Applicant Interview Committee.

**Clinical:**

- Each clinical semester grade must be a "C" or better. If a student is unsuccessful in Clinic I, II, III or IV, one opportunity will be provided to repeat that unsuccessful clinical course in the following semester.
- If a score of 75% is not met for the Pre-clinic final clinical exam, the student will be terminated from the program. Failing Pre-clinic requires re-application to the program.
- Clinical competency must be continuously demonstrated by the student in accordance with the preceding performance standards. Clinical competency is assessed during each clinic assignment. Each evaluation is recorded for that day on TalEval. Student grade printouts from TalEval will be provided for each student bi-weekly. The student should review the printouts for any discrepancies. If, under the column identified as "# of Checks/X’s", the student has 2 or more in any line item category, the student must make an appointment with the Clinic Coordinator. During this meeting, the student and Clinic Coordinator will determine the need for and plan for remediation. Examples of remediation might be chairside demonstration,*re-teach and practice sessions and skill evaluations, as deemed necessary.

*"Re-teach" sessions would involve reviewing, with a clinical instructor, the particular portion(s) of the clinical performance in need of improvement. The student must also demonstrate improvement to the required level of competence as a result of the reteach sessions.

**"Re-test" sessions are a second chance final exam of a failed class. The re-test will take place with instructor approval only if an increased final exam score will allow the student to achieve a "C" in the class."
VII. ATTENDANCE POLICY

A. Attendance in all at all dental clinics, labs and classes is **MANDATORY**.

B. Attendance is defined as being on time and completely prepared for each clinic, laboratory and classroom experience. Students are expected to participate fully and remain for the entire time of each session.

1. **All students are expected to attend all classes, labs and clinics.** These experiences will not be repeated. Missed classes, clinical and laboratory times may result in failure of courses.

2. Tardiness is considered unprofessional behavior and will not be tolerated. Tardiness will be considered an unexcused absence. If the instructor is five minutes late, the class president will check with the director’s office before dismissing class.

3. Failure to prepare for class, clinical and laboratory experiences or the inability to participate in patient or related activities, will result in dismissal of the student from the experience. Dismissal will be considered an unexcused absence.

4. If a student is absent or dismissed from a clinical experience, the lab duty student will assume patient responsibility of that student. In addition, the lab duty student will become the patient’s student of record.

C. Students must notify the appropriate faculty member immediately prior to an absence. Phone numbers for faculty will be provided in each course syllabus.

D. Excused absences may not exceed one hour for each credit hour. A two point deduction will be taken from the final grade for each additional hour of absence.

E. Medical absences require a written note from a medical provider upon return to school. All other absences require advanced communication and approval from the appropriate instructor and program director. Examples of excused absences include death in the family; military duty; court appearances that cannot be rescheduled and serious illness. Students can petition the Clinic Coordinator or Program Director in the event of a non-duplicable event by presenting a Clinic Reassignment Form and explanation of the event. Failure to communicate as per these instructions will result in a Critical Incident Report

F. If the student cannot make a rotation or assignment, or is unable to attend a scheduled class, the Program Director and appropriate faculty member should be notified between 7:30-8:00 a.m. A message left on the clinic line **does not** constitute contact made; please make direct contact or leave a message at the
appropriate phone number, as provided on syllabi. Failure to communicate as per these instructions will result in a Critical Incident Report.

G. Unexcused absences will result in a two point deduction for each hour of absence from the final grade.

H. If any student does not show up for a patient responsibility, the lab duty person will treat that patient and will now become that patient’s student of record. If a student arrives late, they will assume the responsibilities of the lab duty assignment.

I. A record of attendance will be kept by all faculty members.

J. All clinics are MANDATORY.

VIII. CRITICAL INCIDENTS

A critical incident is anything that a student does or says that demonstrates unprofessional or unethical behavior. The Clinic Manual has a policy statement devoted solely to ethical behavior, and specific examples of professional conduct are cited throughout the manual. Violation of stated rules, regulations or directives that govern ethical and professional conduct will result in a Critical Incident Report being issued to the student by the faculty member who observed the incident.

It is the intent of the faculty to facilitate an educational environment wherein each student develops professional and ethical standards that prepare them to enter the dental hygiene profession.

Should a student receive two Critical Incident Reports while in the dental hygiene program, she/he will be placed on an academic intervention plan. If a third Critical Incident Report is issued, the student will be dismissed from the program. The student will only be permitted to reapply to the program if they can present documented improvement to the Applicant Interview Committee.

Student Concerns/Grievance Procedure

Students are encouraged to utilize a proactive and constructive approach to conflict resolution.

(1) Students are to address class issues with their classmates, instructor issues with instructors, clinic issues with clinic coordinators, and program concerns with the Program Director.

(2) Please be as specific as possible in identifying a concern. Suggested solutions are encouraged.
(3) Don’t let a concern grow into a big problem before addressing the issue with the appropriate party.

(4) If a student feels that he/she did not receive proper consideration over a concern, the formal complaint process must be followed. Refer to the MCC Student Handbook.
CRITICAL INCIDENT REPORT

Date: ________________  Student: ________________________

Location of Incident:

☐ Clinic
☐ Classroom
☐ Other (specify):

Nature of Incident:

☐ Ethical Policy
☐ Substance Abuse Policy
☐ Rules, Regulations & Academic Policies
☐ Other (specify):

Description of the Incident:

Reporting Instructor’s Signature: ________________________________ (date)

Student’s Signature: ________________________________ (date)

Signature only acknowledges receipt of the report and not agreement with the content.
IX. POLICY STATEMENT ON ETHICAL BEHAVIOR

The students, faculty and staff in the dental hygiene program at Mohave Community College have the ethical obligation to subscribe to the following principles:

A. **To serve all patients without discrimination.**

The dental hygiene student will respect the individuality, dignity, and rights of every person, regardless of race, color, creed, national origin, age, sexual orientation, socioeconomic, or medical/dental status.

B. **To hold patient relationships in confidence.**

The dental hygiene student will understand that keeping patient information confidential is necessary because it helps create trust, which must exist between the patient and the hygienist, and enables the patient to feel comfortable in telling the truth. To decrease trust is to cause harm. (Patient confidentiality is also required legally.)

C. **To generate public confidence in members of the dental health professions.**

The dental hygiene student is obligated to refrain from making disparaging remarks about the services of another student, faculty member, dental hygienist, or dentist in the presence of a patient. A lack of knowledge of conditions under which the services were provided may lead to unjust criticism and to a lessening of the patient’s confidence in the dental health care profession.

D. **To understand the responsibility of being a student dental hygienist.**

Being a dental hygienist or a dental hygiene student does carry with it an enormous responsibility to individual patients and to society. Patients depend on the dental hygienists skill and caring attitude. They entrust the dental hygienist with their health. The enormity of that responsibility should be at the very core of professional, ethical behavior.
X. STUDENT GRIEVANCES

The MCC Student Grievances procedure can be found in the student handbook. In addition, the Dental Programs has established the following internal policy for resolving academic and non-academic complaints. Students should strive to resolve conflicts as quickly as possible. It is expected that all parties will be respectful and demonstrate restraint and responsibility in all communication.

Allied Health Programs Grievance Policies OR Problem Resolution Process

Allied Health Programs have established a policy to resolve both academic and non-academic complaints. Students and Faculty should strive to resolve conflicts as quickly as possible within their program.

Step 1. A. Students are required to discuss their complaint with the instructor involved. If the outcome of such discussion does not satisfy the student or faculty thinks that third party intervention would facilitate the resolution go to Step 1-B.

   B. Summarize the situation in writing and seek an appointment with the Program Director.

   C. The Program Director will meet with one or both, individually or together to seek further data on the situation. The Program Director will review the data and reach a decision on the matter. The Director will notify the student and-faculty of the decision within ten (10) business days.

   D. If the student or faculty is still not in agreement with the decision of the Program Director, the MCC Student Grievance procedure should be followed. If the program director is the faculty/instructor and the resolution has not been reached, the MCC Student Grievance procedure should be followed.

Step 2: MCC Student Grievance Process found in the MCC Student Handbook.
Submission forms are available MCC website at http://www.mohave.edu/studentforms

XI. SUBSTANCE ABUSE POLICY

Mohave Community College prohibits the unlawful manufacture, distribution, possession, or use of controlled substances on the campus. Violators will be prosecuted and punished by the applicable court of law.

MCC has posted its Drug-Free Schools and College Prevention Program, in the MCC Student Handbook. Please refer to the Student Handbook for the complete policy statement.

XII. DRUG AND ALCOHOL SCREENING AND SUBSTANCE ABUSE DETECTION AND PREVENTION POLICY AND PROCEDURES

A. Statement of Purpose and Philosophy regarding Drug and Alcohol Screening
Section I - Policies and Procedures

The Mohave Community College Department of Dental Hygiene recognizes the importance of maintaining a safe learning environment while simultaneously demonstrating respect for the inherent dignity and worth of each individual student. The Dental Hygiene Department also respects the human rights of every individual and understands that each student has certain rights and freedoms in accordance with state and federal law.

The Dental Hygiene Department requires its healthcare professionals to ensure the health and safety of the clients and organizations with whom we work. One of the standards the Dental Hygiene Department holds is that its students, particularly since throughout their educational experience they may care for clients in vulnerable situations, must demonstrate mental acuity and clarity of decision-making at all times, as well as possess physical abilities appropriate to the circumstances. Student mental or physical impairment stemming from the influence of alcohol or drugs (or any other cause) may pose an unacceptable safety risk which might endanger our clients, fellow students, faculty members, the clinical agency, or the College. Dental Hygiene students occupy safety-sensitive positions.

Substance abuse can also be found in the healthcare setting, particularly since healthcare professionals may have access to drugs as part of their provision of care; therefore, the Department of Dental Hygiene also has an interest in protecting the public health and safety through detection and prevention of substance abuse. The Department of Dental Hygiene also recognizes that chronic substance abuse is an illness that can be successfully treated. Therefore, if a student admits to a substance abuse problem and requests assistance, the Department of Dental Hygiene will provide the student with appropriate treatment referrals. However, it is important to emphasize that if a student’s conduct otherwise violates the College’s or the Department’s Policies, Practices, Procedures, or Protocols (whether set forth in the Department of Dental Hygiene Clinic Handbook, the Mohave Community College Student handbook, or in any other document) in any fashion, the student may be subject to discipline apart from the terms of this policy, up to and including dismissal in accordance with Section I of the Dental Hygiene Clinic Handbook.

The Department of Dental Hygiene further recognizes that members of the Native American Church may use controlled substances as part of their religious ceremonies and that these substances may appear in a test result without the student being impaired. If the student has use controlled substances solely while participating in certain religious ceremonies, and the student’s performance is not impaired, then such use shall not constitute cause for action.
The Department of Dental Hygiene also recognizes that this Procedure shall be interpreted in light of and implemented consistent with Section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act, together with the regulations and court decisions arising therefrom.

**CONFIDENTIALITY:** All aspects of this procedure will be conducted so as to safeguard the personal privacy rights of the student to the maximum degree possible. The laboratory will notify the Director of Dental Hygiene of the results of any positive screening test by providing the Director with a secure facsimile of the screening test results. In order to ensure that the test results are kept confidential, there will be minimal identification information on the sample taken, and the Director of Dental Hygiene will only share the screening test results with the student and any faculty, staff members, or other individuals who need to know the test results (for instance, when it is necessary for a faculty member to participate in the student disciplinary process). The Department of Dental Hygiene will rely on the opinion of the laboratory which performed the screening test in determining whether the positive test result was produced by something other than consumption of a drug or of alcohol. The fax containing the screening test results will be placed into the official individual student file maintained in the Dental Hygiene Administrative Office. Student files are stored in locked file cabinets and the office is always locked when personnel are not present; only the Director of Dental Hygiene, permanent office staff, and faculty have access to student files.

Any deadlines provided for within this Procedure may be extended by the Director of Dental Hygiene for good cause, which shall be documented, or when the day upon which an event is to occur falls on non-College workdays.

Failure to comply with any aspect of this policy will result in dismissal from the Dental Hygiene Program.

**B. Definitions**

“Designated medical service facility” means a testing laboratory capable of conducting the required drug and alcohol screening tests.

“Drug and alcohol screen” or “screening test” means a scientifically substantiated method to test for the presence of illegal drugs and/or controlled substances such as cocaine, marijuana, opiates, amphetamines, phencyclidine (PCP) or Blood Alcohol Concentration (BAC), or the metabolites thereof, in a person’s urine.

“Positive” when referring to a drug or alcohol screening test administered under this policy means a toxicological test result which is considered to demonstrate the
presence of a drug or of alcohol, or the metabolites thereof, using the standards customarily established by the testing laboratory administering the screening test.

“Reasonable suspicion” means a suspicion of drug or alcohol use based on specific and articulable observations made by a faculty member, clinical instructor, or staff member of the appearance, speech, or behavior of an individual student, or the reasonable inferences that are drawn from those observations.

“Student” means an individual enrolled in the Dental Hygiene Program at Mohave Community College, or a person who has been accepted to the program but who has not yet officially begun their formal schooling.

“Substance Abuse” means the use of any drug, alcohol, or other substance which results in the mental or physical impairment of a student.

C. Required Drug and Alcohol Screening Tests

a. All students participating in the Mohave Community College Dental Hygiene Program will be required to complete a drug and alcohol screening test. This drug and alcohol screen will specifically test urine for the presence of illegal drugs and/or controlled substances such as cocaine, marijuana, opiates, amphetamines, phencyclidine (PCP), or Blood Alcohol Concentration (BAC), or the metabolites thereof.

b. All newly admitted students must have a drug and alcohol screening test completed as a condition of enrollment in the Dental Hygiene Program. This drug and alcohol screening test must be completed, and the results provided to Certified Background, prior to the first day of class. Students must either have a negative screening (including negative blood alcohol) result or must substantiate their positive screening result with a current medical prescription prior to officially beginning their participation in the Dental Hygiene Program. The results of a positive screening result are discussed further in section IV(d), below. An inconclusive screening test will be repeated as necessary until a conclusive result is obtained.

c. All students who cause substantial harm to any patient, other student, faculty or staff member in the clinical Dental Hygiene setting must complete a drug and alcohol screening test, at the expense of the student, and provide the results of such testing to the Director of Dental Hygiene within two (2) work days of the incident. This section shall apply even to those students who have provided faculty or staff members with reasonable suspicion that the student is under the influence of drugs or alcohol, so long as the student causes substantial harm as set forth above.
Section I - Policies and Procedures

*The following items (d., e., and f.) apply to “for cause” screening. Pre-entrance screening will utilize Certified Background.*

d. Each student will be provided with screening information which directs the student to the location within the community at which the screening tests may be completed. The student will sign a release regarding the chain of custody of the sample; both the release and the sample will be forwarded to the Medtox testing facility via Airborne Express. The preprinted chain of custody forms with the college name and collection site location are supplied by Medtox. Medtox also provides the collection supplies. The specific testing will be conducted pursuant to the methodology and parameters set forth in the policies of Medtox.

e. The screening test results will be reported to the Director of Dental Hygiene, via a secure facsimile to the Dental Programs Office. The test results received by secure facsimile are placed in the student’s official Dental Hygiene program file stored in locked files in the Dental Programs Office.

f. Current collection sites (as of fall, 2015) for student “for cause” urine drug screens are provided at the following locations:
   i. LabCorp, 2082 Mesquite Avenue, Suite 114, Lake Havasu City, AZ, 86403, ph. 928-855-4077.
   ii. LabCorp, 2580 Highway 95, Suite 116, Bullhead City, AZ, 86442, ph. 928-763-8272
   iii. LabCorp, 2401 Stockton Hill Road, Suite 3, Kingman, AZ, 86401, ph. 928-692-0316
   iv. LabCorp, 1490 Foremaster Drive, Suite 130, St. George, UT, 84790, ph. 435-673-8266.

g. Only students who receive negative screening test results may remain enrolled in Dental Hygiene courses. If the results of the screening tests are positive for alcohol or other illegal substances or for non-prescribed legal substances, then a second screening test will be performed on the original sample, in order to verify the initial positive. If the second test is also positive, the student may be disciplined, up to and including dismissal from the Dental Hygiene Program, and may not re-apply for admission for a period of one (1) calendar year. The student will be asked to seek professional counseling and/or enter an addictions treatment program. The student will reimburse the College for all costs associated with the “for-cause” drug and alcohol screening test. If the student has a certificate or license from the Arizona Board of Dental Examiners, the results of the positive drug and alcohol screening test will be reported to the Board.

h. Students failing to produce drug and alcohol screening test results prior to the start of Dental Hygiene classes do not meet the requirement for drug and alcohol screening testing and will be withdrawn from all Dental Hygiene courses.
D. Drug and Alcohol Screening “For Cause” Testing

This policy refers to the use and/or misuse of, or being under the influence of: alcoholic beverages, illegal drugs or drugs which impair judgment while on duty in any health care facility, school, institution or other work location as a representative of the Dental Hygiene Program.

a. When a Dental Hygiene faculty member/clinical instructor or a staff member in the clinical facility or at the College Campus where a student is assigned perceives that the student is mentally or physically impaired, the faculty or staff member must take immediate action to relieve the student of his or her duties and remove the student from the clinical or classroom area. The immediate goal is to provide for the safety of patients, the public, other students, and the student who is suspected of being impaired.

b. In a teaching situation, when a Dental Hygiene faculty member/clinical instructor or staff member perceives the odor of alcohol or marijuana, or observes behaviors such as, but not limited to, slurred speech, unsteady gait, dilated pupils, or confusion, and these behaviors cause the faculty or staff member to suspect the student could be impaired by alcohol or drugs, the following steps are taken:
   1. The student will be immediately removed from the immediate educational setting (whether or not said setting concerns patient care), and either the faculty or staff member, or a designee, will remain with the student until such time as transportation is available.
   2. The faculty or staff member will immediately inform the student as to why actions are being taken to relieve the student of his or her duties, and either the Director of Dental Hygiene or, if the student is in the clinical setting, the clinical agency supervising personnel shall be notified of the circumstances.
   3. The student will be asked if he or she will consent to undergo a drug and alcohol screening test, which will be conducted at the expense of the College. If the student agrees to undergo drug and alcohol screening, the faculty or staff member will ask the student to sign the “Consent for Screening” form and the “Consent for Transportation” form. Once those forms are completed by the student, the faculty or staff member will arrange for the student’s transportation to a designated medical service facility for “for cause” drug and alcohol testing, which will be completed in the most confidential manner permitted by the practices of the medical service facility. The faculty or staff member will also arrange for the student to be transported home after said testing is complete.
   4. The student is to have picture ID in his or her possession.
Section I - Policies and Procedures

5. If a student admits to alcohol or drug use, he or she will still need to complete a drug and alcohol screening test in accordance with the procedures set forth above.

6. The faculty or staff member who suspected that the student could be impaired by alcohol or drugs shall set forth in writing the factors which the faculty or staff member relied upon in order to determine that cause existed for testing the student; this document shall be submitted to the Director of Dental Hygiene within two (2) working days of the incident.

c. If the results of the screening tests are negative for drugs, alcohol, or other illegal substances, or for non-prescribed legal substances, the student shall Meet with the Director of Dental Hygiene or designee within twenty-four (24) hours of the test results to discuss the circumstances surrounding the impaired behavior. Notwithstanding the negative screening test results, if the student’s behavior otherwise violated any of the Policies, Procedures, or Protocols of the College or Department of Dental Hygiene, disciplinary action may still be taken against the student.

1. If the factor relied upon was the odor of alcohol, the student will be required to discontinue the use of whatever may have caused the alcohol-like odor before being allowed to return to clinical or class.

2. If the factor relied upon was behavioral, consideration must be given to a possible medical condition being responsible for the symptoms. A medical referral for evaluation may be indicated.

3. Based on the information provided in this meeting and further medical evaluations if warranted, the Director of Dental Hygiene will make a decision regarding whether the student shall return to the clinical setting.

d. If the results of the screening tests are positive for alcohol or other illegal substances or for non-prescribed legal substances, then a second screening test will be performed on the original sample, in order to verify the initial positive. An inconclusive screening test will be repeated as necessary until a conclusive result is obtained. If the second test is also positive, the student may be disciplined, up to and including dismissal from the Dental Hygiene Program, and may not re-apply for admission for a period of one (1) calendar year. The student will be asked to seek professional counseling and/or enter an addictions treatment program. The student will reimburse the College for all costs associated with the “for-cause” drug and alcohol screening test. If the student has a certificate or license from a state Board of Dental Examiners, the results of the positive drug and alcohol screening test will be reported to the Board.
E. Consequences of Testing Refusal

1. If a student refuses to submit to a “for cause” drug and alcohol screening test, the student will be required to leave the clinical/classroom area and make an appointment with the Director of Dental Hygiene. A seemingly impaired student should not be allowed to leave the clinical site or College campus by themselves; therefore, if the student does not consent to such a screening test, they will still be asked whether they will sign the “Consent for Transportation” form. If the form is signed, the faculty or staff member will arrange for the student’s transportation to the student’s place of residence, at the expense of the College. If the student refuses to sign the “Consent for Transportation” form, the faculty or staff member shall notify the local police.

2. Within two working days of the incident, the student shall meet with the Director of Dental Hygiene and the faculty or staff member who reported the incident, as well as with any other individuals the Director of Dental Hygiene deems appropriate to participate in such a meeting, in order to discuss the incident and determine the actions to be taken, which may include (but are not limited to) discipline, including dismissal from the program.

F. Readmission Guidelines Related to Substance Abuse

a. Students dismissed from Dental Hygiene courses for reasons related to substance abuse may petition (after a period of one calendar year) for readmission pursuant to the Readmission Protocol. Evidence of rehabilitation is required as part of the readmission application. The student must:
   1. Submit a letter requesting re-admission to the Dental Hygiene Program.
   2. Include documentation from a mental health specialist who specializes in addiction behaviors indicating the status of the student’s substance abuse issue(s), status of the student’s recovery and/or include other documents demonstrating rehabilitation related to the drug and/or alcohol issues.
   3. Include documentation of compliance with a treatment program as identified by the mental health specialist, including a statement that the student will be able to function effectively and provide safe and therapeutic care for clients in a clinical setting.
   4. Repeat the drug and alcohol screening process immediately prior to re-admission, and provide the results of said tests to the Director of Dental Hygiene.

b. If a student, after being re-admitted to the Dental Hygiene Program, receives a positive result on another drug and alcohol screening test, the student will
be permanently dismissed from the Mohave Community College Dental Hygiene Program.

G. Students Requiring Medical Prescriptions

a. If a student requires current medical prescriptions that cause the student not to function appropriately within the clinical setting, the student will be asked to withdraw from the Dental Hygiene Program for medical reasons.
b. The student may apply for readmission pursuant to the Readmission Protocol when the student can demonstrate evidence of unimpaired behavior and judgment, or discontinued use of any prescribed medication that contributed to the impaired behavior/judgment.

H. Student Notification of Drug and Alcohol Screening Test Policy and Procedures

a. The student’s signature on the Dental Hygiene Clinic Handbook receipt form indicates that the student has received a copy of the Drug and Alcohol Screening and Substance Abuse Detection and Prevention Policy and Procedures, has read and understood the Policy and Procedures, and acknowledges that failure to comply with any aspect of this policy will result in dismissal from the Dental Hygiene Program.
DEPARTMENT OF DENTAL HYGIENE

Consent for Screening

I, _________________________________, understand and agree that the screening test I am about to receive may include either/or:

________________ (please initial) Urine test for drug, alcohol, or chemical use

I understand that if I decline to sign this Consent, and thereby decline to take the test, the Director of Dental Hygiene will be notified and disciplinary action up to and including removal or dismissal from the clinical area, Dental Hygiene program, or the College may result.

If the test if positive and confirmed by a second test as outlined in the Department of Dental Hygiene’s Drug Screening and Substance Abuse Detection and Prevention Policy and Procedures, the Director of Dental Hygiene will be so notified, making me subject to possible disciplinary action. If I am already a licensed professional, my licensing board will be notified as well, possibly resulting in a suspension or the loss of my license.

I understand that the Department of Dental Hygiene of Mohave Community College will be responsible for the costs of the screening test.

I understand that an exception may be made for the use of legally prescribed medication taken under the direction of a physician or other healthcare practitioner. I have taken
the following prescription(s) or non-prescription drug(s) or substance(s) within the last two weeks: (if none, please write in “none”):

I understand that the above tests are not 100% accurate and may produce false positive or false negative results. I hereby release Mohave Community College from all liability arising from or in any way related to the screening tests or the results thereof.

I hereby ______ consent _______ refuse consent for the test.

I state that the urine sample, if provided, is in fact a specimen from my own body eliminated on this date. I also authorize the results of my test(s) to be released to Mohave Community College Department of Dental Hygiene, as well as to others with a need to know.

Should any screening test(s) be positive, and if I am allowed to go through rehabilitation, I consent to periodic testing as deemed necessary by the Department of Dental Hygiene as outlined in the Drug Screening and Substance Abuse Detection and Prevention Policy and Procedures. If I enter a rehabilitation program, whether inpatient or outpatient, I hereby consent to the health care or mental health care professionals involved in providing service to me through such a program to inform the Department of Dental Hygiene of my treatment and participation in the program. I understand that after a period of one (1) year, I may reapply to the Dental Hygiene Program pursuant to the Readmission Protocols.

Signed

Date

Witness

Date
DEPARTMENT OF DENTAL HYGIENE

Consent for Transportation

I, __________________________, hereby authorize the Department of Dental Hygiene to notify a local transportation service to transport me to __________________________, a drug and alcohol screening test site, and/or to my place of residence at the expense of the Department of Dental Hygiene.

_____________________________  ______________________
Signed                           Date

_____________________________  ______________________
Witness                          Date
XIII. COMPLAINT POLICY RELATED TO ACCREDITATION STANDARDS

The Commission on Dental Accreditation requires that dental hygiene programs notify students of an opportunity to file complaints with the Commission. In addition, 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. The required notice follows:

Required Notice of Opportunity & Procedure Dental Hygiene Program

Mohave Community College want to assure the continual high quality of its dental hygiene program and therefore invites students, faculty, constituent dental societies, state boards of dentistry, and other interested parties to submit any appropriate, signed complaint to the Commission on Dental Accreditation (CDA) regarding Mohave Community College's Dental Hygiene Program.

Only written, signed complaints will be considered by the Commission; oral and unsigned complaints will not be considered. The Commission strongly encourages attempts at informal or formal resolution through the program's or sponsoring institution's internal processes prior to initiating a formal complaint with the Commission.

Required Notice of Opportunity & Procedure to File Complaints with the Commission

The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653.
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I. DRESS CODE AND PERSONAL HYGIENE

Dress and appearance should be that of a professional. Any dental programs instructor who notes that the student has not assumed this responsibility will ask him/her to make the appropriate changes. It is expected that the student’s dress and appearance will always be appropriate. Clean, wrinkle and odor-free scrubs and/or clean, wrinkle and odor-free scrub pants with the approved Dental Programs tee-shirt are the only acceptable attire in the classroom. If you are going to layer the top with the hem of the undergarment visible below, the undergarment must be either plain white or plain black only.

A. Hair should always be clean, neat and of a natural color. Facial hair should be well-groomed and clean.

B. Hands, hair and clothing must be free of all objectionable odors.

C. Make-up should be applied conservatively and be appropriate for daytime.

D. No perfume, cologne or scented lotions should be worn. The college encourages a scent-free environment to avoid the possibility of allergic reactions by others.

E. A dental hygiene student is expected to pay meticulous attention to the details of grooming and personal hygiene. In addition to such basic points of daily bathing, use of deodorant, regular shampooing of hair and wearing freshly laundered clothing is essential.

F. Teeth must be kept clean. Professionalism includes modelling the behaviors we promote. Immediate attention should be given to any needed dental work. The appearance of your teeth is indicative of your own health values and a factor in counseling patients.

II. GENERAL RULES AND REGULATIONS

A. Each student’s address, e-mail, telephone number and emergency contact information are to be reported to the department staff at the beginning of each semester. Any changes must be reported immediately.

B. Only emergency phone calls will be referred to students during class or clinic.

C. Smoking is not permitted in or around the Allied Health building, or at any location while in uniform.

D. Purses, backpacks, coats and personal items should not be left unattended in the classroom. They should be secured in your locker. All areas of the building are considered public property; therefore, lockers should be kept locked at all times.
Section 2 - Classroom Protocol

to minimize theft. Student lockers, instrument storage boxes and "mail box" areas are provided for students’ use.

E. Books and periodicals on the bookshelves are available for students' use. You must sign for these with department staff if you want to remove them from the Dental Programs area.

F. The personal use of cell phones in the classroom is not permitted. Cell phones and other electron devices may be used at the instructor's discretion to facilitate learning activities.

G. Children are not permitted to attend class. Parents have the responsibility to obtain satisfactory child care arrangements.

III. ACADEMIC POLICY

A. Any student who receives a “D” or “F” in any dental hygiene course will be dismissed from the program. The student does retain all rights of appeal and due process as guaranteed in the MCC student handbook.

B. Failure of any course will result in termination from the program.

C. If at any time during the school year, a student’s work is not progressing satisfactorily, it is the student’s responsibility to consult with the instructor or his/her academic advisor.

D. Student is responsible for meeting with instructor within 2 weeks of failing a major assessment (i.e. test, research paper). Student will not be allowed to proceed to the next major assessment until said meeting has occurred.

E. Cheating is a serious offense. If a student cheats, a ‘zero’ will be assigned for that test or project, the student will be required to meet with the Program Director, a Critical Incident Report will be administered and the incident will become part of the institutional record. A second offense will result in dismissal from the Dental Hygiene program. A second offense could further result in dismissal from Mohave Community College. Review the MCC Student Handbook.

IV. GRADING AND GRADE SCALE

A. All dental hygiene courses must be passed with a grade of "C" or better; grades of "D" and "F" are not passing grades in this department.

B. A "D" or "F" in any DEH didactic course results in the student's termination from the dental hygiene program. With instructor approval, students who receive a “D”
may be given the opportunity to retake the course final exam (**re-test) if an improved score will bring the final grade to a passing level. Maximum course grade possible following a re-test final is a “C”.

C. The grading scale for the Dental Hygiene Program is as follows:
   A = 90% - 100%
   B = 80% - 89%
   C = 75% - 79%
   D = 60% - 74%
   F = <59%

D. It is the student’s responsibility to meet with the course instructor when any major assignment or exam score is below 75%. No other exams may be taken until this meeting occurs.
DENTAL HYGIENE

CLINIC MANUAL

Section III – Clinic Protocol
August 2016
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I. Personal Appearance

The way you appear to others is an indication of the value you place on your profession and the esteem you have for yourself. Knowing this, a dental hygienist takes pride in professional appearance. The following dress code will be helpful in achieving the appearance required of dental hygiene students at Mohave Community College.

A. Male and female student uniforms include all of the following:

1. clean, wrinkle-free scrubs and/or approved Dental Programs tee-shirt with scrub pants; if you are going to layer the top with the hem of the undergarment visible below, the undergarment must be either solid white or solid black only.
2. name tag
3. white solid-material close-toed and close-heeled shoes; if the shoes have laces, they must also be white
4. protective eye wear (loupes)

B. Full uniform must be worn for all clinic assignments, on or off campus, unless notified otherwise. Duty assignments are considered part of the clinical experience and all dress code policies pertaining to clinic are also mandatory for duty assignments.

C. Uniforms, hands and hair must be clean and free of objectionable odors. Smoking is not permitted while in uniform, in or around the Allied Health buildings and is strongly discouraged. No perfumes, colognes or scented lotions shall be worn. The college encourages a scent-free environment to avoid provoking allergic reactions by others.

D. Shoes must be white and have a closed toe and heel. Tennis-type shoes are permissible as long as they are only white and leather or other solid type material. Shoes must be freshly polished and buffed. Laces must be washed and bleached regularly. Clinic shoes should be maintained in the Allied Health building and should not be worn outside.

E. Socks must be worn at all times when in the clinic. Style and color may reflect personality but socks must be tall enough so that bare skin is not be exposed when seated.

F. Name tags must always be worn; they are be worn on the right side.

G. Hair must be clean and neatly secured in a conservative fashion such that it cannot fall forward into the working area.

II. CLINIC REQUIREMENTS

Each procedure that is performed by the dental hygiene student is evaluated. Procedures and skill performance evaluations will be specific to Preclinic, Clinic I, Clinic II, Clinic III, and Clinic IV and are set forth in the syllabi for each clinic.
A. **Preclinic**

The student will be required to satisfactorily complete and demonstrate basic dental hygiene skills on a student partner in Preclinic Dental Hygiene Lab for advancement to Clinic I. During Preclinic, typodonts and student partners will be used for laboratory practice and process evaluation procedures.

B. **Clinic I, II, III, and IV**

Students will be required to work towards graduation requirements at the proficiency level specified for each clinic. Total cumulative points required for graduation must be equal to or greater than 70. Points are awarded based on TalEval input by instructors, the number of completed patients and the difficulty level of each completed patient. In addition, students will successfully complete skill evaluations established for each clinic course; these will identified in each syllabi.

C. **Eligibility for Graduation:**

Graduation eligibility requires that all Clinical and Program requirements be met. This includes, but is not limited to, a minimum of 20 quadrants of SRD and patient experiences for the following CODA classification of patients:

- **Child** (up to age 14)
- **Adolescent** (between 15-20 years of age)
- **Adult** (healthy individuals between 21-64 years of age)
- **Geriatric** (healthy individuals 65 years and above)
- **Special Needs** (patients with conditions that impact dental hygiene treatment).

A failure to have obtained the minimum cumulative clinic points and to have maintained at least minimum skill performance levels by the end of Clinic IV will result in being ineligible for graduation. Requirements may be met during the summer session after commencement provided arrangements have been made with the appropriate faculty and the Program Director.

III. **CLINIC EVALUATION**

A. **Introduction**

The purpose of clinical evaluation is two-fold. First, it gives feedback to the student regarding their performance in clinic on a daily basis. It is the intent of the clinical faculty to give feedback to the student that is immediate, accurate and honest.

Second, clinical evaluation is used by the dental hygiene faculty to assess a student’s progress and make adjustments or corrections as needed. The following areas will evaluated each time a student treats a patient in clinic.

1. Assessment
2. Planning
3. Implementation
4. Evaluation

B. Definitions

The following terms are defined as follows to clarify the process of clinical evaluations.

1. Assessment

That section of TalEval that reflects evaluation of the student's performance in the following areas:

- Medical/Dental History
- Extra/Intra Oral Exam
- Perio Charting
- Radiographs
- Dental Charting
- Deposit Index

2. Planning

That section of TalEval that reflects evaluation of the student’s performance in the following areas:

- DH Treatment Plan

3. Implementation

That section of TalEval that reflects evaluation of the student’s performance of the following clinical skills:

- Prevention
- Instrumentation
- Deposit Removal
- Pain Control

4. Evaluation

That section of TalEval that reflects evaluation of the student’s performance of the following clinical skills:

- Quality Assurance
- Professionalism

C. Attendance

Attendance is worth a percentage of the student’s grade. Attendance is mandatory.
Students arriving late for clinic will be counted as absent on their attendance log. No student will be signed "in" for clinic until their unit is disinfected and set up. To count as "on time" the student must be prepared to seat their patient at the appointed time (8:00 a.m. for the morning clinic; 1:00 p.m. for the afternoon clinic).

Students that are assigned to lab duty, radiology or reception must arrive 30 minutes prior to the start of clinic. Late arrivals for assigned duties will result in an "X" for that day on TalEval.

D. Day Book

Each student will prepare a three ring notebook. All clinic evaluation forms and records with be contained therein; a grade is assigned based upon the completeness and accuracy of the day book. It is the student's responsibility to maintain a current day book. It will be evaluated by their Clinic Coordinator at regularly scheduled audits. In addition, it may be evaluated at any time by the Program Director. It is expected that if a student is within Legacy Foundation Allied Health Building I, his or her day book is also present.

Day books will include a section for a calendar, TalEval print-outs, radiographic evaluation forms for each patient on whom radiographs were exposed, and completed proposed treatment schedules. Each section should be separated and organized by date. Once final grades are posted, students will remove that semester's documents in order to prepare for the upcoming semester. All removed materials should be maintained in a safe location until graduation.

E. Audit and Progress Evaluation

Computed TalEval sheets will be dispensed to students biweekly. It is the student's responsibility to verify that the computed sheet matches the awarded grades. This includes completed patients, perio classification, and calculus level. If there is a discrepancy, bring the documentation and the computed sheet to the appropriate Clinic Coordinator for verification within one week. With Clinic Coordinator approval, amendment of the grade will be completed. Adherence to the time parameter is a requirement for grade amendment.

Clinical progress evaluations will be scheduled with the clinic coordinator, a minimum of twice per semester. This will be a formal, methodical examination, review, and evaluation of the student's clinical progress to date, based on components included in the day book. This will take place at the midterm and the end of the semester. The student will meet with his/her clinic coordinator to discuss strengths and weaknesses. Any necessary interventions will be prescribed at that time.

F. Duties

Each student is expected to rotate as assigned through duties associated with clinic: Business Assistant (BA) and Lab Duty (LAB). Grades will be assessed in TalEval. See Section 4 of the Clinic Manual for the specific tasks associated with these duty assignments.
G. Requirements Logs

These documents are used to record requirements for anesthesia and radiography, as well as other graduation requirements. Students interested in California licensure will need to document requirements for anesthesia, nitrous oxide and soft tissue curettage. Skill evaluation skill requirements per semester, as set forth in your syllabi, will be recorded, as well.

Clinical Graduation Requirements include demonstrating proficiency in the following tasks:
- Autoclave cleaning
- Cold soak change
- ER/Oxygen Kit
- Materials lab traps
- Operatory traps
- Running (flushing) the lines
- Sterilization monitoring

H. Professionalism

This is used to evaluate your work ethic on a daily basis; grades for professionalism are entered under the Evaluation tab of TalEval. The criteria for evaluation are clearly stated and self-explanatory in the TalEval Criteria Section. This section on TalEval will be scored daily by the clinical instructors.

I. Computation of Final Grades

Final grades will be computed depending on the semester. See your course syllabus for additional information.
IV. ASA CLASSIFICATIONS

AMERICAN SOCIETY OF ANESTHESIOLOGISTS (ASA)  
PHYSICAL CLASSIFICATION SYSTEM

ASA I = A patient without systemic disease; a normal healthy patient; may be on preventive meds.

ASA II = A patient with mild systemic disease; may be on therapeutic meds.

ASA III = A patient with severe systemic disease that limits activity but is not incapacitating.

ASA IV = A patient with incapacitating systemic disease that is a constant threat to life.

ASA V = A moribund patient not expected to survive 24 hours with or without operation.

Definitions:

ASA I: Patient is considered to be normal and healthy. Review of the patient’s medical history, physical evaluation, and any other parameters that have been evaluated, indicate no abnormalities. Patient may be on medications (such as birth control pills) that are used for preventive, rather than therapeutic purposes. Physiologically, this patient should be able to tolerate the stresses involved in dental treatment with no added risk of serious complications. Psychologically, this patient should represent little or no difficulty in handling the proposed therapy. Therapy modifications are not usually required in this patient group.

ASA II: Patient has mild systemic disease, or, is a healthy ASA I patient who uses tobacco products or presents with more extreme anxiety or fear toward dentistry. Patient is generally less stress tolerant than an ASA I patient; however, still represents minimal risk during treatment. Routine treatment is in order with possible treatment modifications or special considerations as warranted by the condition. Examples of modifications include the use of prophylactic antibiotics or sedative techniques, limiting the duration of treatment, and possible medical consultations. Elective dental care is warranted with minimal increase in risk to the patient during treatment. Treatment modifications should also be considered.

Several examples of an ASA II patient are:

1. Patient who uses tobacco products or vapor products
2. Patient with adult-onset diabetes managing blood sugar with oral antihyperglycemic agents.
3. Patient with well-controlled epilepsy
4. Patient with well-controlled asthma
5. Patient hyper- or hypothyroid condition, who is under care and currently euthyroid
6. ASA I patient with an upper respiratory infection
7. Healthy pregnant patient
8. Healthy patient with allergies, especially to drugs
9. Healthy patient over the age of 65 (NOTE: Geriatrics is the medical specialty which focuses on the care and treatment of the elderly, usually patients who are over 65 years of age or older. Geriatric patients have progressive loss of functional reserve in kidney and liver systems.)
10. History of cancer; ≥ 5 years remission
11. Adult with blood pressures between 140-150 systolic and/or 90-94 diastolic

In general, the ASA II patient will be able to perform normal activity without experiencing distress such as undue fatigue, dyspnea, or chest pain.

ASA III: Patient has severe systemic disease that limits activity but is not incapacitating. At rest, these patients show no signs and symptoms of distress, but will exhibit distress if they experience physiologic or psychologic stress. Elective dental treatment is not contraindicated, but patient risk is increased. The need for stress reduction techniques and other treatment modifications is increased.

Examples of an ASA III patient are:

1. Patient with stable angina pectoris
2. Patient more than 6 months post-myocardial infarction (MI)
3. Patient more than 6 months post-cardiovascular accident (CVA) with no residual signs and symptoms
4. Patient with well-controlled insulin-dependent diabetes (IDDM)
5. Patient with Congestive Heart Failure (CHF) with shortness of breath and ankle edema
6. Patient with Chronic Obstructive Pulmonary Disease (COPD) (emphysema, chronic bronchitis)
7. Patient with exercise-induced asthma
8. Patient with less well-controlled epilepsy
9. Patient with symptomatic hyperthyroid or hypothyroid disorders
10. Patient with an implanted pacemaker
11. Patient with blood pressures between 160 – 199 systolic and/or 95 – 114 diastolic
12. Patients who have undergone organ transplant within the last 6 months.
13. Patients with a history of cancer, <5 years remission

ASA III patients can perform normal activities without distress, but may need rest during activities should they become distressed.

**ASA IV:** Patient has an incapacitating disease that is a constant threat to life. The patient in this category has medical problem(s) that is (are) of greater significance than the planned dental treatment. Whenever possible, elective dental treatment should be postponed until such time as the patient’s medical condition has improved to at least ASA III. This patient presents a significant risk during treatment. The management of dental emergencies, such as infection or pain, should be treated as conservatively as possible until the patient’s condition improves. Where possible, treatment should consist of the prescription of medications such as analgesics for pain and antibiotics for infection. In situations in which it is believed that immediate intervention is required, i.e. incision and drainage (I& D), extraction, or pulpal extirpation, it is recommended that the patient receive such care within the confines of an acute care facility, i.e. hospital. Although the risk to the patient is still significant, the chance of survival, should the acute medical emergency arise, will be increased.

Examples of conditions of an ASA IV patient are:

(1) Unstable angina pectoris (pre-infarction angina),
(2) A myocardial infarction in the last 6 months,
(3) Blood pressure greater than 200/ and/or /115,
(4) Severe CHF or COPD, requiring oxygen supplementation or wheelchair confinement,
(5) CVA within the last 6 months,
(6) Uncontrolled epilepsy, and
(7) Uncontrolled IDDM with history of hospitalization.
(8) Patients currently undergoing cancer treatment or preparing to undergo cancer treatment

In general, the ASA IV patient will experience distress while at rest.

**ASA V:** This patient will not usually present him or herself for dental treatment as he or she is usually hospitalized and terminally ill. This category is contraindicated for elective dental treatment, but may need palliative treatment in the hospital setting.
# V. Vital Signs

## Normal Vital Signs For Children

<table>
<thead>
<tr>
<th>Age</th>
<th>Resp. rate (breaths per minute)</th>
<th>Heart rate (beats per minute)</th>
<th>Systolic blood pressure (mm Hg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 year</td>
<td>30 – 40</td>
<td>110 - 160</td>
<td>70 – 90</td>
</tr>
<tr>
<td>2-5 years</td>
<td>25 – 30</td>
<td>95 - 140</td>
<td>80 – 100</td>
</tr>
<tr>
<td>5-12 years</td>
<td>20 – 25</td>
<td>80 - 120</td>
<td>90 – 110</td>
</tr>
<tr>
<td>&gt;12 years</td>
<td>15 – 20</td>
<td>60 - 100</td>
<td>100 – 120</td>
</tr>
</tbody>
</table>

## Blood Pressure Guidelines for Adults (ages 18 years and older)

<table>
<thead>
<tr>
<th>120-139 Systolic or 80-89 Diastolic</th>
<th>Pre-hypertension</th>
<th>Borderline</th>
<th>130-139 / 85-89</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;120 Systolic and &lt;80 Diastolic</td>
<td>Normal</td>
<td>Optimal</td>
<td>129/84 or below</td>
</tr>
</tbody>
</table>

### HIGH BLOOD PRESSURE

<table>
<thead>
<tr>
<th>140/90 or above</th>
<th>140/90 or above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1 Hypertension</td>
<td>140-159 Systolic or 90-99 Diastolic</td>
</tr>
<tr>
<td>Stage 2 Hypertension</td>
<td>≥ 160 Systolic or ≥ 100 Diastolic</td>
</tr>
</tbody>
</table>

#### Legend

- < means less than
- ≥ means greater than or equal to

## MCC Clinic Guidelines

<table>
<thead>
<tr>
<th>&lt;160/95 mmHg</th>
<th>Between 161/96 and 180/100 mmHg</th>
<th>&gt;180/100 mmHg</th>
</tr>
</thead>
<tbody>
<tr>
<td>No restrictions</td>
<td>Treatment with written consent of physician</td>
<td>No treatment</td>
</tr>
</tbody>
</table>

## Pulse Rates for Adults

<table>
<thead>
<tr>
<th>Normal</th>
<th>Bradycardia</th>
<th>Tachycardia</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-100 beats/minute</td>
<td>&lt;50 beats/minute</td>
<td>&gt;100 beats/minute</td>
</tr>
</tbody>
</table>

## Respiratory Rates for Adults

<table>
<thead>
<tr>
<th>Normal Range</th>
<th>Adult</th>
<th>Older Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-20 breaths/minute</td>
<td>14-18 breaths/minute</td>
<td>19-25 breaths/minute</td>
</tr>
</tbody>
</table>
VI. Local Anesthesia - Clinical Protocol

Criteria and protocol for the administration of local anesthetic

The administration of local anesthetic enables a clinician to provide a comfortable treatment sequence for his or her patients. Students are taught protocol consistent with criteria required for passage of the Western Regional Examining Board written and clinical anesthesia exams.

Patient treatment in our clinic requires the students to format an individualized treatment plan which, depending on patient comfort and severity of disease may include the administration of local anesthetic.

A. Injections used in our clinic include:

1. Inferior Alveolar nerve block (IANB)
2. Posterior Superior Alveolar Nerve Block (PSA)
3. Greater Palatine Nerve Block (GP)
4. Nasopalatine Nerve Block (NP)
5. Mental/Incisive Nerve Block (M)
6. Long Buccal Nerve Block (LB)
7. Middle Superior Alveolar Nerve Block (MSA)
8. Anterior Superior Alveolar Nerve Block (ASA)
9. Anterior Middle Superior Alveolar Nerve Block (AMSA)

B. MCC clinical armamentarium may include:

1. Aspirating syringes
2. Local anesthetic solutions
   a. Lidocaine 2%, epi 1:100k
   b. Mepivacaine 3% plain
   c. Topical anesthetic gel
3. Needles
   a. 27 gauge
      i. long
      ii. short
   b. 25 gauge
      i. long
ii. short

C. Clinical protocol for administration of local anesthetic

1. Planned local anesthetic delivery should be listed on the Proposed Treatment Plan for the instructor’s perusal at the beginning of each clinic session.

2. Upon completion of all assessments, students formulate a Dental Hygiene Treatment Plan including all proposed patient treatment recommendations. Be specific, i.e. type of injection and anesthetic.

3. The Dental Hygiene Treatment Plan is presented to a clinical instructor who signs approval. The student also signs the treatment plan.

4. The student presents the recommended treatment options to the patient, explaining each step necessary to complete the process. Patient then signs, giving consent for proposed treatment.

5. Upon commencing treatment, students place their names on the clinic sign-up sheet for an instructor to evaluate their anesthesia administration techniques. Students will have already placed the topical anesthetic prior to the injections.

6. Prior to administering anesthetic to a patient, students must demonstrate adequate knowledge of the muscles, nerves and vessels pertinent to their proposed injection. Recitation of penetration site, deposition site, appropriate landmarks and tissues innervated is absolutely necessary for the success of the injection.

7. Following the appointment, the student will document the administration of local anesthetic as follows: (example) R. IA, L. PSA, 1.8 ml Lidocaine 2%, epi 1:100k administered. Patient tolerated procedure well.
<table>
<thead>
<tr>
<th>Injection</th>
<th>Structures Anesthetized</th>
<th>Anatomical Landmarks</th>
<th>Penetration Site</th>
<th>Path of Insertion</th>
<th>Depth of Insertion</th>
<th>Terminal Deposition Site</th>
<th>Amount Deposited</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td>Greater palatine nerve block</td>
<td>Mucosal, osseous tissues of posterior portion of hard palate and Lingual gingiva of posterior teeth</td>
<td>Greater palatine foramen, junction of hard and soft palates</td>
<td>Depth of 2-3 mm, just anterior to greater palatine foramen</td>
<td>Approach from opposite canine or premolar at a right angle to target, bevel toward bone</td>
<td>Cover bevel and gently contact bone</td>
<td>Directly over Greater Palatine foramen</td>
</tr>
<tr>
<td>NP</td>
<td>Nasopalatine nerve block</td>
<td>Mucosal and osseous tissues of anterior portion of the hard palate and lingual gingiva canine to canine</td>
<td>Incisive foramen, incisive papilla &amp; maxillary central incisors</td>
<td>Base of the incisive papilla</td>
<td>45 degree angle toward papilla, needle parallel to occlusal plane, bevel toward bone</td>
<td>Just a few mm. to cover the bevel (27 short)</td>
<td>2-3 mm from penetration toward middle of incisive papilla</td>
</tr>
<tr>
<td>Men/Inc</td>
<td>Mental Incisive Nerve Block</td>
<td>Facial tissues anterior to mental foramen, facial tissues of lip and chin to midline, pulpal from foramen to midline</td>
<td>Mental foramen, apices of premolars and adjacent mucobuccal fold</td>
<td>Mucobuccal fold just anterior to the mental foramen</td>
<td>45 degrees to the occlusal plane, bevel toward bone</td>
<td>Cover bevel or up to 5-6mm (25-27 short)</td>
<td>At or slightly anterior to mental foramen apply pressure 2 minutes</td>
</tr>
<tr>
<td>LNB</td>
<td>Buccal nerve block</td>
<td>Buccal mucosa, periosteum and gingival tissues of Mandibular molars</td>
<td>Retromolar area, horizontal plane of occlusal and Coronoid notch</td>
<td>Buccal and distal to last molar for which soft tissue anesthesia is required</td>
<td>Parallel to horizontal plane of occlusal surfaces</td>
<td>2-3 mm slowly until bevel covered 25 or 27 long</td>
<td>At buccal aspect of ramus lateral to the external oblique ridge as nerve passes over anterior border of ramus</td>
</tr>
<tr>
<td>IA</td>
<td>Inferior alveolar nerve block</td>
<td>Mandibular Teeth pulpal to the midline; soft tissues of the inferior portion of the ramus and body of the mandible; lower lip and buccal periosteum of the premolars and incisors and lingual soft tissue and periosteum, floor of mouth, anterior 2/3 of tongue on the affected side.</td>
<td>Height of the Coronoid notch, pterygomandibular raphe; pterygomandibular triangle; mandibular foramen; external oblique ridge; horizontal plane of mandibular occlusal surfaces</td>
<td>Center of pterygomandibular triangle 3-5 mm medial from bisected thumb</td>
<td>From opposite premolars parallel to occlusal plane 1 cm above occlusal plane</td>
<td>2/3-3/4 of long needle (20-25 mm) MUST CONTACT BONE (25 or 27 gauge long)</td>
<td>Superior to mandibular foramen</td>
</tr>
<tr>
<td>Injection</td>
<td>Structures Anesthetized</td>
<td>Anatomical Landmarks</td>
<td>Penetration Site</td>
<td>Path of Insertion</td>
<td>Depth of Insertion</td>
<td>Terminal Deposition Site</td>
<td>Amount Deposited</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td><strong>ASA</strong></td>
<td>Anterior superior alveolar nerve block</td>
<td>Canine eminence, apex of canine and fossa anterior to eminence</td>
<td>Within mucobuccal fold slightly anterior to eminence at apex of canine</td>
<td>10 degrees off long axis of canine</td>
<td>Cover bevel or up to 1/4 inch 1/4 of short needle (27 gauge)</td>
<td>Canine apex</td>
<td>.45 - .9 ml. (varies) up to 2/3 cartridge</td>
</tr>
<tr>
<td><strong>MSA</strong></td>
<td>Middle superior alveolar nerve block</td>
<td>Mucobuccal fold at apex of second premolar</td>
<td>Within mucobuccal fold, parallel and anterior to apex of second premolar</td>
<td>Parallel to long axis of second premolar</td>
<td>Cover bevel or up to 1/4 inch 1/4 of short needle (27 gauge)</td>
<td>Apex of second premolar 3-5 mm. superior to apex</td>
<td>.45 - .9 ml. up to 2/3 cartridge</td>
</tr>
<tr>
<td><strong>PSA</strong></td>
<td>Posterior superior alveolar nerve block</td>
<td>Distobuccal root of Maxillary 2nd molar, mucobuccal fold, Zygomatic process of the maxilla</td>
<td>Within mucobuccal fold superior and distal to the distobuccal root of the Maxillary 2nd molar</td>
<td>45 degree to horizontal plane of Maxillary occlusals; 45 degree to midsagittal plane and 45 degree to long axis of the Maxillary second molar</td>
<td>16 mm;9 mm from the hub of an average 25 short needle; at optimum depth and angle about 5 mm should remain visible beyond the hub.</td>
<td>Adjacent to the foramina of the PSA nerve on the posterior surface of the maxilla inferior and distal to the PSA nerve</td>
<td>.9 - 1.8 ml</td>
</tr>
<tr>
<td><strong>AMSA</strong></td>
<td>Anterior middle superior alveolar nerve block</td>
<td>Imaginary line drawn between the maxillary premolars from the free gingival margin to the midpalatal suture</td>
<td>Halfway point along an imaginary line drawn from the free gingival margin to the midpalatal suture.</td>
<td>Approach from opposite side of the mouth at right angle</td>
<td>4-7 mm, cover bevel</td>
<td>Convergence of the AMSA nerves and associated subneural dental plexus in the region of the apices of the premolars</td>
<td>.7 to .9 ml</td>
</tr>
</tbody>
</table>
VIII. Patient Flow Utilizing Eaglesoft Electronic Health Record

Comprehensive Exam
The comprehensive exam will be completed on all new patients and every two years thereafter.

Medical/Dental History
All patients must update MD/Dent Hx records every two years. The student will verify all information on the history and ask additional follow up questions as appropriate and document in the comments section of the paper form. The student should also record when and where the last dental exam/visit was and the type and date of the last radiographs in the comments section. Vital signs and ASA classification should also be recorded in the comments section.

The following sections of the Clinical exam will be completed as part of the MD/Dent Hx: Habits, General and History.

Habits Tab

The Habits window provides an area to record the patient's habits.
Record a status of N/A, None, Potential, Manifested or Historical for each of the following habits:
<table>
<thead>
<tr>
<th>Grind Teeth</th>
<th>Cigar/Cigarette</th>
<th>Toothpick/ Stimulator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bite Cheek</td>
<td>Pipe</td>
<td>Chewing Gum</td>
</tr>
<tr>
<td>Tongue Thrust</td>
<td>Bite Nails</td>
<td>Candy</td>
</tr>
<tr>
<td>Mouth Breather</td>
<td>Smokeless Tobacco</td>
<td>Soft Drinks</td>
</tr>
<tr>
<td>Bulimia/Anorexia</td>
<td>Thumb/Finger</td>
<td>Other</td>
</tr>
</tbody>
</table>

If a status of **Potential**, **Manifested** or **Historical** is recorded in the habit **Other**, a line is provided to enter a description for that habit. At the very bottom, a **Comments** section provides an area for entering and/or editing notes specific to this exam.

**General Tab**

![Clinical Exam Window](image)

The **General** window provides an area to record miscellaneous patient information and serves as a quick reference regarding the patient's overall condition/pain.

**Dental Care**

Under the **Dental Care** section at the top of the window, use free-form entry to record the frequency with which the patient brushes and flosses, the brand of toothpaste and mouthwash the patient uses, and any other information you want to enter specific to the patient.
Emotional Motivators/Concerns

These can also be recorded using free-form entry for the patient.

Use this window as a quick reference for the patient’s status. Enter information for the following fields:

Oral Cancer, TMJ, Blood Pressure and Pulse.
The last section of the window summarizes the patient’s pain for Dental and Mucosal in the Maxillary Anterior, Maxillary Posterior, Mandibular Anterior and Mandibular Posterior areas of the mouth.

Each type of pain should be recorded for each area of the mouth using the following ratings:

<table>
<thead>
<tr>
<th>Low Acute Pain</th>
<th>Low Chronic Pain</th>
<th>High Acute Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Chronic Pain</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

At the very bottom, a Comments section provides an area for entering and/or editing notes specific to this exam. Respiration rate and ASA classification should be noted in the Comments section.

History Tab
The **History** window provides an area to record past conditions pertaining to the patient. The window divides History into two sections: sensitivity (top) and general history (bottom).

Select **Present, Past, Never** or **N/A** for the following questions:

<table>
<thead>
<tr>
<th>Are your teeth sensitive to:</th>
<th>Have you ever had:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hot or Cold</td>
<td>Orthodontic Treatment</td>
</tr>
<tr>
<td>Biting / Chewing</td>
<td>A Bite Plate or a Guard</td>
</tr>
<tr>
<td>Sweets</td>
<td>Periodontic Treatment</td>
</tr>
<tr>
<td></td>
<td>Oral Surgery</td>
</tr>
<tr>
<td></td>
<td>Serious Injury to Mouth or Head</td>
</tr>
</tbody>
</table>

A **Comments** section at the bottom of the page provides an area for entering and/or editing notes specific to this exam.

**Extra Oral / Intra Oral Exam**

Upon completion of the MD/Dent Hx, the student will complete the Extra Oral /Intra Oral exam utilizing the techniques learned in Pre-Clinic. A full EO/IO exam is completed on all new patients and every two years with existing patients. The following tabs in the Clinical Exam will be completed as part of the EO/IO exam: TMJ, Head and Cancer.
The **TMJ** (Temporal Mandibular Joint) window provides an area to record information pertaining to a patient's TMJ condition. The top section is reserved for input describing the Pain, Popping, Crepitus and Deviation on Opening for the joint.

**The ratings for each of these conditions are as follows:**

1. From each section, select a rating from the drop-down list box.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>Left side, Right side, Both, None</td>
</tr>
<tr>
<td>Popping</td>
<td>Left side (Open, Closed or Both), Right side (Open, Closed or Both), or Both (Open or Closed)</td>
</tr>
<tr>
<td>Crepitus</td>
<td>Left side (Open, Closed or Both), Right side (Open, Closed or Both), or Both (Open or Closed)</td>
</tr>
<tr>
<td>Deviation on Opening</td>
<td>Left side, Right side, Both, None</td>
</tr>
</tbody>
</table>

2. Select a **Rating** from the drop-down list box.

3. Click **Save** to keep the settings.
The Maximum Opening Unassisted is how far a patient can open his/her mouth. This is recorded in millimeters.

The next three sections provide fields for answers regarding Musculature, History of Trauma and Myofacial Pain. If the patient answers Yes to History of Trauma or Myofacial Pain, a Comments section is provided to elaborate on those conditions.

The Diagnosis for Treatment explains whether the condition is treatable and whether the treatment will be performed by the dentist or by a specialist. Select an option from the drop-down list box.

A Comments section provides an area for entering and/or editing notes specific to this exam.

**Head Tab**

The Head window provides an area to record the patient's head and neck conditions. Record a score of Normal, Abnormal or N/A for the following conditions:

<table>
<thead>
<tr>
<th>Facial Tissue</th>
<th>Retro Molar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Lips</td>
<td>Tuberosity (Maxillary)</td>
</tr>
<tr>
<td>Lower Lips</td>
<td>Gingivae</td>
</tr>
<tr>
<td>Floor of Mouth</td>
<td>Lingual Tonsils</td>
</tr>
<tr>
<td>Hard Palate</td>
<td>Vestibular Depth</td>
</tr>
<tr>
<td>Soft Palate</td>
<td>Buccal Mucosa</td>
</tr>
<tr>
<td>Tongue (Lateral)</td>
<td>Edentulous Ridge</td>
</tr>
<tr>
<td>Tongue (Anterior)</td>
<td>Oropharynx</td>
</tr>
<tr>
<td>Tongue (Dorsal)</td>
<td>Salivary Ducts</td>
</tr>
</tbody>
</table>

The **Comments** section at the bottom provides an area for entering and/or editing notes specific to this exam.

**Cancer Tab**

The **Cancer** window provides an area to record information regarding a patient's cancer condition.

The window splits this into the following four phases:

Developmental  Deep  Systemic  Surface
Under each phase, select **Yes, No or N/A** for **Pathology Present** or **Biopsy Indicated**. For each section, choose an **Affected Area** option from the **Affected Area** dropdown list box.

Check the appropriate radio button for the **Tooth Related Pathology Present** section.

A **Comments** section provides an area for entering and/or editing notes specific to this exam.

You must have a dentist check-in the patient.

After the dentist check-in, have the patient sign the medical history. Then expose all ordered radiographs, evaluate your radiographs and retake as prescribed.

The next assessment to be completed is the Dental Chart. Complete the dental chart from the chart menu from the Clinical Mode. The Restorative and Other sections will be utilized in the Clinical Exam. The clinic dentist will complete the Dental Chart and the Dental Evaluation together on all new patients.

In addition to new patients, the dental chart must be updated when radiographs are exposed. The dentist radiograph referral form must be completed, scanned into the patient’s chart and the original given to the patient to take to his or her dentist of record. Existing patients must have their radiographs reviewed by their dentist, the referral form must be completed and returned to MCC in order for the patient to be reappointed for recare. The “Dental exam required before rescheduling” alert must be raised in Eaglesoft. This process ensures that the patient is not using MCC as his or her dental home. The program is unable to fill the role as a dental home.

Bitewings will be taken every two years. A full-series of radiographs will be taken every three to five years.
Dental Chart

Chart Window

The main Chart window features a layout of anatomically correct teeth, with mandibular on the bottom and maxillary on the top. This is to enable easier, more accurate charting while enhancing the presentation of patient cases. The draw types, colors and hatches assist in creating an accurate patient chart, thereby improving treatment. The Chart window also enables mixed dentition in the same window. With just a right-click of the mouse, you can chart primary or permanent teeth.

Fast Walkout

The Fast Walkout button allows you to access the Walkout screen from the chart window with the current patient defaulted. MCC does not utilize the Fast Walkout function.

Insurance

The Insurance button allows you to view a summary of the current patient's insurance information. Select the View Claim button to view the claim associated with this patient's services. MCC does not utilize the Insurance function.
Ledger  

The Chart window defaults to show the entire Chart display (see the preceding image), if using the recommended screen resolution of 1024x768. Use the Ctrl or Shift key to select multiple Chart ledger items. Right-click and apply an option to all selected items. To show the Chart ledger, click Ledger. To hide the Chart ledger, click Ledger again.

<table>
<thead>
<tr>
<th>Date</th>
<th>Prov</th>
<th>#</th>
<th>Code</th>
<th>Description</th>
<th>Tooth</th>
<th>Surface</th>
<th>Status</th>
<th>Amount</th>
<th>Show</th>
<th>Appr</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/8/2003</td>
<td>GGY</td>
<td>D0120</td>
<td>8275</td>
<td>Crown, prep, high noble</td>
<td>17</td>
<td>Proposed</td>
<td></td>
<td>777.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/8/2003</td>
<td>GGY</td>
<td>D0210</td>
<td>FMX</td>
<td>Periapical Orals Evaluation</td>
<td>Proposed</td>
<td>32.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/9/2003</td>
<td>DCM</td>
<td>D1110</td>
<td>PROPHYLAXIS-ADULT</td>
<td>Proposed</td>
<td>50.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/12/2008</td>
<td>DCM</td>
<td>D1110</td>
<td>PROPHYLAXIS-ADULT</td>
<td>Completed</td>
<td>52.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/11/2008</td>
<td>GGY</td>
<td>D0320</td>
<td>Root canal, upper right</td>
<td>8</td>
<td>M</td>
<td>Condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/12/2008</td>
<td>DCM</td>
<td>D0470</td>
<td>DIAGNOSTIC CASTS</td>
<td>BP</td>
<td>Accepted</td>
<td></td>
<td>68.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Images  

To display images for selected teeth, click Images and highlight a tooth that has images. To remove the images, click Images. The images will appear as thumbnails as shown below.

Zoom  

The Zoom button allows you to view an enlarged version of a specific tooth in the chart. Click to select a specific tooth or place your cursor over a tooth to view it in the zoom area. Click the Zoom button again to return to the normal view.

Alerts  

This symbol will appear if that patient has any Patient or Medical Alerts attached to them.

Patient Photo  

If this symbol appears, the patient has a photo available for viewing.
Patient Last FMX, Last Bitewing and Last Pano

FMX: None
Bitewing: 1/14/2005
Pano: None

In the lower right of the chart screen in Eaglesoft versions 14.00 and above, the dates of the patients last fmx, bitewing and/or pano are listed.

Selecting Teeth

Before you can do any charting, you need to select a tooth or teeth. There are several options for selecting teeth to chart:

First you can select if the teeth should be Permanent or Primary.  

Other options include:

- Click on a tooth or teeth
- Click Select All to select all the teeth
- Click Clear All to clear selection
- Click All Upper to select all upper teeth
- Click All Lower to select all lower teeth
- Click UL or UR to select the upper-left or upper-right teeth quadrant
- Click LL or LR to select the lower-left or lower-right teeth quadrant

Service

The Service button will bring up the Service Codes window to allow you to select the correct services that will be proposed or completed for the patient.

Condition

The condition button will assist with the charting of existing work done elsewhere or health issues that may need to be addressed. The conditions list includes things like attrition, distal drift and open contacts.

Quick Picks

The Quick Pick buttons (located in the upper right of the chart) allow quick and convenient charting. Utilize the drop-down boxes to chart existing restorations. For
example, click on the COM A drop down box to find choices for one, two, three or four surface anterior composite restorations.

**Status**

To chart items of different statuses, choose the status drop-down list box on the bottom of the window. *There are six status types from which to choose:*

- **Accepted** - Has been accepted (by patient or by insurance).
- **Existing** - Treatment performed previously (by another clinic).
- **Referred** - Treatment has been referred to a different clinician.

MCC utilizes the **Existing** status type.

Once the Dental Chart has been completed, refer back to the Clinical Exam and complete the following tabs:

**Restorative Tab**

![Restorative Tab](image)

The **Restorative** window summarizes the information from the patient's Restorative exam performed on the date given in the **Exam Date** box.
The **Caries** section provides a summary of the Number of Caries, Number of Dentinal Caries and Number of Recurring Caries for the patient.

The **Restorations & Fractures** section displays the Number of Restorations with Poor Marginal Integrity, Number of Fractured Restorations and Number of Fractured Teeth.

*General teeth conditions follow the Restorations and Fractures section, showing totals for:*

<table>
<thead>
<tr>
<th>Erosion</th>
<th>Tori</th>
<th>Malposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extrusion</td>
<td>Impaction</td>
<td>Open Contacts</td>
</tr>
<tr>
<td>Lesions</td>
<td>Wear Facets</td>
<td>Non-Func Teeth</td>
</tr>
</tbody>
</table>

Next, the **number of primary teeth lost prematurely** section divides the total into two segments: the number of teeth lost in over a year and the number of teeth lost in less than or equal to one year.

The **Roots** section displays the number Amputated and the total Number of Root Canals for the patient.

A **Comments** section provides an area for entering and/or editing notes specific to this exam.

**Chart**

This button takes you directly to the **Chart** window.

**Tx Plan**

Create or modify treatment plans from here as well by clicking on the **Treatment Plan** on the top right of the window. At this time, MCC does not utilize the Treatment Plan function.

**Calculate**

Click **Calculate** to calculate values for the fields on the **Restorative** tab based on the action code of the patient's conditions, services and existing services. After entering or editing items on the chart, calculate the totals for the conditions charted automatically by clicking **Calculate** on the right of the window or enter the totals manually by clicking on the desired box and editing the number.
Other Tab

The Other Tab includes questions about occlusion classification and malrelations.

A dentist must evaluate the dental chart and complete a Dental Evaluation

Plaque Index must be postponed until the dental evaluation is complete. While waiting for the dentist evaluation, periodontal charting can be completed followed by the deposit inventory.

Periodontal Chart

The next assessment is the Periodontal Chart. The Periodontal Chart must be completed every 12 months. Complete the periodontal assessment from the chart menu. The Perio section of the clinical exam will be utilized.
Using the Perio Exam

From the Perio tab, enter Perio exam findings for your patients. A numbered box represents each tooth. The six small circles or dots positioned around each box represent the measurement sites. Teeth 1 through 16 are displayed at the top of the screen and 17 through 32 appear at the bottom.

A tooth in Red represents any tooth charted as missing or extracted. Missing teeth are based on completed services in the patient's dental chart.

The buttons in the center of the window allow you to record your findings or manually move to a specific tooth or site when necessary. The abbreviations to the left of the screen indicate where each type of measurement or grade is displayed.

Following are the available findings:

<table>
<thead>
<tr>
<th>FINDINGS</th>
<th>USE BUTTON</th>
<th>DISPLAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility Grade</td>
<td>MOB</td>
<td>MOB</td>
</tr>
<tr>
<td>Pocket Depth Measurement</td>
<td>PD</td>
<td>PD</td>
</tr>
<tr>
<td>Gingival Margin Measurement</td>
<td>GM</td>
<td>GM</td>
</tr>
<tr>
<td>Clinical Attachment Level</td>
<td>Automatically Calculated</td>
<td>CAL</td>
</tr>
</tbody>
</table>
Position of Tooth

Position is indicated by a red rectangle that surrounds the "tooth" and the related measurements or grades.

Site on Tooth

A blue box surrounds the site dot to show the exact position.

Record Findings

To record findings for each tooth and/or site, click the button for the finding you wish to record (for example, MOB, PD, GM, FG, MGJ) and click the correct number, 1-10, for the measurement or grade. Only the numbers that are applicable will be enabled for each choice. When appropriate, the plus (+) and minus (-) buttons are enabled.

For example, when you have selected MOB (for mobility), you are not able to select any number greater than 4; however, you can use the + sign.

The selection recorded for the appropriate tooth and/or site will display. If the pocket depth meets or exceeds the alert depth, the display will indicate this by showing the pocket depth measurement in red.

If bleeding and/or suppuration are present, simply click the correct button(s) to show the coloration indicating the condition(s).

Lock

Charting mouths with bleeding and suppuration is time-consuming. However, the Lock button for Bleeding and Suppuration can speed up the charting process. Once you have clicked Lock, select Bleeding or Suppuration, and every pocket you select is marked accordingly until the lock is removed.
The **Perio** window summarizes the information from the patient's Perio exam performed on the date given in the **Exam Date** box.

The top section of the **Perio** window, **Summary Info**, provides a summary of the number of teeth and the number of sites charted for the following:

- Bleeding
- Suppuration
- Furcation
- Mobility
- Pocket Depths greater than the Alert Depth
- Clinical Attachment Levels - *These are divided into four levels: <0, 1-2, 4-5, and 6+.*

These fields are based on charting in the Perio module. Click **Calculate** to update the numbers in the fields.

Beneath the **Summary Information**, record ratings for **Consistency**, **Hygiene**, **Inflammation**, **Margins**, **Plaque** and **Exudate**.

*The ratings for each of these conditions include:*
Next, the **Attached Gingiva** section allows input for the color and texture of attached gingiva, and the **Papillae** section allows input for the shape, color and texture of papillae.

*The ratings for each of these conditions are as follows:*

<table>
<thead>
<tr>
<th>Attached Gingiva</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Color</td>
<td>Pink, Red, Magenta</td>
</tr>
<tr>
<td>Texture</td>
<td>Stippled, Glossy, Granular, Boggy, Smooth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Papillae</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shape</td>
<td>Pointed, Blunted, Flat, Inverted</td>
</tr>
<tr>
<td>Color</td>
<td>Pink, Red, Magenta</td>
</tr>
<tr>
<td>Texture</td>
<td>Firm, Boggy, Fibrous</td>
</tr>
</tbody>
</table>

*Beneath this, the **Periodontal Diagnosis** section indicates the level of gingivitis for the patient.*

*The levels include the following:*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Normal</td>
</tr>
<tr>
<td>Type I</td>
<td>Type II</td>
</tr>
<tr>
<td>Type III</td>
<td>Type IV</td>
</tr>
<tr>
<td>Type V</td>
<td>Early Onset Periodontitis</td>
</tr>
<tr>
<td>Systemic</td>
<td>Acute Necrotizing Ulcerative Gingivitis</td>
</tr>
</tbody>
</table>
You must have an instructor evaluate the patient.

Record the Plaque Index and complete patient education if not already done. Record the patient’s deposit level on the Calculus Chart. Develop the Dental Hygiene Treatment Plan.

Summary Tab

The **Summary** window shows the patient's standard images and gives you an overview of the most recent exams for the patient. The patient photo, full smile, and most recent upper and lower arch photos will display.

The patient's ID, name, phone numbers and last visit date are centered in the middle of the window.

The most recent dates of the following exams are given:

<table>
<thead>
<tr>
<th>Perio (Soft Tissue Exam)</th>
<th>Radiography</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restorative</td>
<td>Cosmetic</td>
<td>Dental History</td>
</tr>
</tbody>
</table>
Edit Patient
The Edit Patient button links the Patient Summary tab to the Edit Patient window. Easily view or modify the patient’s information directly from this window with one click from Clinical.

History
The History button opens the Patient History window for the current patient. The History window provides a detailed history of everything that has been entered in Eaglesoft. For more information, simply double-click an item to call up the related chart, images or notes option. Then, close that option to return directly to the History window. This enables you to easily review any of the items entered in Eaglesoft without having to go from option to option.

Present the Dental Hygiene Treatment Plan to an instructor. The instructor and student will sign the DH Tx Plan. Upon approval, present the Dental Hygiene Treatment Plan to the patient and obtain the patient’s signature. Proceed to treatment.

Periodic and Continuing Care Exams
New patients and patients that are due for full updates should utilize the Comprehensive Exam.

Patients less than two years since full updates should utilize the Periodic Exam.

Patients that are in the process of an appointment or within an appointment series should utilize the Continuing Care Exam.

Periodic Exam Process
Medical History Update
At the start of an appointment series for an existing patient of record where it has been less than two years since the Medical/Dental History has been completed a new Clinical Exam should be opened. Choose the Periodic Exam type from the drop down box.
Complete MD Hx updates by accessing the Other tab, answer the update questions and record the vital signs.

The questions are as follows:
- Are there any MD Hx changes?
- Are you taking any meds?
- If so, what are the meds?
- Blood Pressure:
- Pulse:
- Respiration:
- ASA Classification:
- Any dental difficulties?

Any additional information that does not fit in the allotted character space can be included in chart notes.

**Extra Oral / Intra Oral Exam Update**

Upon completion of the MD Hx updates, the student will complete the Extra Oral /Intra Oral exam utilizing the techniques learned in Pre-Clinic. The following tabs in the Clinical Exam will be completed as part of the EO/IO exam: TMJ and Head.
The **TMJ** (Temporal Mandibular Joint) window provides an area to record information pertaining to a patient’s TMJ condition. The top section is reserved for input describing the Pain, Popping, Crepitus and Deviation on Opening for the joint.

**The ratings for each of these conditions are as follows:**

4. From each section, select a rating from the drop-down list box.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>Left side, Right side, Both, None</td>
</tr>
<tr>
<td>Popping</td>
<td>Left side (Open, Closed or Both), Right side (Open, Closed or Both), or Both (Open or Closed)</td>
</tr>
<tr>
<td>Crepitus</td>
<td>Left side (Open, Closed or Both), Right side (Open, Closed or Both), or Both (Open or Closed)</td>
</tr>
<tr>
<td>Deviation on Opening</td>
<td>Left side, Right side, Both, None</td>
</tr>
</tbody>
</table>

5. Select a **Rating** from the drop-down list box.
6. Click **Save** to keep the settings.

The Maximum Opening Unassisted is how far a patient can open his/her mouth. This is recorded in millimeters.
The next three sections provide fields for answers regarding Musculature, History of Trauma and Myofacial Pain. If the patient answers Yes to History of Trauma or Myofacial Pain, a Comments section is provided to elaborate on those conditions.

The Diagnosis for Treatment explains whether the condition is treatable and whether the treatment will be performed by the dentist or by a specialist. Select an option from the drop-down list box.

A Comments section provides an area for entering and/or editing notes specific to this exam.

**Head Tab**

The Head window provides an area to record the patient's head and neck conditions. Record a score of Normal, Abnormal or N/A for the following conditions:

<table>
<thead>
<tr>
<th>Facial Tissue</th>
<th>Retro Molar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Lips</td>
<td>Tuberosity (Maxillary)</td>
</tr>
<tr>
<td>Lower Lips</td>
<td>Gingivae</td>
</tr>
<tr>
<td>Floor of Mouth</td>
<td>Lingual Tonsils</td>
</tr>
<tr>
<td>Hard Palate</td>
<td>Vestibular Depth</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Soft Palate</td>
<td>Buccal Mucosa</td>
</tr>
<tr>
<td>Tongue (Lateral)</td>
<td>Edentulous Ridge</td>
</tr>
<tr>
<td>Tongue (Anterior)</td>
<td>Oropharynx</td>
</tr>
<tr>
<td>Tongue (Dorsal)</td>
<td>Salivary Ducts</td>
</tr>
</tbody>
</table>

The **Comments** section at the bottom provides an area for entering and/or editing notes specific to this exam.

**You must have an instructor check-in the patient.**

Complete a Plaque Index and provide Patient Education. The Plaque Index should be recorded on the reverse side of the Calculus Chart.

**Periodontal Chart**

The next assessment is the Periodontal Chart, which is accessed from the chart menu. This must be completed every 12 months. The Perio section of the clinical exam will be utilized.
The Perio window summarizes the information from the patient's Perio exam performed on the date given in the Exam Date box.

The top section of the Perio window, Summary Info, provides a summary of the number of teeth and the number of sites charted for the following:

- Bleeding
- Suppuration
- Furcation
- Mobility
- Pocket Depths greater than the Alert Depth
- Clinical Attachment Levels - These are divided into four levels: <0, 1-2, 4-5, and 6+.

These fields are based on charting in the Perio module. Click Calculate to update the numbers in the fields.

Beneath the Summary Information, record ratings for Consistency, Hygiene, Inflammation, Margins, Plaque and Exudate.

The ratings for each of these conditions include:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistency</td>
<td>Firm, Boggy, Fibrous</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Hygiene</td>
<td>Good, Fair, Poor</td>
</tr>
<tr>
<td>Inflammation</td>
<td>Light, Moderate, Severe, None</td>
</tr>
<tr>
<td>Margins</td>
<td>Thin, Swollen, Receded, Irregular, Normal</td>
</tr>
<tr>
<td>Plaque</td>
<td>N/A, None, Light, Moderate, Severe</td>
</tr>
<tr>
<td>Exudate</td>
<td>Blood, Suppuration, Both</td>
</tr>
</tbody>
</table>

Next, the **Attached Gingiva** section allows input for the color and texture of attached gingiva, and the **Papillae** section allows input for the shape, color and texture of papillae.

*The ratings for each of these conditions are as follows:*

<table>
<thead>
<tr>
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<table>
<thead>
<tr>
<th>Papillae</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shape</td>
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</tr>
<tr>
<td>Color</td>
<td>Pink, Red, Magenta</td>
</tr>
<tr>
<td>Texture</td>
<td>Firm, Boggy, Fibrous</td>
</tr>
</tbody>
</table>

*Below this, the Periodontal Diagnosis section indicates the level of gingivitis for the patient.*

*The levels include the following:*

<table>
<thead>
<tr>
<th>N/A</th>
<th>Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type I</td>
<td>Type II</td>
</tr>
<tr>
<td>Type III</td>
<td>Type IV</td>
</tr>
<tr>
<td>Type V</td>
<td>Early Onset Periodontitis</td>
</tr>
<tr>
<td>Systemic Associated</td>
<td>Acute Necrotizing Ulcerative Gingivitis</td>
</tr>
</tbody>
</table>
Next, complete the Calculus Chart and Proposed Dental Hygiene Treatment Plan.

Present the Dental Hygiene Treatment Plan to an instructor. The instructor and student will sign the DH Tx Plan. Upon approval, present the Dental Hygiene Treatment Plan to the patient and obtain the patient’s signature. Proceed to treatment.

Continuing Care Exam Process

Medical History Update
Each comprehensive exam should be marked as complete once the dental hygiene treatment plan has been signed. If the patient must return to complete the proposed treatment, utilize the continuing care exam from the exam type drop down box. The medical history will be updated by accessing the Other tab, answer the questions and record the vital signs.

The questions are as follows:
• Are there any MD Hx changes?
• Are you taking any meds?
• If so, what are the meds?
• Blood Pressure:
• Pulse:
• Respiration:
• ASA Classification:
• Any dental difficulties?

Any additional information that does not fit in the allotted character space can be included in chart notes.

Extra Oral / Intra Oral Exam Update

Upon completion of the MD Hx updates, the student will complete the Extra Oral / Intra Oral Exam utilizing the techniques learned in Pre-Clinic. The Head tab in the Clinical Exam will be updated as part of the continuing care exam.

Head Tab
The Head window provides an area to record the patient’s head and neck conditions. *Record a score of Normal, Abnormal or N/A for the following conditions:*

<table>
<thead>
<tr>
<th>Facial Tissue</th>
<th>Retro Molar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Lips</td>
<td>Tuberosity (Maxillary)</td>
</tr>
<tr>
<td>Lower Lips</td>
<td>Gingivae</td>
</tr>
<tr>
<td>Floor of Mouth</td>
<td>Lingual Tonsils</td>
</tr>
<tr>
<td>Hard Palate</td>
<td>Vestibular Depth</td>
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<tr>
<td>Soft Palate</td>
<td>Buccal Mucosa</td>
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<td>Oropharynx</td>
</tr>
<tr>
<td>Tongue (Dorsal)</td>
<td>Salivary Ducts</td>
</tr>
</tbody>
</table>

The **Comments** section at the bottom provides an area for entering and/or editing notes specific to this exam.

**STOP**

**You must have an instructor check-in the patient.**

Complete a Plaque Index and provide Patient Education. The Plaque Index should be recorded on the reverse side of the Calculus Chart. Proceed to treatment.
IX. Re-evaluation Appointment Following Non-surgical Periodontal Therapy

The student will:

1. educate the patient regarding the importance of the reevaluation process
2. schedule the reevaluation appointment NO MORE than 8 weeks following the completion of non-surgical periodontal therapy
   a. Ideally 4-6 weeks post therapy
   b. If semester breaks make this schedule impossible the reevaluation will take place within the 3 month re-care appointment
3. perform a plaque control record and provide patient education
4. perform a comprehensive perio charting, including gingival description, pocket depths, BOP, recession, furcations and mobility
   a. obtain instructor evaluation
5. perform instrumentation
6. perform S/RD as needed
7. perform selective polishing
8. apply fluoride
9. evaluate the need for further periodontal therapy
   a. if the attachment level improves or stays the same
      i. reduction in clinical signs of inflammation
      ii. reduction bleeding upon probing
      iii. schedule a re-care
   b. if the attachment level is worse or there is no suggestion of healing
      i. clinical signs of inflammation
      ii. bleeding upon probing
      iii. evaluate for further treatment or referral
10. determine re-care interval

There is no charge for reevaluation. The regular charge for prophylaxis is in effect for re-care appointments. This **should not** take up an entire clinic session; therefore, you should schedule a second patient.

Re-evaluation Appointment Flow

1. Med/Dent Hx update
2. Instructor check
3. Plaque Index
4. Patient Education
5. Perio charting
6. Instructor check
7. Instrumentation
8. S/RD as needed
9. Polish
10. Instructor check
11. Fluoride
X. Check-Out for All Patients

A. An instructor must do a final evaluation prior to patient release. This transfers patient responsibility from the student to the licensed professional.

B. Progress Notes must be signed by an instructor at the end of each appointment.
   Before you ask for an instructor signature:

   Complete the Progress Notes, listing all services completed at this appointment, in the order provided, and all information pertinent to the progress of the patient. Use the following list as a guide. NOTE: Cooperation or lack of it by the patient IS a part of the clinic record and is required.

1. Identify the type of appointment (ie.: RC, PM, etc.)
2. Assessment procedures performed during the appointment.
3. Detailed patient education recommendations
4. Treatment procedures performed during the appointment.
5. Fluoride tray with foam treatment--APF or NaF or Fluoride Varnish.
6. Radiographs--FMX/BWX/PA/PAN--number of films plus retakes.
7. Lesions--who checked and what was told.
8. Topical/Local anesthesia--type and amount administered.
9. Refusal of any procedures by the patient.
10. Patient education should include pertinent med/dent/EOIO concerns as well as oral hygiene instruction--OHI/BASS/FLOSS-- and list any other aids or instructions given to the patient.
11. Postoperative instructions given to patient.
12. A comment to how procedures were tolerated.
13. Record the discussions with the patient regarding treatment at upcoming visits such as radiographs, laser treatment or local anesthesia. For example: NV: Complete instrumentation, pol, floss and fluoride. Another example for a completed patient: NV: 6 month recare appt, FMX.
14. End all completed patients with the phrase: Pt. complete, referred to general dentist.
XI. Appropriate Abbreviations

<table>
<thead>
<tr>
<th>Acidulated Phosphate Fluoride</th>
<th>APF</th>
<th>Anterior</th>
<th>ANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment</td>
<td>Appt.</td>
<td>Bitewing Radiographs</td>
<td>BWX</td>
</tr>
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XII. Patient Appointment Management

Students are responsible for maintaining their own personal appointment book. They should keep their patient’s contact information (i.e. name, phone number, etc.) in the appointment book.

It is the responsibility of the student to contact patients that are assigned to them by the Dental Hygiene Clinic. They must respond to the patient contact within 24 hours of receiving the Will Call form. The student must keep a record of the attempt to contact the
patient on the Will Call form. This record should be made available to the faculty at their request. It reflects poorly on the Dental Hygiene Clinic and Mohave Community College when patients are not treated with professionalism and respect. Therefore, it is assumed that all patient contacts will follow the appropriate format.

The information needed to contact the patient is included on the Will Call form. In the event that the patient does not return phone calls or is unreachable after a minimum of three attempts, the Will Call form should be returned to the clinic coordinator. Once an appointment is scheduled that information should be forwarded to the clinic coordinator.

When contacting a prospective patient it is important that the individual understands the time commitment that is expected of them. It should be explained that an appointment can range from 2 to 4 hours and that multiple appointments may be necessary. The time frame is necessary due to the learning environment. Parents or guardians that are scheduling an appointment for a minor child(ren) need to understand that they must be available in the reception area during the appointment for consultation. Patients should be informed of the fees and that cash is the only form of payment.
A. It is the student's responsibility to obtain his/her own patients. The receptionist will assist, time permitting.

B. Personal Appointment Book.

1. An accurately kept appointment book is indispensable. In addition to keeping a daily appointment schedule for patients, the student should record all
assignments, clinics, holidays, examinations and the like so that these will not conflict with patient appointments. Students should record patients' names, addresses and telephone numbers in their personal appointment book.

2. Be sure that every appointment made is entered into the Master Schedule in Eaglesoft.

3. In the interest of maintaining the patient/therapist relationship, once patient care has been initiated, care and follow-up will be completed by the student who initiated it. Therefore, all patient reassignments will be handled only through the Clinic Coordinator or Program Director. Abandonment of a patient is not acceptable and could have medical and/or legal consequences.

4. Patient Theft:
   a. Defined: Patient theft occurs when a student schedules a patient whose care had been initiated by someone else.

   b. Patient theft also occurs when a student schedules a patient that has called in for an appointment and the student does not verify through records or inquiry with the patient that treatment was not in progress or initiated by another student.

   c. Any student participating in patient theft will not receive any credit for that patient. Any student participating in patient theft will be in violation of The Policy Statement on Ethical Behavior and could be subject to a Critical Incident Event.

C. Master Schedule

1. The Master Schedule will be kept in Eaglesoft.

2. It is the student's responsibility to transcribe the appropriate information into the Master Schedule daily.

3. Patient contact information needs to be updated and the appointment type and length need to be recorded.

4. Students are responsible for maintaining their own schedule.

5. New patients that call into the clinic will be assigned to a student and an appointment time. It is the student's responsibility to initiate contact within 24 hours, utilize the Will Call form and follow the procedure as outlined in the Patient Appointment Management Policy.
6. In an emergency situation if a student will not be able to be in clinic or on a rotation, notification must be given to Program Director or the appropriate Clinic instructor. No trades are allowed to avoid a particular duty or rotation. All students are expected to gain clinical experiences by participating in all duties and rotations. See attendance policy for further information.

XIII. Broken Appointments/Late Cancellations/Close-Outs

A. All late cancellations (LC) and broken appointments (BA) are to be written in the patient's Progress Notes. After making the appropriate entries, have an instructor sign the patient's record.

B. Late Cancellations (LC) are appointments that are cancelled the day of the appointment. A brief explanation for the cancellation should be noted in the Master Appointment Book and in the patient's record. EXAMPLE: LC/car trouble.

C. A No Show (NS) is one for which the patient fails to attend. CALL the patient to follow up on the reason for the broken appointment and enter into the patient's record, and Clinic Day Sheet. Have an instructor sign the patient's record.

Families may schedule for the same day, but emphasis must be made as to the seriousness of their “LC” or “BA” as it would affect several students adversely. No family may be rescheduled as a family without special permission by the clinic coordinator. However, they may reschedule family members individually.

D. A Close-Out is a patient that the school refuses to treat. The policy of the school is to refuse any further treatment to a patient who has broken TWO appointments and not made an attempt to notify the student. The patient must have been warned of this policy after breaking the first appointment, and the student must have documented the warning in the patient's record.

A close-out also applies to any patient who cannot return for completion of treatment regardless of the circumstances. EXAMPLE: Patient is moving out of town.

Clinic coordinators must verify a close-out and sign the patient’s record. An alert should be made in Eaglesoft.

With Clinic Coordinator approval, a student may transfer a patient to a classmate. Once the Patient Transfer form is complete, the Clinic Coordinator will approve the transfer. The transfer patient becomes the responsibility of the new clinician. Students may not transfer patients that are in the middle of treatment.

***Transfer of patients without the appropriate Patient Transfer form and/or Clinic Coordinator approval will result in a Critical Incident Report.***
XIV. Telephone Etiquette

A. Students are required to answer the reception phone in the Dental Hygiene Department while on business assistant duty. Please be courteous at all times.

B. The Dental Hygiene Department has an answering machine hooked up to the reception phone. The messages will be retrieved from the machine each clinic day.

C. Students are not to use the reception telephone for personal calls.

XV. Clinic Service Fees and Collection

A. The Dental Hygiene Department charges a fee of $15.00 for children (3-16 years old) and $8.00 per sealant - per treatment series. Adults are $25.00 to $100.00 depending on perio classification and treatment. X-rays are $30.00 for a FMX or a Panorex and 4 Bitewing x-rays. A “recare” appointment begins a new treatment series and another charge is assessed regardless of the recare interval. Adjunctive services, such as Arestin or lasers will be charged based on the cost of the treatment.

B. Fees will be collected at the end of each clinic session. Radiograph, sealant and root debridement fees are collected the day the service was performed. Prophylaxis fees are collected at the last appointment. The Dental Hygiene Clinic ONLY accepts cash payment. No patient may be rescheduled if his or her account is not current.
DENTAL HYGIENE
CLINIC MANUAL

Section IV – Clinic Duty Procedures
Business Assistant
Lab Duty

August 2016

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I. BA DUTY

A. Priority Checklist:
- Duty assignments are considered part of the clinical experience. All dress code policies pertaining to clinic are also mandatory when assisting the front desk.
- BA is responsible for being at the desk 30 minutes before clinic starts.
- Get computer turned on, sign in and launch Eaglesoft.
- Print two or three clinic schedules out, one for each instructor, and the 3rd for the doctor if there is one; place them in the clinic on the instructor counter.
- Next you will need to take the phone off of the call forward feature and check any voicemails.
- For the next 15-20 minutes you will be responsible for checking in all the patient’s for that upcoming clinic.
- Check to make sure all patients have a Privacy Practices form signed; if not, then prepare it for when they arrive.

☐ Greet patients as they arrive.
☐ Verify they are here for an appointment in the hygiene clinic.
☐ Ask patient for their name. Verify with the “on schedule” that they to actually have an appointment; verify the preferred hygienist in the 'on schedule' is current. Also, verify the preferred hygienist is correctly identified in the preference section.
☐ Make sure there is a current, correct home phone number listed, even if it is a cell phone number.
☐ Explain the Privacy Practices form, ask whether he or she would like to include a significant other or dental office in the section about who we can communicate with and show the patient where to sign.
☐ Repeat the patient’s name and notify them that _____ (student’s name) will be with them at 8:00 a.m. (or 1:00 p.m. if it is an afternoon clinic).
☐ Set the next arrival indicator by right clicking on the appointment.

- Once all the patients have been taken into clinic you will need to log into the dentalxrays@mohave.edu email to check and see if there are any new x-
rays that need to be imported. If so, import them ASAP into patients chart in Eaglesoft. See instruction page on how to perform this.

- Scan Privacy Practice into patient smart doc and check all three (3) boxes of consent on the screen.
- After you complete that task you will then need to call and confirm all the patients for the next clinic day. Remind patients of their scheduled appointment time, to bring a medication list and that the clinic is cash only.
- Next, verify that all patient radiographs from the clinic session have a referral form in SmartDocs and that the alert “Dental exam required before rescheduling” has been raised. If possible, email the radiographs and the referral form to the dental office listed. Return the referral form to the patient. Document appropriately in chart notes.
- Verify that all recare intervals from the previous clinic session are entered correctly on the edit patient screen.
- Then move on to scanning docs from the scan folder in the file cabinet into the patient’s SmartDocs in Eaglesoft.
- Once the scanning is caught up, move on to the recall list to either schedule patients or to deactivate patients.
- Shut down the computer and forward the phone when leaving for the day.

B. Login for BA PC:
- Username: dhimage
- Password: Dhcl1nic

C. Login for Eaglesoft:
- Username: Your Name
- Password: Your Student ID#

D. Clinic Phone:
- Clinic phone voicemail: Hit messages button on the phone, enter passcode 1462# and follow prompts.
- Dialing local phone numbers: Dial 8 first then the local number
- Dialing long distance numbers: Dial 8 + 1 + area code and phone #. Phone will make a loud, continuous beep, enter 1013
- Transfer a call: If you answer a call that is intended for someone else, you can transfer the call by following these steps: Press transfer then the extension of the person to whom you want to transfer the call; press transfer again.
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- Un-forward clinic phone during clinic hours: Press the CFwdALL soft key.
- Forward clinic phone to voicemail during lunch and afterhours: Press the CFwdALL soft key then the messages button.

E. Fax Machine:
Refer to the directions affixed to the fax machine.

F. Telephone Etiquette:
- When answering the clinic line:
  “Mohave Community College Dental Hygiene Clinic this is: (your name).”
  Make sure to place the patient on hold if necessary. Be as professional as possible.

- Sample verbiage for confirming patients for the next day clinic session:
  “This is Mohave Community College Dental Hygiene clinic calling to confirm (patient’s name) appointment for (appt. day and time). We forward to seeing you then. Thank you.”

- Sample verbiage for calling from recall sheet:
  “This is Mohave Community College Dental Hygiene clinic calling to schedule your next dental cleaning.”

It very important to try and book the patient into the next available opening unless they give you a specific date.

- When calling a dental office for x-rays:
  - Identify yourself by name and from where you are calling
  - Inform them that you are calling to request x-rays for a mutual patient; if the patient is currently in the chair, advise them that this is the case
  - Verify that the office has received the release form
  - Inquire as to the type of x-rays and the date of exposure
  - Please send x-rays to dentalxrays@mohave.edu

G. Scheduling a Patient:
- Log into Eaglesoft (press F2 for hints)
- Open the ‘On Schedule’
- Select the day that you wish to schedule
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- Double-click (in the time block) at the beginning time of the appointment (usually 8 am or 1 pm)
- Select the blue patient tab, type in the patient's last name first, select the patient you wish to schedule by clicking 'use'. Verify patient’s address, phone number, and update as necessary
- Now you can select 'use' to schedule the appointment
- From this screen, select the appropriate type of appointment (new patient adult-pink; new patient child-orange; adult prophy-blue; perio maintenance-mauve; SRD-red, etc)
- List any notes the front office should know such as updated paperwork or if the patient is coming in with another patient, etc.
- Remember to change the preferred hygienist to reflect the appropriate provider by clicking 'preferences' on the far right. Select from the drop down list.
- Click 'ok' on the preference screen. Then 'ok' from the 'patient input' screen to save the information.
- Click 'ok' when you are finished.
- Record on the student tall list which received a patient.
- NEW PATIENT—click 'new'; enter information, including first and last name, phone number, address, date of birth and email.

H. Dental X-ray Email Log-in Instructions:
   1. Open internet browser using GoogleChrome
   2. Navigate to: portal.office.com
   3. Username: dentalxrays@mohave.edu
   4. Password: dhclinic1

This will take you to Office 365 home page. Find the Mail tab, click to open mail.

To import the x-rays you will need to follow the exact steps as follows:
   1. Open email and download selected x-rays,
   2. Then save the download to your desktop.
   3. Go to file on your desktop, right click and rename to the following: type of x-ray, exposure date; the dentist name it came from.
   4. Once this is complete you will need to open Eaglesoft, go to clinical, click on patient tab in the upper left corner, type patients name, highlight name and click use.
   5. Then you will to open the x-ray file by clicking on the picture of the x-ray.
6. You may need to use the "Snipping Tool." This tool serves almost as a copy and paste. You will primarily use this tool for importing and exporting x-rays. It allows you to copy or “snip” the image or images all together as a mounted image or as a single image. To use the snipping tool, locate the icon at the bottom of the computer screen that is a pair of scissors with a red ring around it. That is the snipping tool. Click on it; a box will open giving instructions and your cursor will turn into a + sign. Simply drag your cursor around the area you want to capture, holding the left mouse button down as you drag. Once you have what you want, take your finger off the mouse button and the image you have selected will show up in a new window. Click on the purple disk in the upper left corner to save the image. **ALWAYS** save the image to your desktop and name it so when trying to retrieve it, it may be easily found.

7. Here is where you will import the files that you downloaded from your desktop. If it is a mounted image (meaning several images on 1 file and not individual) In the lower left corner click new exam, select Panoramic, the go to upper left hand corner click on file, select import, from desktop. Pick files, open and **MAKE SURE** to save!

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* X-rays sent from Crossroads Dental come in an encrypted file, when you open the email you will need to type in the following password exactly:

    dentalxrays!

    **Occasionally, other offices may send an encrypted file as well. This same password must be used to open the email.**

If a patient is requesting copies of their x-rays, ask them to please bring in a jump drive and we can upload for them.

If a patient needs their x-rays sent to a dental office they will need to sign a release authorization form.

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I. **Document Scanning Protocol**

- Open Eaglesoft and log in
- Open HP EasyScan
- Place document face down into scanner
- Click "SCAN"
- Once scanned, click "DONE"
Section IV Clinic Duty Procedures

- Save onto 'Desktop' with the title "Last Name, First Name. type of document"
- Click "SAVE"
- Scan Summary, click "OK"
- Go into Eaglesoft
- Select patient
- Go to the tab 'Activities'
- SmartDoc
- Go to the tab 'File'
- Import
- Select correct file
- Click "OPEN"

J. Radiograph Scanning Protocol
- Turn the Epson scanner on, if not already on
- Place your x-ray face up in the upper left hand corner where it indicates film area and close the lid
- Locate the Epson scan icon on the desktop, double click
- Locate the Preview Tab down at the bottom of window and click. (All of the settings are set to a default, do not change anything)
  - See default settings
- The preview will start, once the image is displayed drag your cursor across the area to be saved and click zoom
- Then click Scan (this process takes a few minutes)
- The image location is set to default to your desktop
- Once the image/x-ray has been successfully scanned onto your desktop you can rename and upload into the patients chart in Eaglesoft
- ALL x-rays must be removed (deleted) from the desktop once the image in transferred into Eaglesoft.
- Remove the x-ray from the scanner.

II. Lab Duty

A. Priorities
Plan on arriving 30 minutes prior to the start of clinic to prepare for the session.

Retrieve the medical emergency kit from the top left filing cabinet in the business office area. Set it on the counter in the doctor's alcove and open it. Take the oxygen tank key out of the medical emergency kit and take it to the darkroom; place it on the oxygen tank. You will need the blue 3-ring binder (also on the counter in the doctor's alcove) to make appropriate entries as you go through the medical kit checking for the presence of all required components and their expiration dates. Check the dates carefully and if something is expired, make note on the check-in sheet.

You will check the oxygen and nitrous tank levels with supervision, which will be assigned on a day-to-day basis. At the end of the clinic session, make sure to put the oxygen tank key back in the medical kit and replace the medical kit into the top left filing cabinet in the reception area.

***Remember: You are responsible for all lab duties, so if you get help from a classmate, it will be in your best interest to double-check the job the other person does.

**B. Duty Chart**

| Preparing the ultrasonic ("jiggler") | - make sure the drain valve is closed  
- use pitcher to fill jiggler; add one pump of enzymatic cleaner to 4 pitchers of water  
- cassettes and instruments should be fully submerged when jiggled; there must be adequate room to allow the solution to move through all the submerged items  
- DO NOT JIGGLE CAVITRON INSERTS, OR ANYTHING THAT HOOKS TO THE SLOW SPEED HANDPIECE  
- place 1-2 hand towels (found in the cabinet left of the sink) in front of jiggler to place instruments and cassettes for bagging. This will allow you to somewhat dry the cassettes before wrapping them |
| Autoclave | Loading:  
- no more than 6 cassettes on the top rack  
- bagged instruments, hand pieces, etc. placed with paper side up for proper ventilation  
- ultrasonic tips should be labeled with size (10S, 100, 1000, L/R, beaver tail) and |
the initials of the person who bagged the item(s)
-Ultrasonic tips should NOT be placed on the bottom shelf of the autoclave
-slight overlapping of bags is okay when placing them into the autoclave
- if there are items that do not fit in autoclaves place on DIRTY side to be autoclaved later
Running:
- once full, close door
- make sure there is enough water, if not add more distilled water (FROM COOLER) by removing the plastic cover on top of the autoclave and fill to water mark line
- autoclave mode is “wrapped” or “packs” dependent on the items. The mode can be changed by pushing the mode button -push the start button; the orange sterilization light should become visible and the screen will say “FILL;” if this does not happen, the start button needs to be pushed a second time
Finished:
- once it is finished open and remove sterilized instruments
- place on the CLEAN counter
- CAUTION! They may be HOT!! (use oven mitts)
- put away in student cubbies or in the appropriately labeled bins
- if you don’t know where something goes, investigate by asking other classmates or an instructor; don’t just leave the item on the counter

Patient bags:
**Clinicians will customize individual bags based on individual patient needs**
- Make sure there are 9 patient bags ready prior to patient dismissal time

Replacing distilled water
-Ask the front desk staff for the outside storage key
-exit the clinic back door and storage is the 2nd door on the left
-return keys to the front desk
-adhere to adequate fire safety
### Running Operatory Lines

This is done when assigned on calendar behind door in sterilization.

- Running all of the lines should be done at the end of every double clinic session; individual lines may be run as needed following an SRD appointment.
- Use a white bucket and follow manufacturer’s directions for water to solution ratios.
- One bucket can do 2 ops.
- Suction water with HVE and saliva ejector.

### 901E Traps

- This task has an unpleasant odor associated with it; make sure to wear a mask, utility gloves, and safety glasses.
- Under the sink in 901E, there is 1 trap that needs to be changed.
- Unscrew, keeping the plastic bin underneath. Be careful when unscrewing because sometimes there will be pressure built up, causing spill/splash. If that happens, clean up the mess.
- Carefully carry the trap, in the tub, to bathroom and empty into toilet. Please be as cautious and neat as possible. If you splash or spill, clean up the mess.
- Check the eye wash station to ensure efficient operation; date and sign the sheet above the sink.
- Ensure the room looks clean and tidy (chairs pushed in, counters wiped off, sinks cleaned out, glove and mask boxes refilled).

### Cold Sterile

- The cold sterile is located to the left of the sink in the sterilization room.
- At the beginning of each morning, empty the items from the solution: lift the vented insert basket to drain. Move the insert basket to the sink and run water over the items to rinse. Empty the basket onto a clean towel placed in front of the cold sterile container. Return the vented insert basket to the cold sterile container. Dry the items on the towel and put them away.
- **FULLY SUBMERGE** whatever goes into the cold sterile.
| Eye wash:                                                                 | - check the eye wash station to ensure efficient operation; date and sign the sheet above the sink  
|                                                                      | - don’t forget to do the 901-E                                                    |
| Skill Evaluation Forms/Clinic Paperwork in Sterilization Room and Locker Room/Front Desk | - make sure that all the forms are stocked  
|                                                                      | - if they are running low there are more copies in the bottom drawer of the BA desk  
|                                                                      | - make sure and pull the folder and let front desk staff know if more copies need to be made |
| Other duties: (Start in summer)                                       | - posted on the calendar behind the door in lab (pay close attention to this calendar, things change all the time)  
|                                                                      | - cleaning autoclave  
|                                                                      | - running test strips  
|                                                                      | - changing cold sterile  
|                                                                      | - changing op traps once a month                                                   |
| Towels:                                                                 | - found in bottom left cabinet of sink  
|                                                                      | - used for jiggler, cold sterile, spills and leaks -Dirty/used towels are placed in the laundry basket  
|                                                                      | -Laundry (towels and blankets) will be washed in the Legacy II (1100) building, Room #1121, as needed |
| Laundry (Legacy II, 1100 building; Room #1121)                       | -Detergent, bleach or oxyclean and dryer sheets are found in the cabinet above the dryer  
|                                                                      | -Ask front desk personnel for the keys to the laundry room  
|                                                                      | Start the washer; pay attention to the time to return to move the laundry to the dryer  
|                                                                      | -Move the laundry to the dryer, paying attention to the time so you know when to return to fold and put away |
| Cleaning dentures:                                                    | - if a patient has dentures an instructor will need to check them **FIRST**; it is best to ask the doctor to come over and check them |
- After the doctor or instructor checks them, place them in a zip lock bag with either the patient's or student's name written on the bag
- add water and denture cleaner according to manufacturer’s directions
- hang the bag over the inside of jiggler and run for 5-10 min
- carefully drain bag and rinse dentures with water
- Use a denture brush to brush the denture with water
- once cleaned and rinsed, place the denture in a clean Ziploc bag with a small amount of mouthwash and water and return to the patient
- the denture brush can be rinsed and placed in cold sterile after use

| Restocking: | - each operatory should be fully stocked with proper items
- lab and alcove should always be stocked (check all the cabinets)
- make a list of things that are running low or need restocked, this should be done every clinic session
- an instructor or front desk personnel will go with you to storage to get all items
- Be sure to mark the inventory list with items removed from storage |
| --- | --- |
| Other lab duty responsibilities: | - help classmates with charting, suctioning, or getting supplies
- the whiteboard in lab is a good way to communicate with one another on what has or has not been done... use it!
- take out trash as needed
- restock gloves and masks
- make sure sinks are wiped out and dry when you leave
- make sure each operatory is in “closed” position and computers/monitors are off |
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Section V - Infection Control

INFECTIONCONTROLPROGRAM

Introduction

The Infection Control Program is an ongoing program designed to minimize cross-contamination and the spread of infection during the course of providing dental hygiene services to patients.

Exposure Control Plan

The following procedures and protocols have been written to protect students, faculty, and staff from exposure to bloodborne (and other) pathogens. These directives offer guidance in situations where there is a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (OPIM) such as saliva in dental hygiene procedures.

I. UNIVERSAL PRECAUTIONS

A. Purpose:

Dental personnel are exposed to a wide variety of microorganisms from patients. These microorganisms may cause infectious diseases that may result in serious health complications. Since not all infected patients can be identified routinely by health history, physical examination, or laboratory tests, each patient must be considered as potentially infectious. For these reasons, universal precautions for infection control will continue to be utilized within MCC’s Dental Hygiene Clinic. The purpose of this infection control policy is to protect patients, faculty, students, and staff from acquiring and/or transmitting infectious disease.

The universal precautions for infection control outlined in this document comply with recommendations (issued to date) by the Centers for Disease Control (CDC), the American Dental Association (ADA), and the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard.

B. Responsibility:

It is the responsibility of faculty, staff, and students of the MCC Dental Programs to recognize the need for implementation of universal precautions as outlined in this policy and to comply with standard operating procedures. The faculty members responsible for supervision of clinical care of patients must ensure that proper steps are taken to protect the patients and students. Staff supervisors should ensure that their staff has been properly trained to avoid exposure.

C. Rationale:

The spread of infection in a dental healthcare delivery system requires three components: a source of infecting organisms; a susceptible host; and a means of
transmission of the microorganisms. The precautions that are recommended in this document are based upon the measures required to protect against infection by Hepatitis viruses and Human Immunodeficiency Virus (HIV).

II. EMPLOYEE CLASSIFICATION

A. All employees of MCC’s Dental Hygiene Clinic are classified in accordance with OSHA guidelines into Category I, II, or III, depending on their job-related risk of exposure to infectious disease. The categories are defined as follows:

Category I: Tasks that involve exposure to blood, body fluids, or tissues.

Category II: Tasks that involve no exposure to blood, body fluids, or tissues, but employment may require performing unplanned Category I tasks.

Category III: Tasks that involve no exposure to blood, body fluids, or tissues.

B. Specifically, the following positions have job-related risk of exposure to infectious disease:

- Dental assisting students
- dental hygiene students
- dentists
- dental assistants
- dental hygienists
- dental equipment repair technician

III. IMMUNIZATIONS and MEDICAL HISTORY

A. Immunizations

Hepatitis vaccination is required for all students in the Dental Programs who cannot demonstrate immunity to this infection. All faculty and occupationally exposed staff personnel are advised to have appropriate immunizations. Dental Programs students are responsible for documentation of previous MMR vaccinations.

B. Medical History

A thorough medical history must be obtained from each patient in the MCC Dental Hygiene Clinic. Faculty and student clinicians are required to review and update the history at every subsequent clinic visit. Note: A new medical history will be completed every two years. Updates to the medical history are to be made at every visit. Original information is NEVER to be changed.
IV. HAND HYGIENE (As updated by OSHA in 2013)

A. Hand Hygiene

Hand hygiene is the most important means for preventing the spread of infection. Hand hygiene is a general term used to describe routine handwashing, antiseptic handwashing, and the use of an alcohol-based hand rub. Bar soap should never be used when handwashing as it may transmit contamination. To reduce the possibility of cross-contamination, the MCC dental hygiene clinic and dental materials lab are equipped with hands-free soap dispensers. Additionally, the MCC dental hygiene clinic is equipped with hands-free faucets.

B. Handwashing

Simple handwashing implies washing the hands with plain soap and water for a minimum of 15 seconds. An antiseptic handwash implies washing the hands with an antiseptic agent (i.e. chlorhexidine, iodine and iodophors, chloroxylenol, and triclosan) has been added to the soap for a minimum of 15 seconds. All surfaces of the hands and fingers must be completely covered with both simple and antiseptic handwashing. Indications for hand hygiene include the following:

- before and after treating each patient (i.e. before glove placement and after glove removal)
- after barehanded touching of inanimate objects likely to be contaminated by blood, saliva, or respiratory secretions
- before leaving the treatment operatory
- when hands are visibly soiled
- before regloving after removing gloves that have been torn, cut or punctured during treatment
- Faculty and students of the MCC Dental Programs must use the recommended antiseptic handwash followed by a thorough rinse, as prescribed above
- Gloves become more porous the longer they are worn allowing hands to become contaminated. Therefore, handwashing or use of an alcohol-based handrub is mandatory between de-gloving and re-gloving.

C. Alcohol-based Handrubs

Alcohol-based handrubs are waterless agents that are available as gels, foams or rinses. This product is applied to dry hands, which are rubbed together to cover all surfaces with the product. It is more effective than both plain soap and antiseptic soap in reducing microbial count. Products with 60-95 percent
concentrations of ethanol or isopropanol-alcohol are the most effective. Both higher and lower concentrations and amounts used will decrease effectiveness; therefore, follow manufacturer’s directions. In addition, these products are not recommended for visibly soiled hands or hands contaminated with blood or saliva.

In these cases, wash hands first with antibacterial soap and water, ensuring complete coverage of the hands and fingers, followed by a handrub with an alcohol-based product. All surfaces of the hands and fingers must be covered with the handrub and the hands must be allowed to completely dry before re-gloving.

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<td>Antiseptic handwash</td>
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<tr>
<td>Antiseptic handrub</td>
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<tr>
<td>Surgical antisepsis</td>
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</table>

Reference: CDC Hand Hygiene in Dental Settings

**D. HAND LOTIONS:**
Healthy, in-tact skin is the primary defense against infection and the transmission of potential pathogens. Therefore, lotions are recommended to reduce drying cracking of the skin. However, lotions that contain oil-based emollients should be used at the end of each day. Only water-based lotion products should be on days that will require the wearing of patient treatment gloves and use of antimicrobial products.

V. BARRIER TECHNIQUES
Adhere to the following barrier techniques in all areas of the Dental Hygiene Clinic as part of the universal precautions against the transmission of infectious diseases. The routine use of Personal Protective Equipment (PPE) consisting of intact gloves, correctly worn masks, protective eyewear, and program-approved lab coats over scrubs is required.

VI. ENVIRONMENTAL SURFACES, SUCTION SYSTEM, AND WATER LINES

A. Environmental Surfaces
Surfaces contaminated by blood or saliva that cannot be disinfected easily must be wrapped in a barrier cover. Examples of such surfaces include x-ray unit heads and control boxes, and switch controls on the dental units. Change these barriers between each patient. Wear gloves to remove and discard the barriers. After proper handwashing, replace the protective barrier with clean barriers. If the covered surface has been contaminated, proper disinfection of the surfaces is necessary. Take care while disinfecting electrical controls; there is a risk of causing damage to the equipment or of electrical shock.

Disinfecting wipes are both a cleaner and disinfectant. The convenient, ready to use towelettes are saturated with to provide superior surface contact. The “Wipe-Discard-Wipe” protocol is as follows: Use one towelette to remove debris and bioburden from all surfaces. Discard the used towelette. Use a second towelette to disinfect all precleaned surfaces. Discard used towelette. Treated surfaces must appear visibly wet for a full two (2) minutes.

B. Vacuum System
Clean the vacuum system by running water through both the high speed and low speed evacuators for one minute prior to treating patients. Repeat this procedure at the end of the clinic session as well. On the last clinic day of each week, the vacuum system is cleaned with a disinfection solution. It is the responsibility of the student to check the vacuum trap in their operatory on the last clinic day of each week. The lab assistant will clean and check the main
trap on the last clinic day of each week.

C. Water Lines

Purge the water lines that supply the air/water syringe and sonic/ultrasonic handpieces by running water through these lines at full pressure for 2 minutes at the beginning and end of each clinic, and 30 seconds between patients.

This procedure should be carried out without the syringe tip and handpieces mounted.

VII. LIMITING CONTAMINATION

Limit contamination by minimizing the amount of splatter, droplets, or aerosol from patients. Provide a pre-op antimicrobial rinse to each patient, utilize high-speed evacuation, and follow ergonomic positioning strategies to control contamination.

VIII. HANDLING OF NEEDLES AND OTHER SHARPS

Handle needles and other sharp instruments carefully to prevent unintentional injuries. The clinician must use the needle cap holder mounted in the instrument cassette or cardboard shields when recapping needles. Never hold the cap with fingers while recapping the needle. Place recapped needles, used anesthetic cartridges, and other disposable sharp items in the appropriate puncture-resistant container immediately after use.

IX. CARE OF INSTRUMENTS

Sterilize metal and heat-stable instruments between each use. After appropriate preparation, place instruments in sterilizer pouches or cassettes, wrap and identify prior to sterilization.

X. DISPOSAL OF WASTE

MCC Department of Dental Hygiene follows the guidelines of the Arizona Law on Infectious Waste and Hazardous Material. All waste disposal will follow these procedures:

- Disposable Materials: Trash receptacles are lined with plastic bags. Disposable materials, such as face masks, wipes, paper towels, and surface covers used during patient treatment may be discarded in the trash receptacles. In addition, any disposable items such as gloves, saliva ejectors, and cotton products that have come into direct contact with blood or other body fluids may be disposed of in those trash receptacles as long as they are not saturated and/or dripping with blood or other body fluids. Any items that are saturated and/or dripping with blood or other body
Section V - Infection Control

fluids will be placed in a sterilization pouch and autoclaved, then disposed of in a trash receptacle.

XI. ACCIDENTAL EXPOSURES TO BODY SECRETIONS THAT MAY LEAD TO INFECTION

A. Accidental Exposure

All needlesticks, punctures, and mucous membrane contact with blood occurring during the course of treating patients or while cleaning instruments should be treated as potentially infectious. Immediately seek first aid treatment and report the injury to the supervising instructor or clinic dentist. Before leaving the premises for follow-up care, first aid treatment should be performed by thoroughly cleaning the wound with soap and water.

NOTE: DO NOT encourage bleeding of the wound!!!

B. Post-Exposure Management

1. A confidential report of occupational exposure must be completed by the exposed student, faculty, or staff member. The “Post-Exposure Incident Management Record” form must be completed and returned to the Program Director within 24 hours of the exposure accident.

2. After immediate first aid treatment, the injured person should initiate appropriate protocols for possible hepatitis and HIV exposure. Subsequent treatment will be in accordance with the policies of the Dental Programs Department. Post-exposure evaluation and follow-up care is voluntary but students, patients and faculty are urged to comply. Refusal of post-exposure evaluation must be documented on the “Post-Exposure Incident Management Record.”

XII. ACCIDENTAL EXPOSURE TO HAZARDOUS MATERIALS

Students, faculty, and staff may be exposed to hazardous materials in the course of providing patient care, and in following infection control procedures. An example of such materials include glutaraldehyde solutions. All precautions (including appropriate barrier techniques) should be taken while handling such
materials to prevent exposure. If an exposure occurs, appropriate first aid treatment should be sought and rendered immediately. To determine the appropriate measures to be taken, refer to the Safety Data Sheet (SDS) pertaining to the particular hazardous material. SDS books are found in the reception area. An “Accident or Incident Management Record” should be completed and returned to the appropriate instructor within 24 hours.

XIII. ACCIDENTAL CONTAMINATION OF THE EYE

In the event of an eye contaminant, immediately cleanse the eye at an eyewash station. Report the incident to the appropriate instructor. The instructor and student will identify the nature of the contaminant and the proper treatment. An “Accident or Incident Management Record” should be completed and returned to the appropriate instructor within 24 hours.
### ACCIDENT OR INCIDENT MANAGEMENT RECORD

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Supervising Faculty</td>
<td>Time</td>
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**Classification of Occurrence**
- [ ] Accident
- [ ] Percutaneous Incidence
- [ ] Emergency

**Describe the accident/incident in detail:**

**Action taken:**

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<th>Student signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Patient signature</td>
<td>Date</td>
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<tr>
<td>Faculty signature</td>
<td>Date</td>
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</tbody>
</table>
### POST-EXPOSURE INCIDENT MANAGEMENT RECORD

<table>
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<th>Student Name</th>
<th>Date</th>
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<tbody>
<tr>
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</table>

This student was involved in a possible infectious disease exposure incident.

**Exposure incident circumstances:** (Describe what, how, and why the incident occurred.)

**Route and Area of exposure:** (Example: Route: needlestick, splash, puncture wound, abraded skin, ingestion. Area: Tip of the left index finger.)

**Source patient name:** (if known)

**Source patient significant medical history:**

**Source patient blood results:** (if applicable)

MCC Dental Hygiene Department has offered to facilitate follow-up medical evaluation for me in order to assure that I have full knowledge of whether I have been exposed to or contracted an infectious disease for this incident. Given this information, I:

_____ Accept this offer and details of the follow-up medical evaluation are attached.

_____ Decline this offer.

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<tbody>
<tr>
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XIV. INFECTION CONTROL PROCEDURES FOR PATIENT TREATMENT

A. Before Patient Treatment
(To be completed prior to seating patient.)

Following MCC protocol:

1. Sanitize and disinfect all environmental surfaces.
2. Place barriers on appropriate surfaces.
3. Purge water lines (2 minutes at start of each day, 30 seconds between patient appointments).
4. Clean the vacuum system by running water through the high and Low-speed evacuators daily for one minute.
5. Obtain sterilized instruments and other supplies from your student instrument locker.

B. During Patient Treatment

Following MCC protocol:

1. Wash hands thoroughly.
2. Wear appropriate PPE.
3. Follow proper protocol for handwashing and gloving.

C. After Patient Treatment

Following MCC protocol:

1. Remove gloves, wash hands.
2. Dismiss patient.
3. Place nitrile utility gloves on.
4. Place instruments in cassettes, and return all contaminated instruments and supplies to the sterilization area for sterilization by lab assistant.
5. Disinfect dental unit.
XV. STANDARD OPERATING PROCEDURES (SOPs)

A. Pre-Appointment

1. Perform a 15 second handwash with antimicrobial soap and dry completely.

2. Put on eyewear, mask, and heavy duty gloves.

3. Check equipment:
   a. Run water through the air/water syringe for 2 minutes.
   b. Pick up the handpiece and run the rheostat for 30 seconds.
   c. Run water through the high and low speed evacuation for 1 minute.
   d. Turn the dental light on and off.

4. Use a disinfecting wipe on the following areas:
   a. Countertops and backsplash
   b. Silver bracket tray
   c. All items from the drawers
   d. All hoses
   e. Operator and assistant chair control levers

5. Use another disinfecting wipe on the following areas:
   a. Drawer handles
   b. Radiographic view box
   c. Dental light handles and on/off switch
   d. Light arm and head
   e. Towel dispenser
   f. Soap dispenser
   g. Wall divider, blinds and window sill
   h. Bottom of the patient chair, assistant chair and operator chair
   i. Rheostat & chair control

6. Wash the vinyl of the patient, assistant and operator chairs with light soap and water.

7. Remove, wash and spray eyewear.

8. Wash gloved hands with soap and water, spray gloves with disinfectant while still on hands, wipe and re-spray lightly. Remove gloves and place
them under the counter. Wash hands.

9. Remove and discard mask using the ear loop.

10. Obtain all barriers:
   a. 2 large barriers
   b. 4 small sleeves

11. Apply barriers to:
   a. patient chair (large)
   b. bracket tray (large)
   c. high and low speed evacuators (2 small sleeves)
   d. air/water syringes (2 small sleeves)

12. Obtain sterilized instruments.

B. Post-Appointment

1. Prior to dismissing patient, ensure all instruments are in the cassette. Close and fasten the cassette to signal the lab assistant that they are ready for re-processing.

2. Proceed with patient dismissal and walk-out.

3. Upon return to the operatory, remove overgloves; remove loupes and set aside.

4. Perform 15 second handwash with antimicrobial soap and dry completely.

5. Re-glove with mask, eye wear & utility gloves.

6. Wash loupes with antimicrobial soap and water; dry thoroughly; place in case.

7. Transport biohazard waste or sharps to the sharps collection container.

8. Remove all barriers and place in the headrest barrier (used as a collection bag).

9. Run water through the low and high volume suction for one minute.

10. Run water/air through the air/water syringe and any type of handpiece for 30 seconds. Lubricate handpieces according to manufacturer’s
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directions.

11. With soap and water, wipe down the patient chair, operator chair and assistant chair.

12. Use a disinfecting wipe on the following areas:
   a. Countertops
   b. High and low speed suction and receptacle
   c. Air/water syringe and receptacle
   d. Handpiece receptacle
   e. Bracket tray
   f. Light post and handles
   g. Any areas that were covered by barriers but are visibly soiled
   h. Any items that need to be placed back in the drawer.

13. Wash utility gloves with antimicrobial soap and water; dry thoroughly. Wash hands. Put away utility gloves.

14. Remove and wash eye wear with antimicrobial soap and water; dry thoroughly. Put away.

15. Using the ear loop, remove the mask and dispose.

16. If there is a clinic session immediately following, place all barriers as indicated in Pre-Appointment SOP.
XVI. INFECTION CONTROL PROCEDURES FOR DENTAL IMPRESSIONS

When taking alginate impressions on a patient, proceed as follows:

1. Using proper patient universal precaution protocol, register the patient’s bite in wax.
2. Spray the wax with disinfection solution, then place in a small, sealable plastic bag.
3. Use the bagged bite registration to determine the correct size of impression tray.
4. After taking the impression, rinse the impression to remove the saliva.
5. Spray the impression with disinfection solution.
6. Wrap the impression in a moist paper towel. The impression should be wrapped for a minimum of 10 minutes to insure disinfection.
7. If the impressions are not to be poured up immediately, place them in small, sealable plastic bags.

XVII. INFECTION CONTROL PROCEDURES FOR RADIOLOGY

A. Barrier, techniques

All personnel will be expected to wear proper personal protective equipment when radiographing patients in the Dental Hygiene Clinic.

B. X-ray equipment

1. All radiographic equipment will be covered with the proper barriers. The tube head and control panel of the dental x-ray unit will be disinfected and re-covered for each patient use.

2. Intraoral film positioning devices: All intraoral film-holding devices will be sterilized between each patient use. After use, they should be rinsed off before being wrapped for sterilization.

C. Surfaces

Any environmental surface which was not covered during patient treatment and which may have become contaminated should be disinfected according to MCC protocol.
D. Radiograph processing

Image-receptor processing procedures should be performed in a manner that will minimize cross-contamination. Contaminated image-receptors should be placed on a disinfectant-soaked paper towel. Once all images have been exposed, the receptors should be sprayed with disinfectant. When appropriate disinfection time, as specified in manufacturer’s directions, has passed, the receptors can be dried. At this point the receptors are considered decontaminated and should then be placed in the automatic processor with clean ungloved hands.

1. Sensors: Cover the sensor and any cords that may contact intraoral surfaces or contaminated hands with an FDA-cleared barrier. After image exposure is complete, remove and discard the barrier. Between patients, clean and disinfect the sensor with an EPA-registered hospital disinfectant.

2. PSPs: Cover the imaging plate with an FDA-cleared barrier. After the procedure is complete, remove and discard the barrier. To clean the phosphor storage plates, use a lint-free, 100% cotton gauze square to gently wipe the dry plate surface. There is no reason to routinely disinfect the PSPs unless contamination is suspected. If a PSP has touched a contaminated surface, it may be immersed BRIEFLY in a cold sterilant. Do not immerse the plate(s) if there is evidence of deep scratches in the surface of the plate(s) or nicks in the edges. After disinfection, clean and dry the plate as stated above.
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Section 6 - Radiography

RULES AND REGULATIONS REGARDING IONIZING RADIATION

I. Radiographic Surveys and Practical Measurements

The indication for radiographic examination is based on the expectation of obtaining necessary information to assist in the patient's diagnosis. The dental hygienist (student) will be able to expose the necessary radiographs based on the patient's health and dental hygiene needs. Professional judgment will assist in what type of radiograph survey will benefit the patient's needs. The Mohave Community College Dental Hygiene Clinic follows the American Dental Association Guidelines for Prescribing Radiographs.

II. Dental Facilities Radiation Protection Procedures As Low As Reasonably Achievable (ALARA)

1. Always think about the radiation safety aspects of any x-ray examination, providing radiation protection to the patient, other department personnel, the public and yourself.

2. Practice sound radiation protection principles to achieve occupational doses As Low As Reasonably Achievable (ALARA). Think ALARA, think what procedure could be performed more efficiently and effectively, resulting in less radiation exposure.

3. Safety procedures include machine operating procedures and a policy on selecting a holder.

   A. Machine operating procedure:

       No student may operate any x-ray machine unless adequately instructed in basic radiation safety practices and the safe operation of the x-ray producing equipment. Training will be provided prior to operation of x-ray machine.

   B. Policy on selecting a holder and procedure to follow:

a. Never hold the patient or the film during an exposure. Mechanical holding devices shall be used when the technique permits.

b. Never hold the x-ray tube housing or the pointer cone during an exposure. X-ray tube support assemblies are required by the regulations to be stable enough to remain positioned unattended.
4. Use a lead apron and thyroid collar on patients during x-ray procedures.

5. No x-ray machine will be operated with the aluminum filtration removed.

6. Never direct the primary radiation beam toward another patient or student. To prevent such a primary beam exposure, reposition the patient’s chair and x-ray source, or use available shielding.

7. The useful radiation beam must always be entirely intercepted either by the patient, an image receptor (for extraoral), or by the structural shielding. Only the patient shall be in the useful beam.

8. Do not expose more than twenty-two films on any one patient without permission from an instructor. A maximum of four (4) retakes for a FMX and one (1) retake for BWX are permitted on each patient, and the student MUST request help from an instructor to continue and complete the survey.

9. Do not remove radiographs from the clinic for any reason. ONLY with written permission from the patient will the receptionist forward radiographs to the private dentist of the patient.

10. Always stand at least six (6) feet from the patient, or behind a protective barrier when initiating an x-ray exposure. Never stand in direct line with the beam, regardless of distance from the tube.

11. No x-ray exposure will be made without proper radiation beam limitation. For intraoral x-ray machines, no exposure will be made with the beam limiting cones removed. For extraoral (or panoramic and cephalometric) equipment, no exposure will be made unless the primary radiation beam is collimated to an area no larger than the image receptor. Ideally, collimation should be only to the clinical region of interest.

12. Review the Radiation Protection program on an annual basis. “As low as reasonably achievable” (ALARA) means making every reasonable effort to maintain exposures to radiation as far below the dose limits in the regulations as is practical, consistent with the purpose for which the licensed or registered activity is undertaken; taking into account the state of technology, the economics of improvements in relation to state of technology, the economics of improvements in relation to benefits to the public health and safety, and other societal and socioeconomic considerations; and in relation to utilization of nuclear energy and licensed or registered sources of radiation in the public interest.
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13. Panorex film cassette and intensifying screens shall be inspected after each use. Any wear or irregularities will be brought to the attention of the clinic coordinator. In addition, the radiography instructor shall evaluate the cassette and intensifying screens prior to the start of fall semester.

14. Lead aprons shall be inspected prior to each use. Any wear or irregularities will be brought to the attention of the clinic coordinator.

III. Procedures

A. The student will be responsible for checking the machine setting prior to any attempted exposures. Utilize the touchpad to adjust based on patient size and type of exposure.

B. An instructor MUST be present in the building by student appointment before any attempt to expose radiographs.

C. The student will explain the procedure to the patient prior to exposure.

D. The student will put film in mounts and evaluate the survey before presenting it to an instructor for evaluation.

E. The orientation of the “a” on a properly exposed and mounted FMX will look like this:

F. The student must evaluate their radiographs for retakes. Exposures will only be retaken in order to assemble a diagnostic series, not to improve a
Section 6 - Radiography
clinically acceptable series. Retakes must be discussed with an instructor. No more than 4 retakes will be allowed for an FMX and 1 retake for BWX. In Clinic I, retakes will only be exposed under the direct supervision of a clinical instructor. In Clinic II, III and IV, supervision of retakes will be at the discretion of the clinical instructor.

G. ALL radiographs must be evaluated by the student prior to verbal presentation to an instructor.

H. Radiographs are NEVER to be taken from the clinic. Radiographs are to be kept in the patient's chart.

IV. Evaluation Procedure

A. The Mohave Community College Dental Programs has standing orders for a current full-series of radiographs for all patients. Variation of these standing orders when appropriate should be discussed with the clinical instructor on the floor. New patient radiographs must be evaluated by the MCC clinic dentist on duty. The clinic dentist will complete a dental evaluation which will be provided to the patient.

B. The Mohave Community College Dental Programs has standing orders for bitewing radiographs every two years. Variation of these standing orders when appropriate should be discussed with the clinical instructor on the floor. Recare radiographs must be evaluated by the patient's primary care dentist. Patients will be provided a referral document. MCC will email the radiographs and the document to be completed by the dentist and returned. Patients will not be reappointed until a dental evaluation has been documented.

C. Radiographs will be evaluated for diagnostic acceptability by the following guidelines:

- Molar periapical exposures must include the distal of the terminal molar; the distal half of the second premolar; 3mm of bone surrounding the apices; and open contacts
- Premolar periapical exposures must include the mesial of the first molar and the distal of the cuspid; 3mm of bone surrounding the apices and open contacts
- Canine periapical exposures must be centered with open mesial and distal contacts and include 3mm of bone surrounding the apices; must include the distal half of the lateral incisor
- Central incisor periapical exposures must be centered, with open mesial and distal contacts and 3mm of surrounding apices; must include mesial half of the later incisors
Section 6 - Radiography

- Molar bitewing exposures must show the occlusal plane centered; the distal of terminal molars must be visible; must include the distal half of the 2nd premolar; open contacts
- Premolar bitewing exposures must show the occlusal plane centered; must include the distal half of the cusp and open contacts
- **Anatomy that is not visible in the required exposure but is visible in another exposure will be considered for diagnostic acceptability**
Exposure Equivalents

Effective Dose Equivalents from Dental X-Ray Techniques and Probability of Excess Fatal Cancer Risk per Million Examinations

<table>
<thead>
<tr>
<th>Technique</th>
<th>Dose microSieverts</th>
<th>CA Risk per Million exams</th>
<th>Background equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panoramic - fast screens</td>
<td>10</td>
<td>0.25</td>
<td>½ day</td>
</tr>
<tr>
<td>Panoramic - par screens</td>
<td>20</td>
<td>0.5</td>
<td>1 day</td>
</tr>
<tr>
<td>Skull/Cephalometric images - fast screens(^1)</td>
<td>20</td>
<td>0.5</td>
<td>1 day</td>
</tr>
<tr>
<td>Tomogram (8 cm X cm field)(^2)</td>
<td>10</td>
<td>0.25</td>
<td>½ day</td>
</tr>
<tr>
<td>FMX (E-Rectangular Collimation)</td>
<td>15</td>
<td>0.4</td>
<td>1 day</td>
</tr>
<tr>
<td>FMPAs (E-Rect) &amp; 4 Bitewings (D-Round)</td>
<td>35</td>
<td>0.9</td>
<td>3 days</td>
</tr>
<tr>
<td>FMX (D-Rectangular Collimation)</td>
<td>35</td>
<td>2.5</td>
<td>1 week</td>
</tr>
<tr>
<td>FMPAs (E-Round) &amp; 4 Bitewings (D-Round)</td>
<td>55</td>
<td>1.75</td>
<td>4 days</td>
</tr>
<tr>
<td>FMX (D-Round Collimation)</td>
<td>100</td>
<td>2.5</td>
<td>1 week</td>
</tr>
<tr>
<td>Single PA or Bitewing (E-Rectangular Collimation)</td>
<td>1</td>
<td>0.025</td>
<td>2 hours</td>
</tr>
<tr>
<td>Single PA or Bitewing (D-Rectangular Collimation)</td>
<td>1.5</td>
<td>0.04</td>
<td>3 hours</td>
</tr>
<tr>
<td>Single PA or Bitewing (E-Round Collimation)</td>
<td>2.5</td>
<td>0.06</td>
<td>5 hours</td>
</tr>
<tr>
<td>Single PA or Bitewing (D-Round Collimation)</td>
<td>5</td>
<td>0.13</td>
<td>8 hours</td>
</tr>
<tr>
<td>4 Bitewings (E-Rectangular Collimation)</td>
<td>4</td>
<td>0.01</td>
<td>8 hours</td>
</tr>
<tr>
<td>4 Bitewings (D-Round Collimation)</td>
<td>20</td>
<td>0.5</td>
<td>1 day</td>
</tr>
</tbody>
</table>

Based in part on data found in:

Additional extrapolations from:
1 National Council on Radiation Protection and Measurements. Exposure of the U.S. population from diagnostic medical radiation:
2 Clark DE, Danforth RA, Barnes RW, Burch ML. Radiation absorbed from dental implant radiography: a comparison of linear tomography, CT scan, and panoramic

Compiled by: J. Ludlow DDS, MS, University of North Carolina School of Dentistry.
The recommendations in this chart are subject to clinical judgment and may not apply to every patient. They are to be used by dentists only after reviewing the patient’s health history and completing a clinical examination. Because every precaution should be taken to minimize radiation exposure, protective thyroid collars and aprons should be worn whenever possible. This practice is strongly recommended for children, women of childbearing age and pregnant women.

<table>
<thead>
<tr>
<th>TYPE OF ENCOUNTER</th>
<th>PATIENT AGE AND DENTAL DEVELOPMENT STAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Patient*</td>
<td>Individualized radiographic exam consisting of selected periapical /occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open contacts may not require a radiographic exam at this time.</td>
</tr>
<tr>
<td>Recall Patient*</td>
<td>Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe</td>
</tr>
<tr>
<td>Recall Patient*</td>
<td>Posterior bitewing exam a 6-18 month intervals</td>
</tr>
<tr>
<td>Adult, Dentate or Partially Edentulous</td>
<td>Individualized radiographic exam, based on clinical signs and symptoms</td>
</tr>
<tr>
<td>Child with Primary Dentition (prior to eruption of first permanent tooth)</td>
<td>Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized dental disease or a history of extensive dental treatment.</td>
</tr>
<tr>
<td>Child with Transitional Dentition (after eruption of first permanent tooth)</td>
<td>Posterior bitewing exam at 18-36 month</td>
</tr>
<tr>
<td>Adolescent with Permanent Dentition (prior to eruption of third molars)</td>
<td>Posterior bitewing</td>
</tr>
</tbody>
</table>
### Section 6 - Radiography

<table>
<thead>
<tr>
<th>TYPE OF ENCOUNTER</th>
<th>PATIENT AGE AND DENTAL DEVELOPMENT STAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>With no clinical caries and not at increased risk for caries **</td>
<td>exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe</td>
</tr>
<tr>
<td><strong>Recall patient</strong>*&lt;br&gt;With periodontal disease</td>
<td>Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be identified clinically.</td>
</tr>
<tr>
<td><strong>Patient</strong> for monitoring of growth and development</td>
<td>Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development. Panoramic or periapical exam to assess developing third molars</td>
</tr>
</tbody>
</table>
### Section 6 - Radiography

| Patient with other circumstances including, but not limited to, proposed or existing implants, pathology, restorative/endodontic needs, treated periodontal disease and caries remineralization | Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring in these circumstances. | dentofacial growth and development |
Section 6 - Radiography

*Clinical situations for which radiographs may be indicated include but are not limited to:

<table>
<thead>
<tr>
<th>Positive Historical Findings</th>
<th>Positive Clinical Signs/Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Previous periodontal or endodontic treatment</td>
<td>1. Clinical evidence of periodontal disease</td>
</tr>
<tr>
<td>2. History of pain or trauma</td>
<td>2. Large or deep restorations</td>
</tr>
<tr>
<td>4. Postoperative evaluation of healing</td>
<td>4. Malposed or clinically impacted teeth</td>
</tr>
<tr>
<td>5. Remineralization monitoring</td>
<td>5. Swelling</td>
</tr>
<tr>
<td>6. Presence of implants or evaluation for implant placement</td>
<td>6. Evidence of dental/facial trauma</td>
</tr>
<tr>
<td>7. Mobility of teeth</td>
<td>7. Sinus tract (“fistula”)</td>
</tr>
<tr>
<td>9. Oral involvement in known or suspected systemic disease</td>
<td>9. Positive neurologic findings in the head and neck</td>
</tr>
<tr>
<td>10. Evidence of foreign bodies</td>
<td>10. Evidence of foreign bodies</td>
</tr>
<tr>
<td>11. Pain and/or dysfunction of the temporomandibular joint</td>
<td>11. Pain and/or dysfunction of the temporomandibular joint</td>
</tr>
<tr>
<td>12. Growth abnormalities</td>
<td>12. Pain and/or dysfunction of the temporomandibular joint</td>
</tr>
<tr>
<td>14. Abutment teeth for fixed or removable partial prosthesis</td>
<td>14. Abutment teeth for fixed or removable partial prosthesis</td>
</tr>
<tr>
<td>15. Unexplained bleeding</td>
<td>15. Unexplained bleeding</td>
</tr>
<tr>
<td>17. Unusual eruption, spacing or migration of teeth</td>
<td>17. Unexplained sensitivity of teeth</td>
</tr>
<tr>
<td>18. Unusual tooth morphology, calcification or color</td>
<td>18. Unusual eruption, spacing or migration of teeth</td>
</tr>
<tr>
<td>19. Unexplained absence of teeth</td>
<td>19. Unexplained absence of teeth</td>
</tr>
</tbody>
</table>

**Factors increasing risk of caries may include but are not limited to:

<table>
<thead>
<tr>
<th>High level of caries experience or demineralization</th>
<th>History of recurrent caries</th>
<th>High titers of cariogenic bacteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing restoration(s) of poor quality</td>
<td>Poor oral hygiene</td>
<td>Inadequate fluoride exposure</td>
</tr>
<tr>
<td>Prolonged nursing (bottle or breast)</td>
<td>Frequent high sucrose content in diet</td>
<td>Poor family dental health</td>
</tr>
<tr>
<td>Developmental or acquired enamel defects</td>
<td>Developmental or acquired disability</td>
<td>Xerostomia</td>
</tr>
<tr>
<td>Genetic abnormality of teeth</td>
<td>Many multi-surface restorations</td>
<td>Chemo/radiation therapy</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>Drug/alcohol abuse</td>
<td>Irregular dental care</td>
</tr>
</tbody>
</table>
DENTAL HYGIENE
CLINIC MANUAL

Section VII – Medically Compromised Patients
August 2016

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**The Medically Compromised Patient**
Introduction

It is important for the safety of patients and the success of treatment for the dental hygienist to identify patients with systemic conditions.

Medical History Health Questionnaire

The patient should be asked the following three (3) questions prior to each appointment:

1. Has there been any change in your health since your last visit?
2. Are you taking any medication(s)?
3. Have you seen a physician, been hospitalized, or had any laboratory tests since your last visit?

Medical Consultation

In all cases when a medical consultation is necessary, a faculty member and/or a student must contact the patient's physician by telephone to obtain any pertinent information so that treatment may be initiated. The medical consultation and information obtained must be recorded on the patient's health questionnaire and signed by the student and faculty member.

Universal Precautions

Every patient should be regarded as a potential infectious disease carrier. As such, it is required that the students and faculty wear disposable gloves. Eyeglasses for patients and clinicians are mandatory while in the clinic and facemasks are mandatory for all intraoral procedures.

I. Bleeding Disorders

No patient with any bleeding disorder should be treated in the dental hygiene clinic until that disorder is under control as determined by the patient's physician. A medical
consultation must be completed and in the chart prior to initiating any dental hygiene care. The clinic dentist will assist in the management of these patients.

A. Findings that may suggest a blood disorder include the following:

1. Gingival bleeding, spontaneously or upon gentle probing.
2. History of difficulty in controlling bleeding by usual procedures.
3. History of bruising easily, with large ecchymoses.
4. Numerous petechiae.
5. Marked pallor of the mucous membranes.
6. Atrophy of the papillae of the tongue.
7. Persistent sore or painful tongue (glossodynia).
8. Acute or chronic infections, such as candidiasis, that do not respond to usual treatment.
10. Exaggerated gingival response to local irritants, sometimes with characteristics of necrotizing ulcerative gingivitis (ulceration, necrosis, bleeding, pseudomembrane).

B. Anticoagulant Therapy

1. Should these patients be treated in the dental hygiene clinic?
   a. Yes, these patients may be treated.
   b. A medical consultation and/or clearance from the clinic instructor must be completed before initiating treatment.

2. What information should be obtained from the health questionnaire and/or the patient’s physician?
   a. Why is this patient on anticoagulant therapy?
   b. What medication(s) are being taken by this patient?
   c. Ask the patient to provide lab results, either a Prothrombin Time (PT) or International Normalized Ration (INR). It must be ascertained whether or not the results of this lab test are within acceptable limits for outpatient dental care as determined by that patient's physician. A PT between 10-13 is acceptable for dental procedures. Higher PT scores need to be approved by the patient's physician. An INR between 2-3 is acceptable for dental procedures. Higher INR scores need to be approved by the patient's physician.
   d. Have any prior precautions been taken concerning dental treatment? If so, what were the precautions and were they effective.

3. Patient Management Suggestions:
   a. Routine nonsurgical dental procedures can usually be accomplished on these patients without alteration of their anticoagulant therapy.
   b. Any surgical procedures (including periodontal debridement) would necessitate laboratory tests prior to the procedures as determined by
Section VII - Medically Compromised Patients

further consultation with the patient's physician.
c. The prescribing of aspirin or aspirin-containing medications is contraindicated for these patients. Acetaminophen with codeine is preferred.
d. DH Bleeding Test: Probe an area that bleeds; hold pressure 30 seconds with gauze. If bleeding persists, apply pressure for another 60 seconds. If after 1.5 minutes of pressure, do not proceed with dental hygiene services. Record on the medical history and in the progress notes.

4. Other suggestions:
   a. The following are examples of oral anticoagulant medications which are commonly prescribed:
      Coumadin (sodium warfarin)
      Dicumarol (SP)
      Miradon (anisindione)
      Panwarfin (sodium warfarin)
      Sintrom (acenocoumarol)
      Clopidogrel
      Ticlopidine
      Plavix
   b. Patients on oral anticoagulants may also exhibit renal disorders. Refer to the **Section X Renal Disorders** for additional comments, if indicated.

C. Hemophilia: these patients **WILL NOT** be treated in the MCC Dental Hygiene Clinic.

D. Other Bleeding Disorders

1. Should these patients be treated in the dental hygiene clinic?
   a. No patient with any bleeding disorder should be treated in the dental hygiene clinic until that disorder is under control as determined by the patient's physician.
   b. A medical consultation must be completed and in the chart prior to initiating any dental care.

2. What information should be obtained from the health questionnaire and/or the patient's physician?
   a. What is the nature of the patient's disease?
   b. At what age did onset occur?
   c. When was the most recent physician's appointment?
   d. What medication(s) are being taken by this patient?
   e. What pertinent laboratory test(s) have been done?
   f. Have any precautions been taken concerning dental treatment?
   g. If so, what are the precautions and were they effective?
3. Patient Management Suggestions:

The clinic dentist will assist the student in the management of these patients.

II. Cancer (including leukemia)

A. Cancer

1. Should these patients be treated in the dental hygiene clinic?
   a. Yes, these patients may be treated.
   b. Patients in remission may be treated without modification or consultation.
   c. A medical consultation must be completed prior to initiating dental care for patients who are not in remission.
   d. Minimum laboratory values:
      i. Postpone treatment if platelet count is less than 50,000 platelets/mm³.
      ii. Postpone treatment if abnormal clotting factors are present.
      iii. Postpone treatment if neutrophil count is less than 1,000/mm³.

2. What information should be obtained from the health questionnaire and/or the patient's physician?

   a. What type of cancer, the location or dissemination and the prognosis?
   b. Is the patient under active treatment, in remission or has the cancer been completely cured? How long has it been since treatment was completed?
   c. What was the mode of treatment (i.e. chemotherapy, radiation, etc.)?
   d. Does the patient require antibiotic coverage?

3. Patient Management Suggestions:

   a. Patients treated with radiation to the head and neck should be treated according to Section IX Radiation Therapy.
   b. The clinician may observe excessive dental caries, gingival inflammation, excessive bleeding, poor healing, and dermatologic changes. Such observations should be comprehensively documented.
   c. Antibiotic coverage may be necessary for invasive procedures due to possible infections.
   d. A complete preventive program for bacterial plaque control and home fluoride therapy, along with complete scaling and root planning should be started at the first appointment.
   e. A patient undergoing radiation of the head and neck will have a 60-95% decrease in salivary flow. A saliva substitute would be effective to help dilute the bacteria in the mouth and facilitate mastication and swallowing.
III. Cardiovascular Disease

Prophylactic antibiotic coverage prior to certain dental procedures is recommended by the American Heart Association for patients with:

- Artificial heart valves
- A history of infective endocarditis
- A cardiac transplant that develops a heart valve problem
- A congenital heart condition, such as an unrepaired or incompletely repaired cyanotic congenital heart, 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 or a prosthetic patch or prosthetic device.

People who may have been required to take prophylactic antibiotics before the new recommendations were issued in 2008 but **NO LONGER NEED PREMEDICATION** include those with:

- Mitral valve prolapse (may have been identified as a heart murmur)
- Rheumatic heart disease
- Bicuspid valve disease
- Calcified aortic stenosis
- Congenital heart conditions such as ventricular septal defect, atrial septal defect and hypertrophic cardiomyopathy.

A. Transient Ischemic Attack (TIA); Cardiovascular Accident (CVA); Myocardial Infarction (MI)

1. Should these patients be treated in the dental hygiene clinic?
   - a. Yes, these patients may be treated.

2. Using the recommended questions on the Will Call form, you should discover if the patient has had a TIA, CVA or MI. If any one of these events has occurred in the last 6-12 months, the protocol is to refer the patient to his/her cardiologist for a letter confirming clearance to proceed with dental care. The letter must be on record **BEFORE** treatment can be provided. It can be mailed, faxed or the patient may bring it with him/her to the appointment. The letter will then be scanned into the patient's electronic health record.

3. Patient Management Suggestions:
   - a. Dental care for these patients should be planned according to the
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physician's recommendations.
b. Special precautions may be necessary due to the patient's decreased ability to withstand stress. Treatment should be planned according to the individual needs of the patient. Look to the clinic dentist and/or your clinical instructor for guidance and assistance.
c. Be sure to incorporate any homecare modifications that may be necessary due to compromised dexterity or loss of physical function.

B. Heart Disease (includes heart attack, angina and arrhythmia)

1. Should these patients be treated in the dental hygiene clinic?
   a. Yes, these patients may be treated.
   b. Clearance from the clinic dentist must be completed before initiating treatment.

2. What information should be obtained from the health questionnaire?
   a. Did you suffer a heart attack?
      i. How long has it been since your heart attack?
      ii. How is your health now?
      iii. Can you walk up a flight of stairs without having to stop and rest?
      iv. What medications are you taking?
   b. Do you experience angina?
      i. What type of angina? (Stable, variant or unstable [a/k/a Acute Coronary Syndrome]
      ii. What usually causes your angina episode?
      iii. How often does it occur?
      iv. How long does it last?
      v. Do you use Nitroglycerin to manage the pain?
      vi. Does rest relieve the pain?
      vii. Have you ever needed to call EMS because of angina?
      viii. Have you ever had a heart attack?
   c. Are you taking any medication(s)?
   d. Are you on anticoagulant therapy? (See Section I. B - Anticoagulant Therapy)
   e. Does your physical status allow you to tolerate dental procedures?
   f. Can you tolerate local anesthetics containing vasopressor (epinephrine)?

3. Patient Management Suggestions:
   a. Dental care for these patients should be planned according to the physician's recommendations.
   b. If the patient carries an anti-angina medication such as nitroglycerine,
make certain that the patient has this medication at each appointment. Place it on the counter, within arm’s reach, for use in the event the patient should experience an angina attack during dental treatment.

3. Appointments for these patients should be as short as practical within the program schedule.
4. Some of these patients may require anti-anxiety premedication prior to dental care. This should be discussed with the patient’s physician and/or the clinic dentist.

C. Heart Murmur

1. Should these patients be treated in the dental hygiene clinic?
   a. Yes, these patients may be treated.

2. What information should be obtained from the health questionnaire?
   a. What is the etiology and significance of the heart murmur?
   b. Is there a history of infective endocarditis requiring prophylactic antibiotics? (See Section III. Cardiovascular Disease)
   c. If antibiotic coverage is required, are there any known allergies to antibiotics?

3. Patient Management Suggestions:
   a. If antibiotic coverage is required, appointments should be arranged such that the maximum dental care can be provided during each episode of antibiotic prophylaxis.

D. Heart Prostheses (including pacemakers)

1. Should these patients be treated in the dental hygiene clinic?
   a. Yes, these patients may be treated.

2. What information should be obtained from the health questionnaire?
   a. What is the nature of the prosthesis?
   b. Does your physical status allow you to tolerate dental procedures?
   c. Is prophylactic antibiotic coverage indicated for dental procedures that may result in a bacteremia?
   d. Are you on anticoagulant therapy?

3. Patient Management Suggestions:
   a. Some of these patients, particularly with prosthetic heart valves, require
parenteral antibiotics as a part of their prophylactic antibiotic coverage. 
(See Section III, Cardiovascular Disease).
b. If the patient is on anticoagulant therapy, refer to Section I Bleeding 
Disorders, B. Anticoagulant Therapy).

4. Pacemaker

a. Pacemakers vary in design, but most do not have direct contact with the 
bloodstream and, therefore, do not require prophylactic antibiotics. Ask 
the patient if he/she carries and identification card for their unit. If not, the 
student should have a phone consultation with the patient’s cardiologist to 
ensure there are no contraindications to dental treatment.

b. Ultrasonic Scaling Devices are sometimes contraindicated in a patient 
with a pacemaker, particularly older models of pacemakers. Piezoelectric 
ultrasonic devices do not interfere with pacemaker function. Again, ask 
the patient if he/she carries an identification card for their unit. If not, the 
student should have a phone consultation with the patient’s cardiologist to 
ensure there are no contraindications to dental treatment.

E. Hypertension

1. Should these patients be treated in the dental hygiene clinic?

   a. Yes, these patients may be treated.
   b. Clearance from the clinic dentist must be completed before initiating 
      treatment.

2. What information should be obtained from the health questionnaire?

   a. Have you even been told you had an abnormal blood pressure reading?
   b. Do you take any medications?
   c. When were you last evaluated by your physician?
   d. Is the blood pressure controlled?
   e. Has your physician recommended altering your diet or recommended an 
      exercise program? Have you been following your physician's 
      suggestions?

3. Patient Management Suggestions:

   a. There are some blood pressure levels beyond which elective dental 
      treatment is not advised. An uncontrolled hypertensive patient with a BP 
      of 160/95 mmHg will not be treated without medical clearance from 
      his/her physician. A patient taking antihypertensive medication who 
      presents with a BP in excess of 160/95 mmHg will require clearance from 
      the clinic dentist. Any blood pressure reading above a systolic of 160 or
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above a diastolic of 95 requires a written clearance from the patient's physician to initiate treatment. No patient will be treated if the systolic is >180 or the diastolic is >100. Any blood pressure reading above 180/110 mmHg will have an immediate referral for medical attention.
b. At the recommendation of the clinic dentist, a medical consultation may be required before initiating treatment.

4. Other Suggestions:

a. Appointments should be kept as short as practical within the clinic protocol parameters.
b. Some of these patients may require anti-anxiety premedication to allay anxiety and stress.
c. Some of these patients may be more prone to orthostatic hypotension.

F. Congenital Heart Disease

1. Should these patients be treated in the dental hygiene clinic?

a. Yes, these patient may be treated.
b. Clearance from the clinic dentist must be completed before initiating treatment.

2. What information should be obtained from the health questionnaire?

a. What is the etiology and significance of the disease?
b. Is prophylactic antibiotic coverage indicated? (See Section III. Cardiovascular Disease).
c. If antibiotic coverage is indicated, do you have any known allergies to antibiotics?
d. If the patient is on anticoagulant therapy, refer to Section I Bleeding Disorders, B. Anticoagulant Therapy).
e. Do you experience any breathing difficulties?

3. Patient Management Suggestions:

a. Appointments should be arranged so a maximum of dental care can be provided during each episode of antibiotic prophylaxis.
b. Patients who take antibiotic prophylaxis to prevent infective endocarditis should not have a new antibiotic regimen started less than 10 days following the last regimen to prevent the development of resistant organisms.
c. For patients who have just had surgery to correct a congenital heart defect, refer to Section III. Cardiovascular Disease.

G. Fen Phen
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All persons who have taken Fen Phen or Pondemin (fenfluramine/phentermine) or Redux (desfenfluramine) for any period of time should have a thorough medical history and cardiovascular physical examination. These people should also have an echocardiographic evaluation. Patients who require a medical or dental procedure known to create risk for bacterial endocarditis and who have not had an echocardiogram should be given antibiotic prophylaxis before the procedure. If the patient is unwilling to see a physician, assume that there is damage and premedicate before treatment.

H. Mastectomy

For patients (which may include men) who have had a single-sided mastectomy, the blood pressure cuff should be placed on the arm opposite the surgery site.

For patients (which may include men) who have had a double mastectomy, the student should take the patient's blood pressure with the wrist cuff, which must be requested from the clinical instructor.

IV. Diabetes Mellitus

A. Definitions:

1. A controlled diabetic patient is one who indicates he/she is being controlled by all of the following:
   a. insulin, oral medications or diet
   b. regular visits to a physician
   c. regular urine or blood testing

B. An uncontrolled diabetic is a patient who is expressly diabetic and/or:

1. is not submitting to regular testing
2. is no longer under the care of a physician
3. Manifests symptoms suggestive of diabetic problems
4. Glucose levels do not fall within the normal range.

C. Normal blood glucose levels are between 80 mg/dL and 100 mg/dL. The HbA1c is a lab test that shows the average level of blood sugar (glucose) over the previous 3 months. It indicated how well the diabetes is being controlled. According to the American Diabetes Association (2014) patients should be at or below a 7% A1C. The A1C is sometimes reported to patients as eAG, which is a conversion to mg/dl. A 7% A1C translates to an eAG of 154 mg/dl; therefore, patients should be at or below 154 mg/dl eAG.

D. Signs of hypoglycemia include perspiration, confusion, mood changes, lethargy,
Section VII - Medically Compromised Patients

vital sign changes and tachycardia.

1. Should these patients be seen in the dental hygiene clinic?
   a. Yes, controlled patients may be treated in the dental hygiene clinic.
   b. In the case of a possible uncontrolled diabetic, treatment will be
determined on a case-by-case basis at the medical/dental/EOIO check -
in.

2. What information should be obtained from the health questionnaire?
   a. What type of diabetes do you have?
   b. What have your recent blood sugar levels been like?
   c. How often do you test your sugar levels?
   d. Do you heal slowly or have frequent infections?
   e. When was your last meal?
   f. Did you take your medication today?
   g. Have you experienced symptoms of hypoglycemia recently?
   h. Have you had any problems during dental treatment?
   i. When was your last appointment with your physician?

3. Patient Management Suggestions:
   a. All appointments should be scheduled shortly following a meal, but
morning appointments are preferred.
   b. The tissue should be handled with no undue trauma.
   c. Each patient should be questioned concerning the following at the
beginning of each appointment:
      i. Have you taken your medication regularly since your last appointment?
      ii. Have you taken your medication today?
      iii. When and what did you eat last?
   d. Appointments for these patients should be as short as practical within the
MCC Dental Hygiene Clinic protocol.
   e. The clinician may observe delayed wound healing, especially following
SRD.
   f. If an uncontrolled diabetic patient is cleared by the clinical faculty to
proceed with dental hygiene services, power instrumentation (ultrasonic
scaler and/or air powder polishing) is contraindicated.
   g. Instaglucose is located in the medical emergency kit.

V. Epilepsy
   A. Should these patients be treated in the dental hygiene clinic?
Section VII - Medically Compromised Patients

1. Yes, patients with a history of epilepsy may be treated.
2. A medical consultation is recommended but the clinic dentist may give a clearance for treatment.
3. Common epileptic medications include:
   a. Dilantin (phenytoin)
   b. Tegretol (carbamazepine)
   c. Luminal (phenobarbital)
   d. Depakene (valproic acid)

4. Patients with uncontrolled seizures are not treated in the dental hygiene clinic.

B. What information should be obtained from the health questionnaire and/or the patient’s physician.

   1. What type of seizure do you have?
   2. When was your last seizure?
   3. Are you aware of an on-coming seizure?
   4. Have you ever had a seizure during dental treatment?
   5. Are there any things I should avoid during your treatment that may precipitate a seizure?
   6. At what age did you experience your first seizure?
   7. How frequently do you experience seizures?
   8. Are the seizures controlled by medication(s)?
   9. What medication(s) do you take?

C. Patient Management Suggestions:

   1. Each patient should be questioned concerning the following at the beginning of each appointment:

      a. Have you taken your medication(s) regularly since your last dental appointment?
      b. Have you experienced any seizures since your last dental appointment?

   2. Stress may precipitate a seizure; therefore:

      a. These patients may require premedication with a tranquilizer compatible with the patient’s anti-seizure medication. This would require a consult with their physician, who would prescribe the appropriate tranquilizer.
      b. The length of appointments should be as short as practical within the MCC Dental Hygiene Clinic protocol. Understanding and extra consideration should be given to the epileptic patient regarding missed or tardy appointments due to effects of medications.
      c. Promote a calm environment; avoid loud music and/or noise, bright and/or flickering lights and monotonous sounds. Avoid shining your loupe light
into the patient's eyes. Any one of these may cause a seizure.

3. Epileptic patients on anti-seizure medications will require more diligent homecare and maintenance. Be aware of any possible impairment the patient may have when reviewing oral care instructions.

4. Possible oral conditions due to anti-seizure medications include:
   a. gingival hyperplasia (enlargement)
   b. delayed healing
   c. excessive bleeding
d. xerostomia
e. increased chance of infections

VI. Prosthetic Appliances (including ALL anatomical implants)

A January 2015 ADA clinical practice guideline, based on a 2014 systematic review states, "In general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection. According to the ADA Chairside Guide, for patients with a history of complications associated with their joint replacement surgery who are undergoing dental procedures that include gingival manipulation or mucosal incision, prophylactic antibiotics should only be considered after consultation with the patient and orthopedic surgeon; in cases where antibiotics are deemed necessary, it is most appropriate that the orthopedic surgeon recommend the appropriate antibiotic regimen and, when reasonable, write the prescription."

A. Should these patients be treated in the dental hygiene clinic?

1. Yes, these patients may be treated if there were no complications during or after orthopedic surgery.
2. If the patient reports complications during or after orthopedic surgery a telephone consult with the surgeon's office may be recommended. Consult with a clinical instructor on the floor.
3. If a telephone consult is suggested, documentation must be included in chart notes.
4. If premedication is required by the orthopedic surgeon, the "Premedicate" alert must be raised.
5. MCC does not prescribe premedication, the patient must seek the recommended prescription from his or her physician.

B. Patient Management Suggestions:

a. Short appointments may be necessary depending on the severity of the disability. Physical comfort may be a concern. As much dental treatment as possible should be done during each coverage period.
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When it is known that a patient will have surgery for total joint arthroplasty all possible effort should be made to complete the treatment necessary to bring periodontal tissues to a healthy, maintainable state before the joint replacement.

b. The most critical period for bacteremia to cause hematogenious seeding is up to two years following the joint replacement surgery.

c. Other patients such as those with pins plates or screws do not require antibiotic prophylaxis for reason of the pin, plate or screw but other health factors must always be considered for all patients.

VII. Liver Disease

A. Should these patients be treated in the dental hygiene clinic?

1. Yes, patients with a history of hepatitis may be treated.
2. For patients with suspected active hepatitis, treatment should be postponed until cleared by the physician.

B. What information should be obtained from the health questionnaire and/or the patient’s physician?

1. What type of Hepatitis do you have?
2. If unknown, do you know how you required Hepatitis?
3. What type of treatment did you receive and was it successful to resolve the viral infection?
4. Do you know if you are a carrier for any Hepatitis virus?
5. Do you have liver damage and bleeding problems?
6. What medications are you taking?
7. At what age did the disease occur?

C. Patient Management Suggestions:

1. Follow universal precautions.
2. Active hepatitis is contraindicated for power instrumentation.

VIII. Pregnancy and Breastfeeding

A. Should these patients be treated in the dental hygiene clinic?
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1. Yes, pregnant women may be treated

B. What information should be obtained from the health questionnaire?

1. In which trimester of pregnancy is the patient currently?
2. Have there been any complications related to this pregnancy?
3. Is the patient currently taking any medication(s)?
4. Is this the patient's first pregnancy?
5. Have there been any problems with previous pregnancies?
6. If the health history indicates a high risk pregnancy, **NO TREATMENT** will be provided without consultation with and approval by the patient's OB/GYN.

C. Patient Management Suggestions:

1. Routine dental hygiene services, with an emphasis on meticulous home care, are encouraged. Counsel the patient in nutrition, and the importance of home care.
2. Nitrous oxide is contraindicated.
3. Long appointments should be avoided in the interest of patient comfort.
4. Routine radiographs should be avoided. Radiographs should be exposed selectively and only when necessary. In the event that a radiograph is **required** to provide a needed service, the patient should be adequately shielded and all safety precautions followed to obtain a diagnostic radiograph on the first attempt. Remember that treatment should always be rendered to optimize maternal health while minimizing fetal risk (Kurien S, Kattimani V S, Sriram R, Sriram S K, Prabhakar Rao V K, Bhupathi A, Bodduru R, Patil N N. Management of Pregnant Patient in Dentistry. *J Int Oral Health* 2013; 5(1):88-97).
5. Avoid the supine position for a variety of reasons, including supine hypotensive syndrome, increased incidence of dyspepsia due to gastroesophageal reflux and decreased arterial oxygen. Should supine hypotensive syndrome occur, help the patient roll to her left side (to lift the uterus off the vena cava).
6. The patient should be advised to consult her OB/GYN for analgesic recommendations if post-treatment episodes of pain are experienced.
7. If a breast-feeding mother must receive antibiotic premedication, they should take medication right after breast feeding, and then wait four hours until they breastfeed again.

IX. Radiation Therapy

A. Should these patients be treated in the dental hygiene clinic?
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1. Yes, these patients may be treated.
2. A medical consultation must be completed before initiating treatment.
3. If radiation therapy was done to head or neck area the patient’s physician should be consulted?

B. What information should be obtained from the health questionnaire and/or the patient’s physician?

1. Where was the field of radiation; what type of radiation was used?
2. What was the dosage and what was the duration of treatment?
3. What was the objective: As a total treatment or in conjunction with surgery?
4. What was the diagnosis of the tissue irradiated?
5. Is the patient having any complications at this time?

C. Patient Management Suggestions:

1. The patient should be seen often both during therapy and after therapy.
2. Patients may be treated within guidelines established by the physician.
3. Ionizing radiation induces changes, such as:

<table>
<thead>
<tr>
<th>Early Onset</th>
<th>Late Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatitis</td>
<td>Xerostomia</td>
</tr>
<tr>
<td>Mucositis</td>
<td>Radiation caries</td>
</tr>
<tr>
<td>Alopecia</td>
<td>Trismus</td>
</tr>
<tr>
<td>Reduced saliva</td>
<td>Osteoradionecrosis</td>
</tr>
</tbody>
</table>

4. Pre-treatment recommendations:

   a. A dentist should extract all teeth beyond repair.
   b. All teeth with advanced perio should be extracted.
   c. Perform all pre-prosthetic surgery.
   d. Restore all large carious lesions.
   e. Establish good oral hygiene.
   f. Start daily fluoride treatments.
   g. All non-vital teeth should be removed or treated endodontically.
   h. Infections should be treated.

5. During treatment recommendations:

   a. If the patient is symptomatic:
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i. sodium bicarbonate mouthwash
ii. elixir of diphenhydramine (Benadryl)
iii. topical steroids
iv. milk of magnesia
v. orabase
vi. avoid tobacco and alcohol
vii. soft diet
viii. maintain hydration
ix. avoid irritating foods
x. use a humidifier or vaporizer

b. If the patient is experiencing xerostomia:

i. sugarless lemon drops
ii. buffered solution of glycerin and water
iii. salivary substitutes
iv. pilocarpine

c. To prevent trismus:

i. bite block or tongue blades into mouth each to maintain maximum opening

d. Plaque control and decay prevention:

i. chlorhexidine rinse
ii. daily fluoride treatments

6. Post-Treatment Recommendations

a. If treatment was more than 6,000 rads, effort should be taken to avoid osteonecrosis:

i. teeth should NOT be extracted
ii. diseased teeth should be treated; aggressive preventive measures should be made. Most dental procedures other than extractions and surgical procedures can be done.

b. Have the patient back for recare appointments every 3 months.
c. Emphasize good oral health; treat carious lesions when first detected.
d. make every effort to avoid oral infection.
e. manage xerostomia.
f. manage chronic loss of taste.

7. Other suggestions:
If the patient has received radiation to the mandible or maxilla in excess of 3,000 rads, no procedures should be initiated without consultation with the clinic dentist and/or the patient’s physician.

X. Renal Disorders

A. Should these patients be treated in the dental hygiene clinic?

1. Yes, these patients may be treated.
2. A medical consultation is required for patients on dialysis and must be completed before initiating treatment (See section 3 below). A medical consultation and/or clearance from the clinic dentist is required prior to treatment of patients with other renal disorders.
3. Prophylactic antibiotics may be required for patients with a history of glomerulonephritis.

B. What information should be obtained from the health questionnaire and/or the patient’s physician?

1. What is the nature of the patient’s disorder?
2. What is the physical status of the patient, and is he/she able to tolerate dental procedures?
3. Is the patient on any medication(s)?
4. How long has the patient had this disorder?
5. Are there any particular precautions that should be taken with this patient?
6. Does the patient need to receive prophylactic antibiotics?

C. Patient Management Suggestions:

1. Renal disorder patients basically have bleeding problems, so the greatest concern is homeostasis. Great care should be taken so as not to cause undue tissue trauma. You may find poor wound healing.

2. The dialysis patient is usually treated three times a week. The patient is heparinized the day of dialysis and should not receive any dental treatment. The day after dialysis is usually the best time for dental treatment. This should be verified with the patient’s physician.

3. No antibiotic coverage is needed unless indicated by a dental problem or the patient’s physician. Otherwise, the patient is handled like any other patient. If antibiotic coverage is necessary, a consultation with patient’s physician is required to determine the choice of antibiotic. Tetracyclines are usually avoided with these patients.

4. Use a minimum amount of local anesthesia.
5. These patients respond poorly to Demerol and morphine.
XI. Sexually Transmitted Disease (Excluding HIV or AIDS)

A. Should these patients be treated in the dental hygiene clinic?
   1. Yes, these patients may be treated.
   2. What is the status of the disease?
      a. A medical consultation is required if the patient reports active syphilis or
gonorrhea, or a history of having had these diseases and **NOT**
   receiving treatment.
      b. Student operators must maintain strict patient confidentiality.

B. What information should be obtained from the health questionnaire and/or the
   patient’s physician?
   1. What is the status of the disease?
   2. If syphilis, what is the date of the last serological exam?
   3. What were the results of any lab tests performed?
   4. Date of treatment rendered last?
   5. Has the patient had any recurrences and when?
   6. Have any oral lesions been noted and when?

C. Other Suggestions: Post-exposure protocol
   1. If the operator has been inadvertently exposed to any lesion (syphilis or
gonorrhea), he/she should have an appropriate prophylactic injection of
antibiotics (as determined by the clinic dentist and/or a physician) as soon
as possible following the incident.

XII. HIV, ARC, AIDS

A. Should these patients be treated in the dental hygiene clinic?
   1. Yes, these patients may be treated.
   2. A medical consultation **MUST** be completed before initiating treatment, with a
patient who has HIV/AIDS.

B. What information should be obtained from the health questionnaire and/or
   patient’s physician?

**NOTE:** Remember: As with all patients, strict confidentiality of the patient’s
medical status and history **MUST** be maintained. Do not discuss any
medical findings within hearing distance of other patients, students, or
faculty.
1. Does the patient present with any AIDS signs or symptoms?

<table>
<thead>
<tr>
<th>Asymptomatic Infection Syndrome (HIV-positive)</th>
<th>AIDS-related complex (ARC)</th>
<th>Acquired Immune Deficiency (AIDS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No symptoms</td>
<td>Lymph node swelling (ie. pneumocystis)</td>
<td>Multiple infections</td>
</tr>
<tr>
<td>Persistent fever; may be carrier of virus and infectious to others</td>
<td>Night sweats</td>
<td></td>
</tr>
<tr>
<td>Persistent diarrhea</td>
<td>Profound fatigue</td>
<td></td>
</tr>
<tr>
<td>Thrush</td>
<td>Cancers (unintentional Kaposi’s sarcoma)</td>
<td></td>
</tr>
<tr>
<td>Shingles</td>
<td>Weight loss</td>
<td></td>
</tr>
<tr>
<td>Hairy leukoplakia of the tongue</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Has the patient been tested for AIDS?
   
a. If so, when?
   
b. What were the results?
   
c. Is there indication for need to retest?  
   (Remember, it takes the body 6 weeks to 6 months to develop antibodies to HIV.)

3. Has the patient sought medical consultation?
4. What is the current medical status of the patient? (T cell count)
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5. Does the patient need to be premedicated? (What does their physician recommend?)
6. Are there any other special precautions that should be observed?

C. Patient Management Suggestions:
   1. Follow universal precaution guidelines.
   2. Power instrumentation is contraindicated in HIV positive patients.

D. Other Suggestions:
   If the operator is inadvertently exposed to the patient's blood, immediately notify the clinic dentist for post-exposure protocol (see Section XXI Clinical Exposure Protocol) and complete the post-exposure incident management record.

XIII. Tuberculosis

A. Should these patients be treated in the dental hygiene clinic?

Considerations:

1. If infectious, don't treat. Refer to physician.
2. Treat only if it is determined that they are noninfectious.
3. If patient has been on medication for two weeks or more, treatment may proceed.
4. Know the symptoms: loss of appetite, weight loss, fever, night sweats, persistent cough, weakness, enlarged lymph nodes, oral lesions. Symptoms should not be present in a patient who is no longer infectious.
4. Some groups (confined elderly, prisoners) may be treated with drugs prophylactically because of high risk.
5. Those with advanced age, chronic alcoholism, poor nutrition, diabetes, congenital heart disease, chronic lung disease, AIDS, or those with prolonged stress may be more prone to contracting the disease.

B. What information should be obtained from the health questionnaire and/or the patient's physician?

1. Review patient history, symptoms, physical evaluations of patient, diagnosis, dates of treatment, and type of treatment, thoroughly.
2. **Before treating**, make sure patient has been on proper drugs in conjunction with chemotherapy for at least two weeks, preferably longer. Complete treatment lasts 6-18 months.
3. Drugs include isoniazid, rifampin, pyrazinamide, and sometimes ethambutol or streptomycin.
4. Physical exams, radiographic evaluations, and sputum cultures should be obtained and show negative, even if they have had TB in the past.

C. Patient Management Suggestions:

1. Follow universal precautions guidelines.
2. Power instrumentation is contraindicated for patients with communicable TB.

XIV. Suspected Negligence or Abuse of Children or Elderly People

All providers of healthcare are required is by Arizona State Law to report any suspected negligence or abuse of children or elderly people. Each student should be aware of the possibility of abuse and the probable symptoms. If the student suspects abuse or negligence he or she should ask the rotation instructor to examine the patient. All suspicious lesions and/or marks should be measured and documented. Photographs would be optimal if possible. Conclusive evidence is not necessary to make a report.

It is not necessary to get permission to report your suspicions to the proper authorities. You should, however, confer with your instructor. It is a good idea to get a second opinion to support credibility. The necessary numbers are listed below.

Child Abuse Hotline 1-888-SOS-CHILD or 1-888-767-2445
Child Protective Services 1-928-763-2828
Adult Abuse Hotline 1-877-SOS-ADULT or 1-877-767-2385
Adult Protective Services 1-928-763-8388

XV. Mental Disorders

A. Should these patients be treated in the dental hygiene clinic?

1. Yes, these patients may be treated.
2. The patient’s individual disorder should be taken into consideration when developing a treatment plan.

B. What information should be obtained from the health questionnaire and/or the patient’s physician?

1. What is the patient’s mental disorder?
2. How long ago was diagnosis?
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3. Is the patient’s care currently being overseen by a physician?
4. Is the patient currently taking their prescribed medications?

C. Patient Management Suggestions:

1. Below are treatment considerations divided by disorder.
   a. Schizophrenia
      i. Avoid unnecessary physical contact.
      ii. Provide simple (basic) principles of oral care.
      iii. Use a soothing, quiet voice.
      iv. Listen with the realization that an answer may not be rational.
      v. When applicable, evaluate the patient’s personal caregiver for knowledge and provide information and instruction.

2. Depression
   a. Provide positive reinforcement and reassurance.
   b. Show genuine interest but avoid attempts to cheer the patient by joking or laughing.

3. Bipolar disorder
   a. Simplify the surroundings as much as possible.
   b. Do not rush the patient; doing so can lead to anger and hostility
   c. Use quiet persuasion; keep the voice firm and low-pitched with a coaxing quality.
   d. Avoid long descriptions on patient instruction because of short attention span.

4. Other Suggestions:
   1. Have a thorough health history including the telephone number of the patient’s physician.
   2. Pain medication must be selected with care.
   3. Depending upon the patient’s medications, anesthetic without vasoconstrictor may be advisable see Section XVI, below).
   4. Uncooperative patients may have to be sedated. (These patients will NOT be treated at MCC.)
   5. Patients with manic disorder may over brush/over floss.
   6. Frequent recare may be beneficial.
   7. Try to create a restful atmosphere; keep background music low and soft.
XVI. Drugs for Mental Disorders

A. Antipsychotics

1. Be cautious; the patient may misinterpret your verbal and non-verbal actions.
2. Check for xerostomia.
4. Do not force the jaw open. There may be extrapyramidal side effects to the TMJ.
5. Epinephrine can be used in local anesthesia.
6. Be aware of the possibility of orthostatic hypotension.

B. Antidepressants

1. Use caution in patient interactions.
2. Be aware that these medications may be used for conditions other than depression. Question the patient as to why he/she is taking the drug.
3. Check for xerostomia.
4. If blood pressure is a concern, limit epinephrine to a 0.04 mg dose.
5. Improvement in depression usually results in improved oral hygiene.
6. First generation antidepressants (tricyclic antidepressants) usually have more side effects than second generation antidepressants.
7. Tricyclic antidepressants should not be given with anticholinergic agents or sympathomimetic drugs. Epinephrine combined with local anesthetics should be administered cautiously, using the lowest dose necessary.
8. Tricyclic antidepressants should not be given in combination with CNS depressants or stimulants.
9. Patients taking tricyclic antidepressants may be seen in the clinic at the discretion of the clinic dentist and/or in consultation with the patients’ dentist.

C. Lithium

1. Sweating and salt intake can alter the levels of the drug.
2. Tremors can interfere with oral hygiene.
3. Patients may report xerostomia or increased salivation.
4. Nonsteroidal anti-inflammatory drugs can produce lithium toxicity.

D. Serotonin Reuptake Inhibitors (SRIs)

1. Prozac is a common example.
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2. These drugs are relatively safe with few side effects or drug interactions.

E. Anxiolytic drugs

1. Benzodiazepines for anxiety, such as valium and Xanax, are more addictive than SRIs so they are not used as much anymore. General side effects of drugs for mental disorders are infection, xerostomia and stomatitis.
2. Barbiturates are rarely used.

F. MAO Inhibitors

1. These drugs should not be given with sympathomimetic drugs, particularly epinephrine or norepinephrine.
2. These drugs have many interactions with food (i.e. cheese, beer, wines, chicken liver, pickled herring, yeast extract or excessive amounts of caffeine or chocolate).
3. Should not be given in combination with CNS depressants or stimulants.
4. May be seen in the clinic at the discretion of the clinic dentist and/or in consultation with the patient's dentist.

XVII. Seasonal Allergies/Pulmonary Disease (10% of the population)

A. Includes:

1. Asthma
2. COPD (Chronic Obstructive Pulmonary Diseases)
   a. Chronic bronchitis
   b. Emphysema
3. Seasonal Allergies

B. Should these patient’s be seen in the dental hygiene clinic?

1. Yes, these patients may be treated.

C. Take a good health history and ask follow-up questions.

1. When was your last attack?
2. Do you have an inhaler with you?
3. How often do you have attacks and how severe are they?
D. Identify all true allergies on the health history.
E. An upright chair position may be necessary for comfortable breathing or you may need to reschedule patient’s appointment.
F. Avoid using rubber dams.
G. A low flow of oxygen may or may not be helpful.
H. Bilateral mandibular or bilateral palatal blocks are not recommended.
I. Use low-stress protocol.
J. Have patient inhaler available.
K. Aspirin and nonsteroidal anti-inflammatory agents (ibuprofen) should be avoided in asthmatics.
L. Ultrasonic scaling, air powder and rubber cup polish should be avoided. There are no contraindications for disclosant and toothbrush polish.

XVIII. Thyroid Disease

A. Hyperthyroidism

1. If not controlled, don’t treat. Only treat when the patient is under good medical management.

2. Detection of undiagnosed disease
   a. What are the symptoms?
   b. What are the signs?

3. Patient with diagnosed disease
   a. Determination of original diagnosis
   b. Past therapy
   c. Present medication
   d. Assessment of clinical status (symptoms, signs, thyroid tests)
   e. Referral for reevaluation if signs and symptoms found
   f. Consultation prior to starting dental treatment

B. Hypothyroidism
1. If not controlled don’t treat. Only treat when the patient is under good medical management.

2. Detection of undiagnosed disease
   a. Symptoms
   b. Signs
   c. Referral for medical diagnosis and treatment

3. Patient with diagnosed disease
   a. Determination of original diagnosis
   b. Past therapy
   c. Present medication
   d. Assessment of clinical status (symptoms, signs, thyroid tests)
   e. Referral for revaluation if signs and symptoms found
   f. Consultation prior to starting dental treatment

XIX. **Adrenal Insufficiency**

A. Oral Complications
   1. Delayed wound healing
   2. Increased susceptibility to infection
   3. Pigmentation of the oral mucous membranes.

   **NOTE:** Patients may require an increase of hydrocortisone medication. People on high doses or low doses generally don’t need an increase. With a medium dose (>20 mg-60 mg hydrocortisone / day) 2 to 3 times the daily dose of steroids should be given to the patient before a stressful dental procedure after consultation with the patient’s physician.

XX. **Movement Limitations (Arthritis/Stroke/Paralysis)**

A. Handicap Disorders
   1. Arthritis – often elderly
   2. Sensory - visual or hearing
   3. Stroke - brain damage
   4. Spinal Cord - injury, myelomeningocele (spina bifida)
   5. Scleroderma
   7. Neural - multiple sclerosis (MS), cerebral palsy, Bell’s palsy, trigeminal neuralgia, Parkinson’s disease
B. Possible characteristics of patients with physical and sensory handicaps

1. Decreased resistance to infection
2. Stamina
3. Self-esteem
4. Wide range of intelligence
5. Defensive and hostile
6. Dependency and child-like
7. Parental attitudes: denial or over-protective

C. Patient Information

1. Know medications (i.e. aspirin. Patient may need to refrain from aspirin for 1 days before treatment)
2. Current phone number of physician
3. Living arrangements - phone for home


A. Transplant patients are treated with immunosuppressive drugs for the rest of their lives (i.e. glucocorticoids and cyclosporine). These drugs interfere with the normal immune response and make the patient more susceptible to developing fungal, bacterial and viral infections, including those manifesting in the oral cavity.

B. Dental management

1. Dental treatment within the first three months following the transplant surgery should be palliative and localized, including
   - Prevent hyposalivation and xerostomia: mouthrinses with 0.5% of aqueous solution of sodium carboxyl cellulose, every two hours.
   - Educate the patient about oral hygiene: use of very soft toothbrush, fluoride toothpaste and antiseptic mouthrinses such as chlorhexidine.
   - Eliminate risk factors and improve the diet.
   - Remove dentures and orthodontic appliances.
   - Thorough dental examination due to the risk of developing malignant lesions.
2. After three month’s post-transplant, elective dental treatment can be performed.
3. Six months after transplant is considered to be the best time for dental treatment.
4. If invasive dental treatment, including but not limited to scaling and root debridement in the presence of periodontal disease, is necessary, the patient must have taken the appropriately prescribed prophylactic antibiotic recommended by their transplant specialist and a complete blood count (CBC) is recommended prior to the initiation of the invasive dental treatment.

5. Transplant rejection: (acute or chronic): Dental treatment should be postponed unless a dental emergency exists. Emergency dental treatment may be provided under the appropriate prophylactic antibiotic coverage to prevent sepsis. The transplant specialist should initiate the antibiotic prescription.
I. MCC POLICY ON MANAGING EMERGENCIES IN THE CLINIC

A. “An ounce of prevention is worth a pound of cure”. It is with that old adage as a
Section VIII - Emergency Management Protocol

guidepost that the policy of the Dental Hygiene Program is to prevent emergencies rather than to be surprised by them. When participating in clinic activities the following regulations apply to all students and faculty:

1. MCC protocol as per OSHA and CDC guidelines will be followed at all times.

In the event of fire or accident, be familiar with the following items:

- fire extinguisher, in the hallway across from 902 exits:
  - one at front of clinic
  - one at rear of clinic
- first aid kit, in the dental lab
- medical emergency kit in the doctor's alcove during clinic
  and stored in the file cabinet at all other times
- eyewash station, sink of the sterilization room and lab
- the MSDS book, in the front desk area
- AED, which is on the wall by the student mailboxes

3. If necessary, activate the EMS by calling 911 from the closest phone. Immediately notify the nearest MCC employee.

4. Bring only those materials you need to clinic. Books, book bags, or purses are not to be in clinic and should be stored in personal lockers. No food, beverages or gum chewing in the clinic.

5. Keep your treatment area neat and organized in order to make access to dental chairs as safe as possible for all.

6. In the event of an accident or incident, complete the “Accident or Incident Report Management Record.” This must be returned to the appropriate instructor within 24 hours.

7. Complete the “Post-Exposure Incident Management Record” if needed.

Emergency Management
II. MCC POLICY ON MANAGING EMERGENCIES IN THE LABORATORY

A. “An ounce of prevention is worth a pound of cure”. It is with that old adage as a guidepost that the policy of the Dental Hygiene Program is to prevent emergencies before they happen. When participating in lab activities the following regulations apply to all students and faculty:

1. Safety glasses with side shields are to be worn at all times when you are in the lab.
2. Buttoned up lab coats are required at the instructor’s discretion.
3. Long hair will be pulled to the back of the head and restrained.
4. Face masks are required when measuring or mixing plaster, using the model trimmer, or the lathe. “The Handler” lab vacuum must be used when trimming plaster casts.
5. In the event of fire or accident, be familiar with the following items:
   - fire extinguisher, hallway outside of 902 classroom
   - first aid kit
   - eyewash station in the sterilization room of the clinic and the lab
   - the MSDS book in the front desk area
6. If necessary, activate the EMS by calling 911 from the closest phone. Immediately notify the nearest MCC employee.
7. Bring only those materials you need to lab. Do not place books or purses on top of the counter or in the aisles.
8. Keep your work station neat and organized.
9. In the event of an accident or incident, complete the “Accident or Incident Report Management Record”. This must be returned to the appropriate instructor within 24 hours.